

# HISTORIA HOSPITALIUM

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## HISTORIA HOSPITALIUM

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- 40 Ibid., wie Anm. 2.
- 41 Siehe Parisi, 1593, S. 69, 110, wie Anm. 20.
- 42 Parisi, 1603, S. 339, wie Anm. 16.
- 43 Cassar, 1965, S. 170, wie Anm. 2.
- 44 Parisi, 1603, S. 59, wie Anm. 16.
- 45 Ibid., S. 59f., wie Anm. 16.
- 46 Zur Situation der Prostitution am Ordensstaat auf Malta siehe ausführlich Franz Ciappara: *Marriages in Malta in the late eighteenth century*. Malta 1988.
- 47 Parisi, 1593, S. 112, wie Anm. 20.
- 48 Parisi, 1603, S. 132, wie Anm. 16.
- 49 Ibid., wie Anm. 16.
- 50 Ibid., S. 136, wie Anm. 16.
- 51 Ibid., S. 91, wie Anm. 16.
- 52 Parisi beschreibt diese Wärter als „Pudici“. Parisi, 1603, S. 136, wie Anm. 16.
- 53 Ibid., S. 159, wie Anm. 16.
- 54 Parisi, 1593, S. 90, wie Anm. 20.
- 55 Die sogenannten „Bezoarsteine“ aus dem Magen verschiedener Säugetiere wurden in der frühen Neuzeit als Heilmittel gegen Vergiftungen und Infektion verwendet.
- 56 Ibid., S. 119-122, 143, wie Anm. 20.
- 57 Ibid., S. 36, 110, wie Anm. 20.
- 58 Ibid., S. 164, 189, wie Anm. 20 und ders., 1603, S. 194, wie Anm. 16.
- 59 Parisi, 1593, S. 69, wie Anm. 20.
- 60 Ibid., S. 3, wie Anm. 20.
- 61 Bonello, 1993, Teil 2, S. 36, wie Anm. 9.
- 62 Parisi, 1603, S. 182, wie Anm. 16.
- 63 Ibid., S. 60, 62, wie Anm. 16.
- 64 Ibid., S. 61, 108, wie Anm. 16.
- 65 Ibid., S. 108, wie Anm. 16.
- 66 Parisi, 1593, S. 87, wie Anm. 20.
- 67 Parisi, 1603, S. 90, wie Anm. 16.
- 68 Siehe ausführlich Katrin Achilles-Syndram: „So macht nun Abbilder eurer Beulen und eurer Mäuse.“ Die Pest als Thema der bildenden Kunst. In: Hans Wilderotter (Hrsg.): *Das große Sterben. Seuchen machen Geschichte*. Berlin 1995 (= Ausstellungskatalog des Deutschen Hygiene-Museums Dresden), S. 94-121.
- 69 Parisi, 1603, S. 169f., wie Anm. 16.

# Civil Hospitals in Malta in the Last Two Hundred Years

Charles Savona-Ventura

The first hospital recorded in Malta was already functioning in 1372, while in the sister island of Gozo a hospital was founded in 1454. The arrival of the Hospitalier Order of St. John to the Islands in 1530 resulted in the expansion of hospital services in the Islands as part of a state-organized social services system. At the end of the eighteenth century (1798), the hospitals in use during the time of the Knights of St. John included the renowned Sacra Infermeria for men and the Casetta for females, both at Valletta serving the southeastern harbour region. The rural central region of the Island was served by the medieval Santo Spirito Hospital situated at Rabat, which served poor patients of both sexes. These hospitals were supplemented by several hospices for the elderly and infirm including the 280-bed hospice for both sexes at Floriana, the 80-bed hospice for both sexes at Saura Hospital at Rabat, and the 15-bed hospice for females at Zebbug. There was also a quarantine hospital on Manoel Island. The Island of Gozo was catered for by two hospitals, one for males and one for females, both situated at Victoria<sup>1</sup>. The ousting of the Order by Napoleon Bonaparte in 1798 required a reorganization of the hospital services with a segregation of civil and military patients. The Sacra Infermeria was taken over by the French to be used as a Military Hospital being named the Grand Hôpital. A new Hôpital Civil for male civilians was established in Valletta. This segregation was further augmented during the nineteenth century under British dominion when hospital services were organized for civilians, military<sup>2</sup> and naval<sup>3</sup> personnel.

## General Hospitals

The earliest hospital in Malta was the Hospital of St. Francis at Rabat, which, in 1372, was already functioning under the rectorship of a Franciscan Niccolò Pa-palla, who was appointed by the King of Sicily. There does not appear to be any evidence of a Franciscan Minor community in Malta before 1499, and a likely hypothesis is that the hospital was run not by regular Franciscans, but by lay Franciscan Tertiaries under the rectorship of a regular member of the order. The main source of income for the hospital came from real estate consisting of an appreciable amount of land and other immovable property. Mismanagement resulted in the

transfer of the hospital's administration to the Università in 1433, and the hospital's name was changed into Santo Spirito Hospital. In spite of this transfer, the accounts of the hospital during the medieval period show that the Church, the Università, and the hospital were all active constituent elements in one organic closely-linked establishment. From the middle of the fifteenth century onwards, Santo Spirito Hospital in Malta functioned normally caring for a number of persons who were mainly too old or too poor or otherwise incapable for caring for themselves, besides foundlings and patients<sup>4</sup>. In 1574, the Apostolic Delegate and Visitor-General to Malta, Mgr. Pietro Duzina, visited Santo Spirito, Hospital and left a detailed and informative picture of its state of affairs during the mid-sixteenth century. The patients were received in the small church of Santo Spirito, which contained only four beds, each accommodating two patients. The bedding consisted of a mattress filled with flax and covered with a woollen coverlet. A surgeon was attached to the hospital, while the Mdina apothecary served the hospital needs. Duzina's description suggests that the hospital management was not very satisfactory, and a set of rules for its management was put forward. Duzina suggested that a dormitory containing eight beds should be set up, each bed having a palisade, mattress, four bed-sheets and two blankets in winter. He also laid down detailed rules regarding the reception and care given to foundlings, and required the hospital administrators to submit an annual report to the bishop<sup>5</sup>. Subsequent pastoral visits to the hospital suggest that Duzina's regulations and suggestions were gradually put into force. By 1580 at the latest, the hospital had its own resident apothecary with his own pharmacy at the hospital. The pastoral visit by Bishop Gargallo in 1599 indicated that the patients were no longer housed in the church, but in a dormitory with eight beds. Eight foundlings were received each year. The institution possessed four plates of pewter, two bowls, two small vessels for the administration of syrups, and a cauldron. A wooden cot, which revolved on its vertical axis (the ruota) to enable the anonymous deposition of the foundlings, was set up by 1615. In 1667, the hospital was described to have been expanded to contain nineteen beds for men and eleven beds for women, though after 1685, no further references to male patients can be found. In 1708, an attempt was made to separate the patients by setting aside fever cases in a separate ward. Very extensive modifications were made in 1729, when the number of wards were augmented to three of them to enable the hospital to receive a greater number of patients. Only destitute countrywomen were admitted, while the professional staff consisted of two physicians, a surgeon, two barberotti and an apothecary. By 1778, accommodation was increased to forty beds, while the administration of the hospital became the responsibility of a board composed of the Ju-

rats, the procurators and the medical staff, who submitted their decisions to the Senechal for approval. During the nineteenth century, Santo Spirito Hospital remained an important establishment in the medical services of the islands being assimilated with the Civil Hospital in Valletta in 1838 serving as an extension of the main hospital after its bed complement had been expanded to sixty beds. During the smallpox epidemic of 1871, it served as an isolation hospital for the duration. It was changed into a convalescent sanitarium in 1883<sup>6</sup>. In 1937, it catered for medical and surgical cases, which did not require specialized care, the patients coming from the central region of the Island. It also received convalescent cases from the Central Hospital in Floriana. It had 34 beds for men and 35 beds for females. The daily average number of patients was 58 in 1937. A resident medical superintendent was in charge of the hospital, while the senior physician attached to the Central Hospital acted as a visiting physician. The medical cases treated in the hospital included convalescent cases of Brucellosis, subacute heart disease, diabetes and anemia. The surgical cases were mainly orthopedic ones. After 1946, most of the accommodation of the hospital was allocated to orthopedic cases which required a long stay. In 1956, it was described as having some 70 beds equally divided between male and female patients, with a number of children in each ward. The beds were arranged in a series of wards opening one off the other around the chapel. The wards were high and airy, but cold and uninviting and devoid of outlook. It was suggested that, rather than its use as a hospital for chronic cases, the hospital could be put to some other use, such as a surgical convalescent ward, or even abandoned. It was closed down in 1967, and was refurbished and restored into an Archives Museum<sup>7</sup>.

Before the arrival of the French, hospital services in Valletta consisted of the Sacra Infermeria for males and the Casetta for females. These services were supplemented by Santo Spirito at Rabat. Under French rule, the civilian hospital services for males were transferred to the Hôpital Civil. On June 18th, 1798, Napoleon issued Article 12 wherein it was declared that the hospitals were to be reorganized on a new system and the property accruing from closed convents was to be used for that purpose. On July 29th, 1798, the French Commissioner ordered some of the nuns and female inmates of the Mary Magdalen Asylum, which was situated in the vicinity of the Casetta, to vacate the premises. On August 21st, the Commission of Government appointed a sub-committee of three members to report on the suitability of transferring the male civil patients to the Casetta. The committee reported that the Casetta and the associated Casa delle Alunne - a home for illegitimate children - could provide accommodation for 210 patients. They proposed, however, that alterations to the edifice structure should be made to separate the

two sexes so that the hospital would provide 108 beds for men and 170 beds for women. On December 21st, 1798, 70 civilian male patients were transferred from the Sacra Infermeria to the new wards. This was a short-term arrangement, and alternative accommodation was arranged in the nearby Mary Magdalen Convent and Asylum. On May 4th, 1799, the Bishop was ordered by the French to desecrate the church of the former monastery so that this would serve as a casualty ward. The upper floor of the monastery was used as fever wards, while the lower floor contained the surgical wards and the stores. The basement housed the mental patients. The professional staff consisted of five physicians, five surgeons and two barber-surgeons<sup>8</sup>. With the capitulation of the French, the Hôpital Civil was taken over for accommodating the sick Neapolitan troops, but reverted to civilian use in November 1800. The management of the renamed Civil Hospital became the responsibility of the Presidents of the Hospitals, and a set of regulations for its management was drawn up in 1802. The professional staff consisted of four physicians, seven surgeons, a maestro di fisica and four apprentices responsible for bloodletting and applying vesicants, a chirurgo d'apparecchio and a braghista responsible for applying splints, bandages and trusses, besides a number of surgical students. The pharmacy was run by a principal apothecary and four assistants. By 1837, the wards had become overcrowded. All forms of diseases were treated in the hospital with separate wards being provided for cases of scabies, cancer and ophthalmic disorders. In May 1850, the sick inmates were transferred to the newly established Central Hospital at Floriana. In 1851, the former convent was reorganized as an orphan asylum accommodating 50 boys and 60 girls aged 5-10 years. The building was destroyed during the Second World War and only the church, now used as a store, is still existing<sup>9</sup>.

Since the Sacra Infermeria was reserved exclusively for male patients during the period of the knights, a number of beds to care for sick women was required. In 1625, Catherine Scapi had set apart a small house in Valletta, known as Santa Maria delle Scala for the care of poor infirm women, the house eventually being moved to different premises. This small hospital was closed down after the founder had died in 1655. A new woman's Hospital known as the Casetta or Ospidaleto respectively was re-established in Valletta by Grand Master Martin de Redin in April 1659. The running of the Casetta was left to the direction of the Governess who resided in the institution, while the medical care was left to two physicians and two surgeons. A number of female nurses and a midwife were employed in the hospital serving various functions. Alterations to the building were carried out in the early decades of the eighteenth century so that by 1727, the bed compliment was increased to two hundred, each having a canopy for privacy. The



hospital's conditions deteriorated in the late eighteenth century. Under British rule, the management of the hospital was entrusted to the presidents of the hospitals. In 1850, the female patients in the Casetta were transferred to the newly established Central Hospital in Floriana, and the Casetta was reserved exclusively for men and women who suffered from incurable diseases. The Casetta was destroyed during the Second World War, while the adjoining orphanage was demolished to provide space for a new public school<sup>10</sup>.

The Central Hospital at Floriana was adapted from a building built by Grand Master De Vilhena in 1734 known as the Conservatorio, set up to accommodate poor girls and teach them various useful crafts. It was transformed into a general hospital for men and women in 1850, and patients from the Valletta Civil Hospital and Casetta were brought there. In 1850, the medical staff consisted of four physicians, four surgeons, a pharmacist, and two assistants. The administrative work was performed by the storekeeper and the professional staff. By 1872, it was realized that the Central Hospital had become inadequate to cater for the reception and treatment of the sick since it had become difficult to accommodate the increasing number of patients brought to it. By June 1878, the number of patients had increased to 170. A decision to admit all infectious cases of measles, scarlet fever, diphtheria and whooping cough to the Central Hospital, rather than continuing utilizing the inadequate Santo Spirito Hospital, increased the problem of isolating the infectious cases. In 1885, the male surgical division was over-crowded and some of the patients needed to be accommodated in the corridors<sup>11</sup>.

On November 11th, 1885, recommendations were made to replace the Central Hospital by a larger building. The plan envisaged extensive grounds for the recreation of the convalescent patients, to prevent the hospital's hemming in by private houses and enable later extension. The hospital was projected for 354 beds, with a division for men and another one for women. Operating theaters, laboratories and an out-patients block were also provided. The communication between the various hospital blocks was to be improved by a tramway. These plans were shelved and the Central Hospital continued to provide a national service in spite of its shortcomings. In 1898, hospital accommodation accounted for one bed per 900 inhabitants. Various reports from the Comptroller of Charitable Institutions highlighted the inadequacies of the Central Hospital proposing the building of a new general hospital. These recommendations were definitely acted upon as late as in 1927, when financial provisions were made for establishing a new general hospital. In 1937, the Central Hospital remained the principal general hospital in Malta, cases from Gozo being also received under special circumstances. The resident medical staff consisted of the medical superintendent and eight assistant me-

dical officers, besides a chief pharmacist assisted by three additional pharmacists. The visiting medical staff consisted of two physicians, five surgeons, two accoucher-gynaecologists, two pathologists, an ophthalmic surgeon, an anesthetist, two radiologists, dental surgeon, and three medical officers responsible for venereal disease, dermatology and ENT. The hospital had 253 beds at its disposal - 125 for men and 128 for women with children under five years being kept in the female wards. The average daily number of patients was 310 in 1937. Other wards were available in the poor house for incurable diseases and for convalescent medical and surgical cases and cases of trachoma<sup>12</sup>.

The site chosen for the planned new 510-bed hospital was the promontory of Gwardamangia and the foundation stone was laid on April 5th, 1930. The construction of this hospital progressed slowly for a variety of reasons including technical difficulties and Italy's declaration of war against Abyssinia in 1935. The Second World War slowed down the construction of the new hospital in a similar way, and the Central Hospital at Floriana could not be changed into the Headquarters of the Malta Police Force before 1954. In 1956, the Central Hospital with a bed complement of 56 beds was serving as the dermatology/venerology and ophthalmology departments. It was also used as a center for the distribution of medicine to patients in need<sup>13</sup>.

The hostilities of the Second World War required a reorganization of the medical services of the islands. This reorganization included the establishment of several emergency hospitals to cater for the expected casualties and an increase in infectious diseases. By September 1939, the Department of Health was ready to provide 1,200 to 1,500 beds for casualties, as well as a 100-bed maternity hospital and special wards for cases of war neurosis. The mobilization of the Emergency Service was initiated but only put into full operation after the outbreak of hostilities with Italy. The male and female surgical departments and the maternity and gynaecology departments were transferred to the Bugeja Hospital (previously the Bugeja Technical Institute) at Hamrun on May 28th, 1940. The male medical cases were transferred to the Birkirkara Hospital (previously St. Aloysius College, a Jesuit school) on the June 26th, while the female medical cases and the ear-nose-throat department were transferred to the Blue Sisters Hospital (previously a private hospital run by a religious order) in July 1940. A Children War Memorial Hospital was also inaugurated in the latter hospital. After September 1940, infectious disease cases were transferred to St. Luke's Hospital. The maternity services were transferred to a newly constructed wing of the Adelaide Cini Orphanage at Hamrun on June 19th, 1940, thus increasing the maternity beds from 16 beds at the Central Hospital to 100 beds in Cini Hospital. Cini Hospital continued to func-

tion as an Emergency Maternity Hospital until 1949, when St. Luke's Hospital was completed and the maternity services could be transferred to the new wards<sup>14</sup>.

In 1927, St. Luke's Hospital was initially commissioned to provide 350 to 450 hospital beds. The initial progress in the construction of the hospital, however, was slow (Abb. 1). It was expected that the hospital would be completed by the end of 1941, but its completion was further delayed by the outbreak of the Second World War. By 1937, the projected bed compliment was increased to 510. During the war, St. Luke's Hospital sustained considerable damage as one block was badly bombed, one employee lost his life and several others were injured. The lower floors, the basement and ground-floor hospital were quickly conditioned and prepared for 200 beds to accommodate contagious cases and fevers. The post-war period saw the gradual transfer of other departments to the hospital, with the medical section being first transferred in 1946. In 1957, St. Luke's Hospital was described as having a total of 546 beds belonging to the following departments: Surgery (4 wards, 120 beds), Medicine (4 wards, 120 beds), Gynaecology (1 ward, 30 beds), Obstetrics (2 wards, 42 beds), Orthopedics (2 wards, 60 beds), Pediatrics (2 wards, 40 beds), Ear-Nose-Throat (2 wards, 62 beds), and a further 2 unassigned wards (60 beds). The wards had a floor space per bed of approximately 230 square feet. It was suggested, however, that the number of beds in the hospital should be increased to 750 beds in line with the increasing demands by the sick population on hospital services<sup>15</sup>.

The post-Second World War period saw a changing attitude towards hospital care. Thus, in 1953, the Chief Government Medical Officer commented that „in these islands, like in other countries, we have our own hospital problem which is be-

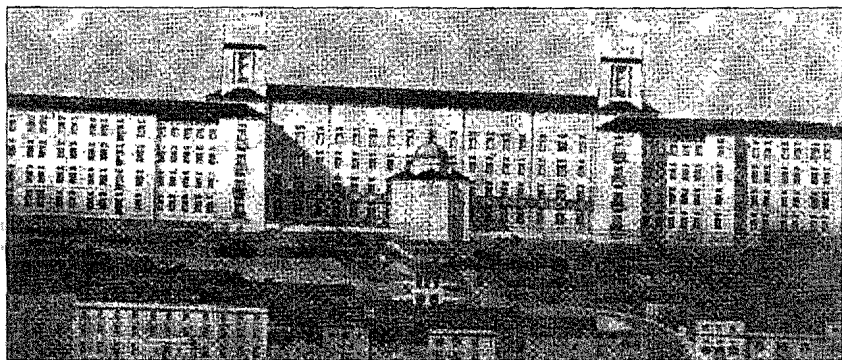


Abb. 1: Ansicht vom geplanten Neubau des St. Luke's Hospital. Zeichnung um 1932.

coming increasingly pressing year by year. This is due to the fact that the increased hospital-mindedness of the public has not lead to a corresponding or relative expansion in the hospital services". This changing attitude resulted in a palpable shortage of hospital beds in the mid-1950s. The Government of that time proposed a new 500-bed hospital at Naxxar, which was planned to incorporate a children's wing of 200 beds, 150 beds for general cases, and 150 beds for tuberculosis patients, which were eventually to be re-allocated to other specialties. The Government initiated a number of discussions with various commissions, including the Economic Commission, and invited a British medical commission to study the proposals. The medical commission concluded that despite the evidence presented, the proposed new hospital was not an urgent necessity. Before embarking on a new expensive general hospital for which it will be difficult to recruit the necessary staff, the commission proposed that it would be better to reorganize the facilities at St. Luke's Hospital and the other domiciliary medical services, and initiate a limited building program. It was considered to be doubtful whether the population could really sustain two acute hospitals, since there were considerable difficulties in providing the necessary trained nursing and medical staff. Also the two hospitals would have required the division of resources of the island. The proposal to build the new hospital geographically separated from the main general hospital was shelved on the basis of these recommendations<sup>16</sup>.

The subsequent decades saw a number of extensions that were made to the main hospital to accommodate the various developing specialties and the progressively increasing demands on hospital services. Other hospitals on the island were reorganized to serve specific functions and supplement hospital beds. The King George V Hospital for merchant seamen, rebuilt after its demolition during the Second World War, was closed down in January, 1967. In 1970, this hospital, renamed Sir Paul Boffa Hospital, was refurbished and opened for the management of infectious cases, dermatology-venereology and cancer cases. It also served as a short-term convalescent hospital. The main extension to St. Luke's Hospital during this period was the building in 1979 of the Karin Grech Hospital construction dedicated to Obstetric and Gynaecological, Pediatric, Ophthalmology and Ear-Nose-Throat specialties. This new hospital, situated in the grounds of St. Luke's Hospital and thus being able to make full use of the main hospital's investigative and other facilities, allowed for the reorganization and refurbishment of the wards increasing the number of both medical and surgical beds. This augmentation increased the number of beds in the St. Luke's Hospital Complex to 1,100, so that in 1986, the optimal ratio of 3.3 acute beds per 1,000 inhabitants was reached. At this point, it was considered uneconomic to plan additional beds at St.

Luke's Hospital, and further developments of the facilities at the hospital were focused on better management and improving back-up services<sup>17</sup>.

In the early 1990s, a policy aimed at refurbishing and reducing the number of beds at St. Luke's Hospital by building a 500-bed „extension“ close to the University of Malta at a distance from the Hospital was initiated. The new hospital's completion was scheduled in 1997, and it was planned that all departments should be transferred from St. Luke's Hospital to the new hospital, leaving St. Luke's as a mere surgical center. The Karin Grech Hospital would have housed acute psychiatric cases while cancer patients would have stayed at Sir Paul Boffa. The proposed new hospital brought on a vociferous opposition from the medical profession and other sectors of the public. In 1997, the general hospital policy was reviewed in the light of the previous decisions and the state of the ongoing building program. After studying several options, a new policy was initiated whereby the new hospital at Tal-Qroqq, situated close to the University grounds, would increase its hospital occupancy to about 800 beds catering for all specialities, while St. Luke's Hospital will be refurbished to serve as a convalescent and elderly care hospital<sup>18</sup>.

The first hospital in Gozo owed its origin to a bequest made by Francesco Bonnici on February 22nd, 1454. The establishment, used as a hospital for destitute sick women, was dedicated to St. Julian (but also known as the Hospital of St. John the Evangelist, of St. Cosmos and St. Damian, and Santo Spirito Hospital) and consisted of a few dwellings near the gates of the citadel of Rabat/Victoria in 1575. On May 3rd, 1783, the foundation stone for a new hospital was laid at Rabat/Victoria. This new hospital named St. Julian Hospital accommodated fifty patients and received also unmarried pregnant mothers who sought refuge under its roof at the approach of labour. It was also provided with a ruota to receive foundlings. Its function ceased by becoming the Gozo Seminary in 1838, when the Hospital of St. John the Baptist was extended for both sexes. The Hospital of St. John the Baptist was founded on June 16th, 1719, and opened ten years later on October 14th, 1729. The Hospital of St. John initially admitted only male patients and was staffed by two alternating physicians and a resident surgeon. In 1838, the old and infirm inmates were transferred to the Malta Ospizio at Floriana to make room for female patients. It afforded accommodation to sixty males and fifteen females. A home for the disabled poor who were aged over sixty years, with a bed capacity of 172, was annexed in 1849. The hospital changed its name into Victoria Hospital on the occasion of Her Majesty's Queen Victoria Jubilee in 1887. Structural expansion was undertaken in the last century to enable the hospital to deal with a greater number of patients. In 1937, the bed compliment of the hospital amounted to 84 beds, 34 for men and 50 for women. The adjoining asylum for the aged and

invalid poor, established in 1851, accommodated 172 beds. A monthly consultant service for the Victoria Hospital was instituted in 1946, though the resident medical staff in 1957 was described as consisting only of a medical superintendent, a resident medical officer, and a recently qualified house officer. The hospital in 1957 was described as not unattractive with several courtyards pleasantly laid out with trees and flowers. The wards were lofty, cool, old-fashioned but adequate. The bed complement included 26 medical, 40 surgical, 12 maternity, 6 gynaecological, and 10 pediatric beds. A new hospital named Craig Hospital, subsequently renamed Gozo General Hospital in 1989, was inaugurated in Rabat/Victoria on May 31st, 1975, and the old hospital was re-utilized as the government health polyclinic and other offices<sup>19</sup>.

The changing attitudes of the sick population towards seeking hospitalization which occurred in the 1950s<sup>20</sup>, initiated a trend towards the development of religious private hospital services. The first private hospital to be opened in Malta was run by the Sisters of the Little Company of Mary (Blue Sisters) and named Zammit Clapp Hospital or Blue Sisters Hospital. The hospital situated at Sliema was opened after a deed of donation in favor of the government was made by Emilia Zammit Clapp and her sister Mary Zammit on June 23rd, 1911. This hospital initially served as a seamen's hospital. The nursing, food, attendance, washing and other services necessary for the patients were to be provided by the Sisters against payment of 2s6d a day per patient by the Board of Trade or other parties. The medical attendant, drugs, surgical instruments/appliances, clothing and bedding were to be provided by the government. This arrangement resulted in a saving in government expenditure during the first year. The government expenditure in the early years of the arrangement (financial year 1913-14) included (1) medical attendance £40, (2) drugs and appliances £4.11s3d, (3) clothing and bedding £6.7s9d, (4) divine service and spiritual assistance £20, and (5) telephone £4. In 1915, the hospital was described as a nice, attractive building with spacious wards and corridors, private rooms, and operating and sterilizing rooms. All classes of patients without distinction of creed or country were treated in the wards. Infectious disease cases were not admitted. In November 1918, a war memorial ward for children, comprising medical and surgical divisions, was set up on the upper floor. Zammit Clapp Hospital ceased to function as a seamen's hospital in December, 1922, when the King George V Merchant Seamen's Memorial Hospital was opened<sup>21</sup>. After being vacated, the hospital with only 20 beds started being used as a children's hospital. The building was expanded in 1933 and during the Second World War was taken over for use as a casualty hospital for the north-western region of Malta. It also housed the female medical and ENT divisions. The Children War Memorial

Hospital was also incorporated in the establishment and the hospital was further expanded by utilizing the ground-floor of the adjoining Sacred Heart Convent. After the end of hostilities, the hospital was returned to the management of the Sisters of the Little Company of Mary. The services offered by the Sisters continued to expand and in 1947 started offering maternity services with a maternity „Mary Potter“ Wing being inaugurated in 1950. In 1957, it was the only privately-managed hospital of any size in the Maltese Islands with 64 adult beds and 15 maternity beds and 34 beds for children. It continued to expand its services and, in the 1970s, could accommodate 110 patients apart from 16-20 maternity cases. It continued to function in this capacity until December, 1980, when it was closed down. It was refurbished in 1991 to serve as a rehabilitation hospital for the elderly<sup>22</sup>. On April 12th, 1959, the Dominican Sisters officially inaugurated another privately-managed hospital named St. Catherine of Sienna Hospital at Attard with accommodation for over 200 patients. The hospital expanded its services to maternity patients in 1961. The hospital was converted into a nursing home in 1980. A small 28 bed clinic, St. Dominic Clinic in Rabat/Victoria, Gozo, was also run by the Dominican Sisters. This hospital, which also catered for maternity cases, opened in September 1974 and was closed down its services in November, 1976<sup>23</sup>.

In 1984, a number of small day clinics in Malta were opened to cater for deliveries, notably St. James Clinic at Zabbar and Klinika Vella at Zebbug. Both clinics were established in 1984 following the closure of the religious hospitals in 1980. The St. James Clinic started as a small maternity clinic, which expanded its services to eventually offer a multi-disciplinary treatment. It was upgraded to a hospital in 1996. Klinika Vella started off a two-bed affair in line with the regulations in force at the time. During the years, it expanded its services and provided single room facilities for overnight patients. It also refurbished a dedicated unit specifically for obstetric patients away from the main surgical facilities. In 1995, a private hospital - St. Philip Hospital - was opened. St. Philip Hospital was the first purpose-built truly private-owned hospital in Malta. A letter of intent approving the project was issued by the government authorities in 1992, and one year later, the Maltese company owning the hospital - Golden Shepard Group Ltd. - was formed and registered. This company brought together a group of leading Maltese enterprises together with the foreign Independent British Healthcare PLC (IBH). The „hotellier“ services offered are comparable to a five-star hotel. All 75 single rooms with en-suite bathroom are air-conditioned. The maternity unit has 25 beds at its disposal and is located adjacent to a state-of-the-art delivery suite and close to the operating theaters. A comprehensive antenatal, intrapartum and postnatal maternity scheme was launched in 1996. A second private-owned hospital

offering a comprehensive service was opened in the restored 19th century Capua Palace at Sliema in 1996. The work on the Capua Palace Hospital was approved by the government authorities in 1994<sup>24</sup>.

### **Hospices for the Elderly and Infirmaries**

There is historical evidence for the preoccupation of the religious and civil authorities during medieval times for care towards the old infirm. In 1433, Santo Spirito was known to cater for about 8 poor residents (*infirmorum et pauperum / abitanti poveri*). The hospital accounts for 1494-1548 include the expenses covering the board, lodging, clothing, care in illness, and burial of the poor residents. After 1550, the hospital still supported poor residents but no board apparently given. In addition, during 1592-3, The Università provided financial assistance to the needy who live in central regions of Malta. The lists of recipients of this assistance included the aged and infirm decrepit old women. In 1776, the Sacra Infermeria dispensed bread and soup to the poor and infirm of the capital city. Elderly men in need were provided with about 50 perpetual beds in the hospital, while these were also awarded financial assistance<sup>25</sup>.

The care of the elderly has thus always centered on the provision of residential care in the form of hostels or hospitals provided by the state, philanthropic activities, the Church, and today by business enterprises. In addition, there has been the availability of community support schemes to assure financial resources via alms and financial schemes, such as the government pension scheme of the past few years, and the availability of community services aimed at helping the older people in the community. Until the twentieth century, the old people's hospices were often initiated by philanthropic individuals who eventually passed the management of these homes to the control of the Church authorities. The state also provided services.

The Saura Hospital at Rabat was founded in by Dr. Nicholas Saura in 1667, who invested all his personal and his daughter's wealth for the building of the edifice. Further funds were given by Rev. M. Azzopardi in 1762, while further donations and bequests were given by other individuals. Regulations for running the hospice were laid down by Bishop M.G. Molina in 1680. After 1762, preference for admission to this hospice was given to old priests from Zebbug and those giving service in the Cathedral and St. Paul's Church. By 1798, there were 80 beds reserved for men and women. The running of the hospice was entrusted to the care of the Sisters of Charity. By 1975, the hospice was only offering refuge for 36 individuals. The Sisters of Charity are still running the Saura Hospital at Rabat caring for



about 62 residents<sup>26</sup>. The St. Joseph Hospital at Zebbug was another philanthropic hospice founded through a bequest of the butcher Gio. Battista Debono from Zebbug in 1778. The decree authorizing the establishment was issued by Bishop Labini on November 7th, 1787, and the hospital was declared open catering for 15 female patients on March 19th, 1788. It was placed under the direction of the nuns of the Tertiary Order of St. Francis<sup>27</sup>. The St. Anne's Hospital at Senglea was similarly founded by a testament bequest of Nikola and Madalena Dingli in 1794. The hospice was set up after the death of Madalena in 1814 and opened in 1817. The administration of the hospice was left to the Bishop. Priority for admission was given to the relatives of the Dingli family and to the people from Senglea or Siggiewi. Only six admissions were accepted at any one time. The management was put under the Tertiary Franciscan Sisters in 1880, who ran the place until 1984. After the Second World War, the hospice was found to be inadequate for modern needs and in 1953, a new hospice on the same site was planned. The old building was brought down in 1980, and subsequently rebuilt. The new St. Anne's Hospice accommodating 33 individuals was re-opened in 1987<sup>28</sup>.

The philanthropic institutions all fell under the control of church authorities. A number of religious orders of nuns remains responsible for old people's homes. The Society of the Little Sisters of the Poor opened their first old people's homes at Pieta in 1878. Two years later, in 1880, they moved to the country house of the Bailiff de Blacas at Hamrun, which was named St. Paul's Home. This afforded hospice care for about 200 persons, though now it accommodates about 92 residents of both sexes. In 1975, the Society opened a branch at Naxxar in premises which were formerly owned by Jesuit fathers and named this the Holy Family Home. Staff restrictions caused the Society to abandon the running of this home which is now run by church authorities. The Naxxar Home accommodates about 53 individuals of both sexes. The order of the Franciscan Sisters still runs the St. Joseph Home at Zebbug caring for about 14 residents of both sexes. They also were responsible for St. Anne Hospice in Senglea until 1984. The nuns of this order are still responsible for the homes for elderly females at Mosta - Pax et Bonum,

opened in 1961, accommodating about 20 females - and at Msida - Betanja, opened in 1973 accommodating about 12 females. The Dominican Sisters are responsible for the management of St. Peter's Home in Lija accommodating about 15 females; St. Dominic's Home in Victoria (Gozo) accommodating about 20 females; and St. Catherine's Home at Attard accommodating about 60 elderly individuals of both sexes. Other religious homes for the elderly include the Domus Mariae at Marsaxlokk (about 8 females); Casa Leone XIII at St Julians (about 74 elderly

people of both sexes); the Apap Institute at St. Venera (about 40 females); Madre Margerita Home at Qormi (about 18 females); and Prozzunkola at Mgarr (about 6 females). Homes for the elderly religious include Dar tal-Kleru at B'kara (about 40 priests); Villa Marija Assunzjata at Balzan; Tal-Virtu` Home at Rabat; and Kunvent San Guzepp also at Rabat, the last three being reserved for nuns<sup>29</sup>.

The state also provided accommodation for the care of the elderly and infirm. The Floriana Ospizio was the first state institution aimed at accommodating the elderly. The hospice was set up in 1729 in Floriana by the Order of St. John in the old polverista or gunpowder store. This accommodation, however, proved to be unsatisfactory, and in 1732, a new building in vicinity was founded by Grand Master de Vilhena. The new hospice accommodated about 380 inmates per year. [In 1798 inmates ~280/yr]. The administration of the hospice was left to a commission of 10 members. The staff included a surgeon to attend to the medical needs of the inmates. In 1785, Grand Master de Rohan issued a set of regulations for the management of the hospice, which remained in force until 1816. During that year, the management was transferred to the Committee of Charitable Institutions set up by the Governor Sir Thomas Maitland<sup>30</sup>.

The Floriana Ospizio was found to be inadequate in 1848, and proposals to build a new building were initiated with architectural plans being completed in 1862 by T.H. Wyatt and Hon. F.V. Inglott. These plans were seen and positively commented by Florence Nightingale, Dr. J. Sutherland and Captain D. Galton (Abb. 2). The site chosen for the new hospice was situated in the southern part of Malta on lands called „ta l'Imghieret“ covering an area of about 27½ acres. The nearest populated centers were Paola and Tarxien about 1500 yards to the east, Luqa 900 yards to the south, Qormi 1200 yards to the north and Hamrun 1500 yards to the northeast. The new building was put off until 1886, so that the new hospice was not finished before 1892. The building consisted of several detached wards, one or two floors including administration blocks, quarters for staff, and the necessary annexes. It was initially intended to house 930 individuals. In 1910, when a proposal to change the building into a general hospital was contemplated, several other wards were added<sup>31</sup>.

In 1912, the hospital was described as quadrilateral in shape and was surrounded by a stone wall except an iron railing in front. St. Batholomew's Hospital for lepers, built in 1911 and housing 120 patients, was situated in the vicinity. The wards and their offices were placed in two sets, male and female divisions, each consisting of four two-storied rectangular buildings, on the pavilion system, disposed symmetrically with the male division on the left and the female division on

the right of the administrative block and Medical Officers' quarters which faced the main entrance. The arrangement was made in a way that three buildings formed three sides of a quadrangle, of which the remaining side was not built over. The fourth building was structurally distinct and stood in a parallel line to the block forming the outer side of each quadrangle. The inner blocks of the quadrangle, together with the administration building in front and the chapel at the back, enclosed another large rectangular area. At the back of the grounds in detached blocks were the kitchen pantries, store rooms, steam laundry, disinfectory

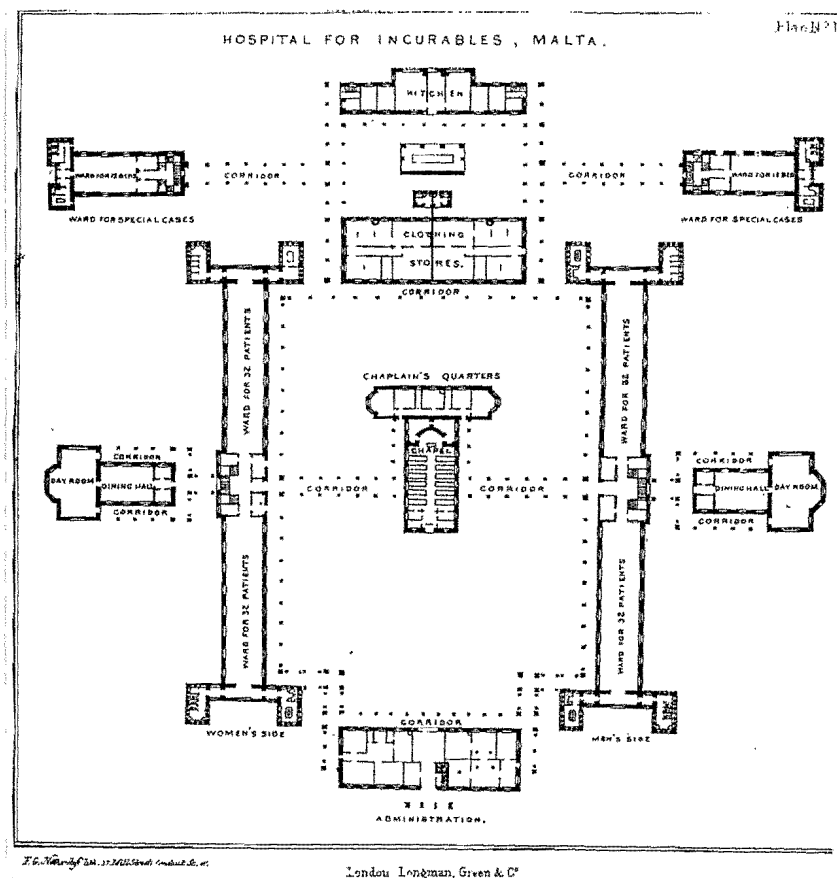


Abb. 2: Grundriß des Hospitals für Gebrechliche, Unheilbare und Sieche. Aus: Florence Nightingale: Notes on Hospitals. 3 Aufl. London 1863.

and other offices. The stables were on the extreme left (male side), while the mortuary was built against the front boundary wall on the same side. All the buildings had an abundance of free air space. Each floor was divided into two wards, aerially disconnected. On each side, a ground floor was entirely used as a refectory. On each side, there was approximately the same number of „common“, „infirmary“, „bed-ridden“ and „incurables“ wards. At the end of each ward, disconnected by means of lobbies, were the water closets, baths and lavatories<sup>32</sup>.

With time, other persons besides the elderly started to be admitted. These included cases of malignancy, paralysis, mental deficiency, medical conditions including Tinea, trachoma, medical and surgical convalescence, brucellosis, and tuberculosis. Some social conditions also merited admission to St. Vincent de Paule's Residence. These included children who had been abandoned (prior to 1937) and orphaned children (prior to 1939), reformed prostitutes, and women prisoners (prior to 1895). In 1937, the hospital accommodated 950 beds - 550 for men and 400 for women. The hospital was generally overcrowded with an average daily number of patients of 995. The building was evacuated during the Second World War after it had suffered serious damage through enemy action. It was reopened after repairs had been completed in 1944. In the post-war period, it continued to serve other purposes besides the care for elderly, including the provision of isolation wards. In 1957, the hospital catered for 986 inmates including four wards devoted to chronic sick cases. The hospital also dealt with indigent and infirm and mentally defective children. Four further wards were devoted to the treatment of tuberculosis. A new block consisting of three floors accommodating another 150 inmates was being reconstructed. The medical staff included a resident medical superintendent, two resident medical officers, and four other medical officers responsible for the management of tuberculosis patients. The nursing duties were in charge of members of the religious order of Sisters of Charity, one sister to two wards of 50-60 beds each assisted by eight hospital attendants<sup>33</sup>.

Modernization of the hospice started in 1957 and continued throughout the 1970s, 1980s and 1990s in line, with the increasing demands of care for the elderly. A rehabilitation wing, named Ruzar Briffa Wing, was opened in 1988<sup>34</sup>. In 1991, the Zammit Clapp Hospital at Sliema was reopened as a geriatric rehabilitation hospital after structural alterations had been made to the old abandoned establishment. The aim of this latter institution is to provide a holistic approach towards the care of the elderly with the aim of rehabilitation of the elderly sick to the community. Business enterprise homes made an appearance in the late 1990s with the opening of the Casa Arkati at Mosta, accommodating about 90 residents; the Villa Messina at Rabat, the Xemxija Rest Complex; and the Sun creek Apart Hotel at

Sliema. A new enterprise at Sa Maison is projected for the near future, while the Capua Palace Hospital extended its hospital services with a residence / hostel for the elderly in 1998<sup>35</sup>.

The elderly in the sister island of Gozo were similarly served by a hospice. In the earlier part of the nineteenth century, the elderly and infirm patients in Gozo were housed in the Hospital of St. John, but in 1838, these inmates were transferred to the Malta Ospizio at Floriana to make room for female patients in the general hospital in Gozo. A new Ospizio in Gozo for the disabled poor aged over sixty years was established in the basement of the Hospital of St. John in 1849. This Ospizio had a capacity of 172 beds, half assigned for males and half for females. In 1957, the total bed complement was 147. This hospice was transferred together with the general hospital to the Craig Hospital in 1975<sup>36</sup>.

During the last two centuries, the hospitallier traditions established by the Order of the Knights of St. John in earlier centuries have been continued. The civil authorities continued to strive to provide adequate continuous hospital services for both islands of the archipelago. The increasing population throughout the two centuries has continuously increased the demands of space, while the changing pattern of disease and treatment has further amplified the demands. These demands were generally met by establishing bigger hospitals, in spite of the continuing financial restraints placed by the occupying British government. At times, the demands were also met by the establishment of subsidiary hospitals aimed at accommodating and treating patients with specific disorders, notably hospitals for the care of mental diseases, infectious disorders, particularly tuberculosis and leprosy, cancer cases, and convalescence. The members of the British services - naval and military - in Malta were managed in different premises, which were restricted for their use.

## Endnotes

- 1 Based on a Report dated 13th July 1798 prepared by Dr. Vincenzo Caruana on the request of the Commission of Government under French rule. AOM 6523 B: Registers des Deliberations de la Commission du Gouvernement, fol.109-119.
- 2 C. Savona-Ventura: Hospitals in Malta throughout the Ages: Part III - Military Hospitals. Plexus: the Online Maltese Journal of Health and Medicine, issue 3, Sept. 1997.
- 3 C. Savona-Ventura: Malta and the British Navy: the medical connection during the nineteenth century. *J Roy. Nav. Med. Serv.*, 1992-93; 78:p.171-176, 79:p.33-36,100-105.
- 4 S. Fiorini: Santo Spirito Hospital at Rabat, Malta. The early years to 1575. Dept of Information, Malta 1989, x199p.; P. Cassar: Medical History of Malta. Wellcome Hist Med Libr, London 1964, p.13.
- 5 P. Cassar, 1964: op. cit., p.23-36; S. Fiorini: A prescription list of 1546. *Maltese Medical Journal*, 1988/89, 1(1):p.19-31.

- 6 P. Cassar, 1964: op. cit., p.23-36; P. Cassar: Inventory of a sixteenth century pharmacy in Malta. St. Luke's Hospital Gazette, 1976, 11(1):p.26-34.
- 7 Annual Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the year 1937. Government Printing Office, Malta 1938, p.34-35; Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the year 1951. Government Printing Office, Malta 1953, p.97-98; L. Farrer-Brown, H. Boldero, J.B. Oldham: Report of the Medical Services Commission. Central Office of Information, Malta 1957, p.22-23,33; S. Fiorini, 1989: op. cit. note 1, p.ix-x.
- 8 The Magdalen Asylum for penitent women was established in 1609 by the Ursuline Nuns Hospitaliers, who arrived in Malta in 1583. Annual Report....for the year 1937, 1938: op. cit., p.48; C. Testa: The French in Malta 1798-1800. Midsea Publ., Malta 1997, p.183-187; C. Savona-Ventura: Human suffering during the Maltese insurrection of 1798. *Storja* '98, 1998, p.54.
- 9 P. Cassar, 1964: op. cit., p.77-82; Piano per il regolamento dell'ospedale di Malta. Malta 1802; Annual Report....for the year 1937, 1938: op. cit., p.49-50. The Orphan Asylum was meant to replace the Floriana Conservatorio after this had been taken over for its use as a general hospital in 1850. Preference was given to orphans of both parents or to children who had lost their father. The institution was under the charge of a resident superintendent assisted by a resident chaplain, while the girls were taken care of by the Sisters of Charity. Children were discharged when they reached the age of 18 years. They all received elementary education, while the boys were also given technical education. The girls received training in domestic occupations.
- 10 P. Cassar, 1964: op. cit., p.69-76; P. Cassar: Female employees in the Medical Services of the Order of St. John in Malta. *Melita Historica*, 1978, 7(3):p.225-233; J. Howard: An account of the Principal Lazzarettos in Europe. London 1789, p.58-60.
- 11 P. Cassar, 1964: op. cit., p.83-89.
- 12 P. Cassar, 1964: op. cit., p.83-89; Annual Report....for the year 1937, 1938: op. cit., p.30-34.
- 13 E.P. Vassallo: Strickland. Progress Press, Malta 1932, p.307-309; L. Farrer-Brown et al, 1957: op. cit., p.18-19.
- 14 Annual Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department including the Emergency Medical Services for the year 1940. Government Printing Office, Malta 1941, p.28-31; C. Savona-Ventura: Reproductive performance on the Maltese Islands during the Second World War. *Medical History*, 1990, 34:p.164-177.
- 15 Annual Report....for the year 1937, 1938: op. cit., p.31; Annual Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department including the Emergency Medical Services for the year 1943. Government Printing Office, Malta 1942, p.11; L. Farrer-Brown et al, 1957: op. cit., p.1-2,17.
- 16 J. Galea: Report on the Health Conditions of the Maltese Islands and on the work of the Medical and Health Department for the year 1953. Government Printing Office, Malta 1954, p.10; J.O.F. Davies: Report on a hospital building programme for Malta. Central Office of Information, Malta 1957, p.11.
- 17 L. Farrer-Brown et al, 1957: op. cit. note 4, p.96; Health Services Development Plan. Malta 1986-1990. Department of Health, Malta (1987), p.39-42.
- 18 D. Caruana-Galizia: A new hospital for Malta. *Hospital Reform*. The Sunday Times, 10/17 October 1993; D. Caruana Galizia: New hospital and the MAM. The Sunday Times, 12 March 1995, p.9; K. Causon: Milan's San Raffaele and Malta. The Sunday Times, 9 April 1995, p.15.
- 19 P. Cassar, 1964: op. cit., p.90-92; S. Fiorini, 1989: op. cit., p.11; J. Bezzina: Religion and politics in a crown colony. The Gozo-Malta story 1798-1864. Bugelli Publ, Malta 1985, p.79; Annual Report....for the year 1937, 1938: op. cit., p.50-53; L. Farrer-Brown et al, 1957: op. cit., p. 25-26; H.A. Clews: Malta Year book, De La Salle Brothers Publ, Malta 1976, p.74.
- 20 J. Galea, 1954: op. cit.

- 21 A. MacMillan (ed.): *Malta and Gibraltar Illustrated*. Collingridge, London 1915, p.310; Malta Government Gazette Supplement, 22 November 1912; Reports on the Working of Government Departments during the financial year 1911-12. Government Printing Office, Malta 1912, M:2; Reports on the Working of Government Departments during the financial year 1913-14. Government Printing Office, Malta 1914, L:2; Reports on the Working of Government Departments during the financial year 1922-23. Government Printing Office, Malta 1925, Q:1.
- 22 P. Cassar, 1964: op. cit., p.408-409; A. Bonnici: *History of the Church in Malta*. Vol.III: Period IV - 1880-1975. Veritas Press: Malta 1975, p.119,136-137; L-Isptar Zammit Clapp Għall-kura ta' l-Anzjani, San Giljan 1991. Secretariat for Care of the Elderly, Malta 1991, +8p; J.O.F. Davies, 1957: op. cit., p.4.
- 23 P. Cassar, 1964: op. cit., p.409; A. Bonnici, 1975: op. cit., p.136-137; C. Savona-Ventura, *Caesarean section in the Maltese Islands*, Medical History, 1993, 37:37-55.
- 24 Anon.: A special kind of caring. *The Malta Independent*, 28 July 1996, p.4; Anon.: A ramble through St. James Hospital. *Galleria - The Malta Independent*, 17 November 1996, p.4; R. Bugeja: A purely private affair. *The Malta Independent*, 30 October 1994, p.12; St. Philip Maternity Scheme: op. cit., M.J. Naudi: Pioneering building techniques used in Capua Palace Hospital. *The Sunday Times [of Malta]*, 16 June 1996, p.44-45; Maternity Department. Capua Palace Hospital, Malta [1996], +6p.
- 25 S. Fiorini, 1989: op. cit.; P. Cassar: St Vincent de Paule's Residence for the Elderly. The medico-social record. Secretariat for the Care of the Elderly, Malta 1994, +31p.
- 26 P. Cassar, 1964: op. cit., p.381-382; A. Bonnici, 1975: op. cit., p.136-137.
- 27 P. Cassar, 1964: op. cit., p.382-383.
- 28 A. Bonnici: *Dar Sant' Anna għall-Anzjani fl-Isla*. Senglea Parish, Malta 1987, +40p.
- 29 P. Cassar, 1964: op. cit., p.383; A. Bonnici, 1975: op. cit., p.137; Fiera Anzjan Attiv '95. Secretariat for the Care of the Elderly, Malta 1995, p.22.
- 30 Annual Report.... For the year 1937, 1938: op. cit., p.64; P. Cassar, 1964: op. cit., p.375-378.
- 31 Annual Report....for the year 1937, 1938: op. cit., p.64-68; P. Cassar, 1994: op. cit.; F. Nightingale: *Notes on Hospitals*. 3rd edition, Longman, London 1863, p.104-106. The copy of the latter book kept in the National Library of Malta belonged to the Comptroller of Charitable Institutions F.V. Inglott. This copy had been annotated by its owner who writes that „The Block plans, and details of internal arrangement were all given by me. Wyatt reduced the whole to „architectural proportions“, and no more was done by him. Documentary proofs are in my possession, bearing the Governor's signature“. Vide note pg. 105. Inglott further believed that „A hospital in Malta should be perfectly isolated, and as truly oriented as possible, or placed with its sides facing due North, South, east and west. The correct orientation of a huge field is a most important circumstance, and should never be left unnoticed.“ vide note facing title page. Inglott seemed to be in agreement about many of Nightingale's recommendations.
- 32 Reports ..... during the Financial year 1911-12, 1912: op. cit., p.K32-33.
- 33 Reports ..... during the Financial year 1911-12, 1912: op. cit., p.K32-33; J.O.F. Davies, 1957: op. cit., p.3; L. Farrer-Brown et al, 1957: op. cit., p.21-22.
- 34 Annual Report....for the year 1937, 1938: op. cit., p.64-68; P. Cassar, 1994: op. cit.
- 35 L-Isptar Zammit Clapp .....: op. cit.; Fiera Anzjan Attiv '95: op. cit., p.21.
- 36 P. Cassar, 1964: op. cit., p.90-92; L. Farrer-Brown et al, 1957: op. cit., p.27.