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To cite this article: Raúl Villagrasa-Elías (01 Feb 2024): Reform and hospital models in Castile: the case of the Fernández de Velasco family (1374–1517), Journal of Medieval Iberian Studies, DOI: [10.1080/17546559.2024.2303436](https://doi.org/10.1080/17546559.2024.2303436)

To link to this article: <https://doi.org/10.1080/17546559.2024.2303436>



Published online: 01 Feb 2024.



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Reform and hospital models in Castile: the case of the Fernández de Velasco family (1374–1517)

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ABSTRACT

The aim of this article is to reassess the types of care initiatives offered by the Fernández de Velasco family on their manor estates in the fourteenth to sixteenth centuries. Starting in the mid fifteenth century, the family put in place a series of measures that may be grouped together as part of the hospital reform taking place throughout other contexts across Europe. The changes implemented were based on lesser-known hospital strategies, as well as on the emulation of family and regional models. I analyze the role of the nobility in the transformations of health and charitable systems of this period, which have traditionally been closely identified with municipal authorities, the monarchy and the state in large cities. Through reflections on Castile and the Fernández de Velasco lineage, my work aims to enrich the definition of such concepts as “reform” and “hospital models.”

ARTICLE HISTORY

Received 13 October 2022
Accepted 5 January 2024

KEYWORDS

Charity; Burgos; Medina de Pomar; Briviesca; nobility

Introduction¹

If there is one fundamental aspect of the literature on fifteenth-century hospitals and charity institutions, it is the so-called “hospital reform(s).”² These are understood as:

all processes whereby urban systems of assistance were reorganized, which, over the course of the fifteenth century, marked significant and relevant breaks with the medieval experience, exhibiting, in full or to a large extent, the characteristic traits of this period’s reforms, regardless of whatever resolutions or other documents are found which were produced by public institutions (lay and/or ecclesiastical) to promote the reforms themselves.³

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¹This article was written during my PhD fellowship (FPI, BES-2017-081778), funded by the Spanish Ministry of Economic Affairs and Digital Transformation within the research project “Scripta manent III: From Private Records to Public Texts. An Online Medieval Archive” (PID2020-116104RB-I00, PI Cristina Jular Pérez-Alfaro, www.scriptament.info). It formed part of the Network of Excellence “Cultura escrita medieval hispánica: del manuscrito al soporte digital” (RED2018-102330-T), funded by the Spanish Ministry of Science and Innovation. Translation by Nicholas Callaway.

²This historiographical concept should not be confused with the religious and administrative reform by ecclesiastics, especially in France in the thirteenth century, led by figures such as Jacques de Vitry. This phenomenon is described in studies such as Bird, “Medicine for Body,” and Davis, *The Medieval Economy*, which do not include the hospital reform of the fourteenth to sixteenth centuries in their analyses.

³Bianchi and Sloń, “Le riforme ospedaliere,” 20:

tutti quei processi di riorganizzazione dei sistemi assistenziali urbani che nel corso del Quattrocento segnarono significativi e rilevanti momenti di rottura con l’esperienza medievale, manifestando in tutto o in larga parte i tratti caratteristici delle riforme di quel periodo, a prescindere dal ritrovamento di delibere o altri documenti prodotti da organismi pubblici –laici e/o ecclesiastici– per la promozione delle riforme stesse (my translation).

The authors of these lines, Francesco Bianchi and Marek Słoń, emphasize that the intrinsic elements of this transformative process were the fifteenth century itself, the break with the medieval period, and the role of public institutions. Their field of study is northern Italy, with its highly urbanized regions such as Tuscany and Lombardy.

It has proven easy to translate this perspective onto the main cities of the Crown of Aragon, bearing in mind that the processes of municipalization and reform went hand in hand.⁴ The same has not been true in the case of the Crown of Castile, as, based on these principles, scholars have emphasized the preponderant role of the Catholic Monarchs and the Hapsburg line in ensuring the reform of the hospital system. This is the conclusion of José García Oro and María José Portela Silva, who have also focused on the modernity of the process, as opposed to the supposed backwardness of the medieval period:

Because the medieval hospital system had run its course, and because traditional hospital care could no longer meet the needs of sixteenth-century Spanish society, it became imperative to seek out new solutions. It was Philip II who promoted the reform of the Hospitals, based on the criteria of reunification and concentration, in order to offer higher-quality public healthcare.⁵

Of course, the “new solutions” – reunification and concentration – promoted by Philip II (1556–1598) were hardly novel; indeed, they had been in use in the Iberian Peninsula for over a century. García Oro and Portela Silva effectively exclude other spaces, chronologies and actors in favor of an emphasis on the monarchy’s leadership role.⁶

Some authors have argued that the scope of the study of hospital reform should be broadened in time, for example to encompass the fourteenth century.⁷ The cases of Santa Maria della Scalla in Sienna⁸ and Santa Maria dei Battuti in Treviso⁹ are clear examples of the significant institutional development that took place in the Trecento. Other regions opted for different strategies, such as the expansion of the healthcare system of the Annunziante in the Kingdom of Naples.¹⁰ In the Iberian Peninsula, cities such as Valencia and Barcelona also demonstrated a high degree of secularization and/or municipalization in the fourteenth century.¹¹ In Portugal it is also possible to observe the implementation of transformative measures by civil authorities and

The city of Milan and its large hospital have received much attention. See Albini, “La riforma quattrocentesca;” Brasher, “Hospitals and Charity,” 136–66.

⁴López Terrada, “Health Care and Poor Relief,” 177–84; Villagrasa-Elías, “Política hospitalaria.”

⁵García Oro and Portela Silva, “Felipe II y el problema hospitalario,” 87:

Dado el agotamiento del sistema hospitalario medieval y el hecho de que la asistencia hospitalaria tradicional no cubría, en el siglo XVI, las necesidades de la sociedad española, se imponía la búsqueda de soluciones nuevas. Será Felipe II quien impulse la reforma de los Hospitales, atendiendo a criterios de reunificación y concentración, a fin de garantizar una asistencia sanitaria pública de mayor calidad (translation mine).

See also García Oro and Portela Silva, *Las reformas hospitalarias del Renacimiento*.

⁶For an example of how such measures could be promoted by other agents, in this case the local authorities, in the final decades of the fifteenth century, see Ferreiro-Ardións and Lezaun-Valdubieco, “Reforma y expansión hospitalaria.” On the concept of hospital reform for the crown of Castile and the city of Toledo, see Villagrasa-Elías, “La reforma antes de la reforma.”

⁷Piccinni, “I modelli ospedalieri,” 19.

⁸Piccinni, *Il banco dell’ospedale di Santa Maria*.

⁹D’Andrea, *Civic Christianity in Renaissance Italy*.

¹⁰Marino, “Late Medieval Hospitals in Southern Italy.”

¹¹Rubio Vela, *Pobreza, enfermedad y asistencia*, 23–74; Lindgren, “¿De qué vivían los hospitales?”

bishops before 1400.¹² Likewise, the time frame should also be extended through the sixteenth century, as there appears not to have been any break between the medieval and modern periods in this respect. Proof of this is the city of Valencia's general hospital, founded in 1512.¹³ The same can be argued for the renovationist attempts in the Parliament of England in 1414 and 1512.¹⁴

In my opinion, an analysis of hospital reform in the Iberian kingdoms must broaden its historical coordinates and characteristics, following multiple criteria. Here I focus on the strategies that were implemented beyond institutional mergers, as well as on the emulation of hospital models. Other criteria for evaluating hospital reforms include the construction or architectural adaptation of hospitals, the use of multiple written records, especially administrative ones, the creation of hierarchical professional teams, and an increase in concern about health.

I hope to demonstrate that the hospitals founded by the Fernández de Velasco family in the Kingdom of Castile during the fourteenth to sixteenth centuries constitute a prime example of the evolution and transformation of the hospital system in the rural sphere prior to the reign of the Catholic Monarchs. Moreover, while it has long been considered that hospital mergers were the only strategy used, I will briefly explain other approaches to institutional restructuring, and in particular one taken in Burgos by the monarchy, and in Medina de Pomar by the Fernández de Velasco family, which I have termed *addition*. These actions entailed neither a break with the medieval period, nor a move toward modernity – two labels that only serve to restrict and condition any attempt at analysis. The main goal of this study is to analyze the House of Velasco's reformist approach to various healthcare entities. We will take as a turning point the changes implemented by Pedro Fernández de Velasco, the "Good Count" of Haro, in the mid fifteenth century.

Actors and spaces

As of the late fourteenth century, the Fernández de Velasco family was one of the most important houses of the Castilian nobility. Their presence can be traced in Álava, the Upper Rioja and Old Castile, as early as the thirteenth century. Through their ties with the monarchy, they held titles and posts close to the monarch: they were chamberlains, district judges, high stewards, counts of Haro (1430), constables of Castile (1473), and dukes of Frías (1492).¹⁵ With this culmination of the line came the creation of identity-building histories, and their consolidation as Grandes of Spain (1520).¹⁶

In addition to their participation in the rural sphere in the aforementioned regions,¹⁷ they also exerted significant political clout in the city of Burgos starting in the fifteenth century, with multiple contacts among the local governing elites.¹⁸ The family's close ties to the city took shape during the second half of the century, with the Casa del Cordón as their residence, and the Capilla de los Condestables in the cathedral of Burgos as the resting place of Pedro Fernández de Velasco III (1425–1492) and Mencía de Mendoza

¹²De Pinho, "Antecedentes e componentes."

¹³López Terrada, "Health Care and Poor Relief," 184–94.

¹⁴Rawcliffe, "A Crisis of Confidence?"

¹⁵See González Crespo, *La elevación de un linaje*; Jular Pérez-Alfaro, "Nobility and Patronage: The Velascos."

¹⁶Jular Pérez-Alfaro, "La importancia de ser antiguo."

¹⁷For a general overview, see Moreno Ollero, *Los dominios señoriales de la Casa de Velasco*.

¹⁸Montero Málaga, *El linaje de los Velasco*.

(d. 1500).¹⁹ The family's use of archives and documentation was one of the most advanced among the Iberian nobility. Today their original records are held in the Frías section of the Archivo Histórico de la Nobleza in Toledo.²⁰ It is the second-largest collection, after that of the House of Osuna.²¹

In the centuries that will be analyzed here, the Fernández de Velasco family settled in the territories to the north of Burgos acquired through their service to the Crown, in towns such as Medina de Pomar, Frías and Briviesca. As lords over vast territories, they promoted, under their own patronage, numerous religious institutions, with a particular interest in the mendicant orders, especially the Franciscans, via both their male and female branches. Highly important for the construction of the family's ideology was the convent of Santa Clara in Medina de Pomar, founded in the early fourteenth century by Sancho Sánchez de Velasco (c. 1263–1315) and Sancha García. Over time it became the House's religious heart, where many of its members were interred.

As for charity institutions under their seigneurial patronage, the Hospital de la Vera Cruz, also in Medina de Pomar, stands at the fore. Built in 1438 on the orders of Pedro Fernández de Velasco (1399–1470), called the Good Count of Haro, and his wife, Beatriz Manrique de Lara, it is best known for three reasons: (a) serving as the Count's place of retirement in his final years;²² (b) housing his important library, containing dozens of volumes; and (c) providing accommodation for a community of poor elderly *hidalgos* (lesser nobility).²³

Apart from the library, other artistic and architectural aspects have been studied as well. In the 1980s, César A. de Porres Fernández took a fresh look at the foundational documentation and endowment, the legal underpinnings of the Good Count of Haro, and this matter has recently been reviewed by Marta Vírveda.²⁴ From an architectural perspective, in the 1970s Inocencio Cadiñanos Bardeci published a study on the structures of Medina de Pomar that involved some early reflections on the hospital located inside the Santa Clara monastic complex. In recent years, Elena Paulino has studied the hospital building in greater depth against the backdrop of the family's building policy.²⁵

The Velascos' charity initiatives were not limited to the Hospital de la Vera Cruz in Medina de Pomar. Pedro Fernández de Velasco (d. 1384), grandfather of the count of Haro, built, within the same monastic complex of the Poor Clares, the Hospital de la Cuarta (ca. 1374). In 1517, Mencía de Velasco (d. 1523), granddaughter of the count,

¹⁹Pereda, "Mencía de Mendoza († 1500)," and "Liturgy as Women's Language."

²⁰An analysis of this collection and the family line is the core objective of the project *Scripta manent*, <http://www.scriptamanent.info>.

²¹The process of establishing a centralized family archive was slow and complex, preceded by a series of lesser archives: Benito Rodríguez, "El archivo medieval del linaje."

²²Del Pulgar, *Los claros varones de España*, 25–26.

²³These aspects were highlighted in the early twentieth century by García Sainz de Baranda, *Apuntes históricos*, which has since been followed by studies centered on the library and based on a series of catalogues and inventories. The first inventory from 1455 was published in 1897 by Paz y Meliá in an edition with several errors that were then repeated by subsequent authors. Lawrance, "Nueva luz sobre la biblioteca," inventoried and catalogued the library in the 1980s, following a more scientific approach. Recently, Vírveda, "La biblioteca de los Velasco," has traced the evolution among the different catalogues, carrying out a codicological analysis of the extant copies.

²⁴De Porres Fernández, "Fundación, dotación y ordenanzas," and "El Hospital de la Vera Cruz;" Vírveda Bravo, "La biblioteca de los Velasco."

²⁵Paulino Montero, "El patrocinio arquitectónico de los Velasco," 208–25, and *Arquitectura y nobleza*.

founded the Hospital de Nuestra Señora del Rosario in Briviesca. Alfonso Franco Silva studied both institutions,²⁶ and Inocencio Cadiñanos the latter.²⁷

Here I carry out a joint analysis of the various hospital institutions founded by the Fernández de Velasco family – the hospitals of La Cuarta and La Vera Cruz in Medina de Pomar, and El Rosario in Briviesca – from the late fourteenth century to the early sixteenth. Within this study I argue that there is sufficient evidence to assess the hospital reforms carried out by various members of the lineage, a fact which has so far not been sufficiently highlighted in existing scholarship. The chronology and geography are necessarily broad, as the connections being traced span towns within the manorial estate itself (Medina de Pomar and Briviesca) and beyond its confines (Burgos).²⁸

Reformist strategies

The main obstacle in assessing the pathways of hospital reform in the Iberian Peninsula is that it has commonly been assumed that the only strategy was to build large hospitals through a process of merging several smaller ones.²⁹ This is why García Oro and Portela Silva emphasized the importance of Philip II's policy of "reunification and concentration."³⁰ However, they also situate the beginnings of the Castilian reform in the work of the Catholic Monarchs and their royal hospitals. Some, such as the hospitals of Santiago de Compostela³¹ and Granada,³² did emerge thanks to the concentration. And yet, no prior institutions fed into the Hospital de San Juan in Burgos.³³ In the Crown of Aragon, the merger processes in Barcelona (1401),³⁴ Alcañiz (1418),³⁵ Palermo (1442),³⁶ Lérida (1446),³⁷ and Tarragona (1464)³⁸ have weighed heavily in the historiography. This gives the impression that the only approach to reform was through concentration, when this was not the case. Starting in 1425, the Hospital de Nuestra Señora de Gracia in Zaragoza became the key point of reference for the Kingdom of Aragon. Here, the efforts of the authorities – monarchy, council and cathedral chapter – was not aimed at centralizing the pre-existing network of urban hospitals.³⁹

According to Bianchi and Słoń, hospital reforms in northern Italy were framed in terms of two archetypes: a process of concentration, following the Milanese model,

²⁶Franco Silva, "La asistencia hospitalaria," 63–68.

²⁷Cadiñanos Bardeci, "El hospital de Nuestra Señora."

²⁸To complement the present article focused on strategies, reform and the spread of models, see also Villagrasa-Eliás, "Mutación económica-hospitalaria," in which I analyze the transformations of these hospitals from an economic point of view.

²⁹I go into more detail on this aspect in Villagrasa-Eliás, "La reforma antes de la reforma."

³⁰García Oro and Portela Silva, "Felipe II y el problema hospitalario," 87.

³¹García Oro and Portela Silva, *Las reformas hospitalarias del Renacimiento*, 28. The plan involved phasing out the hospitals of San Andrés, Santa Ana and Santa María del Camino, which did not close until much later. The hospitals of Santiago and San Miguel del Camino remained in operation.

³²Valenzuela Candelario, "La caridad del Rey," 162. Granada saw the merger of the two hospitals under royal patronage: the Alhambra hospital (1501) and the Hospital de los Reyes (1504), and, later on, the Casa de los Inocentes.

³³On the institution's beginnings, see Martínez García, "El hospital de San Juan de Burgos."

³⁴Arrizabalaga, "Asistencia, caridad y nueva ética," 42–47.

³⁵Blasco Gil, "El hospital de San Nicolás de Bari."

³⁶Bonaffini, *Per una storia delle istituzioni*, 15–30; Marino, "Riforme del welfare."

³⁷Roca Cabau, "La unión de los hospitales ilderdenses," 31–54.

³⁸Barceló-Prats, *Poder local, govern i assistència pública*, 59–99.

³⁹Falcón Pérez, "Sanidad y beneficencia en Zaragoza," 192–93.

“characterized by the concentration of various older hospices under a single administration, often accompanied by the building of a sumptuous new hospital building,” or a decentralizing trend based on the Florentine model, which

did not involve centralizing the majority of the urban hospital services under a single authority, but rather preserved the autonomy of the main hospitals: in this case the medieval hospital network was enhanced by opening specialized institutions (founding hospitals and/or lazarettos).

Of course, the two approaches could be used in combination.⁴⁰

For the Iberian realms, I believe that hospital reform strategies went beyond mere concentration and specialization. It is worth asking, then, what pathways existed. We have already touched on concentration (Barcelona, Palermo, Santiago de Compostela, Granada) and creation *ex novo* (Zaragoza). To these two strategies, we can add three more: elevation, substitution and addition.

Elevation occurred when a pre-existing hospital (often a small one) was transformed into a town’s primary healthcare center. This was done with the support of a higher entity, such as the bishop, the council or the monarchy. Such metamorphoses generally entailed a shake-up in the hierarchy. A telling case is that of Monzón. Of the multiple care institutions in this Aragonese town, the municipal hospital of Santo Tomás came to be referred to as the “general” hospital over the course of the sixteenth century. This is how Henry Cock referred to it during his visit on the occasion of a session of the Courts in the second half of the sixteenth century. Some of the outward changes in such cases are physical renovation work and a lexical shift (i.e., when a hospital comes to be referred to as *general*, *maggiore*, *magnum*, *grande* or *principal*).⁴¹ The case of Rome’s Ospedale di Santo Spirito is similar. The hospital that had served as the seat of the order of the same name was completely remodeled under Pope Sixtus IV (1471–1484). This elevation marked the consolidation and multiplication of its privileges, and a significant expansion of the building. Further, the pontiff had the inner walls decorated with a complete cycle of paintings and inscriptions that served as a testament to his patronage.⁴²

A fourth strategy was *substitution*. This occurred when an existing hospital closed in order to directly give way to a new one. It is similar to the strategy of creation, although it differs in that the institution is not created *ex novo*. For example, there are records from 1378 of the Hospital de la Seo in Segorbe. In 1466, this Valencian town dismantled the old institution to build a new one dedicated to Saint Michael. The new hospital benefited from the revenues of its predecessor, but the new administration was no longer exclusively ecclesiastic. Rather, its governing body was made up of three councilmen and two clerics. In 1498 it was given new statutes by the duke, and decades later it was to become the charity institution that received the most gifts in the locals’ wills.⁴³

⁴⁰Bianchi and Słoń, “Le riforme ospedaliere,” 20–21. Milanese model: “fu caratterizzato dalla concentrazione di alcuni antichi ospizi sotto un’unica amministrazione, spesso accompagnata dall’edificazione di una nuova e grandiosa fabbrica ospedaliera.” Florentine model: “non provvide a centralizzare sotto un’unica direzione buona parte dei servizi ospedalieri urbani, poiché l’autonomia dei principali nosocomi venne preservata: in questo caso la rete ospedaliera medievale fu potenziata con l’apertura di istituzioni (brefotrofi e/o lazzaretti)” (my translation).

⁴¹Villagrása-Elías, “Política hospitalaria,” 163–64.

⁴²De Angelis, *L’ospedale apostolico di Santo Spirito*, 64–76.

⁴³Saborit Badenes, *Morir en el Alto Palancia*, 281.

In Benavente, in the Crown of Castile, a similar process took place. In 1516 the Count of Benavente acquired the chapel and hospital of Santa Cruz, which he employed the following year as the basis for the new Hospital de la Piedad, in order to better meet the needs of the day. The striking building still stands today.⁴⁴

The last strategy, *addition*, can best be understood with an example from the Fernández de Velasco family.

Burgos and Medina de Pomar: reform by addition

In this section I propose an approach to reform by way of *addition*. This took place when the transformation process involved an accumulation of hospital units, which were not always specialized. This appears to be the case both in the royal city of Burgos, and in the town of Medina de Pomar, located just sixty miles away, under the lordship of the Fernández de Velasco family.

In Burgos hospitals were abundant and diverse,⁴⁵ with the monarchy standing above all other promoters. Under royal patronage, several institutions were founded prior to 1500, of which three are of interest here. The first was the primitive *alberguería* (hostel or poorhouse) mentioned in the donation (1085) of Alfonso VI (r. 1065/72–1109), next to the Iglesia de San Juan.⁴⁶ The second was the Hospital del Rey or de la Reina, founded by Alfonso VIII (1155–1214) and Leonor Plantagenet (1160–1214), possibly in the late twelfth century. It was set up under the tutelage of the Cistercian convent of Las Huelgas.⁴⁷ With the advent of this second institution, the former *alberguería* took the name of Hospital del Emperador, to set itself apart. Lastly, Isabel (1451–1504) and Fernando (1452–1516) promoted the Hospital de San Juan, located in the monastery of that name, starting in 1479.⁴⁸ Therefore, none of the successive institutions replaced the previous ones. Even though the Catholic Monarchs were the patrons of the Hospital del Rey, and visited it on multiple occasions, they never chose to dismantle it, nor did they use their vast estate to close it and found something new, possibly because this would have put them at odds with both the hospital and the abbess of Las Huelgas. Therefore, even though there were pre-existing institutions under their protection, when constituting a new entity they chose the addition approach, adding new elements to those that were already there.

The same process took place in Medina de Pomar, seat of power of the Fernández de Velasco estate. We must look back to 1369, when the Crown ceded them the town, and even further back. Sancho Sánchez de Velasco and Sancha García had founded the monastery of Santa Clara in 1313. In 1374, Pedro Fernández de Velasco (d. 1384), who had acquired the town from Henry II of Castile, erected a hospital called de la Cuarta. It adjoined the convent of the Poor Clares, whose abbess was named administrator.⁴⁹ It was intended to take in twenty poor people who would serve as intermediaries in the

⁴⁴González Rodríguez, "Escrituras fundacionales," 173–74.

⁴⁵Martínez García, *La asistencia a los pobres*, 29–34, has calculated that by the late fourteenth century there were thirty-two hospitals in Burgos.

⁴⁶Gallegos, "Alfonso VI y los peregrinos," 342–44.

⁴⁷Martínez García, *El hospital del Rey de Burgos*, 49–58.

⁴⁸Martínez García, "El hospital de San Juan," 67.

⁴⁹Archivo Histórico de la Nobleza (hereafter AHNOb), Frías, C. 238, D. 36 (6 June 1374). The founding deed has been preserved, although in a highly deteriorated state.

family's salvation. In his will, the lord increased its endowment, and raised its capacity to forty. The care center rounded out his building complex, which also comprised a funerary chapel located inside the convent, and a fortress with residential, military and governmental functions.⁵⁰ His grandson, Pedro Fernández de Velasco (1399–1470), known as the Good Count of Haro, restructured the finances of this first hospital. Because of currency devaluation, his grandfather's endowment was no longer enough to support the poor residents, and in 1433 he increased the endowment, providing it with more profitable assets.⁵¹

Five years later, in 1438, the Good Count and his wife Beatriz set up a new hospital, also in the convent of Santa Clara, but this time dedicated to the True Cross. The Hospital de la Vera Cruz was larger, better built, received more revenue, and had more specialists, with a physician, a surgeon, a barber and a scribe. It provided alms for the poor and children, treated the sick, provided pilgrims with a place to rest, and housed a community of elderly *hidalgos*.⁵² In short, the couple founded a hospital that was significantly better than the one set up by the count's grandparents. Pedro Fernández de Velasco did not do away with the older institution, even though it was located within the same complex and had a similar mission: *caritas* and *hospitalitas*. Indeed, he actually increased the revenues of this first hospital. Might he have done so out of respect for his predecessor?

The care facilities in Medina de Pomar were not the only ones founded by this aristocratic line. In 1447, the count himself, alongside his wife Beatriz de Manrique and King John II of Castile (1405–1454), asked Pope Nicholas V (1447–1455) to approve plans for a hospital in Belorado, in the diocese of Burgos. The project was intended to substitute a Franciscan convent destroyed long before in various wars.⁵³ Decades later, in 1517, the couple's granddaughter, Mencía de Velasco, founded the Hospital del Rosario in Briviesca. As we shall see, the center was located next to – and under the administration of – the nascent convent of Santa Clara that Mencía herself had endowed.⁵⁴ Finally, one of the many new buildings that transformed Berlanga de Duero over the course of the sixteenth century was also a hospital.⁵⁵

All of these hospital projects must be considered against the backdrop of wider-ranging policies on charity. In the 1430s, the Count of Haro also promoted an agricultural credit system throughout his estate. Influenced by the Franciscans, he gave 11,860 florins (616,720 *maravedís de moneda blanca*) as capital for new interest-free charitable loan providers called *arcas de misericordia* in Arnedo, Belorado, Briviesca, Grisaleña, Herrera, Medina de Pomar, Salas and Villadiego.⁵⁶

⁵⁰Paulino Montero, "El patrocinio arquitectónico de los Velasco," 209.

⁵¹The endowment certificate of 1433 (AHNOB, Frías, C. 238, D. 37–40) reproduces the initial endowment given by the grandparents of the Good Count of Haro; this certificate has been used by Franco Silva, "La asistencia hospitalaria," 66–69, to discuss the institution, its revenues and its rations. For a partial transcription, see García Sainz de Baranda, *Apuntes históricos*, 437–42.

⁵²De Porres Fernández, "El Hospital de la Vera Cruz," 333–35.

⁵³Ruiz de Loizaga, *Documentación medieval*, 202–04.

⁵⁴Franco Silva, "La asistencia hospitalaria," 69–88.

⁵⁵Alegre Carvajal, "Prestigio, ciudad y territorio."

⁵⁶Castañón, "Crédito caritativo en la Castilla," 129–37; Ruiz de Loizaga, *Lo sacro y lo profano*, 49–55. In Medina de Pomar, the *arca* was housed in the aforementioned Hospital de la Vera Cruz: García Sainz de Baranda, *Apuntes históricos*, 230–31. The first Italian *monte di pietà* was founded in Perugia thirty years later: Muzzarelli, *Il denaro e la salvezza*, 18–21.

To summarize, in the late fourteenth and fifteenth centuries, the family founded hospitals alongside other religious institutions throughout its possessions, paying special attention to the capital of its domain. The Good Count of Haro did not interfere with the institution founded by his grandparents, just as the monarchs did not with the institutions under royal patronage in Burgos. Instead, each added new pieces to the patchwork of charitable institutions.

Regional hospital models

From Burgos to Medina de Pomar

A fundamental issue within hospital reform is the circulation of models both regionally and internationally, i.e., the emulation of elements from one center when founding or restructuring another. Gabriella Piccinni has argued that the renown of certain institutions is what enabled their component parts to spread. For example, the Tuscan hospitals, followed by those of Milan, were imitated by other centers in Italy and elsewhere in Europe throughout the quattrocento.⁵⁷ In northern Europe, the Hospital of Saint-Jean in Brussels became, as early as the thirteenth century, a model for more than ten other institutions in Belgium and France, including the Hôtel-Dieu in Paris.⁵⁸ In southern Italy, the specific model of the Annunziante spread across various cities through the support of the monarchy and the urban patricians.⁵⁹ In the sphere of the Crown of Aragon, Mercedes Gallent has detailed the documentation from Barcelona and Zaragoza that was used in planning the general hospital of Valencia.⁶⁰ I have recently analysed the circulation of hospital models in the Crown of Castile (Seville, Toledo, Palma del Río, Rome), thanks to the archive of the House of Osuna.⁶¹ For the case at hand, I argue that a specific hospital model circulated through the region thanks to the proximity and connections among three localities: Burgos, Medina de Pomar and Briviesca, aligning with the interests of the Velasco family.

We have already seen that Alfonso VIII and Leonor Plantagenet created the Hospital del Rey in Burgos around the turn of the thirteenth century.⁶² The patronage remained in the hands of the Castilian monarchs, but its management fell to the Cistercian convent of Las Huelgas and, by extension, its abbess. The female religious community of Las Huelgas had been founded by the same monarchs in 1187. Taken together, their efforts amount to a program of royal memorialization – indeed, the convent would come to serve as the royal mausoleum, scholars including Luis Martínez have noted the role that Queen Leonor's roots may have played in the structure of the complex. She was born in Normandy to Queen Eleanor of Aquitaine and King Henry II of England, and her family maintained close ties with the monastery of Fontevraud, where her father was interred. No direct link has been found between Fontevraud and the hospital in Burgos, but this background may have had some role in the creation of

⁵⁷Piccinni, "I modelli ospedalieri," 18–26.

⁵⁸Ziegler, *Medieval Healthcare*, 115–16.

⁵⁹Marino, "Late Medieval Hospitals in Southern Italy," 145–50.

⁶⁰Gallent Marco, "Los hospitales de la Santa Creu," 41–60.

⁶¹Villagrasa-Elías, "El viaje de lo escrito."

⁶²The *Primera Crónica General*, 1:686, narrates the founding and construction of the convent of Las Huelgas and the Hospital del Rey.

a community of men who were referred to as *freires* and resided near Las Huelgas in the adjoining hospital del Rey.⁶³

The origin of this Burgos community cannot be fully traced. The first references, from 1209, mention just two brothers. By 1220 there is mention of a prior, which would indicate a certain degree of hierarchy within the brotherhood. They wore a habit modeled on those of the monastic or military orders. According to a visit by reformers in 1515, the hospital community was made up of one *comendador* and twelve *freires* (reminiscent of Christ and the apostles), eight female *freiras* (three of them nurses), seven chaplains and one sacristan. Both the *freires* and *freiras* had to be of noble extraction, a condition that appears to have been put in place in the mid thirteenth century. They had to take vows of obedience, poverty and chastity.⁶⁴

In the mid fifteenth century, it was Pedro Fernández de Velasco, Good Count of Haro, who created the Hospital de la Vera Cruz in Medina de Pomar. I suggest that he used as his model the Hospital del Rey in Burgos, based on the following four points. First, the obvious close ties between the House of Velasco and the monarchy: the family rose to power largely through service to the Crown. Their ties also extended into the areas under analysis here. As I have already noted, the request sent by Pedro Fernández de Velasco to Pope Nicholas V was written alongside his wife and King John II of Castile. In the 1455 statutes of the Hospital de la Vera Cruz, in setting forth the redemptive mission of the community of the poor, it was specified that the enterprise was aimed at “the life and health of the said Lord King, and the souls of his predecessors,” as well as “the founders and benefactors of the house and the souls who are in purgatory.” This same document records that 2,000 *maravedís* had been donated by the monarch.⁶⁵ Second, both hospitals were part of architectural complexes that were not limited to charity initiatives. The convent of Santa Clara in Medina de Pomar served as a mausoleum – in this case, of the nobility⁶⁶ – just like in Las Huelgas in Burgos. In both places, a women’s community – Franciscan in Medina de Pomar and Cistercian in Burgos – was in charge of hospital management. Third, the coexistence of two religious communities: the nuns who ran the hospital, along with a group of poor men who lived in it. The male groups also had in common their number of members (twelve), their noble origins and their old age. They wore habits, carried a distinctive emblem,⁶⁷ and received a title in accordance with their condition: *freires* in the hospital in Burgos, and *cartujos* (Carthusians) or *continós* in Medina de Pomar. Finally, there was also another group of women who formed part of the *domus*, caring for the poor and sick. At the Hospital del Rey in Burgos there were eight *freiras* at the start of the sixteenth century, three of whom worked as nurses. In 1455, at the hospital in Medina de Pomar, there were also three female nurses.⁶⁸

⁶³Martínez García, *El hospital del Rey*, 56–57.

⁶⁴Martínez García, *El hospital del Rey*, 58–73.

⁶⁵Transcription in Vírveda Bravo, “La biblioteca de los Velasco,” 408, 413. For an analysis of the statutes of 1455 as a cultural object, see Vírveda Bravo “Del archivo al documento.”

⁶⁶Paulino Montero, “Encuentro con lo sagrado.”

⁶⁷*Gules a castle or*, for the community of *freires* in Burgos, later replaced by the Cross of Calatrava. St. Andrew’s Cross for the Carthusians of Medina de Pomar.

⁶⁸For the statutes regarding the nurses, see Vírveda Bravo, “La biblioteca de los Velasco,” 509. During visits in the eighteenth century, these women are also referred to as *cartujas* (Carthusians).

While this possible process of emulation cannot be documented directly, we do know that Pedro Fernández de Velasco had knowledge of the Hospital del Rey in Burgos, and of its community of *freires*. In the Frías Collection there is a “most curious document” (*es documento muy curioso*) – referred to as such by the archivist, who, after reviewing the diploma, jotted down this personal remark alongside the catalog entry.⁶⁹ The document discusses an entreaty made by the *freires* of the hospital and the abbess of Las Huelgas to the count of Haro. The heading of the letter reads, “brother Juan Vernalte, *comendador* of the hospital,” followed by nine other brothers, alongside their positions: *merino*, *sobradero*, inspector, grape grower, nurse and alms manager. They entreat Velasco to protect them⁷⁰ from the “harsh and injurious words against the order and our persons,” and because “said hospital was entered and seized by force, against our and the order’s will, by armed men on foot and on horseback.”⁷¹ There is no exact reference to what individuals assaulted the hospital or its properties, although they were surely noblemen and knights. The incursion had prevented the community from properly burying the prior *comendador*, Juan García de Frías. As the guarantor of the king’s justice, they beseech the count, with the approval of Abbess María de Guzmán, to protect them from “death or injury and affronts or insults” (*muerdes o lisiones e agrauios o enjurias*) leveled against the hospital and order, as well as their vassals, servants and relatives. The request, signed by the eight brothers and the abbess, was sent to Pedro Fernández de Velasco in late 1436, at the same time he was setting up the Hospital de la Vera Cruz in Medina de Pomar. In 1434 he requested approval from the bishop of Burgos to begin construction; in 1437 he forfeited the right to sales tax revenue in favor of the institution; and in 1438 it was officially founded in writing, indicating that construction had already commenced.⁷²

In the fifteenth century, we can find different hospital models circulating in the territories of Castile. Thus, in 1424 archdeacon Gómez González granted statutes for the Hospital de Santa María Magdalena in Cuéllar and set forth that it should follow the structure of the Hospital de Esgueva in the city of Valladolid, founded by Count Pedro Ansúrez and his wife Eylo in the second half of the eleventh century. Undoubtedly, part of this decision had to do with the fame accrued by this hospital in Valladolid over the centuries: “the best ways and manners for running, supporting and maintaining through time said hospitals and poorhouses, and having their assets multiply, in which regard experience knows best.”⁷³ By that time, the hospital-brotherhood of Santa María de Esgueva had already been around for three centuries. This center, with its fraternal spirit, may have

⁶⁹AHNOB, Frías, C. 386, D. 39 (2 December 1436). I would like to thank Cristina Jular for her transcription of this diploma. Cited by González Crespo, *La elevación de un linaje*, 291–92. Because at present we only have this one source, there remains the possibility that this request was not a voluntary act on the part of the Hospital of Burgos, but rather the result of the nobility’s predatory tactics. The phenomenon can be compared with the monastery of Oña’s request for the Velascos’ protection; see Diago Hernando, “La tutela nobiliaria.” The offer to protect the hospital in Burgos dates back several decades, and is directly related to the abusive practices of the nobility.

⁷⁰Four years earlier, it was the city of Burgos that was seeking the protection of the Count of Haro: Montero Málaga, *El linaje de los Velasco*, 91–92.

⁷¹AHNOB, Frías, C. 386, D. 39: “fue fecha grand inpressione por palabras vituperosas e injuriosas a la orden e a nuestras personas,” and “fue entrado e tomado el dicho ospital por fuerza e contra voluntad de la orden e nuestra, con omes de armas de pie e de cauallo.”

⁷²De Porres Fernández, “El Hospital de la Vera Cruz,” 333–39.

⁷³Velasco Bayón et al., *Colección documental*, 549–55, 600–04: “las vías e maneras por donde fuesen mejor regidos, sostenidos e fuesen más duraderos los dichos hospitales e pobres, e sus bienes multiplicados, en las quales cosas la esperençia es madre de las cosas” (my translation).

influenced the Velasco family, as a copy of its statutes has been preserved at the library of the Hospital de la Vera Cruz.⁷⁴ However, the book from Santa María de Esgueva may not have been known to the Count of Haro. In the inventories and catalogues of the library's collection, examined by Marta Vírseda, the book is mentioned in 1553, 1615, 1647 and 1726, but not in the 1455 catalogue.⁷⁵

One documented instance where the paths of Valladolid and Medina de Pomar cross appears in the founding documents of the Hospital de Santa María de la Clemencia, established in 1455 by Pedro García de Herrera, marshal of Castile and member of the royal council, in his town of Ampudia de Campos (Palencia). There, the needy were to be assisted

following the statutes for the poor in the Brotherhood of Esgueva, in Valladolid, and the Hospital made by the Count of Haro, in Medina de Pomar, or the Hospital of Medina del Campo being made by the Bishop of Cuenca.

We can thus consider as well the influence of the hospital founded by Lope Barrientos, bishop of Cuenca, in the town of Medina del Campo.⁷⁶

From Medina de Pomar to Briviesca

We now move some thirty miles south to the city of Briviesca, under the lordship of the Velascos since the 1366 Courts of Burgos. This is the site of the hospital founded in 1517 by Mencía de Velasco (d. 1523), granddaughter of the Good Count, daughter of Pedro Fernández de Velasco (1425–1492) and Mencía de Mendoza (d. 1500). Mencía de Velasco received a dowry from her parents, but never married.⁷⁷ She spent the final years of her life in the convent of Santa Clara in Medina de Pomar, living alongside the nuns, until her death in 1523.⁷⁸ As we shall see, her experiences in the religious compound built by her family likely influenced the decisions she took toward the end of her life. Here we can trace how a hospital model was passed along within the family, while likewise repeating characteristics discussed above.

In 1517, Mencía de Velasco set aside in her will provisions for a complex identical to that of Medina de Pomar to be built in Briviesca. She actually drafted this bequest from inside the hospital founded by her grandparents within the Convent of Santa Clara, in Medina de Pomar.⁷⁹ She wanted to build a new monastery of the Order of St. Clare,

⁷⁴The volume is held by the Biblioteca Nacional de España (hereafter BNE), Mss/9468: Ordenanzas de la Cofradía de Santa María de Esgueva [...]. The document has been transcribed in De Tiedra, *Fundación gloriosa y secular*, 121–42.

⁷⁵Vírseda Bravo, "La biblioteca de los Velasco," 333–34, in the 1553 catalogue, it states that the statutes were from 1440. Pedro Fernández de Velasco moved to Valladolid following the death in 1454 of John II of Castile. The statutes of the Hospital de la Vera Cruz were written up in Valladolid on 14 August 1455 (De Porres Fernández, "El Hospital de la Vera Cruz," 336–37).

⁷⁶Fontaneda Pérez, "El Hospital de la Piedad," 449:

por vía de ordenanza que están los pobres de la Cofradía de Esgueva de Valladolid, y del Hospital que tiene fecho el Conde de Haro en Medina de Pomar, o del Hospital de Medina del Campo que hace el Obispo de Cuenca (translation mine).

See also Lucía Gómez-Chacón, "Transformar las cosas transitorias."

⁷⁷On their mother-daughter relationship, see Pereda, "Mencía de Mendoza († 1500)," 18, 70–71. Mencía de Mendoza's stepsister, Leonor de Mendoza, was the abbess of Las Huelgas at the end of the century.

⁷⁸For an initial biographical sketch see Villagrasa-Elías and Jular Pérez-Alfaro, "Trazos biográficos." For the end of her life we have her will: AHNOB, Frías, C. 363, D. 15, f. 2v.

⁷⁹AHNOB, Frías, C. 363, D. 15, f. 3v–4r.

as well as a hospital dedicated to Our Lady of the Rosary.⁸⁰ In the hospital's founding document (1517) Mencía de Velasco indicates that it should be modeled on her grandfather's hospital,⁸¹ in particular regarding the community of poor men. In discussing their attire, she indicates that

all this should be done in the fashion of what is worn by the poor men at the hospital of the Count of Haro, my lord and grandfather, may he be with God, which hospital is attached to Santa Clara, in Medina de Pomar.⁸²

There are many other points in common as well, beginning with patronage and memorialization. The dual founding at Briviesca responded to the same aims as the Hospital del Rey in Burgos and the Hospital de la Vera Cruz in Medina de Pomar: to ensure the founder was remembered, and to provide charity for the needy. In all three complexes, there was a women's convent in charge of a hospital. Recall that Mencía de Velasco lived and died in the convent at Medina de Pomar, and prepared her will inside the hospital founded by her grandfather. In it, she specified that she wished to be buried wearing a Franciscan habit in the new convent dedicated to St. Clare that she was having built in Briviesca, thereby endowing this new space, once again, with a funerary and memorial aspect.⁸³ The brothers (*freires*) of Burgos and the carthusians (*continós*) of Medina de Pomar were thus succeeded by the "fifteen poor men in homage to the fifteen mysteries of the Rosary, who will be called the Brothers of the Rosary." The rules for joining were identical to those in place at her grandfather's hospital: they were to be elderly, non-ecclesiastic and truly poor men from Briviesca, or, if there were none in Briviesca, they could be other servants of the institution or family.⁸⁴ Here they were not required to be noblemen, but priority was given to men from the town, or who were clients of the Velasco family. They also wore a habit. Further, a distinctive element of the brothers at Briviesca was "a rosary of white and red beads" (*un rosario de cuentas blancas y coloradas*) that hung around their necks, to aid them in their prayers.⁸⁵ It seems that when her grandfather, the Good Count, retired at the age of fifty-seven, apart from donning the Carthusian habit, he "always carried a rosary in his hand" (*traía siempre un rosario en la mano*).⁸⁶ The role of women as caretakers is also present. In this case, five women were to act as servants in the house. Instead of wages, they were to receive room, board and clothing. Based on the statutes it can be inferred that these five women were also the object of charity, because they were to be "poor, honest women leading

⁸⁰AHNOB, Frías, C. 373, D. 1 (9 February 1517). The main aspects of its founding are covered in Franco Silva, "La asistencia hospitalaria," 69–88. In her will, Mencía de Velasco set forth that a second hospital dedicated to St. Clare should be founded (AHNOB, Frías, C. 363, D. 15, f. 16v-17r.), although this plan never came to fruition. Did her plans involve founding two hospitals and a convent of the Poor Clares, exactly like in Medina de Pomar?

⁸¹As noted by Cadiñanos Bardeci, "El hospital de Nuestra Señora."

⁸²AHNOB, Frías, C. 373, D. 1, f. 10v.:

a de ser todo esto hecho de la manera que lo traen hecho los pobres del ospital del conde de Haro, mi señor, que Dios aya, mi aguelo, el qual ospital está junto a santa Clara de Medina de Pumar (my translation).

She also set aside in her will 20,000 *maravedís* for the poor at the hospital in Medina de Pomar: AHNOB, Frías, C. 363, D. 15, f. 8v.

⁸³AHNOB, Frías, C. 363, D. 15, f. 5v.

⁸⁴AHNOB, Frías, C. 373, D. 1, f. 8r.: "quinze pobres a reverença de los quinze misterios del Rosario, los quales serán llamados confadres del Rosario" (my translation).

⁸⁵AHNOB, Frías, C. 373, D. 1, f. 8r.

⁸⁶I have relied on the transcription in *Origen de la Ilustrissima Casa de Velasco* (BNE, Mss. 3238) made available by the CRELOC project: <http://creloc.net/wp-content/uploads/2020/08/Mss_3238_para_CRELOC.pdf>.

Table 1. Section headings concerning the sick, statutes of the Hospital de la Vera Cruz in Medina de Pomar (1455) and the Hospital de Nuestra Señora del Rosario in Briviesca (1517).⁹⁰

Hospital de La Vera Cruz (Medina de Pomar)	Hospital de Nuestra Señora del Rosario (Briviesca)
IV. Commo han de ser reçebidos los treze pobres continuos e la manera de su bibienda spiritual e corporalmente (how the thirteen permanent poor men are to be admitted, and how they are to live, both spiritually and bodily).	¶ De los pobres que an de estar contino y de como an de ser reçebidos (on the poor men who are to stay on a permanent basis and how they are to be admitted).
V. Commo han de ser reçebidos e curados los siete pobres enfermos (how the seven sick poor people are to be admitted and treated).	¶ De como an de estar los siete pobres enfermos y como han de ser reçebidos (on how the seven sick poor people are to stay, and how they are to be admitted).
VI. Commo se han de reçebir los pobres caminantes (how the poor travelers on foot are to be admitted).	¶ De como an de ser reçebidos los pobres caminantes peregrinos (on how the poor pilgrims on foot are to be admitted).
XXXIII. Lo que han de aver los siete pobres enfermos (what the seven sick poor people are to have).	¶ Lo que an de aver los siete pobres enfermos (what the seven sick poor people are to have).
XXXIV. Lo que han de aver los pobres caminantes (what the poor travelers on foot are to have).	¶ Lo que an de aver los pobres peregrinos y caminantes (what the poor pilgrims and travelers on foot are to have).

a good lifestyle” (*mugeres pobres, y onestas, y de buen vivir*).⁸⁷ Of the nine charitable funds set up by the Good Count of Haro, that of Medina de Pomar was annexed to the Hospital de la Vera Cruz. Mencía de Velasco followed his example, setting up a deposit fund for the purpose of providing those in need with loans.⁸⁸ Finally, in both hospitals, the recipients of this charity were the same: thirteen elderly men in Medina de Pomar and fifteen in Briviesca; ten pilgrims or travelers on foot per day; seven poor individuals suffering from a non-contagious illness; and alms for beggars.

Moreover, a comparison between the 1455 statutes of the Hospital de la Vera Cruz and the 1517 founding document of Nuestra Señora del Rosario seems to indicate that the former was used as a template for the latter. Many of the points match up in terms of both order and content. Setting aside a handful of points that are more specifically tailored to each institution, the mission of both institutions is practically the same in terms of social concerns and healthcare. Table 1 contains some of the section headings regarding the poor, in La Vera Cruz and in Nuestra Señora del Rosario. Table 2 contains the section headings related to occupations in the two hospitals.

Without aiming for an exhaustive comparison, it is clear that in some sections Mencía de Velasco and her officials rewrote fragments of the statutes enacted by the Good Count. Such is the case of the chapter on the two communities of men (Table 3, with certain segments elided and others highlighted).

We can thus see the spread of certain administrative and organizational elements from one hospital to another in the Kingdom of Castile through the commonalities between the Hospital del Rey in Burgos and the Good Count of Haro’s facilities in Medina de Pomar. The fact that this same model was copied by other members of the nobility, and by his own granddaughter in the town of Briviesca, reinforces the hypothesis that it acted as a regional and intra-family model.⁸⁹

⁸⁷ AHNOB, Frías, C. 373, D. 1, f. 9r.

⁸⁸The fund established by Mencía de Velasco is described in her will: AHNOB, Frías, C. 363, D. 15, f. 14r-v.

⁸⁹On the building process, see Alonso, “Arquitectura y arte.”

⁹⁰For la Vera Cruz, I have relied on the transcription of Virseda Bravo, “La biblioteca de los Velasco,” 399–437. For Briviesca: AHNOB, Frías, C. 373, D. 1.

Table 2. Section headings concerning occupations, statutes of the Hospital de la Vera Cruz in Medina de Pomar (1455) and the Hospital de Nuestra Señora del Rosario in Briviesca (1517).

Hospital de La Vera Cruz (Medina de Pomar)	Hospital de Nuestra Señora del Rosario (Briviesca)
VII. Como han de ser reçevidas las enfermeras (how the nurses are to be admitted).	¶ De como an de ser reçevidas las mugeres que an de servir (on how the servant women are to be admitted).
VIII. Como el escriuano de conçejo de la dicha mi villa e fisico e cirujano salariados por el dicho Conçejo han de ser reçevidos con condiçion que fagan e cunplan lo en esta mi dotaçion contenido (how the scribe of the council of my town, and the physician and surgeon paid a salary by said council, are to be admitted, on the condition that they do and fulfill that which is set forth in this, my endowment) [divided into two parts].	¶ Lo que a de aver el escribano de conçejo (what the council scribe is to have). ¶ Lo que han de aver el fisico y çurujano y barbero que an de tener cargo de los enfermos (what the physician and surgeon and barber in charge of the sick are to have).
XXXI. Lo que ha de aver el prouisor (what the supplies manager is to have).	¶ Lo que a de aver el probisor por su ofiçio (what the supplies manager has to have based on his position).
XXVIII. Camas e alfajas e preseas de casa (beds, jewelry and treasure of the house).	¶ Lo que an de aver los pobres para reparos y alhajas de casa (what the poor should have regarding things and jewelry of the house). ¶ Lo que a de aver el cura del hospital (what the hospital priest is to have).
XXXVIII. Lo que ha de aver el capellan (what the chaplain is to have).	¶ Lo que se a de dar para la sacristia de Nuestra Señora del Rosario (what is to be given for the sacristy of Nuestra Señora del Rosario).
XXXIX. Lo que se ha de dar para la secrestia (what is to be given for the sacristy).	

Table 3. Statutes regarding the community of poor elderly men of the Hospital de la Vera Cruz in Medina de Pomar (1455) and the Hospital de Nuestra Señora del Rosario in Briviesca (1517).

Es mi voluntad que pobre <i>alguno dellos non sea de menos hedat de çinquenta años nin sea casado nin de religion alguna nin de terçera regla nin de otra alguna orden nin religion saluo si fuere clerigo preste, vno e non más en el numero de los dichos treze, e que sean verdaderamente pobres e de quien se sepa e sean çerteficados los que los han de reçeibir que, sin limosna e manda de buenas personas, non se podrian buenamente mantener con sus faziendas e personas, las quales por tener la dicha tan poca fazienda non dexen de ser reçevidos con que del todo punto sean pobres e den la dicha fazienda al dicho ospital para los pobres del. [...]</i> E es mi voluntad e mando que en los tales pobres sea antes reçevidos los vezinos e moradores que dentro de la dicha mi villa ouiere que otros algunos [...]. (It is my will that, as for the poor men, none be younger than fifty years of age, nor be married, nor have any religious rank, nor belong to any third order or any other type of order or religious rank, except that, of said total of thirteen, one may be a parish priest, and that they are truly poor, and it must be known and certified about those who will be admitted that, without alms and the help of good people, they would surely not be able to get by through their own estates and persons, which, having such low yields, should not be taken as a reason to bar their admittance, as long as they are truly poor, and give said estate over to said hospital for the poor there residing. [...]) And it is my will, and I hereby order, that, of these poor men, the natives and residents of this town of mine shall have priority of admittance over any others [...].	Mando que [...] ningunos d'ellos sea de menos hedad de çinquenta años y que no sea casado ni de religion alguna ni de terçera regla ni de otra alguna orden de los quales que asi an de ser reçevidos se ynformen bien los que los han de reçeuir que sean verdaderamente pobres d'estar manera que aunque tengan alguna haçienda sea tan poco que no se pueda mantener con ella ni con trabajo de su persona sin limosna y ayuda de buenos y d'esta hazienda suya si tubiere hijos de legitimo matrimonio dandoles sus ligitimas, de al ospital todo aquello que de derecho puede mandar [...]. (I hereby order that none of them be younger than fifty years of age, nor be married, nor have any religious rank, nor belong to any third order or any other type of order, and, regarding the men who are to be admitted, those in charge of admitting them must thoroughly determine that they are truly poor, such that, even if they possess estates, the yields of these are so low that they could not get by through the work of their own persons without alms and the help of good people, and of this estate of theirs, if they have legitimate children born in wedlock, after they have given them their legal portion, they must give unto the hospital all that they are legally entitled to bequeath [...]). ¶ Otro si mando que obiendo pobres en la villa de Virbiesca que tengan la dicha neçesidad sean antes reçevidos aquellos que otros [...]. (moreover, I hereby order that, if there be poor men in the town of Briviesca who are in such need, these ones shall have priority of admittance over all others [...]).
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Conclusion

I have argued that, even in the absence of the more commonly observed process of unification, hospital reform did indeed take place the late Middle Ages, as can clearly be seen in the cities of Burgos and Briviesca and the town of Medina de Pomar. It was a long and gradual process based on the addition of elements, which developed within the Castilian monarchy's and nobility's ideological programs and strategies of memorialization, and which were based on the emulation of models at both the regional and transnational level. These local examples reveal two main conclusions with relevance for the general historiographic level. First, the term "hospital reform(s)" needs to be rethought and enriched with new spaces and agents to comprise other individuals and groups with power, influence and wealth. The Velasco family has proved to be an example of high nobility and connections between the urban and rural world that incorporated and improved charitable and welfare institutions to boost their symbolic capital. Second, "hospital models" is a concept that needs further attention. Whereas the great Renaissance buildings have generally been studied, here it has been shown that there are also multiple regional models and contexts yet to be (re)discovered, in which cultural transmission took place. On this occasion, the Castilian nobility's client connections with the monarchy and the family ties of several generations allowed for institutional emulation and, in short, the reproduction of seigniorial power.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by Ministerio de Ciencia e Innovación [project Scripta manent (PID2020-116104RB-100)]; Ministerio de Economía y Competitividad [doctoral fellowship BES-2017-081778] (Government of Spain).

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