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Article

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Care Needs, Organisational Instances and Bio-political Power: the Royal Hospital of San Giacomo degli Spagnoli of Palermo in the Seventeenth Century

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ABSTRACT

Care structures in the modern age have undergone profound transformations due to the changed operating environment and advances in medical technology. However, according to Foucault's theory, the advances in medical treatment and care organization are considered as part of a power system and should be examined as a government technology tool. In this sense, the military hospitals were an important part of this social management organization. The case of the Royal Hospital of San Giacomo degli Spagnoli in Palermo represents a significant case to analyse the processes of organisational and functional transformation that affected hospital structures in the second half of the 17th century within a bio-political context.

Introduction

The study of hospitals and care structures of the early modern period offers an essential lens through which we can examine the broader social and political transformations of the time. In the seventeenth century, hospitals were more than just places of healing; they were integral to the fabric of society, closely intertwined with the mechanisms of state power and governance. Among these, military hospitals played a crucial role in social control and population management, providing a critical link between healthcare, military organization, and the administrative apparatus of emerg-

ing nation-states. The Royal Hospital of San Giacomo degli Spagnoli in Palermo provides a valuable case for analysing these dynamics, particularly in the context of the shifting political landscape of the Mediterranean under Spanish rule.

San Giacomo degli Spagnoli, originally founded as a military hospital to serve Spanish soldiers stationed in Palermo, underwent profound organizational and functional transformations during the second half of the seventeenth century. These changes were emblematic of broader trends in hospital care across Europe, driven by advancements in medical knowledge, changing concepts of public health, and increasing state intervention in matters of population control. Yet, as Michel Foucault's theories on bio politics and governmentality suggest, these developments were not purely technical or humanitarian in nature. Instead, they were deeply embedded in power structures, functioning as tools of social discipline and control. Hospitals like San Giacomo degli Spagnoli were not just spaces of medical care but key instruments in the administration of life and the management of bodies, particularly in the context of military and colonial ambitions.

The evolution of the hospital model in Europe

The 17th century witnessed significant social transformations that influenced the modernization of hospitals, including military hospitals. This period marked a shift from traditional healing practices to a more empirical and systematic understanding of the human body and diseases¹.

The establishment of scientific institutions and societies during this time, such as the Royal Society in England and the Académie Royale des Sciences in France, fostered collaboration among intellectuals, physicians, and scientists. These institutions served as hubs

¹ H.J. Cook, *The decline of the old medical regime in Stuart London*, Ithaca, 1986; A. Wear, *Knowledge and practice in English medicine, 1550-1680*, Cambridge, UK, 2000.

for the exchange of medical knowledge, promoting research, experimentation, and the dissemination of new medical findings².

Furthermore, military conflicts in the 17th century prompted the need for more organized healthcare systems for wounded soldiers. Military hospitals underwent reforms and modernizations to address the increasing number of casualties and to provide better medical care. This period saw the emergence of more structured military healthcare systems, with specialized facilities and improved treatment methods³. Advances in technology, such as improved surgical instruments and the development of new medical equipment, contributed to the modernization of hospitals. There was a growing emphasis on hygiene, sanitation, and the design of hospital buildings to create more efficient and cleaner healthcare environments⁴.

Additionally, the growth of urban centres and increasing populations led to greater demands for healthcare services. As cities expanded, there was a need for more comprehensive and organized infrastructure to address the needs of a larger populace. This demand for health services contributed to the development and expansion of hospitals⁵. The 17th century witnessed a gradual shift from religious institutions dominating healthcare to more secular approaches. Previously, hospitals were often under the control of religious orders, but this period saw changes in governance structures, with a rise in hospitals being managed by civic authorities or governments. This secularization allowed for more standardized and systematic healthcare practices.⁶

² E. Leong, "Making medicines in the early modern household", in *Bulletin of the History of Medicine*, 82/1, 2008, pp. 145-168.

³ H.J. Cook, T.D. Walker, "Circulation of medicine in the Early Modern Atlantic World", in *Social History of Medicine*, 26/3, 2013, pp. 337-351.

⁴ A. Musi, *La disciplina del corpo. Le arti mediche e paramediche nel Mezzogiorno moderno*, Naples, 2011.

⁵ C.L. Marshall, "Health, nutrition, and the roots of world population growth", in *International Journal of Health Service*, 4/4, 1974, pp. 677-690; S. Szreter, "The population health approach in historical perspective", in *American Journal of Public Health*, 93/3, 2003, pp. 421-431.

⁶ D. Santoro, "Prima della riforma ospedaliera. Il sistema assistenziale di Palermo dai

Overall, the social transformations of the 17th century, including scientific progress, urbanization, changes in governance, and the demands of warfare, played crucial roles in driving the modernization of hospitals, including military healthcare facilities. These changes laid the groundwork for the evolution of more organized, scientifically informed, and specialized healthcare systems that continue to shape modern hospitals today.⁷

Furthermore, the peculiar reasons that led to the creation of hospitals, during the Middle Ages, meant that they were places where the sick and the destitute could be accommodated indifferently, so there was no separation between the different types of “in-patients”, since the primary purpose was to hospitalise and not to cure.⁸ This system did not withstand the impact caused by the great plagues of the 14th century; the increase in the number of sick people – due to the epidemic proportions of the contagion – rapidly led the hospital structures in Europe to saturation and collapse.⁹ The need to stop the phenomenon gave rise to the first organic health measures aimed, in some way, at regulating “urban metabolism”, protecting public health, paying greater attention to hygiene and the behaviour of individuals, and following what could be considered as the prodromes of a modern health policy.¹⁰

The creation of special lay magistracies for the administration and supervision of public health immediately highlighted the con-

Normanni agli Aragonesi (XI-XV secolo)”, in *RiMe. Rivista dell’Istituto di Storia dell’Europa Mediterranea*, 4/I, 2019, pp. 177-199.

⁷ T. Pirohakul, P. Wallis, *Medical Revolutions? The growth of medicine in England, 1660-1800*, LSE, Economic History Working Papers, 185/2014; A. Pastore, “Medicina, scienza e storia in età moderna. Lo stato degli studi in Italia”, in F. Chacón, M.A. Visceglia, G. Murgia, G. Tore (eds.), *Spagna e Italia in età moderna: storiografie a confronto*, Rome, 2009, pp. 253-271.

⁸ C.M. Cipolla, *Contro un nemico invisibile. Epidemie e strutture sanitarie nell’Italia del Rinascimento*, Bologna, 1985.

⁹ J.L. Stevens Crawshaw, *Plague Hospitals. Public health for the City in Early Modern Venice*, Farnham, 2012.

¹⁰ N. Picardi, “Birth in Rome of the first hospital in the history of Europe. Further development of the Roma’s Hospitals”, in *Annali Italiani di Chirurgia*, n. 81, 2011, pp. 329-335.

flicting aspects with the existing ecclesiastical hospital foundations, over which the church naturally claimed exclusive pre-eminence.¹¹ Likewise worthy of note are the foundations of national hospitals, in particular military hospitals, which eschewed the logic of urban control typical of city hospitals to become an operational instrument of the viceroyalty power, within a broader welfare policy in favour of the troops that also included, for example, quarters or the supply of foodstuffs. Military hospitals, which came into being mainly between the 16th and 17th centuries, were able to enjoy a sort of “backwardness advantage”, benefiting directly from the ongoing modernisation process in other health facilities.¹² This operation passed through a process of secularisation of the administrative bodies of the hospital institutions, reversing within them the role exercised by the laity and that exercised by the clergy.¹³ This was achieved by means of a clear distinction between health care functions, delegated to medical personnel, administrative functions to be performed by accountants and professionals and, finally, religious care, previously prevalent, left to the care of the clergy.¹⁴

¹¹ Cipolla, *Contro un nemico invisibile. Epidemie e strutture sanitarie nell'Italia del Rinascimento*; L. Antonielli, *Il Magistrato di Sanità dello Stato di Milano (1534-1786) e le sue politiche sanitarie*, Istituto Lombardo, Scienze Storiche, 156, 2022, pp. 81-90; D. Palermo, “La suprema deputazione generale di salute pubblica del Regno di Sicilia dall'emergenza alla stabilità”, in *Storia Urbana: rivista di studi sulle trasformazioni della città e del territorio in età moderna*, 147/2, 2015, pp. 115-138; I. Fusco, “Il Regno di Napoli nelle emergenze sanitarie del XVII Secolo. Istituzioni, politiche e controllo dello spazio marittimo e terrestre”, in *Storia Urbana: rivista di studi sulle trasformazioni della città e del territorio in età moderna*, 147/2, 2015, pp. 55-74.

¹² E. Novi Chavarria, *Accogliere e curare. Ospedali e culture delle nazioni nella Monarchia ispanica (secc. XVI-XVII)*, Rome, 2020.

¹³ M. Bigoni, E. Deidda Gagliardo, W. Funnell, “Rethinking the sacred and secular divide. Accounting and accountability practices in the Diocese of Ferrara (1431-1457)”, in *Accounting & Accountability Journal*, n. 26/4, pp. 567-594.

¹⁴ M.A. Riva, G. Cesana, “The charity and the care: the origin and evolution of hospitals”, in *European Journal of Internal Medicine*, n. 24/1, pp. 1-4; A. Pastore, P. Henderson, P. Horden (eds.), *The impact of hospitals. 300-2000*, Berlin, 2007.

The Royal Hospital of San Giacomo degli Spagnoli in 17th-century Palermo

The Royal Hospital of San Giacomo degli Spagnoli was founded in Palermo in 1560, with the consent of Pope Pius IV, when the Spanish nation, having no hospitals of its own in Palermo to care for sick soldiers, used the ancient monastery and church of San Giacomo la Mazara.¹⁵ The foundation took place following the sale – on March, 8th of the same year – of the pre-existing hospital structure by the Regulars of St George to the Spanish government, in exchange for an annual income of ten ounces.¹⁶ The process of founding military hospitals for the troops stationed in the various territories of the Spanish monarchy had taken hold in the mid-sixteenth century, responding to a demand for identity on the part of Spanish communities outside the Iberian Peninsula and the strategic need to ensure medical support for the troops.¹⁷

The hospital was located “all’angolo del quartero delle milizie spagnuole, che guarda il Papireto” (at the corner of the quarter of the Spanish militia, which overlooks the *Papyretus*), but twenty years later, the Viceroy Diego Enriques de Guzman, Count of Alba de Lista, considering the building cramped and unsuitable, ordered it to be moved to the front of the royal palace, within the same quarter.¹⁸ The de Guzman’s request, formalised on the 7th of August, 1588 by the deputies of the Royal Hospital of San Giacomo, was approved at the session of the Civic Council on the following 31st of August,

¹⁵ Biblioteca Comunale di Palermo [BCP], A. Mongitore, *Storia della Chiesa detta della Magione, ed Ospedali*, 1723, Manoscritto, Qq_E_4, c. 423.

¹⁶ “Spedale, che nel 1433 fu concesso dallo Spedale Grande, che ne avea avuto fatta l’aggregazione nel 1431, ad Enrico di Simone, palermitano, ad effetto di fondare in esso una collegiata. Questa poi venne unita all’ordine dei canonici di San Giorgio in Alga, che furon padroni della chiesa”. F.M. Emanuele e Gaetani, “Il Palermo d’oggiorno”, in G. Di Marzo (ed.), *Biblioteca storica e letteraria di Sicilia*, Palermo, 1875, pp. 310-361.

¹⁷ E. Novi Chavarria, *Accogliere e curare. Ospedali e culture delle nazioni nella Monarchia ispanica*, pp. 22-26.

¹⁸ G.E. Di Blasi, *Storia cronologica dei viceré luogotenenti e presidenti del regno di Sicilia*, Palermo, 1842.

during which a grant of 3,000 ounces was approved for the reclamation of the *Papireto* marshes and the land needed to build the new hospital was granted.¹⁹ However, the concession was not followed by the immediate construction of the new building. In fact: “after the building was interrupted, it was resumed after many years by the Viceroy Count of Castro of this city in 1622, who brought the size of the building up to a good standard, so that he is acclaimed as the founder of this hospital rather than a continuator [...] Don Stefano de Muniera, a Spaniard of the Order of Mercy, who was later bishop of Cefalù, was the promoter of this new building [...] The entire perfection of this hospital, however, is due to Prince Emanuele Filiberto of Savoy, Viceroy of Sicily.”²⁰

From then on, the area in which the hospital stood took on the name of the military quarter of San Giacomo; the hospital’s activities continued until 1832 – the year in which it was suppressed – and after national unification, the building was annexed to the adjoining Prefecture and Provincial Palace.²¹

The hospital as a disciplinary tool

In Foucauldian terms, the birth of modern hospitals in the Middle Ages can be understood through the lens of power dynamics, social control, and the evolution of disciplinary mechanisms. Michel Foucault’s theories – particularly in his work “The Birth of the Clinic” and “Discipline and Punish” – shed light on how institutions like hospitals emerged and evolved.²²

Foucault emphasizes the relationship between power and

¹⁹ Archivio Storico Comunale di Palermo [ASCP], consigli civici [cc], (1583-98).

²⁰ A. Mongitore, *Bibliotheca Sicula. Sive de scriptoribus Siculis, qui tunc vetera, tum recentiora, saecula illustrarunt*, Tomo I, Palermo, 1723.

²¹ A. Mazzè, *L’edilizia sanitaria a Palermo dal XVI al XIX secolo*, Parte Seconda, Palermo, 1998.

²² M. Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, London, 2003; Id., *Discipline and Punish. The birth of the prison*, London, 1991.

knowledge. In the Middle Ages, the Church and ruling authorities exerted significant power. The establishment of hospitals served both as a response to the increasing population and as a means for these powers to assert control.²³ Hospitals became sites where knowledge about bodies, diseases, and treatment was accumulated and exercised by certain authorities (such as physicians, religious figures, and state representatives), consolidating their power over health and illness. Foucault introduced the concept of disciplinary mechanisms, ways in which institutions regulate and control individuals. Hospitals, in this context, functioned as disciplinary institutions. They structured the space, imposed rules, and regulated the behaviours of patients and staff. The hierarchical structure within hospitals reflected broader societal power dynamics, where patients were subjected to the authority of medical practitioners and the hospital's administration.²⁴

The emergence of hospitals paralleled advancements in medical knowledge. Physicians and healers gathered in these institutions, sharing and developing medical practices. The hospital setting allowed for the observation and surveillance of bodies, diseases, and treatment responses, contributing to the growth of medical expertise and control over the sick.²⁵

Hospitals also played a role in social control. They served as places not only for medical treatment but also for confining and managing various marginalized groups like the poor, the mentally ill, and those with contagious diseases. This confinement helped regulate and control populations deemed disruptive or threatening to social norms. The birth of modern hospitals in the Middle Ages, therefore, can be seen as a product of power structures, the consolidation of medical knowledge, and the establishment of disciplinary mechanisms aimed at regulating both bodies and social order. Fou-

²³ J. Rouse, "Power/Knowledge", in G. Gutting (ed.), *The Cambridge Companion to Foucault*, Cambridge, 1994.

²⁴ B.S. Turner, *Medical Power and Social Knowledge*, London, 1995.

²⁵ D. Armstrong, *Bodies of Knowledge/Knowledge of Bodies*, London, 1994.

cault's framework offers a critical perspective on the historical development of hospitals, emphasizing their role in the exercise of power and control in society.²⁶

The seventeenth century marked a significant shift in the relationship between state power and healthcare. In his work on bio politics, Foucault argues that the management of life – through institutions like hospitals – became a central concern for governments during this period. Medical advancements, alongside new organizational techniques, allowed the state to exercise control over populations in more systematic ways, turning hospitals into sites of surveillance, discipline, and regulation. Military hospitals were crucial to this process. They served not only to care for soldiers but also to ensure their fitness for service, regulate their behaviour, and manage the risk of contagion within military ranks and the broader population.

In the case of San Giacomo degli Spagnoli, the hospital's dual function as a medical and military institution reflected the Spanish crown's broader objectives in Sicily. Located in Palermo, the administrative and military heart of Spanish Sicily, San Giacomo was strategically positioned to serve both the medical needs of the Spanish garrison and the broader political aims of the Spanish empire. The hospital functioned as a key node in the empire's military infrastructure, providing care for soldiers stationed in the region while also ensuring that these troops remained healthy and able to serve the crown's colonial and military interests.

Organizational and functional transformations

The second half of the seventeenth century was a period of significant transformation for hospital structures across Europe, and San

²⁶ I.K. Zola, "Medicine as an institution of social control", in *Ekistics*, 41 / 245, 1976, pp. 210-214; H. Waitzkin, "A Critical Theory of Medical Discourse: Ideology, Social Control, and the Processing of Social Context in Medical Encounters", in *Journal of Health and Social Behavior*, 30 / 2, 1989, pp. 220-239.

Giacomo degli Spagnoli was no exception. These changes were driven by both practical and ideological factors. On one hand, advances in medical knowledge – particularly in the treatment of infectious diseases and battlefield injuries – required new approaches to hospital care. On the other, shifting ideas about public health and the role of the state in managing the well-being of its citizens contributed to new organizational models for hospitals.

At San Giacomo, these transformations were reflected in both the physical structure of the hospital and its internal organization. New wards were built to separate different types of patients, reflecting a growing understanding of the importance of isolating contagious diseases. The hospital's staff became more specialized, with the introduction of new medical personnel such as surgeons, apothecaries, and nurses. Additionally, the hospital's administrative structure was increasingly centralized, with greater oversight by military and civic authorities. This centralization mirrored broader trends in the administration of the Spanish empire, where greater bureaucratic control was seen as essential to maintaining order in the empire's far-flung territories.

It is possible to highlight some fundamental aspects of the management and internal organisation of the Royal Hospital of San Giacomo by analysing book 716 of the *Secreterias Provinciales*, Sicily collection, kept at the *Archivo General de Simancas*.²⁷

²⁷ The document about the period from 1680 to 1685, is entitled: “Relacion delo Deputatos que oy tiene el Hospital Real de Santiago delos Españoles de la ciudad de Palermo, y de otras personas que existen a el, los salarios que gozan, lo que se deve por cuenta de ellos y lo que han de haver los boticarios junto con el libro del gasto ordinario y extraordinario de cada día, donde se declara por menor la forma y distribuzion del gasto que cada mes se haze en servicio de los enfermos el qual libro lo firma el diputado que fue de priolo en aquel mes, el Mayor Domo, razional y su coadjutor”.

Inside we can identify the following parts:

- List of deputies appointed by the viceroy and officers indicating their function;
- List of domestic servants with their annual salary and daily ration;
- “Relacion de lo que ha recibido la familia del hospital Real de Santiago de la Ciudad de Palermo en cuenta de sus salarios y de lo que se les deve por todo agosto de 1685 y otras deudas que no se han podido satisfacer por los muchos enfermos que ha avido en este quinquenio 1680 a esta parte”;

The management of the hospital was entrusted to a deputation of six members appointed by the Viceroy, generally chosen from among those who had already held military or administrative posts.²⁸ In 1685, the deputies were as follows:

- Don Joseph de Bustos, sergeant major of the permanent *tercio* of the kingdom of Sicily;
- Don Luis Ossorio Carrillo marquis of Añalista, knight of the order of Santiago and *veedor general* of the *gente di guerra* of the kingdom of Sicily;
- Don Duarte Correa de Castel Blanco, Fieldmaster of the permanent *tercio* of the kingdom of Sicily;
- Don Juan Barbosa, Fieldmaster and Castellan of Castellammare di Palermo;

-
- "Libro del gasto ordinario y extraordinario que se ha hecho en el mes de junio 1685 en el hospital Real de Santiago de los Españoles siendo deputato y Priolo de mes Don Juan de Retana, conservador del Real Patrimonio del Reino de Sicilia";
 - "Rentas que tiene el Hospital Real de Santiago que con dificultad se cobran";
 - "Relazion del gasto que se hizo en el hospital Real de Santiago de la ciudad de Palermo con los soldados que tomaron estufas y unciones en el año de 1683, emperando desde 7 de abril de dicho año hasta por todo junio siguiente";
 - "Relacion de los introitos que ha havido en el hospital Real de Santiago de los Españoles de la ciudad de Palermo en cinco años emperando desde primero de Septiembre 1680 por todo agosto de 1685";
 - "Relacion del dinero que se ha gastado en el hospital Real de Santiago de los Españoles de la ciudad de Palermo en un quinquenio emperando desde primo de septiembre 1680 hasta fin de agosto 1685".

The book was sent by the viceroy count of Santo Stefano on the 22nd of November, 1685, and received by the king on January, 12th 1686. The lack of numbering of the pages of the volume unfortunately does not allow a more precise reference to the data gradually exposed.

²⁸ The deputation was abolished in 1740, "by the royal dispatch of King Charles III, issued in that year by which all the annuities of the military hospitals throughout the kingdom were forfeited to the royal court; and it remained in the king's account to maintain them, and the churches, which were attached to them as was precisely this one of S. Giacomo. Since then, the administrators were abolished, the hospital of S. Giacomo, and all the others in the kingdom remained under the administration of the Intendant of the army, until King Ferdinand III came to Sicily after the disturbances of the kingdom of Naples and a new system for military hospitals was thought of". Archivio di Stato di Palermo (ASP), Parrocchia di S. Giacomo dei Militari, busta 1, fasc. 1, *Notizie storiche della Regal Parrocchia di S. Giacomo dei Militari di Palermo* (secc. XVIII-XIX).

- Principe della Torre, *Rationale of Real Patrimonio* (Treasury) of the kingdom of Sicily;
- Don Juan de Retana, *Conservador of Real Patrimonio* (Treasury) of the kingdom of Sicily.

The coeval Hospital of San Giacomo degli Spagnoli in Naples also had a similar organisation. At the head of the Neapolitan hospital was a board of governors appointed by the Neapolitan Viceroy that included three royal officers (a councillor of the *Collaterale* representing the Viceroy, a councillor of the *Camera di Santa Chiara*, a president of the *Camera della Sommaria*), as well as representatives of the Spanish political and military worlds (one from the Order of St. James, one from the “Continues”, one from the Catalan nation, an infantry officer). For the financing, the hospital was assigned the annuities of some pious places, a papal benefit consisting of an annuity of 150 ducats a year and, finally, a perpetual contribution from the Viceroy of 300 ducats a year.²⁹

The deputation took care of the hospital’s administration and managed the collection of annuities on the Universities (municipality) of Trapani, Mazara, Agrigento, and Chiusa Sclafani, and on the vacant ecclesiastical seats, which would be used for the maintenance of the sick and to adorn the adjacent church.³⁰ In addition, his opinion was required for the election of certain officers: *maggiordomo* (a kind of superintendent), *rationale*, chaplains and *guardaroba* (literally: wardrobe, a kind of quartermaster). The latter, in addition to collaborating with the deputation to ensure the regular inflow of an-

²⁹ R. Salvemini, “‘Que ningun spañol vaya pidiendo limosna’. L’evoluzione di un progetto economico-assistenziale per gli spagnoli nella Napoli del Vicereame”, in C. Villanueva Morte, A. Conejo de Pena, R. Villagrasa-Elias (eds.), *Redes hospitalarias: historia, economía y sociología de la sanidad*, Zaragoza, 2018, pp. 175-190.

³⁰ “Questa chiesa hoggi attaccata con il medesimo ospedale era [...] sotto titolo di S. Sebastiano fabricata dal Senato di Palermo l’anno 1482 e dopo nell’anno 1505 concessa alla maestranza delli scarpieri. Finalmente con l’occasione della fabrica del novo ospedale sopradetto fu renunciata dalla detta maestranza l’anno 1620 ai rettori, et deputati del detto ospedale e così vi si pose l’immagine del glorioso apostolo S. Giacomo, e se ne serve per l’uso dei Santissimi sacramenti per l’infermi solo e per i morti le sepolture”. BCP, O. Mangananti, *Sacro teatro palermitano*, tomo 4, manoscritto, Qq D 14, c. 1144.

nuities, controlled the receipts and disbursements of the *Tavola* (a public bank in Palermo that acted as the hospital's treasurer), and ensured that the effects and money of the sick, deposited upon admission, were returned to them in full upon discharge. The entire staff of the hospital was referred to as a "family".³¹

The chaplains of the infirmary and the church of San Giacomo la Mazara (respectively Don Gaspar Mohaber, elected on 9 June 1673, and Don Gaspar Caramara, elected in August 1682) devoted themselves to the pastoral care of the sick, always accompanied by the *maggiordomo*, who had to ensure that the rooms were adequately cleaned and heated and that the infirmary was equipped with everything necessary; to this end, he checked the expense book daily and noted the purchase of medicines in it, on the recommendation of the nurse.³² In this sense, the San Giacomo hospital conformed to the more modern concept of care construction that was spreading throughout Europe.³³

The *maggiordomo's* notes were further checked by the *rationale* (accounting administrator) – chosen from among the *alfieri riformati*, the officers of the general *veedurìa* or the principal *contaduría*, all accounting officers of the viceroy's tax administration – who supervised the hospital's entire budget. Every first of the month, referring

³¹ Archivo General de Simancas [AGS], Secretarias Provinciales, Sicilia [SP], libro 716. On the *Tavola Pecuniaria* of Palermo, see: A. Giuffrida, "La Tavola e il Monte di Pietà di Palermo tra crisi e sperimentazione (1778-1799)", in A. Giuffrida, F. D'Avenia, D. Palermo (eds.), *Studi Storici dedicati a Orazio Cancila*, Palermo, 2011, pp. 1053-1086. The definition "family" refers to a group or community of persons who have ties or relations of affinity with each other, including ideal affinities, or who are associated by common interests or aims, or who socially carry out certain political, economic, religious activities.

³² AGS, SP, libro 716.

³³ "A hospital should be sufficiently spacious both to allow the beds to be laid out in rows, thus enabling the doctors, surgeons and other hospital staff to move freely between them and properly minister to their patients. In addition, each ward should have sufficient windows for proper ventilation – in order to disperse the bad odour from the patients' wounds and admit fresh air – and lighting. The building should also have water". C. Storrs, "Health, Sickness and Medical Services in Spain's Armed Forces c. 1665-1700", in *Medical History*, 50/3, pp. 325-350.

to the nurse's book signed by the *maggiordomo*, he would account to the dispensary for all expenses incurred, record with the collector the month's receipts and disbursements, and ensure that debts were gradually paid off. To carry out these tasks, the *rationale* used the support of a coadjutor, especially with regard to checking and signing the book of officers and servants, in which the duration of their service and the payment of wages was recorded. Finally, in the event of the *maggiordomo*'s absence, the *rationale* would take over the entire management of the hospital, with the collaboration of the deputy elected prior of the month, whose main task was to visit the sick and see that they were given proper care.³⁴

The efficient functioning of the hospital also required the presence of orderlies, whose work was carried out under the strict control of the *maggiordomo*; the *massaro* accompanied the sick to the relative ward, and the *coricamalati* saw to it that they were examined by a doctor to ascertain the pathology and arrange for their admission.³⁵ In the case of admission, the sick person underwent thorough personal hygiene and was provided with clean clothes, supplied by the hospital itself (Bonaffini, 1980: 37). The *remediante* (apothecary) administered the medicines, while the *dispensiero y comprador* distributed the food to the sick and provided for the purchase of small expenses ordered by the father nurse. Each in-patient was allocated a bed with clean linen and blankets as well as a bowl for medicines, a towel for personal hygiene and copper cutlery.³⁶ The composition of the so-called "family" was completed by a *pratico* (a sort of male-nurse who had not attended a university course but had acquired specific skills through experience), the church sacristan, a cook, three *mozzi* (servants), three apprentices, a *repostero* (baker), a laundress and a *maestro d'acqua* (a plumber in charge of maintenance work on

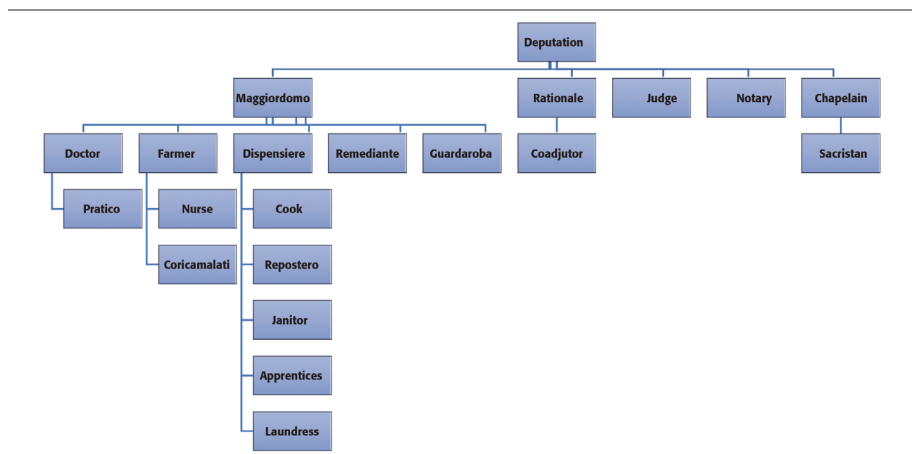
³⁴ AGS, SP, libro 716.

³⁵ The doctor was often a soldier from the infantry *tercio* and was appointed directly by the viceroy without the advice of the deputation. AGS, SP, libro 716.

³⁶ G. Pidone, *Descrizione del Real Ospedale militare di Palermo e della sua interna amministrazione*, Palermo, 1834, p. 16.

the installations). There was also the presence of a judge, in effect a lawyer with jurisdiction over civil and criminal cases and possible litigation, and a notary, necessary for the drafting of wills. Finally, as in all hospitals in the city, the confreres of the Company of St. Maria della Consolazione performed the service of spiritual assistance, dispensing communion and providing confessions to the sick. In addition, the confreres devoted themselves to certain practical activities such as making beds, washing the feet of the wounded with hot water, distributing food and tidying up the infirmaries.³⁷

FIGURE 1
Royal Hospital of San Giacomo, organization diagram



Source: Author's elaboration on AGS data, SP, libro 716.

Figure 1 shows a certain degree of modernity in the organisation of San Giacomo's Hospital, highlighting the clear division between operational (care and logistical) and administrative functions. The deputation played a coordinating role, exercising control over all operations through the *maggiordomo*. This official not only organised care procedures but also provided for supplies and the needs of staff

³⁷ A. Mazzè, *L'edilizia sanitaria a Palermo dal XVI al XIX secolo*, p. 368.

and patients. Unlike the other Sicilian hospitals, the figure of the *hospitalier*, which in the other city institutions performed the functions of administration and coordination, is not present in that of San Giacomo. Probably the different organisational scheme can be attributed to the military origin of the hospital. The *maggiordomo*'s administrative activities, recorded in a special account book, were checked monthly by the *rationale*. The same *rationale* was responsible for keeping all the hospital's accounts, compiling and updating the ledger. The *rationale*, judge (lawyer) and notary depended directly on the Deputation, not being subject to the *maggiordomo*.³⁸ This peculiarity would suggest a specific desire to keep administrative tasks separate from other activities. The duties and functions of the *rationale* would be more clearly specified during the 17th century, in line with what happened in other Sicilian hospitals at the time.³⁹

Accountability and bio political governance

In Foucault's framework, hospitals like San Giacomo degli Spagnoli were part of a broader bio-political strategy, where the state sought to regulate the health, productivity, and behaviour of its subjects. Military hospitals were crucial to this strategy because they dealt with a key population group – soldiers – who were both valuable resources for the state and potential vectors of disorder and disease. By providing care for soldiers while simultaneously regulating their bodies and behaviour, military hospitals served as a key mechanism

³⁸ The figure of the *rationale* has been extremely widespread in Sicilian accounting culture since the Middle Ages. The *rationale* made his appearance in local magistracies and at the court of Palermo, performing functions of keeping accounts and preserving accounting records. Over time, this figure, keeping the name unchanged, also passed to religious and city institutions, always with the same functions. P. Corrao, "I Maestri Razionali e le origini della magistratura contabile (secc. XIII-XV)", in *Storia e attualità della Corte dei Conti*, Palermo, 2013, pp. 31-46.

³⁹ R. Rossi, "Organizzazione, amministrazione e gestione delle strutture sanitarie nella Sicilia di età moderna: l'ospedale di Santa Caterina pro infirmis di Monreale tra XVI e XVII secolo", in *Mediterranea. Ricerche Storiche*, 31/2, 2014, pp. 285-308.

for the state to exert control over its military forces and, by extension, the broader population.

The Royal Hospital of San Giacomo degli Spagnoli thus represents a significant case for understanding the intersection of health-care, military organization, and state power in the seventeenth century. Its transformations during this period reflect not only advancements in medical treatment but also the changing nature of governance in early modern Europe. Through its role in caring for Spanish soldiers and maintaining the military readiness of the Spanish forces in Sicily, the hospital functioned as a crucial tool of social management, embodying the broader trends of bio-political governance that were emerging across Europe during this period. In this sense, the history of San Giacomo degli Spagnoli is not simply a story of medical progress or institutional reform; it is a story of power, control, and the ways in which the state sought to regulate the bodies and lives of its subjects through the institutions of care. As we explore the specific transformations that took place at San Giacomo in the second half of the seventeenth century, we must remain attentive to the broader political and social context in which these changes occurred, and the ways in which they served the interests of the Spanish crown and its power ambitions in the Mediterranean.

In a Foucauldian context, the utilization of treatment, care, and food within hospitals, coupled with accounting tools and the emphasis on accountability, underscores the mechanisms through which bio political power and disciplinary control are exercised.⁴⁰ Accounting tools, such as meticulous record-keeping of medical procedures and interventions, create a system of accountability within hospitals. These records not only document the treatments provided but also serve as a means of categorization and surveillance. They enable the institution to monitor and regulate the bodies of inmates, aligning with Foucault's concept of disciplinary power. The emphasis on accountability in treatment reinforces the authority of medical practitioners and the institutional control over individual bodies.

⁴⁰ M. Foucault, *Medicina e biopolitica. La salute pubblica e il controllo sociale*, Rome, 2021.

Care practices, documented through accounting tools, establish a framework of accountability for caregivers and inmates alike. The recording of care routines enforces compliance with institutional protocols. This adherence to recorded routines becomes a form of discipline, reinforcing power dynamics within the hospital. The accountability of care practices contributes to the surveillance and normalization of bodies, mirroring Foucault's emphasis on detailed documentation as a tool for control. Accounting tools play a role in regulating food allocation and consumption within hospitals. The documentation of food purchases, inventory management, and consumption patterns creates a system of accountability. This not only ensures efficient resource management but also reinforces power dynamics. Control over food intake and monitoring consumption align with disciplinary mechanisms, illustrating the institution's power over the basic needs and behaviours of the inmates.⁴¹

The emphasis on accountability in treatment, care, and food management reflects the bio political governance of populations within the hospital. By meticulously recording and accounting for every aspect of the inmates' lives, the institution exercises power over their bodies and behaviours. The accountability of purchases and consumption reinforces the broader mechanisms of bio power, where populations are managed and regulated at a biological level.⁴²

In essence, within a Foucauldian framework, the use of accounting tools in hospitals extends to treatment, care, and food practices, emphasizing the importance of accountability. These tools serve not only as documentation systems but also as instruments of power and control, contributing to the governance and regulation of bodies within the institutional setting, in line with bio political concepts of population management and disciplinary mechanisms.⁴³

⁴¹ D. Nally, "The bio politics of food provisioning", in *Transactions of the Institute of British Geographers*, 36 / 1, 2011, pp. 37-53.

⁴² L. D'Amico, R. Di Pietra, M. Sargiacomo (eds.), *Accounting and food. Some Italian Experiences*, New York, 2016.

⁴³ A. Fraser, J. Baeza, A. Boaz, E. Ferlie, "Biopolitics, space and hospital reconfiguration", in *Social Science & Medicine*, 230, 2019, pp. 111-121.

Treatment and nutrition

The archive documents do not mention the specifics of the therapies adopted, with the exception of the *estufas y unciones* to which some sick people were subjected during two periods of the five-year period – precisely from April, 7th to June, 31st of 1683 and from April, 6th to July 15th of 1685 – to cure them of infectious, rheumatic and respiratory diseases.⁴⁴ The notation is probably due to accounting requirements arising from the recording of the expenses incurred. The term *estufas* referred to rooms with large braziers, with a function comparable to today's sauna, where the sick was subjected to sweat baths, “aunque los que padecían algunas enfermedades infecto-contagiosas, como la sífilis, recibían el tratamiento en unas cuoriosas cajas o toneles de uso individual.”⁴⁵ The *unciones* (ointments), on the other hand, were applied with mustard compresses to facilitate blood circulation and treat infections. Between April and June 1683, 57 soldiers were subjected to such treatments; to meet the necessary expenses, the Viceroy Count of Santo Stefano ordered a payment of 400 ounces.

For 1683, the difference of 84 ounces between the viceroy's original funding and the expenses incurred was covered by a supplement ordered by the Count of Santo Stefano himself. For the cures carried out from April to July 1685, on the other hand, the viceroy decided to devolve part of the funds obtained from the selling of the vacant ecclesiastical seats: 50 ounces in April, 100 in both May and June, while the 50 ounces in July were obtained from the hospital's

⁴⁴ The scientific revolution that characterised the 17th century also influenced medicine. The greatest progress was made in the study of anatomy and human physiology, which enabled a more correct surgical approach to diseases. In addition, the beginnings of chemical experimentation allowed a more appropriate use of the pharmacopoeia derived from plants, with the first attempts at disinfectants and painkillers. R. French, A. Wear (eds.), *The Medical Revolution of the Seventeenth Century*, Cambridge, 1989.

⁴⁵ M. Gracia Rivas, “Los Hospitales Reales del Ejército y Armada en las campañas militares del siglo XVI”, in E. García Hernán, D. Maffi, (eds.), *Guerra y Sociedad en la Monarquía Hispánica. Política, Estrategia y Cultura en la Europa Moderna (1500-1700)*, vol. II, Madrid, 2006, pp. 765-784.

TABLE 1
Royal Hospital of San Giacomo, expenses (period April 1683-July 1685)

Period	Items	Amount
April 1683	Ordinary expenses	26,24
	<i>Estufero</i> Tommaso Corrao	107
	Apothecary	50
	Buying 623 <i>canne</i> of fabric for sheet and pillows	115
	Buying 4 quintals of wool for mattresses	19
	Buying 54 chickens at 12 grani each	0,4
	Buying 449 <i>canne</i> of fabric for 200 jackets at 15 <i>grani</i> for <i>canna</i>	71,5
	Buying 70 <i>canne</i> of fabric at 4 <i>tari</i> e 10 <i>grani</i> for <i>canna</i> to realize 21 jackets	9
	For sewing work of jackets	3,20
	Buying 49 <i>canne</i> of blue fabric for cloaks	6,5
	Buying 156 <i>canne</i> of fabrics for 50 bedcovers	15,18
	For sewing works of mattresses and bedcovers	1,13
	Buying 73 tables e 30 feet for beds	8,23
	Transportation costs	0,10
	Sage infusion production	3,1
	<i>Boticario</i> (pharmacist)	50
	Total	327
May 1683		86,29
June 1683		70,7
Total period		484,15
April 1685	Ordinary expenses	55,29
	Extra ordinary expenses	12,13
	For chickens	11,16
	<i>Estufero</i>	40,2
	<i>Speziale</i> (apothecary)	17
	<i>Dispensero</i>	12
	Total	149
May 1685	Ordinary expenses	76,21
	<i>Estufero</i>	30
	<i>Boticario</i> (apothecary)	20
	Buying 104 chickens at 2 <i>tari</i> each	19,2
	Total	145,24
June 1685	Ordinary expenses	80,28
	Buying chairs	0,29
	Buying 363 chickens	33,27
	Sage infusion production	0,17
	Total	114,16
July 1685	Ordinary expenses	28,28
	Buying 69 chickens at 2 <i>tari</i> each	6,13
	<i>Estufero</i>	1,6
	Total	36,17
Total period		409,27

Source: Author's elaboration on AGS data, SP, libro 716.

credits. On this occasion, too, the funds allocated for care were insufficient, but unlike in 1683, no further payment order was issued, and the hospital entered the 68 ounces debt in its balance sheet. The loss was to be replenished in instalments over the following months by pledging other hospital revenues.

Therapy was not limited to medical care; proper nutrition was also considered as fundamental to the recovery of the sick.⁴⁶ The in-patients were given two meals. The type was determined daily by the doctor, depending on the illness, they had to be light and nutritious and consisted mainly of chicken broth, pasta, white meat (and in much smaller quantities also red meat), bread and vegetables.⁴⁷ The list of daily expenses for June 1685 shows that fish consumption was completely absent. Instead, eggs, sultanas and fruit in syrup were not missing. The diet was monotonous, however, and averaged a daily per capita consumption of $\frac{1}{4}$ chicken, 0.14 *rotoli* of red meat (about 110 grams), 3 $\frac{1}{2}$ sandwiches, about 35 cl of wine as well as vegetables seasoned with oil and vinegar, $\frac{1}{2}$ an egg as well as small quantities of milk, sweets, candied fruit (pumpkin) and dried fruit (almost exclusively almonds).⁴⁸ The amount of wine consumed co-

⁴⁶ "But medicines were not the only means to aid the sick., Another important aspect of the treatment was, inevitably, the diet. According to a contract agreed in the spring of 1696, those officers and men sent to the royal hospital at Barcelona in the Convento de Jesús were to receive nine ounces of meat a day – six at lunch and three at dinner – cooked and wellseasoned with parsley, saffron and vegetables appropriate to the patient (as prescribed by the doctor). Those for whom this was not appropriate would be given chicken or some other substitute. In addition, patients would receive an allowance of wine" C. Storrs, "Health, Sickness and Medical Services in Spain's Armed Forces c. 1665-1700", p. 59.

⁴⁷ J. Reinartz, "Towards a History of Hospital Food", in *Food & History*, 14/1, 2016, pp. 1-12.

⁴⁸ "Né men che giornalmente si distribuiscono fegatelli, carne di pollo, bracciuole, ova porpette, costate, pitaggi, pesci di condizione a qualcuno, frutta incandite, gelati, cioccolata, caffè". G. Pidone, *Descrizione del Real Ospedale militare di Palermo e della sua interna amministrazione*, Palermo, 1834, p. 17. A similar diet was administered to the sick in the Hospital of the Incurabili in Naples, who were fed white bread, veal, chickens, and fresh eggs if they were sore, "sluggish," or feverish, while the servants were given black bread along with cow's meat, also served to the sick who were able to eat it. G. Boccadamo, "Maria Longo, l'ospedale degli incurabili e la sua insula", in *Campania Sacra*, 30, 2000, pp. 70-93.

TABLE 2
Royal Hospital of San Giacomo, monthly balance
of foodstuff and consumables

Day	Bread (num.)	Meat (rot.)	Chicken (num.)	Livers (num.)	Offal (num.)	Wine quarti	Olive Oil (rot.)	Pasta (rot.)	Semolina (rot.)	Wood (rot.)	Charcoal (rot.)
1	192	7.3	13 ¾	0	3	18	2.10	1.9	1.9	40	2.3
2	187	6.6	14 ¼	2	4	17 ½	2.7	1.9	1.9	40	2.3
3	181	7.6	17	3	2	17.3	3	2	2	40	2.3
4	205	7.9	15	2	4	24.3	2.11	1.9	1.9	40	2.3
5	221	8	13	3	4	23	3.1	2	2	40	2.3
6	233	9.6	14	4	8	23	3.2	2.3	2	40	2.3
7	201	10	14	2	2	18.1	2.10	2.3	2.3	40	2.3
8	230	8.3	15.1	8	2	21.1	2.11	2	2	40	2.1
9	196	8	17	2	2	24.2	3.2	1.9	1.9	40	2.3
10	201	8	16.1	4	4	19	3.1	1.10	1.10	40	3.1
	2047	77.9	149.2	30	35	208.2	29.7	19.4	19.1	3 80	1.11.2
11	200	8.6	16	5	2	19.2	3	1.9	1.9	40	2.3
12	190	13	15	8	4	17.2	3	1.9	1.9	40	2.3
13	201	5	14.1	8	4	16	2.10	1.9	1.9	40	2.3
14	216	7.6	11.3	6	2	17.3	2.10	1.9	1.9	40	2.3
15	204	8.3	13.2	6	4	13.2	2.11	1.9	1.9	40	2.3
16	217	9.9	14.1	7	4	15.2	2.11	1.9	1.9	40	2.3
17	211	8.6	13.2	8	2	16	3.1	1.9	1.9	40	2.3
18	221	9.3	13.1	4	2	16.3	2.7	1.9	1.9	40	2.3
19	225	11.9	12.3	3	6	20.2	2.11	1.9	1.9	40	2.3
20	186	7.6	13.2	4	2	15	2.10	1.9	1.9	40	2.3
	4118	166	287.1	89	67	376.1	58.6	36.10	36.7	7 80	4.7
21	174	7	13.1	3	2	13	3.1	1.6	1.6	40	2.3
22	181	7.3	12.2	2	4	15	2.10	1.6	1.6	40	2.3
23	188	8	14	3	2	17	3	1.6	1.6	40	2.3
24	191	6	14.2	4	2	16.3	3	1.6	1.6	40	2.3
25	181	8	13.3	4	0	14.2	2.11	1.6	1.6	40	2.3
26	163	7.3	14.1	4	2	13	2.10	1.6	1.6	40	2.3
27	180	7.9	16.1	5	4	16.1	2.11	1.6	1.6	40	2.3
28	180	4	14.2	4	4	14.1	2.10	1.6	1.6	40	2.3
29	182	5.3	13	3	2	11	3.1	1.6	1.6	40	2.3
30	185	4	15.2	2	4	14.2	2.11	1.6	1.6	40	2.3
Total	5923	230.6	428.3	125	93	521.2	87.11	53.10	53.7	11 80	5.12.2

Source: Author's elaboration on AGS data, SP, libro 716 (1 *rotolo* = 0.79 kg).

incides with estimates made by Maurice Aymard, according to whom 0.375 litres of wine per capita was consumed in Sicily in the 1780s.⁴⁹

Table 2 allows us to analyse in detail the quantities of food purchased daily in June 1685, for several inmates ranging from a minimum of 46 to a maximum of 67.

In the whole month, therefore, the hospital bought 5,923 *rotoli* of bread (about 4,679 kg), about 230 *rotoli* of meat (about 204 kg), 428 chickens, 521 quarts of wine (about 218 litres), 87 *rotoli* of oil (about 69 kg), 53 *rotoli* of pasta and an equal amount of semolina (about 42 kg). On a daily basis, between two and four ounces were spent on the purchase of foodstuffs (including the purchase of wood and coal and the rations provided for the hospital staff); in detail, meat was bought at 1 *tari* per *rotolo*, a sandwich at 2 *grani*, a hen at 2 *tari* and 16 *grani*, a quart of wine at about 10 *grani*, oil at 1 *tari* and 10 *grani* per roll and an egg at 3 *grani*. For vinegar, salad and spices – the quantity of which is not specified – about 1 *tari* and 10 *grani* was spent daily (Table 3).⁵⁰

The revenues

The hospital's main source of income were the funds donated by the General Treasury of the Kingdom of Sicily for the maintenance of the sick. Generally, the sum paid ranged between 130 and 225 ounces

⁴⁹ M. Aymard, H. Bresc, "Nourritures et consommation en Sicile entre XIV et XVIII siècle", in *Annales Économies Sociétés Civilisations*, 2-3, 1975, p. 596. According to Antonino Giuffrida, "wine constitutes the main beverage whose use must respond, most likely, in addition to energy needs, to the desirability of not drinking water, which taken mostly from wells, could be polluted and undrinkable". A. Giuffrida, "Considerazioni sul consumo della carne a Palermo nei secoli XIV e XV", in *Melanges de l'Ecole Française de Rome. Moyen Age-Temps modernes*, 87/2, 1975, pp. 583-595.

⁵⁰ The price of hens thus turns out to have more than doubled since the mid-sixteenth century, when it stood at 22.3 *grani*, "which was equivalent to the cost of kg 2,820 of pork or mutton, or as much as kg 3,570 of veal". In the 1780s, on the other hand, the price of a hen was equivalent to about kg 1,58 of red meat. O. Cancila, *Baroni e popolo nella Sicilia del grano*, Palermo, 1983, p. 59.

TABLE 3
**The daily expenditure for the month of June 1685 on food rations
purchased for the in-patients and hospital staff**

1 June	4.10.16.1 ½	11	2.28.5.1 ½	21	2.26.16.41/2
2	3.28.19.1 ½	12	3.4.13.4 ½	22	2.28.15.1 ½
3	3.11.3.1 ½	13	2.24.18.1 ½	23	2.28.13.1 ½
4	3.6.3.1 ½	14	3.1.16.1 ½	24	3.3.2.4 ½
5	3.18.7.1 ½	15	3.6.11.1 ½	25	2.27.10.4 ½
6	3.18.14.1 ½	16	3.0.16.1 ½	26	2.21.2.1 ½
7	3.17.16.1 ½	17	3.5.16.4 ½	27	3.1.1.1 ½
8	3.7.9.4 ½	18	2.29.6.4 ½	28	2.21.13.4 ½
9	3.1.19.1 ½	19	3.12.7.4 ½	29	2.27.19.4 ½
10	3.12.13.1 ½	20	2.24.19.1 ½	30	2.29.4.4 ½

Source: Author's elaboration on AGS data, SP, libro 716.

per month; only in one case, in April 1681, is there a deferred bi-monthly payment.⁵¹

In the first period (September 1680-April 1681) the hospital received 190 ounces per month from the General Treasury, but in the following months the payment would decrease by 60 ounces, at least until June 1682. In fact, from October 1681 an income of about 155 ounces was recorded, but this latter figure included 25 ounces from the rent of five houses owned by the hospital.⁵² Between July and August 1682, the maximum disbursement from the Treasury was recorded, 225 ounces, 23 *tari* and 8 *grani*, while in the three years

⁵¹ In the same years, the larger hospital of San Giacomo degli Spagnoli in Naples received an annual subsidy of 4200 ducats, or 1680 ounces. R. Mantelli, *Il pubblico impiego nell'economia del Regno di Napoli. Retribuzioni, reclutamento e ricambio sociale nell'epoca spagnuola (secc. XVI-XVIII)*, Naples, 1986, p. 69.

⁵² In some cases, on the other hand, income from censi and rents constituted an independent item, as happens in October 1680 ("1 onza, censo sobre una casa"), January ("2 onzas y 12 tarines por un censo sobre una casa en fuente del Carmen") May ("5 onzas del barvero Pedro Riggio a cuenta del alquiler de la casa en que vivia"), September ("seis onzas por alquiler de una casa"), October 1681 ("2 onzas, 23 tarines y 8 granos por el alquiler de dos apartamentos"), and in February 1682 ("5 onzas, doña Luisa Costa por un censo"). AGS, SP, libro 716.

from September 1682 to August 1685, the income always corresponded to 202 ounces, 8 *tari* and 15 *grani*, but even in relation to this sum it was sometimes specified that 2 ounces, 8 *tari* and 15 *grani* were included, which the Royal Court paid for the rent of houses intended for housing military personnel.⁵³

The hospital was among those categories that enjoyed important exemptions from paying indirect taxes. The exemptions granted concerned “los mantenimientos de pan, vino y otras cosas para el gobierno del los enfermos”, and as was customary, they were settled by means of the *scasciato* (literally out of cash). This system provided for the reimbursement of sums paid by the hospital for the maintenance of patients and staff. The payment would have been charged to the city’s ordinary budget, therefore outside the hospital’s budget, hence *scasciato, ex casia*.⁵⁴ In the years under review, the hospital recorded the repayment of a total sum of 288 ounces, 14 *tari* and 18 *grani*, which took place with occasional payments, but not until 1684.⁵⁵

Table 4 shows the sums received by the Hospital of San Giacomo between April 1681 and January 1685 out of the budget by the General Treasury of the Kingdom. From the data present, it is easy to verify a certain consistency in the amounts paid, which could suggest the presence of a constant number of in-patients and the consequent stability of consumption.

⁵³ AGS, SP, libro 716.

⁵⁴ Control and verification of compliance with *franchigie* (deductibles) was the responsibility of the *rationale*; an extraordinary coadjutor in his office would form the records, marking all payment policies made. In the *rationale*’s office, the books would be kept by an ordinary coadjutor. The exemptions were cancelled with the establishment, following the city riots of 1647, of the *Deputazione delle Nuove Gabelle* (Deputation of New Taxes), which was supposed to be in charge of collecting the new taxes. However, after much lobbying, the clergymen again obtained certain immunities on the payment of taxes on wine and flour. Tax exemptions on municipal *gabelle* (taxes) were only finally abolished in the second decade of the 1800s, while those reserved for large families were maintained in the form of a subsidy. G. Macrì, *I conti della città. Le carte dei razionali dell’Università di Palermo (secc. XVI-XIX)*, Palermo, 2007, pp. 185-186.

⁵⁵ The record of the 1680 *franchigia* (deductible) se is also missing, but it is likely that the payment occurred before September.

TABLE 4
Royal Hospital of San Giacomo, income from the General Treasury
of the Kingdom of Sicily (1681-1685)

Month	Amount
April 1681	51.16.3
January 1682	45.10.5
December 1682	50.7.5
April 1683	44.7.5
December 1683	50.7.5
January 1685	46.26.15
Total 1680-1685	288.14.18

Source: Author's elaboration on AGS data, SP, libro 716.

As we have pointed out in the previous paragraph, in 1685, funds were used for the *estufas y unciones* deriving from the selling of vacant ecclesiastical seats; and in fact, on 21st June 1666, a royal dispatch had granted the hospital a sum of 260 annual ounces “asignadas sobre expolios y frutos de Iglesia”, for a total of 7336 ounces, 7 *tari* and 11 *grani*. Similarly, certain annuities were also granted to the city of Trapani, for a capital sum of 687 ounces to be paid in annual instalments of 60 ounces, and to the cities of Mazara (696 ounces and 20 *tari*), Chiusa Sclafani (1155 ounces) and Agrigento (1339 ounces and 22 *tari*), in annual instalments of 50 ounces.⁵⁶

In reality, the payment of the instalments almost never took place punctually and in many cases a sum considerably lower than that due was collected; however, this is not an exception, considering the deep economic crisis that affected the entire island in the 1680s, so much so that ecclesiastical bodies, which until the first decades of the 17th century had invested many resources in loans to the State, cities and barons, were forced to contract debts to make up for the shortfall in income.⁵⁷

⁵⁶ AGS, SP, libro 716.

⁵⁷ O. Cancila, *Impresa redditi mercato nella Sicilia moderna*, Palermo, 1993, p. 55.

Only Spanish soldiers received free treatment at the hospital, while all other soldiers had to pay a fee for hospitalisation. Among the income items, we find the sums paid by the Burgundians, the Viceroy's guards, the Germans and the Castellammare soldiers.⁵⁸ Among the military personnel, only the *Castellammare* soldiers guaranteed a more regular income, at least in the years 1680-1683.

On average, the monthly income was equivalent to 2 ounces and 15 *tari*, except for June '81, when a payment of 3 ounces and 24 *tari* was recorded, and April '85, when the sum paid was 4 ounces, 10 *tari*, but most probably considering missing payments from previous months. Finally, the income from payments by non-Spanish soldiers includes that made by a certain Don Augustin a veteran, who in July 1682 paid 3 ounces and 22 *tari* "para curarse en este hospital."⁵⁹

Additional income came from the sale of offal to the cook. Especially in the three-year period 1683-1685, in fact, the sale of *higadillos y pescuezos* (chicken livers and necks), guaranteed a substantial profit of 32, 35 and 24 ounces respectively, compared to 5 in 1680 and 2 in 1685. In 1684, on the other hand, there is no record of this item. Other

⁵⁸ The term "soldiers of the *Castellammare*" was used to refer to the Spanish garrison guarding the *Castello a mare* or *Castellammare* (castle by the sea), built at the mouth of the port of Palermo. V. Favarò, *La modernizzazione militare nella Sicilia di Filippo II*, Palermo, 2009, p. 72. The first payment of the Burgundians is found in December 1680: 4 ounces for the cures received in the previous two months; the following year, however, they paid 2 ounces in January, 5 ounces and 14 *tari* in July ("a buena quenta de lo que deben desde primero de henero asta fin de este") and October, and 1 ounce and 24 *tari* in both November and December. In 1682 the first payment was recorded in February (3 ounce and 18 *tari*), the next ones in June (1 ounce and 25 *tari*), September (5 ounces and 14 *tari*), and the last in December (2 ounces and 24 *tari*). In 1683 only two receipts are counted: 2 ounces and 19 *tari* in September and 2 ounces and 24 *tari* in December; for 1684 no payment is noted and in 1685 a single payment of 2 ounces and 16 *tari* in August. AGS, SP, libro 716. The viceroy's guards to receive assistance paid "one carlin", but in fact, there is only one payment found paid in October 1680, totaling two ounces and 16 *tari*. Germans, on the other hand, paid 19 *tari* each month. The first sum is recorded in June 1681, or 1 ounce and 8 *tari*, and the next payment will not occur until May 1682, 3 ounces and 20 *tari*; in June, July and September 1683 they will pay another 19 *tari*, and the last payment of an equal sum will be recorded in August 1685. AGS, SP, libro 716.

⁵⁹ AGS, SP, libro 716.

income from commercial activities was guaranteed by the sale of bread and the clothes of the dead. In fact, the church adjacent to the hospital boasted a mill, which was probably used by the hospital itself for bread-making. However, income was small (just over one ounce) and occasional and totally absent in the three-year period 1682-1684. Clothes were sold at 10 *tari* and 5 *grani*, but even this is a sporadic phenomenon: it occurs – over the entire five-year period – only four times, and in only one case is the number indicated (12 in March 1681), while the other three are generically annotated *unos* (a few).⁶⁰

With reference to the administration, however, the accounts clearly show that the largest income came from the General Treasury endowments (so much so that in 1684 it accounted for 98% of income) and that the largest expenses were those reported as ordinary and extraordinary, which accounted for between 48% and 55% of income. It is evident, therefore, that any other form of revenue, beyond the subsidy from the Treasury, was derisory. In this sense, there is a symmetry with the *Ospedale Grande e Nuovo* in Palermo, whose main sources of income were the endowments of the city Senate.⁶¹ Even the smaller hospital of *San Bartolomeo*, which was permanently closed at the beginning of the 19th century, based its livelihood on funds allocated by the city administration.⁶²

Of all the revenue items examined (see Table 5), only the annuities paid by the universities (municipalities) and the proceeds from the vacant ecclesiastical sees represented – but in only two years – a

⁶⁰ In 1680 the revenue item is recorded in October, in the sum of 6 ounces and 18 *tari*; in 1681 in March (5 ounces, 22 *tari* and 10 *grani*) and October (8 ounces and 27 *tari*); in 1682 in April (6 ounces and 20 *tari*) and the following year in January (2 ounces and 29 *tari*). In the two-year period 1684-85 no sale of clothes of the deceased is recorded. AGS, SP, libro 716.

⁶¹ BCP, *Relazione di tutta l'azienda dell'ospedale grande di questa città di Palermo, fatta nel 1701 da Antonino Giuseppe Cafora, tesoriere e razionale*, Manoscritto, Qq_D_187.

⁶² BCP, *Relazione di tutte le rendite che possiede l'ospedale di S. Bartolommeo di Palermo e delle gravèzze che paga ogni anno, come pure de' legati, tanto per celebrazione di messe come per maritaggio, che tiene obbligo di fare ogni anno; e delle spese solite farsi ogni anno per servizio del medesimo ospedale (scritta nel 1738)*, Manoscritto, Qq_E_47.

TABLE 5
Royal Hospital of San Giacomo, Revenues (1680-1685)

Year	Income and vacant seats	General Treasury	"Non-Spanish" soldiers	Sales, properties and leases	Allo-wances	Others	Tot
1680	261.20 (24.07%)	760 (70.04%)	30.9 (2.76%)	14.2 (1.29%)	– –	19.18.3 (1.75%)	1085.19.3
1681	604.22.8 (22.35%)	1883.10.4 (69.68%)	47.5 (1.73%)	67.22.11 (2.47%)	51.16.3 (1.88%)	48 (1.77%)	2702.18.7
1682	16.20 (0.64%)	2228.2.4 (90.09%)	48.28.5 (1.94%)	45.25.14.3 (1.81%)	95.17.10 (3.84%)	38.21.4 (1.53%)	2473.24.17.3
1683	170.24 (6.19%)	2427.14 (87.87%)	22.3 (0.80%)	27.26.15 (0.97%)	94.14.10 (3.40%)	20.6.6 (0.72%)	2762.28.11
1684	30.19 (1.21%)	2427.14 (98.57%)	4.25 (0.16)	– –	– –	– –	2462.28
1685	30 (1.75%)	1618.10 (94.45%)	9.10.13 (0.52%)	5.14.4 (0.29%)	46.26.15 (2.68%)	3.5 (0.17%)	1713.6.12

Source: Author's elaboration on AGS data, SP, libro 716.

considerable percentage: approximately 24% in 1680 and 22% in 1681. But the same rents did not exceed 3% in the following three years.

The expenditures

The income analysed so far was in many cases barely sufficient to support the expenses necessary for the hospital's proper functioning, which consisted of the payment of salaries, the daily purchase of foodstuffs and the occasional purchase of wood, coal and all those materials necessary for the maintenance of the structure; a constant expense was also incurred for the payment of the apothecary, who was responsible for supplying the hospital with medicines useful for the care of the sick.⁶³ Not all officials received a salary; the

⁶³ The profession of the apothecary had become particularly lucrative in Sicily; within

deputies, for example, received no remuneration, but only “el buen zelo de asistir al referido Hospital y al Real servicio de Su Magestà,” as did the judge.⁶⁴ The absence of remuneration for some officers resulted from the fact that they were simultaneously holding other paid positions; or because serving as a deputy or judge for the hospital, free of charge, would favour appointment to other remunerated positions.⁶⁵

TABLE 6
Royal Hospital of San Giacomo, monthly salaries paid (average 1680-1685)

Task	Monthly salary
<i>Maggiordomo</i>	10
<i>Razionale</i>	4.24
Coadjutor of <i>rationale</i>	1
<i>Guardaroba</i>	4.24
<i>Massaro</i>	1
Notary	5
Doctor	10
Nurse	1.6
<i>Pratico</i> (male nurse)	1.6
<i>Corcamalati</i>	1
<i>Dispensero</i>	0.24
<i>Maestro d'acqua</i> (plumber)	0.3
<i>Remediante</i>	1
Cook	1.6
Servant	1.4
Chaplain of the infirmary	1.18
Chaplain of San Giacomo	1.6

Source: Author's elaboration on AGS data, SP, libro 716.

three centuries, from the 14th to the 17th, the Sicilian apothecary found himself enjoying positions of prestige due to the availability of money and the possibility of becoming a point of reference for urban society. D. Santoro, “Lo speciale siciliano tra continuità e innovazione: capitoli e costituzioni dal XIV al XVI secolo”, in *Mediterranea. Ricerche storiche*, 8/2, 2006, pp. 465-484.

⁶⁴ AGS, SP, libro 716.

⁶⁵ V. Vigiano, *L'esercizio della politica. La città di Palermo nel Cinquecento*, Rome, 2004.

Not all salaries were paid by the hospital administration; the *rationale*, as a member of the military administration, was paid directly by the Senate of the city of Palermo, as was the maggiordomo, whose monthly salary of 10 ounces was paid to him as captain. The *guardaroba esattore* (bailiff and revenue collector), on the other hand, in addition to the 4 ounces and 24 *tari* paid entirely “en la librança general”, received a further 12 *tari* per month from the hospital.

The salary paid in full by the hospital was due to the doctor (10 ounces), the coadjutor of the *rationale* (1 ounce), the chaplain of the infirmary (1 ounce and 18 *tari* per month plus a daily ration of 2 *tari*, 2 *grani*), the chaplain of the church of San Giacomo (1 ounce and 6 *tari* per month plus the same daily ration) and, finally, the notary (5 *tari* per month).⁶⁶

Most of the servants received both a monthly salary and a daily ration. The nurse and the *practico* received 1 ounce and 6 *tari* per month, plus 2 *tari*, 2 *grani* per day; the *dispensero y comprador* 24 *tari* per month and 2 *tari* and 12 *grani* per day. All the other servants were paid a monthly salary of 12 *tari* and a daily ration of 1 *tari* and 6 *grani*, except for the *maestro d'acqua* (3 *tari* and 10 *grani* per month), the kitchen boy and the servant, who received no salary but only the ration, the former 1 *tari* and the latter 1 *tari* and 6 *grani* respectively. An analysis of the expenses shows that in 1680 about 151 ounces were used to pay wages, divided into two items, one for the month of September (92 ounces and 12 *tari*) and one for the month of December (59 ounces, 9 *tari* and 6 *grani*). The following year, on the other hand, there were only 59 ounces, 16 *tari* and 2 *grani*, of which about 35 were allocated to “los salarios de la familia.”⁶⁷ Even less was allocated to wages in 1682 (47 ounces), while in '83 there were 214 ounces, 22 *grani* and 12 *tari*: about 80 ounces in the month of February alone, 41 of which were for family wages, which would be

⁶⁶ AGS, SP, libro 716.

⁶⁷ The remaining ounces: 1.21 in May “se dieron al notario por el pleito que tenia el hospital”; in June about one ounce to the hospital servant, 3 to the nurse and 4 to the lawyer; finally, the last 7 ounces and 6 *tari* were given in July to the church chaplain.

paid again in June (35 ounces and 20 *tari*) and December (about 52 ounces). Finally, in 1684 and 1685, 39 and 74 ounces respectively were allocated to wages.⁶⁸

Wages were therefore not paid regularly, and it was not unusual for advance payments to be made and for wages to be paid only at the end of the service or even at the death of the employee. This explains the hospital's debt to the servants and officers over the five-year period, which amounted to 2,266 ounces, 4 *tari* and 10 *grani*; of all the wage-earners, only the coadjutor of the *rationale*, the servant and the *mastro d'acqua* had no claims, while the largest sum was owed to the apothecary (1,274 ounces, 12 *tari* and 7 *grani*), who nevertheless received almost regularly 40 ounces per month: an instalment that the hospital paid to repay the sums he advanced for the purchase of medicines. It should also be pointed out that the wages of the *guardaroba* and the cook were included in the item extra-ordinary meal.⁶⁹

The item *gasto ordinario y extraordinario*, present every month – except for March and August 1681 and July 1685 – certainly included the expenses incurred for foodstuffs (ordinary) and the payment of certain wages (extraordinary). The expenses incurred for foodstuffs, however, did not include those for the purchase of hens; in fact, payments to *gallineros* were listed individually, and constituted one of the most frequent items in the entire five-year period. The highest sum is recorded in August 1684 (70 ounces, 17 *tari* and 10 *grani*) to pay for 814 hens purchased in June; the lowest is recorded in June '83 (16 ounces, 19 *tari* and 4 *grani*), but in this case the number is not specified.

On the other hand, as for the expenses considered as extraordinary, – referring to the *Suma del gasto extraordinario que se ha hecho en*

⁶⁸ The 47 ounces were used as follows: to the *pratico* 10 ounces and 24 *tari* in April; to the servant Jeronimo de Abrato 6 ounces and 24 *tari* in May; to the *sangrador* about 13 ounces in June; to the church chaplain 15 ounces, 27 *tari* and 12 *grani* in November. The remaining sum: 14 ounces and 12 *tari* to the chaplain of the infirmary, 19 ounces and 15 *tari* to the doctor, and 7 ounces and 6 *tari* to the *pratico*. AGS, SP, libro 716.

⁶⁹ AGS, SP, libro 716.

el mes de junio 1685 reported in the register – we can deduce that in most cases these were sums paid for repairs or for the purchase of materials necessary for the maintenance of the building:

- A 2 de dicho mes a Pedro Torralva 3 tarines por 8 oncias de hilas 3.12.3
- A 3 de dicho mes a Ana Miliana se le pagaron 2 tarines y 10 granos por 6 oncias de hilas que entrego 2.10
- A 11 de dicho mes a Ana Miliana 2 tarines y 10 granos por 6 oncias de hilas a razon de 5 tarines a rotulo 2.10
- A 11 de dicho mes a Mastro Francesco Priche, serraxero, 3 onzas y 2 tarines por haver limpiado y acomodado los hierros de la zirufia 3.2
- A 11 de dicho mes al guardaropa por haver accomodato la garrafa grande de la la enfermeria 3 tarines y 2 granos 3.2
- A 13 de dicho mes a Melchior Escanavino 27 tarines y 10 granos por la hechura de 27 colchones a razon de 14 granos el uno y 10 jergones y 16 almuadas 27.10
- A 14 de dicho mes a Thomas Lascio 2 tarines por haver parado los bancos para la comunion de los cavalleros por la Pentecoste 2
- A 14 de dicho mes al guardaropa por haver sacado una partida de la tabla y cobrado las onzas 10 (...) 3.6
- A 15 de dicho mes a Isabel Redondo 7 tarines y 19 granos por un rotulo y 7 oncias de hilas para la zirufia
- A 16 de dicho mes al sergento Marco Tavallos 20 tarines por haver acomodato la casa en que vive 20
- A 17 de dicho mes al guardaropa 12 tarines per su salario que se paga cada mes 12
- A 30 de dicho mes al cocinero Antonio Polito 12 tarines por su salario 12
- Al dicho cocinero 12 tarines por 2 cuchillas y un mattero de marmol 12

Some expenses that could have been included under *gasto ordinario* y *extraordinario* were instead listed individually. Among these, the most significant were the purchase of tin, wood, coal, and what-

ever was needed either to make new beds and curtains for the sick rooms, or to repair the windows or the water conduit in the garden.

Finally, it seems significant to highlight the expenses related to religious events. In April 1681, for example, about 6 ounces were spent on the celebration of Maundy Thursday and 3 on the decoration of the church, and in July of the same year, 17 ounces and 26 *tari* were spent on the celebration of San Giacomo. In 1682, the Maundy Thursday celebration (this time in March) would have cost 4 ounces more than the previous year, while in 1683, the Sepulchre expenses amounted to 15 ounces, 26 *tari* and 16 *grani*. On the other hand, in 1684 a much smaller sum (4 ounces, 14 *tari* and 8 *grani*) was allocated for the dinner offered to the officers of the *Tavola Pecuniaria* of Palermo on Candlemas Day, while in June of 1685 no less than 40 ounces were used “por la fiesta y acomodar la Yglesia.”⁷⁰

A slightly more complex situation can be seen regarding expenditure. In fact, in addition to ordinary and extra-ordinary expenditure, both the sums allocated to the purchase of chickens and those used to pay the apothecary constituted a considerable percentage (between 13 and 20.94% for the former, and about 18% for the latter).

Wages, on the other hand, represented a decidedly low percentage (between 2 and 7%), with the sole exception of 1680 (around 17%). The remaining items, indicated in the successive table as “other”, in 1681 and 1685, due to an increase in expenses incurred for the purchase of wood, coal, tin and cloth, amounted to as much as 346 in the first year (13%) and 322 in the second (17%) (Table 7).

In addition, a comparison of the annual values of income and expenditure makes it possible to draw up a balance and thus verify for each year whether the balance was positive or negative (Table 8).

The partial balances only show negative values in the years 1682 and 1685, of 48 and 143 ounces respectively; in the first case, one could attribute the negative balance to a net decrease in income from

⁷⁰ AGS, SP, libro 716.

TABLE 7
Royal Hospital of San Giacomo. Expenditures (1680-1685)

Year	Chickens	Ordinary and Extra-ordinary expenses	Apothecary	Salaries	Other	Total
1680	117.15.8 (13.43%)	422.5.11 (48.45%)	160 (18.36%)	151.21.6 (17.33%)	19.26 (2.18%)	871.8.5
1681	465.27.10.3 (17.58%)	1252.8.10 (47.35%)	520 (19.66%)	59.16.2 (2.23%)	346.23.2 (13.08%)	2644.15.4.3
1682	403.4 (15.98%)	1346.23.17 (53.39%)	480 (19.04%)	47.9.11 (1.86%)	244.12 (9.67%)	2521.19.8
1683	405.1.15 (15.01%)	1439.1.16 (53.33%)	510 (18.90%)	214.22.12 (7.93%)	130.3.16 (4.81%)	2698.29.19
1684	494.17.12 (20.09%)	1416.11.6 (57.60%)	440 (17.90%)	39.19 (1.58%)	68.8.8 (2.76%)	2458.26.6
1685	298.2.13 (16.05%)	840.24.3 (45.25%)	320 (17.24%)	74.16.6 (3.98%)	322.21.13 (17.34%)	1856.21.13

Source: Author's elaboration on AGS data, SP, libro 716.

TABLE 8
Royal Hospital of San Giacomo, summary budget (1680-1685)

Year	Incomes	Expenditures	Balance
1680 (Sept.-Dec.)	1085.19.3	871.8.5	214
1681	2702.18.7	2644.15.4	58
1682	2473.24.17	2521.19.8	- 48
1683	2762.28.11	2698.29.19	64
1684	2462.28	2458.26.6	4
1685 (Jan.-Aug.)	1713.6.12	1856.21.13	- 143
Tot. 1680-85	13201.5.10	13152.0.15	49

Source: Author's elaboration on AGS data, SP, libro 716.

rents and the selling of vacant seats (16 ounces compared to approximately 600 in the previous year); in the second, the negative balance is probably caused – as we have already pointed out – by a considerable increase in the expenses incurred for the purchase of wood (36 ounces), coal (70 ounces) and cloth (85 ounces). In the other three

years, however, the balance is in surplus, with a minimum value (4 ounces) only in 1684.

Even for the entire five-year period, the budget shows a positive balance, with a surplus of approximately 49 ounces; the total income, in fact, amounted to 13,201 ounces, 5 *tari*, 10 *grani* and the revenue to 13,152 ounces, 15 *grani*.⁷¹ It follows, therefore, that the income made it possible to cover the ordinary expenses of care and management of the entire hospital, but that, in the event of an increase in extraordinary expenses, a surplus of only 49 ounces would not have made it possible to cope with the financial emergency.

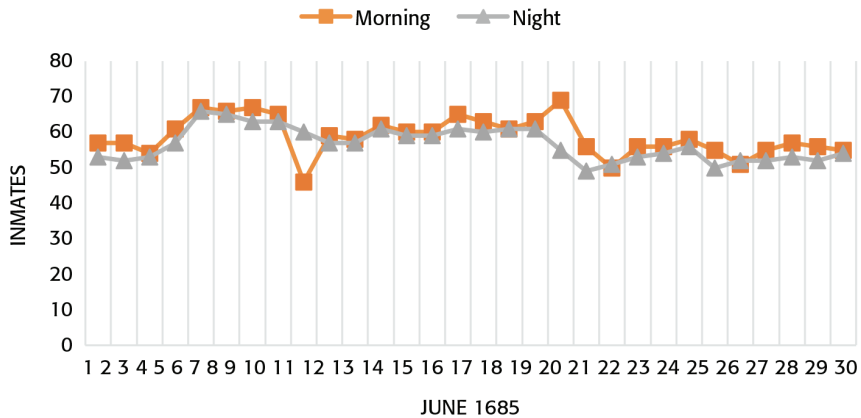
The “human accounting”

Special consideration must be given to the reference in the *Relacion delo Deputatos que oy tiene el Hospital Real de Santiago delos Españoles de la ciudad de Palermo* to the number of hospitalised and cured patients. In fact, the June monthly report for the year 1685 shows the number of in-patients present in the morning and evening (Figure 2). This data constitutes an extremely significant element in the management model of the hospital of San Giacomo, since the human element is also included in the documentation produced by the administration to account for its work. The “human accounting” would have a double reason, on the one hand to demonstrate to the viceroy the effectiveness of the hospital’s administrative action, with

⁷¹ In the last *carta* of the book, the final balance sheet is drawn up, which, as far as the overall values of income and expenditure are concerned, coincides with my calculations (13,200 ounces the former and 13,150 the latter), but which, on the other hand, deviates-sometimes even by considerable figures-from the annual partials. The values are given below:

Year	Incomes	Expenditures
1680	926.26	980.3.13
1681	2746.17.8.3	2731.9.17.3
1682	2536.19.11.3	2518.20.8
1683	2772.29.11	2621.16.17
1684	2426.29	2464.28
1685	1790.24.9	1833.21.4.3

FIGURE 2
Royal Hospital of San Giacomo, number of in-patients



Source: Author's elaboration on AGS data, SP, libro 716.

the correct allocation of the resources received. On the other, one could hypothesise an attempt of accountability of the hospital also towards the care provided, thus trying to prove its effectiveness.⁷²

The concept of human accounting or body accounting refers to the systematic categorization, classification, and monitoring of individuals based on various characteristics such as age, health status, productivity, and more. In a bio political context, which is a concept introduced by Michel Foucault, this practice aligns with the mechanisms of power that govern populations at a biological level. Body accounting involves the categorization and normalization of bodies according to social norms. This practice helps establish what is considered as “normal” or “abnormal” within a given society. For instance, categorizing individuals based on health status, age, or productivity allows for the regulation of their behaviour, positioning some bodies as more productive or desirable than others.⁷³

⁷² W. Funnell, V. Antonelli, R. D'Alessio, R. Rossi, “Accounting for madness: the “Real Casa dei Matti” of Palermo 1824-1860”, in *Accounting, Auditing & Accountability Journal*, 30/5, 2017, pp. 1111-1141.

⁷³ M. Foucault, *Nascita della biopolitica: corso al Collège de France (1978-1979)*, Milan, 2019; R. Esposito, *Bíos. Biopolitica e filosofia*, Turin, 2014.

Foucault's concept of bio politics focuses on the management of populations at a biological level. Body accounting fits within this framework by enabling authorities, whether governmental or institutional, to exercise control over populations through surveillance and classification.⁷⁴ It facilitates governance by allowing the tracking and management of bodies within social structures. Human accounting serves as a tool for disciplinary power. By categorizing individuals based on various criteria, it enables surveillance and control. This form of monitoring creates a sense of visibility and regulation, influencing behaviour and reinforcing social norms.⁷⁵ For example, health records or demographic data enable institutions to manage and control access to resources or services based on certain classifications. Body accounting can also lead to the creation of social hierarchies and exclusion. Certain classifications may lead to the marginalization or exclusion of specific groups deemed less productive or desirable according to prevailing social norms. This exclusion can manifest in limited access to resources, opportunities, or rights.⁷⁶

In essence, body accounting as a tool of control operates within a bio political framework, where populations are managed and regulated at a biological level. It allows for the categorization, surveillance, and normalization of bodies according to societal standards, contributing to the exercise of power and control over individuals and groups within a given society.

Figure 2 shows the trend in the number of in-patients in the morning and in the evening in the Royal Hospital of San Giacomo, highlighting the systematic decrease in the number of in-patients at the end of the day, which would suggest that daily treatments are being carried out. Only in three cases, on 9, 21 and 26 June, there are more in-patients present in the evening than in the morning, with the maximum reached on day 9, with 14 more in-patients.

⁷⁴ L. Bazzicalupo, C. Clò, "The Ambivalences of Biopolitics", in *Diacritics*, 36, 2, 2006, pp. 109-116.

⁷⁵ A. Bhimani, "Accounting and the emergence of 'economic man'", in *Accounting, Organizations and Society*, 19/8, 1994, pp. 637-674.

⁷⁶ W. Funnell, "Accounting in the service of the Holocaust", in *Critical Perspectives on Accounting*, 8/4, 1998, pp. 435-464.

Conclusion

The data analysed so far allow some considerations to be made regarding the functioning of the hospital of San Giacomo. In the first place, the internal organisation is typical of modern-day welfare structures: financial management is entrusted to the officers, the care of the sick is ensured by an adequate presence of medical and paramedical staff, and pastoral care by the chaplains, as provided for in the directives issued in the *Capitoli* (rules) of the *Ospedale Grande* of Palermo founded in 1442.⁷⁷ In addition, the servants present – from the *dispensero*, to the *coricamalati*, to the *remediante* – followed the sick from the moment they entered the hospital, and ensured the order and cleanliness of the building, as found, for example, in the hospital of San Bartolomeo in Palermo and Santa Maria la Pietà in Messina and Santa Caterina in Monreale.⁷⁸

This first analysis of the hospital of San Giacomo makes it possible to clearly identify the separation that occurred first between institutions of care and those of cure, eliminating the overlap that had

⁷⁷ “Item ki in lu dictu hospitali sia et digia essiri unu thesaureri electu [...] in potiri di lu quali vegnanu et sianu assignati tucti li denari et introyti di lu hospitali, lu quali staya cuntinuu intu lu hospitali, lu quali digia fari et teniri quaterni ordinarii, undi nota et scriva tucti li introyti et exiti [...] Item in lu dictu hospitali sia unu accactaturi, per manu di lu quali si spendi et accacti li cosi necessari [...] Item ki lu dictu hospitali hagia unu advocatu in curti ordinariu per li questioni et causi ki fachissi oy fussiru facti a lu hospitali. Item ki in lu dictu hospitali sia unu previti di bona fama, lu quali digia stari cuntinuu a lu hospitali et hagia carricu, incontinenti ki infra lu malatu a lu hospitali, confissarilu [...] Item ki in lu dictu hospitali sianu unu speciali, lu quali tegni tucti li cosi necessari ad usu di lu hospitali”. Archivo Historico de la Nobleza (Toledo), FRIAS,C.75,D.26, Constituciones del gran Hospital de Palermo dictadas por el rey Alfonso V de Aragón.

⁷⁸ M. Barranco, “Strutture ospedaliere a Messina tra ‘700 e ‘800. L’ospedale Santa Maria La Pietà”, in C. Valenti (ed.), *Struttura e funzionalità delle istituzioni ospedaliere siciliane nei secoli XVIII e XIX. Salute e Società*, Palermo, 1991, pp. 80-95; S. Sambito, “Le strutture sanitarie a Palermo tra la fine del secolo XVIII e i primi del XIX”, in C. Valenti, (ed.), *Struttura e funzionalità delle istituzioni ospedaliere siciliane nei secoli XVIII e XIX. Salute e Società*, Palermo, 1991, pp. 15-23; R. Rossi, “Organizzazione, amministrazione e gestione delle strutture sanitarie nella Sicilia di età moderna: l’ospedale di Santa Caterina pro infirmis di Monreale tra XVI e XVII secolo”, in *Mediterranea. Ricerche Storiche*, 31/2, 2014, pp. 285-308.

distinguished them since the Middle Ages. Secondly, the role exercised by the ecclesiastics, previously dedicated to the care of both bodies and souls, is greatly reduced. In the 17th century, it is evident that the function of religious personnel within the hospital is limited to spiritual care only. Finally, there is a clear definition of the hospital's internal organisational functions, with the division of care activities from administrative ones, according to an organisational line that would see its definitive formalisation in the following century.

To conclude, given the surviving archival evidence, this work has no aim of exhaustiveness, nor can the case of the Hospital of San Giacomo degli Spagnoli in Palermo be used as a reference study. Rather, Palermo's military hospital could represent an attempt to analyse the organisational and administrative systems and models of military care institutions in the modern age – albeit starting from a very circumscribed case – with a reading key not only directed at reconstructing their economic performance, but rather at highlighting those elements that characterise their organisational structure.⁷⁹

References

- ANTONIELLI L. (2022), *Il Magistrato di Sanità dello Stato di Milano (1534-1786) e le sue politiche sanitarie*, Istituto Lombardo, Scienze Storiche, 156, pp. 81-90.
- ARMSTRONG D. (1994), *Bodies of Knowledge/Knowledge of Bodies*, London.
- AYMARD M., BRESCH H. (1975), "Nourritures et consommation en Sicile entre XIV et XVIII siècle", in *Annales Économies Sociétés Civilisations*, 2-3, pp. 535-581.
- BARRANCO M. (1991), "Strutture ospedaliere a Messina tra '700 e '800. L'ospedale Santa Maria la Pietà", in C. Valenti (ed.), *Struttura e funzionalità delle istituzioni ospedaliere siciliane nei secoli XVIII e XIX. Salute e Società*, Palermo, pp. 80-95.

⁷⁹ A.G. Hopwood, "Accounting and Organisation Change", in *Accounting, Auditing and Accountability Journal*, 3/1, 1990, pp. 7-17.

- BAZZICALUPO L., CLÒ C. (2006), "The Ambivalences of Biopolitics", in *Diacritics*, 36, 2, pp. 109-116.
- BHIMANI A. (1994), "Accounting and the Emergence of 'Economic Man'", in *Accounting, Organizations and Society*, 19/8, pp. 637-674.
- BIGONI M., DEIDDA GAGLIARDO E., FUNNELL W. (2013), "Rethinking the Sacred and Secular Divide. Accounting and Accountability Practices in the Diocese of Ferrara (1431-1457)", in *Accounting, Auditing & Accountability Journal*, 26/4, pp. 567-594.
- BOCCADAMO G. (2000), "Maria Longo, l'ospedale degli incurabili e la sua insula", in *Campania Sacra*, 30, pp. 70-93.
- BONAFFINI G. (1980), *Per una storia delle istituzioni ospedaliere a Palermo tra XV e XIX*, Palermo.
- CANCILA O. (1983), *Baroni e popolo nella Sicilia del grano*, Palermo.
- (1993), *Impresa redditi mercato nella Sicilia moderna*, Palermo.
- CIPOLLA C.M. (1985), *Contro un nemico invisibile. Epidemie e strutture sanitarie nell'Italia del Rinascimento*, Bologna.
- COOK H.J. (1986), *The Decline of the Old Medical Regime in Stuart London*, Ithaca.
- COOK H.J., WALKER T.D. (2013), "Circulation of Medicine in the Early Modern Atlantic World", in *Social History of Medicine*, 26/3, 2013, pp. 337-351.
- CORRAO P. (2013), *I Maestri Razionali e le origini della magistratura contabile (secc. XIII-XV)*, in *Storia e attualità della Corte dei Conti*, Associazione no-profit Mediterranea, Palermo, pp. 31-46.
- D'AMICO L., DI PIETRA R., SARGIACOMO M. (eds.), *Accounting and Food. Some Italian Experiences*, New York.
- DI BLASI G.E. (1842), *Storia cronologica dei viceré luogotenenti e presidenti del regno di Sicilia*, Palermo.
- EMANUELE E GAETANI F.M. (1875), *Il Palermo d'oggi*, in G. Di Marzo (ed.), *Biblioteca storica e letteraria di Sicilia*, Palermo, pp. 310-361.
- ESPOSITO R. (2014), *Bíos. Biopolitica e filosofia*, Turin.
- FAVARÒ V. (2009), *La modernizzazione militare nella Sicilia di Filippo II*, Palermo.

- FOUCAULT M. (2021), *Medicina e biopolitica. La salute pubblica e il controllo sociale*, Rome.
- (2019), *Nascita della biopolitica: corso al Collège de France (1978-1979)*, Milan.
 - (2003), *The Birth of the Clinic: An Archaeology of Medical Perception*, London.
 - (1991), *Discipline and Punish. The Birth of the Prison*, London.
- FRASER A., BAEZA J., BOAZ A., FERLIE E. (2019), “Biopolitics, Space and Hospital Reconfiguration”, in *Social Science & Medicine*, 230, pp. 111-121.
- FRENCH R., WEAR A. (eds.) (1989), *The Medical Revolution of the Seventeenth Century*, Cambridge.
- FUNNELL W. (1998), “Accounting in the Service of the Holocaust”, in *Critical Perspectives on Accounting*, 8/4, pp. 435-464.
- FUNNELL W., ANTONELLI V., D’ALESSIO R., ROSSI R. (2017), “Accounting for Madness: the “Real Casa dei Matti” of Palermo 1824-1860”, in *Accounting, Auditing & Accountability Journal*, 30/5, pp. 1111-1141.
- FUSCO I. (2015), “Il Regno di Napoli nelle emergenze sanitarie del XVII Secolo. Istituzioni, politiche e controllo dello spazio marittimo e terrestre”, in *Storia Urbana: rivista di studi sulle trasformazioni della città e del territorio in età moderna*, 147/2, pp. 55-74.
- GIUFFRIDA A. (1975), “Considerazioni sul consumo della carne a Palermo nei secoli XIV e XV”, in *Melanges de l'Ecole Française de Rome. Moyen Age-Temps modernes*, 87/2, pp. 583-595.
- (2011), “La Tavola e il Monte di Pietà di Palermo tra crisi e sperimentazione (1778-1799)”, in A. Giuffrida, F. D’Avenia, D. Palermo (eds.), *Studi Storici dedicati a Orazio Cancila*, Mediteranea - Associazione no profit, Palermo, pp. 1053-1086.
- GRACIA RIVAS M. (2006), “Los Hospitales Reales del Ejército y Armada en las campañas militares del siglo XVI”, in E. García Hernán, D. Maffi (eds.), *Guerra y Sociedad en la Monarquía Hispánica. Política, Estrategia y Cultura en la Europa Moderna (1500-1700)*, vol. II, Madrid, pp. 765-784.

- HOPWOOD A.G. (1990), "Accounting and Organisation Change", in *Accounting, Auditing and Accountability Journal*, 3/1, pp. 7-17.
- LEONG E. (2008), "Making Medicines in the Early Modern Household", in *Bulletin of the History of Medicine*, 82/1, pp. 145-168.
- MACRÌ G. (2007), *I conti della città. Le carte dei razionali dell'Università di Palermo (secc. XVI-XIX)*, Quaderni di Mediterranea, Palermo.
- MANTELLI R. (1986), *Il pubblico impiego nell'economia del Regno di Napoli. Retribuzioni, reclutamento e ricambio sociale nell'epoca spagnuola (secc. XVI-XVIII)*, Istituto italiano per gli Studi Filosofici, Naples.
- MARSHALL C.L. (1974), "Health, Nutrition, and the Roots of World Population Growth", in *International Journal of Health Service*, 4/4, pp. 677-690.
- MAZZÈ A. (1998), *L'edilizia sanitaria a Palermo dal XVI al XIX secolo, Parte Seconda*, Accademia Nazionale di Scienze Lettere e Arti di Palermo, Palermo.
- MONGITORE A. (1723), *Bibliotheca Sicula. Sive de scriptoribus Siculis, qui tume vetera, tum recentiora, saecula illustrarunt*, Tomo I, Palermo.
- MUSI A. (2011), *La disciplina del corpo. Le arti mediche e paramediche nel Mezzogiorno moderno*, Naples.
- NALLY D. (2011), "The Bio Politics of Food Provisioning", in *Transactions of the Institute of British Geographers*, 36/1, pp. 37-53.
- NOVI CHAVARRIA E. (2020), *Accogliere e curare. Ospedali e culture delle nazioni nella Monarchia ispanica (secc. XVI-XVII)*, Rome.
- PALERMO D. (2015), "La suprema deputazione generale di salute pubblica del Regno di Sicilia dall'emergenza alla stabilità", in *Storia Urbana: rivista di studi sulle trasformazioni della città e del territorio in età moderna*, 147/2, pp. 115-138.
- PICARDI N. (2011), "Birth in Rome of the First Hospital in the History of Europe. Further Development of the Roma's Hospitals", in *Annali Italiani di Chirurgia*, 81, pp. 329-335.
- PIDONE G. (1834), *Descrizione del Real Ospedale militare di Palermo e della sua interna amministrazione*, Tip. F. Spampinato, Palermo.
- PIROHAKUL T., WALLIS P. (2014), *Medical Revolutions? The Growth of Medicine in England, 1660-1800*, LSE, Economic History Working Papers, 185.

- REINARZ J. (2016), "Towards a History of Hospital Food", in *Food & History*, 14/1, pp. 1-12.
- RIVA M.A., CESANA G. (2013), "The Charity and the Care: The Origin and Evolution of Hospitals", in *European Journal of Internal Medicine*, 24/1, pp. 1-4.
- ROSSI R. (2014), "Organizzazione, amministrazione e gestione delle strutture sanitarie nella Sicilia di età moderna: l'ospedale di Santa Caterina pro infirmis di Monreale tra xvi e xvii secolo", in *Mediterranea. Ricerche Storiche*, 31/2, pp. 285-308.
- ROUSE J. (1994), "Power/Knowledge", in G. Gutting (ed.), *The Cambridge Companion to Foucault*, Cambridge.
- SALVEMINI R. (2018), "'Que ningun spañol vaya pidiendo limosna'. L'evoluzione di un progetto economico-assistenziale per gli spagnoli nella Napoli del Vicereame", in C. Villanueva Morte, A. Conejo de Pena, R. Villagrasa-Elias (eds.), *Redes hospitalarias: historia, economía y sociología de la sanidad*, Zaragoza, pp. 175-190.
- SAMBITO S. (1991), "Le strutture sanitarie a Palermo tra la fine del secolo XVIII e i primi del XIX", in C. Valenti (ed.), *Struttura e funzionalità delle istituzioni ospedaliere siciliane nei secoli XVIII e XIX. Salute e Società, Centro italiano di storia sanitaria e ospedaliera*, Turin, pp. 15-23.
- SANTORO D. (2006), "Lo speciale siciliano tra continuità e innovazione: capitoli e costituzioni dal XIV al XVI secolo", in *Mediterranea. Ricerche storiche*, 8/2, pp. 465-484.
- (2019), "Prima della riforma ospedaliera. Il sistema assistenziale di Palermo dai Normanni agli Aragonesi (XI-XV secolo)", in *RiMe. Rivista dell'Istituto di Storia dell'Europa Mediterranea*, 4/I, pp. 177-199.
- STEVENS CRAWSHAW J.L. (2012), *Plague Hospitals. Public Health for the City in Early Modern Venice*, Farnham.
- STORRS C. (2006), "Health, Sickness and Medical Services in Spain's Armed Forces c. 1665-1700", in *Medical History*, 50/3, pp. 325-350.
- SZRETER S. (2003), "The Population Health Approach in Historical Perspective", in *American Journal of Public Health*, 93/3, pp. 421-431.

- TURNER B.S. (1995), *Medical Power and Social Knowledge*, London.
- VIGIANO V. (2004), *L'esercizio della politica. La città di Palermo nel Cinquecento*, Rome.
- WAITZKIN H. (1989), "A Critical Theory of Medical Discourse: Ideology, Social Control, and the Processing of Social Context in Medical Encounters", in *Journal of Health and Social Behavior*, 30/2, pp. 220-239.
- ZOLA I.K. (1976), "Medicine as an Institution of Social Control", in *Ekistics*, 41/245, pp. 210-214.