

CLINICAL CASE HISTORIES AND POST MORTEM REPORTS FROM THE MALTA LAZZARETTO IN THE 18TH CENTURY

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The theme of this paper derives from the unpublished manuscript records of the Registers of Ships arriving in Maltese ports and held in quarantine from 1739 to 1801¹.

Clinical case histories from other contemporary hospitals — the Holy Infirmary and the Women's Hospital at Valletta, Santo Spirito Hospital at Rabat (Malta) and the Gozo Hospital — have not been met with. The Lazzaretto case histories are the only ones that have reached us and, wanting as they are in details of their contents, they constitute the only means of improving our knowledge of the pattern of disease in Malta two hundred years ago.

They occur in the form of entries written by the *attuario dell' Ufficio della Sanità di Malta* or Registrar of the Sanitary Commissioners whose office was at the *Barriera* at Valletta². The *attuario* was a layman and it is likely that what he wrote was dictated to him by the *barberotto* (barber-surgeon) or by the physician attending the case; or, occasionally, by the *protomedico* or Chief Government Physician examining the patient.

The text is cast in the Italian language of the period with misspellings, at times, of the names of the organs and pathological findings. The entries are here reproduced in English but an attempt has been made to preserve as much as possible the flavour of the Italian original by giving, in some instances, an *ad litteram* translation.

Ascribing a retrospective diagnosis has created some difficulty as the clinical information contained in the records is not always sufficient and clear enough to allow identification of a specific disease. However, a tentative diagnosis has been attempted for the purpose of grouping and classifying the various case histories.

Injuries

Skull

1. On the 28 March 1781 a soldier on a French warship fell and hit his head. He sustained a contusion of the right temporal muscle without any external wound or fracture; but the concussion of the brain and the resulting extravasation of blood in its substance caused his death — and this (diagnosis) is confirmed by the extrusion of a quantity of blood from the corresponding ear³.

2. Following a fist fight on 9 November 1782 among five Turks undergoing quarantine at the Lazzaretto one of them, aged thirty years, died from the blows received. Observation of the cadaver showed the discharge of a substantial quantity of blood from the right ear and from the nose — from which one necessarily infers that the victim had been hit on the head though there were no signs of an external lesion; in fact a contusion of the brain substance is enough to produce an internal extravasation of blood as confirmed by the exit of blood from the parts mentioned⁴.

3. On 1 November 1783 a Moslem captive of twenty years of age was admitted to the Lazzaretto with a fracture of the skull in the left parietal region caused by a ball shot from a fusil (light musket). This caused a "natural trephine" opening (of the cranium) with exposure of the *dura mater*. An abscess formed under the *dura* and when this was incised there was a discharge of pus and cortical substance of the brain with fragments of bone. He died nine days after⁵.

4. A seaman of thirty years fell from a tall mast on 10 February 1798. He hit the deck and with the impact went overboard. On being recovered from the sea he was deeply unconscious. He sustained two wounds in the occipital region — one on the left side and the other on the posterior aspect of the bone. Death was due to haemorrhage in the substance of the brain as confirmed by the issue of blood from the nostrils, the left ear and also from the mouth⁶.

Face

On 1 November 1783 a French seaman aged thirty years was admitted to the Lazzaretto with a fracture of the face caused by a fire-arm. The missile traversed the lower jaw, fractured its two joints, amputated the tongue from its roots and tore the mastoid muscles rendering him unable to chew. He survived for thirty-nine days dying on the 9 December 1783⁷.

Multiple fractures

A captive Turk, thirty years of age, died on the 22 February 1794 from three wounds, received during a combat at sea twelve days previously, caused by a blunt instrument. The first was a "simple wound" on the left side of the sternum; the second involved the left hand with fractures of the index, middle and ring fingers; the third was a "complete" wound of the left thigh complicated by a comminuted fracture of the upper end of the femur near the (hip) joint. This was accompanied by bleeding from a severed arterial trunk. It ended in gangrene — a sufficient cause for his death⁸.

Note: Nearly all those recorded as having had open and comminuted fractures produced by gunshot died of gangrene.

Internal organs

1. A Maltese sailor of a corsairing vessel aged forty years committed suicide by shooting himself with a pistol on 25 August 1781. The projectile entered the left thoracic region between the third and fourth ribs near the sternum. It penetrated the lobe of the lung obliquely and got lodged beneath the lower end of the scapula⁹.

Note: Presumably a *post mortem* was performed in this case since the tract or trajectory of the projectile has been so well followed.

2. On 7 August 1780 a captive Turk aged forty-five years died at the Lazzaretto from a wound caused by a cutting instrument. It was situated in the lateral side of the left knee-joint involving the ligaments and tendons of the articulation. It was followed by swelling and inflammation (of the leg) extending to the tip of the foot. He finally died of gangrene¹⁰.

Cancer

Lip

On 4 August 1776 a French sea-captain asked to be admitted to the Lazzaretto to be treated for a cancer of the lower lip that was still in the initial stages¹¹.

Tongue

The Consul of Sweden in Tripoli came to Malta on 4 August 1778 suffering from cancer of

the tongue. After undergoing the prescribed period of quarantine at the Lazzaretto, he took lodgings at the Falcon Hotel to be treated for his condition by the *protomedico* Dr. Lorenzo Theij (or Thein). However, it was found to be too diffused and the patient died soon after. He was buried *in pratique* in the external ditch of the Lazzaretto¹².

Upper maxilla

A Greek seaman, aged fifty years, was landed at the Lazzaretto on 10 April 1781 with a scirrhus tumour on the right cheek and upper maxilla from which he had been suffering for the previous three years. The growth eventually "degenerated into a true carcinoma. As the carcinous virus (*sic*) spread, the affected part became inflamed with recurrent bleedings from the mouth. In the end fever supervened and carried him off"¹³.

Note: It is not recorded what kind of treatment was carried out for the lip cancer and what was the outcome. In the case of the tongue cancer, it does not appear that any surgery was intended as Dr. Lorenzo Theij was a physician and no physician, in those days, would do any surgery. As regards the place of the patient's burial, it is known that there were no less than six graveyards at the Lazzaretto one of them being reserved for Protestants and Lutherans and called the *cimiterio esteriore*.

Concerning the third case, the word *virus* is not used in the modern connotation of an infective agent but in the literal Latin meaning of "poison".

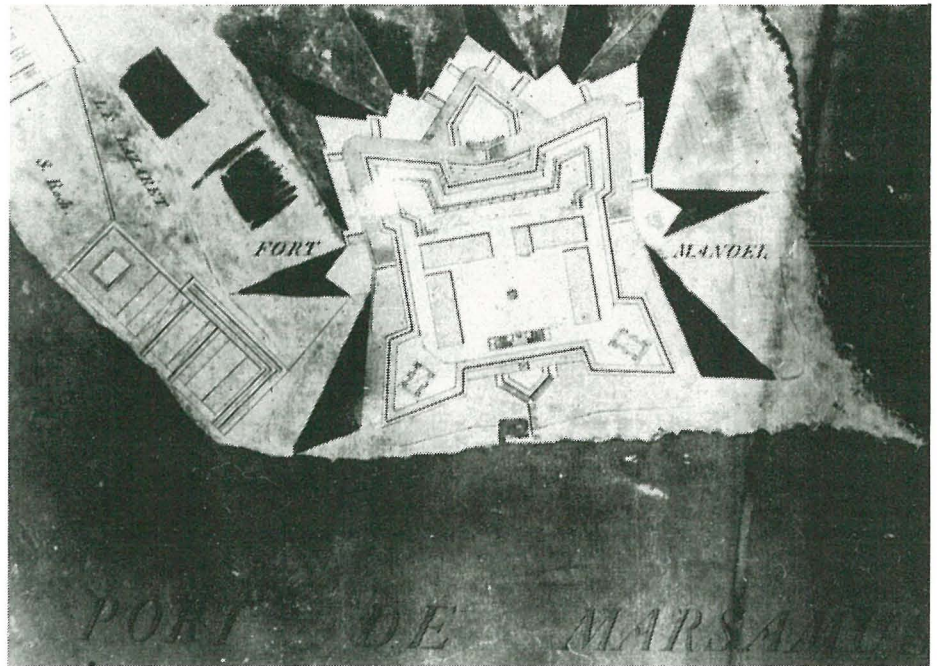
Medical Illnesses

Scurvy

1. On 26 May 1782 a Venetian ship arrived from Bergen (Norway) which it left four months earlier on 16 January. It was carrying a cargo of lead for Venice. It landed seven seamen out of a complement of twelve to perform quarantine at the Lazzaretto and at the same time receive treatment for the scurvy¹⁴.

2. A Venetian warship brought a sailor of forty years to the Lazzaretto on 18 February 1784 suffering from long-standing scurvy but having become worse during the past two months. He had diarrhoea, tenesmus, bloody stools, continuous fever, emaciation and a cachetic habitus. He died¹⁵.

Note: Though these two cases were diagnosed as scurvy in the *attuario's* entries, the clinical picture is not convincing. Admittedly the diet of seamen, consisting mainly of biscuits and salted meat without fresh vegetables and fruits, was likely to produce a state of sub-clinical scurvy; but in the two cases under review there is no mention of such common signs of scurvy as joint symptoms from bleeding around or into the joints, ecchymoses into the skin of the lower limbs, spongy and bleeding gums, etc. Indeed the



A section of an 18th century map of Malta showing part of Marsamxett or Quarantine Harbour with Fort Manoel and the Lazzaretto (left). (Courtesy National Archaeological Museum, Valletta).

vagueness of the clinical picture raises the possibility that the first case was lead poisoning from contamination of the food and water on board the ship; and that the second case was one of chronic bacillary dysentery with secondary malnutrition and vitamin deficiency

Typhus

On 26 January 1786 a Venetian warship with a crew of two hundred and ten men came from Corfu and landed thirty-four sailors at the Lazzaretto suffering from putrid and malignant fever with petechiae. Only eleven of them were subsequently discharged recovered¹⁶.

Note: There is mention of an earlier patient with "malignant fever with petechiae" being admitted to the Lazzaretto in August 1762.

Since the 16th century typhus was known as the "petechial disease" and was ascribed to "corruption of the air and the breath by filth" from men crowded in small enclosed places.

Were the Maltese cases louse-borne? It is of interest to read in the *attuario's* register that in February 1755 a Moor of sixty years died on board a caique. When "viewed" by the *protomedico* he was found to be "a mere skeleton ... eaten up by lice"¹⁷.

Plague

1. On 14 May 1785 a seaman from a Maltese corsairing galiot sickened with fever, headache and vomiting. He had a sticky tongue. A bubo appeared in the right inguinal region but subsided after two days. Another bubo developed in the left groin but this, too, disappeared after seven days and he became symptom-free.

However, after a respite of eight days the fever recurred with the bubo in the right groin. The bubo was incised but although its pus was evacuated the tissue passed into a state of necrosis. A copious diarrhoea supervened and he died of true plague. His body was burned and the ashes thrown into the sea¹⁸.

2. The captain of a Venetian polacre arrived in Malta on 18 May 1786 complaining of having fallen sick during the voyage from Tripoli (in Barbary) where there was the plague. He had severe headaches. On examination there was a carbuncle in the carpal region of the left hand which eventually became gangrenous; a swelling in the right parotid; and gangrenous blotches over the entire skin surface of the body — "all evident signs of true plague from which he died as certified by the *protomedico*". His corpse was burned and the ashes thrown into the sea¹⁹.

3. A thirty-year old sailor was landed at the Lazzaretto from a Ragusean ketch on 18 November 1787. He had been suffering from a "continuous malignant fever" for the previous eighteen days with bouts of delirium, a sticky tongue, violet coloured petechiae on his trunk and convulsive movements. On the ninth day of his illness there appeared swellings of the parotid glands and, although one of them was incised, the swelling involved the internal structures (of the neck) and "injected its poison as far as the vital region (the heart) causing stertorous breathing which carried him off".

Although no signs of plague were observed, wrote the *attuario*, the case was regarded as one of plague and, with the aim of protecting the public health, the cadaver, bedding and clothing were disposed of by burning²⁰.

4. A sailor, aged forty, arriving on a French warship from Constantinople on 11 April 1788 died at the Lazzaretto on the seventh day of an illness characterised by fever, headache, dry tongue, an insatiable thirst, the eruption of a bubo in the right inguinal region and the appearance of violet blotches in the skin. He finally passed into a marked delirium and died within a few hours.

LAZZARETTO CASE HISTORIES

His corpse was burned and the ashes thrown into the sea²¹

Note: The problem of protecting Maltese territory from invasion by plague from overseas had been an issue of extreme concern for state officials and the health authorities since at least the time of the Black Death of 1348. Elaborate precautions in the form of a quarantine system were later devised to prevent “contagious” or contaminated persons and merchandise from conveying the “contagion” of plague to the inhabitants. Devastating invasions of the disease in 1592-3 and 1675-6 had wrought great mortality and crippled communications and trade. The microbial origin of the illness (*Yersinia pestis*), the rat-flea chain of conveyance to humans (*Rattus rattus* and *Xenopsylla cheopis*) was then unknown. In their ignorance the health authorities saw their only security in the strict isolation of the plague-stricken at the Lazzaretto and the total annihilation of the diseased corpses by fire.

Parotitis

A Spanish seaman, twenty-six years old, died

of a malignant fever, from which he had been suffering since five months, on 2 March 1792. A swelling had appeared in the right parotid seven days before his death. It subsided along with the fever before it could be incised. It reappeared after a few days, festered and kept discharging pus in spite of the remedies applied. “The absorption (of the pus) by the blood (stream) caused a slow, continuous fever which led to a marasmus that eventually brought about his death”²².

Note: Was this a case of bacterial parotitis arising from a streptococcal infection of the throat? or a malignant tumour of the gland complicated by an abscess? or an obstruction of Stensen’s duct by a calculus with a supervening secondary infection?

Liver disease

A French sailor of fifty-six years had been labouring under a “chronic indisposition” for four months before he was landed at the Lazzaretto to undergo quarantine on 12 July 1788. He had dropsy which disappeared after fifteen days of treatment. This was followed by bouts of fever at intervals of a few days from which he recovered completely. However, because of the long-standing “obstructions involving the region of the liver and because of the corruption of the bile” due to the excessive use of wine, he completely lost his appetite and developed an aversion to food. The lack of

nutrition led to great weakness and death²³.

Note: Is this an instance of viral or amoebic hepatitis complicated by alcoholic cirrhosis?

Peripheral arterial occlusion

A sailor (age ?), admitted on 28 February 1757, had fever for twelve days after which he developed necrosis in the left hand and in two fingers of the right one with initial gangrene in his cheeks and in the left pinna (external ear) together with jaundice. He survived and was granted pratique after a two months stay at the Lazzaretto²⁴.

Note: Presumably this was a case of peripheral arterial occlusion (thrombosis?). Was it a vaso-spastic disorder such as Raynaud’s Disease? Or an instance of ergot poisoning complicated by liver obstruction? How did the blood supply — and to what extent — re-establish itself?

Heart disease complicated by alcoholism

Surgeon Pietro Galea from Valletta but living at Siggiewi, forty years of age, died on board the corsairing xebec on 31 December 1782. During the previous four months — and perhaps earlier — he had been suffering from recurrent shortness of breath accompanied by pain in the region of the sternum and complaining of a dry distress-



The Lazzaretto today — as seen from Valletta. P. Zammit.

ing cough. He refused all forms of relieving measures; in fact, instead of availing himself of the necessary remedies, he often abused of wine which ultimately produced inflammation and suppuration in the lungs. In the end he was seized with excruciating pain in the region of the heart and died²⁵.

Post mortem Caesarean section

On 11 December 1780 a woman passenger of twenty-three years was eight months pregnant when landed at the Lazzaretto suffering from malignant fever. An Assistant Surgeon (*Prattico di chirurgia*), Fedele Zammit, was sent to the Lazzaretto to attend to her and to be in readiness on the spot "to open the body in the event of the patient's death and save the baby if possible". The woman died on the 13th. A Caesarean Section was immediately carried out. A male baby was extracted but he died after an hour²⁶.

Note: The preoccupation of the Catholic Church with the performance of Caesarean section on dead pregnant women goes back to the Middle Ages when the church counselled the carrying out of the operation immediately after the death of the mother. In Malta an edict of the Archbishop Fra Vincenzo Labini (1788) obliged the parish priest to perform it himself "under a grave sin" in the absence of a surgeon²⁷.

Concepts of Aetiology

Physicians were not familiar with the aetiology of illness for there was as yet no real physiology and pathology of disease much less of the causal role of microbes as agents of sickness.

The "bad air" arising from marshes in the Greek regions of Patras, Nauplia (Napoli in Romania) and the Gulf of Arta were blamed for the occurrence of quotidian, tertian and quartan fevers from which mariners in the Mediterranean often suffered especially in the summer season²⁸.

On 20 October 1688 the Galley Squadron of the Order of St. John, consisting of eight ships, returned to Malta from Negroponte (Greece) with five hundred thirty two sick men described as "one hundred seventy-seven with fever, nineteen at the point of death and three hundred and forty convalescents". The physician of the squadron, Dr Pietro Paolo Bonnici, reported that the illnesses consisted of tertian fevers and fluxes (dysentery). The sick were taken to the Lazzaretto where thirty-seven of them eventually died²⁹.

The same squadron, on 4 October 1691, brought three hundred and eight sick men from Corfu (Greece) of whom one hundred and eleven suffered from fevers and the rest were convalescing

from "tertian fevers and fluxes"³⁰.

"Foul vapours" emanating from passengers crowded in restricted compartments and corridors on board ships were also regarded as causative of fevers³¹.

Diagnosis

Physicians based their diagnosis on the account of the illness as narrated by the patient and on the observation of such clinical phenomena as the type of fever (tertian, quartan, etc.), skin discolouration (jaundice and petechiae), recognition of a pox, swelling of lymph glands and dropsy. The feeling of the pulse, the inspection of urine, faeces and sputum also formed part of the diagnostic procedures. On the whole medical diagnosis was based upon personal experience and familiarity with similar cases.

Surgeons, on the other hand, reached more rational and accurate diagnostic deductions because they had a good grounding in human osteology and myology; of the location and mutual relationships of internal organs; and a wealth of experience derived from the frequent occurrence of external trauma in those days of combats at sea.

Treatment

A section of the Lazzaretto, known as the *infermeria*³² was set apart for the treatment of the wounded by the barber-surgeon (*barberotto*) and of the sick by an Assistant Physician (*prattico*). These practitioners were members of the professional staff of the Holy Infirmary of Valletta or of the Galley Squadron of the Order of St. John and were sent to the Lazzaretto as the occasion arose. This arrangement had become standard practice by the 14 October 1684³³.

At the end of their duties, this personnel had to spend a term of quarantine before they were allowed to leave the Lazzaretto and return to their posts at the Holy Infirmary or the Galley Squadron because they had been in contact with passengers and crews under surveillance for the possibility of harbouring "contagious" maladies³⁴.

When patients were numerous, a hospital attendant (*serviente*) from the Holy Infirmary was also sent to nurse the sick and wounded; but, at times, crew members of the ship that had disembarked its injured and sick at the

Lazzaretto were sent to this establishment to assist in the nursing of their shipmates³⁵.

Cases of suspected plague were examined by the *protomedico* and dealt with according to his instructions³⁵. He likewise examined cases of "lung diseases with fever" and when these were found to be suffering from phthisis their clothes were burned at his order³⁶.

The clinical case histories contain only fragmentary information about the type of treatment given beyond brief references to evacuation of pus from incised abscesses and from the brain substance in open fractures of the skull; amputation of limbs with gangrene or with open comminuted fractures; and the removal of musket balls from muscles³⁷.

Surgical operators were impotent in tackling internal injuries because there was as yet no chest and abdominal surgery since the concepts and practice of asepsis and anaesthesia were still a century away in the future.

For medical cases there was little to offer beyond phlebotomy which was useful in some instances of apoplexy and heart disease but harmful in other conditions such as acute infections. These bleedings were carried out by the barber-surgeons. These practitioners had no academic standing and could only apply external medications but were not allowed to prescribe internal remedies. All this was in line with the accepted division of the medical and of the surgical roles then prevailing in the healing profession in Europe.

Post Mortem Examinations

Patients dying in quarantine were buried in one of the graveyards enclosed within the Lazzaretto complex; but before burial the body was "viewed" or inspected externally for any signs of "contagious" illness, the wording of the official entry being "after the usual viewing of the cadaver in which no signs of a contagious illness were observed"³⁸. The "viewing" was done by the *protomedico* — a practice that was already established by 1660³⁹.

It is not recorded what signs of a "contagious illness" the *protomedico* looked for but presumably these were the clinical manifestations usually associated with bubonic plague i.e. ecchymoses in the skin and the swellings of lymph glands in the inguinal, axillary and cervical regions. These swellings, known as bubos, sometimes formed abscesses with

suppuration. This clinical picture was considered to be so pathognomonic of plague that it could be diagnosed without the evidence of a post mortem examination. Occasionally, however, one comes across records of an autopsy having been performed.

A French steersman of thirty-seven years died on 18 September 1750 “of an acute febrile illness from inflammation of the lungs and of the liver ... as was demonstrated by the opening (of the cadaver) and by the minute observation of the lungs and liver”⁴⁰.

A laconic entry of 12 September 1767 states that a sailor died of phthisis and a post mortem examination was performed “as a measure of greater security” to ensure that the internal organs showed no changes suggestive of a “contagious malady”.

Another brief reference to an autopsy is that carried out in December 1769 on the cadaver of the clerk of a French vessel who was found to have died “of inflammation of the lungs”⁴¹.

The most detailed description is that of a sea-captain who, on 6 January 1769, was found dead in his cabin when this caught fire. The record states:

“The cranium was opened to find out the cause of death. It was ascertained that he died of apoplexy from inhaled smoke. As a result of the obstructed respiration, there was a blocking of the blood flow in the brain so as to produce an extravasation of blood”⁴²

Apart from plague, no other manifestations of “contagious” diseases seem to have been regarded as presenting a dangerous focus for an outbreak on an epidemic scale. In fact a passenger dying aboard a ship that entered Malta harbour in March 1752 was diagnosed as having smallpox yet his cadaver, following the usual examination by the *protomedico* was declared to have shown “no signs of a contagious illness”. The same opinion was expressed in the case of a Venetian seaman who died of smallpox in September 1777⁴³

Summary

Twenty-two clinical case histories of illnesses and injuries suffered by passengers and crews admitted to the Malta Lazzaretto in the 18th century with four post mortem reports are here studied and published for the first time.

These records furnish documentation for the reconstruction of the pattern of the medical experiences of our predecessors.

They reflect the health risks of life at sea in the days of sail in the Mediterranean two hundred years ago.

They add to our knowledge of the medical history of Malta.

They show how the dominant concern of the Government of Malta, through its Port Sanitary Authority, was the detection of cases of plague without delay and the application of their strict isolation within the precinct of the Lazzaretto — the only measure then available to prevent the introduction and spread of plague with its catastrophic devastation of the medical, social and economic life of the Maltese Islands.

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