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The way of the sick to the Hospital of the Holy Spirit in Rome in the 17th-18thcenturies[1]

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Abstract

The Hospital of the Holy Spirit in Rome, the largest charitable institution in Europe and the Christian world, founded in 1198 by Pope Innocent III, served two functions: it was a foundling asylum (brephotrophium) and a hospital for the sick (infirmary). The author conducted research on the healing function of this hospital, the result of which is a monograph published in Poland in 2023, entitled: *The Holy Spirit Infirmary in Rome in the 17th-18th centuries* (pp. 570). In the years 2022-2024, he published several articles in Italian journals focusing on the roles of hospital physicians and surgeons, male nurses' (*giovani*) work in the hospital and their education and training in surgery, and the religious and sacramental life of the sick in the said hospital. This article addresses an issue not previously explored in studies on the healing function of the Hospital of the Holy Spirit in Rome. It concerns the matter of transporting patients to the hospital and the procedure for their admission.

Patients arrived at the hospital both from Rome and the surrounding area. The latter were transported on horseback, while the sick residing in the city were brought to the hospital on stretchers or chairs by stretcher-bearers (*barellanti*). Persons involved in transporting the sick were paid by the Office of Papal Charities. (*Limosineria Apostolica*). It was recommended that patients be placed in the hospital nearest to their place of residence. The sick, having arrived at the hospital alone, driven or brought, were subject to a special procedure of admission and hospitalisation. They were diagnosed by one of the assistant physicians on duty, who decided whether the patients were eligible for admission and, if so, assigned them to the appropriate ward for treatment. Clothing and personal belongings of the sick were then deposited, and they were provided with hospital attire. The first duty of the newly admitted patient was confession, followed by Holy Communion.

Keywords: Hospital of the Holy Spirit, Rome, the sick, the way

Introduction

The Order of the Holy Spirit, founded in the late 12th century by Guidon of Montpellier, played a great role in the history of hospitals and charity. It ran the largest Hospital of the Holy Spirit in Rome, founded in 1198 by Pope Innocent III, which became a model for other hospitals. The monumental Hospital of the Holy Spirit was the home of the Order of the Holy Spirit and the seat of its Superiors General (*Commandatori*). Until 1870, it remained under the protection of the Pope, which is why it was called the "papal archhospital" (*archiospedale apostolico*)[2].

Until the unification of Italy, it served two functions: a foundlings asylum (brephotrophium) and a hospital-clinic for the sick (infirmary). While hospitals have undergone centuries of evolution from social function to medical function, the Hospital of the Holy Spirit in Rome has also served the medical function from its inception[3]. In modern times, this hospital was a multi-department and multi-functional clinic, adapted to the treatment of various diseases. There were six wards: for the feverish, for the wounded, for tuberculosis patients, scurvy and stone sufferers, and patients with scabies[4]. The hospital specialised in treating patients with high-fever diseases, most of which were caused by malaria, a condition widespread in the areas around Rome and throughout Lazio[5]. It was also famous for providing assistance to wounded individuals requiring surgical intervention, a service handled by the internal hospital -*Ospedaletto dei feriti*.

The protecting function of this hospital as an asylum for abandoned children was the subject of the author's research at the turn of the 20thand 21stcenturies. It was developed in the form of two books and articles in Polish and Italian journals and publications[6]. Among the Italian works on children abandoned in the Hospital of the Holy Spirit, the most important are the works of: Claudio Schiavoni, Silvia Dominici, Sergio Pagano, and G. Di Giorgi[7]. In recent years, the author conducted research on the healing (medical, infirmary) function of this hospital, the result of which is a monograph published in Poland in 2023, entitled: *The Holy Spirit Infirmary in Rome in the 17th-18thcenturies]* (pp. 570) that provides a complex picture of the hospital as an infirmary. Last year, an article on physicians and hospital surgeons was published in the journal "Medicina nei secoli"[8]. Another periodical describes the work of male nurses (*giovani*) in the hospital and their education in surgery and medicine. It was then not only a medical but also an educational institution, i.e. a surgical school in which all nurses were obliged to learn surgery[9]. Another article concerns the religious and sacramental life of the sick in the said hospital[10].

This article addresses an issue not previously explored by historians in studies on the healing function of the Hospital of the Holy Spirit in Rome. It concerns the matter of transporting patients to the hospital and the procedure for their admission. The presented text therefore fills the gap or complete lack of research on these issues (especially on the patient's way to the hospital, and not only in relation to the Holy Spirit Infirmary).

These considerations pertain to the 17thand 18thcenturies. It should be noted, however, that the sources from the 17th century on the topic under study are less rich than those for the Age of Enlightenment. Extending the analysis for a longer time space enables the observation of the studied issue across two distinct centuries. The 18thcentury was a time of Enlightenment transformations, expansion of the hospital, and profound reforms introduced during the Great Visitation (1737-1749) under the papacy of Benedict XIV (1740-1758) - the "third founder of the hospital", with merits similar to the first and second founders, i.e. Innocent III (1198-1216), and Sixtus IV (1471-1484[11]). In the 18thcentury, the following were established: Lancisiana Library, Anatomical Theatre, and Surgical Schools, thanks to which the hospital became an avant-garde medical as well as scientific and clinical facility, and a centre of medical-surgical studies[12].

The eighteenth-century Rome had "two faces – atraditional and a reformist: paternalistic immobilism with regard to protective structures, immersed in the post-Tridentine Catholic tradition, sometimes even medieval, and the pursuit of renewal[13]. In the 18thcentury, the process of creating the modern Papal States seems to have been completed, although, at times, old currents sometimes coexisted with the new[14]. While Benedict XIII (1724-1730) was the last pope firmly anchored in institutional continuity and motivated by religious tradition, Pope Benedict XIV began with reforms, attempting to reconcile tradition and innovation[15].

The basic source material related to the Hospital of the Holy Spirit, stored in *the Archivio do Stato di Roma*, counts as many as 3,000 files[16]. One of the most important, if not the most important, sources for research on this hospital in modern times is the records of the aforementioned visitation of Clement XII (1730-1740)[17]. It should be added that organising the Apostolic Visitation was one of the most important issues addressed in the Decrees del Concilio di Trento[18].

1. Transport to the hospital

According to the monastic rule inspired by Innocent III, brothers and sisters could not limit themselves only to receiving the sick, but were obliged to search for them. In the original rule (ch. XXXV) of the Hospital of the Holy Spirit, established in the early 13th century, *ad usuminfirmorum et pauperum*, chapter XL states that "one day a week the sick poor are to be sought out in the streets and squares and transported to the Hospital of the Holy Spirit and receive careful treatment there"[19]. The miniature of the codex dating from around the middle of the 13thcentury, in which the rule was copied, depicts something that can be considered a prototype of a modern ambulance: a carriage with four wheels, on which a monk and a nun place the sick person[20]. This was supposed to be in the Middle Ages, but sources of the modern centuries do not mention any search for the sick. They usually came to the hospital directly from their

homes and often moved from one hospital to another. This happened when, in an emergency, they were sent to the hospital, by chance, as the nearest medical facility. Later, they were often transferred when the treatment did not work or the disease came back, and another hospital was more suitable for treating the ailment. Since they were ill and unable to move on their own, the only solution to the problem was to transport them. In 1741, Cardinal Gentili, a visitor, reported that the transport from one hospital to another was dangerous and caused a lot of damage. He regretted seeing how many seriously ill, having been transported to the infirmary of the Holy Spirit, had barely received the Last Rites, and died, while others had not even managed to receive this sacrament. In order to deal with such incidents, he issued two orders. First, the assistant placed all patients experiencing a relapse of the disease, sent back on the same day from the hospital of St. John Lateran and the hospital of the Bonifratres, in bed, and then entrusted them to the care of the chief physicians until full recovery. Second, the superior of the infirmary (*priore*) would no longer pay the bearers who transported the sick from the two hospitals[21]. In the middle of the 18thcentury, the patients were transferred from the Hospital of the Holy Spirit to other medical facilities in Rome by a stretcher-bearer accompanied by night guards[22].

The cardinal also criticised other practices related to the placement of patients in Roman hospitals. The sick arriving from the surrounding towns through the city gate, instead of going to the nearby hospital of St. John Lateran, was transferred to the Hospital of the Holy Spirit, a few kilometres away, which posed a risk to their health and life. This was contrary to papal edicts, which ordered the villagers to take the sick to hospitals closest to the city gates through which they entered the city. Failure to comply with these regulations resulted from the fact that the villagers carrying the sick on horseback, reaching the Lateran Hospital for their service and effort, received three *paoli* alms for each patient brought, while leaving them in the hospital of the Holy Spirit, they received twice the amount. In addition, they often received some ad hoc, additional task or commission for the city, and thus the opportunity to earn a penny. Their specific interest and calculation led them to leave the sick with the hospitallers to the burden of the transported patients. The visitor, who wished to relieve their suffering and to limit the hospital expenses, forbade the infirmary superior to pay double alms and to receive the sick who, according to the apostolic instructions, were to be placed in the Hospital of St. John Lateran[23].

The decrees of Urban VIII (1623-1644) and Alexander VII (1655-1667) stated that the patients were to choose the hospital that suited them best. Meanwhile, Cardinal Neri Corsini, who visited the Hospital of St. John Lateran in the years 1745-1746, found irregularities in the hospital's reluctance to admit the sick from the vicinity of the Hospital of the Holy Spirit. He emphasised how burdensome and tiring it was for the patient to come to the hospital, let alone send him back to another facility. At the same time, he noted that the sick were admitted to the Hospital of the Holy Spirit, reorgan-

ised by the visitors, without any reservations or difficulties, and without asking about what districts they came from and through which gates they arrived. In this situation, Corsini introduced the principle of equality and reciprocity of the conditions of hospitalising patients in the two hospitals, under the penalty of the superiors and physicians, who do not comply with these rules, being expelled or laid off from the hospital. Simultaneously, under the threat of the same penalties, he warned that no one could demand from the carriers that the sick delivered to the Lateran Hospital should be taken to the Hospital of the Holy Spirit, which was closer to the districts from which they came when the patients themselves wished to be taken to the even more remote hospital Sancta Sanctorum. He also confirmed that the sick could not be deprived of the freedom of choice of the hospital, previously established by the popes[24].

For the seriously ill, it was a big problem to arrive at the hospital. Their health did not allow them to move on their legs and required the help of other people to transport them to the facility. This was taken care of by workers assigned to transport the sick on the stretchers, the so-called *portatorori* - *barellanti*, or stretcher-bearers, who were delegated and paid by the Office of the Papal Charities at the Holy See (*LimosineriaApostolica*), which, on behalf of the Holy Father, was to show charitable assistance to the poor[25]. In the history of Catholic reform tendencies, an important role was played by Innocent XII (1691-1700), the last pope of the seventeenth century and the first to reign during the period of the ancienrégime, who demonstrated absolutist traits during his papacy. His authoritarianism was also manifested with respect to the charitable structures of the city, the Office of Papal Charities responsible for giving gifts to the poor, and the Sacred Congregation of Apostolic Visitation, the supervisory body of Roman places and religious institutions. In general, he had a profound impact on the future institutional policies of Rome and the whole Papal States[26].

Pope Innocent XII modernised the said office, adapting it to the needs of the Roman population. He strengthened the position of the papal almoner, *Elemosiniere Segreto*, who became one of the most important *dignitaries* of the papal court. In respect of the ancient traditions of the first millennium, on behalf of the Pope, he distributed money to the poor, hospitals, monasteries, and other charitable institutions, and engaged in the public distribution of bread and other goods[27]. The hospitals of Rome intended primarily for the poor, were subject to the orders of the highest ecclesiastical authority, the Sacred Congregation, specifically its part dealing with the hospitals, which had the right to visit them and to issue edicts concerning them. It also had the prerogative to conduct political and social care for the poor of Rome, and to place the sick in various hospitals throughout the city. In 1721, it issued a law on public order, which prohibited sick people of both sexes from lying down on the streets and ordered them to go to hospitals or be transported there by the services in case of incapacity to move independently. *The Sacra Congregazione* also had the authority to enforce compulsory hospitalisation of the sick. If they refused to go hospital, were to be transported

involuntarily or moved by sick carriers, who received payment from the Office of Papal Charities[28].

In general, the sick reached the hospitals in two ways; those from towns and regions outside Rome were brought on horseback, while the sick from the city were brought to the hospital by bearers on oblong stretchers in a supine position. They were also carried on stretchers in the form of chairs. These are mentioned in the account of the jubilee year 1625 by the parson of the Roman parish S. Maria del Popolo, which illustrates the life of the sick and poor of the city, read that: "poor dead people are found not only in the streets, but in barns, sheds, granaries in Piazza del Popolo, also in limestone rocks and small villages where the scum of the poverty of Rome live (*la feccia della poverta*), and not only die of lack of funds, and when the parish priest, when they have not yet died, sends them to hospitals, they refuse to accept them, and often die on chairs (*in sedia*) during their transfer[29]".

The transport of the sick to the hospital created a field for abuse by persons designated for transport, who misappropriated papal alms. Since the papal almoner paid four *guilj* to men delivering patients to the hospital on stretchers, during the time of Innocent II there were often cunning stretcher-bearers transporting emaciated and pale friends who were considered ill to the hospital and then shared with them the money obtained based on a certificate of transporting a "false sick"[30].

Parish priests and vicars, who were not present at laying the patient on a stretcher, were indirectly complicit in these transportation frauds. The stretcher-bearers forced them to issue printed forms with the papal coat of arms, signed by the parish priests, with uncompleted individual boxes, in which they entered: the patient's name, the parish from which he was transferred, the name of the hospital to which the sick was to go, and the date of transport. All this should have been done by priests of the parish from which the sick was taken. Many times, the bearers entered the data of fictional people. And it was even worse when forms were extracted from the Office of Papal Charities, not signed at all by priests, and later falsified by the bearers with a counterfeit signature. In 1752, one such fraudster, Filippo Salvadei, was exposed and sentenced to lead the city on a donkey and subsequently to five years in prison[31].

In order to put an end to the frauds harmful to hospitals and the Office of Papal Charities, which covered the wages of stretcher-bearers, lay and religious priests were ordered to personally collect the forms from the papal office and keep them locked, without making them available to anyone. When they were told that a seriously ill person needed a stretcher, they must not believe it but check it out in his home. If the situation required intervention, the parish priest or his deputy had to assist in putting the patient on a stretcher, then fill in all the boxes of the newsletter and sign it. Only such a document could be handed to stretcher-bearers who were supposed to transfer the patient to the hospital. Since then, all documents found in hospitals concerning transport, badly or not fully completed, have been charged to priests who were obliged to

return from their pocket the Papal Almsgiving office the money paid by the hospital for bringing the sick[32]. The situations and the order issued concerned all the hospitals of Rome, and thus also the Hospital of the Holy Spirit. In 1738, Cardinal Lenandro Porzia ordered that, regardless of the circumstances, the superior of the infirmary should pay for transporting the sick to the Hospital of the Holy Spirit[33].
In 1811, most of the sick were residents of Rome (28%). Their percentage was not high considering the size of the city. However, many patients came from very distant places, several hundred kilometers away from the Eternal City, including Rimini, Genoa, Florence, Milan, Venice and Sardinia. The remaining approximately 2/3 of the patients came from small, probably Roman towns and surroundings[34].

2. Admission procedure

The patient, having arrived at the hospital alone, driven or brought, was subject to a special procedure of admission and hospitalisation. According to the 1623 regulations, a patient arriving at the hospital had to first see one of the four assistant physicians on duty, who, in the presence of *a priore* or *sotto priore*, decided whether they could be admitted for treatment. The possibility of hospitalisation of people suspected of leprosy or scabies and incurable diseases were excluded. When the physician decided to admit him, the patient had to go to confession with one of the four confessors and receive Holy Communion, after which one of the guards was placed on a bed in a suitable ward for his condition: in a large hospital (*Corsia Grande*) or a small hospital (*Ospedale dei feriti*) if the individual was injured. The beds were well covered with a blanket, white sheet, and a clean mattress. It was forbidden to place the patient on a bed on which someone had died or had been discharged. This could only be done first after changing the mattress and bedding. Then a writer appeared near the sick person's bed, and recorded the personal details of the new patient: name, profession, territorial origin, father's name, quantity, quality, and colours of clothes left behind; he also asked if the patient had gold or silver. The male nurses of the guard then tied the package to the clothes, attaching a receipt with the patient's bed number, and name, noting whether he had money and what amount; they also made a second identical receipt and left it in a purse attached to the front of the bed. The package so secured was transferred to the dressing room and put in a numbered place (corresponding to the number of the bed), which made it possible to find the deposit upon discharge of the patient from the hospital. The patient's money was deposited in a large chest, in canvas bags placed inside it. They had the appropriate numbers corresponding to the signs on the hospital beds. The final stage of the "ceremony" of receiving the patient relied on handing over hospital clothes, which consisted of a white shirt, a beret, a long warm coat of blue canvas, a linen bathrobe (*zimmara di panno turchino*), and trepes on a wooden sole. The last two things served the sick when they got out of bed for a need, walked around, or ate[35].

However, an interesting and meticulous ritual concerning the criteria and methods of providing assistance to the sick in the Hospital of the Holy Spirit dates from 1632. After the patient's arrival at the hospital, the corporal of the guard asked them about their origin, place of birth, and profession, then he presented the situation to the superior of the infirmary, who informed the assistant physician to make a preliminary assessment of his condition, whether they had a fever and what ailment they suffered, and whether an immediate remedy was needed for the treatment of bites or colic. After admission to the hospital, a chaplain came to the patient for the first sacramental confession[36], after which the patient was transported to the ward, put to bed with clean and heated bedding, dressed in a white shirt, and provided with an adequate meal. In the evening the chaplain visited him again so that they could receive Holy Communion the next day. After all this, a writer appeared, who recorded the patient's name, father's name, address of residence, nationality, age, profession, and personal belongings possessed at the time of arrival in the sick register. All patients were visited twice a day by the chief physician, assisted by the infirmary superior and corporal. The physician determined the means of treatment, while the superior chose the type of food suitable for the sick. The recommendations of the first were later forwarded to the pharmacist, who was also responsible for notes with recommendations for *barbiere*, *crissteraro*, and *onzionario*. At the end of the physician's visit, one of the guards wrote down the diet, as prescribed by the physician[37].

From the beginning of the 17th century, descriptions of the "ceremony" of admitting patients to the hospital are among the most accurate. Later, the corporals at the head of the guard on duty took care of the admission and recording of the patients, entering the date of arrival on the daily, separately drawn up list of admissions, then marking the first letter of the name of one of the four main physicians who was to take care of him, the number of the bed and the name of the ward in which he was placed. As a rule, it was *Corsia Grande*, intended for the febrile, and if there was no place there, or the sick person required special treatment, he was placed in another ward, in *Corsia Nuova*, *Nuovo Braccio,* or in a hospital for the wounded. In case of need, there were double beds called *carioles*, on which patients were placed in the absence of normal places; as well as so-called "third beds", used in similar situations (*terza*). It was always noted, same as the nationality of the patient, with the abbreviation: *Franc*. (French), *Pol.* (Pole), *Ted.* (German). Such a list of patients admitted to the hospital within twenty-four hours, made in three copies, was left by the corporal to the superior of the infirmary, the authorising officer, and the writer responsible for taking the statistics and recording the movement of the sick. In addition, the writer drew up a summary, daily list of newly admitted sick and abandoned children, detailing the wards in which they were placed and the number of seriously ill. It was delivered to the food warehouse so that the menu and the meal organisation could be planned[38]. The writer was obliged to do the sick lists twice a day[39].

The initial diagnosis after the patient's arrival was made by an on-duty assistant physician or a deputy surgeon. They also decided about their hospitalisation and ascribed them to a bed and a hospital ward. It happened that the members of the guard themselves did this arbitrarily, without any consultation with the medical staff and the on-duty corporal, for which there was a risk of expulsion from the service[40].

After being admitted to the hospital and assigned a bed, the patients changed their clothes to hospital clothing. In the winter, the servants were obliged to warm the bed of the new sick person, as well as the hospital shirt in which he was clothed. In the middle of the 17thcentury, the writer was responsible for registering, accepting, and giving away deposits of the sick. As he walked around the room in the morning and after lunch, he wrote down new patients with an annotation about their age, parents, profession, and the place from which they came. He noted whether they lacked clothes, such as a shirt, cape, or shoes, and described the quality of the clothes left behind so that after they recovered, they would not demand a better one than the one in which they came. He then wrote two receipts for each, or three when they had money or a sword, along with the name of the guard servant who made a package of clothes, with the number of the sick bed inscribed on it. One receipt was placed on a plaque next to the one lying down, the other in a package, the third in a bag with money or a sword. All these things the writer recorded in a special book and then commissioned the servant to transfer the deposit to the storage area. The money, silver, and gold products, and other precious things possessed by the sick, were personally packed by the writer, recording the sum of cash and the value and condition of the items, and then placed with the chief infirmary in deposit.

Patients, generally old and ill people, often had to undress themselves, which was difficult for them. They were supposed to be helped by corporals and servants on duty, and not, as it happened, by strangers. Removed clothes, sometimes rags, put under their beds, and asthe clothes were very dirty, they infected sleeping places and people passing by. Scandalised by this, the visitor of Gentili ordered in 1741 that the newly arrived sick should be stripped by servants and that the remaining dressing room, after wrapping in paper with the patient's name and surname, be stored in the storage room[41]. However, they were made aware that the service was supervised by a corporal[42].

Often, patients (e.g. in 1757) complained about missing things folding under the beds or replacing them for the worse. So far, they have been moved from there to another place by *giovani* or bearers. Therefore, an order was issued that the corporal of the duty shift should first take the sick person to bed, and one of the members of the guard should take the sick person's belongings to the dresser[43]. According to the decree of 1759, the writer and one of the members of the guard went to the bed of the new sick, making two receipts, one of which he placed on the tablet of the sick person's bed, and the other in a package of underwear deposited in the cupboard, from which the stretcher-bearer

carried the package to the warehouse. It was stipulated that this activity could not be performed individually by bearers, and preferably as if they were carried out by corporals themselves. To prevent the loss of things, the sick leaving the hospital were given the deposited packages in the presence of two members of the duty[44] guard. However, irregularities still happened. A year later, Commander Ludovico Calino accused the corporals of not accompanying the service in packing and putting the sick in the cupboard, to which they kept the keys. Referring to his predecessor, Cardinal Giuseppe Maria Castelli, he ordered corporals to fulfil their duties under the threat of severe penalties and was additionally obliged to cover with his own sum the damage for lost goods[45].

If a person who was mute by nature or due to a severe illness was unable to say his name, the writer recorded him in the registers as a non-speaking (mute) person, i.e. *homo sine loquela*. Unable to obtain personal data, he described her by external characteristics, hair, age she looked like, or other characteristics that allowed general identification. The same procedure was practised for people who died shortly after arriving at the hospital. When a clergyman arrived at the hospital, the writer wrote in the bulletin not only his name and surname but also that he was a priest, so that, due to his condition and prestige, he could be distinguished from other patients[46].

It happened that among the newcomers there were people from distant countries, from behind the mountains of the Alps (*oltramontani*), who did not know the local language. In such a situation, the receiving corporals who entered data in the admission card next to the bed number stated: a Frenchman, a German, a Pole, etc., so that they could send a confessor speaking the patient's language. Moreover, when one of the visitors was on the verge of death, he was asked about his name, father, mother, nationality, profession, age, and all this was recorded. If he had already lost his speech, the name and surname were transcribed from the bulletin issued by the parish priest from which he was taken, with the annotation "based on the bulletin". If this could not be found, they tried to obtain some data from those who brought the patient to the hospital so that they could register him in the books. People who transported the patient to the hospital on a stretcher, on a horse, or otherwise presented bulletins signed and stamped by the parish priests, certifying that they confessed the patient and saw them put on a stretcher, on a cart, on a horse or other means of transport. All the formalities were handled by the on-duty corporal, who signed the admission of the sick person and payment of the assigned alms to the transport person: *giuli x*. Sometimes the sick reached the hospital on their strength and ended their lives there; some had to be sent to other hospitals, and others were sent back from those hospitals to the institution of the Canons of the Holy Spirit, as not fully cured. In such cases, the corporal could not sign the appropriate newsletters to the stretcher-bearers. However, he had to put the latter on the bed[47].

When admitting patients to the hospital, care was taken not to become a threat to the rest of the hospitalised. When the newcomers were diagnosed with consumption (*tisici*), they were placed in an isolated place and assigned their own equipment and

items to eat so that they did not mix with the things used by the healthy. Separately, sheets, shirts, and caps (berettini) were kept and washed. In accordance with a decree of 1691, it was decided to separate a place off the side of the hospital for the observation of newly arrived people for signs of infectious disease. If such symptoms were observed, these patients were re-examined by major physicians and surgeons to decide what should be done next.

Corporals were responsible for the appointment of beds and the placement of newly admitted patients in particular places. According to the long-standing regulations, they should be entrusted, equally according to their state of health and in a similar number, to the care of one of the four general practitioners responsible for their departments. The idea was that each of them dealt with a similar number of seriously ill and minor ailments. Meanwhile, an analysis of the monthly patient records made in 1760 by Commander Ludovico Caliano showed that corporals assigned too many patients with difficult cases to some physicians, which caused them to overload and fatigue. In response, he ordered the observance of the previous rules and evenly distributed the seriously ill. The only exception was patients with relapsed disease, who had to be entrusted again to the same medical practitioners who had previously treated them[48].

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