



SAPIENZA
UNIVERSITÀ DI ROMA



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E-ISSN 2531-7288
ISSN 0394/9001



Physicians and Surgeons at the Hospital of the Holy Spirit in Rome in the 17th-18th Centuries¹

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MEDICINA NEI SECOLI

Journal of History of Medicine
and Medical Humanities

35/1 (2023) 93-112

Received: 03.06.2022

Accepted: 18.01.2023

DOI: 10.13133/2531-7288/2720

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ABSTRACT

Physicians and Surgeons at the Hospital of the Holy Spirit in Rome in the 17th-18th Centuries

Founded in 1198 by Pope Innocent III, the Hospital of the Holy Spirit in Rome, the largest hospital in Europe, served two functions: it was a shelter for the underprivileged and a hospital and clinic for the sick, the so-called infirmary, which at certain times, especially in times of epidemics, accommodated about a thousand sick residents. The hospital specialised in the treatment of feverish patients and those injured or in need of surgery. The importance and size of the hospital was reflected in the number of eminent physicians and surgeons, which was unparalleled in any other European hospitals. At certain times in the 18th century there were about twenty of them in total, but as a rule there were always at least four chief physicians and two chief surgeons as well as four assistant physicians and two substitute surgeons. In addition, when the number of patients increased, extra physicians and surgeons were employed, who often worked for free in the hope of attaining full employment. Among the physicians and surgeons there were specialists of the highest calibre, who not only combined the practice of medicine with teaching but were also the authors of outstanding works and scientific dissertations on medicine and philosophy. Many of the physicians and surgeons working at the hospital also served as papal physicians. The most important duty of chief physicians and surgeons was to visit the patients twice a day.

Keywords: Hospital of the Holy Spirit - Rome - Physicians - Surgeons

Introduction

Founded at the end of the 12th century by Guido di Montpellier, the Order of Canons Regular of the Holy Spirit was unrivalled, especially in the Middle Ages, in its work of mercy and hospitality. From 1204, the Order ran the largest Hospital of the Holy Spirit in Europe, founded in 1198 by Pope Innocent III in Rome, which became a model for other institutions of this type. It was also the main house of the Hospitallers of the Holy Spirit and the headquarters of the Order's commanders (*commendatore*), who at the same time always held the position of Superior General of the hospital, which remained under pope's protection and hence was called *archiospedale apostolico*².

The Hospital of the Holy Spirit served two functions: it was a shelter for foundlings (*brefotrofum*), and a hospital and clinic for the sick, the so-called infirmary, which at certain times, especially in times of epidemics, accommodated about a thousand or even more sick residents³. The infirmary was a multi-ward and multi-purpose clinic for the treatment of various diseases, which was unusual at the time. It had six wards: *Corsia Grande* (for the feverish), *Ospedale dei Feriti* (for the wounded), S. Giacinto (tuberculosis patients), S. Girolomo (scurvy sufferers), S. Antonio (kidney stone sufferers), and for those afflicted with scabies. Besides these, there were small internal hospitals: S. Filippo (for hospital staff), *Ospedale dei Nobili* (for nobility), S. Gaetano (for the insane and delirious people), S. Carlo (for the sick during epidemics), S. Lorenzo (for the sick in general), and located next door, *Ospedale dei Pazzi* (for "stupid" boys).

The protecting function of the Hospital of the Holy Spirit as a shelter for abandoned children was the subject of research by the author of this article as early as in the 1980s. It was thoroughly described in two books and a series of articles in Polish and Italian journals and other publications⁴. The subject of this study is the second, unexplored, infirmary part of the hospital. This article, which is almost entirely based on source materials, is a small part of a forthcoming study on the physicians and surgeons specialising in the treatment of patients with fever and in need of surgical assistance, and thus the doctors for whom the Roman Hospital of the Holy Spirit was particularly famous. It should be added that the numerous and elsewhere unparalleled medical staff, consisting of physicians and surgeons, was supported by a wide range of quasi-medical staff, such as *capo sanguigna* and *unzionario*, sometimes referred to as substitute surgeons⁵, or *litotomo* and *cristeraro*. The hospital also employed dozens of young male nurses – *giovani* – who, apart from caring for the sick, were obliged to attend the Surgical Academy (later the School of Surgery), the Anatomical Theatre, and the dissecting room, where they learnt the art of surgery. They were also obliged to frequent the hospital's Biblioteca Lancisiana in their spare time.

The number of medical staff

The Hospital of the Holy Spirit in Rome was the most important and avant-garde medical institution in the world at that time. The presence of qualified doctors – al-

ways called physicians, graduates of medical studies at universities – was therefore natural.

At that time, treating people was the subject of medicine, represented and practised by doctors – physicians – and surgery, which was exercised by surgeons⁶. In 1571, medicine was represented by *medici fisici* and *medici assistenti*. In the following decades, the former were referred to as chief physicians (*medici principali*). As for surgery, it was performed in the hospital by *medici cerugici* (surgeons)⁷. The term *cerugico-cerusico* was a synonym of the word *chirurgo*, commonly used in the 17th and 18th centuries. In general, medical staff at the time comprised physicians (*medici fisici*) and surgeons. Physics and philosophy played a considerable role in the education of physicians. In the records of a 1585 visitation, the medical workers of the Hospital of the Holy Spirit are *physici* and *chirurgi*. So the actual name for a physician was physicist – the two terms were synonymous⁸. In 1654, the Hospital of the Holy Spirit employed two full-time chief physicians (*medici principali*) and two assistant physicians (*medici assistenti*). Apart from them there were two chief surgeons (*chirurghi principali*) and two substitute surgeons (*chirurghi sostituti*)⁹. Already in 1658, the number of chief surgeons and their assistants had doubled, while the number of surgeons and their substitutes was the same as before¹⁰. This situation remained unchanged also in 1700¹¹ and 1707¹². In 1737 there were four physicians and three surgeons¹³, a few years later there were again four chief physicians and four assistant physicians, and two chief surgeons and their substitutes each, a total of twelve medical and surgical professionals¹⁴.

The number of medical staff was determined by the number of patients. In 1759 the hospital employed four chief physicians (*esercenti*) and three extra chief physicians (*soprannumerari*). The hospital therefore had as many as seven chief physicians. There were also more surgeons than usual: two chief surgeons and two extra ones who assisted them (*coadiutori*)¹⁵.

The most favourable situation existed in 1766, when four chief physicians worked at the hospital with full pay. There were also three extra chief physicians, four unpaid assistant physicians with permanent jobs but only with the right to dine, and eight extra assistant physicians. The entire medical staff was thus nineteen¹⁶. As for the surgeons, there were then four chief surgeons and two substitutes with the right to dine only. All physicians, regardless of their posts, were referred to as doctors, which was not the case for surgeons, except for one who was described as a doctor of the Surgery Department.¹⁷ An equally large team of physicians worked at the hospital at the end of the 18th century. It consisted of as many as twelve physicians in total, including four chief physicians, two extra chief physicians, four assistants and four extra assistants¹⁸. As it can be clearly seen, the medical staff of the hospital had been gradually increasing in the 18th century. Compared to the mid-17th century, by the end of the following century there were more than twice as many physicians, although this development

was less dynamic in the case of surgeons. This was not only due to the expansion of the hospital, but also due to the progress in medicine and medical care, as well as due to the better conditions for patients' treatment. Of great importance was also the emergence of new research and scientific institutions in the hospital: a library and an academy, an anatomical theatre and museum, or the organisation of anatomical demonstrations. It required a wider range of medical facilities to enable the hospital to meet the conditions of a clinical and university hospital, to evolve into a modern hospital, and to conduct laboratory research and scientific experiments that contributed to the development of medicine as a science.

In 1767, out of the 18 physicians working in the hospital in any capacity, 7 were native Romans, while the rest came from other more or less distant places, including 4 from Corsica. On the other hand, of the six surgeons and their substitutes, none were from Rome and two were from Milan¹⁹. All the physicians and chief surgeons were employed at the Hospital of the Holy Spirit already as graduates of universities and other academies. As for the surgeons, in particular the substitute surgeons, almost all of them were educated and trained at the Hospital of the Holy Spirit.

Chief Physicians

Hierarchically, the most important position among the medical staff was held by chief physicians, who together with chief surgeons were called professors²⁰. According to the regulations of 1664, their most important duty was to visit the patients in their wards twice a day (in the morning and after lunch). The visits would end at least half an hour before lunch or dinner so that the sick could be given their medication and treatments before eating. During the morning round, the physician was accompanied by his assistant, a pharmacist, a corporal and one nurse²¹.

Chief physicians were selected to be employed at the hospital in open competitions. For example, on 6 July 1741, a competition was held to fill the vacant post. Doctors with a thorough knowledge of religious doctrine and work experience could apply. Fifteen days before the examination, the candidates for the post were required to submit a declaration of participation and to present themselves in person to the Superior General of the hospital. In addition, they were supposed to provide a certificate that they were at least 35 years of age, that no less than 12 years had passed since obtaining a doctorate at a public university, and that they had a commendable medical practice. The examination took place on 21 July in Biblioteca Lancisiana, it began at 9 p.m. Each doctor's task was to write in Latin, within 24 hours, on a topic drawn, based on the works by Hippocrates. All the candidates then orally presented their dissertations before the inspector, Cardinal Antonio Saverio Gentili, the Superior General and other examiners. Having listened to the speeches and evaluated the dissertations, the examiners chose the best of the competitors for the vacant seat, considering the annexes previously submitted by him²².

Chief physicians had a thorough knowledge of pharmacy, knew the composition of medicines and the recipes for their preparation. They were the ones who examined all newcomers starting their service in the pharmacy. From time to time they visited the pharmacy to check if the medicines were fresh and not expired, properly stored and prepared with good ingredients²³.

For doctors, employment in the Hospital of the Holy Spirit was a distinction and a mark of prestige in medical circles. Among the chief physicians of the hospital there were often papal physicians (*medico segreto*), taking care of the health of the supreme head of the Church. These were doctors with extensive experience and a very long career in the hospital. An example is Giovanni Tiracorda, who as a papal physician spent 45 years (1547-1692) in this hospital. Other papal physicians, Giulio Mancini (1595-1623) and Bernadrino Castellani (1595-1620), who worked together, also had a very long hospital practice²⁴.

The papal physicians working in the Holy Spirit infirmary were medical authorities with comprehensive theoretical knowledge and practical skills. Most of them were authors of seminal studies and books on medicine; they were called *scrittore*. Some also acted as lecturers, teaching students the art of medicine at the university, but also at the hospital surgical school. The aforementioned G.Tiracorda, as a lecturer, was the author of the description of Pope Clement X's autopsy. Francesco Malvetani, in turn, described the plague spreading in Rome in 1656²⁵. Not only papal physicians, but also other hospital physicians, known as *scrittore*, could boast of their scribal works. BaldassarrePisanelli of Bologna, who was employed at the Hospital of the Holy Spirit for only one year (1578), authored several printed medical and philosophical treatises published during his lifetime and after his death in Geneva, Brussels, Venice and Rome. Among other things, he wrote about the plague and the lives of famous physicians²⁶. It was common and typical of the time to combine medical and philosophical training; for example, Antonio Bucci, who had a diploma in both medicine and philosophy, was a superb anatomist-practitioner – a master of dissecting corpses (*incisore*)²⁷.

Not all hospital physicians had their own publication record, nor were they all lecturers, and their work was limited to the treatment of patients. Despite this, the medical staff of the Hospital of the Holy Spirit consisted of eminent, well-known and famous physicians, who came from various parts of Italy and even Europe, including Portugal and Flanders²⁸. They were European-class physicians who combined hospital practice with creative work, and their publications were published across Europe, even after their deaths, which means that they produced classical, up-to-date and useful works for future generations. Working in the hospital, they could put their knowledge to practice. On the other hand, such a large hospital and the masses of patients it housed made it possible to carry out observations and research for scientific publications. Owing to such eminent physicians, the surgical school in which they taught, the hos-

pital itself and the medicine developed there adopted the form of a clinic, modern for those times, combining treatment with teaching and research work.

Chief physicians worked on a contract basis and charged a fee for their services. Payment was made on a monthly basis. The salaries of chief physicians were not the same since contracts were concluded individually. When comparing the salaries of hospital physicians and surgeons, according to the hierarchy of the time, the former were definitely better paid. In 1551, the monthly salary of two chief physicians was seven scudi, while that of two chief surgeons was three scudi²⁹. In the 1840s, the annual remuneration of the chief physician exceeded 215 scudi. In comparison, the cost of employing a chief surgeon was 91 scudi³⁰. Such large differences in the remuneration of physicians and surgeons confirm that their professional status and prestige were not equal, and surgery, requiring more practical skills, was clearly less appreciated than “real medicine”, which was studied at universities³¹.

In extraordinary cases, especially when faced with epidemic diseases, occurring frequently in the population (*morbi popolari*), chief physicians convened colleges to consult the situation, determine the type of disease and the method of treatment; in some cases, to clarify the causes of the plague, they could order a post-mortem examination³². According to an inspection order of 1652, physicians and surgeons were even obliged to convene joint congregations – councils in event of serious illnesses³³. In 1747, the inspector complained about physicians, who in emergency cases, especially during epidemics, did not demonstrate due diligence and attention. In his opinion, as experts in diseases, they should convene on their own, consult and discuss difficult cases together and determine measures to further deal with the epidemic. When necessary, they could carry out post-mortems, as was done during the widespread plague of 1746. At that time, those gathered – together with the commander, the papal physician and the inspector Cardinal Lanfedini – took decisions which made it possible to cure and save from death numerous sick people and only few of them died³⁴.

The hospital had always employed twice as many physicians as surgeons. This was related, inter alia, to the greater number of patients they had to attend to. Chief physicians dealt mainly with feverish patients in the Great Hall (*Corsia Grande*), while surgeons were responsible for treating people in the smaller hospital for the wounded (*Spedaletto dei feriti*), to which surgical patients were sent from their wards by chief physicians³⁵.

According to a decree of 1679, physicians and general surgeons were not allowed to make their assistants or substitutes do their work on pain of salary reduction or dismissal. Similar sanctions, in addition to worse food, for neglecting or missing visits were provided for in the Inspection Decree of 1696. In case of illness or other important circumstances, a physician could not delegate an assistant in his place, but only another certified physician of equal rank. However, he had to pay for his work as replacement. As a last resort, patients under the care of the absent physician would

be assigned to the care of the remaining chief physicians³⁶. Regardless of any objective reasons, physicians often wilfully neglected their duties. This is evidenced by the report of an inspector from 1737, who stated that they were very often absent and did not participate in visiting the sick. He thus threatened them with imminent dismissal from the hospital if they did not change their behaviour³⁷.

Each chief physician supervised specific wards. It was essential to ensure that all had a fairly equal number of patients in their care. In 1760, the Superior General of the hospital, Ludovico Caliano, reported that corporals were breaking the rules by randomly placing new patients in different wards, which resulted in an unfair workload for individual professors. This was especially true of those with severe illnesses. In response, the superior ordered the corporals to be more vigilant and to evenly among the doctors the newly arrived patients, including those in a serious condition³⁸.

The number of patients per chief physician depended on the ward in which he worked and his status. In 1750 there were 505 patients in the old part of the hospital (*Braccio Vecchio*), served by four physicians, each of whom had a similar number of patients under their care (129, 128, 127, 121). A significantly greater workload characterised the two extra chief physicians working in the new wing of the hospital, which housed 410 patients. One was responsible for 231 and the other for 179 patients³⁹. It was not always possible to allocate an equal number of patients to each doctor. At times the disparity in this respect was quite substantial. In 1811, out of 184 patients admitted to the hospital over a period of three months (January to March), doctors Egidi and Giovanelli had 55 patients each, doctor Santini 40, and doctor Perla only 24. The reasons for these differences are difficult to explain, since the people treated by the various doctors mostly suffered from similar or the same illnesses⁴⁰.

In emergencies, such as epidemics, physicians were sent to treat the sick, who were placed in replacement buildings outside the hospital. During the great infectious epidemic of 1656-1657, one of them, Domenico Fabrigia, died, having contracted the infection from patients staying in S. Michele *lazaretto*, which belonged the Hospital of the Holy Spirit, and referred to as the *Palazetto*. As the hospital had many properties in the Lazio region, its authorities also sent their doctors to care for the sick living there⁴¹.

Ephysicians

In times of influenza epidemics and when the chief physicians were unable to work due to illness or other reasons, extra physicians were employed. Such was the case in 1741. Three additional physicians were then selected for the duration of the epidemic with the promise that they would be the first to fill the vacancy in the hospital in exchange for unpaid work during the replacement period⁴².

Extra physicians, usually three, appeared in the second half of the 18th century, after the hospital had been expanded. If they wished to perform this function, they had to obtain the prior written consent of the Superior General, approved by the Pope

himself, in which they were guaranteed appointment to the post of chief physician as soon as a vacancy arose. They were recalled as replacement to the hospital in case of prolonged absence of chief physicians. However, they were not paid by the hospital; instead, they had to come to an agreement on their pay with the doctors they were replacing. The services of extra physicians were also used at times of increased inflow of patients, who were placed in *Nuovo Braccio* or even in granaries. The extra physicians worked for as long as there was a surplus of sick people, after which time they left the hospital. They did not receive any remuneration for their work, but the promise that they would be permanently employed in the future was sufficient. Nevertheless, they were obliged to come to the hospital at the commander's request and to take part in consultations, congresses, visits and examinations⁴³.

Assistant Physicians

Chief physicians, who were based outside the hospital, were unable to care for the patients on their own, whether these were new admissions at any time of the day or patients already in bed. Their two daily ward rounds were not enough to cover all patients. Additional medical staff in the form of certified assistant physicians were therefore employed. Residing in the hospital, they guaranteed round-the-clock medical care for the patients, especially when the chief physicians were absent, they carried out all their instructions and recommendations⁴⁴.

Assistant physicians were employed at the hospital based on a public competition⁴⁵. In a competition held on 19 January 1739 to select four new assistant physicians, there were 11 candidates who, fifteen days earlier, had to sign up to compete and present a document of having obtained a doctorate in medicine. The examination resulted in the admission *pro assistentibus* of the four best candidates⁴⁶. An identical system for the recruitment of assistant physicians continued until the end of the 18th century. During the examination, candidates wrote several, sometimes a dozen or so page-long essays in Italian or Latin on health, poverty, medicine, the sick and diseases or other subjects. Each examination was attended by several to a dozen candidates⁴⁷. A candidate applying for the post of assistant to a chief physician had to be at least 25 years old⁴⁸. An essential condition for obtaining this position was to have completed medical studies and a doctorate in medicine. One of the assistant physicians in 1787 held a double doctorate in medicine and philosophy⁴⁹.

The task of assistant physicians was to nurse the patients and observe them, to accompany chief physicians on their morning and evening rounds and to inform them of any special cases found during their ward duty. It was they who diagnosed the patients admitted to the hospital and put them to bed. While on duty, they were required to stay in the hospital without interruption and could not leave it without finding a replacement⁵⁰. The responsibilities of assistants formulated in the mid-17th century did not change over a century later. They were given the additional task of monitoring the medication

taken by patients. Each had a booklet in which they noted down the recommendations of chief physicians and checked whether they were in accordance with what pharmacists had prescribed. They also noted down the medicines prescribed by their superiors, the course of disease and changes in a patient's condition. In the evening, before retiring to bed, they were obliged to make a ward round once more to make sure that there was no case requiring immediate assistance. When someone was dying, they were obliged to see to it that they received the holy sacraments and to write a prescription for life-saving medicine. It was also the duty of assistants to treat sick children abandoned in hospital and sick *Zitelle del Conservatorio*. They also had to examine the convalescents to be discharged. Aside from providing treatment, assistant physicians were obliged to continue their education and to deepen their medical knowledge⁵¹.

The most precise regulations for assistant physicians and substitute surgeons were formulated in 1749 by the papal inspector Cardinal Antonio Saverio Gentili and Commander Antonio Maria Pallavicini. It specified four basic duties of the medical staff. Firstly, assistant physicians and substitute surgeons, while on duty, were not allowed to leave the hospital, except in very urgent cases, but on the condition that one of their colleagues filled in for them. Secondly, they could not sit in the library or in other unauthorised places while on duty but were to stay in *Corsia Grande* from morning till evening. Thirdly, they were to decide on the placement of patients on the sick bed and then identify those in need of immediate intervention by a surgeon or the assistance of the chief physician. Fourthly, assistant physicians and substitute surgeons, before going to bed, had to inspect all the patients lying in the wards, give them assistance if necessary and prepare them for the following day's treatments by chief physicians and surgeons⁵². At certain times, especially in the second half of the 18th century, extra assistant physicians appeared in the hospital. In 1787 there were two⁵³. Similarly, to chief physicians, their subordinates also did not always rise to the occasion and neglected their duties. In 1652, the most common offence was unjustified leaving of the hospital⁵⁴. An inspector in 1741 gave a negative opinion about the attitude of assistant physicians and substitute surgeons, accusing them of frequent absence from the wards, failure to visit seriously ill and feverish patients, and taking advantage of lower-level staff⁵⁵. Assistant physicians also committed other deliberate offences, even fraud. In 1749, an inspector reported that they issued prescriptions for medicines supposedly necessary for patients who had developed an illness already after a visit by the chief physicians, and then gave them to the infirmary supervisor to sign. During the inspection, it was discovered that some medicines assigned to specific patients were not given to them but taken out of the hospital⁵⁶.

In the event of a vacancy for an assistant physician, the best candidate was selected in a competition. The others who obtained a positive result could sign up as extra assistants, but without the right to inherit this post in the future⁵⁷. In case of the absence of any of the

assistants, *il commendatore* could call upon any of the extra assistants at his discretion to perform this function, for all were treated equally. None of them, however, even if he had already been accepted as a replacement for a full-time assistant or was serving in a hospital, was entitled to obtain this post automatically in the event of a future vacancy but had to enter a new competition ordered by the *commendatore* for the occasion. A successful result in this competition, better than other candidates, was only a prelude to further recruitment, which took into account above all the evaluation of his service as a replacement (*qualita di supplemento*). This opinion was a decisive argument for the commander only if all the candidates to fill the vacancy, including those who had not previously had the opportunity to serve in such a capacity, obtained the same result in the competition⁵⁸. It can also be seen from the above that those aspiring to the post of assistant physician, those already having completed their medical studies, were obliged to pursue lifelong learning. It is worth mentioning that Giovanni Maria Lancisi, a physician to Clement XI, who later founded the Lancisiana Academy and Library, began his distinguished medical career as an assistant physician at the Hospital of the Holy Spirit in 1676⁵⁹. In general, the path to the position of assistant physician was difficult and complicated. The main motive for the strict criteria for promotion or appointment as assistant was the concern for the health of patients, which depended on the high standard presented by the assistants, who took care of patients around the clock.

It is not known precisely what the employment period of full-time assistant physicians was. It can be surmised that contracts were concluded for three years, since one of the documents in 1759 mentions that Dr Pietro Vinciguera – *medico assistente* – would finish his three-year period of work at the hospital in July of the following year. However, the hospital authorities wanted him to continue his assistantship because of his proficiency in medicine, his skills, knowledge and experience. Therefore, it was decided to extend his full-time employment for another three years. This decision was taken for the benefit of patients, taking into account his usefulness, especially his excellent anatomical preparation in post-mortems and dissection of cadavers, acquired during his studies completed with honours and his training at Sapienza University. He even expressed his willingness to come regularly to the anatomy theatre to enlighten the students serving in the hospital with his knowledge. It is difficult to say whether the extension of the assistantship was a standard procedure or an exception applied only to talented assistants. Probably, some of them left the hospital after several years of practice, treating the assistantship in the monastic infirmary as an advertisement and a starting point for work in other medical institutions.

Chief surgeons

As it was the case with physicians, chief surgeons were also required to serve and treat patients, but it was specified that they should work for a modest salary. Their tasks included visiting patients in their own wards and those in the wards run by

chief physicians when a surgical consultation (*videat chirurgus*) was indicated. Ward rounds were usually carried out twice a day. At any time, they could request a consultation with a physician to help them choose the right treatment for the wounded and assign them the right diet and medicines. In addition, it was their duty to administer bubbles and leeches, as well as to apprentice young men serving in the hospital⁶⁰. Chief surgeons could, similarly to chief physicians, write prescriptions for their patients during rounds⁶¹.

Teaching was no less an important duty for surgeons than administering treatments and performing procedures. Chief surgeons taught the students in the surgical school on Tuesday and Friday. They appointed persons from among the students to give anatomical demonstrations and lectures during Lent and determined the subjects of those meetings. Surgeons appointed prosectors to prepare the anatomical parts, arrange them in order and supervise the dissecting of the corpses. They set the calendar for public demonstrations at the Anatomical Theatre, which began on the first Sunday of Lent and ended with a demonstration on Palm Sunday. The surgeon who organised them had to be present during each demonstration in a supervisory role. In a word, chief surgeons were responsible for all teaching and organisation in the School of Surgery, formerly known as the Academy of Surgery, for the thorough mastery of surgical and anatomical knowledge. As experts, chief surgeons examined and evaluated candidates for their substitutes and for the posts of *capo sanguigna* and *unzionario*, and they also took part in hospital congregations, medical consultations, rounds, and other meetings ordered by the hospital authorities⁶².

The primary place where surgeons worked was the hospital for the wounded, which admitted those in need of surgery or wound treatment. At the end of the 18th century, when doing the rounds twice a day, a surgeon was assisted by his substitute, the corporal of the hospital for the injured *capo sanguigna*, a scribe, a *unzionario*, a dapifer and four corporals from *Gran Corsia*,⁶³ Surgeons were also responsible for supplying their hospital with necessary medicines. Independently of their work in their hospital, they took turns every month attending the *Conservatorio*, wet nurses and the school for abandoned boys in need of surgical intervention. They also treated canons and hospital family members⁶⁴. Surgeons were also obliged to treat all the poor outside the hospital free of charge. If they were paid in any way for doing so, they could be deprived of their jobs⁶⁵. They were not allowed to leave the hospital on any pretext, unless they had another colleague to fill in for them⁶⁶. If they could not come to the hospital in the morning because of a sudden indisposition, they had to inform the infirmary supervisor so that he could organise a replacement for them⁶⁷.

Chief surgeons were recruited to the hospital on the basis of submitted documentation confirming their achievements and career record. When applying for the post in 1799, the Roman surgeon Luigi Bancari provided certificates stating that he had taken an initial course of study in physics at the Roman College (*Colleggio Romano*), worked

as a nurse at the Hospital of *Santa Maria della Consolazione*, then at the Hospital of *S. Giacomo degl'Incurabili* and at the Hospital of the Holy Spirit, where he served as dean of *Corsia Grande*, and successively as corporal in this hall, *ciarabucco* in the hospital for the wounded, served in the *Medicaria*, as corporal in the hospital for the wounded, after which he attained the post of *unzionario* and *capo sanguigna* – he gave five anatomical demonstrations in the theatre – was several times awarded silver and gold medals in competitions (1794-1796)⁶⁸.

The path to the position of chief surgeon was thus long and diverse. After studying physics, it led through education, service, work and apprenticeship in various hospitals and in successively senior positions, which were obtained through competitions and anatomical demonstrations. Most of the future surgeons' training took place in the Hospital of the Holy Spirit, with previous experience in other medical facilities. It also happened that, after their previous experience in the Hospital of the Holy Spirit, surgeons continued their surgical careers in other hospitals.

Overall, however, there was no fixed method of appointing chief physicians and surgeons. In 1737, the inspector stated that nothing served the treatment of the sick more than skilful professors. He therefore decided not to confer these posts by way of replacement – substitution, or by grace (*per grazia*), but by examination and public competition, applicable also to the appointment of the assistants of “impotent” (*impotenti*) professors⁶⁹. This implies that previously the appointment of chief medical officers was discretionary, e.g. on the basis of merit, seniority, age etc., and that some physicians and surgeons were of advanced age, since the inspector described them as such.

Similarly to physicians, the professional activity of surgeons was not limited to hospital duties. They were also lecturers, as was the case with Antonio Butti, who, as a lecturer in surgery, taught and examined young hospital nurses at the Academy in 1620. In the mid-16th century, hospital surgeons are listed under a double name: *medico cerusico*. It is not known whether they had two specialisations, or whether, at that time, a surgeon was occasionally considered a physician. Among hospital surgeons there were also distinguished people, authors of scientific treatises. Such was the case of Mario Cecchini, *scrittore e lettore* of S. Giacomo and S. Giovanni hospitals, chief surgeon at the infirmary of the Holy Spirit in 1699. Before coming there, in 1686 he published a collection of his lectures and anatomical demonstrations conducted in an anatomical theatre in the hospitals mentioned. On rare occasions, the authors of printed works were also assistant surgeons, such as Filippo Ciucci, who practised in the hospital in 1656⁷⁰. The length of surgeons' service varied greatly, from a few months to thirty years. In the 16th and 17th centuries, surgeons born in Rome were rare, but many came from very distant places, such as Milan, Bologna, Brescia, Naples⁷¹.

When assessing the surgeons associated with the Hospital of the Holy Spirit, we can repeat the opinions about the physicians – they were the best specialists and experts in their profession, with an excellent reputation reaching beyond Rome. Perhaps they

were less concerned with writing theoretical works but focused on teaching young surgical students and on the surgical practice, for which the hospital was famous.

Substitute surgeons

In the middle of the 17th century, chief surgeons were assisted by substitute surgeons who were employed upon the consent and approval of chief physicians and surgeons, after having passed a theoretical and practical exam. Only seniormen were allowed to take the exam, i.e. persons with great knowledge, prudent, experienced, willing to serve the sick with love⁷². A similar procedure for the selection of substitute surgeons through competition was in force a century later. During the examination in surgical operation, chief surgeons and physicians acted as examiners, and only employees of higher rank *ufficiali maggiori*, i.e. those serving in a small hospital – *Ospedaletto dei Feriti*, including corporals⁷³, could contend for this function.

The manner and form of examination was not fixed. The composition of the examination committee was also subject to change, as did the number of candidates. One such written examination for two posts of substitute surgeons, with ten competitors, took place on 28 November 1764. The examination committee consisted of four professors – masters of surgery. Three of the candidates received optimal, very good results. Two of them were appointed substitute surgeons, the third received the post of *capo sanguigna*. The fourth, also with a very good result, was appointed a scribe. Others with good results filled the posts of *unzionario*, corporal of the hospital for the wounded, and *dapifer*⁷⁴.

The way in which one reached the position of substitute surgeon is reflected in the biography of Eustachio Cherubini, who was working in this position in 1799. In 1781, as a result of a public examination, he was admitted to the hospital as a serving student. Then, after serving as the dean of *Corsia Grande* and of the hospital for the wounded, in further examinations he climbed the career ladder as corporal of *Corsia Grande*, *unzionario*, *capo sanguigna*, and finally substitute surgeon. Between 1788 and 1792 he was awarded a silver and gold medal for his participation in competitions in surgery and anatomy. He also made public anatomical demonstrations as well as prepared and exhibited anatomical preparations in the theatre during Lent. In recognition of his work, he was elected the prosector of anatomy at Sapienza University of Rome in 1798. Finally, his eighteen years of service at the hospital were certified as impeccable⁷⁵.

The path to becoming a substitute surgeon varied for different people. In the case of two men hired to serve in the hospital in 1759, it only took just over five years, as by 1764 they had already been appointed substitute surgeons. In the meantime, they had received appropriate education and held lower posts. Their careers thus progressed very rapidly⁷⁶.

Substitute surgeons took turns being on 24-hour duty every other day to be able to dress the wounds of the newly admitted patients at any time and, if necessary, to hand them over to a chief surgeon. Every day, together with chief surgeons, they participated in visiting patients. They informed their superiors about the patients admitted the previous day, their ailments, the administered medicines, and then led surgeons to the patients for whom physicians had ordered a surgical consultation. In practice, this was carried out on behalf of chief surgeons by their substitutes, who admitted the injured to the hospital, diagnosed them and decided whether they were eligible for a permanent stay or whether, after first aid, they should be sent to other hospitals. They noted down their personal details, the type and extent of their injuries and then notified the relevant authorities. As the wounded persons brought to the hospital sustained injuries due to accidents and criminal incidents, the substitute surgeons had to immediately notify the lay authorities. If the condition of the hospitalised patients deteriorated or they died, the substitutes were obliged to report it again to the relevant external authorities. When a court representative appeared on the occasion, they jointly inspected the corpse to determine whether the cause of death could be attributed to the injuries sustained; the case was then taken over by the investigating authorities⁷⁷.

Substitute surgeons prepared ointments, dressings, plasters, powders and other things, they assisted their superiors with operations and visited patients. They performed their duties free of charge, although they could accept payment if the patient voluntarily offered it. One of the substitute surgeons went every month, alternating with another, to the convent of nuns to treat abandoned children and wet nurses who fed them, boys staying at the *Scuola dei Putti*, and girls at the *Conservatorio*. There they dealt with letting blood, putting bubbles and other treatments, as well as incising and tattooing the sign of the cross on the feet of abandoned children. They also treated babies handed over to external wet nurses to be fed and brought up. The substitute surgeons' duties also included bloodletting for anyone who came to the hospital with a prescription from a doctor ordering the procedure. However, they were forbidden to treat outsiders, let alone dispense medicine to strangers⁷⁸. When necessary, the substitute surgeons also helped infected people in S. Lazzaro and S. Michele hospitals, which were structurally subordinate to the Hospital of the Holy Spirit⁷⁹.

The work schedule and basic duties of substitute surgeons were almost identical to those of assistant physicians⁸⁰.

The infirmary at the Hospital of the Holy Spirit was not only a large medical facility, but also a place of training for future surgical students, which took place in the internal Academy or School of Surgery. The surgeons and physicians teaching there were called professors. The position of hospital surgeons corresponded to the status of university professors, and they were also referred to as such due to their didactic activities at the school and their participation in anatomical demonstrations. In the 16th and 17th centuries, the title of lector (*lettore*) was used for medical professors hold-

ing chairs at Sapienza University, who gave lessons in medicine and surgery to young male nurses serving in the hospital⁸¹. In the 1767 list of hospital staff, all four chief surgeons were called lectors⁸², at other times also masters (*maestro*)⁸³. Not only local chief surgeons taught at the school, but also those who came from outside. Some worked in several hospitals at the same time, e.g. Carlo Guattani and Francesco Maria Pieratti, who at the same time held the posts of chief surgeons and lectors in the hospitals of the Holy Spirit and San Gallicano⁸⁴. Although the whole system of surgeon training was called schools, in practice they should be considered a single surgical school, divided according to the curriculum and teaching areas into several departments or fields of specialisation.

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