

Health and Segregation: Iberian Jewish Responses to the Crisis of the Late Fifteenth Century*

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In 1480, the Cortes of Toledo (Castile) issued a decree mandating the *apartamiento* (removal) of Jews from their quarters in urban areas, allowing a two-year period for its implementation.¹ This followed a series of similar, albeit inconsistently enforced, decrees issued across various Iberian regions and kingdoms throughout the fifteenth century and earlier. The implementation of the 1480 decree extended beyond the timeline anticipated by the Cortes, with considerable variation from town to town. Although only around thirty Jewish quarters in Castilian towns were relocated, this radical measure—enforcing the complete segregation of Jews into separate, enclosed quarters—marked a turning point in Jewish life.² The consequences were swift and severe: the living conditions of the affected Jewish communities deteriorated rapidly. Although the decree originated in Castile, its influence quickly resonated within the Crown of Aragon and other regions of the Peninsula, reflecting a broader pattern of anti-Jewish rhetoric and preaching, polemics, and discriminatory legislation that had characterised the preceding century.³

While scholars have extensively examined this tragic episode in the history of Iberian Jewry—rightly interpreting it as a pivotal moment in medieval Iberian anti-Judaism and a precursor to the eventual expulsion—some significant consequences of

* The research for this essay has been carried out under the auspices of the research project “Creation, Collection and Dissemination of Knowledge in Rabbinic and Medieval Judaism (CROSSROAD)”, PID2023-147954NB-I00, funded by MICIU/AEI/10.13039/501100011033 and European Regional Development Fund (ERDF) funds.

¹ REAL ACADEMIA DE LA HISTORIA, ed., *Cortes de los antiguos reinos de León y de Castilla*, 7 vols, vol. 4 (Madrid: Sucesores de Rivadeneyra, 1882), 149–151.

² FRANCISCO RUIZ GÓMEZ, ‘La convivencia en el marco vecinal: el régimen apartado de las juderías castellanas en el siglo XV’, in *Del pasado judío en los reinos medievales hispánicos. Afinidad y distanciamiento: XIII Curso de Cultura Hispanojudía y Sefardí de la Universidad de Castilla-La Mancha*, eds YOLANDA MORENO KOCH and RICARDO IZQUIERDO BENITO (Cuenca: Ediciones de la Universidad de Castilla-La Mancha, 2005), 247–288 (279–87).

³ DAVID NIRENBERG, *Communities of Violence: Persecution of Minorities in the Middle Ages* (Princeton: Princeton University Press, 1996), especially the second part of the book. FLOCEL SABATÉ, ‘Jewish Neighbourhoods in Christian Towns (Catalonia, Late Middle Ages)’, in *Intricate Interfaith Networks in the Middle Ages: Quotidian Jewish-Christian Contacts*, ed. EPHRAIM SHOHAM-STEINER (Turnhout: Brepols, 2016), 153–91.

the *apartamiento* have largely been overlooked.⁴ Although some studies acknowledge the severe impact on sanitation and the living conditions of the displaced Jewish population—cut off from urban infrastructure as their quarters were relocated to less favourable areas—historians have yet to fully recognise the broader ramifications of this crisis, particularly in relation to concerns about urban hygiene and poor sanitary conditions.⁵ Likewise, the ways in which the affected Jewish communities responded to and confronted this health emergency remain largely underexplored. Perhaps this oversight stems from the fact that, although scholars of medieval public health have demonstrated that such concerns had become increasingly significant for various levels of government as well as the general population at the time, the study of premodern Jewish public health remains in its early stages.⁶ However, we contend that a focus on public health opens new avenues for understanding not only the critical situation created by the *apartamiento*, but also other largely unexplored aspects of Jewish communal life and its relationship with the surrounding society. The concept of *healthscaping*, defined by Guy Geltner and Janna Coomans as the process by which ‘different communities in the deeper past adapted their behaviours and shaped their environments to address the health risks they faced’, offers an ideal framework—and a multidisciplinary methodology—for tracing and assessing communal health in medieval Jewish cultures in general, and Iberian Jewish communities in particular.⁷

⁴ Scholars have generally emphasised that the relocation of Jewish quarters entailed their displacement from the centres of economic and social activity and their consequent marginalisation. See, for example, FERNANDO SUÁREZ BILBAO, ‘La comunidad judía y los procedimientos judiciales en la Baja Edad Media’, *Cuadernos de historia del derecho* 2 (1995): 99–132 (114), and the bibliography on Jewish quarters’ segregation in this essay.

⁵ SABATÉ, ‘Jewish Neighbourhoods’, 153–91.

⁶ JANNA COOMANS and GUY GELTNER, ‘On the Street and in the Bathhouse: Medieval Galenism in Action?’ *Anuario de Estudios Medievales* 43, no. 1 (2013): 53–82. CAROL RAWCLIFFE, *Urban Bodies. Communal Health in Late Medieval English Towns and Cities* (Woodbridge: The Boydell Press, 2013). ABIGAIL AGRESTA, ‘“The Nourishment of Infections”: Disease and Waterscape in Late Medieval Valencia’, in *Disease and the Environment in the Medieval and Early Modern Worlds*, ed. LORI JONES (London: Routledge, 2022), 38–51. Regarding Jewish public health, in the context of Roman Palestine, ESTÉE DVORJETSKI, ‘Public Health in Jerusalem According to the Talmudic Literature: Reality or Vision?’, in *Defining Jewish Medicine: Transfer of Medical Knowledge in Premodern Jewish Cultures*, ed. LENNART LEHMHAUS (Wiesbaden: Harrassowitz, 2021), 245–92. For the medieval period, MOSHE ORFALI, ‘Ecología y estrategias sociales en la jurisprudencia hispano-hebreá’, in *Creencias y Culturas: Cristianos, judíos y musulmanes en la España medieval*, eds CARLOS CARRETE and ALISA MEYUHAS GINIO (Salamanca: Universidad Pontificia, 1998), 181–201. More recently, NAAMA COHEN-HANEGBI, ‘A Healthy Christian City: Christianising Health Care in Late Fourteenth-Century Seville’, *Journal of Medieval History* 48, no. 5 (2022): 664–85, has contributed an insightful study on the initiatives to promote public health in Seville and their entanglement with the Christian religious agenda.

⁷ GUY GELTNER and JANNA COOMANS, ‘The Healthscaping Approach: Toward a Global History of Early Public Health’, *Historical Methods: A Journal of Quantitative and Interdisciplinary History* 56, no. 1 (2023): 18–33. Within this theoretical framework, see CARMEN CABALLERO NAVAS, ‘Agents of Communal Health in Iberian Jewish Communities, 1200–1500’, in *Public Health in the Premodern World. Dynamic Balances*, eds GUY GELTNER, JANNA COOMANS, and RONIT YOELI-TLALIM (Oxford: Oxford University Press), 72–90. The research conducted for that study served as the precursor to this paper and prompted the doctoral thesis currently in progress by MIGUEL RAFAEL GARCÍA CAMPOS, ‘Public Health and Jews in 14th- and 15th-century Castile: Mapping City Hygiene from Medieval Documents’ (University of Granada, expected 2027).

Building on this theoretical framework, our study adopts a three-layered approach to explore the complexities of Jewish communal health and the responses to the sanitary crisis in the context of the *apartamiento*. This approach considers the interplay between the majority society in which Jews lived, the Jewish community, and the household—where many crucial aspects of daily life such as hygiene and diet were managed—as distinct yet interconnected contexts that together encompassed a complex set of healthscaping practices.⁸ Situated at the intersection of ethnicity, religion, class, and gender, this model underscores the importance of space in shaping the experiences of minority groups—a particularly pertinent factor in Christian Iberia, where the gradual yet continuous transformation of the spatial distribution of Jewish population reflected broader political, social, and territorial developments throughout the medieval period. When the organisation of space was abruptly and violently restructured through the enforced segregation of Jews and Jewish quarters, this resulted in a radical disruption of an already precarious balance, leading to a marked deterioration in health conditions within previously thriving communities, which was further exacerbated by the unfavourable circumstances of the newly designated areas. This model also offers insights into the shifting balance within Jewish communities themselves, as internal dynamics were affected by these broader changes.

This essay explores how the affected Jewish communities experienced, responded to, and managed the challenges to health and wellbeing brought about by this major crisis. Before focusing upon the royal decree of separation—its implementation, consequences, and Jewish reactions it provoked—it first offers a succinct overview of the gradual shifts in the spatial distribution of Jewish population from the thirteenth century onwards. The analysis of predominantly collective Jewish responses to the social and existential challenges posed by this extreme measure reveals two interconnected communal spheres of responsibility and action, along with their respective agents. This study focuses on one of them: the community, which responded through its representatives and whatever institutions remained functional, if any. Although addressed only in passing as it lies beyond the scope of this special issue, the household is also considered, with the aim of contextualising the broader dynamics and providing a fuller picture of the situation. Traditionally the primary site of preventive and healthcare practices in premodern societies, the household became, under increasingly adverse conditions, the sole or primary locus for the daily provision of healthcare.

The study presents examples drawn from the first domain and raises a series of research questions, such as: how did Jewish communities collectively respond to the existential and sanitary challenges posed by the ruling society's decree(s)? What roles did communal institutions and representatives play in mediating or managing the health crisis? In what ways did the household become a central arena for preventive and healthcare practices under increasingly adverse conditions? Other questions

⁸ This three-layered model has been defined and developed in CABALLERO NAVAS, 'Agents of Communal Health'.

remain open for future research, including: how did the interplay between communal and domestic responses reflect broader patterns of resilience, adaptation, and continuity within Jewish society? And what do these responses reveal about the negotiation of authority and responsibility between communal leadership and individual households?

Moreover, by addressing the challenges of identifying and accessing Jewish sources—written in both Hebrew and local vernaculars—and the scholarly neglect of the associated health crisis, this study highlights written and material records, as well as other potential avenues for future research, which may offer further insights into this tragic episode of medieval Iberian Jewish history.

The Path to Segregation: The Cartography of a Communal Health Disaster

As previously noted, space plays a crucial role in the experience of minority groups, who often inhabit distinct areas that both reflect and reinforce their subordinate status within societal structures. The spatial configuration of Iberian Jewish quarters and smaller settlements significantly shaped the lived experiences of their inhabitants amid the ongoing shifts in settlement patterns during the medieval period—changes driven by Christian territorial expansion and the socio-political dynamics of various Iberian kingdoms. While early medieval policies aimed at repopulating newly conquered territories created opportunities for Jewish settlement and social mobility, divisions and hierarchical disparities existed. From these early times, there is evidence of Jewish groups residing along the same street or within one or a few settlements, often situated in urban areas near fortresses, characterised by narrow streets and enclosed quarters, or in enclaves separated from urban areas.⁹ Likewise, during the thirteenth century—a period of considerable territorial expansion by both the Crown of Castile and the Crown of Aragon—a model of Jewish settlement emerged in newly conquered eastern towns.¹⁰ Jewish settlers were allocated specific areas—often walled and gated quarters, or situated within the protection of a fortresses—which they could enter and leave freely. Moreover, while not all Jews lived within these designated spaces, some Christians also resided in the areas assigned to Jews. This is the case, for example, in newly Aragonese towns such as Palma, Valencia, Sagunto, Xàtiva, and Castilian Murcia.¹¹

⁹ MARK MEYERSON, *Jews in an Iberian Frontier Kingdom: Society, Economy, and Politics in Morvedre, 1248-1391* (Leiden: Brill, 2004), 10–56; JONATHAN RAY, *The Sephardic Frontier: The 'Reconquista' and the Jewish Community in Medieval Iberia* (Ithaca: Cornell University Press, 2006), 15–54. For a survey on early legislation, see also PILAR LEÓN TELLO, 'Disposiciones sobre los judíos en los fueros de Castilla y León', *Medievalia* 8 (1989): 223–52 (223–24 and 230). See also PILAR LEÓN TELLO, 'La estancia de judíos en castillos', *Anuario de estudios medievales* 19 (1989): 451–57.

¹⁰ MEYERSON, *Jews in an Iberian Frontier Kingdom*, 10–56.

¹¹ JOSÉ HINOJOSA MONTALVO, 'El reino de Valencia: juderías y sinagogas', in *Juderías y sinagogas de la Sefarad medieval: en memoria de José Luis Lacave Riaño*, ed. ELOY BENITO RUANO (Cuenca: Ediciones de la Universidad de Castilla-La Mancha, 2003), 73–144 (75–78). NORMAN ROTH, 'Coexistencia y

By the late thirteenth century, increased territorial stability gave rise to heightened tensions between majority and minority populations in Iberia, including both Jews and Muslims. The political and social transformations affecting the Jews were underpinned by prevailing religious attitudes, driven by the anti-Jewish decrees of the Fourth Lateran Council of 1215.¹² Among other measures, the Council mandated the physical separation of Jews, who were to be confined to designated areas. Although these decrees were initially enforced inconsistently across Christendom, they exacerbated negative social perceptions and laid the groundwork for further anti-Jewish legislation. By the end of the thirteenth century, Jewish quarters in towns under the Crown of Aragon began restricting access during Christian festivals, ostensibly for reasons of safety.¹³ These developments foreshadowed the intensifying hostility and systemic marginalisation that would characterise the treatment of Jewish communities throughout the fourteenth and fifteenth centuries.

During the fourteenth century, rising violence against Jewish communities increasingly restricted their movement, although they were not completely confined to their quarters nor were non-Jews entirely barred from entering these areas.¹⁴ In the Cortes of Burgos of 1367, the king resolved to retain the walls surrounding certain Jewish quarters in Castilian cities, citing protection as a primary motive.¹⁵ Similarly, Pope Gregory XI, in a 1375 bull, invoked the need to protect Jewish communities as justification for urging the implementation of segregation measures.¹⁶ What was framed as protective segregation gradually came to serve as a means of social control and dominance.¹⁷

The devastating anti-Jewish riots of 1391, which swept through nearly all Christian kingdoms of the peninsula, led to the destruction or abandonment of many Jewish quarters and the displacement of surviving communities. In Castile, a royal decree issued in 1412 mandated the full segregation of Jews into enclosed, separate quarters.¹⁸ Similar pronouncements ensued in 1415 by the bull of Benedict XIII, which exerted influence in both the Crowns of Castile and Aragon.¹⁹ Throughout the fifteenth century, further legislation was enacted across various Iberian regions,

confrontación de judíos y cristianos españoles', in *Judíos entre árabes y cristianos: luces y sombras de una convivencia*, ed. ÁNGEL SÁENZ-BADILLOS (Córdoba: El Almendro, 2000), 87–110 (96).

¹² JOSÉ AMADOR DE LOS RÍOS, *Historia social, política y religiosa de los judíos de España y Portugal*, 2 vols (Madrid: Fontanet, 1875–1876), vol. 2, 640–41.

¹³ NIRENBERG, *Communities of Violence*, 200–30. SABATÉ, 'Jewish Neighbourhoods', 164.

¹⁴ JOSÉ MARIA MONSALVO, *Teoría y evolución de un conflicto social. El antisemitismo en la Corona de Castilla en la Baja Edad Media* (Madrid: Siglo XXI, 1985), 155–59; SABATÉ, 'Jewish Neighbourhoods', 171–78.

¹⁵ FRITZ BAER, *Die Juden im Christlichen Spanien Erster Teil. Urkunden und Regesten*, 2 vols, vol. 2, *Kastilien/Inquisitionsakten* (England: Gregg International Publishers, 1970), 196–198, no. 205.

¹⁶ LUIS SUÁREZ FERNÁNDEZ, *La expulsión de los judíos de España* (Madrid: Mapfre, 1991), 182.

¹⁷ MAURICE KRIEGLER, *Les juifs à la fin du Moyen Age dans l'Europe Méditerranéenne* (Paris: Hachette, 1979), 20–28.

¹⁸ MONSALVO, *Teoría*, 159–63.

¹⁹ AMADOR DE LOS RÍOS, *Historia social*, 640–41.

institutionalising the physical and social segregation of Jewish populations.²⁰ However, this policy remained unevenly enforced until the Cortes of Toledo in 1480, when its formal implementation was decreed. Thus, invoking the claim that from ‘the continual interaction and mixed living of Jews and Moors with Christians arise great harms and inconveniences’ (‘la continua conversación e uiuenda mezclada de los judios e moros con los christianos resultan grandes dannos e inconuenientes’), Law 76 states,

We order and command that all the Jews and Moors of all and any towns and villages and places in our kingdoms [...] shall have their own distinct and separated *juderias* and *morerias*, and shall not dwell side by side with the Christians, nor have neighbourhoods with them, which we order to be done and fulfilled within the first two years, counted from the day that these our laws are published and proclaimed in our court, for which we intend to appoint reliable persons to make the said separation, marking out the lands and houses and places where they can live and contract in their work with the people, in order to do and fulfil it.²¹

The decree was not fully implemented in many locations across Castile, nor did it meet the scope intended by the legislation. The challenges associated with enforcing the decree varied depending on the specific local circumstances, including whether a particular Jewish quarter was merely restructured or entirely relocated. The monarchs appointed *visitadores* and *corregidores*—officials who, in consultation with local authorities and the affected community, determined the location and boundaries of these settlements—ostensibly to ensure they met minimum standards of habitability. However, in several Castilian towns, Jewish quarters were relocated to more disadvantaged areas, characterised by poor sanitary conditions, limited access to urban resources and infrastructure, and often extremely cramped spaces. For example, in 1481, the town council of Palencia decided to establish the new Jewish quarter in the butchers’ street (*calle de los carniceros*), an area associated with animal slaughtering and meat trading, and therefore prone to producing unpleasant odours, attracting insects, and generating other conditions potentially detrimental to human habitation, as municipal ordinances of the period often acknowledged.²² In the same year, a

²⁰ See, for example, the chronology of the segregation of Jewish quarters in the province of Saragossa (Aragón)—covering twelve locations—between 1412–1415. MIGUEL A. MOTIS DOLADER, ‘La comunidad judía de la Villa de Tauste durante la Edad Media’, in *Tauste en su historia: actas de las III Jornadas sobre la Historia de Tauste 2001* (Tauste: Patronato de la Casa de Cultura, 2003), 157–238 (165–66). For Catalonia, see SABATÉ, ‘Jewish Neighbourhoods’, 173–81.

²¹ ‘Ordenamos e mandamos que todos los judios e moros de todas e quales quier cibdades e uillas e lugares destos nuestros reynos [...] tengan sus juderias e morerias destintas e apatadas sobre si, e no moren a vueltas con los christianos, ni ayan barrios con ellos, lo qual mandamos que se faga e cumpla dentro de dos annos primeros siguientes, contados desde el dia que fueren publicadas e pregonadas estas nuestras leyes en la nuestra corte, para lo qual fazer e complir nos luego entendemos nombrar personas fiables para que fagan el dicho apartamiento, sennalando los suelos e casas e sitios donde buenamente puedan viuir e contratar en sus officios con las gentes’. *Cortes de los antiguos reinos de León y de Castilla*, vol. 4, 149–51. Unless otherwise indicated, all translations (from local vernaculars and Hebrew) are by the authors.

²² Municipal Archives of Palencia, Municipal Acts, June 20 – October 5 1481; PILAR LEÓN TELLO, ‘Los judíos de Palencia’, *Publicaciones de la Institución Tello Téllez de Meneses* 25 (1967): 1–169 (139–41). See also AGRESTA, ‘The Nourishment of Infections’, 42.

document establishing the new boundaries of the Jewish quarter in Murcia states that ‘the oil mills and tanneries of the Lord Archdeacon of Lorca and Pero Roca are located and remain within the boundaries and area of the Jewish quarter’ (‘las almagaras e adoberías del sennor arcediano de Lorca e Pero Roca están e quedan dentro deste limite e sytio de la judería’), even though tanneries—known for producing large amounts of polluted and foul-smelling wastewater—were not considered a suitable environment for human habitation.²³ In 1488, the monarchs ordered the *corregidor* of León to enlarge the Jewish quarter, as the space was so cramped that two or three families were living in some of the houses ‘en algunas de las casas ay dos o tres vecinos’.²⁴

Such unsanitary conditions undoubtedly played a role in the resistance of Jewish inhabitants of certain towns to living or remaining confined within the designated Jewish quarters. As a result, both the Crown and local authorities were periodically compelled to reaffirm the mandatory nature of seclusion, often following petitions submitted by specific towns, such as Corral de Almaguer, in 1483, or Medina del Campo in 1490.²⁵ Such unsanitary conditions also prompted responses from Jewish communities, who, through the *aljama* representatives, submitted complaints and petitions to the ruling authorities—including the king and queen—seeking relief from their hardships. For example, the previously noted royal authorisation to enlarge the narrow Jewish quarter of León had been granted in response to a petition submitted by the community.²⁶ More broadly, the voices of the *aljamas*—describing the dire living and sanitary conditions of the confined spaces to which they had been relocated or further enclosed, and actively seeking solutions for the health risks they faced—reach us today through the official correspondence and documents issued by the royal chancellery and local administrations.

Jewish Inter- and Intra-Communal Responses to Emerging Health Challenges

In 1483, a letter from the king and queen to the *Corregidor* of Ávila—one of the Castilian towns with the largest Jewish population at that time—instructs him to gather information through the testimony of the parties involved in the case referred to in the letter. This informs us about the Jewish community’s complaint regarding the insalubrious conditions of their quarter’s new location, to which they had been moved

²³ Municipal Archives of Murcia, Royal Letters, 1478–1488, fol. 64–65r. LUIS RUBIO GARCÍA, *Los judíos de Murcia en la Baja Edad Media (1350-1500)*, 2 vols, vol. 2 (Murcia: Universidad de Murcia, 1997), 183. See also AGRESTA, ‘The Nourishment of Infections’, 43.

²⁴ RUIZ GÓMEZ, ‘La convivencia en el marco vecinal’, 286. LUIS SUÁREZ FERNÁNDEZ, *Documentos acerca de la expulsión de los judíos* (Burgos: Aldecoa, 1964), 299–300, document no. 110.

²⁵ Archivo General de Simancas (henceforth ASG), Registro General del Sello, leg. 148311, 69. Transcribed in SUÁREZ FERNÁNDEZ, *Documentos acerca de la expulsión*, 212–13; and ASG, Registro General del Sello, Leg. 149012, 57, respectively.

²⁶ See above, note 24. Around sixty years earlier, the community of Castellón, in Valencia, had complained to the general *baile* (representative) of the Crown about the poor conditions of the street that had been assigned for their relocation. After his mediation, the city’s Jurors granted them a new place to settle. See HINOJOSA MONTALVO, ‘El reino de Valencia’, 81–82.

in 1481 under the supervision of the *visitador* appointed by the monarchs for that purpose. The letter reproduces the words of a community representative who explains that when the quarter was moved to the new site—where some Jewish tanneries were operating—the royal appointee had ordered, under penalty, that all tanneries, vats, and dyeing materials be removed from the area due to the health hazards and offensive odours they produced. However,

[...] every day they work more in them and build new tanneries there, and they spill dye in the streets of the said Jewish quarter, and he says that the people cannot endure the foul smells and the damage that the houses and streets suffer, because they say that the fulling, tanning and dyeing in the said Jewish quarter enter into their houses. Therefore, they pleaded with us to order that justice be done in this matter [...]²⁷

In a new letter from 1487, the monarchs refer to another complaint from the same community through the intermediation of their representative, Ysaque Benacho. It reveals that, despite having been relocated to two neighbourhoods, the Jewish population was living in overcrowded conditions, with an insufficient number of houses—so much so that two or three families were forced to live together in a single dwelling. They requested that a gate to the city, which had remained closed, be opened and be kept open in order to relieve the overcrowding and to allow sunlight to enter. This was sought for the wellbeing of the residents, for drying washed wool, for other needs related to their homes and trades, and because the quarter was said to be very damp.²⁸

These documents, like other similar ones, provide valuable information on several fronts. In the form of complaints and petitions, they were addressed to the very authorities responsible for the situation—those who also held the power to resolve the public health challenges emerging from the drastic legal measures. Beyond the purported reasons and objectives behind the drastic decision, they generally detail the conditions of segregation or relocation, the timeline of implementation, and often the specific locations to which Jewish quarters were moved. Most relevant to this study, they reveal that relocation frequently placed Jewish populations in areas far from urban infrastructure, poorly developed and unsuitable for human habitation, as these locations did not meet the basic standards recommended by contemporary medical and public health discourses.²⁹ Finally, they reflect the affected Jewish communities' awareness of the health risks they now faced, documenting their reactions to the *apartamiento* and its consequences.

²⁷ '[...] cada día labran más en ellas e hedeñican en ellas nuevas tenerías e derraman la tinta por las calles de la dicha judería e dis que las gentes non pueden conportar los malos olores e el danno que las casas e calles resciben porque dis que entran por los aluannares el cortidunbre e tintería en la dicha judería dentro en sus casas, por ende que nos suplicaun que les mandásemos proueer sobrello de justiçia [...]' PILAR LEÓN TELLO, *Judíos de Ávila* (Ávila: Instituto Gran Duque de Alba, 1963), 73–74.

²⁸ LEÓN TELLO, *Judíos de Ávila*, 77–78.

²⁹ COOMANS and GELTNER, 'On the Street and in the Bathhouse'.

The situation of Avila's Jewish quarters echoes the challenges faced in other *apartamientos*. For example, as mentioned above, the newly restructured Jewish quarter in Murcia housed at least two tanneries, if not more.³⁰ In other towns, the new locations assigned to the *aljamas* were far too small to accommodate their population. In addition to the case of León already mentioned, the *aljama* of Cabezuela del Valle also petitioned the Crown for a less restricted and more spacious site than the one designated for the 1488 relocation of the quarter.³¹

Probably for similar reasons, in 1489, the *aljama* of Badajoz requested the annexation of a nearby street, presenting a twofold argument: first, there are no Christian houses in the street, and second, the place had become a dumping ground for refuse, to the detriment of both Christian and Jewish residents of the town. As they stated, 'much filth is being dumped, which causes great harm both to the Christians of the said town and to the said Jewish quarter' ('diz que se echa mucha suziedad de que viene mucho daño asy a los christianos de la dicha çibdad como a la dicha judería').³² Therefore, they argued, if the street is occupied and cleaned, it would benefit all the neighbours. Underlying this argument is the widespread contemporary belief, rooted in Galenic medicine, that filth, decay, and stagnant water produced *miasma*—corrupted air or vapours considered to be the source of disease and epidemics.³³ This same rationale underpins another petition by the *aljama* of Aranda de Duero, which objected to the site assigned in the *apartamento*, describing it as uninhabitable because 'it was very poorly arranged and dangerous, as all the dead animals were thrown there' ('hera muy mal dispuesto e peligroso donde dis que se echavan todas las alimañas que se morían'). Similarly, they noted that wastewater would accumulate in that location, adding other health risks.³⁴ In towns outside Castile, significant issues regarding wastewater management arose in newly established quarters. In Solsona, in Catalonia, for example, local regulations explicitly prohibited disposal of household water before curfew.³⁵

In response to the ghastly conditions and distressing circumstances, each community had to devise and implement its own immediate, internal solutions. These efforts appear to have built upon existing forms of communal health management—now adapted to the crisis—shaped not only by contemporary medical understandings of health, hygiene, and prophylaxis shared with the host society, but also rooted in

³⁰ See above, note 23.

³¹ AGS, Registro General del Sello, 22 mayo 1491, fol. 96; y SUÁREZ FERNÁNDEZ, *Documentos acerca de la expulsión*, 367–68.

³² ASG, Registro General del Sello, Legajo 148905, fol. 80. Transcribed by SUÁREZ FERNÁNDEZ, *Documentos acerca de la expulsión*, 324–25, document no. 128.

³³ COOMANS and GELTNER, 'On the Street', 55–57.

³⁴ AGS, Registro General del Sello, t. IV, no. 3.213, transcribed by INOCENCIO CADIÑANOS BARDECI, 'Judíos y moros en Aranda de Duero y sus contornos', *Sefarad* 50, no. 2 (1990): 289–318 (303–304).

³⁵ SABATÉ, 'Jewish Neighbourhoods', 177.

Jewish ethical and legal traditions that emphasised responsibility for both the environment and bodily wellbeing.³⁶

Managing Communal Health: Confronting a Major Health Crisis

The first documented evidence that a degree of communal cohesion and organisational capacity persisted, despite the adversities faced, lies in the very act of the interlocution between the community representatives and the Crown or other authorities. However, beyond the sources that stemmed from the interaction with the majority's legal system, a significant challenge becomes apparent: the state of Jewish sources. This reflects the instability of the period, as well as the impact of the abrupt end of Jewish life in Iberia following the expulsion just a few years later. As a result, the availability of sources is limited, and information related to communal health is often fragmented and has been frequently neglected in scholarly research. Jewish sources from this brief period remain largely unexamined or have been studied with different purposes in mind. Identifying the structures, mechanisms, and agents involved in communal health management at all levels during earlier periods is therefore essential for mapping relevant areas and source materials that may offer further insights into developments within the framework of segregation and removal.

Beginning at the organisational level, *halakhab* (Jewish law)—along with custom (*minbag*)—provided the authoritative framework governing Jewish life and underpinned the administrative structure and autonomy of Iberian Jewish communities.³⁷ More than a set of religious prescriptions, *halakhab* shaped daily life, guiding both individual conduct and communal governance, including public hygiene and preventive health practices. These regulations were rooted in Talmudic conceptions of personal and collective wellbeing, reflecting a clear awareness of the environment's influence on human health.³⁸

From *responsa*—rabbinic replies on the application of *halakhab*, known in Hebrew as *she'elot u-teshuvot* (questions and answers)—issued across the Iberian kingdoms during Middle Ages, we gain insight into the daily concerns surrounding communal health and prophylaxis within Jewish quarters.³⁹ Often overcrowded and characterised by narrow alleys and shared courtyards crowded with workshops, these quarters were sources of fumes, odours, pollution, and noise that affected residents'

³⁶ DVORJETSKI, 'Public Health', 245–46. ORFALI, 'Ecología', 182.

³⁷ AVRAHAM GROSSMAN, 'Legislation and Responsa Literature', in *Moresbet Sepharad: The Sephardi Legacy*, ed. HAIM BEINART, 2 vols (Jerusalem: The Magnes Press, 1992), vol.1, 188–221 (218). The *halakhab* operated through the *Beit din* and qualified scholars who issued legal rulings in response to queries from the communities. It also operated through enactments coming from the community, in the form of agreements (*baskamot*) and ordinances (*taqqanot*), although an examination of the surviving documents has not yet yielded evidence specifically related to communal health issues. Regarding customs, see NORMAN ROTH, 'Some Customs of Jews in Medieval Spain', in *From Catalonia to the Caribbean: The Sephardic Orbit from Medieval to Modern Times*, eds FEDERICA FRANCESCONI, STANLEY MIRVIS, and BRIAN M. SMOLLETT (Leiden: Brill, 2018), 27–42.

³⁸ ORFALI, 'Ecología'.

³⁹ MOSHE ORFALI, 'Los *responsa* rabínicos y la vida interna en las aljamas aragonesas', in *Aragón Sefarad*, 2 vols (Saragossa: Diputación de Zaragoza, 2005), vol. 1, 161–76 (170).

wellbeing.⁴⁰ Such issues were addressed through Talmudic principles, which rabbis and *halakhists* adapted to their contexts, establishing norms for regulating individual and social behaviour within the *aljama*.⁴¹ Particularly relevant is Chapter II of Tractate *Bava Batra* (*Seder Nezikim*, ‘Order of Damages’), which provides guidelines for urban management, including restrictions on property use to prevent harm or inconvenience to neighbours or the public, and minimum distances between houses to ensure privacy, ventilation, and light.⁴² It also regulates trades producing unpleasant odours, pollution, or noise—for instance, requiring tanneries to be located at least fifty cubits beyond the town limits (Mishnah *Bava Batra* 2:9).

One might reasonably suggest that the ability to apply such important principles was, to a certain extent, preserved despite adversity. This capacity was evident in the intermediation of communal representatives already discussed, particularly concerning the suitability of relocated or further restricted Jewish quarters. It likely informed concerns about dwelling near tanneries, wastewaters discharge sites, or dumping grounds. Yet one must ask: how could a rabbinic ruling prevent Jews from living in such places? How could Jews in Murcia or Ávila avoid settling next to one or more tanneries?⁴³ How might *halakhah* have assisted families in cramped quarters, or those compelled to share houses with other neighbours in León and Ávila, in maintaining physical distance or accessing fresh air and sunlight?⁴⁴ This is not to suggest that individuals or communities ceased to submit queries to rabbis on these matters, or that rabbinic responses were no longer issued. However, due to the nature of this *halakhic* genre, the challenges involved in identifying and cataloguing specific cases and the limited availability of *responsa* collections from this period, this remains an open avenue for further research.

Similarly, contemporary writings on religious philosophy and morals also offer potential for exploration, considering that it was not uncommon for earlier Iberian Jewish ethical literature to convey an understanding of healthy living that was closely connected to the environment, in which ethics and medical thought were often deeply intertwined.⁴⁵ Indeed, it was likely the experience of segregation that informed the following passage from Solomon Alami’s *Iggeret Musar* (*An Epistle of Ethical Admonition*), written in 1415 in the aftermath of the 1412 royal decree, which, among other discriminatory provisions, confined Jews to designated quarters within towns,

⁴⁰ ORFALI, ‘Ecología’ and ‘Los *responsa*’. ELEAZAR GUTWIRTH ‘Habitat and Ideology: The Organization of Private Space in Late Medieval Juderías’, *Mediterranean Historical Review* 9, no. 2 (1994): 205–34, discusses *responsa* with regard to spatial distribution.

⁴¹ For a recent analysis of Iberian *responsa* involving the discussion and arbitrament of neighbours’ complaints on these grounds, see CABALLERO NAVAS, ‘Agents of Communal Health’, 79–82.

⁴² *Mishnah, Bava Batra* II, *Babylonian Talmud, Bava Batra* 17a–27b.

⁴³ See above notes 27 and 30, and 23, respectively.

⁴⁴ See above notes 24 and 28, respectively.

⁴⁵ CARMEN CABALLERO NAVAS, ‘Medieval Jewish Views on the Preservation of Health at the Crossroads of the Arabic and Latin Medical Traditions’, in *Jews and Health*, ed. CATHERINE HEZSER (Leiden: Brill, 2023), 107–32 (112–14), and ‘Agents of Communal Health’, 85–87. Regarding jurisprudence, see ORFALI, ‘Ecología’.

Those who dwell in their venerable houses have been expelled from the palaces of delight and pleasure to live in dark caverns; the worm of Jacob has embraced the rubbish heaps and the Jews have to live in hovels in summer and winter to their shame.⁴⁶

In the second half of fifteenth century, the Iberian Peninsula was home of prominent Jewish scholars, scientists, renowned Talmudists, biblical commentators, and preachers. Among them were R. Isaac Arama (c. 1420–1494), R. Abraham Saba (1440–1508), Isaac Abravanel (c. 1438–1508), and David ibn Shoshan ben Samuel, who completed his *Toldot Adam* shortly after 1492. Also noteworthy are Abraham Zacuto (c. 1452–1510), Abraham ibn Nahmias, R. Samuel Atiyah, Eli Habilio, and Shem Tov ben Joseph ibn Shem Tov, who wrote his *Derashot* in 1480.⁴⁷ While some of their works remain unpublished or have not been translated into a modern language, the scholars who have examined their contributions have focused on cultural production, attitudes towards philosophy, social criticism, mass conversion, and expulsion, largely overlooking implicit or explicit references to the potentially experienced or witnessed realities of *apartamiento* and segregation.

All in all, some indicators—such as letters to the Crown—suggest that the communities' attitudes were likely pragmatic, aiming to preserve internal mechanisms for regulating communal hygiene and prophylaxis through the institutions that remained functional. Drawing once again on earlier communal practices, the roles of synagogues, charitable institutions, hospitals, and mutual assistance societies or confraternities will be surveyed. Synagogues take precedence over the other institutions for two main reasons. First, the synagogue is the central hub of Jewish life in medieval Iberia—not only in religious terms, but also juridically, socially, educationally, economically, and administratively.⁴⁸ Second, the *apartamiento* laws explicitly permitted the establishment of synagogues in the newly designated dwelling areas, which implied the potential relocation of all other institutions associated with them in one way or another—that is, charitable institutions and hospitals.⁴⁹ Likewise, although confraternities generally operated independently of communal governance, they too maintained strong ties to both synagogues and hospitals.

⁴⁶ Quoted and translated by GUTWIRTH, 'Habitat', 211. On Alami's aim in writing this treatise, and its response to the events of 1412–1414 see, GUTWIRTH, 'Social tensions within XVth century Hispano-Jewish communities' (PhD diss., University of London, 1978), particularly chapter 1.

⁴⁷ ELEAZAR GUTWIRTH, 'The "Stranger's Wisdom": Translation and Otherness in Fifteenth-Century Iberia', *Portuguese Studies* 13 (1997): 130–42; GUTWIRTH, 'Towards Expulsion: 1391–1492', in *Spain and the Jews*, ed. ELIE KEDOURIE (London: Thames and Hudson, 1992), 51–73. ABRAHAM GROSS, *Iberian Jewry from Twilight to Dawn: The World of Rabbi Abraham Saba* (Leiden: Brill, 1995). MARK D. MEYERSON, *A Jewish Renaissance in Fifteenth-Century Spain* (Princeton: Princeton University Press, 2004). DAVID NIRENBERG, 'Mass Conversion and Genealogical Mentalities: Jews and Christians in Fifteenth-Century Spain', *Past & Present* 174, no. 1 (2002): 3–41.

⁴⁸ HINOJOSA MONTALVO, 'El reino de Valencia', 117–20. JAVIER CASTAÑO, 'Deserving Poor and Rota Fortunae in Hispano-Jewish Society', in *Ibero-Mediävistik: Grundlagen, Potentiale und Perspektiven eines internationalen Forschungsfeldes*, ed. NIKOLAS JASPERT (Berlin: Lit Verlag, 2022), 475–96.

⁴⁹ *Cortes de los antiguos reinos de León y de Castilla*, vol. 4, 149–51.

A document from 1432 mentions the synagogue established by the Jews of Castellón, in the Kingdom of Valencia, in ‘the house they purchased from Na Poceta, which they have made into a synagogue’, located in the newly segregated quarter created in 1427.⁵⁰ In Ávila, two synagogues were in use by the community in the new location.⁵¹ References to other synagogues functioning within relocated or segregated Jewish quarters appear scattered across various types of written and material sources—including notarial protocols, royal letters, other archival documents, and archaeological remains—in towns throughout the Iberian regions and kingdoms, such as Jaca, Tauste, Segovia, Molina the Aragón, Burguillos, and others.⁵² Because the synagogue also functioned as a space where everyday problems were addressed, it may have provided residents of the newly segregated quarters with a secure environment in which to navigate spatial tensions and mediate disputes among neighbours arising from the challenges of adapting to their new surroundings.

Although the archival sources that record the existence of synagogues in the segregated and relocated areas do not generally provide detailed information about their functions and activities, occasional references offer useful insights. For example, the request made by the council of Segovia to the crown in 1492 to make use of the synagogue and hospital left behind by the Jews after the expulsion—intended to be converted into a *studium*—indicates that both institutions were located adjacent to each other, if not housed within the same building.⁵³ Similarly, a deed of sale from 1492 mentions certain houses in the town of Daroca, which are said to have served as the synagogue and hospital of the Jews.⁵⁴ Most intriguingly, a 1490 inquisitorial record from the tribunal of Soria refers to a certain ‘*hospitalera* of the Jews’ hospital’, although it does not provide explicit information about her role or responsibilities.⁵⁵

⁵⁰ HINOJOSA MONTALVO, ‘El reino de Valencia’, 120–21.

⁵¹ DE TAPIA, ‘Los judíos de Ávila’, 153.

⁵² See, for example, MIGUEL A. MOTIS DOLADER, ‘Reflexiones en torno a las sinagogas de la judería de Jaca en la Edad Media’, *Aragón en la Edad Media* 10 (1993): 641–60 (653). MOTIS DOLADER, ‘La comunidad judía de la Villa de Tauste’. FRANCISCO RUIZ GÓMEZ, ‘Aljamas y concejos en el Reino de Castilla durante la Edad Media’, *Espacio Tiempo y Forma. Serie III. Historia Medieval* 6 (1993): 57–77 (59). RUIZ GÓMEZ, ‘La convivencia en el marco vecinal’, 281. JESÚS A. ARENAS ESTEBAN, ‘El asentamiento de Castil de Judíos (Molina de Aragón, Guadalajara)’, in *¿Una Sefarad inventada? Los problemas de interpretación de los restos materiales de los judíos en España*, ed. JAVIER CASTAÑO (Córdoba: El Almendro, 2014), 327–48.

⁵³ 1492, September 15, Saragossa. AGS, Registro General del Sello, 1492-September, fol. 22, quoted by JOSE M. RUIZ POVEDANO, ‘Las “conversions” de sinagogas a raíz del decreto de expulsión (1492)’, *Miscelánea de Estudios Árabes y Hebraicos. Sección Hebreo* 29 (1980): 143–162 (150).

⁵⁴ ELEAZAR GUTWIRTH, ‘The Jewish Hospitals in Spain’, *Pe’amim* 37 (1989): 140–50 (143) [Hebrew].

⁵⁵ CARLOS CARRETE PARRONDO, *El Tribunal de la Inquisición en el obispado de Soria (1486-1502)* (Salamanca: Universidad Pontificia de Salamanca, 1985), 18. To our knowledge, no studies exist on caregivers in Jewish hospitals and other charitable institutions, both public and private. An information concerning a Christian woman who cared for several Jews in her home may shed light on the involvement of women in healthcare practices. See JOSEPH MARTÍ I BONET, *Processos de l’Arxiu Diocesà de Barcelona* (Barcelona: Generalitat de Catalunya. Departament de Cultura, 1984), 108; quoted by CLARA JÁUREGUI, ‘El *begdeix* a Barcelona: assistència i caritat jueva als segles XIII-XIV’, *Tamid* 13 (2018): 171–88 (182). The names of three Christian women who served at the poor’s hospital of Santa Marta, founded in 1385 in Seville, are mentioned in the will of Ferrán Martínez. COHEN-HANEGBI, ‘A Heatly Christian City’, 672–73.

The medieval hospital was not a medical institution but a charitable establishment that provided shelter for pilgrims, foreigners, and the destitute members of the community. Scholars have emphasised, however, that its role in tending to those in need often included caregiving, such as provision of food, hygiene, healing, and convalescence.⁵⁶ Although in most towns there was a Jewish hospital, in Saragossa four Jewish hospitals are documented to have been in operation during the fourteenth and the fifteenth centuries, the last one—the *Spital de la judería*—active in 1492.⁵⁷ Also active at the beginning of 1492 was the Jewish hospital in Atienza, Guadalajara.⁵⁸ A document regarding the establishment of one of the hospitals in Saragossa, founded by mutual assistance societies and operating between 1425 and 1467, explains its function as follows,

The confraternity of the *aljama* of the Jews of Saragossa, commonly called *de la Merved*, and in Hebrew *Rotfe cedeck*, has established a hospital to shelter and receive all Jews, both men and women—whether pilgrims or foreigners, or locals—who are beggars, poor, or ill. Their aim is to fulfil the seven works of mercy there for them, giving them food and drink, and performing other acts necessary due to their poverty or illness.⁵⁹

Clara Jaúregui has argued that, in fifteenth-century Catalonia, the term ‘hospital’ referring to a place that provided shelter for the poor, whether or not they were ill began to be used as a synonym for *beqdesb* (pious foundation). In some sources, Latin terms such as *elemosyna* (alms) or *hospitale* were also used to describe charitable institutions that cared for the poor. A comparable pattern emerges in Aragon, where, alongside existing hospitals, the city of Saragossa supported numerous confraternities and charitable institutions, which frequently contributed to the founding of both public and private hospitals.⁶⁰ Of the fourteen documented mutual assistance societies in Saragossa, eleven of them were socio-charitable, dedicated to assisting the helpless and the sick, supporting study, and caring for the deceased. Among these was the *biqqur holim* (visiting the sick) confraternity, which often helped meet some of the needs typically addressed by a hospital.⁶¹ The existence of confraternities is also attested in Castile, at least in the major *aljamas* such as those of Seville and Toledo.⁶² Although

⁵⁶ ADAM J. DAVIS, *The Medieval Economy of Salvation: Charity, Commerce, and the Rise of the Hospital* (Ithaca: Cornell University Press, 2019).

⁵⁷ See above, note 54. See also ASUNCIÓN BLASCO, ‘Instituciones sociorreligiosas judías de Zaragoza (siglos XIV-XV). Sinagogas, cofradías, hospitales’, *Sefarad* 50, no.1 (1990): 3–46 (46).

⁵⁸ JAVIER CASTAÑO, ‘Las comunidades judías en el Obispado de Sigüenza en la Baja Edad Media: transformación y disgregación del judaísmo en Castilla a fines del medievo’ (PhD diss., Madrid, Universidad Complutense, 1994), 270.

⁵⁹ ‘La confraria de la aljama de los jodios de Çaragoça clamada vulgarment de la Merce et en abrayco Rotfe cedeck han feyto un hospital por acoyer et recibir alli qualesquiera judios et judias assi peregrinos o strangers como de la tierra, mendicantes, pobres et enfermos, et por conplir alli en ellos las siet obras de misericordia dandoles a comer, beber et faciendo las otras cosas a lur pobreza o enfermedat necessarias’. Archivo Histórico Provincial de Zaragoza, papeles sueltos, 1425. Transcribed by BLASCO, ‘Instituciones sociorreligiosas’, *Sefarad* 50, no. 2 (1990): 265–88 (284–85).

⁶⁰ JÁUREGUI, ‘El *beqdeix*’, 174–76.

⁶¹ BLASCO, ‘Instituciones’, 28; JÁUREGUI, ‘El *beqdeix*’, 175–76.

⁶² FRANCISCO CANTERA BURGOS, ‘Cofradías judías en Zaragoza’, *Sefarad* 7 (1947): 369–71.

information on the continuity of confraternities is limited, records indicate that the confraternity of the Jewish *pellejeros* (skinners) was active in Saragossa by 1485.⁶³ As trades continued to evolve and the need for internal mechanisms of support and mutual assistance persisted—particularly as conditions deteriorated—it is reasonable to suggest that such societies may have reorganised and continued to function. Nevertheless, this remains an open avenue for future research.

Admittedly, the data we have presented regarding the number and locations of synagogues, hospitals, charitable institutions, and confraternities that persisted after segregation or relocation are neither exhaustive nor comprehensive, representing only a fragment of the broader body of existing research. While the selection of source studies may introduce a degree of bias, the evidence nonetheless offers a meaningful sample of the persistence, scale, and distribution of such institutions. A full prosopographical study lies beyond the scope of this work; our intention has simply been to demonstrate the continued existence of these structures and to acknowledge that, although valuable research has been already conducted, much remains to be explored—an endeavour to which we hope to contribute in future studies.

Embedded within the community yet forming a distinct sphere, the Jewish household—like its counterparts in other premodern societies—served as the primary site for preventive and health care.⁶⁴ Although beyond the scope of this special issue, it is worth noting its role and agency within the wider dynamics of Jewish responses to the health crisis associated with the *apartamiento*. The household maintained a complex array of everyday health practices, some closely linked to *halakhic* principles and ritual observances, and grew increasingly prominent, as conditions worsened, absorbing responsibility for practices that had been previously managed at communal level.

Within domestic spaces, women oversaw hygiene, preventive care, and healing, while waged healers were summoned when required. Their routines often reflected Galenic principles concerning air, environment, and diet—the so-called six non-naturals. Although seldom recorded, these domestic practices were central to communal health, as women engaged in what Mary Fissell terms ‘bodywork’, serving as vital health resources within their neighbourhoods.⁶⁵

How did Jewish women manage these responsibilities in a world turned upside down, and how can we trace practices that were private, overlooked, and rarely

⁶³ BLASCO, ‘Instituciones’, 42.

⁶⁴ MONICA GREEN, ‘Women’s Medical Practice and Health Care in Medieval Europe’, *Signs: Journal of Women in Culture and Society* 14, no. 2 (1989): 434–73. MARY E. FISSELL, ‘Introduction’, and MONSERRAT CABRÉ, ‘Women or Healers?: Household Practices and the Categories of Health Care in Late Medieval Iberia’, in *Women, Health, and Healing in Early Modern Europe*, ed. MARY E. FISSELL, special issue, *Bulletin of the History of Medicine* 82, no. 1 (2008): 1–17 and 18–51. CABALLERO NAVAS, ‘Agents of Communal Health’, and ‘Curar y cuidar en relación: la práctica sanitaria de las mujeres judías en la Edad Media’, in *Dinámicas sociales y roles entre mujeres: Percepciones en grupos de parentesco y espacios domésticos en el Oriente antiguo*, ed. BEATRIZ NORIA SERRANO (Cambridge: Archaeopress, 2023), 200–16.

⁶⁵ FISSELL, ‘Introduction’, 13.

recorded? Feminist scholarship has long advocated for creative methods to recover what is typically unseen and unheard.⁶⁶ Building on this foundation, we propose a comparative approach for future research, examining other major historical crises to illuminate how women were mobilised to provide essential care, and to open new avenues for investigating these obscured practices.⁶⁷

Conclusion

In summary, although the enforcement of segregation and removal posed serious challenges to communal health and wellbeing, the key agents and instruments of welfare provision remained largely unchanged: the *aljama*'s representatives and officials, religious authorities and *halakhists*, mutual assistance societies, and the 'bodywork' who carried out preventive and curative practices both within the household and in the wider community, a sphere that was markedly gendered. Such continuities attest to the resilience of preexisting frameworks of care and solidarity, even under the disruptive pressures of forced segregation.

Yet, while these actors persisted, shifts in social dynamics also altered the balance among the domains in which intra-communal discourses and practices concerning preventive medicine and communal welfare were shaped. The *apartamiento* also brought about significant changes in the ways Jewish communities negotiated their collective identity, autonomy, and survival. The reorganisation of urban space and the growing isolation of Jewish quarters not only intensified material deprivation and health risks but also prompted internal adaptations in governance and welfare practices. In this sense, the crisis acted as a catalyst for redefining the boundaries between communal responsibility and individual agency, as well as between religious prescriptions and practical responses to poverty, illness, and vulnerability.

By examining these developments, this study contributes to the broader themes of this special issue by showing how a marginalised minority community reconfigured its welfare structures under coercive circumstances. It highlights the intersection of religious and communal identities with strategies of social care, revealing a dynamic interplay between exclusion and solidarity, imposed otherness and internal cohesion. The Jewish experience in late medieval Iberia thus provides a distinctive case of how minority groups within across the Mediterranean navigated the challenges of welfare, health, and identity amid growing regulation and discrimination.

⁶⁶ See above, note 64.

⁶⁷ For a recent approach to these issues, see CABALLERO NAVAS, 'Agents of Communal Health', 85–87.