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The hospital renaissance in the Iberian Peninsula (14th-16th centuries)

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EDITOR'S NOTE

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AUTHOR'S NOTE

This article is part of the research project "*Scripta manent* III: From private records to public texts. An online medieval archive" (PID2020-116104RB-I00) (PI: Cristina Jular Pérez-Alfaro), from the Spanish government's "*Convocatoria Orientada a los Retos de la Sociedad*", funded by the Ministry of Science and Innovation and the Spanish State Research Agency (MICIU/AEI/10.13039/501100011034), online at www.scriptament.info.

Initial reflections

1 In December 2022 I defended at the University of Zaragoza the doctoral dissertation *The hospital renaissance in the Iberian Peninsula: a proposal from the written culture (1374-1549)*[1] within the Doctoral Program in Heritage, Societies and Border Spaces of the Campus Iberus. This educational framework has been fundamental for the development of a comparative history essay that has analyzed the hospital transformations between chronological borders – the Middle Ages and the Early Modern Age – and geographical

ones – the Crown of Aragon and the Crown of Castile. In turn, this effort has been nourished by my experience as an FPI predoctoral researcher at the Spanish National Research Council (IH-CCHS-CSIC, Madrid) and my membership in the *Scripta manent* project and the interdisciplinary platform MEDhis (Social and Cultural History of the Mediterranean. Local contexts, Global dynamics).

2 From a historiographical point of view, the main characteristic of the production of the last five decades in the Iberian Peninsula, since the Annales School deepened in a social history and of mentalities that included the humblest of the population, has been the relationship of hospital history with each locality. The increase in research and publications in recent years has sharpened this hospital-local history binomial in which broad historical coordinates are scarcely covered and case studies are compared. However, the reflections of Laurinda Abreu, Joana Balsa da Pinho, Luis Martínez, Jon Arrizabalaga, José García Oro with María José Portela Silva, Antoni Conejo, Salvatore Marino or Carmel Ferragud[3] stand out in the Iberian panorama. What rarely breaks down is the separation between the territories of the Crown of Aragon, more interested in Mediterranean connections, with those of the Crown of Castile, more connected to the Atlantic world and, therefore, with the Portuguese territory.

3 In this Spanish bipolarity, certain regions –or rather cities– have monopolized the debate, leaving others on the sidelines. Little attention has been paid to the kingdom of Aragon excluding its capital, the kingdom of Navarre, La Mancha excluding Toledo, Extremadura, Murcia, Galicia and the Cantabrian coast beyond the *Camino* and Santiago de Compostela. In addition, the studies are eminently urban, following a current and not so much historical conception. Small towns and villages are relegated even though, in many cases, their documentary collections and architectural-artistic heritage are just as rich. Let alone the omnipresence of Christian institutions as opposed to Jewish and Muslim ones.

4 To overcome all these pitfalls, I have selected a varied set of edited and unedited writings:

5 - I have compiled more than 50 ordinances of Iberian hospitals ranging from the 1223 statutes of the *hospital São Lázaro* in Santarém to 1562 with the *hospital de la Asunción & santos Juanes* in Toro.

6 - I have searched for documentation in municipal and ecclesiastical archives of the kingdom of Aragon from cities such as Zaragoza, Borja, Teruel and Barbastro and *villas* such as Monzón, Puertomingalvo and Rubielos de Mora, as well as family archives of the Crown of Castile such as the Fernández de Velasco –for their domains north of the city of Burgos–, the Pimentel –count- dukes of Benavente– and the Téllez Girón –lords of Osuna and Peñafiel–. Their archives correspond today with the Frías and Osuna collections of the *Archivo Histórico de la Nobleza* located in Toledo.

7 This doctoral dissertation has been divided into three blocks, each with separate objectives. The first –Hospitals and institutional history– consists of a theoretical and practical approach to three heuristic concepts such as *hospital networks*, *hospital reforms* and *hospital models*. These elements have been defined and characterized according to the historical characteristics of the Iberian Peninsula and their relationship with other areas of southern Europe. Each concept has its own chapter with theoretical reflection. The implementation has been carried out with three successive chapters for its application in the kingdom of Aragon, the seigniorial state of the Fernández de Velasco

family – Medina de Pomar and Briviesca – and its connection with Burgos –north of Castile –, and the city of Toledo and the towns of Osuna and Peñafiel – south of Castile and Andalusia.

8 The second section –Hospitals and written culture– argues how writings transformed these institutions at all levels: economics, administration, devotion, medicine, nursing, etc. The chapters analyze the importance of knowing the history of (non) hospital archives, the development of archival strategies and the production of theoretical writings – mainly ordinances – and practical writings – *écritures grises*, in general –, the importance of books and libraries, and the petrification of writing in monumental inscriptions, most of the time as identifying and propagandistic elements.

9 Finally, the third block –Economy, health, and sociology beyond the *domus*– gathers the hospital transformations from its domestic organization to larger entities. *Hospital reforms* can be measured in aspects such as expenses –in medicines, construction, development of writings–, labor transformations –hierarchical and specialized teams–, a greater concern for health and disease –which can be measured lexicometrically– and the interest in excluding the false poor and assisting the real poor –elderly, orphaned children, the insane–.

Results: case studies

10 The various case studies have made it possible to achieve some partial objectives and to reflect the concepts analyzed in section 1. These are some of the historical examples already published that the reader can easily find.

1. The Fernández de Velasco family accumulated a large patrimony since the end of the 14th century and reached the highest levels of power among the Castilian nobility at the end of the 15th century. This upward trajectory can also be seen in the promotion of different hospitals in their manorial estate, mainly in Medina de Pomar and Briviesca. Thus, it has been possible to certify that Pedro Fernández de Velasco, the Count of Haro, used the Royal hospital of Burgos as an administrative model in the middle of the 15th century. He included his hospital of the *Vera Cruz* in a larger complex, placed a community of nuns in charge of the administration and imitated the community of poor noblemen who resided in Burgos. In turn, his granddaughter, Mencía de Velasco, reproduced this same model within the family when she donated her wealth for the construction of the hospital of the Rosary in Briviesca. This whole process is evidence of the interest in Castile in the application of hospital reforms before and after the Catholic Monarchs.
2. A comparison of the expenses of the hospitals under the patronage of the Fernández de Velasco family has also demonstrated this reform process. The hospital of *Vera Cruz* in Medina de Pomar and the hospital of the Rosary in Briviesca have more resources and financial allocations for specialized professionals in charge of religion, medicine, and writing. Likewise, it has been certified that the Briviesca hospital follows the same economic pattern as its predecessor in Medina de Pomar. Moreover, the founder, Mencía de Velasco, developed a complete devotional program of religious festivities and alms representing the ritualization of charity. This last aspect indicates that the arrival of the Early Modern Age did not necessarily imply a decline in religiosity in these hospital centers, a devotion that did not conflict with corporal medicine.
3. The economic analysis has also been positive when comparing the rural hospitals of Rubielos de Mora and Puertomingalvo in the south of the kingdom of Aragon. This first town had a hospital with a markedly domestic character from an economic point of view at the end of

the 14th century. However, in the mid-15th century, the marriage of Pero Poma and Margarita Nadal founded a rural hospital in Puertomingalvo that was clearly committed to its inclusion in a market economy, as evidenced by its economic capacity, administration, debt issuance and hiring of professionals.

4. Traditionally, it has been considered that the city of Toledo underwent a process of charitable reform well into the 16th century. However, I have argued that the foundation of the hospital of the Holy Cross by Pedro González de Mendoza is clearly an example of "reform before reform". And it is possible to measure the interest of the archbishop and cardinal in the search for health, the care of abandoned children, the creation of a very complete professional team, the imitation of Iberian and Italian hospitals, and tremendously rich hospital ordinances, as could be the later ones of Saragossa, Santiago de Compostela and Lisbon.
5. It is not by chance that a copy of the statutes and indulgences of the hospital of Toledo have been preserved in the Osuna collection of the *Archivo Histórico de la Nobleza*. Their presence there served to make known a Documentary Unit that kept diplomas from hospitals in Burgos, Seville, Toledo, Palma del Río and Rome. It was Juan Téllez Girón himself, Count of Ureña and Lord of Osuna, who requested these diplomas and then read them, annotated them in the margins and used that written experience in his foundations of Osuna and Peñafiel. This is an excellent example of imitation of the statutes and privileges of previous hospitals.

Results in theorizing

11 The historiographic production for the hospital field generally lacks theoretical reflection. In fact, I consider that certain concepts have been used indiscriminately and with little prior reflection. Despite the limitation of these pages, these are my definitions of the three concepts already used by historians and a fourth one that I have created:

1. *Hospital networks*: set of human and institutional relationships that link hospitals with other hospitals and institutions through time and space. Would it be convenient to use the singular form? I think so, if at least the connections and dimensions analyzed are defined and delimited. However, if we are dealing with a broad institutional framework, a large region and several centuries, it would be appropriate to use the concept in the plural. In itself, *hospital networks* is closely related to space, a concept that does not have a single definition. Finally, the analysis of these human or institutional relationships will allow us to observe the historical evolution of hospitals in quantitative terms. For example, how were they financed? Through alms collected by the hospital staff from the neighbors –human connection– or by the maintenance exercised by a higher institution –a municipality or the State? Or, in what way were the health staff linked to the hospitals? By an occasional contract between the administrator and the doctor or by a prior agreement between the hospital and a medical professional association like a brotherhood or guild?
2. *Hospital reforms*. This concept must be understood from its lexical root – re-form–, that is, to reshape something: to propose, project, execute, innovate, and improve what already exists. Therefore, it is not a heuristic concept in which Modernity breaks with medieval tradition. *Hospital reforms* are qualitative changes undertaken at the level of care that involved major differences in terms of intensity and magnitude –hospitals with greater resources, monumental buildings, larger and more complex professional staffs, etc.–. Therefore, I define *hospital reform(s)* as those processes of reorganization of hospital systems in a town or city from the 14th century onwards in the face of increasing pauperism, and in which both the authorities –lay and ecclesiastical– and private individuals were able to intervene. The

application of this reform can be analyzed, rather than using the foundation or merger of certain hospitals, through the incorporation of multiple transversal criteria –perhaps not all of which follow– in the new institutional projects: a) introduction and development of multiple writings, especially of a bureaucratic nature; b) insertion of the hospital in bigger urbanistic projects; c) hierarchization among health centers; d) circulation of hospital models at regional and international level; e) growing concern for health; f) constructive and architectural reconditioning tending towards monumentalization; g) greater economic solidity; h) valorization of various reform strategies; i) creation of complex work teams.

3. *Hospital models*. The historiographical problem with respect to this concept is the use of political-geographical labels. Thus, authors such as Bianchi and Słon speak of "Florentine" and "Milanese" models or López Terrada of "Aragonese" and "Castilian"[9]. In this way, the focus is placed on large establishments without valuing the variety of hospital systems in large territories. Aragon, by extension the Crown of Aragon, was a sufficiently varied space for the hospital institution to adapt to multiple realities. I propose the study of hospital models based on the emulation of certain elements –administrative, architectural, prerogative, artistic– thanks, in large part, to the fame acquired by certain institutions. Thus, what prevails is a great process of cultural transfer that often surpassed the borders of the States, causing the geographic labels to be diluted. And in this process of institutional imitation, the relationship between the Iberian Peninsula and the Italian and other islands in the Mediterranean Sea is fundamental.
4. *Hospital renaissance*. I define this concept as the combined study of the slow and progressive transformations that took place between the 14th and 16th centuries both in *hospital networks* and *hospital reforms* – quantitative and qualitative changes in hospital systems, respectively– and the diffusion of *hospital models* –the latter being a basic characteristic of the reforms and a type of connection of nodes in hospital networks–. "Renaissance", but in lower case –renaissance–, because governments and urban and rural elites did not invent a new institution. On the contrary, they took one that already existed, the hospital, and endowed it with an increasingly sophisticated technology: writing. I propose *hospital renaissance* in opposition to terms used by historiography and which I consider ineffective such as *medieval hospital*, *medieval hospital in transition*, *Renaissance hospital*, *modern hospital*, etc. In short, it is an effort to overcome generalized local history and to advocate for a global and comparative history in which the Iberian kingdoms are situated as a hinge between the Mediterranean Sea and the Atlantic Ocean.

Results in digital transfer

12 As a complement to the academic publications and as a fundamental part of this doctoral dissertation I have developed the web page *Rethos: Retia Hospitalium* (https://rethos.scriptamanent.info/), a Digital Humanities tool with database and cartographic viewer that allows hosting historical information.

13 On the one hand, the database collects information on hospitals from the Middle Ages and the Modern Age. It is worth mentioning that part of the complexity in the design of this first tool is that these data are tremendously disparate and do not come from a single source –a catalog, inventory, or an existing systematized registry–. On the contrary, the web draws from a multitude of archives and libraries and, therefore, from an infinite number of documents and bibliographies. It also contains archaeological, architectural, and artistic information.

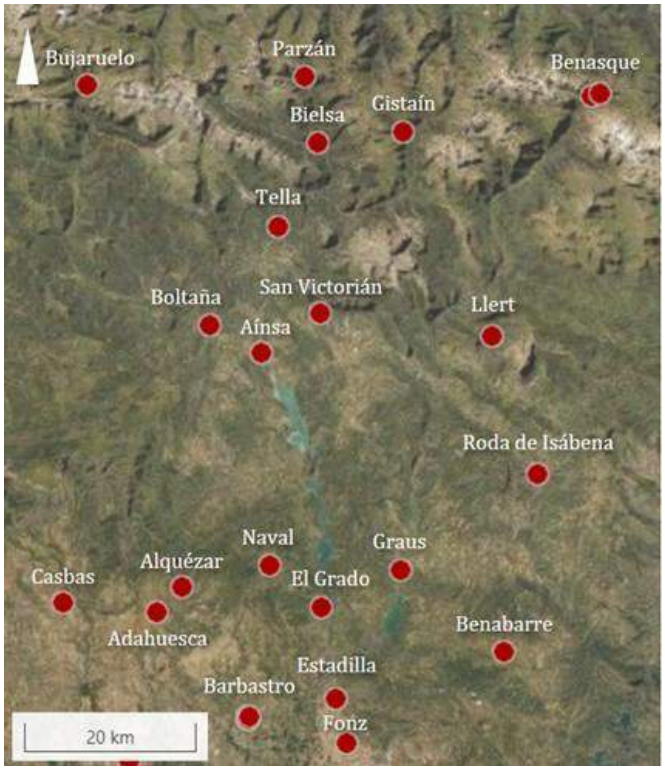


Fig. 1. Georeferenced *Rethos* hospitals in the first section of the Cinca river (Aragón, Spain). Image adapted for publication.

14 On the other hand, *Rethos* has a cartographic viewer that identifies and geolocates hospital networks from a diachronic perspective, reflecting the extent of the phenomenon. The visualization of the nodes can be complemented by three base layers, each with a type of geographic information that dialogues with the hospital network: a physical one that allows to follow the fluvial paths, a satellite image that clearly reflects the colors and shapes of the landscape, and a more updated cartography with the current communication routes. The fact of having fixed the coordinates of these establishments allows the user to work with Geographic Information Systems (GIS) in the future.

15 In a first impulse (2021-2022) *Rethos* has a variety of information on 357 hospitals from medieval and modern times, belonging to Christians, Muslims or Jews who inhabited the ancient kingdom of Aragon.[12] In a second phase, data relating to the kingdom of Portugal, compiled by Joana Balsa da Pinho (University of Lisbon), is being uploaded to *Rethos* thanks to the project *Hospitalis. Arquitetura hospitalar em Portugal nos alvores da Modernidade: identificação, caraterização e contextualização*.

16 Finally, most of the analyzed diplomas have been edited and uploaded to the *Scripta manent* diploma database and can be consulted and downloaded. The aim is to increase the dialogue of the Digital Humanities with the firm intention of making data and documents more accessible. A selection of the edited documentation:

17 - 1384, foundation of the hospital of Rubielos de Mora (Aragon): http://www.scriptamanent.info/diplomas/sm_1384_amrm_i-7_d331/.

18 - 1402, foundation of the hospital of Alquézar (Aragon): http://www.scriptamanent.info/diplomas/sm_1402_ahn_clero_car604_n3/.

19 - 1433, increase in the financial endowment of the hospital of Medina de Pomar (Castile) by the Counts of Haro: http://www.scriptamanent.info/diplomas/sm_1433_frias_c238_d37-40_d37/.

20 - 1436, the community of the royal hospital of Burgos (Castile) is entrusted under the protection of the Count of Haro: http://www.scriptamanent.info/diplomas/sm_1436_frias_c386_d39/.

21 - 1455, ordinances of the hospital of St. Hermenegildo of Seville (Andalusia): http://www.scriptamanent.info/diplomas/sm_1455_osuna_c3_d23/.

22 - 1499, ordinances of the hospital of the Holy Cross of Toledo (Castile-La Mancha): http://www.scriptamanent.info/diplomas/sm_1499_osuna_c3_d23/.

23 - 1507-1511, accounting of the hospital Sancti Spiritus of Borja (Aragon): http://www.scriptamanent.info/diplomas/sm_1507-1511_ambo_334_1/.

24 - 1517, foundation of the hospital of Briviesca (Castile): http://www.scriptamanent.info/diplomas/sm_1517_frias_c373_d1/.

25 - 1533, foundation of the hospital of Almazán (Castile): http://www.scriptamanent.info/diplomas/sm_1533_ama_c46-1/.

26 - first half of the 16th century, ordinances of the hospital of San Sebastián of Palma del Río (Andalusia): http://www.scriptamanent.info/diplomas/sm_xvi_osuna_c3_d23/.

27 - 1552, ordinances of the hospital of La Misericordia of Marchena (Andalusia): http://www.scriptamanent.info/diplomas/sm_1552_osuna_c170_d15_17_d15/.

28 - 1556, foundation of the hospital de la Concepción of Peñafiel (Castile): http://www.scriptamanent.info/diplomas/sm_1556_osuna_c97_d86-87_d87/.

29 - 1572, accounting of the general hospital of Teruel (Aragon): http://www.scriptamanent.info/diplomas/sm_1572_ahpt_concejo_18_6/.

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NOTES

1. VILLAGRASA-ELÍAS, Raúl – *El renacimiento hospitalario en la península ibérica: una propuesta desde la cultura escrita (1374-1549)*. Saragossa: University of Zaragoza, 2022. PhD dissertation, co-directed by Concepción Villanueva Morte and Cristina Jular Pérez-Alfaro and evaluated by a panel composed of Germán Navarro Espinach, Jon Arrizabalaga Valbuena and Maria Lurdes Rosa. I would like to thank them all for their contributions.
2. Campus of International Excellence of the Ebro Valley promoted by the Public University of Navarra, the University of La Rioja, the University of Lérida and the University of Zaragoza.
3. For a selection of works by these authors see the final section.
4. VILLAGRASA-ELÍAS, Raúl – "Reform and hospital models in Castile: the case of the Fernández de Velasco family (1374-1517)". *Journal of Medieval Iberian Studies* 16:2 (2024), pp. 264-283.
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10. These theoretical reflections have been further developed in a book that has been accepted for the *Biblioteca de Historia* collection of the CSIC *Instituto de Historia*: VILLAGRASA-ELÍAS, Raúl, – *Pensar los hospitales del mundo ibérico (ss. XIV-XVI)*. Madrid: CSIC, in press.

11. See the entry of a rural hospital. The first news of which dates back to the 14th century: the hospital of *Santa María* in Mosqueruela (1380): ˂https://rethos.scriptamanent.info/hospitales/hospital-de- santa-maria-mosqueruela/˃.

12. *Rethos* is the digital evolution of a previous book: VILLAGRASA-ELÍAS, Raúl – *La red de hospitales del Aragón medieval (ss. XII-XV)*. Saragossa: IFC-CSIC, 2016.

13. For the *Hospitalis* project see ˂https://projecthospitalis.net/pt/˃. As an example, see the database entry of *Hospital de Abrantes* (1483) ˂https://rethos.scriptamanent.info/hospitales/hospital-de- abrantes/˃.

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