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Icelandic Hospitals, Clergy, and Disability in the Saga of Bishop Lárentíus

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Icelandic Hospitals, Clergy, and Disability in the *Saga of Bishop Lárentíus*

RYDER C. PATZUK-RUSSELL AND YOAV TIROSH

1. Introduction

Christianity was legally accepted in Iceland at the beginning of the second millennium AD. The new religion brought with it Christian clergy, a class of people charged with the responsibility of, among other things, maintaining the religion among the populace through preaching and performance of the core rituals, like baptism and the Mass. As for all professions, performance of these duties and the meeting of other clerical responsibilities could be hindered by a number of factors, including old age, disease, and a variety of physical, mental, and sensory difference. These moments of impairment – be they temporary or permanent – could be addressed in various ways by the Church and society as a whole. This study will thus explore disability and the clergy in medieval Iceland through a few particular lenses. The main source is the only surviving saga (narrative text) concerning fourteenth-century Iceland, *Lárentíus saga*. This text relates the story of Lárentíus Kálfsson (1267–1331), bishop of Hólar diocese in northern Iceland from 1324 to his death in 1331. The saga addresses clerical disability and impairment in Iceland in a number of key episodes, which can be supplemented by evidence from annals and diplomatic sources, particularly church charters and episcopal records. Central to the present study is the saga's description of the foundation of a clerical hospital in northern Iceland.

The phenomenon of medieval Icelandic hospitals is poorly evidenced and has only received brief comment from a handful of scholars, including Magnús Már Lárússon, Richard Perkins, and most importantly Séra Ágúst Sigurðsson.¹ Yet despite our very limited insight into their history, Icelandic hospitals have major implications for the growing field of Old Norse disability studies. In

¹ Richard Perkins has speculated about the possible motivations behind the foundation of the hospital at Gaulverjabær, and its relationship to the textual culture of the time (Richard Perkins, *Flóamanna Saga, Gaulverjabær, and Haukr Erlendsson* (Studia Islandica 36), Bókaútgáfa menningarsjóðs: Reykjavík 1978); Magnús Már Lárússon provided a brief summary of the evidence for hospitals in medieval Iceland, and argued for their lack of impact (Magnús Már Lárússon, "Hospital: Island," in *Kulturhistorisk leksikon for nordisk middelalder* (Vol. 6), Rosenkilde og Bagger: Copenhagen 1961, 692–93). Séra Ágúst Sigurðsson has discussed the hospital in Kvíabekkr in some detail and responded to Magnús Már comments, and was importantly the first scholar to have made the connection between the Kvíabekkr hospital and the later *ölmusulómaþaprestar* (Ágúst Sigurðsson, *Forn frægðarsetur í ljósi liðinnar sögu*, Bókamiðstöðin: Reykjavík 1976, 254–55), an issue that will be discussed in detail in this study; his conclusions have been reiterated more recently by Kristín Huld Sigurðardóttir (Kristín Huld Sigurðardóttir, "Kvíabekkjarkirkja: Kirkjustaður," in Jón Torfason and Þorsteinn Gunnarsson eds., *Kirkjur Íslands 9: friðaðar kirkjur í Eyjafjarðarprófastsdæmi I*, Hið íslenska bókmenntafélag: Reykjavík 2007, 123–24, at 123).

our study, ‘hospital’ is used to refer to institutions identified as hospitals in their medieval context, i.e. labelled as a *spítall* or *hospitale* in a source text. Such institutions could have a variety of functions and provide different services throughout medieval Europe, but the core principle was to provide short-term care to the poor, though long-term care facilities also developed, most famously for people with leprosy. Medical care could be provided at many different institutions in medieval Iceland, and Skriða monastery in eastern Iceland in particular has been referred to as a ‘hospital’ in the modern sense by scholars.² The presence of hospitals in late medieval Iceland evidence a specific approach to care, indicating an awareness of people’s needs beyond their periods of productivity, and a sense of communal and/or occupational responsibility, though a limited one, on the part of the Church for its functionaries.

The study of disability was introduced into Old Norse research through the pioneering work of Edna Edith Sayers (published as Lois Bragg), Annette Lassen, and Knut Brynhildsvoll.³ Sayers’ work in particular has been critiqued as idiosyncratic, which might explain why such a key work failed to make a marked impression on the wider field.⁴ Following them, this research has been expanded by, to name but a few: Todd Michelson-Ambelang, John Sexton, Christina Lee, Ármann Jakobsson, Christopher Crocker, Anna Katharina Heiniger, Kolfinna Jónatansdóttir, Sean Lawing,

² Steinunn Kristjánsdóttir has emphasized the evidence for medical services provided by Skriða and argued for its identification as a hospital; for her most detailed study of the monastery, see Steinunn Kristjánsdóttir, *Sagan af klaustrinu á Skriðu*, Sögufélag: Reykjavík 2012.

³ For example, Edna Edith Sayers (published as Lois Bragg), “Visual-Kinetic Communication in Europe Before 1600: A Survey of Sign Lexicons and Finger Alphabets Prior to the Rise of Deaf Education,” *Journal of Deaf Studies and Deaf Education* 2 (1997), 1–25, <https://academic.oup.com/jdsde/article/2/1/1/451560?login=true>; Edna Edith Sayers (published as Lois Bragg), *Oedipus Borealis: The Aberrant Body in Old Icelandic Myth and Saga*, Fairleigh Dickinson University Press: Madison 2004; Annette Lassen, “Øjets sprog. En undersøgelse af blikkets og blindhedens symbolværdi i den norrøne litteratur.” *Maal og Minne* (2001), 113–34; Annette Lassen, *Øjet og blindheden: I norrøn litteratur og mytologi*, UJDS-Studier 13, Museum Tusulanums Forlag: Copenhagen 2003; Knut Brynhildsvoll, *Der literarische Raum. Konzeptionen und Entwürfe*, Verlag Peter Lang: Frankfurt/Main 1993.

⁴ Margaret Clunies Ross, “Reviewed Work: *Oedipus borealis. The Aberrant Body in Old Icelandic Myth and Saga* by Lois Bragg”, *The Journal of English and Germanic Philology* 105, no. 3 (2006), 448–50, <http://www.jstor.org/stable/27712607>.

Michael Lawson and Kirsi Kanerva.⁵ With a few exceptions, the study of disability in the field of Old Norse has hitherto tended to focus on literary analysis and cultural history. While this is justified by the narrative material that, with some exceptions, focuses on an often fantastical and always distorted past,⁶ both *Lárentíus saga* and diplomatic texts offer us a chance to glimpse medieval Icelandic caregiving practices at an administrative level and from the distinct perspective of Church officials and the episcopacy.

The core chronological focus of the present study is on the early fourteenth century, a vital time in the history of the Icelandic clergy. It is a time from which surviving diplomatic records begin to become more detailed, allowing greater insight into ecclesiastical activities. It is also a time of consolidation after major social and political changes, when new laws, new governance, and a reformed Church meant the possibility of new attitudes towards clergy. After Iceland entered into a

⁵ See e.g. Todd Michelson-Ambelang, *Outsiders on the Inside: Conception of Disability in Medieval Western Scandinavia*, unpublished doctoral thesis, University of Wisconsin-Madison 2015, <https://asset.library.wisc.edu/1711.dl/UB4LRRNUOPOFA8F/R/file-3a222.pdf>; John P. Sexton, "Difference and disability: On the logic of naming in the Icelandic Sagas," in Joshua R. Eyler ed., *Disability in the Middle Ages: Reconsiderations and Reverberations*, Ashgate: London and Burlington 2010, 149–163; Christina Lee, "Body Talks: Disease and Disability in Anglo-Saxon England," in Jane Roberts and Leslie Webster eds., *Anglo-Saxon Traces*, Arizona Centre for Medieval and Renaissance Studies: Tempe 2011, 145–64; Kolfína Jónatansdóttir, "'Blindur er betri en brenndur sé.' Um norræna guði og skerðingar," in Hanna Björg Sigurjónsdóttir, Ármann Jakobsson, and Kristín Björnsdóttir eds., *Fötlun og menning: Íslandssagan í öðru ljósi*, Félagsvísindastofnun Háskóla Íslands og Rannsóknarsetur í fötlunarfræðum: Reykjavík 2013, 27–49; Sean Lawing, "The Place of Evil: Infant Abandonment in Old Norse Society," *Scandinavian Studies* 85, no. 2 (2013), 133–50; Michael David Lawson, "Children of a One-Eyed God: Impairment in the Myth and Memory of Medieval Scandinavia," unpublished MA thesis, East Tennessee State University 2019, <https://dc.etsu.edu/etd/3538>; Kirsi Kanerva, "'Eigi er sá heill, er í augun verkir.' Eye Pain in Thirteenth and Fourteenth-Century *Íslendingasögur*," *Arv* 69 (2013), 7–35, https://www.researchgate.net/publication/299391399_'Eigi_er_sa_heill_er_i_augun_verkir'_Eye_Pain_in_Thirteenth_and_Fourteenth-Century_Islandingsogur. Most recently, research into the topic had been ramped up by work centered around the University of Iceland's Center for Disability Studies and the Disability before Disability project, spearheaded by Hanna Björg Sigurjónsdóttir (with the medieval research unit operating under Ármann Jakobsson's direction). The results of this project are concentrated in the Routledge volume *Understanding Disability Throughout History: Interdisciplinary Perspectives in Iceland from Settlement to 1936*, edited by Hanna Björg Sigurjónsdóttir and James G. Rice (<https://doi.org/10.4324/9781003180180>), as well as a special volume of journal *Mirator* edited by Christopher Crocker, and a forthcoming *Scandinavian-Canadian Studies* special volume co-edited by Alice Bower and Yoav Tirosh. See also Christopher Crocker, Eva Þórdís Ebenezersdóttir, Sólveig Ólafsdóttir, Arndís Bergsdóttir, Haraldur Þór Haraldsson, Alice Bower, Yoav Tirosh, Hanna Björg Sigurjónsdóttir, and James Rice, "Multidisciplinary Approaches to Disability in Iceland (late 9th–early 20th Century)," *Scandinavian Journal of Disability Research* 24, no. 1 (2022), 151–164, <https://doi.org/10.16993/sjdr.868>; Ármann Jakobsson, Anna Katharina Heiniger, Christopher Crocker, and Hanna Björg Sigurjónsdóttir, "'Disability Before Disability': Mapping the Uncharted in the Medieval Sagas," *Scandinavian Studies* 92, no. 4 (2020), 440–460; Sarah Künzler, *Flesh and Word: Reading Bodies in Old Norse-Icelandic and Early Irish Literature*, De Gruyter: Berlin 2016. For a thorough bibliography of disability and the medieval Icelandic sagas, see Christopher Crocker's website: <https://cwecrocker.com/bibliography-of-disability-studies-and-the-medieval-icelandic-sagas/>.

⁶ William Ian Miller's arguments about little social change occurring between the narrated Saga Age and the narrating age (William Ian Miller, *Bloodtaking and Peacemaking: Feud, Law and Society in Saga Iceland*, University of Chicago Press: London 1990, 50; see also Preben Meulengracht Sørensen, *The Unmanly Man: Concepts of Sexual Defamation in Early Northern Society*, translated by Joan Turville-Petre, Odense University Press: Odense 1983, 12) notwithstanding, it is nevertheless difficult to chart the actual lived experience of any group, let alone a potentially marginalized group of people in Viking Age Iceland. See also Christopher Crocker, Yoav Tirosh, and Ármann Jakobsson, "Disability in Medieval Iceland: Some Methodological Concerns," in Hanna Björg Sigurjónsdóttir and James G. Rice eds., *Understanding Disability Throughout History: Interdisciplinary perspectives in Iceland from Settlement to 1936*, Routledge: New York and London 2021, 12–28.

union with Norway and came under the control of the Norwegian king in 1262/64, the second half of the thirteenth century fundamentally changed Icelandic society. For the Church, the most significant of these changes was the reform of proprietary churches, known as the *Staðamál*, which ended with the treaty of Ögvaldsnes in 1297. With this shifting of a significant number of major churches from the hands of powerful laymen to direct episcopal control, the landscape of Church and society in Iceland was transformed. It was in the first decades of this new expansion of ecclesiastical power and influence when the first Icelandic hospitals arose.

This article sets out to chart the creation and fate of clerical hospitals in Iceland, highlighting the description of the hospital at Kvíabekkr in *Lárentius saga*, and the documents that pertain to this hospital and a second one, founded a few years earlier at Gaulverjabær. Through a new reading of embodied difference in *Lárentius saga* as a whole, it also proposes possible motivations and perspectives behind the foundation of the hospital. Through this discussion we aim to contribute to the scholarship on late medieval Icelandic history, the activities and development of the Icelandic Church, as well as attitudes towards disabled people in medieval Iceland. The focus on clergy allows us to trace a specific social group with certain privileges. This study sheds light on the complexities of the lived situations of disabled people in medieval Iceland, which were variable, multifaceted, and demand intersectional considerations.

2. The Beginning of Clerical Hospitals in Iceland

Two hospitals were founded in fourteenth-century Iceland, according to surviving accounts. These are the only known instances of the term *spítall* (hospital) being applied to medieval Icelandic institutions, and both of them are identified as hospitals for clergy.⁷

The first, known from annalistic sources, was founded in southwestern Iceland, in the diocese of Skálholt, at the church-farm of Gaulverjabær in 1308. A reference to this *spítall* appears in the *Konungsannáll*, as well as in four other Icelandic annals:⁸ “Arni byskup ok herra Haukr settu lærðra manna spítal i Gavlveriar bæ”⁹ (*Bishop Árni and Lord Haukr established a hospital for clerics at Gaulverjabær*).

The founders of this hospital are both well-known and important figures in Icelandic history. Árni Helgasson was bishop of Skálholt diocese from 1304 until his death in 1320. His uncle, Árni Þorláksson, was bishop before him, and arguably the most important Church reformer in medieval Icelandic history; the younger Árni is thought to have been involved in writing his uncle’s biography, *Árna saga byskups*. He also rebuilt Skálholt cathedral, after the building, which his uncle had helped build, burned down in 1309.¹⁰ The foundation of a hospital certainly fits with the impression of Árni Helgason as an active and committed bishop, consolidating his diocese after a period of

⁷ Two different terms are used in the sources for each of the institutions: *lærðra manna spítall* (clerics’ hospital) and *prestaspítall* (priests’ hospital). While it is possibly that this suggests that one of the two hospitals had a broader purview, providing care for all clergy and not just priests, it is more likely that this is simply a variance in the terminology, and the hospitals served the same segments of the population.

⁸ *Islandske annaler indtil 1578*, Gustav Storm ed., Grøndahl & Søns Bogtrykkeri: Oslo 1888, 201, 341, 391, 487, <https://baekur.is/bok/a65a4fce-d807-491c-9396-a88e099b1d3f>.

⁹ *Islandske annaler*, 149.

¹⁰ Guðrún Ása Grímsdóttir, “Biskupsstóll í Skálholti,” in Gunnar Kristjánsson and Óskar Guðmundsson eds., *Saga biskupsstólanna: Skálholt 950 ára – 2006 – Hólar 900 ára*, Bókaútgáfan Hólar: Reykjavík 2006, 21–243, at 36.

extensive conflict over new reforms and laws.

Haukr Erlendsson, a secular leader and legal expert, is perhaps a more surprising figure. Haukr's career began, as far as the surviving records tell, with his 1294–1299 tenure as *lögmaðr* (lawman), one of the secular offices of royal officials in Iceland created after the Norwegian takeover. In 1302 he became *lögmaðr* of Oslo, then soon after *lögmaðr* of Norway's Gulapíng, rising to become a councilor of the king, even while maintaining his ties to Iceland through occasional visits to the island; he came to Iceland as late as 1331 to collect taxes on the king's behalf. The foundation of Gaulverjabær hospital happened during one short return to Iceland, and his tenure as *sýslumaðr* (sheriff), from c. 1306 to 1308.¹¹ Haukr may have had particularly strong personal and family connections to the area around Gaulverjabær, as Richard Perkins has argued, and his involvement with the hospital could have been based at least in part on these connections.¹²

Both Lárentíus and Haukr Erlendsson left Iceland and travelled to Norway in 1308, almost certainly after the foundation of the hospital. Lárentíus was returning after he and the Dominican friar Björn had been on a rather difficult visitation in Iceland on behalf of the archbishop of Niðaróss. Haukr Erlendsson appears to have been returning to his role as councilor of the king. It is tempting to think that Lárentíus could have heard about Gaulverjabær from Haukr himself soon after the foundation; it would certainly have made sense for Lárentíus to seek out contact with an important and influential Icelander, particularly at a time when he appears to have needed more allies in Norway due to tensions with the cathedral canons of Niðaróss. Lárentíus could have even heard something about the difficulties and logistics of setting up the institution from Haukr, which would have made him distinctively well-prepared, perhaps even motivated, to found a clerical hospital in his own diocese after becoming bishop of Hólar.

While the chronology is unclear, *Lárentíus saga* implies that Lárentíus founded his own hospital at Kvíabekkr within a few years after he became bishop in 1324. The saga describes this foundation in far more detail than any of the annals provide for Gaulverjabær:

herra Laurentius talaði þat jafnan á prestastefnu at þat væri ósæiligt at prestar þeir sem ófærir kynni verða sakir elli eðr annarra sótta væri reknir út á húsgang eðr lítill hjálp þeim veitt af kirkjunni ok hennar góðzi. Þar setti hann ok skipaði prestaspítal at Kvíabekk í Óláfsfirði ok keypti landit hálf at Arnoddi presti, en hálf atti kirkjan. Lagði hann þar til í jörðum ok kvikfjám ok bús búhlutum yfrit góðz; skiðaði hann ok at hverr prestr í byskupsdæminu skyldi til leggja um næstu þrjú ár hálf mörk hverr; varð þetta stórgóðz. Lambselldi það hann ok um allan Óláfsfjörð ok víð um Fljót svá at brott var alit til fimmtigi ok játuðu æfinliga byskupinum upp í jarðir sínar. Svá ok eigi síðr skipaði herra Laurentius vanhagafé því sem fell í stærrum málum til prestaspítalans, sem var af Benedikt Kolbeinssyni ok Þorsteini bróður hans ok öðrum ríkismönnum sem brotligir

¹¹ See Jón Sigurðsson, "Lögsögumannatal og lögmanna á Íslandi," in *Safn til sögu Íslands* (vol. 2), S. L. Möller: Copenhagen 1886, 1–250, at 46–47, <https://baekur.is/bok/2a0d2dae-07ec-42ea-a181-b353c045e5ee/2>; Randi Bjørshol Wærdahl, *The Incorporation and Integration of the King's Tributary Lands into the Norwegian Realm c. 1195–1397*, Brill: Leiden 2011, 197, 218–19, 296, 299. The most information on Haukr in the medieval annals comes from the *Skálholtsannáll*, see *Íslandske annaler* 198, 201–202, 206–207, 219. For Haukr's status as a *sýslumaðr* during 1306–1308, see *Diplomatarium Islandicum* (DI) I–XXVI, Copenhagen and Reykjavík 1857–1972, II 361–62, <https://baekur.is/bok/676591e5-5556-493c-83b6-f8ffce008ea4>.

¹² See Perkins 1978.

urðu í þungum skriptum. Vildi hann því skipa prestaspítal at Kvíabekk í Óláfsfirði at honum þótti þar gott til blautfisks ok búðarverðar, ok þótti þat vel henta gömlum mönnum til fæðu.

Ungan prest skipaði hann þar til ráðsmanns er verið hafði áðr lærisveinn hans at Munkaþverá þá er hann var þar; sagðiz hann þat hyggja at hann mundi verða roskinn maðr til fjárhaga, en þat var Björn prestur Öfundarson. Var hann þar ráðsmaðr meðan Laurentius byskup lifði ok komuz þar undir nægtir alls kvikfjár ok kostar svá at þar skorti ekki þá Laurentius byskup sálaðiz. Vóru þar þá margir prestar. Sá sami Björn prestur var lengi ráðsmaðr á Möðruvöllum í Hörgárdal ok var roskinn maðr til ráða, og fylltiz þau orð sem Laurentius byskup spáði honum.¹³

Lord Lárentíus always said at synods that it was unseemly that those priests who happened to have become incapacitated through age or other ailments were driven out to beg, or little help was granted them from the Church or its goods. He therefore established and put in order a priests' hospital at Kvíabekkr in Ólafsfjörðr, and bought half the land from the priest Arnoddr, while half was owned by the church there. He endowed it with abundant property, in land and livestock and equipment for the farm. He also commanded that every priest in the diocese should each provide half a mark over the next three years; that ended up as a lot of property. And he also called for lamb-keeping throughout Ólafsfjörðr and in many places around Fljót, so that as many as fifty lambs were reared, and the farmers agreed to continue this on their properties for the bishop in perpetuity. And no less did Lord Lárentíus allot to the priests' hospital the penitential fines which were paid in the larger cases, such as came from Benedikt Kolbeinsson and his brother Þorsteinn and other wealthy people when they were charged with heavy penance. He wanted to establish the priests' hospital at Kvíabekkr in Ólafsfjörðr because he thought it was a good place for fresh fish and stew, and he considered those to be well suited for the nourishment of old men.

He appointed a young priest to be steward there, one who had been his student at Munkaþverá back when he was there; he said that he had thought that he would become a mature man in financial matters, and that was the priest Björn Öfundarson. He was steward there as long as Bishop Lárentíus lived, and there came to be such an abundance of livestock and money that there was no lack when Bishop Lárentíus died. There were many priests there at that time. That same Björn the priest was steward at Möðruvellir in Hörgárdalr for a long time, and was an experienced man in management, and fulfilled those predictions which Bishop Lárentíus had made about him.

Lárentíus here frames a category of priests: those who had become *ófærr* because of their age or through some *sótt*, which generally refers to disease but here explicitly includes old age, and must also imply almost any cause of impairment, including accident or injury. *Ófærr* will be translated in this study as 'incapacitated' or 'incapable'; while it shares some features of the modern use of the

¹³ Einarr Hafliðason, "Lárentíus saga biskups," in Guðrún Ása Grímsdóttir ed., *Biskupa sögur III: Árna saga Biskups, Lárentíus saga Biskups*, (Íslensk fornrit 17), Hið íslenska fornritafélag: Reykjavík 1998, c. 45, 387–88.

term ‘disabled’, it does not appear to have quite the same implications, and terminology has been chosen to reflect that difference. *Færr* refers to someone’s capacity to do something, and *ófærr* could either be used generally to indicate a broad sort of incapacity, as in the above passage, or to refer to a more specific inability to perform a particular type of action. Several medieval Icelandic *próventa*-contracts – most of which were retirement agreements with monasteries or cathedrals, comparable to corrody-agreements – refer to the capacity of the *próventumenn* to work, and thus can provide useful context for the use of *ófærr* in *Lárentíus saga*. A certain Jón Úlfsson sold his *próventa* to Hólar cathedral in 1432, and was to receive an additional salary in exchange for whatever work he was *til færr* (capable of) for as long as he had strength and health, but when he became *vinnuófærr* (incapable of work) he was to lose his salary while retaining the normal benefits of a *próventumaður*, and thus could settle into a more conventional, full retirement.¹⁴

Labelling a person as *ófærr*, not unlike some modern uses of ‘disabled’, could place them in a specific social and legal category from which they could receive certain benefits. In 1485, a royal representative in Iceland called a panel to obtain *hjálp eðr framfærsla* (help or maintenance/upkeep) for Guðlaug Sveinsdóttir, who was said to have become *ófærr og þróttvana* (incapacitated and without strength) after giving birth, to such an extent that she could not move or travel between farms. There are many stipulations in the document, including her status changing if she becomes *færr* again, and capable of travel.¹⁵ Lárentíus’ *ófærrir* priests, therefore, are being labelled as in need of care and assistance, implicitly because of an incapacity to earn a living as a priest, but the exact cause for that incapacity is left open; it could be age or illness, could be mental or physical, could be permanent or temporary.

Both Gaulverjabær and Kvíabekkr were part of a broader medieval European trend of creating and maintaining hospitals specifically for the clergy. These institutions appear to have started cropping up in the thirteenth century as part of the growing specialization of hospitals, a movement towards providing care for specific groups rather than operating generally within the ecclesiastical model of charity for the poor.¹⁶ There are records of small hospitals for clergy in England and elsewhere from the early thirteenth century; among the earliest was St Mary of the Poor Priests Canterbury, founded c. 1224, and in later sources said to have housed three clerics; many other English clerical hospitals were also very small, with only two or three patients. Among the largest and most well-known, however, was Clyst Gabriel, founded in 1312 in Exeter, which had up to twelve clerics in residence before the Black Death.¹⁷

As the above passage from *Lárentíus saga* implies, the goal of these hospitals often had to do with the dignity of the Church and clerical offices. Wealthier and more influential clerics could obtain care via various means to maintain themselves when, because of old age, impairment, or other reasons, they could no longer fulfil the duties of their office. These means included pensions,

¹⁴ *DI IV*, 506, 535–36.

¹⁵ *DI VI*, 531–34.

¹⁶ See Ninon Dubourg, *Disabled Clerics in the Late Middle Ages: Un/suitable for Divine Service?*, Amsterdam University Press: Amsterdam 2023, 250–54.

¹⁷ Nicholas Orme and Margaret Webster, *The English Hospital 1070–1570*, Yale University Press: New Haven 1995, 114–15. See also Carole Rawcliffe, *Medicine for the Soul: The Life, Death and Resurrection of an English Medieval Hospital*, Sutton Publishing Limited: Stroud 1999, 27–28; Nicholas Orme, “A Medieval Almshouse for the Clergy: Clyst Gabriel Hospital near Exeter,” *Journal of Ecclesiastical History* 39, no. 1 (1988), 1–15; Rotha Mary Clay, *The Medieval Hospitals of England*, Frank Cass & Co. Ltd: London, 1909, 23–5.

holding onto income from benefices, or private wealth; monks and members of regular orders were generally provided for in their home institutions.¹⁸ Poor clergy, however, lacking the resources of either of these groups, depended on charity. In 1261, around a half century before the foundation of Kvíabekkr, the Council at Mainz set aside funds in order to establish clerical hospitals, noting the disgrace to the priesthood brought on by priests being forced to beg in the streets.¹⁹ Lárentíus expresses a very similar sentiment: if society saw clerics in dire positions, the image of the Church and the status of clerical office could be tarnished. Thus, the above passage suggests that eliminating visible poverty and desperation among clergy was worthwhile for Lárentíus not only for the sake of the individual clerics, but for the preservation of ecclesiastical dignity as a whole.²⁰

It is almost certain that the Gaulverjabær hospital directly inspired Lárentíus' hospital at Kvíabekkr, regardless of whether Haukr and Lárentíus had interactions in Norway. Gaulverjabær, in turn, must have in no small part been based on or at least inspired by Norwegian models, since it was founded at a time of particularly strong Norwegian influence not only on the Icelandic Church, but on the island's society in general. Haukr Erlendsson was perfectly situated, after his recent years as a *lögmaðr* in Oslo and Gulaping, to bring knowledge about and experience of hospitals from Norway to Iceland. By 1308, when the institution at Gaulverjabær was founded, Norway already had a robust hospital tradition. Two hospitals had been founded in Niðarós in the 1270s, and there may have been a hospital near Niðarós cathedral as far back as the twelfth century.²¹ King Magnús *lagabætir* founded an All Saints' hospital in Bergen in 1266 and St. Katherines in 1276, working off earlier plans of his father Hákon; another in Fane, just outside Bergen, was founded by Bishop Árni as early as 1226.²² And in Oslo, where Haukr Erlendsson had held his first post as *lögmaðr* in Norway, a hospital of St. Laurentius – Lárentíus Kálfsson's own namesake – was founded at the end of the thirteenth century.²³

However, we have no evidence that any of the medieval Norwegian hospitals were specialized clerical hospitals – neither those founded before nor after Gaulverjabær – and there is no surviving data that could help determine how often poor clerics received long-term care at these institutions; presumably clerics were at least sometimes resident. Therefore, this characteristic of both known Icelandic hospitals – that they were founded by bishops specifically to service the clergy – was almost certainly not based on Norwegian models. This leaves two other main factors, either or both of which could have influenced the Icelandic situation: first, the founders could have known about clerical hospitals from elsewhere in Europe; second, specific circumstances existed in Iceland that created a need for such institutions.

In discussing hospitals for clergy in England, Nicholas Orme has noted that the thirteenth-cen-

¹⁸ Nicholas Orme, "Sufferings of the Clergy: Illness and Old Age in Exeter Diocese, 1300–1450," in Margaret Pelling and Richard M. Smith eds., *Life, Death, and the Elderly*, Routledge: London 1991, 62–73; Nicholas Orme, *Going to Church in Medieval England*, Yale University Press: New Haven 2021, 70–71; Dubourg 2023, 239–49; Orme 1988, 3.

¹⁹ Shahar 1997, 110; *Sacrorum conciliorum nova et applitissima collection*, Johannes Dominicus Mansi ed. (Vol. 23), Antonium Zatta: Venice 1779 (Reprint Leipzig 1903), 1105.

²⁰ Dubourg 2023, 240; Shulamith Shahar, *Growing Old in the Middle Ages* (Yael Lotan trans.), Routledge: London 1997, 110.

²¹ Anton Ludvig Faye, *Hospitaller og milde stifelser i Norge*, Det Steenske Bogtrykkeri: Oslo 1882, 25–26, 32.

²² Faye 1882, 33–35.

²³ Faye 1882, 63.

tury foundations do not appear to have been modelled on each other; rather, their founders were coping with a common problem using several different strategies.²⁴ He likewise highlights the circumstances that made Clyst Gabriel such an unusually large and successful hospital of this type during its first few decades of existence: various conditions had led to a large number of relatively low-wage priests working, becoming sick, and aging without the financial means to support themselves. When the Black Death substantially reduced the number of such poor clerics in England, the hospital shrank with the lack of demand for its services.²⁵

The situation in Iceland which led to the hospitals' establishment may have been similar to that of England. A need for these institutions could have arisen when the existing outlets for charity and care failed to cope with the number of poor clergy who, whether because of age or impairment, could not earn a living. It is worth considering the very specific point in time in which the hospitals were established: given Iceland's relatively recent entering into Norwegian dominion, and the social upheaval that proceeded it, it could very well be that the operations of societal support structures (such as the geographically-based *hreppar*) were disrupted, either financially or organizationally. Unfortunately, extant sources do not explicitly clarify the circumstances wherein clerical hospitals become necessary, though further research into the state of the Icelandic church and social institutions in the early fourteenth century may throw light on the issue.

3. Hospitals and Incapacitated Clergy

While the Black Death, which struck Iceland at the beginning of the fifteenth century, also reduced the number of clerics in Iceland, including poor clerics, we know relatively little about the survival and long-term impact of either the Kvíabekkr or Gaulverjabær hospital. However, neither institution should be dismissed as failed or insignificant ventures of overly ambitious bishops: the evidence is enough to suggest that both had some activity for a long period of time, and provided care for, at the very least, small numbers of local clergy.²⁶

There is solid evidence for Gaulverjabær surviving, and continuing to be funded, at least through to the end of the fourteenth century, though there is no indication whether it survived the Black Death. A document dated to c. 1400, which may go back to an early fourteenth-century original,²⁷ records an oath which seems to be for an administrator of a hospital in Skálholt diocese, and appears to indicate that this hospital is dedicated to a Nordic saint, St Magnús of Orkney.²⁸ It is most likely that the document is referring to Gaulverjabær, as the editor suggests; this is not explicit in

²⁴ Orme 1988, 3.

²⁵ Orme 1988, 14–5.

²⁶ Magnús Már Lárusson, while allowing that Gaulverjabær may have lasted into the sixteenth century, argues that neither medieval hospital seems to have created any sort of tradition, since the earliest foundation documents for the first hospitals in post-Reformation Iceland do not mention either of them (Magnús Már Lárusson, 1961, 692–3). Responding to Magnús Már, Séra Ágúst Sigurðsson notes some of the same fifteenth-century evidence discussed in the present study for Kvíabekkr providing care to priests in the fifteenth century, but does not attempt a definitive argument for continuity (Ágúst Sigurðsson 1976, 254–5).

²⁷ *DI II*, 506–7.

²⁸ “Ego X fidelem faciam comptum domino meo X de bonis hospitalis sancti magni ... (*DI II*, 507) (I, X, shall make an account for my lord, X, concerning the goods of the hospital of Saint Magnus ...). Richard Perkins has speculated that there could have been a relationship between Gaulverjabær and a hospital of St. Magnús that existed in Caithness (Perkins 1978, 43); see also Magnús Már Lárusson, “Sct. Magnus Orcadensis Comes,” *Saga* 3, no. 3 (1962), 470–503 at 475–6.

the text, but without any evidence for other hospitals within Skálholt diocese, this oath most likely shows that Gaulverjabær was indeed dedicated to St Magnús.²⁹

The financial record for the hospital is more secure: a surviving 1345 episcopal ordinance made by Jón Sigurðsson, bishop of Skálholt, calls for each priest in the diocese to pay what he calls a *spitals mörk* (a hospital-mark).³⁰ This must refer to a tax meant to fund the operation of a hospital, which is almost certainly Gaulverjabær. However, the entry does not state whether this was a one-time collection, or whether further payments would be required; it is comparable to Lárentíus' own tax of half a mark from every priest at the time of the foundation of Kvíabekkr. Finally, in the 1397 *máldagi* [charter] for the church at Gaulverjabær, the final line of the *máldagi* records that a certain priest at Gaulverjabær named Hrafn collected four marks in hospital tax.³¹ While we cannot date exactly what year this collection was taken, it suggests the hospital at Gaulverjabær was still receiving financing around the end of the fourteenth century. Later *máldagar* for Gaulverjabær do not mention any further hospital taxes, and the hospital may have closed in the fifteenth century, but the surviving *máldagar* do not include all financial records of Icelandic churches, and it is also possible the hospital continued to be run in some form for a longer time.

At Kvíabekkr, on the other hand, although it was quite generously endowed, finances seem to have almost immediately become a problem. According to *Lögmannsannáll*, the annal written by the author of *Lárentíus saga*, Einarr Hafliðason, the generous funding provided for the Kvíabekkr hospital did not last long. In the entry for Lárentíus' death, here dated to 1332,³² Einarr discusses the hospital in somewhat different terms than in his saga:

Jtem hann reiste spitala at Kuiabeck j Olafsfirde. prestum ollum till vidrveriss þeim sem þrotna kunnu at elle edr krankleika. ok ei voru embettiss ferir. hann reiste þar semilighan bunad sua at þar skorte ongan lut. ok feck þar till margar iardir. ok lamb elde. hefdu su skipan stadi langan tima ef þeire hefde eighe breytt verit. ok su skipan nidr brotin. ok brott skutlat bunadenum ok miklum godze af hans eftirkomanda Holabyskope.³³

Likewise, he founded a hospital at Kvíabekkr in Olafsfjörður, for the upkeep of all priests who happen to have been diminished by old age or sickness, and were not able to perform their office. He established a fine household there so that nothing was lacking, and endowed it with many lands, as well as lamb-keeping. This arrangement would have lasted for a long time if it had not been altered, and the establishment destroyed, and the household and its many goods squandered away by the subsequent bishop of Hólar.

The text seems to indicate that the hospital closed during the tenure of Bishop Egill Eyjolfsson (1333–1341). However, the focus on what was lost, that the resources and endowments of the hospital were squandered away, may suggest more of an extensive defunding than a complete

²⁹ Gottskálk Jensson has expressed doubt about both the attribution to Gaulverjarbær and the idea that it is St Magnús of Orkney being referenced in this document (personal communication).

³⁰ *DI II*, 792.

³¹ *DI IV*, 58.

³² Other annals place Lárentíus' death in April 1330 and 1331 (*Íslandske annaler*, 219, 348, 397); 1331 is the date conventionally accepted by scholars, see Einarr Hafliðason, "Lárentíus saga Biskups," c. 59, 441, note 1.

³³ *Íslandske annaler*, 270–1.

closure. And even if it was closed, some version of it appears to have reopened by the mid-fifteenth century: the *máldagi* for Kvíabekkr from 1461, written over a century after Lárentíus founded his hospital, includes the stipulation that there should be either two or three *ölmusuprestar* (alms-priests), in addition to the priest and deacon at the church.³⁴ A list of churches and resident clergy for the diocese of Hólar, also from 1461, states that Kvíabekkr had in reality at the time one priest and two *ómagaprestar* (dependent-priests).³⁵ While neither of these terms convey the exact same meaning as *ófærr*, we can be fairly confident that they are referring to the same group of priests, but viewing that group from a slightly different perspective.

Functionally, the terms *ölmusuprestr* and *ómagaprestr* are interchangeable, even though the meaning of *ölmusa* and *ómagi* are not the same. *Ölmusa* refers to alms, to gifts given for the support or benefit of the poor, and the word can itself also refer to a poor person, sometimes in a derogatory manner.³⁶ An *ölmusuprestr* is thus a priest who must live on alms, who cannot support himself financially; because a priest who can perform his duties should be able to earn some kind of income in medieval Iceland, it is implicit that this priest must be *ófærr*. The situation is similar with *ómagi*, which is a broad legal group of people who are dependent on others for their upkeep, including not only incapacitated priests, but also children, many widows, older people, etc.³⁷ As with *ölmusa*, the perspective of *ómagi* is financial; *ómagar* are those in society who either cannot or are not permitted to support themselves directly, and so are legally designated as dependent on someone else, whether a personal or institution. Thus, while the saga and annal describe the priest's own abilities and the disruption of their work with the terms *ófærr* and *ei embættisfærr* (not capable of performing one's office/duty), the documentary texts focus on the legal and economic results of this condition: they are interchangeably described as needing alms to survive, or being *ómagar*. *Lárentíus saga*, as will be shown further in the next section, presents *ófærr* as conferring a particular social, and potentially legal, status, and thus in some ways resembles modern uses of 'disabled', even as the medieval situation can never be perfectly reflected by modern conceptions of such terms.³⁸

Accepting the overlapping usage of *ölmusa*, *ómagi*, and *ófærr* in this specific context, Kvíabekkr is nearly, but not completely, unique among extant sources in housing this group of priests, though it is unclear to what extent their presence represents a continuation of Lárentíus' hospital. There are no other surviving *máldagar* for Kvíabekkr stating the prescribed number of priests, *ófærr* or not. However, in a list of churches and clergy from 1429, Kvíabekkr is included, and it is said only to have had one priest and two deacons.³⁹ There are two possibilities: either the prescription to provide care to two *ómagaprestar* was brought to the church at some point between 1429 and 1461, and

³⁴ *DI V*, 257.

³⁵ *DI V*, 360.

³⁶ See ONP entry for *ölmusa* (<https://onp.ku.dk/onp/onp.php?o92316>).

³⁷ This might remind some readers of Carol Clover's "rainbow coalition" of non-masculine people who she describes as *blautr* in her controversial "Regardless of sex: Men, women, and power in Early Northern Europe," *Speculum* 68, no. 2 (1993), 363–88. There is clearly some overlap here, which makes sense considering that in her understanding of gender, dependence and weakness are clear signs of the non-masculine binary of the one gender.

³⁸ For a more general discussion on medieval Icelandic terms related to disability, see Christopher Crocker, Yoav Tirosh, and Ármann Jakobsson 2021, 14–17.

³⁹ *DI IV*, 381.

thus does not have direct continuity with Lárentíus' hospital, or the 1429 list of clergy is simply showing that Kvíabekkr did not, at least that year, live up to the stipulations of its *máldagi*. The latter option, that the church was not maintaining its responsibilities, is not unlikely: in the 1461 church list, Kvíabekkr did not actually have the deacon that its *máldagi* prescribed for it. And even if the continuity with Lárentíus' hospital was not entirely unbroken, it is very difficult to think that two *ómagaprestar* at the same church where a hospital had been founded could be a complete coincidence; if care for *ófærir* priests was renewed there in the mid-fifteenth century, it could well have been inspired by the memory of Lárentíus' hospital. Equally, many of the conditions that made Kvíabekkr a good location for a hospital in the fourteenth century were likely still present in the fifteenth – Séra Ágúst Sigurðsson argued, for example, that the conditions for fishing at Kvíabekkr were particularly good and useful for the hospital.⁴⁰

The rarity of the term is also strong evidence that the appearance of these two *ómagaprestar* at Kvíabekkr was not a coincidence: care was provided for such priests at only one other church in Hólar diocese, and we have no record of such activity in the Skálholt diocese – though presumably that same or similar terms were used to describe the residents at Gaulverjabær hospital. The other church was Hólar í Vestrhópi – a different Hólar from the cathedral itself, in the western part of the diocese – and there are numerous surviving references from 1318 to 1461 to a single *ómaga* or *ölmusuprestr* being prescribed to live there.⁴¹ If the passage in the 1318 *máldagi* is not a later addition, then the care provided at Hólar í Vestrhópi predated Lárentíus hospital, and may have even served in some way as a model or inspiration for it. Yet there is never record of more than one *ómagaprestr* at Hólar í Vestrhópi; in that respect, the 1461 records for Kvíabekkr remain unprecedented by anything except the two hospitals.

While two *ómagaprestar* living at a church may not sound anything like a surviving hospital, it would not be that unusual, by medieval standards, and would fit well with the scattered, entirely rural population of medieval Iceland. As noted earlier, among the English clerical hospitals, several housed only two or three clerics at a time.⁴² Clerical hospitals were highly specialized institutions, and even housing two tenants could be a significant contribution to the local community.

Furthermore, the issue of *ófærr* clergy was a perennial one, in Iceland as elsewhere in Europe. The particular issue that the Icelandic hospitals were aiming to alleviate – what to do with poor, incapacitated clergy – was only one part of a much larger discourse. In order to understand the full significance of these hospitals, therefore, it is important to improve our conception of medieval

⁴⁰ Séra Ágúst likewise speculated that the *ölmusu/ómagaprestar* could have provided useful services to the parishioners. However, he also proposed that the particular historical conditions for the foundation of Kvíabekkr hospital included the burning of Möðruvellir monastery in 1316 and general disorder at the monastery in subsequent years, which could have led to a need for the hospital's services for the canons of Möðruvellir (Ágúst Sigurðsson 1976, 254–5). This latter argument is not particularly persuasive; among other factors, the saga goes out of its way to show Lárentíus as a righteous and generous in his dispute with Möðruvellir, and if he had taken pains to provide care for the canons during a difficult time before the dispute, it would certainly have been mentioned during the conflict. However, we cannot exclude the possibility that there were some specific conditions in the 1320s which inspired the hospital, which did not continue past Lárentíus' time, and thus helped lead to the closure or defunding referenced in the *Lögmannsannáll*.

⁴¹ *DI II*, 480, *DI III*, 168–9, 548, *DI IV*, 382, *DI V*, 343, 360–1.

⁴² Orme and Webster 1995, 115. Even Clyst Gabriel, after the Black Death reduced demand for its services, dropped to housing a single priest in 1363, and averaged three to four for most of the fifteenth century (Orme 1988, 10).

Icelandic approaches to disability and health in general. Such approaches can be found in abundance through a literary analysis of *Lárentíus saga*, a text that is frequently preoccupied with the relation between a character's health and their ability to perform their ecclesiastical duties.

4. Clerics and Disability in *Lárentíus saga*

Lárentíus saga is interlaced with episodes that provide insight into medieval Christian discourses about health, impairment, and disability in the Icelandic context. After the saga's introduction, the text relates difficulties during the birth of Lárentíus. Since his mother Þorgríma was past her due date and the baby was stubbornly refusing to come, the dangers involved with childbirth loomed. Þorgríma therefore made her way to Vellir in Svarfaðardalr, where her husband's uncle, the priest Þórarinn, resided. The saga does not indicate that she went there to seek specialized medical knowledge from Þórarinn, but rather wished to be prayed for.⁴³ It is also noteworthy that Vellir was infused with Christian significance as the former residence of Guðmundr Arason *góði* before his own tenure as Hólar bishop.⁴⁴ Thus, from the very beginning, the narrative of *Lárentíus saga* ties concerns with health with to the ability to perform one's duties as a consequence, and contextualizes these concerns within the Church and religious life.

Accordingly, the presentation of Lárentíus in his saga suggests someone who is preoccupied with ability and appearances. When he is at one point discussing seasickness with his friend *herra* Pétr, Lárentíus asks about the appearance of a man who is seasick;⁴⁵ when Lárentíus himself becomes sick during their voyage from Iceland, Pétr responds by mocking him:

‘Þú, prestur, spurðir mik í vetr á Hólum hversu þeir men væri í skapan sem illr væri sjórin; nú mun ek ór leysa þinni sprungu. Sá er gráleitr ok þunnleitr sem þú ert, síra Lafranz.’

Hafði Laurentius nú tvífalda þínu af gabbi herra Pétrs ok í sjóverkinum.⁴⁶

‘You, priest, asked me during the winter at Hólar what people looked like when the sea was rough; now I will answer your question. They are as grey and thin-faced as you are, Reverend Lárentíus.’

Now Lárentíus had twice the torment: from the mockery of Lord Pétr, and from the seasickness. They had a fair wind and reached Norway safe and sound.

⁴³ For his framing of contrasting and complementary “ritual technologies” such as medicine and the evocation of Christian saints see Frog, “Understanding Embodiment Through Lived Religion: A Look at Vernacular Physiologies in an Old Norse Milieu,” in Klas Wikström af Edholm, Peter Jackson Rova, Andreas Nordberg, Olof Sundqvist, and Torun Zachrisson eds., *Myth, Materiality, and Lived Religion: In Merovingian and Viking Scandinavia*, Stockholm University Press: Stockholm 2019, 269–301, <http://library.oapen.org/handle/20.500.12657/25005>. Frog’s article offers a useful framework for understanding different ritualistic operations and methodologies in the Middle Ages and beyond, focused on polymorphous manifestations of the body image discourse.

⁴⁴ It was also home to the eleventh-century Christian Valla-Ljótr, who in *Valla-Ljóts saga* started a dispute against the mighty Guðmundr *inn ríki* over a rival’s accusation that he broke with Christian practice.

⁴⁵ Einarr Hafliðason, “Lárentíus saga Biskups,” c. 9, 234–6.

⁴⁶ Einarr Hafliðason, “Lárentíus saga Biskups,” c. 9, 236.

In other episodes, Lárentíus teases his friend Jón the Fleming for having an unattractive concubine,⁴⁷ and for his lackluster control of Norse as a second language – an obvious hinderance to preaching.⁴⁸ In both these cases, Lárentíus sees appearance and ability as something that is to be constantly commented upon and judged by others.

Lárentíus' motivations for founding his hospital may have also included an anxiety about the visibility of priestly impairment, connected to the general episcopal concern for priestly ability as a reflection of the prestige, dignity, and functionality of their diocese as a whole. This preoccupation with others' – and his own – inability to perform their priestly duties is present throughout the text. At the end of the saga it is related that Lárentíus, through making a pious vow, cures his son Árne of a terrible sickness; following this he tells Árne that he fears for his struggles with drinking, and “other wickedness” (*annan ófögnuð*), which the saga implies was the cause of the sickness. Lárentíus then calls on Árne to return to Þingeyrar monastery and thereby reside in a place where he could free himself from his currently sinful lifestyle; Árne agrees to do this after Lárentíus' death, but ultimately fails to fulfil his promise and is consigned to the sad fate his father predicts for him.⁴⁹ Lárentíus' call for Árne to return to Þingeyrar can be read primarily as a concern for curing his son of his self-destructive behavior, but placing his son in a more sequestered setting, where fewer people would witness and judge his struggle with drinking and sinfulness, may have also been a motivating factor.

Lárentíus himself practiced what he preached, and showed much concern over his own ability to perform his clerical duties. On his deathbed, the saga presents him as lamenting that he had delayed too long and was no longer able to ordain his favored deacon, the saga-author Einarr Hafliðason, to the priesthood.⁵⁰ When Lárentíus and the Dominican friar Björn conducted visitations in Iceland for the archbishop, it was the future bishop who insisted on Björn joining him. This ended up being a trying affair that led to Lárentíus's temporary incarceration. But it is worth asking why Lárentíus, whom the archbishop assigned to conduct the visitation, insisted on having Brother Björn accompany him? While it is possible that Björn was a good friend, whom Lárentíus was keen to spend time with,⁵¹ the reasoning he presents to the archbishop is his inability, or inexperience, in preaching.⁵² This issue caused enough inner unease that he ignores the archbishop's warnings and takes the Dominican with him to Iceland. Here, Lárentíus's anxiety about his ability to represent the Church and convey God's message lead him to a destructive decision. While the episode is

⁴⁷ Jón explains away the decision by saying that due to his jealous nature, a union with such a woman helps alleviate such preoccupations. See also Emily Cock and Patricia Skinner, “(Dis)functional Faces: Signs of the Monstrous?,” in Richard H. Godden and Asa Simon Mittman eds., *Monstrosity, Disability, and the Posthuman in the Medieval and Early Modern World* (The New Middle Ages), Palgrave: London 2019, 85–105, <https://link.springer.com/book/10.1007/978-3-030-25458-2>.

⁴⁸ Einarr Hafliðason, “Lárentíus saga Biskups,” c. 14, 243–5. See the thorough discussion of the language episodes in Alaric Hall, “Jón the Fleming: Low German in thirteenth-century Norway and fourteenth-century Iceland.” *LWPLP* 18 (2013), 1–33.

⁴⁹ Einarr Hafliðason, “Lárentíus saga Biskups,” c. 57, 433–4. There is a hint of hypocrisy in these admonishments, as Lárentíus himself certainly gave in to sinful behavior (hence, his son); on Lárentíus's hypocrisy see Carl Phelpstead, “Companions, Conflicts, and Concubines: Clerical Masculinities in *Lárentíus saga biskups*,” in Gareth Lloyd Evans and Jessica Clare Hancock eds., *Masculinities in Old Norse Literature* (Studies in Old Norse Literature 4), D.S. Brewer: Cambridge 2020, 203–216, at 213–5.

⁵⁰ Einarr Hafliðason, “Lárentíus saga Biskups,” c. 57, 438.

⁵¹ Lárentíus' other bonds with men certainly supports this; see Phelpstead 2020.

⁵² Einarr Hafliðason, “Lárentíus saga Biskups,” c. 17, 265–6.

certainly modelled in part on classic tropes of performative clerical humility, the negative outcome of the decision stands out. In pushing to work with Björn out of concern for his own lack of ability, the saga therefore both praises Lárentíus in a rather clichéd way, and highlights how such excessive humility could be a character flaw.

Neither Lárentíus nor the saga present a clear-cut distinction as to what qualifies a disabled priest and what does not, but such distinction could nonetheless be very important for the Church and the role of priests in society. This is felt in the dispute that followed the 1313 death of Jörundr, bishop of Hólar, over who is to control the diocese while awaiting the appointment of the next bishop. Þorsteinn Illugason had been recently appointed *officialis* of Hólar by Jörundr, generally the second highest position in an Icelandic diocese after the bishop. However, another priest, Koðrán, had been appointed by the archbishop as coadjutor, a sort of assistant, to Jörundr because of the latter's old age.⁵³ Upon Bishop Jörundr's death, Koðrán behaved as if he had the highest authority in the bishopric. His claim was tied with Jörundr's apparent disability at the end of his life, an argument the saga directly contests:

Næsta dag eftir kallaði síra Koðrán marga menn lærða at sér; tjáði fyrir þeim þau bréf sem erkibyskupinn hafði honum út gefit at hann skyldi vera coadjutor herra Jörundar, er hann var sagður ellimóður ok ófærr, en þat hafði sagt verit annars vegar en var. En Jörundr byskup mátti vel halda öllum sínum völdum fyrir færleiks sakir ok hrumleika, þó at hann væri gamall at ára tölu.⁵⁴

The next day, Reverend Koðrán called many clerics to him; he showed them the letters which the archbishop had given him, which showed that he was to be Bishop Jörundr's coadjutor, when the bishop was said to have been weary with age and incapacitated, though that was a baseless claim, and Bishop Jörundr was quite capable of maintaining all his authority, because of his ability and despite his infirmity, even though he was old by the count of years.

Later, the saga rephrases this argument through Lárentíus' direct speech, rejecting Koðrán's suggestion that he, rather than Þorsteinn, should be the highest authority in the diocese:

En kunnigt er mér þetta mál at þér, síra Koðrán, voruð skipaðir af erkibyskupi at vera coadjutor herra Jörundar byskups honum lifanda er hann var ellimóður, en svá sem hann fór fram af heiminum var ent hans vald í þessum heimi, svá ok eigi síðr var úti ok dautt yrðart vald at byskupinum dauðum, en meðr því at hann var heillar samvizku er hann skipaði síra Þorstein officialem ok vald í andligum hlutum yfir Hólabyskupsdæmi; því er þat minn skilningr at sú skipan á at standa sem hann gerði á síðustum dögum sínum.⁵⁵

But the matter is known to me, that you, Reverend Koðrán, were appointed by the archbishop to be coadjutor of Lord Bishop Jörundr while he was alive, when he was

⁵³ Coadjutors were frequently appointed to elderly clerics who would or could not retire, to assist them in fulfilling the duties of their office. See Orme 2021, 70; Shahar 1997, 109.

⁵⁴ Einarr Hafliðason, "Lárentíus saga Biskups," c. 28, 315.

⁵⁵ Einarr Hafliðason, "Lárentíus saga Biskups," c. 28, 316–7.

weariness with age. But as soon as he left this world, his authority in this world was ended, and so your authority was no less dead and gone with the death of the bishop. And because he was of sound mind when he appointed Reverend Þorsteinn as *officialis* and granted him authority in spiritual matters in the diocese of Hólar, it is therefore my interpretation that the command which he made in the final days of his life ought to stand.

Lárentíus here seems to be making a subtle observation regarding physical and mental difference: on the one hand, Reverend Koðrán was appointed coadjutor to address the late Bishop Jörundr's undisputed impairment, most likely physical, which was brought on by old age. On the other hand, Lárentíus denies that the former bishop had an age-induced mental impairment, which would have invalidated Jörundr's decisions during his final days in office, such as the appointment of Þorsteinn Illugason as *officialis*. While the earlier passage seems to entirely reject the suggestion that the bishop was *ófærr*, Lárentíus accepts that he was *ellimóðr*, but insists that he was also of sound mind, *heillar samvizku*, when he made Þorsteinn's appointment, and thus Þorsteinn should remain *officialis* and, it is implied, have higher authority in the diocese than Koðrán. These observations reinforce the notion that then, as now, issues of ability, embodied difference, and impairment were context specific. From this, we can infer that in the clerical milieu around *Lárentíus saga*, a subtle understanding of the body, the mind, and their functions prevailed, in a manner wholly different from the common perceptions of the Middle Ages as an era where people with embodied difference were inherently downtrodden and without agency.⁵⁶

5. Conclusion

... in ipsis vero Hospitalibus recipiantur ammodo et pascantur de dictis redditibus senes infirmi, et decrepiti Sacerdotes, qui pro debilitate corporis non valent nec debent Sacerdotale officium ulterius exercere, ne Ipsos, quos Ministerii nostri cooperatores habuimus, fame oporteat miserabiliter interire, vel necessitate cogente, in vituperium Ministerii nostri, et in opprobrium ordinis Clericalis, in plateis, quod Jeronymus detestatur, miseros mendicare.⁵⁷

... but that in those hospitals frail and infirm priests – who because of bodily debilitation are unable and no longer required to exercise priestly duties – be henceforth accommodated and fed from the aforementioned incomes, lest these men, whom we have had as fellow laborers in our ministerial duties, be forced to die miserably of hunger, or else, to the disgrace of our ministry, and to the shame of the clerical order, be compelled by necessity onto the streets – as denounced by Jerome – to beg as wretches for sustenance.⁵⁸

⁵⁶ See Irina Metzler, *Disability in Medieval Europe: Thinking about Physical Impairment during the High Middle Ages, c.1100–1400*, Routledge: London 2006; Marit Ronen, "A Still Sound Mind: Personal Agency of Impaired People in Anglo-Saxon Care and Cure Narratives," In Erin Connelly and Stefanie Künzel eds., *New Approaches to Disease, Disability, and Medicine in Medieval Europe*, Archaeopress: Oxford 2018, 19–30.

⁵⁷ *Sacrorum conciliorum nova*, 1105.

⁵⁸ The authors thank Gottskálk Jensson for his assistance with this translation. Any errors that remain are, of course, our own.

The creation and maintenance of hospitals in medieval Iceland was fundamentally tied to the attitudes of the Icelandic Church towards disability, age, impairment, and clerical identity. In all probability, both Kvíabekkr and Gaulverjabær were established for largely pragmatic reasons, to meet the needs of the poorer members of the Icelandic clergy. The documentary corpus gives us important insights into the cost of running such institutions, and the continuous need for the Church to provide care for *ófærir* priests. We can unfortunately see very little of these institutions' influence on Icelandic society; nevertheless, even if only two or three clerics were resident at either hospital at any given time, this still would have made a significant impact on a small rural society like Iceland.⁵⁹

At the same time, these hospitals were reflections of the attitudes and worldviews of the people who established and maintained (or failed to maintain) them. *Lárentíus saga* presents Bishop Lárentíus as specifically concerned with the dignity of the Church and its members. As a character in the saga, Lárentíus seems to fear showing weakness of many kinds throughout his ecclesiastical career. This may have led him to make self-destructive decisions, like working with the friar Björn, but it was also almost certainly connected to his desire to preserve the dignity of the church. Lárentíus' concerns about physical appearance, his anxiety about the sinfulness and drinking of his son, and his fear about the quality of his own preaching were part of what informed how he viewed, and ultimately, how he sought to provide care for *ófærir* clerics.

This article has aimed to place Iceland on the medieval hospital map, especially in relation to the more robust and well-documented care systems of Norway and England. It has expanded significantly upon the connections between Lárentíus' Kvíabekkr and later *ölmusu/ómagaprestar* first made by Séra Ágúst Sigurðsson; it has situated this and other evidence for the care provided to Icelandic clergy in a new reading of embodied difference in *Lárentíus saga*. While the scant evidence available makes any concrete declaration speculative, it appears that at least one and possibly both of Iceland's hospitals continued their limited activity even after the 1402–1404 Black Death, though financing these operations was difficult. Within the history of disability in Iceland and the West more generally, Iceland proves itself to be a promising case study. Through the story of Bishop Lárentíus we get a strong sense of one particular bishop's attitude towards health and priestly capacity, but also its intersections with the broader ideologies and discourses of the medieval Latin Church.

⁵⁹ Richard Perkins, as part of his general argument for the connection between *Flóamanna saga* and Gaulverjabær, speculated that the hospital could have also been a small center of learning, with some amount of schooling, manuscript copying, and literary activity occurring there (Perkins 1978, 29).