

Empiricism and common sense: the management of public health in the Kingdom of Sicily (1575-1860)

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Abstract. The research outlines the evolution of the public health management system in the Kingdom of Sicily between the second half of the 16th century and the first half of the 19th century, emphasizing the specific features of the Sicilian case and highlighting the possible causes. It frames the evolution of public health institutions in Sicily both in the process of centralization and organization of the administrative apparatus of modern State, and in the development of medical theories concerning contagion. Through the analysis of the legislation and of the documentation produced by the competent bodies, it has been proved that there is no break in continuity in the activity of the various institutions that manage public health along the time span investigated. Special attention is devoted to the role of doctors within these institutions and to the relationship with medical science. The analysis shows that the competent bodies based their choices on an empirical approach, making prudential choices that took into account both the miasmatic theory and the contagionist theory.

Key words: public health, Sicily, contagion, institution

Introduction

Between the end of the Middle Ages and the beginning of the Renaissance, Italy played a groundbreaking role in the development of a public health management system and in the organization of health policies, by virtue of the advanced administrative tradition of many of its pre-unitary States (1). Between the 14th and 16th century, the major States of northern Italy, coping with the spread of the epidemic of plague of the mid-fourteenth century, elaborated a cutting-edge health organization, considerably ahead of the rest Europe (2). In this case the plague did not only work as a disruptive force, but also as a durable spur to adopt suitable structures to face it, and to deal with health and sanitation issues after it.

For this reason, a comprehensive study of plague epidemics should not only consider the history of the

disease and of its diffusion, but also encompass an in-depth investigation on health institutions and on their bureaucratic apparatus: such an approach can make medical history an integral part of social history, rescuing it from being too specific a sector (2). Public health history, as a part of social history, considers the disease as a “structure” of society, a negative structure which heavily influences the development of society itself. Based on this historiographical framework, the study of health institutions, but also of political bodies responsible for controlling public health, becomes fundamental in the historical reenactment of our society.

During the 14th century, in cities such as Florence, Venice and Pistoia, new institutions to control public health raised as an evolution of institutions which dealt with food supply problems. By the end of the same century, these institutions had already stopped being provisional, as evidenced by the inception of the

Magistrato di Sanità [Health Office] in Venice in 1486 (3). By and large we can state that public health offices in Italy, during the 15th century, carried out an enormous amount of work, gathering legislative, judicial and executive powers. Their jurisdiction extended from the control of the *lazzaretti* [Lazarets], to sanitation, control of foodstuffs, repression of begging, surveillance of prostitution, up to the examination of the *fedi di sanità* [Health certificates] and the regulation of the quarantine for ships.

The rise of these structures and of the related legislation was not a result of the work of the medical class, but it was the consequence of the administrative evolution of many pre-unitary States - which were approximately nine in the time span between the Restoration and the Unification of 1861 - and it can therefore be framed in the broader process of centralization and organization of the administrative apparatus, which characterizes the birth of the modern State (4). Overall, the medical profession did not play a major role in public health management; however, the connections between medical associations - already established between the second half of the 13th and the 14th century - and health offices were rather intense: the latter employed doctors for advice and reports, including at least one representative of the medical profession on the staff. As for the medical science, as it was taught and learned in universities, its contribution was rather poor. During the 16th and the first half of the 17th century, in the face of the outbreak of epidemics, the most appropriate and concrete response was not provided by medical science, which was still heavily influenced by the Galenic theory, but by the health offices which, by working more empirically and concretely, restructured and expanded their skills. Moreover, the practice of prevention was a forced choice, due to the inability to cure, as treatments suggested by medical science were mostly ineffective, or even harmful.

As time went by, the existence of permanent health offices in the main cities became routine, while smaller cities, still lacking permanent health offices, began to elect temporary magistrates in emergency cases (5). Overall, we can identify a common development outline and a high level of information exchange in the organization of health policy structures among pre-unitary Italian States.

In a basically uniform framework, the case of Sicily is somewhat different: prone to contagion due to its role as a commercial crossroad of the Mediterranean, the Kingdom of Sicily organized contingent or permanent health control systems with different timing and methods, showing mismatches with the national reference framework (6).

Subjects and methods

Given the lack of systematic studies on the subject (7,8), the research outlines the structure and evolution of the public health management system in the Kingdom of Sicily, from the beginning of the Modern Age to the era of the Lieutenancy (1816-1860), to underline the specific features of the Sicilian case, highlighting the causes of these features, and also to understand if there is a break in continuity in the activity of the various institutions that managed public health along the time span investigated. To this end, the articulated legislation on the subject and the rich documentation produced by the competent bodies were analyzed.

Most of the acts and laws pertaining to the establishment and the organization of public health institutions in the Kingdom of Sicily are included in two printed volumes of the 18th century. The first, titled *Statuti del Magistrato di Sanità* (9), was edited in 1728 by Agostino Gervasi, *consulitore protomedico* [Chief Physician Consultant]. A second edition of this volume with new documents added was edited in 1773 by Vincenzo La Grua Talamanca, head of the newly established *Suprema Generale Deputazione di Salute Pubblica* [Supreme General Public Health Deputation], *protomedico del Regno* [Chief Physician of the Kingdom] and *pretore* [Mayor] of the city of Palermo.

The second important source is a volume entitled *Governo Generale di Sanità del Regno di Sicilia e istruzioni del lazzeretto della città di Messina* (10), edited by Pietro La Placa in 1749. The volume includes a collection of documents related to the foundation of the *Magistrato di Salute*, but also provisions and laws on how to face the plague of 1743 which hit the Kingdom of Sicily.

Most of the documentary production of the health institutions of the period under examination is collected in a single documentary fund stored in the

State Archives of Palermo and has been analyzed in depth. The repository is named *Suprema Deputazione Generale di Salute Pubblica poi Soprintendenza Generale di Salute Pubblica (1731-1864)* (11) and consists of 1205 volumes. This repository constitutes the essential reference for a detailed reconstruction of health policy and organization in Sicily.

Results

Magistrato di Sanità di Palermo (1575-1740)

Between 16th and 19th century, several institutions managed public health in the Kingdom of Sicily, showing a blend of competences that is a typical feature of the modern State at its inception. The event that spurred the first arrangement of a public health institution on the island was the plague of 1575; on this occasion the establishment of the *Magistrato di Sanità di Palermo* (1575) was a boost towards specialization of public health control functions by the State. Although this institution had wide jurisdiction and was independent from the viceroy, its competence was limited only to the area of the city of Palermo, while the task of general superintendence on public health affairs still belonged to an institution with very broad and varied competences, the *Tribunale del Real Patrimonio* - supreme body of financial administration -, to which every local health deputation was required to refer.

The sources agree on indicating 1575 as the year of the creation of the *Magistrato di Sanità di Palermo*, a body which had the duty, according to its statute, to protect public health (12). The instances and causes of the establishment of this body are clarified in a document, dated Palermo 24th July 1575, by the viceroy Don Carlo Aragona Tagliavia prince of Castelvetrano, in the name of the sovereign Filippo II (9):

Affine di alleggerire il concorso delle genti, e facilitare la cura degl'infermi di detto morbo, per rimediare ai disordini che da' disubbidienti si venissero a commettere intorno le guardie, o altre cose necessarie, che voi ordinerete, abbiamo provisto farvi le presenti, per le quali vi diamo licenza, autorità, e potestà di poter voi durante questo sospetto (se bisogno vi parrà) oltre ai diputati eletti, eleggere altre persone atte e disposte, e quelle crescere, e diminuire, o mutare a vostra volontà, e così ancora di chiamare, e far

venire quei diputati, che si trovassero assenti, ed ancora di poter promulgare bandi con pene a voi benviste, e farsi tutte quelle ordinazioni, che vi parranno necessarie, e contro ai trasgressori delle vostre ordinazioni, e bandi, e de' nostri bandi promulgati per occasione di detta sospensione di peste, e contro ai disubbidienti ai mandati vostri procederete, si opus fuerit, a tortura, frusta, condannazione ad ultimo supplicio, a galere, bruciamento di loro robe, ed alla esazione di pene per voi imposte, o imponende.

[In order to reduce the influx of people and to facilitate the treatment of the people suffering from this disease, to reduce the acts of disobedience against the guards and for other needs that may arise, we have established to give you license, authority and power to to appoint, in addition to the elected deputies, other suitable people; to increase, change or replace them as you wish; we also authorize you to recall the absent Members and to issue notices with the penalties that you think are appropriate and to give all the orders that will seem necessary to you. We also authorize you to proceed, if necessary, against violators of your notices and orders and notices promulgated by ourselves in the occasion of the plague, with torture, flogging, forced labor, fire of their stuff, and any other penalty you will choose.]

The *Magistrato di Sanità* was born as an extension of the *Senato* [Senate] of Palermo, by virtue of an expansion of the competences of the *Senato* itself. The king entrusted the *Senato*, in an emergency situation, with the arduous task of managing and controlling the infection, in order to maintain public order. Once the emergency was over, the action of the *Magistrato di Sanità* became more tied to prevention, only to take on a role of coordination and control in the case of new infections. The staff of the *Magistrato* underwent some variations and tended to rise numerically on the occasion of new infections, as a demonstration of the inclination of this institution - like many others in modern States - to elasticity and adaptability. At the time of its establishment, the *Magistrato di Sanità* was chaired - as it has been up to the end - by the *Pretore* of Palermo and it included the city's *Capitano di giustizia* [Head of the Police] and nineteen knights "of the most respectable and provident" (10), plus a consulting deputy who, at the time of its foundation, was Giovan Filippo Ingrassia, *Protomedico del Regno*. Later, the number of deputies

grew to twenty-nine elements, and it was then reduced to twelve by the viceroy Marcantonio Colonna in 1582, to simplify and fasten its work. In 1624 the plague returned, brought on a ship coming from Tunis, admitted inside the harbor by the viceroy Prince Filiberto of Savoy, against the advice of the *Magistrato di Sanità*. The staff was then again expanded and the *Magistrato di Sanità* consisted at that time of: the *Pretore*, the *Capitano di Giustizia*, the entire *Senato* of the city of Palermo – which had only one vote –, three princes, three knights, six doctors – headed by the *Protomedico del Regno* –, and the well-known physician Marco Antonio Alaimo. Basing on these data, we can deduce that during the plague doctors tended to play a more prominent role within the Deputation. However, their reliability was grounded not on their professional role, but on their former experience in institutional roles in the Kingdom. After the end of the plague the composition of the *Magistrato di Sanità* remained the same until 1658, when Don Pietro Martinez de Rubio, archbishop of Palermo and president of the Kingdom, resized it again, establishing that it would be composed only by the *Pretore*, the *Senato* and four knights (noble deputies), all over the age of forty, plus three medical consultants, including the city's *Protomedico*.

The *Magistrato di Sanità* had a wide range of powers and the right to impose very severe penalties, ranging from a fine to a death penalty, whilst the viceroy had been explicitly forbidden to meddle in affairs related to public health, a very strong temptation, given the economic interests that were called into question in the case, for example, the block of trade with a foreign nation or, more simply, the quarantine of a ship.

Supremo Magistrato di Commercio (1740-1743)

Despite the wide powers granted, the *Magistrato di Sanità di Palermo* remained an institution with limited territorial competences, while the function of coordination and general supervision continued to be under the power of the *Tribunale del Real Patrimonio*.

In 1740, following a reform plan implemented by the Borbone dynasty - recently ascended to the throne of Sicily – which aimed, among other things, at regenerating commerce, the function of organization and management of public health was diverted to a newly established body, the *Supremo Magistrato di Commercio*

(1739) (10, 13, 14, 15), showing the intrinsic connection perceived between the matter of public health and that of commerce and above all of exchanges with foreign countries across the sea. The *Supremo Magistrato di Commercio* was an institution with wide competences, established at the same time in the Kingdom of Naples and in that of Sicily, with the aim of freeing economic activities from the slack judicial system (16, 17). It was endowed with wide regulatory functions of economic activities, and in particular of commerce, with broad powers of intervention and control in the field of internal traffic, merchant navy, tax collection, manufacturing and mining activities, fishing, urban supplies, roads and bridges. The office exercised vigilance over the consulates of the arts, over exports and the salt trade, it had inspection duties in the field of work, as well as the power to set the prices of the products and, last but not least, the jurisdiction over all the lawsuits of trade; it was also a monitoring center with statistical skills and a laboratory for assistance and promotion of commercial and manufacturing activities. The scope of the functions of the *Supremo Magistrato di Commercio* and its authoritativeness soon aroused resentments in the *Senato* of Palermo and in the other tribunals, which felt dispossessed of jurisdictional rights, as well as in ecclesiastical circles, unfulfilled in the demand for certain commercial privileges, and in the corporations, which did not tolerate undergoing checks. We find this situation echoed in the Parliaments of 1741 and 1746, where the suppression of the institution was unanimously called for. Although such a pardon was not granted, the Sovereign, in fact, satisfied Parliament's requests by resizing to such an extent the powers of the *Magistrato di Commercio* [Trade Office] (Reale Rescritto, 24 April 1747) to make it an institution of little relevance, with jurisdiction only over trade cases between Sicilians and foreigners. With such reduced tasks, this court survived for about fifty years, then disappeared silently by the end of the century. Already in 1743 however, the competences related to the superintendence of public health had been switched to another institution.

The transitional period (1743-1746)

It was the last and late surge of plague, which struck Sicily in 1743, which once again stimulated a

reorganization of the public health system (18,19). Under the impact of the epidemic, the authority of general superintendence was transferred to the *Magistrato di Sanità di Palermo*, which became the central body and later, after the plague ended, without any substantial change to its composition, became *Suprema Deputazione di Salute Pubblica* (1746). According to the sources, already before 1743, the powers of the *Magistrato di Sanità di Palermo*, on special occasions, had already been extended, by explicit order of the King, beyond the territorial boundaries of competence. In the *Governo Generale di Sanità del Regno* it is even specified that (10):

regola era non di meno del suddetto tribunale [il Tribunale del Real Patrimonio, n.d.r.] di udire in ogni occorrenza i sentimenti del Senato, e Diputazion della capitale, e di non allontanarsi punto dagli stessi: e se talora accadea, ch'ei pensasse altramente di quanto venivagli da loro suggerito, ne trattenea la disposizione, infino a tanto che ritornata l'esamina della controversia innanti il medesimo Senato, e Diputazione, facendovi assistere il suo procurator fiscale, per riferire in voce i motivi della diversa opinione di esso tribunale, deliberavasi il conveniente; sempre però attenendosi al parere del Consiglio di Sanità.

[It was the norm for the aforesaid court [Tribunale del Real Patrimonio, n.d.r.] to listen to the advice of the Senate of Palermo and its deputation, and not to depart from it. If it happened sometimes that the Real Patrimonio Court had a discordant opinion, it postponed the decision until it was re-discussed in the senate and in the deputation, at the presence of its own prosecutor to report verbally why the court had a discordant opinion. Only after this passage did the court deliberate, always trying to stick to the opinion of the health council.]

The sources argue essentially that the *Magistrato di Sanità di Palermo* played a role of general superintendence to some extent even before 1743, albeit through the *Tribunale del Real Patrimonio* and – for a few years – the *Supremo Magistrato di Commercio*. Facing the spread of the plague in 1743, the need for speed and efficiency would lead to the ultimate formalization of this role of coordination for the deputation of the capital. With the real dispatches of the 9th and of the 29th of June 1743, the king officially ruled

that the provisions of the *Magistrato di Sanità di Palermo* on public health would be attended throughout the Kingdom; the viceroy, on the 27th of the same month, officially transferred the role of general superintendence from the *Supremo Magistrato di Commercio* to the *Magistrato di Sanità di Palermo*, followed by the royal approval with dispatch of the 19th of July of the same year. From then on the *Magistrato di Sanità di Palermo*, established as *Supremo Magistrato*, had its own staff made up of a notary, ministers and junior officers. Also the internal composition of the institution underwent modifications and a numerical growth, with eight new members added: two belonging to the ecclesiastical order – the metropolitan archbishop and one of the canons of the cathedral –, four among the first barons of the Kingdom, who had already been praetors of the city, and two lawyers of the *Senato*. Further on, two other noble deputies will be added and one of them will be entrusted with supervising the drafting of dispatches and orders. The first to hold this office was Pietro La Placa, who had already demonstrated his abilities as chancellor of the city.

Suprema Deputazione di Salute Pubblica (1746–1819)

When the plague ended, a royal diploma of April 4th 1746, executed on May 7th of the same year, officially established the transformation of the *Magistrato di Sanità di Palermo* into «*Magistrato di Salute, supremo, generale, e indipendente per tutto il Regno di Sicilia*» [Supreme, General and Independent Health Office of the whole Kingdom of Sicily] entrusted with «*direzione di tutto ciò, che conviene alla conservazione della comune salute*» [the direction of all that is useful to the preservation of common health] (9).

In addition, all rights, faculties, jurisdictions and privileges, which the body had enjoyed since 1743, were confirmed by the King, keeping its status and composition substantially unchanged. Even physically the Deputation did not change the place of its meetings, which remained the senatorial hall; even the placement of seats, bearer of deep symbolic and hierarchical meanings, remained unchanged.

The *Magistrato di Sanità di Palermo* therefore lost the status of local body to become a central government body, although it continued to be chaired by the *Pretore* of Palermo and it maintained its staff substantially

unchanged. This occurrence can be read as part of the project of specialization of the offices – already begun in the previous period – and of progressive centralization of jurisdictions, implemented by the reformism of the Borbone dynasty (20). In this respect the Kingdom of Sicily seems to be against the national trend, aiming, between the plague (1743) and cholera (1837), at the abolition of previous health institutions (21). Maybe we could read this attribution of competences to an already existing body of established tradition as the *Magistrato di Sanità di Palermo*, as an expression of the second stage of the reformism of the Borbone in Sicily, no longer too innovative or damaging towards the consolidated privileges of the cities and of the barons, but more reassuring and respectful of tradition (15).

Soprintendenza Generale di Salute Pubblica (1819-1860)

After the Restoration, in 1819, the royal decrees issued in the field of public health modified the previous institutional arrangement (22). The protection of health on the island was entrusted to two separate bodies, both dependent on the *Ministero Luogotenenziale dell'Interno* [Lieutenancy Ministry of the Interior] – therefore belonging to the central administration – and existing in the same form as *citra Pharum* [in the Kingdom of Naples]: the *Soprintendenza Generale di Salute Pubblica* [General Superintendence of Public Health], with executive power, and, subject to the latter, the *Magistrato di Sanità* – already established in 1743 – (23), with advisory and deliberative power. Already in 1818, a royal decree of November 18th had appointed a temporary commission in Palermo for public health affairs. On March 23th of the following year the *Soprintendenza Generale di Salute Pubblica* in Sicily was established with a royal decree. On October 20th of the same year a law on public health was also issued in the *ultra* and *citra Pharum* domains. The subsequent legislation defined the system in detail: the royal decree of January 1st 1820 regulated health matters in detail, designating the Superintendent as director of the health service for each province, while local deputations had the role of last execution agents of the internal health service. The same decree also subordinated the *Magistrato di Sanità* to the *Soprintendenza Generale di Salute Pubblica*, fixed the salaries of the em-

ployees, established the tariffs and rights to be assigned and, last but not least, drew up a classification of local health deputations. It is interesting to mention that the *Soprintendenza Generale di Salute Pubblica* operated in absolute continuity with the previous *Suprema Deputazione di Salute Pubblica*, to such an extent that that the archive that preserves the documentation produced by these two bodies is unique and the series are ongoing.

Conclusions

After a diachronic analysis of the management of public health in the Kingdom of Sicily, some general observations are needed, which can be sound for the entire period under analysis.

Firstly, there is a considerable continuity in the methods of action of the institutions that managed the issue of public health in the Kingdom of Sicily, as proven by the coherence and continuity of legislative and documentary production.

Another consistent fact is represented by the wide decision-making power recognized by the ruler to an institution which, given the importance of the matter, has the power to impose very harsh penalties – even the death penalty – to crack down on public health offenses. The experiences of epidemic diseases arriving in Sicily mainly from the East resulted in a progressive strengthening and a stiffening in external health defense, with very heavy disciplinary measures, which even included the gallows in the case, for example, of the infringement of a default by a ship.

Another key element is the close link between trade and public health; this link, shown by the jurisdiction recognized to the *Supremo Magistrato di Commercio*, is justified by the fact that health prevention was seen almost exclusively as protection from an external threat; this is probably due to the fact that there was awareness that, if the contagion had arrived within the boundaries of the Kingdom, few if not null measures would have been effective to face it. This idea clearly emerges in the *Statuti del Magistrato di Sanità* (9):

il più valevole sforzo, per abbattere un sì possente nemico [the plague, n.d.r.] par che debba solo riporsi nel fargli argine colle più esatte vigilantissime cure, per isfuggire

l'assalto, non potendo egli in altra guisa vincersi, che col tenerlo sempre lontano, il che sarebbe vano a sperarsi, senza invigilare colle più esatte diligenze sulle persone, merci, o altre robe da introdursi nel proprio paese, e soprattutto quelle, che da paesi turchi, o barbari procedessero, colle quali insieme si sono spesso i pestiferi semi introdotti.

[The most useful effort to bring down such a powerful enemy [the plague, ed.] is to stem it as carefully as possible, to avoid spreading, since you cannot defeat it in any other way, than always keeping it away. It would be useless to hope, if you do not pay close attention to people, goods, or other things that are introduced into your country, and especially those who come from Turkish or barbarian countries, with which pestiferous seeds are often brought.]

In an age when medicine was not yet able to provide a unique and scientifically sound explanation about the etiology of infectious diseases and the processes of its spread, nor to guarantee effective treatment solutions, health magistrates, mainly devoted to urban administration, often operated in uncertainty. The preventive measures adopted show an empirical approach to the problem, which leads both to the miasmatic theory and the contagionist theory, basing the decisions more on common sense than on a single medical theory. The case of Sicily is akin to those of the other Italian States and we can observe that the discriminating element to become part of health institutions is not a specific competence in the medical field, but rather being “wise men” with proven political and administrative experience. Even the minimum age limit of forty for the noble deputies of the Health Deputation is an indication that common sense – which is presumed to go with age – and experience were believed to matter more than medical expertise.

The doctors, with some exceptions, play an advisory role within the health institution both peripherally and centrally. They are entrusted with the task of identifying health risks at the peripheral level, where the risk can be first identified, through drafting reports. The analysis of the reports of the doctors of the local Deputations clearly show that until the end of the 18th century most of the physicians involved adopted the miasmatic theory. Moreover, despite the insights of doctors such as Girolamo Fracastoro and Gianfilippo Ingrassia and despite the first experiments of Redi

and Spallanzani, the theory of spontaneous generation and, with it, the miasmatic theory will be definitively refuted only later by Pasteur. In the meantime, the miasmatic theory, with its simplicity, its logic and its internal coherence, persisted as the most accredited hypothesis by virtue of its authority.

Even at the central level the work of the physicians is mostly limited to an advisory role, as evidenced by the fact that the votes of the three deputy doctors are merely consultative, but not deliberative, consistently with what happened in other Italian States (24-25). On the other hand, executive choices are taken by the heads of the Deputation. In some cases, as for Ingrassia or Alaimo, the head of the Deputation could also be a doctor, but the chance for a doctor to play an apical role and to make executive decisions is not linked to specific medical and scientific skills, but to the fact that he is considered a wise man belonging to the administrative structure. Moreover, even advice and instructions inspired or drawn up personally by eminent doctors such as Ingrassia and Alaimo are often considered confusing and impractical, or even useless and harmful (9-10).

Only in the second half of the nineteenth century, when Social medicine was born, we will finally see physicians in Italy as active players in the field of public health management (26).

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