A ROUND OF THE HOLY INFIRMARY WARDS

In a collection of manuscripts formerly preserved in the Public Registry and now in the Royal Malta Library, (1) there is a statistical table showing by month the Infirmary admissions and discharges during the financial years 1787-89, viz., from the 1st May of one year to the 30th April of the next; and there are also details of the distribution of the then normal complement of Infirmary beds—stated to be 554—(2) and of how this could, if necessary, be increased to 900.

The beds were distributed as follows:—

340 in ten Sale or Wards, viz.
Sala dei Cavalieri ........................................... 19°
Sala Vecchia ............................................... 22°
Sala per i Feriti .......................................... 29°
Sala del Magazzino .................................... 21°
Salaletta ................................................ 20°
Sala di S. Giuseppe ..................................... 20°
Sala Nuova ............................................... 21°
Sala del Magazzino .................................... 15°
Sala Grande ............................................. 64°
Sala del Magazzino Grande ....................... 109°
and 223 in the
Palombara .................................................. 29°
Falanga .................................................... 120°
Corsia ..................................................... 15°
Camere (eight) .......................................... 59°

When it was necessary to provide accommodation for more patients, extra beds to a maximum of 351 could be placed in the free space—Corsia—along the length of the six more wards marked here with an asterisk. In this way the number of beds in the Sala Grande and in that of the Magazzino Grande could be increased to more than double—a fair indication that the floor space per bed was normally far from stinted.

The list is most interesting in as much as it shows the adequacy of the Infirmary’s provision for the hospitalization of patients when, in most hospitals in Europe, patients had to sleep four or more in a bed or on paliasses on the floor. But it does not help us identify the parts of the Infirmary it refers to; indeed it was not meant to, especially as, when it was prepared, anyone connected with the hospital, after having served there a few weeks, could find his way blindfolded to any of its wards and offices. But the location of these, now, will defy anyone who, not being inclined to be fanciful, undertakes to act as a guide. Thus, any attempt on our part to do so is bound to prove successful in part only and had better, in any case, be preceded by a short account of the purpose for which the accommodation detailed in the lists was used.

As a rule patients were warded according to the complaint from which they were suffering and, as regards medical cases, classification was governed by the principles of humoral pathology then still prevalent.

The separation of patients, however, into medical and surgical wards, according to the nature of their illness, was not rigidly adhered to by the Principals of the Infirmary as it was found generally expedient to ward patients also according to their social status or to their criminal record and eventually to the imminence of death. As to surgical cases, in fact, it was the Principal Surgeon’s duty to attend, together with his Pratico di Chirurgia and Barberotto, not only the patients in the surgical wards but those lying in the Sala del Magazzino Grande as well, and all surgical patients scattered in all the other wards.
Of the ten wards known as Sale, three were exclusively medical — the Sala dei Cavalieri, for members of the Order only; the Sala Vecchia, for civilians, members of Religious Orders and for pilgrims; and the Sala Grande, for the same class of people suffering from diseases of which fever was the only or the prominent symptom, or from slight ailments, one side of the ward being reserved for the acute and the other for the chronic cases.

Civilian surgical patients were bedded in the Sala per i Feriti (3) and in two adjoining rooms.

For patients suffering from dysenteric discharges a separate ward was used — the Sala Nuova, known also as the Sala per i Fissuanti.

Special provision was made also for lithotomy cases in two rooms which, as it would appear from records, were quite close to the Sala Nuova (4). But no special mention of these two rooms is made in the list.

In the case of the Sale, Sala di San Giuseppe, and Sala del Magazzino Grande no attempt at separation by disease was made. To the Saletta, in fact, patients from all the wards previously mentioned were removed when near-

(3) It was over the Altar in this ward that, in 1698, Preti’s famous picture of St. Cosmo and Damian was hung. This painting was commissioned by Fr. Pietro Viany, Priore della Chiesa di San Giovannii, who gave also two reliquiae of both Saints to be placed one at each end of the Altar. See extract from “Trattato della Maggior Chiesa di San Giovanni”, del. Com. Fr. G. D. Manso, in—R.M.L. Arch. 388. In 1775, the same Altar was made richer by two other reliquiae, one containing a small section of St. Philip Neri’s intestine and the other a fragment of bone belonging to Santa Susanna, the gift of the Conventual Chaplain Fr. Pierre Revilliere. (R.M.L., Arch. 1953. L. 17. p. 23.)

Eventually Preti’s painting was removed to St. John’s Church where it is now, because it was found that the daily fumigations of the wards were spoiling it, and was replaced by a copy of which the whereabouts are now unknown.

(4) Sala Nuova per i Fissuanti, con due camere per quelli che si tagliano la pietra. Renouw, The Regulations of the Old Hospital of the Knights of St. John, Blackwood & Sons, 1882; and R.M.L., Arch. — Order., 1713.

ing death; here they received Extreme Unction and were attened day and night by a relay of Infirmary Chaplains specially remunerated for the purpose.

The Sala di San Giuseppe was reserved for convicts and other riff-raff and for chronic and dying cases of that ilk; while galley slaves and bonavogli were bedded in the Sala del Magazzino Grande, and on any of them becoming dangerously ill he was removed to a small room under the staircase (5) — some odd corner nearby, which it would be useless now to attempt to locate.

Cutting for the stone, one of the oldest operations in medical history, must have been a very frequent surgical intervention in the Middle Ages and, as was the case with the Infirmary, proficiency in its performance was one of the essential requirements for hospital appointment.

As an instance of this it may be mentioned that the appointment, in 1723, of Gabriele Henin, a Maltese Surgeon of repute before our famous Michel’Angelo Grima, to be one of the three Principal Infirmary Surgeons, was made conditional on his undertaking to teach medical students practical anatomy and lithotomy (6). It is difficult to say why persons suffering from vesical calculi were then, as to all appearances they must have been, so much more numerous than at present. The fact that the disease gave rise to the itinerant lithotomist is a proof of its extensive prevalence which offered a wide field for profiteering to the skilled and the quack, the qualified and the unqualified barber-surgeon.

One is very pleased to note that there was no bungling of this operation, in the Infirmary. The 1725 Regulations, in fact, referring to the work of the Infirmary Surgeons say that they performed lithotomy to perfection and follow up

what might appear to be a one-sided commendation by stating that there was a "continual concourse of foreigners who came here to recover their health."

In the Sala del Magazzino Grande were also to be found the so-called letti perpetui, the permanent beds reserved by the Order for the personnel of its Sea and Land Forces invalided out of the service and for a few benemeriti della Religione. These beds were not supposed to be more than fifty:—fifteen for members of the Grand Masters Guard—\textit{Granatieri del Gran Maestro}—and for others who had deserved well of the Order; fifteen for the ships' crews; ten for the shipyards operatives and ten for the military (7). The provision was admirable but the accommodation on the shabby side.

Two more wards are listed separately under the same name — Sala del Magazzino — without any distinguishing attribute. This is very disappointing as it affords no clue, and no other clues seem to exist, as to the kind of patients the beds, 36 in all, were used for.

The Camere come next — eight rooms with a total of 59 beds. Two rooms containing 19 beds were surgical, for Members of the Order; another two with 10 beds were surgical also, but for civilians and very probably adjoined the Sala dei Feriti: and one room with 18 beds was reserved for lunatics. The remaining three rooms had 1, 3 and 8 beds respectively, that with one bed being known as the Violino. Other records mention a room called Keiser, which may well have been one of the three, as well as rooms adjoining but not accessible from the Infirmary for the treatment of non-Christians "per ammalati che non professano la Religione Cristiana" (8).

The rest of the normal Infirmary bed equipment was distributed as to 15 in a Corsia, 29 in the Palombara and 120 in the Falanga. About the first nothing can be made out; not so in the case of the other two.

One of the 1797 Regulations, as re-drafted by the Veneranda Congregazione — the body newly entrusted by the Sacro Consiglio with the administration of the hospital — insisted on all patients, Knights included, being bedded in the large wards and not in rooms or small wards here and there, like the "Keiser" the "Palombara" and others, unless they were suffering from a contagious illness or for some other exceptional reason; adding that in these special cases the Congregazione would allow the use of such accommodation only for as long as necessary (9).

The Palombara cannot have been anything more than a set of small rooms in some out-of-the-way part of the Infirmary.

Its name, from the Sicilian \textit{palummaru} — a place or rooms for pigeons to build their nest in, generally at the top of the house, — denotes exactly the kind and size of the accommodation it provided and, possibly, its situation also, as the Infirmary building was quite three stories high from, and at the back of the Lower Court.

In this chartless tour of the Infirmary, it will not be easy to trace the Falanga. This was the name by which the accommodation for patients suffering from certain contagious conditions with marked skin manifestations was known. Of these syphilis was the most serious and impress-

(7) Howard quoted by Bedford (Note D. in \textit{Regulations of the Old Hospital of the Knights of St. John of Valletta} says that in the Sala del Magazzino Grande there were "also 52 infirm servants from the City who were maintained by the Religion."

(8) R.M.L., Arch. of the Order 1714 "Regolamento per il Governo Spirituale Político ed Economico del Sacro Hospedale", p. 139.

(9) Ibid., p. 37.
ing, so that in time, because of the increased prevalence of syphilis and of the unbounded faith in the curative action of mercurial inunctions, the Falanga came to be used only for the in-treatment of venereal patients, mainly luetics. But though we still hear the word applied disparagingly to women of loose character and therefore likely to be affected with venereal disease, its meaning and derivation are still obscure.

During the twelve-month 1787-8, the number of beds occupied by patients undergoing mercurial treatment in the Infirmary was not less than 11 and not more than 56, in any month, between nazionali and forestieri (10). The statistical heading shows them as gallici all’unzione — syphilitics undergoing (mercurial) inunction, — morbus gallicus being the name by which the disease was then more generally known, though, already in 1530, Fracastoro had used the word "syphilis" in his famous poem "Syphilis seu de Morbo Gallico".

At that time and for many years after, nothing beyond the temporary abeyance of the secondary manifestations of the disease could be expected from any known treatment. Towards the end of the 15th century, however, mercurial inunctions, preconized to cure syphilis then very rife and of a most virulent type, were all the rage. As it was bound to happen, the treatment was extensively exploited and misused by the ignorant and the unscrupulous quack. But even in the hands of the qualified, the "cure", which was short and intense, besides causing great suffering to the patients and filling the air with the nauseating smell they emitted, often resulted in death. (11).

So it is no wonder that Paracelsus (1490-1541), in his stricures on the methods of treatment used by his colleagues, accused them of poisoning their patients with mercury (12), nor is it a wonder that mercurial poisoning of surgeons treating patients by inunction came soon to be recognised as a risk and included amongst the diseases of occupation (Ramazzini, 1700).

So far as one knows, things were never so bad in the Falanga; but there must have been cause for serious dissatisfaction if one is to give due weight to the complaints addressed to the Veneranda Congregazione della Sacra Infermeria, during de Rohan’s time, of which a copy, unsigned, is to be found with other official papers belonging to the same period. Para. 3 of this memorandum, entitled "Notions sur le bon service des Messieurs les Malades de l’Hôpital", deals with the treatment of syphilis, stating that the Infirmary patients treated by inunction and fumigation — les Grandes Remedes — either died or, if discharged as cured, had to be re-admitted in a worse condition than before (13). These untoward results were put down in part to the different way treatment was applied by the Physicians and Surgeons in charge and partly to the overcrowded wards. This overcrowding meant that patients had to live in an atmosphere heavily charged with mercury vapours and so absorbed a greater quantity of the drug than they were supposed to (14).

(12) "The best of our popular physicians are the ones who do least harm. But unfortunately some poison their patients with mercury and others purge or bleed them to death," From "Paragrame "a treatise on the General Principles of Medicine," by Paracelsus.
(13) R.M.L., Arch. Order. 6407.
(14) The following is a liberal translation of Para. 3. "The fact that treatment of venereal disease in the Infirmary is hardly ever successful is proved by thousands of instances showing that most of the patients who go through the Grandes Remedes, when they come out of hospital, are as ill as they were on admission. This is due partly to the different methods practiced by the Physicians and the Surgeons and partly to the great overcrowding of the wards, which means that each patient inhales the volatile products of the mercury with which the patient in the next bed is treated, resulting in every with which which the patient in the next bed is treated, resulting in every
These large and uncontrollable doses of mercury were responsible for innumerable deaths wherever the treatment was boosted as a cure for syphilis, which explains the special instructions to the Guardiano of the Falanga (15), that, “in the event of some unfortunate accident, he was to inform at once both the Assistent Physician and the Assistant Surgeon who, having administered the necessary first-aid, were authorised to change the treatment prescribed by their Principals, if necessary, and even to have the patient transferred to some other ward in the Infirmary.”

In 1798, when the French took over the Infirmary for the sick of their Garrison, Doctor Robert, the Principal Medical Officer, found the Falanga to be part of the main Infirmary building, adjoining but not communicating with the Large Ward — an irregularly shaped block right against the south-east end of that ward which it thus prevented from having any openings at that end for light and ventilation (16). To improve conditions, Robert opened doorways in the intervening blind wall, constructed ventilators in some of the rooms and used these for fever cases instead, as an extension of the Large Ward.

According to Agius de Soldanis (17) the Falanga as he knew it some years before Robert consisted of two sections: — the Stufja and the Falanga. The first, adjoining the Sala dei febbribicinti i.e. the Sala Grande, and had three rooms, evidently at ground floor level; one large room directly over

the Forno, in between two smaller rooms furnished with beds (numbers not given) for males and females respectively. Above these there were more rooms with more beds for men to rest on after the hot-air bath — per il Convalescenti di Stufja, — while the women were either taken back to the Incurabili, the Women’s Hospital not far away, where there was also a special ward for syphilitic patients — per le spalmanti — or went home. In the basement, from where one could get to the Sala del Magazzino Grande, there was a chamber — il Forno — where wood was burnt to heat the room above it, and a couple of small rooms for the storage of wood, etc. The other section — the Falanga proper — consisted also of three rooms: one for the Spalmanti, patients having the inunctions, with 18 beds, one for the Convalescenti and another, known as the Rest Room, probably for patients to wait in after inunction. But, besides these three rooms, there were two more — due Commodo Stanze — obviously the wards proper, one for ordinary patients and the Guardiano and the other for the better class patients — per qualche personaggio di distinto carattere, — members of the Order, some of them, who enjoyed the privilege of being visited by the Principal Physician daily instead of once a week like the rest.

At the 1776 General Chapter, under the much befuddled de Rohan, serious complaints had been made about the smells coming from the Cemetery and the Falanga as being most injurious to the Infirmary patients. The Chapter instructed the Treasury to have another Cemetery constructed out of Valetta and, as to the cattive esalazioni from the Falanga, to find some place within the Hospital that could be used instead, suggesting that the existing Falanga should provide room for the increasing number of ordinary patients seeking admission (18).

A new Cemetery was constructed in Floriana. But nothing very drastic seems to have been done about the

(16) ROBERT, Memoire sur la Topographie et Physiologie Medicale de Malte, Paris, Pierre Didot, An. XI.
(17) R.M.L., Arch. Order Ms. 142/6, p. 344. De Soldanis’ description of the Falanga does not leave much doubt of its having been situated where Robert later found it. Unfortunately he does not give dates, but we may take it that he speaks of the Falanga as he knew it in his time (1712—1770). Nor is it clear from his description whether its main access was from the Sala Grande at ground floor level or from the Sala del Magazzino Grande below it. What Robert saw, however, does not appear to have been different from that described by De Soldanis except in that the Falanga compartment was cut off entirely from the Sala Grande by means of a blind divisional wall.

Falanga: the task set to the Treasury was really a most difficult one, considering the demands that were continuously being made on a building already too small for the ordinary needs of the population even when separation of patients according to disease was still effected on very broad lines. To all appearances the problem must have been solved by walling-up all the openings by which the "bad exhalations" from the Falanga found their way into the adjoining Infirmary wards. The directions given at the same General Chapter that the rooms ertwhile of the Falanga be used for cases of scabies and ringworm and, if necessary, for phthisical patients also, cannot be taken to imply that new accommodation had already been found for Falanga patients but as amplifying previous instructions.

The 1725 Infirmary Regulation (19) which presumably had been in force some time before that, mention that there were "two separate wards for those undergoing mercurial inunction; and one room for those who took the hot-air baths, outside the Infirmary "to avoid possible fouling of the air." These rooms may very well have been the result of the recommendations made by the Visiting Commissioners in 1679 that there should be a separate place or set of rooms in the Infirmary for cases of scabies, suspected syphilis and other contagious diseases (20). This accommodation, referred to as "the new house of the Falanga", was made ready in 1682 (21), but we are not told of its whereabouts in the Infirmary nor of its extent. Its qualifications as "new" suggests that there had been another, which reminds us of Agius de Soldanis' reference to an "old" Falanga near the Infirmary burial ground. If so, this would also explain the Commissioners' direction that the new accommodation should be in and not out of the Infirmary, as was the case with the "Old" Falanga.

The above would show that the Falanga accommodation, so exhaustively described by de Soldanis and less so by Robert after him, was that provided in embryo by the Commisioe sopra la Nuova Camera della Falanga, in 1682, which, though referred to very concisely in the 1725 Infirmary Regulations as "two rooms for those undergoing mercurial inunctions", must have then possessed, or was later improved and completed by the necessary complementary offices even to the centralizing in the same premises of all the arrangements for the anointing and bathing of leperic patients.

Though one would like to find out how long it was after the Order's arrival in these Islands that the incidence of venereal disease made it necessary to have special Infirmary in-patient accommodation, search into the Falanga's antecedents need not be pushed further.

The Falanga was kept open from October of each year to June of the next, summer not being considered the "proper" season for anti-venereal treatment. The actual date of opening was fixed by the Veifda Congregazione some weeks in advance, so that patients who had applied for admission during the summer would call at the Infirmary to be examined by the Principal Physician and the Principal Surgeon and told what medicines to take until the Falanga did actually open. This preliminary treatment, known as the preparazione, was meant to improve the effects of the subsequent mercurial medication, but cases requiring urgent treatment were admitted at once into the Infirmary.

Two days before the Falanga was due to open, all the patients were re-examined, this time by the two Principals and their Assistants — the Pratici di Medicina e di Chirurgia — to finally decide as to admission and to prescribe the quantity
of mercury for each of those considered fit to start inunctions, which it would be the Pratico di Chirurgia's duty later to see administered in his presence.

Particulars of the Falanga patients were entered in a special Register — il Libro della Falanga — which had to be shown to the Veeta Congregazione during the summer intermission. The Principal Surgeon had charge of the Register, but it was kept by one of his trusted Barberotti. Besides the usual particulars, the entries included a short medical history of the patient and of the remedies prescribed, from the date of admission until discharge or death. The Register contained also the names of gonorrhoea patients, who, unless they were ordinary uncomplicated cases, were treated as in-patients. Married men, however, were admitted in any case provided their wives, if suffering from the same complaint, were undergoing treatment in the Women's Hospital or, if free from infection, were attested by the Curia to be separated a toro.

The Principal Surgeon had professional charge of all the Falanga patients, but once a week he went the rounds with the Principal Physician in case it was found necessary to change the treatment of any. Patients who had not finished their preparazione and all members of the Order were also visited by the Principal Physician, the latter daily.

The domestic staff of the Falanga consisted of one Second Grade Warder and some servants. It was the former's duty, amongst others, to see that no fires were lit in the inunction rooms and that none of the patients strayed into the Infirmary wards (22).

The inunctions were given by convicts or Christian slaves, who were allowed 1 tari plus three white loaves and half a quartuccio of wine a day (23). The 1725 Regolamento makes mention of a man being retained at the Women's Hospital "per l'usione mercuriata" and for other odd jobs, and of

another — the stufarolo — to attend to female patients going from their Hospital to have the hot air baths in the Falanga.

The Infirmary Physicians must have impressed the Veneranda Congregazione with a wholesome fear of the contagiousness of tuberculosis. This found expression in a number of regulations for the protection of patients and staff. The first of these was worded more like a resolution to the effect that phthisical patients should no longer be allowed to share rooms with other patients, but have a place to themselves in the Infirmary, and that the "suspected" should occupy a separate room from that to be reserved for patients definitely diagnosed as "infected". This would show that, until then at least, tubercular patients had shared the makeshift accommodation used from time to time for the isolation of non-descript contagious skin cases.

Of great importance was the provision requiring the Infirmary Physician to always be on the look out for patients who were "on the point of showing suspicious symptoms of phthisis" — prossimi ad essere sospetti di etica — in order to have them removed to the tuberculosis wards. With the knowledge of the disease and the diagnostic means available at that time, separation of patients before the disease had advanced to the toxaemic stage was the earliest at which it could be attempted, but it unfortunately was too late for the purposes of prevention. Segregation was not applicable to members of the Order who, as far as we know, were not moved from the wards they happened to be in.

To prevent the same bed-linen and hospital clothes being used indiscriminately for the "suspected" and the "infected", all these articles were suitably and clearly marked. Care also was taken to prevent interchange of beds and bed boards, which before being used for new patients were washed in the sea and aired for fifteen days; and the same was done with the wool and the ticking of mattresses. Previous regu-
lations were more uncompromising as every article used by a "suspected" patient had to be burnt, including the bedstead (24).

The discrimination between "suspected" and "infected" linen, which in the circumstances would appear to have been a counsel of perfection if not entirely unnecessary, was continued in the wash-tub, as they were washed, boiled and treated with hot lye separately and stored separately after drying.

This "round of the wards and rooms" in which the Infirmary patients were bedded would be more complete if your self-appointed guide were able to point out which was which. This in most cases he cannot do as he has not succeeded, so far, in tracing any of the building plans that no doubt were prepared in connexion with the construction of the original Infirmary and of its 1662 and 1712 extensions for approval by the Council and by the Order's Treasury. Such plans, especially if accompanied by the usual explanatory notes, would have helped to identify, maybe even now, the accommodation they were intended to provide. Admirable plans and detailed descriptions exist as part of the cabret of most of the immovable property bequeathed to the Order by its Grand Masters and other dignitaries, and it would be very surprising if extensive documentation referring to one of the most important manifestation of the Order's activities were not extant.

Until then identification only of the Sala Vecchia, the Sala Grande, the Saleetta and the Sala del Magazzino Grande is possible. These wards though forming with other minor but essential offices the nucleus of what was at first known as the Sala del Palazzo dell'Infermeria, would contain, even after the 1662 extension, less than half the normal complement of hospital beds as reckoned in 1787. The first two were practically one ward, the only separation between them consisting of two altars built back to back and since removed during the French occupation or after; but the Sala Grande was the larger of the two and the two together form almost the whole of the Infirmary front along the St. Lazarus Curtain. The Saleetta, a smaller and less lofty ward, opens at right angles into, and at the same level of the said two wards, in correspondence with the altars, so that patients in bed had full view of them and could assist at the celebration of Mass; the Saleetta in fact was the ward for the dangerously ill and the dying. The Sala del Magazzino Grande is immediately under, and of practically the same length as the first two; its beautiful groined stone ceiling is in good state of preservation; but the horse stalls along one side of it are a recent disfigurement.

By reference to the kind of patients admitted into these wards it will be seen that it was only in regard to one — the Sala Grande — that a very broad separation of cases according to disease was attempted and that admission to the other three was governed, in part or entirely, by other considerations. Your guide's inability to point out with some degree of assurance where the rest of the patients, some 348, consisting of the other medical, and of all the surgical, tubercular, venereal, skin and mental cases were accommodated, makes him regret having offered to show you round and should shame him into accepting a reduced fee.