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*Inventing Public Health  
in the Early Modern Age:  
Venice and the Northern Adriatic*



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## *Introduction*

In 1920 Charles-Edward Amory Winslow wrote the now canonical definition of public health in the journal *Science*: “Public Health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health”.

This volume is one of the results of a research project – conducted at the Ca’ Foscari University and supported by Regione del Veneto with the collaboration of the State Archives of Pazin and the Società di Studi Storici e Geografici of Piran – which aims at understanding how the contemporary concept of public health, as defined by Winslow, was shaped.

As its title *Le città porto alto adriatiche e lo sviluppo della sanità pubblica in età moderna* (The Northern Adriatic

Port Cities and the Development of Public Health in the Early Modern Age) highlights, the project reconstructs the historical roots of 'health' and the path that, starting from the early modern age, led it to become 'public', in the current meaning of a state's task. Over the centuries, public health has become a practice in which medicine and administration, science and control are intertwined. Between the late 15<sup>th</sup> and 18<sup>th</sup> centuries, health practices shifted from being a run-up to face frequent epidemic threats to an activity of planning and prevention. Since medicine was still very uncertain and ineffective at the time, the success of early modern age health measures resulted from an efficient administration and a widespread control of information.

To study this evolution, I decided to focus on the Northern Adriatic: here, in fact, the first quarantine protocols, the first lazarets, the first permanent health magistracies were established. The focus is on the 18<sup>th</sup> century, because in this period health practices became more and more systematic and widespread. Through a story accompanied by pictures, aimed at valorizing the sources of the time, it is therefore possible to reconstruct how Venice, in collaboration and competition with other Mediterranean port cities, 'invented public health'.

The volume is completed by two appendices. The first, made possible by the rich documentation preserved in Pazin, describes health management in Istria after the fall of the Republic of Venice. The second, edited by Luigi Zanin, explains the practice of disinfecting correspondence, which was considered not only a precious

source of information but also a dangerous vehicle of contagion.

In addition to the aforementioned partner institutions, I wish to thank the Fondazione Ghislieri of Pavia and the staff of the State Archives of Florence, Genoa, Livorno, Milan, Naples, Venice, Trieste, Udine, of the Biblioteca del Museo Correr and the Biblioteca Nazionale Marciana for their help during my research, as well as the administrative staff of the Department of Linguistic and Cultural Studies of the Ca' Foscari University of Venice for their precious collaboration.

Early modern public health:  
a history through texts and images



*The Adriatic Sea or the Gulf of Venice – Atlas Maior sive Cosmographia Blauiana. Geographiae Blavianae Volumen Octavum, Amstelaedami, Ioannis Blaeu, 1662 (Fondazione Ghislieri, Pavia).*

Between the Middle Ages and the early modern age, the Republic of Venice was a commercial center of primary importance, the fundamental hub between the East, often called the Levant at that time, and the West. Luxury goods such as Indonesian spices, Chinese porcelain and lacquered wood, Indian cottons and precious stones, passed from Asia to Europe. They went through the Silk Road and arrived in Venice. Venice was a large emporium where raw materials were processed – think of the flourishing production of glass and soap – and the place where exotic products from the Levant were redistributed throughout continental Europe.

The importance of Venice was also reflected in the geographical maps of the time: what is today the Adriatic Sea, in fact, was then denoted as the Gulf of Venice, to underline the control that the Republic had over this portion of the Mediterranean. This term had been coined by Venetian cartographers, but the fame of Venice was so great that it was widely recognized even outside the borders of the Republic, as evidenced by the maps contained in the magnificent *Atlas Maior* by Joan Blaeu, printed in Amsterdam between 1662 and 1672.

Of course, the discovery of America and the new ocean routes had been a serious blow to Venice. In 1500, after hearing of the arrival of the first Portuguese ship with a cargo of pepper directly from the Indian Ocean, several Venetian companies declared bankruptcy. However, the Venetians were able to develop a kind of counter-offensive. They started rumors that the pepper imported by the Portuguese was of inferior quality due to the long sea voyage and poor conservation: in this way they managed to keep a slice of the market.

Throughout the early modern age, therefore, there was indeed a relative decline in the economic power of Venice, but it continued to be an important center for the circulation of goods, people, and information.



Nicolas Leméry, *Dizionario overo trattato universale delle droghe semplici*, Venice, Stamperia dell'Hertz, 1737 (Fondazione Ghislieri, Pavia).

As the registers kept by the Cinque Savi alla Mercanzia (a magistracy founded in 1512 responsible for the control and development of economic activities) still testify, during the 18<sup>th</sup> century, goods arrived in Venice not only from the traditional trading routes with the Levant, but also from the New World.

Venice was also an important learning center in particular about those products which were becoming the so-called “global goods”: coffee, tea, cocoa, Brazilian wood, pepper, cinnamon, turmeric, sugar and medicinal herbs such as dragon’s blood, Spanish herb (or alfalfa), sarsaparilla and cinchona, the latter used to treat malarial fevers.

“Most likely, once returned from Egypt in 1591, Prospero Alpino was the first to praise this drink and make the Venetians interested in it and the Venetians were the first to desire it for the ease of their trade with the Orientals, and to consume it”: these are the words used by Giovanni Dalla Bona, a doctor from Verona, to describe the arrival of coffee in Europe, in 1751. Dalla Bona highlighted the central role of Venice in global trade which, he said, allowed the transfer to Europe of a commodity destined to have a deep impact from both an economic and a social perspective, by changing eating habits and creating new forms of social relations in the coffee houses that soon sprang up all over the continent.

Coffee – together with tea, cocoa, and tobacco – was initially considered a ‘medicine’.

The lively Venetian publishing industry helped explain their use (and economic potential) to doctors, pharmacists, traders, by printing both translations such as the *Dizionario overo trattato universale delle droghe semplici* by Nicolas Leméry (Venice, Stamperia dell'Hertz, 1737) and original works such as the *Nuovo dizionario scientifico e curioso sacro-profano* by Giovanni Francesco Pivati (Venice, per Benedetto Milocco, 1751).



Nicolas Leméry, *Dizionario overo trattato universale delle droghe semplici* (Fondazione Ghislieri, Pavia).



Coffee plant – Elizabeth Blackwell, *Herbarium, Norimbergae*, 1750-1773 (Fondazione Ghislieri, Pavia).





Collegio medico-chirurgico di Venezia, *Registro spese fatte per la teriaca 1799-1805*, Ms. It. VII, 2374 (=9694), cc. 32v-33r (by



courtesy of the Ministero della Cultura – Biblioteca Nazionale Marciana).

Refined products, such as chocolate, came from Venice, along with manufactures linked to the consumption of new exotic goods, such as coffee pots. Another example is the theriaca, very famous at the time: it was said to be a sort of panacea capable of treating all types of ailments, whose precise recipe was jealously guarded and whose production was regulated and controlled by city authorities. The theriaca was a real global product, which contained ingredients from all over the world: pepper, cinnamon, saffron, nutmeg, Peloponnesian wine, and above all viper meat from the Euganean Hills (near Padua), and opium, the only substance to have a real effectiveness in treating pain.

The theriaca was originally used against viper bites – the name derives from the Greek *thēriakē*, antidote – but its use was soon extended to every disease. The one produced in Venice acquired an established reputation in the 18<sup>th</sup> century. “The antidote was given the name of theriaca of Venice, as it is more common here than elsewhere, and almost all the other parts of the world receive it from Venice”, wrote the English doctor Robert James in his *Dizionario universale di medicina* (published in Italian translation in Venice in 1753). James then complained: “Some have a prejudice that the theriaca of Venice is much better than the one we propose; our vipers, they say, are not as good as theirs, and therefore their theriaca surpasses ours”.

The Venetian success was due to a more massive use of opium as opposed to other countries, but also to a more careful marketing strategy, to use a modern word. Different apothecaries produced the miraculous medicine according to a precise public ritual (the so-called “exhibition of the theriaca”), in compliance with the laws of the Republic, then they made the bottles clearly recognizable through labels and published the list of the ingredients with prices, obviously without revealing the secret balance of the recipe.

*Registro de prezzi che autorano Li reganti, Semer, Sporch, an lo sue Terre.*

*Valore del Semer, an lo Sporch, an lo sue Terre.*

ALLA SUCCHERIA DEI DOSI

## THERIACA

Presi. Part. ANDROMACHI SENIORIS EX GALENO.

Prima Classis. *Dua Pes.* Libr. 60

II. *Ana Libr. 30*

III. *Ana Libr. 15*

IV. *Ana Libr. 76*

V.

VI.

Collegio medico-chirurgico di Venezia, *Registro spese fatte per la teriaca 1799-1805*, Ms. It. VII, 2374 (=9694), c. 14r (by courtesy of the Ministero della Cultura – Biblioteca Nazionale Marciana).

1655 } Peste in Napoli  
 1656 }  
 1657 } in Roma  
 1658 }  
 1659 } in Genova

*Relazione desunta dalli Registri del Mag.  
 alla Sanità di Venezia circa Le  
 providenze che furono poste in pratica  
 per salvare lo Stato Veneto nel furore  
 incontro della detta Peste*

*desunta con accurato studio  
 dalli Registri medesimi  
 da Me. Francesco Egidi  
 nel tempo che scelsimo il  
 detto Eccmo Magistralo*

State Archives of Venice (hereafter ASV), Provveditori alla sanità, b. 562, f. 2, c.c. n.n.

Venice was a crossroads of people and goods. It was a cosmopolitan city and was therefore highly exposed to epidemics. This has been the case since the so-called Black Death of the 14<sup>th</sup> century, which came from the Levant to Europe with devastating effects: it is estimated that in a few years it killed between 20 and 25 million people, a third of the entire European population.

The infection probably broke out in Asia and was brought to Crimea by the Mongol troops who were besieging the city of Caffa, a Genoese colony. In 1347, twelve Genoese ships left because they thought they could save themselves by escaping, but they actually brought the plague with them, which started to spread in the ports where the fleeing ships landed: Constantinople, Messina, Pisa, Genoa. Venice was also struck by the plague, which probably arrived there from Dalmatia, in 1348.

In Venice trade played an essential role for its economy, so an interruption of traffic was not affordable. Venetians, in fact, used to say *the soul of commerce is health*. City authorities, therefore, tried to react promptly and appointed “three wise deputies for the preservation of health”: they concentrated on measures such as the immediate burial of corpses in remote locations of the lagoon, hoping to contain the contagion. The plague remained a threat in Europe until the mid-18<sup>th</sup> century and continued to affect Asia and North Africa throughout the 19<sup>th</sup> century.

Throughout the early modern age, Venice maintained careful surveillance. Among the papers of the Health Magistrate there are numerous files dedicated to the observation of the plague. In the mid-17<sup>th</sup> century Venetian authorities closely monitored the epidemics that had arisen in Naples, Rome, and Genoa. The documentation was collected and stored, and then used as a basis when new health threats arose and needed to be met.



The “bocca di leone” for anonymous health complaints, Fondamenta delle Zattere, Venice.

Venetian authorities' measures were more a result of fear than of science. Their aim was to show that the government was not powerless and could manage epidemics. Medical knowledge on contagion was very limited, there were no treatments or prevention for infectious diseases. For the following hundred years, health decisions were taken sporadically. Every time a new epidemic arrived, police controls were implemented and, as soon as the most violent phase of the infection passed, economic measures were taken to facilitate the arrival of new workforce and the business of production activities.

In 1440, a new commission was created. For the first time its role was not to control the contagion, but to study the possible causes of malaria — the name originates from the Italian *mala aria* and means 'bad air'. The idea of prevention appeared. After some experiments had already been conducted in Milan, in 1486 Venice was the protagonist of a revolution: it decided to establish the first permanent health magistracy, a very successful model soon followed all over Europe. The Health Magistrate was chaired by three *provveditori* and two *sopra-provveditori*: these five members were not doctors but were politically appointed. The core of the Magistrate was political and administrative: a jurist oversaw this part. There was also a medical component represented by the *protomedico del Magistrato* (the “archiater of the Magistrate”) and by a surgeon.

The tasks and prerogatives of the Magistrate were extensive. The health officials had to prevent epidemics, by implementing control on the mobility of people and goods. To do this, the Magistrate controlled a network of information. Since the 17<sup>th</sup> century all the so-called “bocche di leone” throughout the city and the dominions of the Republic were used to collect complaints against those who violated health regulations. Even today one of these mouths can still be found along the Zattere in Venice.



The *protomedico* (the archiater) – Giovanni Grevembroch, *Gli abiti veneziani di quasi ogni età con diligenza raccolti e dipinti nel sec. XVIII*, ms. Gradenigo-Dolfin 49.2, c. 160 (2022 © Biblioteca Correr – Fondazione Musei Civici di Venezia).

“There is no city in the world where vigilance excels over all things, which could damage the health of the people, as much as in Venice. The care of this important aspect is directed by two very powerful Senators, and by three other Patricians, who monitor to prevent pestilence from penetrating in Venice and its Republic. Hence, they prescribe that no infected food is sold, and that disorders which can produce contagion are limited. This supreme Magistrate [...] elects and pays a *Protomedico*. His duties are various, and he must report in detail the aforementioned *Sopra Provveditori*, and *Provveditori*. He visits lazarets, where quarantines are spent. He controls midwives’ proficiency, and the quality of drugs. He examines the corpses of people who have died suddenly. He can summon the College of Physicians, to consult with them on the most serious matters. His office [...] is so demanding that perhaps no other of the Public Ministers is held so responsible and so necessary”. This text accompanied the drawing of a *protomedico* in the collection *Gli abiti veneziani di quasi ogni età con diligenza raccolti e dipinti nel sec. XVIII* by Giovanni Grevembroch.

The *protomedico* was depicted with the long black toga trimmed with fur which made him recognizable from other doctors. Both the drawing and the description show the importance of this figure in Venetian society, in which the defense of health was considered one of the main tasks of the state. A defense that was embodied in the Health Magistrate and which required both the employ of ‘technical’ figures such as the *protomedico*, who by the 18<sup>th</sup> century was mostly engaged in prevention and treatment, and the exercise of judicial powers that allowed strict controls and, if necessary, severe sentences.

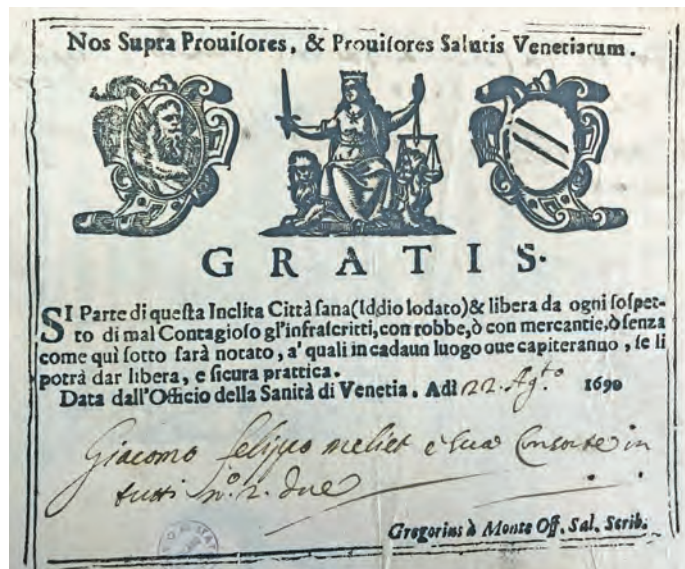


ASV, Provveditori alla sanità, b. 8: *Rubrica delle leggi del Magistrato eccellentissimo alla Sanità... tomo I, c. 1.*

The sentences that the Health Magistrate could impose were very severe, even for offenses that today may seem venial. In 1751 the carpenter Francesco Lorenzoni was sentenced to death for trying to steal some silk bales placed in quarantine. In charge of carrying out renovations at the Lazzaretto Vecchio, Lorenzoni noticed the silks from Constantinople and thought of making an easy profit. Immediately discovered, he was imprisoned and, after a period of quarantine, brought to trial and sentenced. The sentence was carried out by shooting in front of the seat of the Magistrate, a building demolished in the Napoleonic era, which was located where the Royal Gardens now stand.

The title page of the first tome of the *Rubrica delle leggi del Magistrato eccellentissimo alla Sanità* probably depicts the execution of the unfortunate carpenter. The book, compiled by Giovanni Antonio Boncio from 1770, collects all the measures taken by the Magistrate, from its foundation in 1486 to 1793. Since 1718 funds had been allocated for the creation of a systematic archive of the papers of the Magistrate so that the memory of the good practices adopted over the centuries would not be lost. As Boncio himself said, over the centuries the Health Magistrate of Venice had become “the legislator of Europe” and it was fundamental to have an up-to-date register of its legislative activity.

In order to be easily consulted – the *Rubrica* was in fact conceived not only as a memory but also as a practical tool for health officials – the laws were divided into categories according to the theme: for example, suspect vessels, quinine, cemeteries, quarantines, health passes, lazarets, goods and merchants, deceased people and newborns, fish and fishermen, plagues, the poor, wells, tobacco, theriaca and smallpox, testifying to the plurality of materials subjected to the control of the Magistrate.

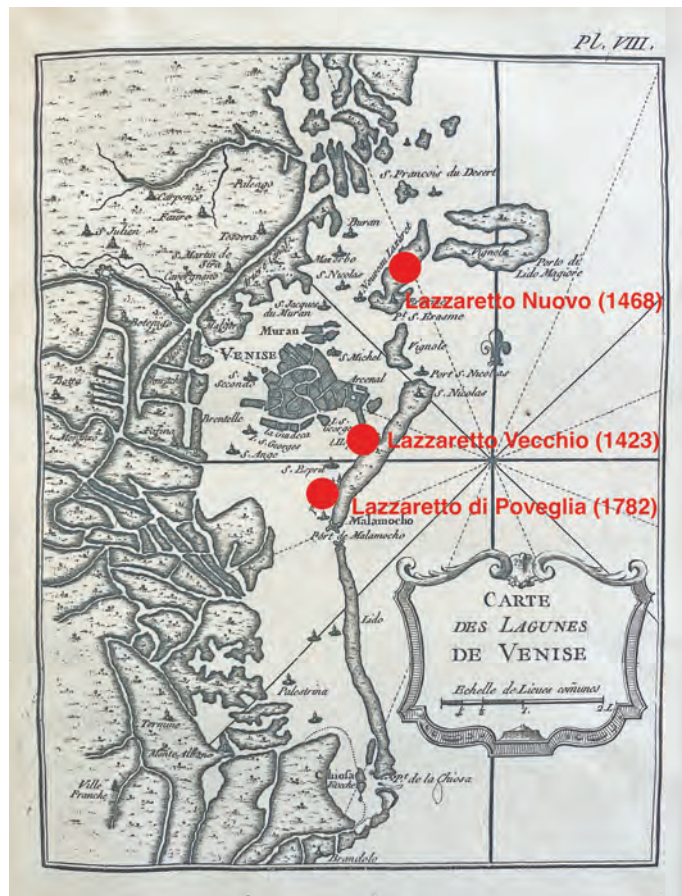


State Archives of Milan, Atti di governo, Sanità p. a., b. 7, c.c. n.n. (by courtesy of Ministero della Cultura, prot. 3492 of 26.07.2022).

Health passes – *Fede* or *Patente di Sanità* in Italian – were created in the Italian peninsula, more precisely in Florence, Genoa, Milan and particularly in Venice. They consisted of pre-printed sheets which attested the traveler’s health status and allowed controlling the movement of people, especially in times of epidemics. Subsequently, during the early modern age, the great centers of commerce such as Genoa, Venice and Livorno (the main port of the Grand Duchy of Tuscany) created a system to control goods and people that remained in force until the 19<sup>th</sup> century and was also extended to the other Mediterranean ports. Health passes remained a Mediterranean peculiarity, never extending to the Atlantic, where the British opposed such forms of health control.

Each ship, before entering the port and unloading its goods, had to show its pass which certified the health status of the crew and attested the places that the vessel had visited along its route. The pass was gradually compiled and updated by the health magistrates of the places where the ship had stopped. It worked like a modern passport, stamped and checked at each border crossing.

At that time there were no diagnostic tests to verify the real health status of the crew and so it was established on the basis of the origin of the ship, its journey, and the probability that the crew could have contracted diseases in an infected area. Passes had different statuses. A pass was unsuspecting or clean when the ship came from places where there was not even the slightest suspicion of an ongoing contagion. In this case the ship could disembark goods and people. In all the other cases, scenarios opened which, on the one hand, could hinder trade and freedom of movement, and on the other, protected ports from epidemics.



*The lazarets of Venice – Description géographique du Golfe de Venise et de la Morée, par le sieur Bellin, Paris, Didot, 1771 (private collection).*

In case of a suspicious pass – if the ship came from a usual or suspected place of contagion – the crew had to spend a period of time (up to 40 days, hence the word quarantine) in the lazaret. In case of a “bad or foul” pass – when the ship came from a place of bull-blown contagion or in which there were cases of disease on board – the ship was rejected by the port and had to continue its journey, hoping to find shelter in the subsequent stages.

The first practices of isolation for goods and people had been established in the Republic of Ragusa (now Dubrovnik) in 1377, but the first permanent lazaret was created in Venice in 1423, on a small island near the Lido, today known as Isola del Lazzaretto Vecchio.

The system was expanded with the creation of the Lazzaretto Nuovo in 1468 and soon imitated by other cities: in Livorno with the lazarets of San Rocco (1590) and then of San Giacomo (1648) and San Leopoldo (1775); in Naples with the lazaret of Nisida (1626); in Dubrovnik (1642); in Genoa with the lazarets of Foce del Bisagno (1656) and of Varignano (1724); in Nice (1669); in Valletta with the lazarets of Marsamxett (1683); in Cagliari (1720); in Valencia (1721); in Trieste with the lazarets of San Carlo (1721) and Santa Teresa (1769); in Ancona (1733) and in Menorca (1793).

In the 18<sup>th</sup> century Venice equipped some of the Adriatic towns under its dominion (Split, Herceg Novi, Corfu and Zakynthos) with lazarets. In 1777 the project for a new lazarets started and in 1782 the choice fell on Poveglia. The project would only be completed in 1793, due to the arrival of an infected ship and the fear of a new epidemic outbreak. An efficient (and welcoming) lazaret was in fact an asset not only for health protection but also for commercial competition. The prospect of spending quarantine (mandatory for merchants coming from the Levant where the plague was endemic) in comfortable rooms could be a strong incentive to choose one port over another.





ASV, Provveditori alla sanità, b. 562: *Capitoli da osservarsi nelli lazzaretti...*, Venice, Pietro Pinelli, 1719.

Codified rules regulated the procedures of “sbori” (sanitization) and “contumacie” (quarantine) in lazarets. Each type of goods had precise instructions to follow: “wool” had to be purged “with the same diligence used for silk, and placed in an open space, well ventilated, both during the day and at night”. “Spices of every kind [...] and other drugs, as well as edible things, and others not subjected to receiving or communicating infection, should be removed from the wrappings, and be well cleaned”.

The lazarets also housed travelers and sailors who, depending on their origin, could be subjected to forced stops of different lengths, before receiving permission to freely enter the city. At the end of the 18<sup>th</sup> century, the duration of these stops could range from 40 days in case of a foul health pass in Livorno, to only 14 days prescribed in Venice and Trieste in case of a clean health pass. Staying in the lazarets could be an opportunity, especially for merchants, to exchange information and news, and for business and trade agreements.

Giacomo Casanova gives us a glimpse into the life of a mid-18<sup>th</sup>-century Adriatic lazaret in his *Memories*. In 1744, traveling from Venice, the adventurer stopped in Ancona, where he was subjected to a 28-day quarantine, given the fears of the plague that at that time had struck Messina and Reggio Calabria. According to Casanova, while the room was free of charge, you had to pay for “a bed, a table and chairs”. Promenading in the courtyard was allowed, but not always: the arrival of new guests and the overcrowding soon prevented this activity too. Yet, if we are to believe Casanova, strict control did not prevent him from having a brief (but intense) love affair with a “beautiful Greek slave”. Jean-Jacques Rousseau’s experience in Genoa was quite different. He recounted a great sense of loneliness in his 28 days of quarantine, which he spent almost like a “new Robinson” on a desert island.



ASV, Provveditori alla sanità, b. 561: Lorenzo Alugara, *Descrizione istorica del contagio sviluppatosi in una tartanella idriota esistente nel canal di Poveglia nel giugno 1793 ... scritta per comando del Magistrato Ecc. alla Sanità di Venezia*, cc. 127v-128r

Map of the Island of Poveglia. A. Church, B. Bell tower, C. Graveyard, D. Chaplain's and Sexton's houses, E. Courtyard, F. Shed with two warehouses where the infected lived, and attic where the uninfected crew lived, G. Tavern where the [Health] Deputy, the Doctor, the Surgeon, and Officials lived, H. Warehouse

1. Double bars on the open facade of the Shed, 2. Chevaux de frise 3. Pavilions for the Militia, 4. Sentry boxes, 5. Booths for soldiers, 6. Xebecs, Galliot and Feluccas which guarded the island, 7. Infected ship, 8. Booths where the quarantined were transported after their recovery, 9. Booths for guardians, 10. Enclosed field for purge procedures, 11. Tank to keep the goods in the water during the first purge, 12. Pier, 13. Fence for ventilation, 14. Wherry where the Superintendent stayed, 15. Booth which the Superintendent went to for observations.

On June 5, 1793, the Ottoman ship *San Nicolò* arrived in Venice, traveling from Nafplio, having all the necessary requirements and carrying a load of salty cheese. Along the way it had also touched the ports of the Morea, places traditionally considered suspicious and often tormented by the plague. The ship was therefore taken to Poveglia, where she was to dock and quarantine. Everything seemed to be going well, but, three days after its arrival, the health sentinel announced that a sailor was showing worrying symptoms, attributable to the plague.

The authorities acted in a timely manner. The crew, of about thirty people, disembarked and was put in a temporary lazaret. Poveglia was completely isolated with a cordon sanitaire. The quarantine for all ships from Corfu, Zakyntos, Kefalonia and Lefkada was extended to 40 days: the authorities suspected that the *San Nicolò* had been infected in that area. The measures were effective in containing the contagion, which remained confined among the unfortunate sailors: eventually 12 deaths were counted.

The Health Magistrate commissioned his jurist, Lorenzo Alugara, to compile a detailed description of the events, including information on the plagues of the past, the methods used to contain them and current measures. On the one hand, they wanted to keep track of the event, so that it could serve as a model for future emergencies; on the other hand, they wanted to control the public narrative. Venice could not see its reputation as a safe port affected and therefore had to show how its actions in contrasting the contagion were effective. The record of past epidemics was a useful document, but it mainly aimed at showing how the leading position of the Serenissima in health matters had endured over the centuries and how the 1793 Venetian health institutions were efficient by then.



*Il medico industrioso* (the industrious doctor) – Giovanni Grevembroch, *Gli abiti veneziani di quasi ogni età con diligenza raccolti e dipinti nel sec. XVIII*, ms. Gradenigo-Dolfin 49.2, c. 161 (2022 © Biblioteca Correr – Fondazione Musei Civici di Venezia).

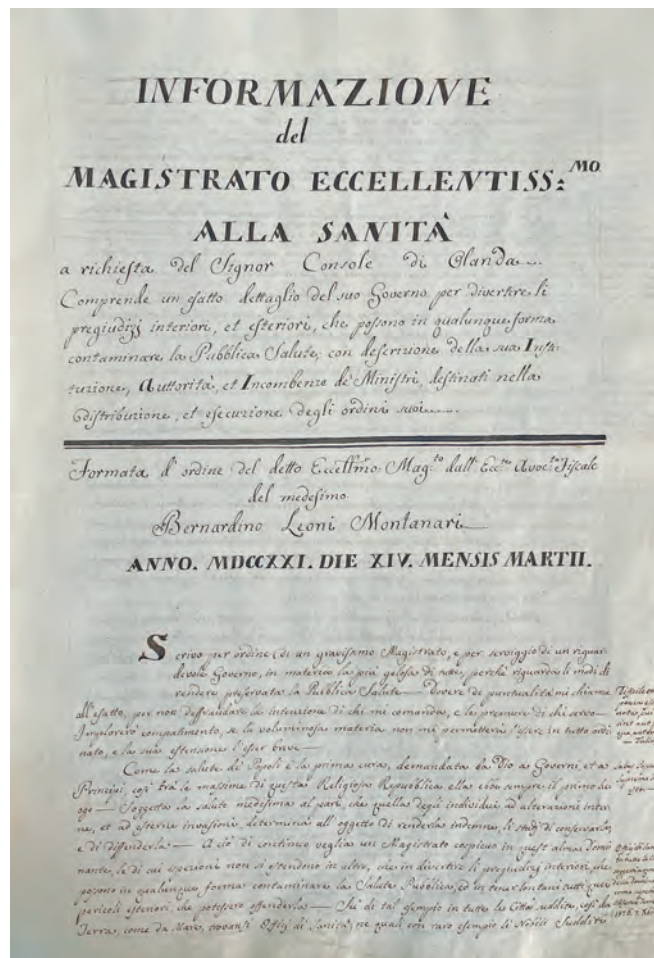
Contagion was an omnipresent fear, especially in port cities. The plague was endemic in the Ottoman Empire and in the North African Barbary principalities, with which European nations, including Venice, regularly traded with. Constant surveillance was thus required. A certain degree of collaboration was also needed: Mediterranean port cities had to be willing to share information about health and possible epidemic threats. Here as well, Venice was the leader.

The Republic had its own information network – consisting of ambassadors, consuls, merchants, and spies – steadily collecting information. Thanks to this data, Venice could, if necessary, decide to suspend trade with those cities or nations where infectious diseases were thought to be spreading. Venice printed and circulated all its health measures. This decision to share health information with other states mainly had utilitarian purposes: it was a way to raise awareness so that other states would pay due attention and avoid the spread of diseases. It was also a way to stay relevant on an international level. While the trading power of Venice waned between the 17<sup>th</sup> and 18<sup>th</sup> centuries, the city became an increasingly important center for the collection and spread of information, primarily about health.

By the 18<sup>th</sup> century, Venice had acquired an established reputation for the efficiency of its Health Magistrate: the city, in fact, had not been touched by the plague since the famous 1630-1631 epidemic, which had also hit Milan with devastating effects, as described by Manzoni in his famous novel *I promessi sposi*. It was increasingly rare to see the typical ‘plague doctors’, who wandered with a long and closed linen overcoat, juniper berries to ward off deadly miasmas, protective goggles, and the distinctive wax beak mask, filled with aromatic herbs and antidotes.



*The plague of Milan, 1630-1631* – Alessandro Manzoni, *I promessi sposi*, Milan, dalla Tipografia Guglielmini e Radaelli, 1840 (Fondazione Ghislieri, Pavia).



ASV, Provveditori alla sanità, b. 562: Bernardino Leone Montanari, *Informazione del Magistrato eccellentissimo alla Sanità a richiesta del Console d'Olanda*, 14 March 1721, c. 1r.

In the eighteenth century, despite having lost its economic supremacy, Venice remained an important information center: the ability of the Serenissima to obtain reliable information allowed it to remain a model for epidemic management. Whenever the suspicion of a new epidemic began to circulate, everyone turned to Venice to confirm the truthfulness of the news and, if so, to decide which measures to implement. They followed what the Republic proclaimed with its *Terminazioni*, i.e., decisions, printed and distributed throughout the Mediterranean. In short, Venice had an information advantage over other states and enjoyed international credibility.

Requests thus arrived from all over Europe to learn information on epidemics and the health protocols of the Serenissima as well. In 1721, for example, the Dutch consul asked the Health Magistrate for detailed information on Venetian health measures: the Netherlands, a true commercial superpower of the time, (still) turned to a declining Venice to find out how to manage lazarets, health passes and quarantines. The jurist Bernardino Leone Montanari gave them a detailed answer, underlining the importance of health management for the Republic: “As peoples’ health is the first care entrusted by God to governments and princes, among the rules of this religious Republic, health always had the first place. [...] A prominent Magistrate constantly watches over health in this Republic. The powers of the Magistrate are motivated by nothing but the will of averting internal perils, which can in any form spoil public health, and of keeping away all those external dangers that could damage it. Based on this example, in all the subject coastal and mainland cities, one can find health offices”.

43

## TERMINAZIONE

Degli Illustrissimi, & Eccellentissimi Signori

### SOPRA PROVEDITORI, E PROVEDITORI ALLA SANITA'

**S**copertasi con risontri li più accreditati la Epidemia nei Bovini in alcune Ville della Croazia, ed in altre molte della Provincia del Cragno Austriaco, si v'è dubitando, che estendendo sempre più li semi suoi maligni, venga di rendersi molesta alli Publici Stati. Volendo però gl' Illustrissimi, & Eccellentissimi Signori Sopra Proveditori, e Proveditori alla Sanità addattarsi li opportuni compensi, formando alle Suddite Provincie la più valida difesa, terminano, e colla presente comandano.

Che sia, e s'intenda Bandito ogni, e qualunque Comercio rispetto agli Animalì Bovini colla Croazia, e col Cragno Austriaco, cotchè per qualunque modo ne mena coll' ufo delle Fedi possano in quelli Publici Stati venir introdotti in pena della Vita Animalì Bovini, Carni, Pelli fresche, o concie della specie sudetta.

Che siano eretti prontamente in tutta la Provincia del Friuli, e nell'Istria nellì Siti soliti di Confine li Raffelli, dovendo esser destinate Guardie, tagliate strade, e seguire le separazioni, e prese tutte le necessarie precauzioni.

Che in relazione a ciò sia, e s'intenda semplicemente sospeso il Comercio colla Serbia, e Carintia immuni da tale disgracia, per quanto fin' ora risulta, ma per altro assai esposte al pericolo, dovendo al Confine della Pontebba venire praticate le riserve, quali faranno particolarmente a quella parte prescritte.

Che con tutto ciò restando aperta la comunicazione col Tirolo, e con tutte le altre Austriache Provincie, debba esser invigiato da tutti gl' Uffici di Sanità più vicini, per rilevare, se anche per quelle s'andasse introducendo, e spargendo la maligna influenza, affine di accorrere collì provvedimenti alla opportuna difesa.

Che nelle due Suddite Provincie del Friuli, e dell'Istria, dove per la Dio mercè si gode la più perfetta tranquillità, e così in qualunque parte, se si venisse a scoprire alcuna emergenza nella detta specie dei Bovini, scòbene creduta di mali alla medesima consaturati, abbiano ad esser praticate sollecitamente le necessarie separazioni degli Animalì sani dagli infermi col sequestro non tanto sopra gl'uni, che sopra gl'altri, quanto sopra le Persone destinate al loro servizio, ed alle restanti di quella Famiglia; così le sospensioni trà Ville, e Ville, le interdizioni de Mercati più vicini con tutte le altre diligenze prescritte dal Proclama d' Agosto 1726, ed altro posteriore regolativo 7. Luglio 1747, che furono circolarmente trasmessi.

La presente sia stampata, e pubblicata, siano mandati li folli riempiti alle Publiche Rappresentanze per loro direzione, e trasmessa agli Uffici corrispondenti per regola, e lume, che così &c.

Dat. dal Magistrato Eccellentissimo alla Sanità di Venezia li 13. Agosto 1755.

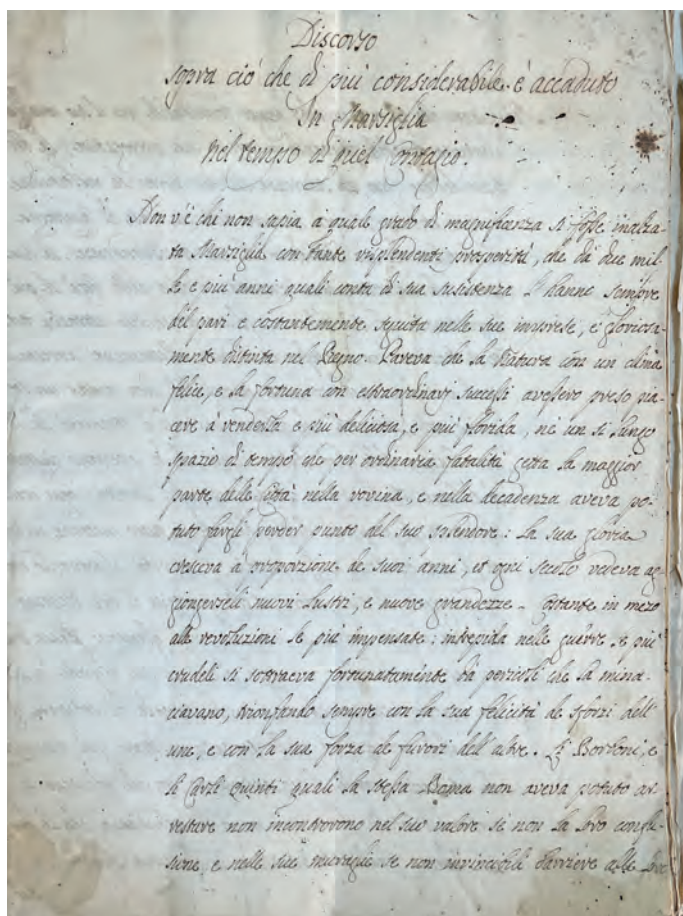
( Lorenzo Grimani Sopra Proveditor.  
( Leonardo Dolfin Sopra Proveditor.  
( Michiel Zen Proveditor.  
( Piero Dinà Proveditor.  
( Marco Bembo Proveditor.

Giuseppe Antonio Gariboldi Nod.

Adi 14. Agosto 1755. Pubblicata sopra le Scale di S. Marco, e di Rialto.

Stampata per li Figliuoli del qu. Z. Antonio Pinelli Stampatori Ducali.

State Archives of Trieste (hereafter AST), Intendenza Commerciale, b. 598, c. 43r: *Terminazione*, 13 August 1755.



ASV, Provveditori alla sanità, 562, f. 3: Peste in Marsiglia 1720. Relazione storica, c. 1r.

It is no coincidence that this request came in 1721. A year before a violent plague epidemic had broken out in Marseille and had spread throughout Provence, causing great concern in Europe.

The plague in Marseille allows us to tackle another aspect of health information: false news. There was, in fact, a certain degree of collaboration in the spread of health news, but there was also a lot of competition. As Ludovico Antonio Muratori wrote in *Del governo della peste* (1714), “wise cities, having heard doubts or rumors of contagion in the neighboring towns, not trusting (and rightfully) their warnings, secretly send some doctors there, or someone shrewd, to get the right information, and ponder every event; and on this report they can choose what measures to implement”.

Controlling the narrative on health could also bring commercial benefits. This is why Genoa began to circulate a series of false news: they stated that the inefficiency of the Health Magistrate of Marseille was not to blame for the plague outbreak. Livorno was guilty instead. The Tuscan city had, in fact, been visited by the infected ship and, according to the Genoese version, had not carried out the necessary checks, nor informed the nearby ports of any suspicions.

In reality, Livorno had carried out the protocols to the letter and had prevented the ship, on which suspicious deaths were already happening, from entering the port. With Marseille out of the picture, Genoa was obviously interested in damaging the other great port of the western Mediterranean, to remain unrivaled. Marseille itself, as soon as it began to recover from the epidemic, rekindled the accusations against Livorno, thus hoping to restore its reputation as a safe port. In such an intricate situation, on the other side of the Mediterranean, Venice observed the situation at a prudent distance, collecting data and opinions.



**PRESIDENTE. E CONSERVATORI DI SANITA'  
DELLA SERENISSIMA REPUBBLICA DI GENOVA.**



**D** Ouardo Noi per l'obbligo preciso, che ce ne corre inuigliare alla conseruazione di quella salute, che per la Dio meré, perfettissima si gode in questa Città, come in tutto il Dominio Serenissimo, & alla preferuaone d'ello, e de' Stati Confinanti, e corrispondenti, quali considerandoci come loro Autemrali coisulano nelle nostre attenzioni, e diligente, la conseruazione de' quali ci stà à cuore come la nostra propria, e de' Sudditi di questo Serenissimo Dominio, e così andare al riparo di tutti quelli inconuenienti, che potrebbero essere pregiudiciali; e considerando quanto siano pericolose le spiagge della Fofcana, per essere come è ben noto di salutate, & espofte, e difficilissime à guardarli; e perciò facilissimo à poterli tentare, & efiguire de' sbarchi, e furtui ingressi, massime di persona procedenti da Luoghi infetti, o banditi; sì che se non fosse leguio fin hora, come per altro si è vociferato, potrà maggiormente temersi nell'insoltrarsi della flaggione per li Balmimenti rigettati; sì che si aggioage l'edifizi in fatti riconosciuto, che ne Lazaretti di Liooruo non si sono, e non quelli state, e forse di flaggione, che si trasportano in ogni tempo, e in ogni luogo di questi mari espres di infectione, che procedono da Luoghi infetti, sarebbero ueluti varii Colli senza alcuna apparenza d'essere in essi state soprate le necellarie cautele; Per il che siamo stati obligati auere vna particolare attenzione alle merci procedenti da detta parte, & alcune di esse farle trasportare al Lazaretto, e sottoponerle à nuova, e diligente purga; & obseruato in oltre la facilità d'ammetterli colli Balmimenti, e Mercanzie procedenti da Luoghi attualmente infetti, il che si deve fare con tutta ragione temete, che il commercio aperto del detto Stato così nostro renderebbe inutili le precauzioni da Noi prese nelle certenni emergenze con notabile incomodo, e dispendio non tanto de' Signori Nostri Patrii, spediti all'esercizio de' numerosi Commisariati fissati nell'vna, e l'altra delle nostre Riuere, quanto de' Sudditi, che con tanta esatrezza allibono alle Guardie corrispondendo à voce, & à vita vn Corpo all'altro, la nostri Confini di Ponente fino à quelli di Levante, abenchè siano dette Riuere da vn Capo all'altro tutte habitate.

Perciò in vigor del presente publico Editto dichiariamo per sospesi, e sospendiamo da ogni commercio tutti li Stati del Signor Gran Duca di Toscana, sì tal che da essi non possa introdursi in questo Serenissimo Dominio, ne in alcuna parte d'ello Persona, Animal, ne Mercù di qualsivoglia sorte, se non col precedente equipaggio della quarantena ne venisse da Noi stabilita sotto ogni più graue pena tanto pecuniaria, come corporale à Noi arbitraria fino alla morte inclusiuamente, da incorrerli irremissibilmente.

E così anche dichiariamo pure sospesi da ogni commercio in termini sudetti li Stati della Repubblica di Lucca, e del Signor Duca di Massa, sì tal che non possa introdursi in questo Serenissimo Dominio, ne in alcuna parte d'ello Persona, Animal, ne Mercù di qualsivoglia sorte, se non col precedente equipaggio della quarantena ne venisse da Noi stabilita sotto ogni più graue pena tanto pecuniaria, come corporale à Noi arbitraria fino alla morte inclusiuamente, da incorrerli irremissibilmente.

E perche quanto sopra sia noto à tutti, & ogni vno possa inuigliare con la dovuta attenzione per l'osservanza di quanto sopra, che riguarda il vantaggio della comunis salute, e non possa pretendere ignoanza se ne fa la presente publica Guida da publicarsi ne Luoghi soliti, e conuenienti della presente Città, volendo publicata che sarà in detti Luoghi habbia la forza, e vigore come se fosse stata publicata in qualunque Città, e Luogo di questo Serenissimo Dominio, e personalmente à chi che sia intamata.

Dati in Genova dalla Camera nostra li 21. Settembre 1750.

Gio: Battista Carrotto Cancelliere.

In Genova; Per Gio: Battista Casimara; Nella Piazza delle cinque Lampade; Con licenza de' Superi.



*The Genoese Sea – Atlas Maior sive Cosmographia Blauiana. Geographiae Blavianae Volumen Octavum, Amstelædami, Ioannis Blæu, 1662 (Fondazione Ghislieri, Pavia).*

Massime di Sanità

Sanità jus supremo;  
 non ha pristino;  
 non admette parità di Mata;  
 abbia unità di Direzione, e di Legge;  
 abbia conformità di Esecuzione;  
 guarda a due bande: al male, et al Pericolo;  
 è sollecita con prontezza;  
 teme, più che spera.

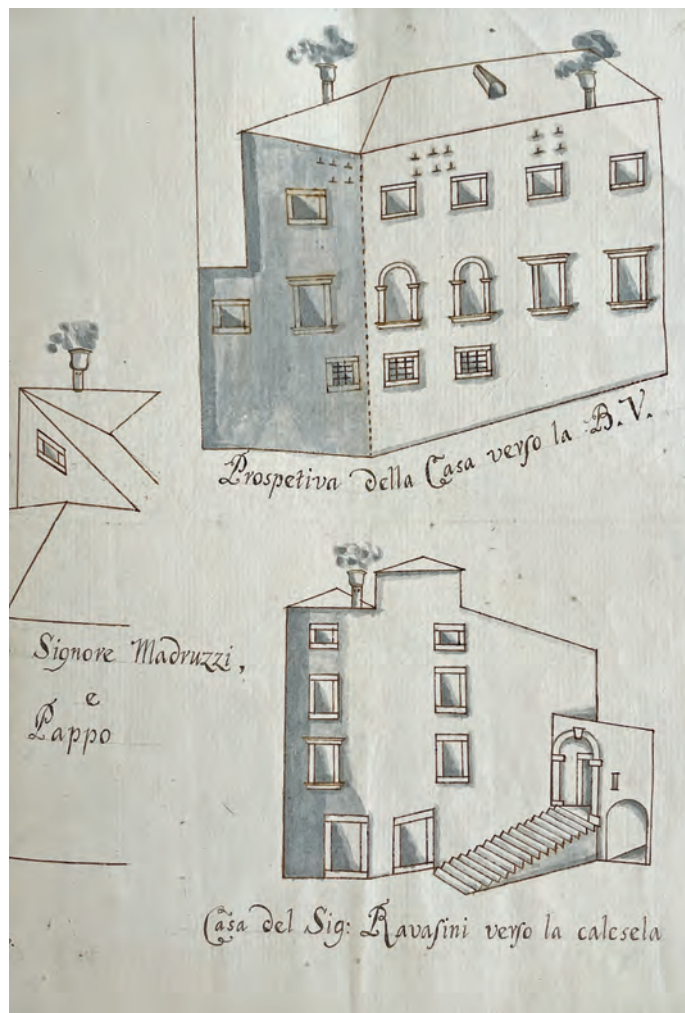
Il male si chiuda, perche non comunichi l'infezione. - no  
 abbia un' Antemurale in grado di sospetto - no  
 abbia un secondo Antemurale in grado di rispetto - no  
 Disinfezzaz: col maneggio, mai coll' incendio  
 Contumacia siano indiminuibili, e ne Lazaretti;  
 facciano prova di salute.  
 cose suscettibili si maneggino ommode;  
 cose infette si maneggino, mai si bruggino;  
 Partir di Contumacia mai, o almeno doppo corza  
 la metà di essa, rispetto alle merci soggette a  
 maneggio  
 altre cose si espungano secondo l' uso;

ASV, Provveditori alla sanità, 562, f. 6: *Principi, o siano canoni nella materia di sanità, 1743, c. 1r.*

In March 1743 the plague made its threatening appearance in the Mediterranean once again. Messina was severely struck: 28.000 residents out of 40.000 died. Only after three months, the Supreme Trade Magistrate of the Kingdom of Naples, Francesco Ventura, took a public position. The epidemic was anything but under control, but it was necessary – Ventura told the King – to publish at least a public notice showing that effective measures were being taken: they could not risk excluding the other ports of the Kingdom from international trade. Unable to contain the disease, the authorities decided to control the narrative and sacrifice Messina – which was then isolated and hit by famine – thus “saving” the image of the Kingdom before “foreign nations”.

Meanwhile, the plague had also reached Santa Maura (today Lefkada), devastated by an earthquake. Daniele Dolfin, *Provveditore Generale da mar*, responsible for the government of the Venetian Ionian Islands, immediately promoted a series of “health maxims”, which reveal the Venetian ideas on the subject. “Health” he said was “jus supremo” and had to have “unity of direction and law” and “conformity and promptness of execution”. It was always necessary to consider two aspects: “evil” and “danger”. Evil, for Dolfin, was the overt contagion: when a plague outbreak occurred, it was necessary to act quickly, isolating people and the infected areas and preparing three different places, a “hospital for the infected”, a “lazaret for the suspects” and a “place of respect”, namely a place where the medical and surveillance staff could stay. Danger, on the other hand, meant avoiding the arrival of contagion and therefore prevention, to be implemented through constant control and “purges” of “objects, houses, streets”. Communicating with people was important too: they had to be educated on the practices to follow both in case of evil and in case of danger through “rigorous proclamations”.





ASV, Provveditori alla sanità, b. 295, c. 53r.

In the 18<sup>th</sup> century, public health also concerned the control over the territory of the Serenissima. The Health Magistrate which, as noted above, also employed medical personnel, constantly oversaw lazarets and health passes, examined corpses in case of suspected deaths from infectious diseases, checked the quality of drugs, supervised inoculations and the disinfection of the consumptives' goods and homes.

In the early stages, the Magistrate mainly had repressive tasks, expanding their powers from managing epidemics to the repression of prostitution and vagrancy and obtaining the possibility of imposing death sentences. Between the mid-16<sup>th</sup> and 17<sup>th</sup> centuries, greater emphasis was placed on prevention, improving the isolation protocols in case of contagion and daily surveillance. Starting from the second half of the 17<sup>th</sup> century and increasingly in the 18<sup>th</sup> century, thanks to the progress of medical knowledge, a process of constant observation of the population and the territory started. The collected data also began to be used in a proactive way, devising projects to improve health management. Prevention and treatment increasingly became the cornerstones of public health.

The daily interventions of the Magistrate thus multiplied: on June 8, 1767, disturbing news had arrived from Buje, in Venetian Istria, where "streets [are] so cluttered with garbage that they are almost impassable also because of the fetid exhalations that they emanate". Once the clearing was carried out, local authorities promptly sent an elevation of the area, to show how the urban configuration respected every good rule for the prevention of possible epidemics, how the streets were sufficiently wide, and the houses well-spaced.





ASV, Provveditori alla sanità, b. 487, disegno 1: *Mappa che dimostra la linea pianta alle ville suddite conterminanti col Stato Arciducale, e così pure l'altra linea sul Fiume Isonzo che fa da barriera al territorio di Monfalcone in esecuzione alla provide determinazioni nelle presenti vicende tra la specie de' Bovini*, 26 February 1761 (detail).

The red line shows the border between the two states (Venetian and Austrian), the dark green line shows “the entire barrier cordon to the Venetian State”, the less marked green line shows the streets, the red dots show “the positioning of *restelli*”, namely guard posts.

Venice carefully controlled its territory and the spread of news as well. The city showed great care in creating positive narratives about its ability to manage health matters. At the same time, the Republic did not refrain from spreading rumors that could damage nearby Trieste, which was becoming a formidable competitor.

From a “refuge for smuggling olive oil, raisins, and salted fish and a few other goods from the Levant”, Trieste had become an “an emporium of goods coming from all the Austrian states and Hungary, which works along with Tuscany and the port of Livorno” (ASV, Deputati al Commercio, Scritture, reg. 217, 26 February 1749). Thus, under the pretext of health threats, disputes along the borders between the Republic and the Empire became increasingly frequent.

In the early 1760s, a series of epidemics erupted among cattle: this gave Venice the opportunity to strengthen its controls. “I cut off communication on all the borders with these infected archducal territories and I have put observation guards and armies to prevent the entry of the Austrians, and the trade with those parts” the Lieutenant General of Friuli Alvise Mocenigo reported from Udine on September 20, 1761.

Trieste itself responded by creating a series of health control stations along the coast between Lignano and Aurisina. Using the threat of a plague in Dalmatia as a pretext, Trieste tried to expand its control to Porto Buso, where the borders with Venice were more uncertain: “The Supreme Intendency should try to engage the extraordinary Venetian *Provveditore* to increase controls in the area of Porto Buso placed under Venetian jurisdiction, but in the meantime, since precautions are never redundant, Austrian stations should be posted” (AST, Intendenza Commerciale, b. 533, 5 May 1764, c. 26v.).



ASV, Provveditori alla sanità, b. 487, disegno 3: *Mappa tradotta per occasione di sanità dagli originali che esistono nella Camera de' Confini di questa città, e parte da altre geografiche ove si comprendono le situazioni delli monti del Carso inferiore fra Gorizia, Gradiska e Trieste, con il territorio di Monfalcone, e Veneto Stato delle Fortezze di Palma, Marano e Città di Udine, 2 May 1761.*

“The red color indicates the entire intersection of the Austrian state, and the yellow color shows the intersection of the

Venetian state. Along the red-dotted road from Gorizia to the Venetian border the regular trade of bovines takes place, going to Venice and the Terra Ferma. The ten towns placed above the Karst mountains and written in red show the infected cities. The two roads deriving from Vienna, and Ljubljana are indicated, one tending to Gorizia, and the second one going to Duino from Trieste and continuing through the Vallone to Gorizia, and then to Doberdò, and Sagrado. All routes then meet in Villa di Romans”.





Giovanni Calvi, *Tre consulti fatti in difesa dell'innesto del vaiuolo*, Milan, Gallazzi, 1762 (Fondazione Ghislieri, Pavia).

Port cities were not only places where stories were built and information was shaped in a competitive perspective, but also places where knowledge was shared. Piers, markets, shops, squares, taverns, cafes and even lazarets were teeming with people from all over the world and, therefore, also with chatter. Knowledge about navigation and trade, curiosities about new ‘drugs’, as well as medical knowledge, were exchanged.

Venice, for example, was the starting point for the European debate on the inoculation of smallpox, a practice widely used in the Ottoman Empire. Europeans became aware of it at the beginning of the 18<sup>th</sup> century thanks to Jacopo Pilarino, a doctor from Kefalonia – which was part of the Serenissima at that time – and to his pupil Emanuele Timoni. The first European treatise on the subject was published in Venice (*Nova et tuta excitandi variolas per transplantationem methodus*, 1715). It started a global debate, which culminated with the discovery of the vaccine by Edward Jenner at the end of the century.

The first inoculation on European soil was carried out in 1721 in England: Mary Wortley Montague, returning from Istanbul, where her husband had been ambassador, had her daughter inoculated, giving ample attention to the event, and thus trying to convince her compatriots to adopt the practice. However, still in the middle of the century, inoculation was struggling to establish in Europe: there were too many prejudices and fears against a “foreign” and “non-Christian” method. The Lombard doctor Giovanni Calvi, in order to dispel these doubts, collected and published the *Tre consulti fatti in difesa dell'innesto del vaiuolo* (Milan, Gallazzi, 1762). Together with a wide range of scientific data, there were the arguments of three eminent Tuscan theologians: Francesco Raimondo Adami, Giovanni Lorenzo Berti and Gaetano Veraci. In order to convince the recalcitrant public, they even stated: “Those who inoculate are 52 times more pious than those who do not”!



*Giornale di Medicina*, I, 1763 (by courtesy of Ministero della Cultura – Biblioteca Nazionale Marciana).

At the beginning of the 18<sup>th</sup> century, Venice was at the forefront in the transfer of medical knowledge, but at mid-century it showed signs of backwardness compared to the livelier European scenario. It was for this reason that Doctor Pietro Orteschi decided to found the magazine *Giornale di Medicina*: he wished to update his colleagues by translating the materials published in the *Gazette salutare* of Bouillon (Belgium), created by Friedrich Emmanuel Grunwald.

“In recent centuries, this sovereign art [medicine] has really changed and the esteem (that it once universally had) has begun to degenerate into disregard and then into contempt, which has gone always increasing from day to day” Orteschi complained in the preface to the first issue. According to him, it was the “total lack of the most necessary daily news” that had made Venetian medical science decay.

The delay of the city of Venice was evident with reference to smallpox: the first official inoculation was given only in 1768. Other cities of the Republic had been more reactive: already in 1758, the doctor Francesco Berzi had inoculated his daughter in Padua and in 1759 Antonio Colombani had inoculated his three children in Piran and then another 150 children. In 1764 Angelo Zulatti had given a series of inoculations in Kefalonia: the first news had arrived immediately in the capital, but it was only in 1768 that Zulatti published his treatise *Notizie degli innesti di vajuolo fatti in Cefalonia* (Venice, Deregni, 1768).

In this treatise, Zulatti compared Tuscany to the late response of Venice. The city had in fact not been able to exploit the knowledge transmitted by Pilarino and the decennial experience of inoculation in places like Kefalonia. As a reaction to these requests, the *protomedico* Giovan Battista Paitoni and Francesco Vicentini gave the first inoculation in Venice at the Ospedale dei Mendicanti and advertised it in the press.

I S T O R I A,  
E D I A R I O  
D E L L' I N N E S T O  
D E L V A J U O L O  
P E R C O M M A N D O D E L  
M A G I S T R A T O E C C E L L E N T I S S I M O  
A L L A S A N I T A'  
E S E G U I T O I N B R E S C I A

*Li 21. Novembre 1769.*

DAL DOTT. GIAN-FRANCESCO GUADAGNI

Medico Primario dell'Ospitale Maggiore di essa Città,

E D.A.L. MEDESIMO PRESENTATA

AGL' ILLUSTRISSIMI SIGNORI

DEPUTATI ALLA SANITA'

E da Essi fatta stampare, &c.



I N B R E S C I A  
M D C C L X X 26. F E B B R A R O

P E R L I F I G L I U O L I D E L Q. G I U S E P P E P A S I N I  
C O N L I C E N Z A D E S U P E R I O R I .

ASV, Provveditori alla sanità, b. 562: Francesco Guadagni, *Istoria e diario dell'innesto del vajuolo*, Brescia, Pasini, 1769.

The success of the operation prompted the Health Magistrate to establish two annual inoculation sessions from 1769 onwards. Smallpox is a clear example of how the advancement of medical knowledge led to the reorganization of the work of the Magistrate work towards prevention and treatment. The practice of inoculation was soon extended to the whole territory.

“At the end of autumn, the inoculation of smallpox given here under the command of the Most Excellent Senate and of the Most Excellent Health Magistrate was completed. The inoculation was given to six boys and four girls, and the result fully corresponded to what the writings by the most learned doctors in Europe assured us, and to the desire of those illustrious people who, with so much study and effort, did the first trials in Venice and then tried to make inoculation common and accepted in all the Provinces of the Serenissima Dominion”, wrote the *protomedico* of Udine Giovanni Fortunato Bianchini in 1769.

In November 1769, some inoculations were also given in Brescia and documented in the *Istoria e diario dell'innesto del vajuolo* by Francesco Guadagni, who described his young patients in detail. The first inoculated boy was “Faustino, eight years and nine months old, with a sanguine temperament, blond, frank, determined” who reacted very well, remaining “cheerful” throughout the observation period. “Giuseppe, six years and eight months old”, instead, had a “melancholic temperament, a gentle body, chestnut hair” and was “very quiet”, nevertheless he had no adverse reactions.

Detailed reports such as the one published by Guadagni not only provided data to medical colleagues and showed the authorities doctors' efficiency, but also reassured people about the safety of inoculation. It was always with the intention of educating the population that the Magistrate had the *Istruzione popolare per la cura domestica del vajuolo* by the *protomedico* Ignazio Lotti printed and distributed in 1794.





ASV, Cinque Savi alla Mercanzia, b. 227, f. 38: *Scritture circa il commercio di Trieste*, 22 August 1769, drawing 7, map of Trieste (details).

In the mid-18<sup>th</sup> century, the leading position of Venice in health management faltered. It was no longer at the forefront of medical knowledge, and its grip on Mediterranean health policies was loosening as well. Other centers were emerging, especially free ports.

Very briefly, a free port was a port in which people enjoyed special freedoms of economic but also civil and religious nature. According to the definition of the time, given by Jacques Savary de Bruslons in his *Dictionnaire universel de commerce* (1723), a free port is “a port where merchants from whatever nation are free to unload and load their merchandise, without paying any duty either upon entering or upon leaving”.

The first free port was created in Genoa in 1590 to cope with the shortage of cereals and to avoid possible famines. These were the years of the so-called Little Ice Age, a period of climate change that affected our planet for about two centuries, causing temperatures to drop and therefore the loss of cereal crops that could not survive the new, more rigid, climate. The experiment destined to have more success both in real life and in the imagination of the early modern age was that of Livorno, which was declared a free port with a series of laws promulgated by the Grand Duke Ferdinando I de' Medici between 1591 and 1593.

In the 17<sup>th</sup> and 18<sup>th</sup> centuries free ports multiplied in the Mediterranean (Naples, Venice, Civitavecchia, Tangier, Marseille, Rijeka, Trieste, Messina, Ancona, Nice-Villefranche), in Northern Europe (Dunkerque, Bayonne, Lorient, Ostend, Altona, Hamburg, Marstrand) and in the Caribbean (Curaçao, Saint Thomas, Saint-Domingue, Martinique, Jamaica and Dominica).

It was mainly the nearby Trieste, declared a free port in 1719 by Emperor Charles VI, to worry Venice.



*The port of Livorno – Atlas Maior sive Cosmographia Blauiana. Geographiae Blavianae Volumen Octavum, Amstelaedami, Ioannis Blaeu, 1662 – (Fondazione Ghislieri, Pavia).*

By the 18<sup>th</sup> century, Livorno was already one of the most important hubs of global trade: yet its reputation as a safe port, as far as health was concerned, was much more uncertain. The rumors spread from Genoa and Marseille about the plague continued to cast a shadow over the Tuscan port. Still in mid-century, taking advantage of this bad reputation the ships passing through Livorno were subjected to more rigorous controls and measures in many ports of the Italian peninsula, starting with those of the Papal States, such as Civitavecchia, or of the Kingdom of Naples, like the capital itself or Messina. It was said that the health authorities of Livorno were not strict enough in their controls and this represented a threat, especially as Tuscany had recently signed a trade treaty with North African principalities, where the plague was endemic.

This was a pretext to hinder the rise of Livorno, which, however, did not stand by. Tuscan authorities took action to set up an information network like the Venetian one and began to share health news with neighboring states, in order to show their efficiency in the matter.

A suspected plague in Algeria in 1754 was the perfect opportunity. After initially denying that it was true – saying that it was false news shared by Genoa to damage Livorno – the Health Magistrate of Florence carried out a wide-ranging investigation. It managed to confirm that an epidemic was indeed underway and promptly informed the other Mediterranean powers, which gradually began to remove all restrictions from Tuscan ships. Venice itself asked Tuscany about the Algerian plague. As stated by Giovanni Baldasseroni, Chancellor of Health in Livorno, the time had now come for Livorno “to establish rules for others, rather than to receive them” (State Archives of Florence, Ufficiali di Sanità, b. 394, c. 716r).



Coins minted for the inauguration of the lazaret of Santa Teresa in Trieste, 31 July 1769 (private collection). Obverse.: Two facing busts picturing Joseph II and Maria Theresa. Reverse: SECURITATI PUBLICAE ET COMERCIO. View of the port with piers and the plan for the new lazaret.

18<sup>th</sup>-century silver specimen of the “small module” with a value of “ten *carantani*” and 20<sup>th</sup>-century commemorative silver coin of the “module as large as a thaler”. The coins and the ceremony are described by Giuseppe Mainati in the *Croniche ossia memorie storiche sacro-profane di Trieste*, IV, Venezia, Picotti, 1818, pp. 305-306.

Livorno began to be considered such an important model for health management that when Trieste – which as we have seen was growing and establishing itself as an important Mediterranean port – decided to build a new lazaret, it did not take into account nearby Venice, where the first lazaret were born, but turned to Livorno instead.

The first consultations already began in 1750, analyzing the buildings in Livorno, Genoa and Marseille. In 1755 the *Regulations for the health offices of the Austrian Littoral* were promulgated, but the works for the new lazaret were far from having started. In fact, an agreement was lacking between the court of Vienna, which wanted to relocate the lazaret to Porto Re (Kraljevica), and local authorities, who wanted to build it in Trieste. The debate dragged on until 1764, when Giovanni Baldasseroni was sent from Livorno as a consultant. Baldasseroni, working together with Pasquale de’ Ricci of the Commercial Intendency of Trieste, acquired information on all the land lazarets at the border between the Ottoman and Austrian empires and finally formulated a proposal, based on the quarantine facilities in Livorno. The project was approved in 1765 and finally the new lazarets was inaugurated with great fanfare – including the minting of commemorative coins and public celebrations – in 1769. As Baldasseroni noted, it was important to give visibility to the new lazarets because it would give impetus to trade. Therefore, the authorities of Trieste promptly took steps to print and distribute the *Regulations* of the new lazaret of Santa Teresa everywhere.

As in the best of virtuous circles, once inaugurated with such wide resonance, the lazaret of Trieste became the model which the authorities of Livorno followed to build their new lazaret of San Leopoldo: Trieste itself was becoming an important center for the development of health practices.



## *Appendix I*

The documents of the State Archives in Pazin

18.1512. All Tribunale Provisionale di Cittanova.

Con la più desiderata sollecitudine, e perchè sia a comune notizia, e contenta =  
 tezza, l'Ecceles. Cas. Reg. Supremo Tribunale alla Sanità di Venezia, riscon =  
 tra questo Governo con officiosa sua Nota 10. del corrente Aprile, perven =  
 nuto li 18. detto, d'essere stato introdotto in quel Porto l'avvertito Batt =  
 imento infetto pervenuto dal Cap. Ruffo con Bandiera Spagnuola, =  
 nominato la Madre della Misericordia, per cui il Governo ne ha pre =  
 cettato ad esso Tribunale la maggior vigilanza, ed avvertenza col Dec =  
 reto di Marzo decorso n. 1226.

Egli trovati tutt'ora ancorato nell'Isola di Rovaglia, situata =  
 in mezzo alla Laguna di Venezia custodito con doppia linea Militare =  
 re, dove segue lo sbarco di tutto l'equipaggio, sotto più caute discipli =  
 ne di Salute, ed alla presenza di quell'Ecceles. Tribunale, da accorta =  
 personalmente a presiderli, e dove vi è fondata l'istima, che non =  
 nascano ulteriori funeste eventualità, mentre si continuano varii =  
 giorni dall'epoca di questo felice riscontro pervenuto al Governo, =  
 che non v'erano insorte allarmanti incidenze.

Ora dunque che la Divina provvidenza, mediante la vigile avvertenza =  
 di quell'Ecceles. Tribunale, ha levato il micidial pericolo sopra il Go =  
 verno ad intimare questa gioiosa consolante notizia ad esso Tribunale, =  
 onde conseguentemente debbono esser tolte tutte le custodie estrane, =  
 dinario, e tutti quegli altri mezzi, che si fossero adoperti, e che conti =  
 nuassero tuttavia per tal oggetto ad essere in attività, giacchè cadu =  
 do il bisogno, cade il motivo di più oltre adoprarsi.

Capo d'Istria, 19. Aprile 1799.

G. P. S.

Per il Cas. Reg. Governo  
 Provino dell'Istria.  
 Comm. P. S.

State Archives in Pazin (hereafter ASP), HR-DAPA-16, Municipality of Novigrad, 1797/1805, s. 6/7 n.n.: Letter to the Provisional Tribunal of Cittanova from the Provisional Government of Istria, Koper, 19 April 1799.

The documentation kept in the State Archives of Pazin allows us to observe the evolution of 'Venice after Venice'. Since the Middle Ages, Pazin had been the main center of a county in Austrian Istria, dependent on Carniola, with Ljubljana as its capital. Today the Archives preserve a rich documentation also relating to former Venetian Istria. Venetian Istria was a coastal area that was part of the Serenissima until 1797. Following the Treaty of Campoformio and the suppression of the Republic, it then became part of Austria.

A provisional government was created for the former Venetian Istria. The main center was Koper. Count Filippo de Roth, who had held administrative positions in Trieste since 1782, acted as governor. The former Venetian Istria was an autonomous province, detached from Venice, and depended directly on Vienna. In order to achieve a widespread control of the territory, three political and economic Directorates were created in Rovinj, Poreč and Piran to supervise public order, and military and health issues in their respective territories. The Directorates also filtered central measures towards Local Superiorities, which administered individual municipalities, such as Novigrad.

In the early stages we can note a strong continuity with Venetian health practices and the persistence of a system integrated with Venice as regards health issues. For example, in April 1799, the government of Koper sent an alert received by the Supreme Court of Health of Venice (the new name assumed by the Health Magistrate) to Novigrad. It concerned "an infected vessel with Spanish flag" which, as already happened in the case of the infected ship in 1793, "was on the island of Poveglia, guarded by a double military line". Again, in September 1800, Koper warned Novigrad of "a contagion that was spreading in Durrës" and of the need to quarantine all ships from Dalmatia and Kvarner.

18. maggio  
Alla Direzione Politica ed economica di Pienza.  
L. 15. Vinf. 1799

Dopo che a motivo della fuga delle due fregate Turche Armata in guerra fu posta questa Provincia nella spaziosa condizione d'una interinale riserva, come fu intimato ad essa Superiorità locale col Decreto S. del cor. V. 1798. nasce di nuovo un' alivo emergente, che variando nella circostanza è però della medesima natura.

Sei Turchi Bulgignotti penetrarono nel Distretto di Dignano ed entrarono in quella Turca, sbarcatasi da un Sciambacco, e partirono con Bandiera Turca dopo di essersi ancorati nel Porto di Valbondon distante 21. Migliaia da quel di Pola, ad oggetto di provvedersi di Carnami.

Arrestati sul momento come soggetti si è osservato dalla loro Fede, che si sono potute riacquar perche si erano partiti da Trieste li 12. del dicembre 1798, e che mancavano 11 giorni al Sciambacco per finire la Contumacia, e so alla Partenza, sicché furono gelosamente rimossi, e custoditi in quell' Isolotto S. Felice, dove devono attendere il loro destino.

Queste frequenti intrusioni con pericolo della Comune salubrità, e contro ai riguardi più sacri di Sanità, derivanti forse anche da una rea negligenza in chi dove essere vigilante per presidia dell' importante materia, obbligano questa superiore autorità di procurare ad essa Superiorità locale per quanto ad esso Tribunale spetar deve d'invigilare, e far della maggior accuratezza custodire, ed osservare onde non s' introducano gente sospetta, o appartenente a fregate armate in guerra in questo Distretto, ed al caso se ne introduce s'ero abbiano sul momento ad essere arrestati, e custoditi rigorosamente sotto i riguardi di Salute, al qual' oggetto essa Superiorità locale ragguarnerà da questo Militare la opportuna assistenza, quando sarà sempre pronto a secondare la Pubblica promura colla di lui potente autorità.

Sarà quindi dall' osservazione della Superiorità insinuata al caso di qualche emergenza di tale categoria, di partecipar tutto per espresso questo Governo, onde accome possa colla adattata provvidenza, e riparo di ulteriori inconvenienti.

Ciò dovrà essere scrupolosamente eseguito sotto la più stretta responsabilità di essa Superiorità locale.

Capo d' Istria, 7. Giugno 1799.  
G. P. A. Ortolani

Per il Cas. Reg. Governo  
Provincia dell' Istria  
Emmanuel. Ortolani

ASP, HR-DAPA-17, Municipality of Poreč, 1797/1805, 2.1.1.7.  
Public Health, s. 6, c.c. n.n.: Letter to the Political Directorate of Parenzo from the Provisional Government of Istria, Koper, 7 June 1799.

At the end of the century, epidemics continued to be a constant fear and new threats added to the traditional ones – plague and smallpox. Between 1799 and 1800 in Genoa, placed under siege by Anglo-Austrian forces, there was a violent epidemic of petechial typhus. Doctor Giovanni Rasori wrote about this epidemic in his *Storia della febbre epidemica di Genova negli anni 1799 e 1800* (Milan, Pirota and Maspero, 1800). Still in 1800, yellow fever, which had already decimated the French troops in Haiti, appeared in Europe, raging in Cadiz.

It is not surprising that in the Northern Adriatic port cities there was a continuity with the Venetian health surveillance tradition. The control of goods and people was still considered a fundamental cornerstone for the prevention of contagion.

However, the small coastal towns of former Venetian Istria aroused the concern of the government of Koper, because of the risk of clandestine landings. A widespread control on long coastlines, rich in inlets, gulfs, and islands was in fact very difficult without the full collaboration of local authorities, who were recalcitrant towards Austrian domination. On June 7, 1799, Koper sent a notice to Poreč which, however, sounded like a reproach. “Two Greeks” had in fact escaped from a Turkish warship and entered Istria; shortly thereafter “six Turks” had infiltrated the “district of Vodnjan”, after escaping from the lazaret in Trieste. Not only did these clandestine entries represent a health risk, but they were also an economic damage for the whole territory, which could be excluded from trade. In short, these “frequent intrusions” were “a danger to public safety and were against the most sacred observances of health”, and they derived “perhaps also from a criminal negligence of those who must be vigilant to guard this important matter” and had therefore to cease.





N. 243  
 Alla C. R. Direzione politica di Parenzo.  
 112. Istituto (no. 11)

In seguito di un grazioso Decreto dell' Eccell. C. R. cancellaria  
 Aulica del 20. Dicembre p. p. e conformemente pure ad altro Decreto  
 dell' Eccell. C. R. Governo in Senato decreto N. 11408. resta ordinata  
 alla C. R. Direzione di vigilare e far invigilare con ogni possibile  
 e dovuta circospezione tanto per mezzo delle Officj di Sanità quanto  
 dai Capitani del Porto del proprio locale e Dipartimento affinché non  
 vengano estratti dai C. R. Stati li lavoratori Pannari e Vetroj, Cina-  
 tori di Panni, Tintorij, e non sieno li medesimi scotti ad emigrare  
 per la Moldavia Valachia e per li Stati della Turchia.  
 Capo d' Istria, 6. febbrajo 1805.

J. C. Kochenmayer

ALLA  
 C. R. Direzione politica  
 di  
 Parenzo.  
 Coeffo

ASP, HR-DAPA-17, Municipality of Poreč, 1797/1805, 2.1.1.7.  
 Public Health, s. 6, c.c. n.n.: Letter to the Political Directorate  
 of Parenzo from the Provisional Government of Istria, Koper, 6  
 February 1805.

From the very beginning, the main task of Health Magistracies was also the control of people's mobility. The system of health passes and quarantines was used to monitor the entry of foreigners and prevent them from carrying infectious diseases. However, as a letter sent from Koper to Poreč on February 6, 1805 shows, health surveillance could also be used to prevent the emigration of strategic workers: in short, health controls could be a pretext to prevent skilled workers from leaving the state. For instance, the emigration of "spinners, glassmakers, cloth shearers, and dyers" to "Moldavia, Wallachia and the states of Turkey" had to be stopped.

Obstructing emigration, and conversely attracting migrant workers was indeed common enough in early modern Europe. Since the 16<sup>th</sup> century, within the British mercantilist theories, a large population was considered a strength for national development, an essential element for economic growth and therefore for the wealth of the state and its military power.

In the 18<sup>th</sup> century, Cameralism, a new political economic vision, was developed in the Habsburg area by Johann Heinrich Gottlob von Justi and Joseph von Sonnenfels. In Cameralism, states should aim at good government and at guaranteeing happiness to their subjects. One of the cornerstones of the theory was the idea that population growth was positive and had to be encouraged by any means, and that the population should be healthy. Frank's own views fit into this picture. A central instrument was thus police (*Polizei*), conceived as a science aimed at controlling society in all its aspects (including public health) not dealing with repression only but with the prevention of social and health problems too.



ASP, HR-DAPA-15, Municipality of Labin, 1802/1805, s.1:  
*Istruzioni per gli Uffizi di Sanità* (Instructions for Health Offices),  
Trieste, 19 February 1805.

In March 1804, the institutional structure of the former Venetian Istria underwent a reconfiguration. In fact, the provisional nature of the Koper government – established in 1797 – had sparked for years many different aims concerning the former Venetian Istria: such ambitions came from Ljubljana, the capital of Carniola, and Trieste, the main seat of the Littoral. In the end, the latter won. Control over Istria passed to Count Sigmund von Lovász, governor of the Littoral. A circular office of Istria was created, under the authority of Trieste and under the command of the Circular Captain Count Giuseppe Castiglioni and of his deputy Franz von Hohenwart. The Political Directorates became seven (Koper, Piran, Poreč, Rovinj, Pula, Buzet and Labin) to which a few local Superiorities in smaller centers remained subordinate.

Trieste therefore also became the model and health reference for the entire Northern Adriatic area. It was from Trieste that the *Istruzioni per gli Uffizi di Sanità sottoposti al C. R. Magistrato di Sanità di Trieste e per i cordoni di sanità tirati sulle Ces. Reg. Coste dell'Istria, del Friuli, e di Trieste, onde evitare il pericolo d'infezione della febbre gialla*, a pamphlet in Italian and German, arrived to Labin in February 1805. With yellow fever threateningly circulating in the Atlantic and the Mediterranean, Trieste health authorities invited the Political Directorates of the former Venetian Istria to distribute copies of the instructions to all “doctors and surgeons”.

Widespread control and dissemination of correct information continued to be the best weapons against epidemic threats. All local health offices were urged to strictly adhere to the rules: a “cordon sanitaire” was erected in Istria and “any boat or vessel should not be allowed to dock unless they [could] demonstrate their origin free from suspicion with health passes”.

## Maniera di preparare il Suffumigio.

**E**lla è cosa dimostrata dall'esperienza, che i Suffumigi co' vapori degli acidi minerali sono il più attivo rimedio, ed il più efficace per la distruzione de' contagi.

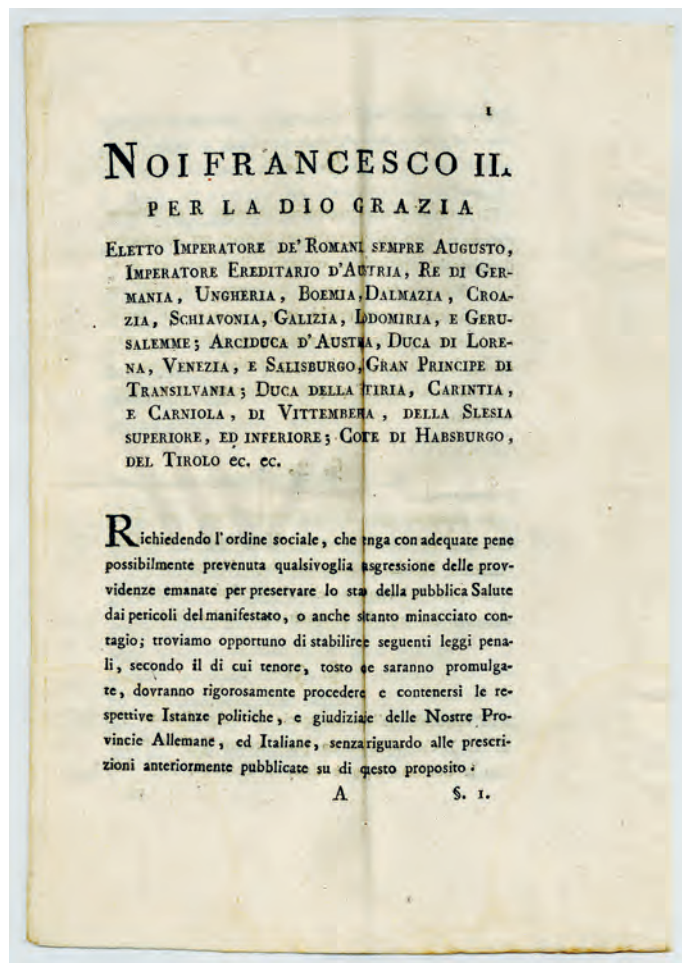
Si fanno questi coll'acido del sale marino semplice (acido muriatico), coll'acido del sale marino ossigenato (acido muriatico ossigenato), e coll'acido ricavato dal salnitro (acido nitrico). Siccome questi ultimo nessun danno arreca al petto, ed i primi due all'incontro possono danneggiarlo, indurre, cioè: tosse, dolori, angoscie, stringimenti di petto, sputo sanguigno; ed introdotti ne' polmoni in maggiore quantità possono eziandio destare minacciosi sintomi di soffocamento, ed essendo il gaz acido nitrico al par di questi due un valoroso distruttore de' contagiosi miasmi; così per le fumigazioni si dà a questo la preferenza, e si prepara nella seguente maniera:

Si versa in una tazza di vetro, di porcellana, o di majolica p. e., in una tazza da caffè, un lotto di olio forte di vitriuolo (acido solforico concentrato), e vi si getta a poco a poco  
un

ASP, HR-DAPA-15, Municipality of Labin, 1802/1805, s.1:  
*Regolamento per le fumigazioni da praticarsi praticarsi inesivamente all'aulico decreto del dì 2 dicembre 1804 ne' bastimenti e nel lazaretto*, Trieste, 5 March 1805.

It was again from Trieste that the *Regolamento per le fumigazioni da praticarsi inesivamente all'aulico decreto del dì 2 dicembre 1804 ne' bastimenti e nel lazaretto* arrived in March 1805. The regulation described in detail the recipe for "steam inhalation", considered the "most effective remedy to destroy contagion". It then explained the procedure for the "fumigation of quarantined ships", which served to cleanse the spaces of the ships, the goods they carried and the passengers who, in case of arrival from "infected or suspected ports", had to expose themselves "to the vapors at least twice a day for about a quarter of an hour". The goods, on the other hand, were placed in the lazaretto and ventilated; then, two days before the end of quarantine, they were also subjected to fumigation in special rooms. Particular attention had to be paid to "letters, writings, colored goods", which had to be purified, while avoiding discoloring them or making them illegible: one way to preserve them was, according to the regulation, "to impregnate them with vinegar".

The letter accompanying the sending of the regulation to Labin explained that the pamphlets were, however, for information only. The yellow fever that infested Gibraltar and Livorno would hardly reach the coasts of Istria: "as long as all ships from Spain or Tuscany were sent back to Venice". Although it was from Trieste that orders and rules arrived, Venice continued to play an important role in the Northern Adriatic health system. All potentially infected vessels were concentrated in the Lagoon, where there were health and quarantine structures of proven efficiency and well-trained personnel, which had passed from the Republican Health Magistrate to the Supreme Court. And perhaps the choice was also dictated by the desire not to jeopardise in any way the free port of Trieste, considered the Empire's main commercial hub in the Mediterranean.



ASP, HR-DAPA-15, Municipality of Labin, 1802/1805, s.1: *Noi Francesco II...*, Vienna, 21 May 1805.

The authorities did not limit themselves to prescribe indications about prevention and treatment, they also legislated in a repressive way. Thus, in May 1805 a series of “criminal laws” arrived from Vienna. The printed pamphlets were sent to Koper and from there disseminated to all health offices and doctors in former Venetian Istria.

“The social order requires that any transgression of the provisions issued to preserve the state of public health from the dangers of manifested (or threatened) contagion is prevented with adequate penalties; thus, we find it appropriate to establish the following criminal laws” the pamphlet explained, before going into the detail of the penalties provided. The transgressions were divided into four categories: “violation of the cordon sanitaire; avoidance of quarantines; failure to comply with one’s obligations and tasks regarding sanitary measures; concealment of danger”.

In the first and second cases, the guards placed at the cordon had the authority to fire on sight and, in the event of arrest, a rigorous imprisonment of up to 10 years was envisaged (20 years for habitual offenders). “Only in cases where the transgression is evidently followed by inadvertence, and no real damage could derive from it”, it added, “the punishment may be limited to a shorter period, aggravated with flogging”. In the third category, which included those who failed to fulfill their health surveillance duties, there was a rigorous imprisonment from 10 to 20 years; while for the fourth case, the years of prison went from 1 to 5, extendable to 10 only in particularly serious cases.

As already happened in Venice, “whenever the violations of health measures became frequent in such a dangerous way that it becomes necessary to stop them with a prompt response, capable of striking terror”, capital punishment (by shooting) was envisaged.

N. 6760, alla c. v. Direzione polit. di Poreca.  
 (1805)

Siccome, grazie alla providenza, è cessato ormai  
 ogni timore riguardo alla Febbre gialla; così ora  
 ho l'onore con l'aulico Decreto II. ebre, di degnar  
 «clémentissimamente, di ordinare che sieno levate  
 tutte quelle disposizioni, che furono stabilite tanto  
 per lo Stato che per Poreca e Salvetta di così fatte  
 le emergenti, e consequentemente che abbiano ad  
 essere trattati d'ora in poi le Persone, Mercati,  
 e Bastimenti, con quei principj, e discipline sol-  
 tanto, che erano in osservanza prima dell'  
 Epoca in cui la minaccia del contagio, facevano  
 temerario sopra la comun salute, e s'ordinavano  
 le presidio più oculto, e vegliante.  
 Tale provida Sovrana disposizione, che per opera  
 questa Capitana Provinciale, mediante Decreto  
 dell' Eccelso Governatore del cont., oggi pervenuto  
 N. 8086, non si lascia di tanta importanza ad  
 Direzione, perchè usarsi la dovuta notizia a  
 questo Ufficio di Sanità, debba essere esattamente  
 edempita, non lasciando di assicurare che da  
 questa Direzione, saranno fatti recuperare tutti  
 gli effetti che serviranno per il Contorno Sanita-  
 rio, e riposti in luogo sicuro, per che preser-  
 vati, possono in altro incontro servire all'og-  
 getto al quale sono destinati.  
 Capo d'Istria, 24. Febbre 1805.

J. C. Kerschmann  
 Capitano Provinciale  
 dell'Istria.  
 E. Pongiluppi

ASP, HR-DAPA-17, Municipality of Poreč, 1797/1805, 2.1.1.7.  
 Public Health, s. 6, c.c. n.n.: Letter to the Political Directorate of  
 Poreč from Provincial Captain of Istria, Koper, 24 October 1805.

On October, 24 1805, Koper was able to notify the Istrian  
 Political Directorates that the threat of contagion had ceased.  
 All “those provisions” that had been established “both in  
 coastal and mainland cities” could be removed, returning to  
 a normal circulation of “people, goods, ships”. It was one of  
 the last Austrian determinations before former Venetian Istria  
 was reconquered by Napoleon’s troops: it would remain under  
 French control until 1813, as part of the Kingdom of Italy and  
 then of the Illyrian provinces.

Yellow fever had spared Istria. Instead, it had harshly hit  
 Livorno. According to the chronicles of the time, the Tuscan  
 port, one “among the most prosperous and richest cities  
 in the Kingdom of Etruria”, had been devastated by a “fatal  
 disease” belonging to the “class of diseases destructive of  
 humanity” (*Prospetto sulla origine, natura e caratteri della  
 malattia attualmente dominante nella città di Livorno*, Lucca,  
 Maescandoli, 1804, p. 52).

The economist Melchiorre Gioia proposed as bulwark  
 against old and new infectious diseases the establishment of  
 free ports which, according to him, by discouraging clandestine  
 trade with the lowering of duties, also favored greater health  
 control and encouraged to respect quarantine terms

In the early modern age, institutional reconfigurations  
 had been used to address health issues. From port cities  
 these changes radiated into surrounding territories, creating  
 integrated systems, collaborative networks, and competition.  
 After Venice, the major experiments in health management had  
 taken place in free ports such as Livorno and Trieste. However,  
 during the 19<sup>th</sup> century a series of cholera epidemics pushed the  
 states towards more systematic forms of cooperation, in search  
 of common global protocols: the first step of this new course  
 was the International Sanitary Conference which was held in  
 Paris in 1851.

*Appendix II*

The procedures of the Provveditori  
alla Sanità of the Venetian Republic  
to purge the letters from the contagion of the plague

by Luigi Zanin

Between January 1767 and the beginning of 1772, the Venetian ambassador Girolamo Ascanio Giustiniani, whose diplomatic career had already enjoyed considerable success in previous Spanish and Roman missions, was appointed as *bailo* of Constantinople. The *bailato* was one of the most strategically important and prestigious offices for the defense of the complex Venetian commercial interests. It was also extremely costly due to the heavy duties necessary to maintain relations with the Sublime Porte. When Giustiniani was appointed, it was a particularly delicate position because of the intricate relations between the Serenissima and the Russian and Ottoman empires. Venice aspired to maintain a complex position of equidistant neutrality, pushed, on the one hand, by internal pressures within the Senate for a more decisive adherence to Catherine II's expansionist policy on the Black Sea and in Crimea, and, on the other, by the concrete needs to guarantee the security of commercial initiatives in Morea (recently reconquered by the Turks), in Egypt and Syria, where the Russians were themselves engaged in a constant campaign of destabilisation. In his delegation Giustiniani wanted the Friulian Jesuit Bortolo di Panigai as embassy theologian. The Jesuit was particularly versed in the study of mathematics, astronomy, and topography. Giustiniani had met him during his previous mandate as

ambassador in Madrid. Panigai had arrived in Madrid from Padua in 1750 together with other Jesuits, summoned by the Crown for the constitution of a technical team. Until 1754, the team was tasked with a complex reconnaissance operation between Brazil and Paraguay for the application of the Treaty of Madrid (1750) which sanctioned the Portuguese dominion over a large part of the Amazon basin, rectifying at 46° 37' O the meridian line which had been previously established in 1494 by the Treaty of Tordesillas as an element of division between the Spanish and Portuguese crowns.

The Friulan Jesuit's scientific and theological knowledge, together with the experience acquired in adventurous journeys, made him a collaborator particularly appreciated by Giustiniani as it appears in a copious private correspondence that Panigai sent during the entire period of the legation to his siblings (two of whom were also members of the Society of Jesus) at Panigai Castle or the Piazzoni Palace in Serravalle. In his letters, Bortolo expressed concerns for the safety of the Pera district, where the ambassadors' residences were located. The area, in fact, was affected by the movements of the troops that moved to the front and by periods of famine due to the increase in demand for bread. Bortolo also reported frequent fires and a constant trepidation for the news of widespread (even if non-pandemic) cases of plague. However, the city did not seem too shaken by the events since in January 1768, despite the various reported cases, life continued quietly and the Turks "sat all day on the sofa piping". What struck Bortolo was witnessing for the first time the Ramadan and the people who "from the rising of the sun to the appearance of the first star do not eat, nor drink, nor pipe and at night dance, sing, eat, drink and are in the greatest joy" (State Archives of Udine, hereafter ASU, Fondo Panigai, b. 66, f. 3, c. 5v: *Letter from Constantinople*, 22 January 1768). Nevertheless, in the letters sent every two months, there are

continuous references to isolated cases of plague in the city and in the countryside of Constantinople, a steady trickle of information that prompted family members, and in particular his sister Fontana di Panigai, to express fears about the safety of the correspondence: the common opinion was in fact that the letters could represent a dangerous vehicle for the transmission of the plague.

With reference to the correspondence from Constantinople, Bortolo wrote in March 1768:

"My [letters] opened and sealed with another seal must not worry anyone. The letters that come by sea are opened by the Health Magistrate, purged, and closed; but no one reads them: this happens even to the Ministers' and the Prince's public papers. The other letters coming from Vienna are purged at the borders of Hungary and go to Venice from there. It must be said that they are satisfied to control the envelopes without opening them; therefore, our beloved Fontana should be more afraid of these, in which all the plague (that might have infected me here) can be enclosed; while the other letters from Kotor are safe having been fully opened. However, she must not refrain from writing to me, because the letters that come from there [Friuli] are never opened in any place, and they arrive the same as they have been sent" (ASU, Fondo Panigai, b. 66, f. 3, c. 7v: *Letter from Constantinople*, 16 March 1768).





had developed were frequent. The letters were intercepted in the lazarets or in places far from the inhabited centers by the health officials, and were freed from the seals, folders and cloths in which they were contained. They were then placed in an iron sieve under which a fire was poked. The fire was then fed with fragrant herbs and Arabic gum to eliminate the plague and make the papers safe.

The disinfection of correspondence was only one of the rules that the Health Magistrate issued annually in its *Terminazioni*, namely provisions valid for the whole territory. There, precise instructions were given to the health sentinels to intercept the goods and store them in bonded warehouses (the “Bazzana d’espurgo” i.e., a place for sanitization) for a period of necessary quarantine. However, the difficulty of intercepting the flows of correspondence soon led the Magistrate to draw up specific ordinances to ensure a stricter observance of the process: the proclamation of the Magistrate issued on July 7, 1747, and published five days later, established precise rules for the shipmasters who circulated letters without adhering to the necessary disinfection and purge procedures.

“Since there are such reckless and daring people, that with evident danger, upon the arrival of quarantined ships, they receive the passengers’ private letters, before these very same letters have been perfumed and sanitized as prescribed. From this, dire consequences can derive – from which God the Lord may preserve us in his mercy – therefore, to stop this serious felony, Their Excellencies publicly declare: that any captain, shipmaster, officer, sailor, merchant, or passenger or any other person who might be on board must not deliver letters or notes, or anything else, under any pretext. And that any person of any state or condition must not receive anything. For this the most rigorous penalties are established, even the capital punishment. All the letters and papers, which might be on quarantined ships,

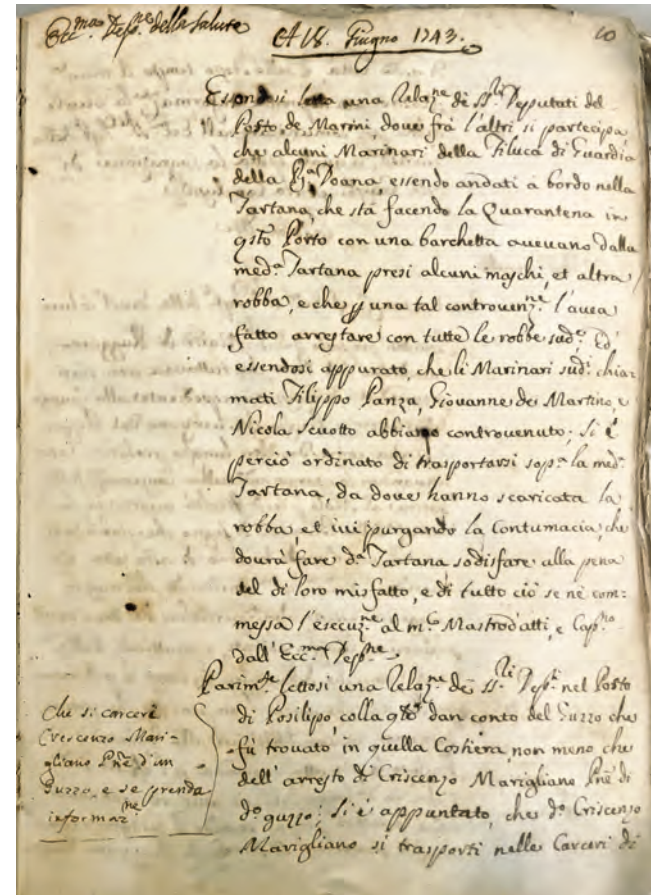
and are supposed to be delivered to Venice, must be brought to the Health Magistrate, when the captains, or other officers, deliver their manifest, and must be given to the health official for sanitization”. (*Proclama dei Sopra Proveditori e Proveditori alla Sanità*, Venice, 13 July 1747).

As frequently mentioned above, the Health Magistrate had very wide and discretionary powers to punish violators of its ordinances, even with the death penalty in particularly serious cases. A provision of March 19, 1788 established very rigorous rules and penalties for captains and ship deserters who refused to provide useful information to reconstruct the foreign contacts entertained by Venetian ships during the navigation. Furthermore, as also explained in the *Relazione storica della peste che attaccossi a Messina nell’anno millesettecentoquarantatre* (Palermo, Angelo Felicella, 1745), the same plague epidemic of Messina mentioned above was caused by the arrival of an infected ship, whose captain, the Genoese Giacomo Bozzo, fully aware of the sanitary situation aboard his vessel, had managed to obtain a false health pass, with a fictitious name, in the port of Patras. Was this not reason enough to make the recipients of letters from Greek and Ottoman ports tremble, where news of the spread of the plague continued to circulate? Death came from the sea, precisely from the Ottoman cities, so vital for Venetian trade. In the Ottoman cities, in fact, the authorities were far from implementing those policies of prudence and wisdom experienced by Venice after the plagues of the 17<sup>th</sup> century.

So let us take a step back and return to the procedures for disinfecting and purging letters. An interesting primary source on the procedure comes from the already mentioned report that Bernardino Leoni Montanari presented to the Dutch government in 1721 on the instructions of the Venetian Senate. In this text, the process of collecting and exposing all letters to

the fumigations of aromatic herbs (for example juniper berries) is described following the same abovementioned ways. During the 19<sup>th</sup> century, these procedures were going to be better specified and detailed by several health officials. For instance, from the first half of the 19<sup>th</sup> century, a disinfection box for letters was introduced and the vapors of berries and Arabic gum were replaced by niter and sulfur fumes or vinegar, also to avoid the burning of the correspondence. At the end of the process, a stamp was affixed to the purged letters in some offices, which could read “clean inside and outside” or “clean outside and dirty inside”. In older letters without a stamp, instead, new seals could be affixed. The distinctive element of this older correspondence was frequently represented by the alteration of the color of the paper, and in some cases by several scorch marks.

It is unknown how many unforeseen events in this complicated and vain procedure – its ineffectiveness was discovered only during the 19<sup>th</sup> century – led to the destruction of letters. In the early modern correspondence, the complaints about letters never received or disappeared along the way were very frequent, blaming the fact that they had been entrusted to makeshift bearers. However, it is possible that this disinfection process led to the destruction of letters, given the easy flammability of the paper in use at the time.



State Archives of Naples, Supremo Magistrato di Salute, f. 496: *Registri deliberazioni 1743-1768*, c. 10r (by courtesy of the Ministero della Cultura). It contains the list of measures taken by the health authorities of the Kingdom of Naples on the occasion of the plague of 1743, including the purging of the letters from Messina.

## Essential bibliography

**Ancona, A. (1951):** *La disinfezione delle lettere a Venezia ai tempi della Repubblica e del regno Lombardo-Veneto*. In: "Journal Philatélique Suisse". **Andreozzi, D. (2009):** "L'anima del commercio è la salute". *Sanità, traffici, rischio e dominio sul mare in area alto adriatica (1700-1550)*. In: Salvemini, R. (ed.): *Istituzioni e traffici nel Mediterraneo tra età antica e crescita moderna*, Napoli, CNR-ISMED, 225-245. **Andreozzi, D. (2015):** *The «Barbican of Europe». The Plague of Split and the Strategy of Defence in the Adriatic Area between the Venetian Territories and the Ottoman Empire (Eighteenth Century)*. In: "Popolazione e storia", n. 2, 115-137. **Andreozzi, D. (2020):** *Intrecci di vite. Pratiche, mercantilismi e razionalità economiche nella Trieste del Settecento*, Palermo, New Digital Press. **Antinucci, F. (2014):** *Spezie: una storia di scoperte, avidità e lusso*, Roma-Bari, Laterza. **Antonielli, L. (2015), ed.:** *La polizia sanitaria: dall'emergenza alla gestione della quotidianità*, Soveria Mannelli, Rubettino. **Antonielli, L. (2016):** *Le possibili declinazioni dell'emergenza: tra epidemie bovine e logiche di potere (XVIII secolo)*. In: Pelleriti, E. (ed.): *Per una ricognizione degli "stati di eccezione". Emergenze, ordine pubblico e apparati di polizia in Europa: le esperienze nazionali (secc. XVII-XXI)*, Soveria Mannelli, Rubettino, 251-268. **Assereto, G. (2011):** «Per la comune salvezza dal morbo contagioso». *I controlli di sanità nella Repubblica di Genova*, Novi Ligure, Città del silenzio edizioni. **Bamji, A. (2019):** *Health Passes, Print and Public Health in Early Modern Europe*. In:

“Social History of Medicine”, n. 32/3, 441-464. **Cafagna, D. (2019)**: *La peste e i lazzaretti di Trieste*, Trieste, Luglio. **Calafat, G. (2015)**: *La contagion des rumeurs. Information consulaire, santé et rivalité commerciale*. In: Marzagalli, S. (ed.): *Les consuls en Méditerranée, agents d'information (XVI<sup>e</sup>-XX<sup>e</sup> siècle)*, Paris, Garnier, 99-119. **Calcagno, P., Palermo, D. (2017), eds.**: *La quotidiana emergenza. Molteplici impieghi delle istituzioni sanitarie nel Mediterraneo moderno*, Palermo, New Digital Press. **Carmagnani, M. (2010)**: *Le isole del lusso. Prodotti esotici, nuovi consumi e cultura economica europea, 1650-1800*, Torino, UTET. **Castignoli, P. (2001)**: *Strutture sanitarie a Livorno e a Trieste: soluzioni e schemi comuni nell'età di Maria Teresa*. In: Castignoli, P.: *Livorno dagli archivi alla città: studi di storia*, Livorno, Belforte, 197-202. **Cigui, R. (2006)**: *Alcuni aspetti dell'organizzazione sanitaria in Istria durante la dominazione francese (1806-1813)*. In: “Atti CRS”, n. 36, 211-256. **Cigui, R. (2011)**: *Un progetto di lazaretto e porto contumaciare nell'Istria del primo Ottocento*. In: “Atti CRS”, n. 41, 209-238. **Cigui, R. (2015)**: *Le origini dell'innesto profilattico del vaiolo in Istria e il ruolo del protomedico Ignazio Lotti*. In: “Atti CRS”, n. 45, 265-295. **Cipolla, C. M. (1976)**: *Public health and the medical profession in the Renaissance*, Cambridge, Cambridge University Press. **Cipolla, C. M. (1985)**: *Contro un nemico invisibile: epidemie e strutture sanitarie nell'Italia del Rinascimento*, Bologna, Il Mulino. **Cipolla, C. M. (1989)**: *Origine e sviluppo degli Uffici di Sanità in Italia*. In: Cipolla C. M.: *Le tre rivoluzioni e altri saggi di storia economica e sociale*, Bologna, Il Mulino, 243-262. **Cipolla, C. M. (1992)**: *Il burocrate e il marinaio. La “Sanità” toscana e le tribolazioni degli inglesi a Livorno bel XVII secolo*, Bologna, Il Mulino. **Cosmacini, G. (1987)**: *Storia della medicina e della sanità in Italia: dalla peste europea alla guerra mondiale, 1348-1918*, Roma-Bari, Laterza. **Costantini, M. (2004)**: *Porto navi e traffici a Venezia 1700-2000*, Venezia, Marsilio. **Costantini, M. (2006)**: *Una Repubblica nata sul mare: navigazione e commercio a Venezia*, Venezia, Marsilio. **Cova, U. (1994)**: *La prima annessione dell'Istria ex veneziana al litorale austriaco nel 1804 e*

*l'ufficio circolare dell'Istria in Capodistria*. In: “Acta Histriae”, n. 2/3, 201-208. **Delogu, G. (2020)**: *Notizie vere, notizie false: la questione sanitaria nell'Adriatico austriaco e nella Carniola del XVIII secolo tra commercio, politica e “polizia medica”*. In: “Acta Histriae”, n. 28/2, 311-326. **Delogu, G. (2022)**: *Conflicting Narratives: Health (Dis)information in Eighteenth-Century Italy*. In: “Past&Present”. **De Vivo, F. (2007)**: *Information and Communication in Venice: Rethinking Early Modern Politics*, Oxford, Oxford University Press. **De Vivo, F. (2013)**: *La farmacia come luogo di cultura: le spezierie di medicine in Italia*. In: Conforti M., Carlino A., Clericuzio A. (eds): *Interpretare e curare: medicina e salute nel Rinascimento*, Roma, Carocci, 129-142. **Do Paço, D. (2021)**: *Tempo, Scales and Circulations: The Lazarets in Eighteenth-Century Trieste*. In: “Ler História”, n. 78, 61-84. **Foucault, M. (2004)**: *Securité, territoire, population. Cours au Collège de France 1977-1978*, Paris, Seuil-Gallimard. **Frigo, D. (2006)**: *Trieste, Venezia e l'equilibrio italiano nel Settecento: uomini, territori, traffici*. In: Andreozzi, D., Gatti, C. (eds.): *Trieste e l'Adriatico: uomini, merci, conflitti*, Trieste, EUT, 26-30. **Fusaro, M. (2015)**: *Political Economies of Empire in the Early Modern Mediterranean. The Decline of Venice and the Rise of England, 1450-1700*, Cambridge, Cambridge University Press. **Gentilcore, D. (2006)**: *Medical charlatanism in early modern Italy*, Oxford, Oxford university Press. **Lanaro, P. (2006) ed.**: *At the Centre of the Old World. Trade and Manufacturing in Venice and the Venetian Mainland, 1400-1800*, Toronto, CRRS. **Minuzzi, S. (2016)**: *Sul filo dei segreti: farmacopea, libri e pratiche terapeutiche a Venezia in età moderna*, Milano, Unicopli. **Minuzzi, S. (2020)**: *La peste e la stampa: Venezia nel XVI e XVII secolo*, Venezia, Marsilio. **Novi Chavarria E. (2020)**: *Accogliere e curare. Ospedali e culture delle nazioni nella Monarchia ispanica (secc. XVI-XVII)*, Roma, Viella. **Panciera, W. (2014)**: *La Repubblica di Venezia nel Settecento*, Roma, Viella. **Panzac, D. (1986)**: *Quarantaines et lazarets. L'Europe et la peste d'Orient (XVII<sup>e</sup>-XX<sup>e</sup> siècles)*, Aix-en-Provence, Édisud. **Palmer R. (1985)**: *Pharmacy in the Republic of Venice in the*

sixteenth century, Cambridge, Cambridge University Press. **Palmer R. (1986)**: *Sanità pubblica e pestilenza: la politica veneziana nel Friuli all'inizio dell'epoca moderna*. In: *Sanità e società. 1. Friuli-Venezia Giulia, secoli XVI-XX*, Udine, Casamassima, 32-60. **Pedemonte, D. (2016)**: «Operando in pregiudizio della piazza di Livorno». *Pubblica salute e privati interessi nella guerra sanitaria degli Stati italiani alle paci imperiali con i barbareschi (1748-1749)*. In: Addobbati A., Aglietti, M. (eds.): *La città delle nazioni: Livorno e i limiti del cosmopolitismo (1566-1834)*, Pisa, Pisa University Press, 265-280. **Preto, P. (1987)**: *Epidemia, paura e politica nell'Italia moderna*, Roma, Laterza. **Rigo, F. (2004)**: *Venezia il contagio, la contumacia, la disinfezione, i lazzaretti. Storia postale della sanità dal XVI al XIX secolo*, Noale. **Stevens Crawshaw, J. L. (2012)**: *Plague hospitals: public health for the city in early modern Venice*, Farnham, Ashgate. **Snowden, F. M. (2019)**: *Epidemics and society: from the black death to the present*, New Haven-London, Yale University Press. **Tazzara, C. (2017)**: *The Free Port of Livorno and the Transformation of the Mediterranean World 1574–1790*, Oxford, Oxford University Press. **Vanzan Marchini, N. E. (1995)**: *I mali e i rimedi della Serenissima*, Vicenza, Neri Pozza. **Vanzan Marchini, N. E. (1995) ed.**: *Le leggi di Sanità della Repubblica di Venezia*, Vicenza, Neri Pozza, 4 voll. **Vanzan Marchini, N. E. (2004) ed.**: *Rotte mediterranee e baluardi di sanità: Venezia e i lazzaretti mediterranei*, Milano, Skira. **Vanzan Marchini, N. E. (2022)**: *Guardarsi da chi non si guarda. La Repubblica di Venezia e il controllo delle pandemie*, Venezia, Cierre Edizioni. **Winslow, C. E. A. (1920)**: *The Untilled Fields of Public Health*. In: "Science", n. 51, 23-33.