

RiMe

**Rivista dell'Istituto
di Storia dell'Europa Mediterranea**

ISBN 9788897317852

ISSN 2035-794X

numero 14/I n.s., giugno 2024

**Local Elites and Welfare Policy in the Crown of Aragon
during the Late Middle Ages: the Cases
of Barcelona and Tarragona**

Pol Bridgewater - Josep Barceló-Prats - Neus Sánchez-Pié

DOI: <https://doi.org/10.7410/1682>

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Il presente volume è stato pubblicato online il 30 giugno 2024 in:

This volume has been published online on 30 June 2024 at:

<http://rime.cnr.it>

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Special Issue

**Governare l'ospedale.
Modelli, regolamenti e pratiche tra XII e XVII secolo**

**Governing the Hospital.
Models, rules and practices between 12th and 17th centuries**

A cura di / Edited by

Mariangela Rapetti - Antoni Conejo da Pena

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Indice / Table of Contents

Mariangela Rapetti - Antoni Conejo da Pena, Governare l'ospedale nell' <i>Ancien régime</i> / <i>Governing the Hospital in the Ancien régime</i>	7-17
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- Alessandro Soddu 19-43
La fondazione e dotazione del lebbrosario di Bosove in Sardegna
(XII secolo) / *The foundation and endowment of the Bosove leper hospital
in Sardinia (12th century)*
- Pol Bridgewater, Josep Barceló-Prats, Neus Sánchez-Pié 45-62
Local elites and welfare policy in the Crown of Aragon during the
late Middle Ages: the cases of Barcelona and Tarragona
- Daniela Santoro 63-80
Una nuova cultura della cura. L’Ospedale Santo Spirito a Palermo
nel XV secolo / *A new culture of care. The Holy Spirit Hospital in
Palermo in the 15th century*
- Antonio Macchione 81-105
Accogliere, assistere e curare nella Calabria medievale.
L’Annunziata di Cosenza nella seconda metà del XV secolo /
*Welcoming, assisting and caring in medieval Calabria. The Annunziata of
Cosenza in the second half of the 15th century*
- Riccardo Di Giovannandrea 107-131
L’Ospedale del SS. Gonfalone a Monterotondo in Sabina: la gestione
dei beni tra XVI e XVII secolo / *The Hospital of the SS. Gonfalone in
Monterotondo in Sabina: the management of assets between the 16th and
17th centuries*
- Adrián Ares Legaspi 133-157
La cultura escrita del Hospital Real de Santiago de Compostela en el
siglo XVI. Espacios, escribientes y productos escritos / *The written
culture of the Royal Hospital of Santiago de Compostela in the 16th
century: Places, scribes and writings*
- Elisabetta Angrisano 159-178
Due storie parallele: la Pia Casa di Santa Dorotea e la “Pizzeria”
dell’Ospedale del Santa Maria Nuova nella Firenze del XVII secolo /
Two parallel stories: The Pia Casa di Santa Dorotea and the “Pizzeria” of

the Santa Maria Nuova Hospital in 17th century Florence

Marcello Schirru

179-203

L'architettura e le dotazioni dell'Ospedale di Sant'Antonio a Cagliari tra Sei e primo Settecento / *The architecture and equipment of the Sant'Antonio Hospital in Cagliari between the 17th and early 18th centuries*

Strumenti di ricerca / Research Instruments

Emanuele Carletti

205-214

Frati mendicanti, confraternite e ospedali: alcuni casi in Italia centro-settentrionale tra XIV e XV secolo / *Mendicant friars, confraternities and hospitals: some cases in Northern and Central Italy between 14th and 15th century*

Gilda Nicolai

215-227

Tracce e frammenti per la storia istituzionale degli ospedali viterbesi tra medioevo ed età moderna / *Traces and fragments for the institutional history of Viterbo's hospitals between the Middle Ages and the Modern Age*

Emanuele Atzori

229-241

Le carte del processo di beatificazione del carmelitano Angelo Paoli (1642-1720) come fonte per lo studio della fondazione del Convalescenziario dei poveri di Roma / *The papers of the beatification process of the Carmelite Angelo Paoli (1642-1720) as a source for the study of the foundation of the "Convalescent Home of the Poor" of Rome*

Nuove ricerche / New Researches

- Giada Badii 243-248
Processi decisionali, partecipazione e cariche dei confratelli della *Domus Misericordiae* di Siena, attraverso le fonti notarili di fine Duecento (1283-1296) / *Decision-making processes, participation and roles of the members of the Domus Misericordiae in Siena, through the notarial sources of the late 13th century (1283-1296)*
- Anna Maria Ester Condins 249-253
Model de gestió de l'hospital de la Santa Creu de Vic (segle XV) / *Management model of the Hospital de la Santa Creu de Vic (15th century)*
- Renato Cameli 255-258
L'Ospedale di Santa Maria del Gesù a Fabriano del 1456 / *The Hospital of Santa Maria del Gesù in Fabriano from 1456*
- Gaia Epicoco 259-265
La memoria di un'azienda milanese del Quattrocento: il libro di conti dell'ospedale di San Vincenzo in Prato (1449) / *The memory of a fifteenth-century Milanese company: the account book of the hospital of San Vincenzo in Prato (1449)*
- Ivana Quaranta 267-274
Ospedali e confraternite nella Lecce del XVII secolo. Per una ricostruzione dei luoghi deputati alla cura, tra modelli di gestione laica ed ecclesiastica / *Hospitals and brotherhoods in 17th-century Lecce: For a reconstruction of the places dedicated to care, between secular and ecclesiastical management models*

Local elites and welfare policy in the Crown of Aragon during the late Middle Ages: the cases of Barcelona and Tarragona

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Date of receipt: 28/12/2023

Date of acceptance: 18/06/2024

Abstract

The aim of this article is to analyse the deployment of a genuine welfare policy in the Crown of Aragon during the late Middle Ages through the examples of the cities of Barcelona and Tarragona. The text identifies the moments and reasons behind the genesis of this same welfare policy, as well as its adaptation to a changing political and economic context, marked especially by the reforms that gave rise to the brand-new general hospitals of Barcelona in 1401 and Tarragona in 1464.

Keywords

Hospital; Crown of Aragon; Welfare Policy; Local Elites.

Riassunto

L'obiettivo di questo articolo è analizzare l'implementazione di un'autentica politica ospedaliera nella Corona d'Aragona durante il tardo Medioevo attraverso gli esempi delle città di Barcellona e Tarragona. Il testo si propone di individuare i momenti e le ragioni che stanno dietro la genesi di questa stessa politica di assistenza, nonché il suo adattamento a un contesto politico ed economico in mutamento, segnato soprattutto dalle riforme che hanno dato vita ai nuovissimi ospedali generali di Barcellona nel 1401 e Tarragona nel 1464.

Parole chiave

Ospedale; Corona d'Aragona; politica ospedaliera; élite locali.

1. Introduction. - 2. The need for a new hospital policy. - 3. The role of urban elites in the foundation of the Hospital of the Holy Cross of Barcelona. - 4. The political economy of the processes of hospital merging: the case of Tarragona. - 5. Conclusions. - 6. References. - 7. Curriculum vitae

1. Introduction

The institution of the hospital has significantly influenced the evolution of healthcare policies in Western countries over the past two centuries (Huguet, 2004). This prominence in the development of Western medicine can obscure the fact that, for the greater part of their extensive history, hospitals were institutions of social assistance initially associated with the propagation of Christianity. In this context, the evangelical directive of charity, as one of the three theological virtues, became the core mission of the early Christian hospitals (Risse, 1999).

However, the ideological origins of the hospital in the Christian West cannot be solely explained on the basis of its doctrinal foundations. Other theoretical inputs must be acknowledged, such as the concern for social control or the role that these institutions played as tools of social and political legitimation (López-Terrada, 1999). In this regard, urban hospitals have to be understood in relation to their promoters, both secular and religious. In the Late Middle Ages, the promotion or creation of such institutions happened under the ideological umbrella of a specific form of collective ethics that took social ills such as poverty into account (Arrizabalaga, 2023).

During the Late Middle Ages, both the consolidation of the social perception of poverty as a source of infection and contagion and the development of the political economy of welfare and the management of poverty, led to the adoption of new forms of hospital policy, which had two noteworthy characteristics (Bridgewater, 2022).

The first of these consisted of an incipient medicalisation of hospital care, whereby medical care –whether provided by physicians or surgeons– came to be seen as of particular value (McVaugh, 1993, p. 229). Such hospital medicalisation was not uniform. While in some areas of Italy (Piccinni, 2016, pp. 8-26) or the Crown of Aragon (Ferragud, 2014; Ferragud and Vela, 2023) doctors were increasingly associated with hospitals even before the bubonic plague of the mid-fourteenth century (Ferragud, 2022), in England the first doctors attached to London hospitals are not found until the early sixteenth century (McVaugh, 1993).

The second characteristic was the central role played by larger, more prestigious hospitals. This is in no way a univocal, clearly bounded phenomenon: the world of Late Medieval hospitals is one of diversity. But it is true that, from the fourteenth century onwards, we can document growing dynamics of emulation that had great and renowned hospitals at their centre (Bridgewater, 2023). According to these trends, small hospitals with their more unspecific and diffuse functions gave way to

a much more limited number of large hospitals as a result of processes of "reduction", "merger" or "consolidation" (Piccinni, 2017). In some cases, these new institutions were known as general hospitals (Barceló-Prats, 2023). Thus, political authorities, both civil -municipalities and the crown- and ecclesiastical -bishops and religious orders-, promoted processes of institutional concentration that resulted in larger, purportedly more efficient hospitals, which were also sources of civic pride (Bridgewater, 2020, p. 332).

In the Crown of Aragon, the first of these processes of hospital reduction occurred in 1401 in the city of Barcelona, with the foundation of the general hospital of the Holy Cross (Martínez-Vidal, 2002). Founded as the merger of six of the pre-existing hospitals in the city, its new building was praised as "*light, nobility, ornament, glory, and spaciousness*" of the city (Conejo, 2014).

This strategy of hospital reduction became a point of reference for other cities of the Crown of Aragon - not only in large cities such as Zaragoza (1425), Palermo (1432), Mallorca, (1456) or Valencia (1512), but also in smaller ones such as Lleida (1454), Tarragona (1464) or Calatayud (1481). At the same time, the emergence of general hospitals opened up the possibility of assisting more specific groups of poor people and/or providing more specialised attention to their needs. Making a play on words, the "*hospital for the poor gave way to the hospital for the sick poor*" (Arrizabalaga, 2006, p. 204), in a context still marked by the pluralism of care and a medical culture that did not yet contemplate the hospital as an exclusively sanitary space.

In sum, it can be argued that, regardless of the various transformations that European hospitals underwent over the course of the late medieval and modern centuries, the general hospital remained essentially unchanged throughout the Ancien Régime. It was the hospital administrators –as legal representatives of the institution– who held and exercised power over the hospital's ordinary running of the institution (Bridgewater, 2018), while physicians were only employed to practise medicine (Cranshaw, 1993). As a result, social rather than strictly medical criteria usually weighed more heavily in the admission process.

2. The need for a new hospital policy

During the second half of the fourteenth century, many small, non-specialized hospitals showed signs of crisis. However, the adoption of a new hospital policy cannot be exclusively explained through appeals to better management or increased financial sustainability. Aspects such as the demographic and economic

consequences of the great epidemic of 1348 and the need to seek new capitals, beyond the initial endowments placed by founders, played an important role in the transformation of many of these hospitals, too small to be viable.

All of these reforms were preceded –and were not unrelated– to decades of strong social upheavals caused by famines, plague outbreaks, military conflicts and, above all, the crisis in the municipalities' financial systems (Orti, 2007). For example, the hospital merger in Barcelona took place at a time of economic exceptionality and dynamism, since "a few years before the banking system had gone bankrupt and at the beginning of the year 1401, the *Taula de Canvi* of Barcelona had been established,¹ with the purpose of stabilizing the city's financial system with the guarantee of the municipal government. Four months later –April 1401– the first stones of the Hospital of the Holy Cross were laid" (Arrizabalaga, 2006, p. 205). Therefore, the concurrence between the bankruptcy of the municipality's finances and the completion of the hospital merger process in Barcelona should not be seen as a simple temporary coincidence (Marcé and Miquel, 2023). In other words, these reform processes demonstrate the importance of the hospital as one of the key instruments for the "social reproduction" of the community, especially in challenging times, and, as a result, hospitals soon became one of the main sources of political legitimation for local urban elites.

3. The role of urban elites in the foundation of the Hospital of the Holy Cross of Barcelona

As we have just explained, in 1401, the aldermen and canons of Barcelona agreed to merge the city's six pre-existing hospitals into one grand institution, the Hospital of the Holy Cross. This hospital was intended to serve as a comprehensive welfare facility, addressing a diverse range of needs while also symbolizing collective representation through its impressive architecture.

The merging process took place during a period of relative obscurity in terms of preserved documentation, and, therefore, discerning the reasons behind the reform of 1401 is a challenging task. However, the available documents do convey a sense of crisis within the welfare landscape of late fourteenth century Barcelona. Representatives of the local government expressed concerns about mismanagement

¹ The *Taula de Canvi*, created on January 19, 1401, aimed at gathering a set of deposits, forced and voluntary, to finance the municipality, at zero interest, and, when the Board's capital allowed, allocating part of it to redeem the annuities that were so heavy on the city's finances (Orti, 2007, pp. 272-274).

and the incapability of the relatively small hospitals to meet the growing welfare demands of the city. A historical account from the seventeenth century further emphasized the inadequacy of the smaller hospitals, stating that “*those six hospitals were small and unable to accommodate all the sick, so that it was a great sorrow to see them suffer in the streets*”.²

When it comes to contextualizing the hospital reform of 1401 two main considerations are in place: firstly, we must understand that, while the welfare infrastructure of Barcelona might have been in a relative state of crisis, this appreciation cannot be extended to the city as a whole. Secondly, the hospital merger was a remarkably original proposal that arose from the political and managerial experience of the city’s elites.

These two aspects are not only relevant because of their explicative potential, but also because they somehow contradict a pervasive, although not unchallenged, traditional view of the politics and society of late medieval Barcelona and the development of the late medieval crisis in Catalonia.

This traditional view was shaped by the great revolutionary of modern medieval historiography in Catalonia, Jaume Vicens Vives. Described as the country’s first “modern” medievalist (Aurell, 2001, p. 263), Vives, together with French Marxist historian Pierre Vilar, stated that Catalonia experienced a period of extraordinary prosperity between 1250 and 1350. This was in stark contrast with a following stage of decay, initiated by the Black Death, which ended up placing, during the fifteenth century, Catalonia and Barcelona in a state of ruin and economic and political mediocrity. The crisis was systemic: it began with a sharp demographic drop, associated with the famines of the early fourteenth century, that was aggravated by the plague of 1348 and the subsequent cycles of epidemics. The consequent depopulation of the countryside and the tensions between peasants and lords caused different waves of armed conflicts in the fifteenth century (the *Remença* wars) and the general decrease in agricultural production, therefore stalling the Catalan economic engine (Vicens, 1954, p. 128; Vilar, 1964, pp. 145-223).

This state of crisis extended to Barcelona, the country’s main city. In this sense, Vicens Vives put a great deal of responsibility on the shoulders of the urban oligarchy (Grau, 2001, p. 275). According to the Catalan historian, the local elites played an indispensable role in governing the city and the Principality effectively:

² Arxiu Històric de l’Hospital de la Santa Creu i Sant Pau, *Documents de l’Hospital*. Vol. VI. Inv. 11. Carpeta 11/2/2-3.

in the thirteenth century, Barcelona's oligarchy would have been jealous guardians of the common good and stern defenders of the collective they represented. Their strong commitment to trade and productive activity, respect for government institutions, and collaboration with the monarchy would have assured common prosperity (Vicens, 1954, p. 158).

In contrast, during the fifteenth century, this same elite would have betrayed its foundational principles, abandoning its previous commitment to prosperity and political stability and thus provoking a serious political crisis in Catalonia that ended in a long and devastating civil war (1462-1472). Indeed, they supposedly distanced themselves from sailing and trading, and became landlords and rentiers (Vicens, 1954, p. 75). This meant that they had to turn to other sources of income and prestige, such as the government of cities and towns, which they monopolized and used as a private source of revenue, rather than instruments in a communal project of well-being.

Vives' unkind characterization of the Barcelona oligarchy of the fifteenth century has left a deep mark (Orti, 2001, p. 22). However, some of the most controversial aspects of his thesis have been notably nuanced and even refuted (Feliu, 2004, p. 436). Recent research on demography (Obradors, 2015), urbanism and architecture, and public finances has portrayed a city that, at least in the early 15th century, was far from stagnation and crisis (Miquel, 2023a). The aforementioned establishment of the *Taula de Canvi* in 1401 showcases the ability of the local government to adapt to the challenges that came with the financial upheaval of the late fourteenth century through innovative initiatives of institutional reform. The *Taula* was meant to centralise the city's finances, and, despite its troubled history, it was a success: indeed, other cities and towns in the Crown of Aragon tried to develop similar institutions (Miquel, 2019). In this regard, the field of Hospital studies can also contribute to a better appreciation of the true state of early fifteenth century Barcelona.

Traditionally, welfare has been left out of a more comprehensive analysis of the local governance of Barcelona, a historiographical void that is slowly but steadily being filled up (Bridgewater, 2021-2022, p. 357-361). In this regard, we have to acknowledge that the Barcelona oligarchy of the late fourteenth and early fifteenth century, so disdained in the works of Vives and his successors, were the main protagonists in the creation of the Hospital of the Holy Cross, an innovative institution that sought to solve concrete and urgent social problems.

Indeed, reevaluating the city's local elite is crucial not only for a better understanding of the late medieval crisis in Barcelona and Catalonia as a whole but also to comprehend the reasons behind the 1401 reform. Firstly, we need to relativize the contrast between the supposedly good governance of the thirteenth century and the lazy and self-absorbed oligarchy of the fifteenth. In the words of Flocel Sabaté, "the harmonious local elite placidly working for the common good never existed" (Sabaté, 2013, p. 122). Secondly, we need to place this same elite within the political and social context of its time. The goals, shared among the elite, of social advancement, participation in the municipal government, and the obtaining of passive incomes did not necessarily entail a selfish indifference to the common good. It is important to note that the patricians of Barcelona shared a clear idea of their political responsibility, which was heavily influenced by authors such as the Franciscan friar Francesc d'Eiximenis (Juncosa, 2011, p. 163). This form of political thought rested on the pillars of maintaining peace and social cohesion, a common project in which institutions and practices of welfare were of paramount importance.

Significantly, the two medieval hospitals that were founded by laymen, the Hospital d'en Marcús (twelfth century) and the Hospital d'en Pere Desvilar (fourteenth century) ended up under the control, in whole or in part, of the Consell de Cent, the local secular government of the city. Nothing sums up better the growing confidence of the local elites than the plea made by the administrators of the Hospital d'en Pere Desvilar, two citizens appointed by the local Council, when they addressed the councillors of Barcelona in 1375, assuring that the hospital "*was administered by laymen, and, therefore, better run*".³

Despite this revindication of the managerial capabilities of the laity, the recognition of the initiative of local elites has to be extended to the cathedral chapter. Indeed, four of the six hospitals that took part in the merging of 1401 were under the control, total or partial, of the city's bishop and canons. Undoubtedly, they had something to say and contribute. Throughout the fourteenth century both the municipal government and the bishop and the cathedral chapter developed a process of growing interventionism in hospital politics. This took the form of constant supervision and auditing, on the one hand, and the profusion of positions, offices and documentation, on the other, in addition to specific episodes of hospital reform. Therefore, by 1401, both governments, secular and religious, had had a long and shared experience of hospital management.

³ Arxiu Històric de la Ciutat de Barcelona, 1C.V-11 /4.4.

This is clearly displayed in the series of meetings that took place in the early months of 1401, in which the merger was discussed: many of the participants, both canons and citizens, had previous experience in the management or supervision of the city's welfare institutions and especially its hospitals. We find good proof of this in the meeting that took place in the bishop's palace of Barcelona on the 15th of March of 1401. There, a selected group of canons, the bishop and the notary of the municipal government discussed the proposition of the hospital merger that had been previously raised in an assembly held at the headquarters of the city's lay government, the *Casa de la Ciutat*. Of the 13 canons that were present that day, six had held an ecclesiastical office that was related to hospital management and supervision (Bridgewater, 2020, p. 207).

In short, the success of the reform project can be explained because the negotiations behind it were always led by politically savvy individuals, also when it came to welfare. Men who, regardless of their status, secular or religious, were part of a coherent administrative culture and shared close ties of class and, on several occasions, lineage.

Of course, the relationship between the city's elites and their hospital was not solely characterized by selfless civic duty. The emergence of this new, prestigious institution presented enticing opportunities for acquiring positions of influence and recognition. Its control and oversight held significant appeal as a platform for personal and political advancement. As co-patrons of the institution, the municipal government held the responsibility of appointing two administrators for two-year terms. This position offered both esteem and tangible influence. The hospital's substantial budget, evidenced by its income nearing 100,000 Barcelonian *sous* in the preserved budget of 1431-1432 (Sánchez-Martínez, 2014, pp. 178-179), provided administrators with the capacity to influence considerable resources. They could sway distributions through procurement grants, supply contracts, or the allocation of managerial positions within the hospital's care practices (Bridgewater, 2018).

Importantly, this pursuit of personal growth did not inherently conflict with governing with the city's welfare in mind. The elites of Barcelona viewed governance as pivotal to their social standing. By the fifteenth century, they had cultivated a robust class identity and gained governance experience, allowing them to spearhead ambitious projects such as the hospital merger of 1401 and the subsequent creation of the Hospital of the Holy Cross

4. *The political economy of the processes of hospital merging: the case of Tarragona*

Before the crisis of the central decades of the fourteenth century, Tarragona enjoyed some considerable economic and demographic momentum (Juncosa, 2016). However, during the second decade of the fourteenth century and throughout the fifteenth century, the city went into decline, until it became very close to absolute depopulation. In the words of Francesc d'Eiximenis, Tarragona was "an ill-prospered city, since it is falling every day, and diminishing and doing worse. [...] And Tarragona is just like that, poorly populated and with simple and lowly people. Tarragona is still poor and miserable" (Eiximenis, ca. 1387 [2009]).

The causes of this worrying demographic decline were diverse (Salrach, 1991): climate-related and natural disasters –for example, a series of bad harvests and famines that began in the year 1333, known as the *first bad year*, the earthquakes of the years 1373 and 1429, a very severe drought in 1400 and a number of locust plagues–; the incidence of different diseases and epidemics –among which the plague of 1348 and other cyclical outbreaks of the years 1404, 1410, 1418-21 (one of the worst after the Black Death), 1423-24, 1429, 1442, 1450 and, at different times, between 1483 and 1494–; the commercial instability caused by the attacks of pirates and other bandits on the coasts; the various military conflicts, with the consequent sieges and occupations, that the city suffered –especially the War of the Two Peters (1356-1375) and the Catalan Civil War (1462-1472)–; and, finally, the fiscal oppression to which the municipal coffers were subjected and which caused the bankruptcy of the municipal treasury in 1462.

In this context marked by demographic and economic depression, any method – no matter how drastic– was likely to be used in order to limit depopulation and, therefore, avoid the disappearance of the city. In this regard, one of the most exceptional measures was the implementation of the *dret de treta*,⁴ under the premises that it had to be done "for the benefit of the City [...] and for debt settlement" (Juncosa, 2016, p. 125). Other measures were not punitive, but rather tried to entice the arrival of settlers who would take up residence in Tarragona, such as the granting of privileges or franchises. In the same way that Barcelona had done, the

⁴ The *dret de treta* right was a tax that all citizens who wanted to leave Tarragona had to pay. At first, the tax levied 50% of the valuation of the goods of the individual who wanted to leave. However, since there were many who tried to escape without paying it, it was soon reduced to 30% and, in addition, severe penalties were implemented for those who did not pay.

municipal government of Tarragona also tried to establish, in 1416, its own *Taula de Canvi*, but its complexity and, above all, the large expenses that resulted from the operation prevented its final creation until 1584 (Recasens, 2001).

Despite the efforts made by Tarragona's rulers, in 1462, coinciding with the outbreak of the Catalan Civil War, the city was forced to declare bankruptcy (Cortiella, 1984a). This fact, as had happened in other Catalan cities and towns (Verdés, 2007), led to a process of political negotiation between the city and its creditors, with the purpose of reaching reconciliation agreements that would regulate the conditions for the return of the interests. Due to the fact that the Civil War was still going on in Catalonia, this negotiation lasted until the year 1465. The final agreement entailed "*the delivery of the governorship of the municipal economy to the hands of creditors*" (Cortiella, 1984b, p. 180). From then on, all the income of the municipality, except for a minimum amount stipulated for basic expenses, had to be spent on the repayment of debt.

Thus, the agreements that the government was forced to reach with its creditors prevented it from being able to allocate resources to the city's recuperation, including basic needs such as ensuring the provision of welfare. It was in this context, just a few weeks before the debt repayment agreement was signed, that the Archbishop of Tarragona Pere d'Urrea founded, on December 15, 1464, the Hospital of Santa Tecla. This new healthcare institution was born through to the merger of the two pre-existing hospitals in the city –one owned by the municipality and the other belonging to the cathedral chapter– (Barceló-Prats, 2015). Following Barcelona's pioneering model, the solution was to merge the assets of the two pre-existing hospitals into one and, in this way, enlarge the pool of existing resources and reduce regular expenses: "*As in the aforementioned city there are two hospitals, one owned by the cathedral and the other by the municipality, which are insufficient for the needs of the poor, because they do not have what is necessary for hospitality, and therefore they are useless; We [the Archbishop of Tarragona], have deliberated to reduce these two hospitals into one*" (Cubells, 1989, p. 15).

Why was this plan enacted just a few weeks before the signing of the agreement with the creditors? Different considerations might help us in drawing a clearer picture. Firstly, we must acknowledge that the hospital was not only perceived as a place of assistance for the sick and poor, but also as an instrument used by the local elites to legitimize themselves in front of their fellow citizens. Therefore, the ruling elites of Tarragona could not allow for the failure of the city's hospitals. Secondly, in addition to being a source of legitimation, the hospital was also part of a model of

asset accumulation, with deep roots in the Crown of Aragon. That is to say, the bulk of the funding for the hospital came largely from bequests and donations, which slowly piled up and formed the basis for its patrimony. And it is precisely at this point that the case of Tarragona exemplifies how "*the financial structure of the hospital deeply integrated the institution with the local community and (...) helped to build the identity of the communality*" (Comelles, Alemany and Francés, 2013, p. 59).

This fact must be understood within the relationship between the political economy of the city and that of the hospital: it was essential to ensure that all the bequests and donations that people made in behalf of the hospital would be used to provide welfare to the poor and the afflicted, and not to pay the debt of the city with its creditors. In this sense, the inviolability of the hospital assets had to be guaranteed. That is to say, the will of the donors had to be protected, through making sure that their former resources were spent for the purposes expressed in their last wills, no matter how critical and distressing the financial situation of the municipality was. Only in this way, the local rulers could continue to appeal to all their fellow citizens, and more vehemently to the wealthy, so they would perpetuate the current social protection system through bequests and testamentary legacies (Barceló-Prats, 2018, pp. 27-29). Nor should it be forgotten that, in the late Middle Ages, hospitals acted as credit institutions for both a wide range of private individuals and many municipal governments (Lindgren, 1987; Conejo, 2010). Although some of these governments tried to disguise this economic function with charitable rhetoric, stating that some appropriation of hospital revenues or assets were made for the benefit of the poor and the sick (Comelles, 2006, pp. 35-39), the truth is that many cities used the economic resources of hospitals to better deal with financially difficult times.⁵ Certainly, the credit-related function of the hospital must also be taken into account in order to understand the reasons for the merger as a whole (Marcé, 2023).

Applying this logic, the solution was to provide the brand-new Hospital of Santa Tecla with its own legal entity, which freed it from the more than likely seizure of the municipal treasury and assets, as it did happen. In other words, the creation of a general hospital –with an autonomous legal entity with respect to the municipality– responded to the need to detach it from the political and economic chaos of Tarragona. Despite this, the municipality retained a degree of influence and control

⁵ See, for example, the cases of Valencia at the end of the fourteenth century (Rubio-Vela 1980: 62-63) and Barcelona during the Catalan civil war (Miquel, 2023b: 880).

on the brand-new institution, since its administrators were chosen by the Cathedral Chapter and Municipal Council.

Therefore, the chosen formula brought together all the conditions necessary to respond to the challenges implied by the signing of the concord between the city and its creditors in 1465. The new general hospital was, at the end of the day, a new legal mechanism that guaranteed the economic and political permeability of its assets (Barceló-Prats and Comelles, 2016). It protected the hospital from external interference of any kind, and soothed the consciences of the citizens of Tarragona, who knew that the hospital's heritage would be correctly spent on the needy and, more broadly, on the local population as a whole.

5. Conclusions

The cases of Barcelona and Tarragona exhibit both similarities and differences, allowing for a fruitful comparison. In Barcelona, the establishment of the Hospital of the Holy Cross was a response to a localized welfare crisis in the late fourteenth century, rather than a city-wide predicament. Despite facing recurrent epidemics, the collapse of its private banking system, and demographic shifts, Barcelona remained a vibrant city by the early fifteenth century. Its expanding government displayed decisive responses to social and economic disruptions. In this regard, the successful creation of the *Taula de Canvi* and the Hospital of the Holy Cross, both led or managed by the city's government, contributed to stability and growth. Both institutions endured for centuries, with the main hospital still existing today, albeit significantly transformed.

In contrast, the situation in Tarragona suggests that the term "crisis", which we sought to contextualize in Barcelona's case, might even be an understatement. By the mid-fifteenth century, Tarragona found itself in a dire state. Its secular and ecclesiastical rulers pursued a strategy of resilience, primarily aiming to safeguard a level of autonomy and independence from creditors, striving to prevent the city's potential downfall. And, despite this strongly felt sense of decay, Tarragona's elites were able to find a suitable solution for the city's welfare system, which protected it from the interference of creditors and integrated local hospitals within wider preoccupations for the common good.

Despite their disparities, both cities adopted a similar solution: consolidating smaller struggling institutions into larger, more affluent, and symbolically significant hospitals. This shared approach highlights the increasing significance of

a few major late medieval hospitals across Western Europe and the Mediterranean. In this regard, Barcelona notably served as a pivotal model for Tarragona. This underlines two interconnected points: firstly, the substantial reach of these prominent hospitals, far beyond their immediate local spheres, and secondly, the inherent capacity of these institutions to inspire emulation.

This paper does not seek to give excessive praise to the political practices and culture of late medieval elites. However, two notable considerations arise: firstly, the late medieval urban hospitals cannot be divorced from the concept of governance. Hospitals evolved to be integral components of public policy, and thus, late medieval urban governance cannot be properly understood without taking welfare provision into account. Secondly, studies focusing on hospitals can significantly contribute to broader discussions, including the nature and scope of the late medieval crisis in Catalonia, an aspect frequently overlooked.

6. References

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Periodico semestrale pubblicato dal CNR

Iscrizione nel Registro della Stampa del Tribunale di Roma n° 183 del 14/12/2017