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Patients and Health Personnel of San Gallicano Hospital in Rome in the XVIII Century

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ABSTRACT

Patients and health personnel of San Gallicano Hospital in Rome in the XVIII century

1725 is the year of birth of the San Gallicano hospital in Rome and it was immediately equipped with an organizational system that made it possible to make it a modern hospital. This study analyzes three fundamental documents for the hospital, i.e. the Foundation Bull of 1726, the Hospital Regulations of 1731 and the Hospital Establishments of 1743. In the 18th century the sanitary nature of the hospital was affirmed, specifying the type of diseases treated in the charity. The contemporary testimonies have made it possible to reconstruct the organizational structure of the health personnel made up of religious and lay people, whose professional roles were governed by strict rules concerning juridical, moral, behavioral and health issues. The documentary and archival material used in the research shows the progressive evolution of the San Gallicano hospital, allowing us to understand how it became the first dermatological hospital in Europe.

Keywords: Rome - History of Medicine - Dermatology - Skin Diseases

Pathologies and sanitary nature of the first dermatological hospital in Europe

At the end of the XVII century Rome was afflicted by a serious health problem consisting of contagious skin diseases. This emergency was amplified by the precarious living conditions and poor hygiene of the majority of the Roman population. Roman hospitals found themselves unprepared to deal with the large number of sick people. Pope Alexander VIII (1689-91) attempted to stem the endemic threat and gave new directives to hospitals. The number of beds reserved for contagious patients was increased and placed in separate sections from other patients to avoid possible disease transmission¹. Over the following decades, the health crisis did not end. The growing need for space for the hospitalization of contagious patients encouraged the creation of a specific structure. In 1724 Pope Benedict XIII (1724-30) undertook the construction of a specialized hospital, in which dermatological patients could be treated and cared for. The motivation that led the Pope Orsini to this decision was the following: ‘there was no one where the poor lepers, with mangy or mangy in the head, were treated on purpose; even more, these poor sick people were usually chased away from public hospitals and kept away, so that they would not communicate the infection to others’².

On the 14th of March 1725, in the presence of the pope, the first stone of the foundations of the future San Gallicano Hospital was laid³. The hospital was opened and became fully operational on the 8th of October 1726, constituting the first example of a dermatological hospital in Europe⁴. The Hôpital Saint Louis in Paris, established in 1607, specialized in skin diseases only in 1801, taking its name of Hospice du Nord⁵. On the 6th of October 1726, Pope Benedict XIII issued the Bull of foundation entitled *Bonus ille aeternusque pastor* officially decreeing the birth of the hospital, its regulation, organization and purpose⁶. The pontifical document reads: “We in perpetuity erect, found and establish a new hospital in the aforesaid place and house, to be named after the invocation of St. Maria and St. Gallicano”⁷. The Bull of foundation is of fundamental importance as it traces the health lines of San Gallicano Hospital. The analysis carried out aims to contextualize, understand and identify the archaic medical expressions used in this document. The study was conducted through the vision of all the historiographical material of San Gallicano Hospital, furthermore specialist medical documentation of the same period was used. The medical terminology in Latin is approximate and does not allow for the precise identification of the pathologies, this is due to the level of dermatological scientific development in force in the XVIII century.

The first attempts to create a dermatological classification and nomenclature occurred in the eighteenth century. In 1776 the Austrian doctor Joseph Plenck (1738-1807), following the outlines of Linnaeus, sent the *Doctrina de morbis cutaneis* to the press, i.e. a dermatological classification according to the morphological criterion of clinical

manifestations⁸. In Italy we will have to wait for the nineteenth century to find a more scientific dermatological terminology. The advent of the XIX century ushered in the golden age of dermatology. The figure of the dermatologist began to take shape by acquiring academic independence and professional dignity. The new era was opened in Vienna by Ferdinand von Hebra (1816-1180) and his pupil Moriz Kaposi (1837-1902) who revolutionized the discipline of dermatology. The two doctors abandoned the archaic humoral theories and, thanks to the help of general pathology, anatomy and histology, brought dermatology to a modern scientific level. In 1856 the *Atlas der Hautkrankheiten* (Atlas of skin diseases) was published and in 1878 the *Lehrbuch der Hautkrankheiten* (Manual of skin diseases). The new Viennese doctrines laid the foundations for the future Italian dermatology⁹.

The Foundation Bull has a high historical-medical value as well as being an important material testimony with a medical and philanthropic meaning. The fifth paragraph of the pontifical document denotes the purpose of the institution, namely the welcome and care *pro miserabilibus personis tam mendicis, quam aliis pauperibus*. The distinction between mendicis and pauperibus concerned the difference in domicile: the former were homeless beggars, the latter were the poor who owned a home, but were financially unable to provide for their own health¹⁰. The pathologies treated in the hospital were *lepra*¹¹, *scabies*¹² and *tinea*¹³, *seu prurigine in capite*¹⁴, while *lepra* and *scabie venerea seu gallica* were excluded¹⁵. Exclusion of patients venereal diseases derived from the presence of two specific hospitals intended for the treatment of sexually transmitted diseases: the San Giacomo in Augusta welcomed men and the Santa Maria della Consolazione took care of women. The sixth paragraph presents the allocation of hospital beds in the men's and women's sections:

Tab. 1

	Uomini	Donne
Pruriginosis	30	18
Pruriginosis Pestilentibus	0	5
Pruriginosis Febricitantibus	3	2
Pruriginosis Scabiosis	6	2
Scabiosis in capite	6	1
Leprosis	9	5
Leprosis Pruriginosis	2	0
Leprosis Pestilentibus	5	0
Leprosis non Pestilentibus	4	1
Febricitantibus	0	10

Distribution of beds in the male and female sections according to the pathologies

This description allows us to understand which pathologies were most treated in the hospital and therefore the most frequent at the time. San Gallicano tried to implement prophylactic methods to limit the transmission of these diseases. The sick were initially stripped of their clothes ‘so that they never fall into other hands, they are all sent to be thrown into the Tiber’ and later they were washed, shaved, cleaned and dressed in new clothes, ‘because where their ancient rags were dressed, they would return in a short time to the primary infection’¹⁶.

The document provides us with information on the distribution of patients whose differentiation was based on clinical manifestations. The diseases recognizable from a first reading are itching, scabies and leprosy. The word *proriginosus* comes from the Latin noun *prurigo*, meaning ‘prickling’¹⁷. Pruritus is a dermatosis characterized by papules that cause itching. The symptomatology of itching is common in many skin inflammations. It is reasonable to believe that the denomination *pruriginosis* indicated patients suffering from different skin problems, in particular urticaria, scabies, eczema, lichen planus and *mycosis fungoides*¹⁸. Continuing the analysis of the text, the denomination *scabiosis in capite* is noted. Scabies localized to the head is a rare manifestation and is more likely to have been related to pediculosis or ringworm. Tinea is the only specific disease of the scalp that appears among the pathologies treated in the hospital and mentioned in the foundation document. It is conceivable that the terms *tinea* and *scabies* were used analogously, from which we deduce the non-specific use of *scabies* to indicate various skin conditions¹⁹. Finally, there are numerous places reserved for leprosy. This term was used to designate many chronic skin problems that worsened up to scaly manifestations, this led to an improper use for the diagnosis of various dermatological pathologies such as psoriasis, eczema or dermatitis. The beds distributed according to the affections of the patients were further subdivided according to the clinical manifestations and contagiousness. Those that presented the symptom of fever were called *febricitantibus*²⁰, while the term *pestilentibus* indicated the danger and transmissibility of the disease, for this reason it was associated with the plague. In medical jargon, the denomination *pestilens* was not determined and was frequently applied to all those diseases characterized by a wide diffusion and high mortality²¹.

The women’s section had a further fifteen beds: five for leprous or mangy women and ten for the so-called “Lancisian” women²². The archiatrist Giovanni Maria Lancisi (1654-1720)²³ bequeathed to Santo Spirito Hospital, through a will drawn up on the 10th of December 1719, a fund of seventy thousand scudi. Part of the legacy, three thousand five hundred and sixty scudi, was intended for the construction of a minor hospital reserved for the shelter and care of women from the ‘Ponte, Borgo Vecchio and Nuovo’ districts and from the ‘Lungara, Giulia and of the Orso’ streets. The women of these neighborhoods were often rejected by the Santo Spirito for lack of space and were unable to reach the distant hospital of San Giovanni in Laterano. Following

the death of the papal archiater, the Holy Spirit did not use the sum allocated for the women's hospital due to the lack of space in which to build it²⁴. Pope Benedict XIII, with a chirograph dated 6th of December 1724²⁵, dissolved the testamentary knot. This part of the Lancisian inheritance was donated to the new San Gallicano hospital, so that a ward could be built and maintained for the exclusive use of the sick who found themselves in the conditions indicated in the will²⁶. The resolution was codified in the seventh paragraph of the Foundation Bull, which reads:

Siccome poi a favore dell'erigendo Ospedale con Chirografo del 6 ottobre 1724 da Noi sottoscritto, avevamo derogato e commutate ad alcune disposizioni di Giovanni Maria Lancisi, Cameriere e Medico privato della S. Memoria di Clemente XI Nostro predecessore; [...] in esecuzione di quel Chirografo, vogliamo che nel nuovo Ospedale di S. Maria e S. Gallicano, da Noi eretto, oltre dieci letti per le donne febbricitanti, dette Lancisiane, vi sieno altri cinque letti per le donne dimoranti nei detti Rioni e Vie indicati dal detto Giovanni Maria, e colpite da lebbra o scabbia in testa, che non sia gallica, o da tigna, le quali per la gravità del male sieno in condizioni di non poter essere trasportate all'Ospedale di S. Giovanni in Laterano²⁷.

The first modification to the directives for hospitalization took place on the 30th of March 1743. On this date, Pope Benedict XIV (1740-58) signed a special chirograph to authorize the movement of patients²⁸, called 'mangy feverish'²⁹, from Santo Spirito Hospital to San Gallicano Hospital³⁰. On the 1st of July of the same year, the transfer of all patients ended. The decision to exempt Santo Spirito Hospital from hospitalizing these patients is part of the reasons that led to the creation of San Gallicano Hospital. In the third paragraph of the Foundation Bull we read:

Benché alcuni dei Romani Pontefici nostri Predecessori abbiano stimato opportuno, per curare i lebbrosi, soltanto l'ospedale chiamato di S. Lazzaro, [...] il quale ospedale fu poscia unito perennemente dall'autorità apostolica dell'Arciospedale di San Spirito in Saxia della medesima città, [...] per la scarsezza delle rendite dello stesso ospedale, per la quale si adivenne a siffatta unione, [...] gli affetti da scabbia e tigna, da prurigine, sono esclusi da detto ospedale, non hanno dove rifugiarsi, e così pure le fanciulle e le donne povere le quali, quantunque assai misere, mai non vengono in esso accolte³¹.

The uncertainty of the type of patients included in the "feverish mangy" group is attributable to the backwardness of dermatological scientific knowledge of the time. The chirograph was not created by health personalities or through their consultancy, but by religious authorities and high ecclesiastical hierarchies; bodies that were completely devoid of adequate medical skills. A preliminary analysis of the term 'febrile mangy' could indicate scabies with febrile symptoms, but generally scabies does not involve fever. The expression "feverish mangy" probably includes various skin pathologies characterized by extensive dermatoses, such as, for example, psoriasis and some primitive and secondary erythrodermic forms³². It can be hypothesized that the patients were suffering from scabies complicated by septic-pyoderma

processes or comorbidities with fever (malaria, bronchitis, cachexia, scrofula, ring-worm, eczema, pityriasis, syphilis)³³.

Secular and ecclesiastical personnel

The hospital understood as a therapeutic tool and a place to treat the sick is a concept dating back to the end of the XVIII century. Since the Middle Ages, the hospital was mainly a structure in which to receive and assist the poorest people in society. The poor man was seen as the one who carried the disease with him and for this reason he was marginalized to avoid contagion of the population. The institution had the primary purpose of separating sick individuals from the community. The hospital staff, mostly made up of clergymen, were mainly concerned with imparting the last sacraments to those about to die rather than treating them. From the second half of the XVIII century, a process of professional organization and disciplinary set-up began within the hospitals. The new regulations allowed for an organic structuring of the charity. The ultimate goal of the hospital became that of receiving and treating the sick, this happened above all with the introduction of the figure of the hospital doctor. The *cura animarum*, distinctive of ecclesiastical power, was gradually replaced by the *cura corporum* proper to the *ars medica*. Inside the hospital, attention was shifted from sin to the sickness of the patient, from mercy to science, from the importance of the last moments of earthly life to its possible continuation. The new dimension created led to some improvements, including the reduction of the spread of epidemics and the lowering of mortality³⁴.

San Gallicano was one of the first hospitals to adopt internal regulations. On the 4th of September 1731, as decided by Pope Benedict XIII, the *Regole del ven. spedale di santa Maria e di S. Gallicano approvate dall'eminantissimo, e reverendissimo principe il signor Cardinale Pietro Marcellino Corradini Protettore d'esso spedale*³⁵, were published. These norms were further expanded in 1743, when Pope Benedict XIV issued the *Stabilimenti Introdotti nel Venerabile Spedale di Santa Maria e Gallicano per il Puro Buon Servizio de' Rognosi Febbricitanti in Esso Transportati al Primo di Luglio dell'Anno 1743*. The commemorative manuscript provides us with a detailed description of the daily life of the hospital³⁶. These two documents are fundamental for the scientific historical context, since they represent the oldest regulations of a dermatological hospital in the European panorama. They ratify the birth of a modern hospital through rules dealing with legal, moral, behavioral and medical practice issues³⁷. The hospital rules contributed to the structuring of personnel and the division of roles and responsibilities within the hospital, in this way unrest and disservices were reduced³⁸. For over a century and a half, San Gallicano Hospital educated religious who directly cared for the patients who needed it, leaving the healthcare occupations to doctors and surgeons³⁹. The hospital staff was supervised

by the Prior, who had the task of managing and administering the hospital as well as acting on behalf of the Cardinal Protector. The religious, personally chosen by the Cardinal Protector, were divided into two communities: the first made up of seven male ecclesiastics and the second of as many oblates. The entry requirement for clergymen and oblates consisted of carrying out a period of novitiate at the facility and varied according to gender. The ecclesiastics included priests and clerics who did not hold sacred orders and who had already completed two years of novitiate. The oblates, called ‘spinsters’, were women who had chosen the celibacy. After eight years in the charity, the nuns had the option of taking their vows and remaining in hospital service or returning to secular life⁴⁰.

During the training period, religious personnel had to follow the teachings imparted by hospital doctors in order to learn the basics of patient care and the use of medicines. At the end of the apprenticeship, students were subjected to an examination, under the supervision of the doctors. As regards the oblates, at the end of the two years of novitiate, the formation was extended to a further six years⁴¹. The nuns, unlike the male personnel, had a very strict regulation to follow. They were forced to wear a regulated black habit uniform and led a secluded life, the only permission allowed was to go out to church⁴². It appears that the male and female staff were strictly separated, the only shared moment was during the celebration of the daily sacred rites and during hospital activity. Religious personnel held certain roles within the hospital⁴³:

- A sub-prior in charge of representing the Prior in his absence.
- A treasurer, also called a minister of expenditure, managed the day-to-day expenditure of the hospital. He was responsible for the daily supplies and recorded the economic movements in the ledger, which was controlled monthly by the Congregation, a commission made up of the Prior, two elderly priests and the accountant.
- An accountant dedicated to the management of the accounting books in which credits, debits and annuities were recorded.
- A debt collector in charge of collecting and depositing rents from the buildings and land owned by the hospital.
- An alms ‘receiver’ was responsible for the administration of donations made to the hospital. They were recorded in a book which was inspected monthly by the hospital Congregation.
- An almsgiver in charge of allocating donations to needy patients. He also provided for the distribution of free meals to beggars and indigents welcomed in the hospital premises.
- A hospital caretaker, holder of the keys, was in charge of opening and closing the doors and windows of the main building and its annexes.

N.º	Nome	anni	colore	Stato	Professione	Luogo di dove viene	Qualità e numero del letto	Qualità del letto	Giorno della morte	Quinta della Malattia
1	Luigi...	28							9 Luglio 1814	8° giorno
2	...	20							18 Luglio 1814	Don
3	...	30							9 Luglio 1814	Don
4	...	30							10 Luglio 1814	Don
5	...	35							18 Luglio 1814	Don
6	...	21							12 Luglio 1814	Don
7	...	22							10 Luglio 1814	Don
8	...	30							13 Luglio 1814	Don
9	...	31							10. 30. 1814	Don
10	...	22							17 Luglio 1814	Regno del danese
11	...	24								Regno
12	...	19							10 Luglio 1814	Regno del danese
13	...	26							10 Luglio 1814	Don
14	...	30							17 Luglio 1814	Don
15	...	24							12 Luglio 1814	Don
16	...	24							12 Luglio 1814	Don

Fig. 1. Registro degli Infermi, Ospedale San Gallicano, 1814-15.

- Two scribes, a clergyman and an oblate, were in charge of registering, in a specific book, all the patients present in the hospital. The information concerned: personal data, the type of clothing and luggage kept in the hospital cloakroom, the patient's pathology, the number of the bed assigned to him in the ward, the day of entry, exit or death. The scribes also took care of drafting the patient's personal files to be inserted inside the sanitary tablet.
- An archivist appointed to manage the hospital archive, who drew up an index of texts in which all the registers compiled in the hospital were present. He was in charge of the small hospital library which included: manuscripts, printed books of a religious and medical-scientific nature.
- Two male nurses and two nurses were dedicated to the day and night care of the patients, they helped the doctor in the preparation of the material for the medications and in the practices of minor surgery, they administered medicines and drinks to the patients according to the doctor's directives⁴⁴.
- A 'dispenser' of remedies responsible for the delivery of medicines, ointments and galenic preparations requested by patients or health personnel for internal hospital use. The transfer of the 'mangy feverish patients' from

Santo Spirito Hospital and the consequent publication of the Regulations of 1743 allowed an expansion of the staff. The lay staff present in San Gallicano Hospital, before the arrival of the ‘mangy feverish patients’, consisted of only two doctors, who respectively provided one for the men’s ward and another for the women’s ward⁴⁵. The new regulation introduced specific healthcare figures within the hospital⁴⁶:

- A primary doctor had the task of treating the sick, carrying out the daily check-ups in the morning and in the evening, arranging the therapies and assiduously monitoring the conditions of the most serious patients. He was also in charge of carrying out the lessons of anatomy, physiology and pathology at the hospital school located inside San Gallicano Hospital. In the event that the primary doctor was incapacitated or ill, the hospital would make up for this shortcoming by summoning a substitute.
- A primary surgeon responsible for performing major surgery. He had the task of prescribing the medications to be performed on the patients, solving all surgical cases deemed urgent and teaching the *ars medica* to the students present in the hospital school.
- A substitute surgeon covered the role of deputy surgeon and carried out the greatest number of medical-health practices within the hospital. The substitute followed the primary doctor in the morning and evening visits and performed the medications prescribed by the primary surgeon. Medications and minor surgery were performed by the substitute with the help of a nurse. He also held the role of ‘chief blood’ in drawing blood from the sick and ‘unctionary’ in applying medicines and lotions to them. He was in charge of the bureaucratic compilation of a report concerning the number of patients present in the hospital and the number of healed discharged.
- A lithotomist was the surgeon employed in lithotomy operations. The term lithotomy (literally: ‘cutting of stones’), in the medical jargon of ancient surgery, indicated the practice of extracting stones from the urinary tract using a surgical instrument called a lithotome. In addition to urological surgery, the lithotomist also dealt with ophthalmological operations, such as cataracts for example⁴⁷.
- An apothecary was delegated to explain the therapeutic administration, prepare and supply the medicines, syrups, lotions, ointments and enemas requested by the doctors.
- Four attendants, also called porters, were responsible for the maintenance and cleaning of the building and the adjoining cemetery.
- Eight young students, divided into six ‘seniors’ and two ‘novices’, carried out purely assistance functions for the two hospital doctors. Students were

required to learn various hospital practices: preparing and administering medications, applying ointment rubs, applying leeches for bloodletting, filling out health tablets, and keeping hospital records. The recruitment of students was linked to some prerequisites: ‘Sturdy, God-fearing, virtuous, knowledge of the Latin language and having gained practical experience alongside the primary doctors or having passed the final surgery exam’⁴⁸.

- The training and teaching activity within San Gallicano Hospital is documented by a paper⁴⁹, drawn up on the 11th of December 1786, entitled *Biglietto originale di deputazione di coadiutore nella cattedra di anatomia e litotomo nell’Ospedale San Gallicano nella persona del signor Giuseppe Sisco*⁵⁰. The document allows us to understand which educational activities were carried out and to historically contextualize the role of the hospital school of San Gallicano⁵¹. Ultimately, the hospital family, despite the annual changes dictated from economic duties and welfare needs, was made up of about forty individuals⁵². The diversifications of roles and functions between the religious and the secular hospital personnel are clearly identifiable. Remuneration was certainly among the most marked differences. The ecclesiastics made up the majority of the hospital staff and worked for free but with the provision of food, lodging, and, if necessary, clothing and medicines. Secular personnel, on the other hand, benefited from a regular salary⁵³.
- Since the XVIII century, the hospital has been undergoing a transformation process, becoming a place of care and also a medical training facility. The birth of hospital schools allowed students to come into direct contact with the sick, while the administrative organization involved an accumulation of knowledge and the transmission of medical knowledge. The permanent and complete register system made it possible to report in writing information relating to the patients, the course of the diseases and the therapies administered⁵⁴. To monitor its patients, San Gallicano equipped itself with both hospitalization registers and health charts. Every single inmate possessed a spiritual handbook and a health tablet, which can easily be recognized as a forerunner of the modern medical record. The tablet, hung on the sick man’s bed, was provided with a handbag in which the files with the patient’s data were collected: personal data, origin, profession, objects in his possession, room and bed number and day of admission. Conventional symbols codified by the hospital were applied to this type of card. The signs specifically indicated: the pathology, the types of food to be provided to the patient, the medications to be administered, the therapies to be practiced and at the same time the sacraments imparted or missing were also indicated. The dietary prescriptions and medications ordered assume great importance due to the particularity of the diseases treated in the hospital⁵⁵.

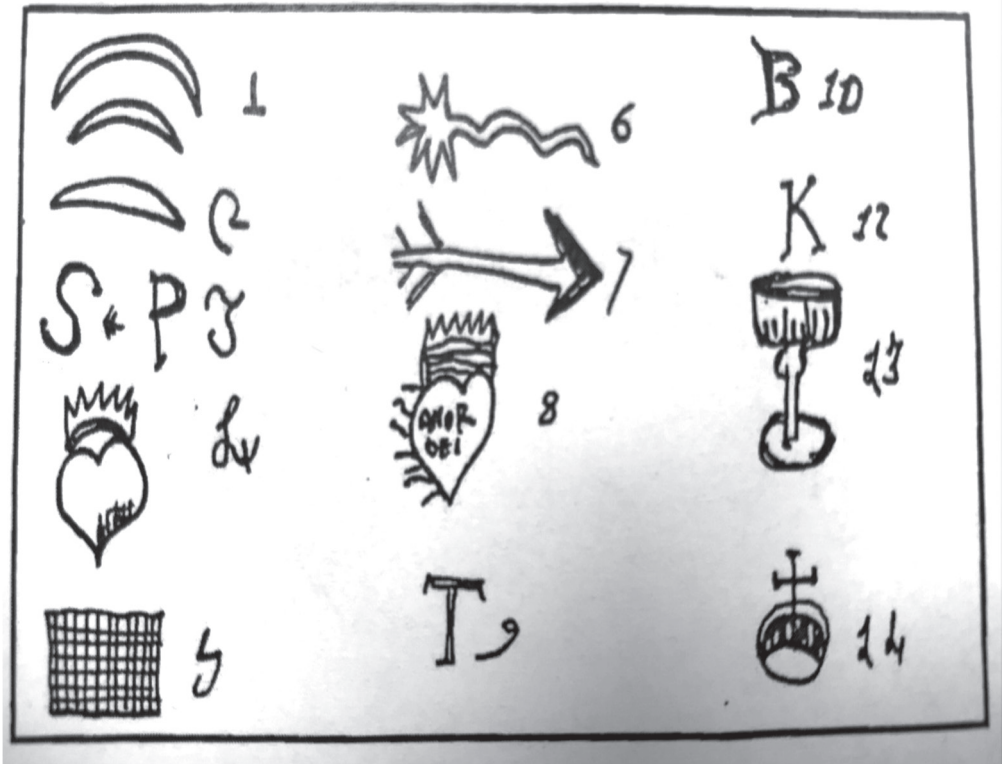


Fig. 2. Stabilimenti Introdotti nel Venerabile Spedale di Santa Maria e Gallicano per il Puro Buon Servizio de' Rognosi Febricitanti in E esso Transportati al Primo di Luglio dell'Anno 1743.

(1) Segno di terza, che significa che l'Infermo deve avere un sol ristorativo con rosso d'uovo in luogo del pranzo, o cena; (2) Segno che l'Infermo deve mangiare alla seconda Tavola; (3) Segno che l'Infermo non deve mangiare il pane; (4) Segno di dieta; (5) Segno della zuppa di vino; (6) Segno del vino; (7) Segno che l'Infermo ha la diarrea; (8) Segno che l'Infermo mangia la carne; (9) Segno che l'Infermo deve mangiare a pranzo, e a cena al Tavolino della Guardia; (10) Segno che all'Infermo gli si fanno i bagni; (11) Segno che l'Infermo è scorbutico; (12) Segno che l'Infermo ha mal pel Chirurgo; (13) Segno che l'Infermo ha presa la medicina; (14) Segno che l'Infermo ha avuto l'Olio Santo.

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 9. Id., La dermatologia e la venereologia dal XIX al XX secolo. In: Gelmetti C, Storia della Dermatologia e della Venereologia in Italia. Milano: Springer Verlag; 2014. p. 103
 10. Taverniti L, Sull'ospedale dermatologico di Santa Maria e San Gallicano... Ref. 1, p. 876.
 11. The term 'leprosy' derives from the Greek *λεπρος*, or 'rough'. Leprosy, under various names, has been known since ancient times and its presence is attested in different parts

- of the world such as Europe, the Middle East, China, India and Japan. In 1873 the Norwegian dermatologist Gerhard Armauer Hansen (1841-1912) identified *Mycobacterium leprae* which was later named after him (*Bacillus* of Hansen, abbreviated BH) Lebbra, in *Dizionario di Medicina*, (accessed May 17, 2023), https://www.treccani.it/enciclopedia/lebbra_%28Dizionario-di-Medicina%29/; Muscardin L, *Il primo ospedale dermatologico del mondo...* Ref. 5. p. 167.
12. The term 'scabies' comes from the Latin verb *scabere*, meaning to scratch. The knowledge of the mite, called in Italy 'pellicello', as an agent of scabies was thanks to the doctor Giovanni Cosimo Bonomo (1666-96) and to the apothecary Diacinto (also called Giacinto) Cestoni (1637-1718). The two protagonists of the discovery published in 1687 the *Osservazioni intorno à pellicelli del corpo umano*, in the form of a letter to Francesco Redi (1626-1697). Although the writing by Bonomo and Cestoni was innovative, we will have to wait for 1834, the year in which Simone Francesco Renucci, a Corsican doctor at the S. Louis hospital in Paris, proved the action of the *Acarus* as a determining cause of 'scabies'. Baboni N, Razzauti A, Sibilla C, Truffi M, Scabbia. In: *Enciclopedia Italiana*. (accessed May 17, 2023), https://www.treccani.it/enciclopedia/scabbia_%28Enciclopedia-Italiana%29/; Levi MG (prima traduzione italiana di), Rogna. In: *Dizionario classico di Medicina interna ed esterna*. Venezia: Giuseppe Antonelli editore; 1837. pp. 341-5; Muscardin L, *Il primo ospedale dermatologico del mondo...* Ref. 5. p. 167.
 13. *Tinea capitis* indicates the affection of the scalp. Its triggering cause of ringworm remained unknown until 1839, when the German physiologist Johann Lucas Schönlein (1793-1864) discovered the action that the *Achorion ifhomycete* had on the skin. Baboni N, Truffi M, Tigna. In: *Enciclopedia Italiana*, (accessed May 17, 2023), https://www.treccani.it/enciclopedia/tigna_%28Enciclopedia-Italiana%29/; Levi MG (prima traduzione italiana di), Tigna. In: *Dizionario classico di Medicina interna ed esterna*. Venezia: Giuseppe Antonelli editore; 1839. 45. p. 244; Muscardin, *Il primo ospedale dermatologico del mondo*, Ref. 5. p. 167.
 14. Curzi, Aiello, Morrone, *History of the Santa Maria and San Gallicano...* Ref. 3. p. 24; Morichini CL, *Degli istituti di carità per la sussistenza e l'educazione dei poveri e dei prigionieri in Roma*. Roma: Stabilimento tipografico camerale; 1870. p. 165; Muscardin L, *Il primo ospedale dermatologico del mondo...* Ref. 5. p. 167.
 15. *Breve ragguaglio dell'ospedale nuovamente eretto in Roma dalla Santità di N. Sig. Benedetto XIII...* Ref. 2. p. 50; Curzi, Aiello, Morrone, *History of the Santa Maria and San Gallicano...* Ref. 3. pp. 23-4; Huetter L, *San Gallicano antico e moderno...* Ref.2. p. 43; Morichini CL, *Degli istituti di carità per la sussistenza...* Ref. 14. p. 165; Muscardin L, *Il primo ospedale dermatologico del mondo...* Ref. 5. p. 167; Piccialuti M, *La carità come metodo di governo. Istituzioni caritative a Roma dal pontificato di Innocenzo XII a quello di Benedetto XIV*. Torino: G. Giappichelli Editore; 1994. p. 81; Stocco F, *La sifilide tra medicina e eugenetica...* Ref. 5. p. 94; Taverniti L, De Rosa F, *La Biblioteca storica dell'Istituto San Gallicano...* Ref. 1. p. 65.
 16. Ivi, pp. 51-2; *Regole del ven. spedale di santa Maria e di S. Gallicano approvate dall'eminentissimo, e reverendissimo principe il signor Cardinale Pietro Marcellino Corradini Protettore d'esso spedale*. Roma: Stamperia di Girolamo Mainardi; 1731. p. 23; Huetter L, *San Gallicano antico e moderno...* Ref. 2. p. 43; Piccialuti M, *La carità come metodo di governo...* Ref. 14. p. 82.
 17. Levi MG (prima traduzione italiana di) *Pruriginoso*. In: *Dizionario classico di Medicina interna ed esterna*. Venezia: Giuseppe Antonelli editore; 1836. 36. p. 713.

18. Levi MG (prima traduzione italiana di) Prurigine. in Dizionario classico di Medicina interna ed esterna. Venezia: Giuseppe Antonelli editore; 1836. 36. p. 709.
19. Muscardin L, Il primo ospedale dermatologico del mondo... Ref. 5. p. 168.
20. Levi MG (prima traduzione italiana di), Febbricitante. In: Dizionario classico di Medicina interna ed esterna. Venezia: Giuseppe Antonelli editore; 1836. 12. p. 251.
21. Levi MG (prima traduzione italiana di), Peste. In: Dizionario classico di Medicina interna ed esterna. Venezia: Giuseppe Antonelli editore; 1837. 34. pp. 586-618.
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23. Preti C, Lancisi Giovanni Maria. In: Enciclopedia italiana. (accessed May 17, 2023) https://www.treccani.it/enciclopedia/giovanni-maria-lancisi_%28Dizionario-Biografico%29/.
24. Meineri PA, Eredità Lancisiana. Bollettino dell'Ospedale San Gallicano 1951;2(1):29-30; Muscardin L, Il primo ospedale dermatologico del mondo... Ref. 5. p. 168; Taverniti L, De Rosa F, La Biblioteca storica dell'Istituto San Gallicano... Ref. 1. p. 66.
25. A.S.R., 30 Notai Capitolini, uff. 30, n. 415.
26. Breve ragguaglio dell'ospedale nuovamente eretto in Roma dalla Santità di N. Sig. Benedetto XIII... Ref. 2. pp. 57-61; Bruno MG, La vicenda storica dell'ospedale di S. Maria e S. Gallicano nel suo impianto architettonico... Ref. 6. p. 396; De Angelis P, L'ospedale di Santa Maria e San Gallicano... Ref. 6. pp. 119-121; Donato MP, Morti improvvise. Medicina e religione nel Settecento. Roma: Carocci; 2010. p. 163; Piccialuti M, La carità come metodo di governo.... Ref. 14. pp. 82-3; Sampalmieri D, Archiospedale di S. Maria e S. Gallicano. Roma: Arti Grafiche; 1974. p. 3; Stocco F, La sifilide tra medicina e eugenetica... Ref. 5. pp. 93-4.
27. Translation: "Since then in favor of the erecting Hospital with Chirograph of 6 October 1724 signed by Us, we had waived and commuted to some provisions of Giovanni Maria Lancisi, Waiter and Private Doctor of the Sacred Memory of Clement XI Our predecessor; [...] in execution of that Chirograph, we want that in the new Hospital of S. Maria and S. Gallicano, erected by Us, over ten beds for feverish women, called Lancisiane, there are another five beds for women residing in the said Districts and Ways indicated by the said Giovanni Maria, and affected by leprosy or scabies in the head, which is not gallic, or by ringworm, which due to the gravity of the disease are in a condition that cannot be transported to the Hospital of S. Giovanni in Laterano." Meineri PA, Eredità Lancisiana... Ref. 24. p. 31.
28. A.S.R., Fondo San Gallicano, b. 5 (Congregazioni/Relazioni al Papa/Notizie storiche, XVIII-XIX secolo).
29. Mange was identified as a dermatological pathology generally characterized by skin rashes and high contagiousness. The word 'Mange' was linked to that of 'Scabbia' for the first time by the Avignon archiater Guy de Chauliac (1300-68) to designate an itchy disease caused by a parasite. The work of F. Renucci led to the discovery of the parasite *Sarcoptes scabiei* var. *hominis* as the unleashing agent of mange. It is therefore clear that the terms 'mange' and 'scabies' are two synonyms, used in the medical jargon of the time, to indicate the same disease caused by the mite. Levi MG (prima traduzione italiana di), Scabbia. In: Dizionario classico di Medicina interna ed esterna. Venezia: Giuseppe Antonelli editore; 1837. 40. P. 860. Cfr. Baboni N, Razzauti A, Sibilla C, Trufi M, Scabbia. In: Enciclopedia Italiana; Levi MG (prima traduzione italiana di), Rogna. In

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30. Bruno MG, La vicenda storica dell'ospedale di S. Maria e S. Gallicano nel suo impianto architettonico... Ref. 6. pp. 488-503; De Angelis P, L'ospedale di Santa Maria e San Gallicano... Ref. 6. p. 151; Sampalmieri P, Archiospedale di S. Maria e S. Gallicano... Ref. 26. pp. 3-4; Stocco F, La sifilide tra medicina e eugenetica... Ref. 5. p. 92.
 31. Translation: Although some of the Roman Pontiffs - our Predecessors - have considered St. Lazzaro the only valid Hospital to treat lepers, [...] which was then perennially united by the apostolic authority of the Archhospital of San Spirito in Saxia of the same city, [...] due to the scarcity of income from the same hospital, for which such a union was reached, [...] those suffering from scabies and ringworm, from itching, are excluded from that hospital, they have nowhere to take refuge, and likewise poor girls and women who, although very miserable, are never welcomed into it. Meineri PA, Il lebbrosario di S. Lazzaro a Monte Mario. Bollettino dell'Ospedale San Gallicano 1951;1(12):377-8.
 32. Bagherani N, Smoller RB, Lotti T, The history of novel dermatology... Ref. 5. p. 56; Curzi, Aiello, Morrone, History of the Santa Maria and San Gallicano... Ref. 3. p. 894; Muscardin L, Il primo ospedale dermatologico del mondo... Ref. 5. p. 169.
 33. Agostini M, Storia della scabbia nei rapporti dell'Ospedale di San Gallicano. Bollettino dell'Ospedale di S. Gallicano 1968;5:58,62.
 34. Foucault M, Medicina e biopolitica. La salute pubblica e il controllo sociale. A cura di Napoli P. Roma: Donzelli Editore; 2021. pp. 61-73.
 35. Taverniti L, Di Carlo A, The first 'rules' of an ancient dermatologic hospital... Ref. 6. p. 150.
 36. Muscardin L, Il primo ospedale dermatologico del mondo... Ref. 5. p. 168.
 37. Curzi A, Aiello F, Morrone A, History of the Santa Maria and San Gallicano ... Ref. 3. p. 24.
 38. Hospital staff had to follow a total of twenty regulations regarding the treatment of patients. This specific regulation can be found in Regole del ven. spedale di santa Maria e di S. Gallicano approvate dall'eminentissimo, e reverendissimo principe il signor Cardinale Pietro Marcellino Corradini Protettore d'esso spedale. Roma: Stamperia di Girolamo Mainardi; 1731. pp. 16-22.
 39. Meineri PA, Origine, evoluzione e compiti dell'Ospedale di San Gallicano. Bollettino dell'Ospedale San Gallicano 1947;1(1):3; Masetti Zannini GL, Uno sconosciuto teatro anatomico a San Gallicano ospedale della carità. Capitolivm 1965;40 (12):596; Stocco F, La sifilide tra medicina e eugenetica... Ref. 5. p. 96.
 40. The oath taken by ecclesiastics and spinsters is present in Regole del ven. spedale di santa Maria e di S. Gallicano approvate dall'eminentissimo, e reverendissimo principe il signor Cardinale Pietro Marcellino Corradini Protettore d'esso spedale. Roma: Stamperia di Girolamo Mainardi; 1731. pp. 35-6. Curzi A, Aiello F, Morrone A, History of the Santa Maria and San Gallicano... Ref. 3. p. 22; Morichini CL, Degli istituti di carità per la sussistenza... Ref. 14. p. 167; Morrone A, Messina C, Ancient and modern pathologies and therapies... Ref. 7. p. 892; Piccialuti M, La carità come metodo di governo.... Ref. 14. p. 81.
 41. Breve ragguaglio dell'ospedale nuovamente eretto in Roma dalla Santità di N. Sig. Benedetto XIII... Ref. 2. pp. 40-4; Regole del ven. spedale di santa Maria e di S. Gallicano, cit., p. 5; Huetter L, Spirito cristiano d'un vecchio regolamento Ospedaliero. Bollettino dell'Ospedale San Gallicano 1956; 2 (2): 60-1.
 42. Ivi, p. 45; Regole del ven. spedale di santa Maria e di S. Gallicano, cit., p. 11; Huetter L, Spirito cristiano d'un vecchio regolamento Ospedaliero... Ref. 2. p. 61.

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44. Regole del ven. spedale di santa Maria e di S. Gallicano... Ref. 38. p. 18; Sampalmieri P, *Archiospedale di S. Maria e S. Gallicano...* Ref. 5. p. 8.
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46. A.S.R., Fondo San Gallicano, b. 5 (Congregazioni/Relazioni al Papa/Notizie storiche, XVIII-XIX secolo); Argentieri R, Biondi S, *Intuizione clinica e superstizione precetti morali e assistenza sanitaria nell'antico regolamento dell'ospedale di San Gallicano*. Bollettino dell'Ospedale San Gallicano 1970;6(1):86-8; Grifi L, *Breve ragguaglio delle opere pie di carità e beneficenza ospizi e luoghi d'istruzione della città di Roma*. Roma: Tipografia della Rev. Cam. Apostolica; 1862. p. 42; Morichini CL, *Degli istituti di carità per la sussistenza ...* Ref. 14. p. 167; Piccione G, *Sull'ospedale di S. Maria e S. Gallicano di Roma...* Ref. 14. pp. 55-78; Sampalmieri P, *Archiospedale di S. Maria e S. Gallicano...* Ref. 5. pp. 7-8; Taverniti L, Di Carlo A, *The first 'rules' of an ancient dermatologic hospital...* Ref. 6. p. 154.
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