

4-8-11 Common Health in Concerto

In 1652, word spread throughout the Mediterranean that a contagious disease had killed some people in Sardinia, and, in response, the cities of Venice, Milan, Genoa and Florence leaped into action. They were able to respond to the threat of contagious diseases because they had practice doing so with former epidemics and plagues, the fear of which kept them highly motivated to halt another as soon as possible. Preventing the spread of the dreaded plague was the best they could hope for because they did not understand the mechanisms of bacteria, let alone the still invisible viruses. And yet, despite the fear of plague, these very same cities sometimes avoided dealing with the reality by denying it. They not only denied it, they sometimes claimed with enthusiasm, to potential visitors, that “...thanks be to God, in this City of Genoa as well as in Corsica, people never enjoyed such good health as they presently enjoy..” (This and all quotes are from Carlo M. Cipolla: *Fighting the Plague in Seventeenth-Century Italy*. University of Wisconsin Press, 1981)

The reasons spurring a quick public health response clashed with the economic reasons for welcoming visitors. These cities both competed and needed each other for commerce and trade. So, when any of them initiated their epidemiological action plan of isolation and quarantine by closing harbors, suspending certain ships and banishing others, they quickly realized the economical pain of lost income and the emotional pain of hurt pride.

They realized that in addition to taking steps to halting the spread of disease, they needed to share information, trust each other and cooperate. They arrived at an idea that was truly inspirational, worthy of the Renaissance time period and worth revisiting by today's emergency response coordinators. Their first necessity, and a challenging one, was to establish trust. So, the Grand Duke of Tuscany sent a small team, including a Doctor Monti, to Genoa to have a first-hand look at health conditions there, for, it was realized, “*if preventive measures of public health were to have any chance of success, they would have to be agreed upon, coordinated, and enforced by neighboring states through common action*”.

This idea of common action materialized into a convention, a “capitolazione”, uniting the three great powers of Florence, Genoa and Rome in their adoption of public health practices and the enforcement of them in their main harbors, the entry ports of both life-giving trade goods and potentially deadly diseases. As a guarantee of this agreement, *each state would allow the other two to station one representative of their respective health boards in its main harbor: thus in Civitavecchia there would be one health officer from Florence and one from Genoa; in Livorno, one from Rome and one from Genoa; and in Genoa, one from Rome and one from Florence.*”

Dr. Cipolla noted in his 1981 book *Fighting the Plague in Seventeenth-Century Italy*, “As far as I know, the scheme of the convention just described has passed totally unnoticed by both general historians and historians of medicine-and yet it represented a revolutionary and enlightened idea which, in the interest of ‘the common health’, envisaged international controls and the voluntary relinquishment of discretionary powers by fully sovereign states in the matter of public health.”

With trust in place, albeit newly established, Dr. Monti and his assistants arrived in Genoa at a pier newly built for the purpose of preventing disease from entering the harbor and city. With his credentials and letter of introduction, the doctor was allowed to enter and begin his inspection. It took three days and the account exists as a rare written document of its kind. Dr. Cippola quotes it: "*Monday*. The pesthouse inspection occurred first on Monday afternoon. The *lazaretto* sat to the east of the city, outside of the city walls. German mercenaries guarded its entrance. The 293 patients in the pesthouse comprised two groups. The first group consisted of 55 individuals who were in "ugly quarantine" (*quarantena brutta*), meaning they had caught plague or had been in close and direct contact with infected people or merchandise. Their quarantine lasted for 40 days or more, and a further period of isolation described as "convalescence". Those in the second group were under "quarantine of suspicion" (*purge di sospetto*). "These individuals had not knowingly been in contact with infected people or merchandise, but they had either developed strange fevers (probably malaria) or had come from areas where cases of plague had been reported," explained Cipolla.

After thoroughly visiting the "pesthouse", hospitals and ships, Dr. Monti declared that he had found no evidence of the plague and advised opening the harbor once again. The campaign had been so successful, that others wished to join and expand upon it. The Florentines "*deemed it necessary that the various powers proceed in concert (di concerto) in the adoption and enforcement of measures regarding incoming vessels from areas either affected by the plague or suspected of it.*"

The Genoa-Florentine pact was successful in its good intentions but without today's science to guide it, it crumpled when an actual and devastating plague hit Genoa only four years later in 1656. Today, "in concerto" is still a necessity and the goal, and with science as our partner, it is possible. Can human pride step aside to let it happen?

Cathleen Drinan is the health agent for Halifax, Ma. She can be reached at 781 293 6768 or cdrinan@town.halifax.ma.us