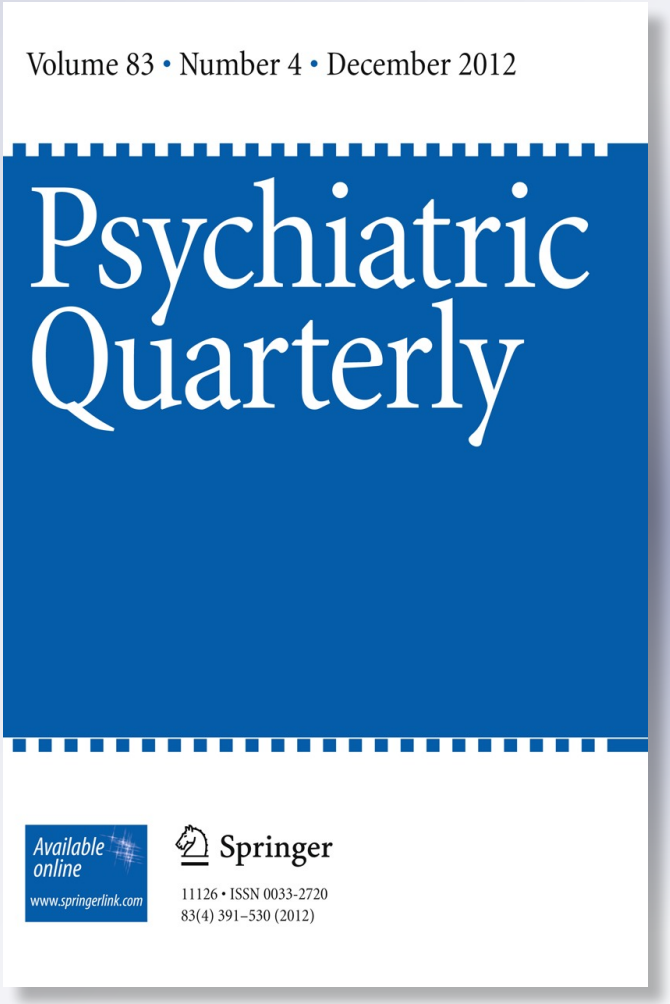
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ORIGINAL PAPER

Origins of Psychiatric Hospitalization in Medieval Spain

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Abstract Specification of the earliest institution devoted primarily to the treatment of the mentally ill in the Western World remains elusive. Uncertainty arises from limited documentation and gradual evolution of most candidate sites from hospices for the poor, foreign, or homeless, or as clinical centers for the care of a range of persons with general medical and psychiatric disorders. Plausible candidates identified in the late fourteenth and early fifteenth centuries include Bethlem Asylum in London. Much less often considered are two centers in medieval Spain: the Moorish Maristan at Granada (1365) and the Christian Hospital of Our Lady Mary for Lunatics, the Insane and Innocents at Valencia (1409). Since the early Spanish sites are not well known, we have summarized available information concerning their foundation, facilities, theories and practices, as arising from the cultural and political background of the times and regions.

Keywords History of psychiatry · Social psychiatry · Mental asylums · Psychiatric hospitals

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Introduction

TOWARD the end of the fifteenth century, Granada was the sole remaining Muslim region on the Iberian peninsula following the prolonged Christian Reconquest in the era 722–1492 CE. North African or Moorish rule in southern Spain persisted from 711 CE, led initially by Sultan Tariq ibn Ziyad (689–720), followed by dynastic caliphates into the fifteenth century, the last of whom were the Nasrids. These sultans cooperated increasingly with Christian kings, and Granada became a tribute-paying state of the Kingdom of Castile from 1249 until the movement starting in 1492 to force religious conversion of Moors and Jews in Iberia under threat of death [1]. In Granada in 1365, Moorish Nasrid sultan, Muhammed V (1338–1391), initiated construction of a hospital-like institution in the Islamic tradition of the *maristan* (or *bimaristan*) at the foot of the city fortress, the Alhambra [1, 2]. Only 300 miles north of Granada, in the Christian city of Valencia, another medieval institution, The Hospital for Lunatics, the Insane, and Innocents (*El Hospital de los Lunáticos, Orates e Inocentes*), also called Hospital of Our Lady Mary of the Innocents (*Hospital de Nuestra Señora María de los Inocentes*) was founded in 1409–1410. The Valencia asylum was founded primarily to care for the mentally ill in the region, through the leadership of a Christian Friar of the Mercedarian Order, Juan Gilabert Jofré (1350–1417) [3]. Since both medieval Spanish institutions—the Moorish Maristan of Granada and the Christian Hospital at Valencia—appear not to be well-known in the English-speaking world, we have summarized their early history as important landmark intitutions in the history of Western psychiatry.

The Maristan of Granada

Proliferation of Medieval Maristans

Maristans (originally, *bimaristan* ["place for the sick"], a Persian term) were pre-Islamic and Islamic hospitals and places for medical learning, often built by financial contributions of wealthy patrons. The few maristans predominantly dedicated to the care of the mentally ill probably were more closely related in concept to the ancient tradition of the *xenodocheion*, or place for foreigners and the homeless, which was later associated with monasteries. Maristans supported medicalization of care for the psychiatrically ill, as well as caring for the needy and homeless and the medically ill [4, 5]. The earliest Middle Eastern maristan probably arose from a third-century center of learning of the Sassanid Persian kings in Gundhesapur (in the province of Kuzhestan of western Persia), to become an Islamic medical center in the 600s CE [5–7]. An early maristan identified as primarily psychiatric in its practices was the ninth century (872 CE) Maristan of Cairo [8]. Such institutions appear to have been much more developed and better organized than systems for the care of the sick dating from Jewish, Greco-Roman, and early Christian times. Moreover, Arabic passion for mathematics, physics, and chemistry advanced these studies, and increasingly integrated them with practical, clinical experience into medicine across the Islamic world. Islamic maristans as medical institutions proliferated and spread widely in the ninth and tenth centuries, notably in Damascus, Cairo, Tunisia, and Morocco, and reached Granada in southern Spain (*Al-Andalus*) in the fourteenth century [7, 9]. Notably, the Caliphate of Cordoba in Moorish Spain was especially well developed in medicine, and hosted outstanding medieval physicians including Avicenna (ca. 980–1037 CE), Averroes (1126–1198), and the Jewish philosopher-physician, Maimonides (1135–1204) [9].

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Sultan Muhammed V of Granada

Sultan Muhammed V (1338–1391) was the eighth Emir of the Nasrid dynasty, and governed the Emirate of Granada twice (1354–1359 and 1362–1391). Muhammed was deposed by his half-brother, Ismail II (1339–1360), but managed to escape to Morocco. Ismail, in turn, was overthrown and murdered with his brother Quais by their brother-in-law, Abu-Said (1332–1362) in 1360, who declared himself Sultan Muhammed VI (*El Bermejo,* "the Redheaded"). He refused to pay tribute to Castile as had been customary. Two years later, Muhammed V overthrew him with the military support of King Pedro I of Castile ("The Cruel" [1334–1369]), who ordered Muhammed VI's assassination, restoring Muhammed V as Emir of Granada for another three decades. In this era of relative tranquility and prosperity, Muhammed V led several important public works, including expansions of the Alhambra ("The Red Fortress," constructed on the site of an earlier stronghold in his first reign and by his predecessor Emir Yusuf I [1333–1353]), as well as construction of the Maristan of Granada [10, 11].

Construction and Organization of the Maristan of Granada

El Maristan de Granada was built in 1365–1367 beside the Darro River in the Axares district of the city of Granada, at the foot of the Alhambra's outer walls. The maristan originally occupied a rectangular site of 1015 m^2, and is believed to have been a two-story plaster-covered brick structure of Moorish design, with a central courtyard and fountain-fed pool, surrounded by clinical living spaces, each 6 m^2, connected by galleries, and accommodating up to 200 patients (See Fig. 1). Comparable Christian institutions were not recognizable until the fifteenth century. The Granada maristan building later became a mint (*Casa de la Moneda*) in the 1500s and was in ruins by the 1800s [2, 12–14]. Some artifacts from its early years remain in the nearby Alhambra museum.

Documents describing the organization and functioning of the Maristan at Granada are rare. Following the re-conquest of Moorish Spain by the Catholic Kings, a few written reports of the Granada Maristan were left by Christian travelers and pilgrims [2, 15], and maristans across the far-flung medieval Islamic world appear to have had similar organization and functions. In contrast to medieval Christian hospices and hospitals, the medieval Islamic maristans were largely secular institutions, whose initiation usually arose from charitable inclinations of the Sultans and depended on donations and alms from both independent donors as well as fees from patients, some of whom were wealthy. Many maristans were teaching hospitals, with libraries, scientific lectures and personalized teaching, and physicians played a predominant role in their operation. Clinical units or divisions of most maristans were organized according to diseases, and some evolved to deal with specific types of disorders, including care of the mentally ill, as at the Granada Maristan [5–8, 16]. The Austrian physician and traveler Hieronymus Münzer (ca. 1437–1508) visited the Granada Maristan in 1494, soon after the purging of Moors and Jews from Spain and Portugal, and reported observations of what he described as "a Moorish house for lunatics" [15]. However, it remains unclear whether the Granada Maristan was intended specifically as an asylum for the mentally ill from its foundation in 1365. Instead, its surviving foundational statements (See Fig. 1) and a large number of inmates in later years suggest that it may have evolved gradually into a largely psychiatric institution [2, 17].

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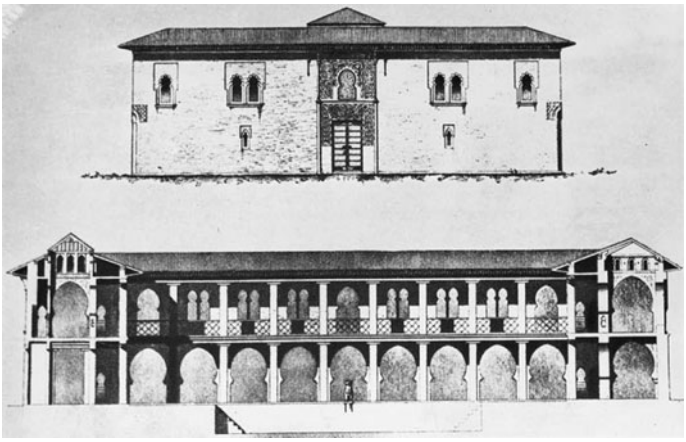


Fig. 1 Design of the Maristan at Granada. This rendering of the hypothetical design based on surviving features and ruins of the Moorish hospital at Granada was made by F. Enríquez for a book collection of Middle Ages and Renaissance architecture published in France in 1858 [46]. Over the entrance there was a stone tablet (now located in Sala IV, Museo de la Alhambra, Palacio Carlos V of Granada [The Alhambra Museum in Granada, Spain]) with a foundational statement inscribed in Arabic, which was translated into Spanish by Lafuente Alcántara [17], and then into English by the authors. In part, it states: … I [Muhammed V] ordered the construction of this Maristan as an example of compassion towards the Moorish poor-ill, and as an attempt to get closer, if it is His will, to the Lord of the worlds…I performed [this] action…with no precedent from the introduction of Islam in this country…The works began during the second ten [-day week] of [the month of] Muharraq in 767 [27 September–8 October, 1365], and concluded in the second ten [-day week] of the [month of] Sawwal in 768 [9–18 June, 1367]. May God save our Lord Muhammed…

Medieval Islamic Medical Concepts of Mental Illness

Madness was widely conceived by the Islamic general public as being possessed by a spirit, elf, satyr, or genie (*djinn* or *jinn*). Djinns were believed to be magical entities that lived in rural and deserted places and, with humans and angels, were considered to be the intelligent beings of the world. They had names, legal status, and could marry; they could be good and modest, or evil and mischievous [4, 18]. They were believed to be afraid of fire, and were sometimes exorcised by burning the scalp or by frightening the possessed [19]. The tradition of possession by a djinn continues to the present time in some Islamic cultures as a popular belief, and sometimes involves states resembling conversion reactions [20].

Islamic tradition also recognized a class of poor-ill-mad persons, who required tolerance and public institutional care if families could not provide for them. This tradition suggests a partially medicalized perspective. Medical concepts of madness in both the Islamic and Christian medieval cultures were heavily influenced by humoral theories and ancient descriptions, arising from Greek traditions and popularized by the influential Greco-Roman physician Galen of Pergamon (ca. 129–217 CE) and others. In the later middle-age centuries in the Islamic world, mental illnesses were increasingly medicalized and described as representing various distinct disorders. These tendencies arose, at least in part, from the absorption of earlier Greco-Roman medical knowledge and theories by the end of the first millennium of the current era [4, 19]. Several medieval Islamic physicians, including the Persian Avicenna, who lived for a time in Granada, described particular neuropsychiatric conditions that could benefit from medical treatment [19]. Such treatments probably

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included the purging and blood-letting that were becoming ubiquitous and would persist into the nineteenth century, as well as early forms of counseling, persuasion and suggestion [19, 21, 22].

However, this trend toward a medicalized view of mental illness struggled against social, legal, and religious interpretations and implications of such conditions, and continues to do so [18]. In medieval Islamic society, a mentally ill person had access to few treatment options. These included: (a) medical treatment from a dispensary or admission to a maristan; (b) travelling to the grave of a highly religious person to receive a blessing; (c) consulting a legal advisor for personal and practical advice, or (d) consulting a healer for a magic recipe, herbal remedy, or talisman. The choice of intervention usually depended on the symptoms, availability of physicians or alternative advisor-healers, personal beliefs and experience, the advice of family or friends, or faith in a particular advisor or healer [21].

In the Islamic tradition, the Christian concept of "original sin" and the "fallen nature" of man were virtually abandoned, and mental illness was largely separated from ideas about sin and personal moral defects. Moreover, some psychiatric conditions were considered to be time-limited (especially epileptic or delusional states) and capable of recovery. Nevertheless, it is difficult to distinguish uniquely Islamic contributions to medical concepts from those absorbed from ancient Greco-Roman sources by the seventh or eighth centuries, or learned during the Moorish (North African) experience in Western Europe [19].

Documents describing therapeutic methods employed specifically at the Maristan of Granada are not known to exist. However, there is some information about presumably similar Islamic maristans dedicated to the sheltering and care of the mentally ill. For example, the Spanish-Jewish traveler Benjamín de Tudela (1130–1173) visited the Al-Adudi Maristan in Baghdad in the twelfth century and reported the following [2, 23, 24]:

> …Insane patients from the whole region are admitted to this hospital. They are usually confined and locked-in unless they need to receive specific treatments,…music to relieve melancholia, or baths to calm manic-agitation…Some are kept in restraints until they recover an adequate mental state. At least once a month, the supervisors make evaluations to determine which patients have sufficiently recovered to be sent back to their homes…

Hospital of Our Lady Mary of the Innocents at Valencia

Friar Juan Gilabert Jofré

The founder of the Asylum at Valencia, Friar Juan Gilabert Jofré of Valencia (1350–1417), was educated initially at The Convent of Mercy in Valencia. Even in youth, he was profoundly spiritual and introspective. He pursued these tendencies in university courses in rhetoric and theology, and was ordained in the Mercedarian Christian Order (Order of the Blessed Virgin Mary of Mercy) [25]. This order of impoverished and mendicant religious was founded by the Catalan merchant Saint Pedro Nolasco (1189–1256) of Barcelona in 1218. Friar Jofré worked among the poor at the borders of Christian and Moorish Spain and joined Mercedarian expeditions to North Africa to negotiate ransoms for impoverished Christian captives of the Moors. In later years, one of these captives was the Castilian author of *Don Quixote* (*El Ingenioso Hidalgo Don Quijote de la Mancha*), Miguel de Cervantes (1547–1616), who was ransomed by Mercedarians in 1580, after spending

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5 years as a slave in Algiers. The Mercedarians acquired important privileges, including a monopoly over the collection of presumably redemptive alms (*limosnas*) under the authority of the Crown of Aragon [26]. On his return from North Africa, Friar Jofré was appointed to manage the Mercedarian monastery at Mont Blanc in France, later, two monasteries in Valencia, and finally *El Convento de la Merced* (Convent of Mercy) there in 1408. His success as a leader of monasteries as well as his effectiveness as a preacher led to an excellent reputation and considerable social influence [27].

Friar Jofré's sermons at the Cathedral of Valencia late in his career often were inspired by moving encounters with poor people in the streets of the city. On one of these occasions in 1409 he witnessed the stoning of a defenseless, mentally ill man, and intervened to protect him [3, 25, 27, 28]. This or a similar event led to a sermon, consistent with the teachings of his order, which he concluded with the proposal of building a special hospital for the mentally ill (See Fig. 2) [29]. The proposal also may have been encouraged by his earlier Mercedarian expeditions to North Africa, where he became familiar with well-established Moorish institutions for the protection and care of the mentally ill [3, 25, 27–30].

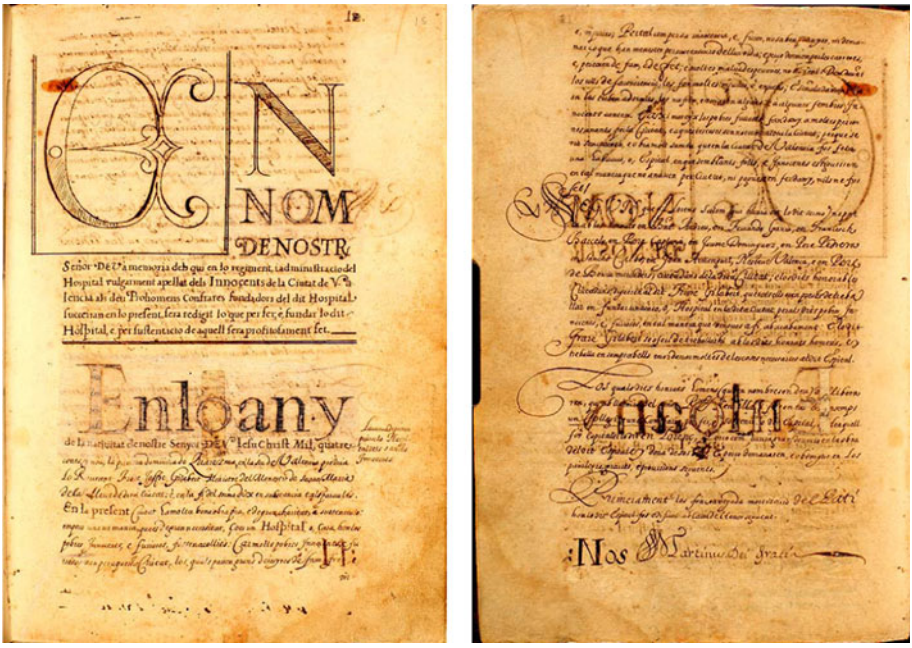


Fig. 2 Founding documents for Hospital of Our Lady Mary of the Innocents at Valencia. These two pages represent both sides of the first sheet of *Llibre de Constitucions* [Constitutional Documents] for the Hospital, of 1409 [29]. It is a hand-written document, which current state shows the *recto* (front) side ink bleeding through the fine vellum onto the *verso* (back) side. It contains the following statements from Friar Jofré's sermon at the Cathedral of Valencia on February 24, 1409, translated from Valencian Spanish into English by the authors: …Poor innocents and the furious in this city suffer from hunger, cold and injuries…innocence and rage make them unable to obtain or ask for what is essential to stay alive, and, consequently, [they] sleep in the streets and often die of cold and hunger. Evil people look for the places where they are sleeping to mistreat and, sometimes, kill them—even innocent women…It would represent a holy work, if the city of Valencia built a…hospital, where both lunatics and innocents, could stay and didn't wander, or couldn't cause or receive any harm…

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Support by Valencian Merchants

Friar Jofré pursued his proposal by seeking financial backing from local merchants, in the tradition of the Mercediarian Order, and its work in fund-raising to ransom impoverished Christians. Ten silk traders of the region volunteered financial support as guarantors for the construction of the new hospital. Indeed, only 3 weeks after Friar Jofré's sermon, the General Council of Valencia (in March, 1409) granted approval to create a facility for the insane, "subject to confirmation of funding, and in accord with charitable purposes and the purest Christian morality" [3, 29]. Nine months later, Royal letters authorized the amortization of lands and buildings within the city for this purpose, and in early 1410, King Martin I of Aragon provided funds for future maintenance of the new charitable institution [31, 32].

Involvement of Pope Benedict XIII

Pedro Martínez de Luna y Pérez de Gotor (Benedict XIII, "*El Papa Luna*"; 1328–1423) was residing in Perpignan in the Basque-French Oriental Pyrenees when construction of the new institution in Valencia was proposed in 1409 [33]. The last of the Avignon schismatic popes, Benedict was eventually considered an "antipope" by the Catholic Church, and his ecclesiastical authority was limited to Sicily, Scotland, Castile and Aragon following the Western Schism of the Church (1378–1417). He was later expelled from the Church altogether by the Council of Constance (1414–1418) and moved to Valencia [34, 35]. However, when the Hospital of the Innocents was proposed there in 1409, Benedict XIII still maintained religious power over regions governed by the Crown of Aragon, including Valencia. In 1410, he issued four papal decrees (*bulls*) pertaining to the Hospital for Lunatics at Valencia, which he also named Hospital of Our Lady Mary of the Innocents (*Hospital de Nuestra Señora María de los Inocentes*). The first decree, in February, 1410, noted the exercise of charity represented by the new institution, and its creation of a path to salvation for the insane. The other three proclamations authorized receiving donations, the concession of indulgences to the hospital personnel and founders, and a mandate to build a chapel and cemetery on the premises [36].

Role of King Martin I of Aragon

During the Western Schism, Benedict was supported in the Papal dispute and even given military protection by Martin I ("The Humane"; 1356–1410), King of Aragon, Valencia, Corsica, Sardinia and Sicily, and later also Gerona and Barcelona. The King's wife Maria was a relative of Pope Benedict's [33, 37]. In March, 1410, a year following the initial agreement to found the asylum at Valencia and in his last year of life, King Martin endorsed the founding document and the new asylum with a "constituent royal privilege," which initiated the opening of the new institution. In this act, the king officially supported a hospital intended from its founding to admit the mentally ill as other hospitals cared for the physically ill or disabled in Valencia. In addition to humane or religiously motivated considerations, Martin understood that the new institution would remove many persons considered "nuisances" from the streets of Valencia [31].

Management and Organization of the New Hospital at Valencia

According to its founding constitution and the requirements of King Martin I, the new asylum was governed by a ten-member board. Each rotated to serve as the *majordomo* of

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the hospital, with full managerial and administrative powers. The institution's staff included senior nursing officers (*hospitaleros*), who were in charge of individual hospital units and oversaw the work of other hospital personnel who maintained close contact with the patient-inmates. Medical officers seemed to have had largely advisory roles, which suggests more a charitable than medicalized view of the institution and its guests. Nevertheless, the operation of the new hospital appeared to be highly effective and stable [3, 29].

The infrastructure of the Hospital of the Innocents at Valencia probably did not follow systematic or logical planning. It was built in stages over many years, in response to current needs and available financial resources. Nevertheless, the first building plans required separation of men and women into discrete residences, with the early addition of at least six cells for seclusion and provision for physical restraint. There also were several small, private bungalows around the main hospital to accommodate patients of higher social class [3].

Patients

The hospital at Valencia initially accommodated approximately 50 persons, although the number rapidly increased, even with admissions restricted to the region of Valencia. They included not only mentally ill persons but also some with physical handicaps who were rejected from other institutions. Colloquial terms based on obvious physical impairments or illnesses were often used to identify groups of patient-inmates (e.g., "hunchbacked, armless, lame, mute, blind, obese, epileptic," and others). Hospital personnel also elaborated screening methods to ascertain types of insanity during the admission process. Notably, certain behaviors considered to be contrary to basic instincts—such as suicidal acts, refusal to eat or drink, poor self-care, sexual disinhibition, aggression towards other persons or animals, and blasphemy—were considered unequivocal signs of insanity [3, 38].

The Valencia asylum was intended to be a transitional institution for time-limited care, with an aim of eventual discharge. Although its system of care was based more on charitable intentions than medical considerations, a substantial proportion of the institution's budget was used to provide care for general medical illnesses. From its beginnings, more clients died than were cured or discharged, but more were discharged than escaped [3].

King Alfonso V of Aragon and Refinement of Medieval Concepts of Madness

In late medieval Western Europe, the feudal socio-political and Christian ecclesiastical systems were closely related. Hospitals were generally conceived as essentially religiously based institutions intended to practice Christian charity among the poor, the ill, and the disabled. Such activities were considered as helping to facilitate the salvation of alms-givers, and hospitals were ideally positioned to receive charitable gifts [39].

In October, 1427, King Alfonso V of Aragon ("The Magnanimous" [1396–1458]) provided a second royal privilege to the young asylum at Valencia. It reaffirmed the original Christian charitable objectives and royal protections, and also characterized those hospitalized as follows [40]:

> Although their limbs are intact, these people are of a primitive spirit, stupid, and sometimes uncontrollable and frantic…

The King expressed views of the mentally ill that contrasted strikingly with prevailing religious and popular conceptions of madness at the time. Many of his contemporaries considered the insane to be possessed by "demonic" forces as a result of sin, or a

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consequence of ill-defined inbalances in the cosmological equilibrium [39, 41]. Instead, Alfonso considered that the impoverished mentally ill reflected a divinely determined "weakness of the soul," and encouraged a humble, sacred and idealized view of their status, as indicated by his use of the term, *pauperes Domini* ("paupers of the Lord") [40]. This shift in perspective may suggest an increasingly tolerant and perhaps pre-medicalized view of severe mental illness that emerged more clearly in sixteenth century Christian Europe, but had been relatively well-established earlier in the Moorish tradition, as noted above.

Comparisons of the Maristan of Granada and the Valencia Asylum

The Maristan of Granada and the Asylum at Valencia represent vivid manifestations of religiously or socially motivated intentions to provide care to persons with severe mental illness as well as those afflicted with poverty and homelessness in Western Europe in the late Middle Ages. Both institutions were developed as a consequence of strong convictions of political or religious leaders who perceived the need to offer better options for the care of the insane. Their motivations probably included hope for spiritual rewards, social benefits and charitable purposes. They may well also have included a connection between almsgiving and indulgences intended to guarantee salvation that would later be criticized by Martin Luther (1483–1546). In addition, efforts to isolate or remove the perceived social nuisance of the mentally ill, especially from urban settings, surely were involved as well. Such motivations contrasted with medieval and later Northern Europe, which, after the Protestant Reformation (ca. 1517–1648), was becoming increasingly more inclined to rely on repression, punishment, and confinement in response to an emerging view of madness as an evil manifestation of demonic possession or sinfulness, to be feared along with death [42, 43].

The two representative institutions that emerged in medieval Spain, described above as from dissimilar cultures, were founded during the same medieval period (1365–1367 and 1409–1410) in a country that, for 700 years, had accepted Muslims in formerly predominantly Christian kingdoms. Even Valencia had been under Moorish control until 1238 [1]. The more or less simultaneous evolution of similar institutions in both religious-cultural traditions encourages searches for possible links between developments in medieval Catholic Valencia and Moorish Granada. It is tempting to ascribe priority to the much older Islamic tradition of the maristan, with its absorption by Christian Spain. Additional links include the probable exposure of Friar Jofré of Valencia to Islamic medical care during his ransoming activities in Moorish North Africa, as well as the complex alliances of the Emirs of southern Spain to the Christian Kings of Castile.

An alternative view is that the Maristan at Granada and the Mental Asylum at Valencia emerged from two highly distinct cultural streams, following dissimilar conceptual backgrounds as well as different organizational structures and practices. Originally, the Hospital at Valencia was conceived mainly to practice highly religiously motivated Christian charity by providing safely for the basic needs and care of the mentally ill who were rejected or victims of violence and considered socially disruptive in the streets of the city. In contrast, the Maristan of Granada arose from an already centuries-long Islamic tradition of medically oriented hospitals and centers of medical learning. However, both early-Christian and Islamic traditions, as well as even earlier Jewish practices—all of which had significant interactions in medieval southern Spain—included benign approaches to the insane [3, 41]. They also shared theories of causation of madness that involved

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either "imbalances" (of bodily fluids or of the social or spiritual order) or "possession" by powerful external spirits or demons [4, 18, 39, 41–43]. Moreover, neither of the early Spanish institutions described appears to have functioned exclusively for the mentally ill, and also cared for many physically handicapped persons or those afflicted with various general medical diseases.

Was There an Identifiable "First Psychiatric Hospital" in the Western World?

The medieval institutions of southern Spain, arising from Moorish and Christian traditions, may represent two of the earliest hospitals with a specific interest in caring for the mentally ill in the Western World. Another important early institution is Bethlem (Bedlam) Asylum (St. Mary Bethlehem, now The Bethlem Royal Hospital) in London, England. However, it was founded as a priory for Christian religious in 1247, and probably did not become identified as a hospital until 1337, admitting its first psychiatric patient in 1357, and not becoming primarily a psychiatric institution until the 1400s and early 1500s [44]. In the long-standing debate about which institution should have priority as a first purely psychiatric hospital of Western Europe, surprisingly few historians have considered the medieval Maristan of Granada or the Asylum of Valencia as candidates [2, 3, 28, 30, 39, 45].

Nevertheless, the available evidence does not support a confident designation of any of these institutions as being *the first* psychiatric hospital of the Western World. Indeed, some of the findings summarized above raise the question of whether such a first mental hospital can be identified conclusively. During the late Middle Ages and early Renaissance, most mental asylums or hospitals in Europe were formerly hospices for the impoverished homeless and foreigners, or general hospitals that began to admit patients with mental illness only in a gradual process of specialization, and even then, surely included an incompletely differentiated mix of persons with infectious, nutritional, metabolic and other neuromedical disorders as well as idiopathic conditions resembling modern psychotic and major mood disorders. Even the Asylum of Valencia, though established primarily as a mental hospital in 1409–1410, probably housed some persons who were medically ill or physically disabled along with the mentally ill. Moreover, whether there was more or less exclusive care for the mentally ill at the Maristan of Granada, from the time of its founding in 1365–1367 and in its early years, remains poorly documented. Finally, the care offered in such medieval institutions was very general, tended toward social isolation and control of dangerous or self-destructive behaviors, and appears to have been strongly influenced by multiple socio-religious traditions as well as early, largely pre-medicalized, concepts of the significance of madness.

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Conflict of interest The authors have not transmitted any conflicts of interest based on business relationships of their own or of immediate family members.

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