

A MEDICAL SERVICE FOR SLAVES IN MALTA DURING THE RULE OF THE ORDER OF ST. JOHN OF JERUSALEM

by

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IT IS not generally known that, apart from the Holy Infirmary and other medical institutions for civilian sick and the aged, the Order of St. John of Jerusalem also made special arrangements of a medical kind for its Moslem slaves during its domination over the Maltese Islands from 1530 to 1798.¹

The subject has not received adequate treatment from historians possibly for two reasons: (a) the Holy Infirmary occupied such a pre-eminent place in the Order's organization that it has overshadowed the importance of other medical establishments; and (b) the fact that references to the medical condition of slaves are scarce and scattered in various volumes of the Order's archives has also contributed to obscure this subject of the Order's activities. The purpose of this paper is to trace and study as many sources of information as possible and to view the subject against the background of the customs and usages of the past and of the Order's economic structure and humanitarian ideals.

GENERAL BACKGROUND

In the sixteenth and subsequent centuries the institution of slavery, far from being condemned by the Western Church and by the Moslem religion, was regarded as an ethically acceptable measure and was regulated by definite legislative enactments. Both religions, however, tried to temper the hardships of captivity by enjoining their respective adherents to treat the slave in a humane manner and to foster his manumission as an act of piety.

No age was exempt from captivity in the bitter and incessant war between Christian and Moslem which came to an end, as far as the Knights of St. John were concerned, as recently as the close of the eighteenth century. For example, one comes across documents in the Order's archives in Malta recording the enslavement of children from the age of two years onwards and of adults as old as seventy years and also mothers with their babies. Most of these slaves presented a sore spectacle at the time of capture which usually occurred after a fight at close quarters. Thus the injuries and diseases of 109 slaves captured by the knights in 1665 included fire-arms burns, cuts from swords and knives, lacero-contused wounds produced by musket balls and stones, mutilated fingers and wrists; ringworm of the scalp, naevi in the chest and face, squints, abscesses and 'signs of plague' in the thigh. There was also a youth with 'tremors in his hands'.² In another batch of slaves there were several with scars of smallpox, one with a speech defect and a hunchback.³ In 1685 an official of the Order complained that out of sixty slaves reaching the Island, twenty-four were found incapable of rowing in the galleys as they were either sick or maimed.⁴

The extent of the slave population in Malta fluctuated considerably from time to

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time. Their number has been described as having been 'always great' but statistics are difficult to come by. In 1632 the number of privately-owned slaves was 649 and of galley-slaves 1,284. It was 2,300 in 1664, besides those abroad on the galleys, and 10,000 in 1710 but only 1,000 in 1749.⁵ By 1765 they had become so scarce that the Order's Treasury was compelled to buy 120 for the galleys and other purposes through agents which the Order had in 'many places in the Levant'.⁶ Their number continued to dwindle so that in 1780 there were not enough hands to engage on the galleys and the various workshops on land, so much so that a few years later a number of slaves were bought from Naples. Women slaves were never numerous. A survey carried out in July 1645 by a Special Commission of Knights revealed that there were only 100 female slaves in the island.⁷

Slaves were a constant menace to the political and military security of the island; in fact attempts at uprisings were made in 1531 and 1749.⁸ For this reason they were subject to various restrictions and at night they were locked up in the *Bagnos* or slave prisons at Birgu, Senglea, Mdina and Valletta. However they also enjoyed the protection of the law against possible abuses and their masters were obliged to provide them with the necessary food and clothing. Slaves were not to be compelled to work when ill.⁹

The institution of slavery formed one of the pillars of the economic fabric of the Order. Slaves were first and foremost a fruitful source of labour. They were employed as rowers in the galleys, as artisans in the manufacture of cotton sail-cloth and as labourers on the land works. In 1635, for instance, as many as 600 slaves were employed in such works in the towns of Valletta and Senglea alone.¹⁰ Their manumission was a good source of income; thus the money accruing to the Order in 1789 from the ransom of slaves amounted to over £1,600 out of a total state revenue of over £136,000.¹¹

Slaves were sold, bartered, lent or donated as gifts. In the seventeenth century, for instance, the British Navy contemplated the acquisition of slaves from Malta for the manning of its ships in the Mediterranean.¹² In 1662 one hundred slaves were made over to His Holiness the Pope for his naval squadron.¹³ In 1720 the Grand Master again presented forty slaves to the Pope as the Order's share towards the contribution of 150 Moslem slaves demanded by the Sultan to allow the Christians to repair the cupola of the Holy Sepulchre at Jerusalem. Female slaves were donated to the Vice-reine of Naples on several occasions between 1637 and 1655.¹⁴

Since the slave possessed such a substantial material value, it was wise state policy to safeguard his health and to provide the necessary means for his treatment when he fell ill. It paid to keep him healthy if one wanted to use his labour to the full, to utilize him as the motive power on the galleys, to sell or barter him or to fetch a good price in the event of ransom. It is understandable, therefore, that the solicitude on the part of the Order to look after the health of slaves was not inspired solely by religious and humanitarian ideals but was also motivated by economic and financial interests. Even the legislators responsible for the legal code promulgated in 1724 regarded the slave as merchandise.¹⁵ However, when judged by the gross material and ethical standards of those days the Order's medical provisions for slaves constitute a notable example of enlightened medical administration with a surprisingly modern ring

especially with regard to the attempts made to cope with the problem of opium addiction and to control the spread of communicable diseases.

MEDICAL ARRANGEMENTS

Slaves who fell ill on board a galley were looked after by the *Re di galera*. This officer was the senior among the caravanists who were young knights taking part in the cruises of the galleys to improve their training and gain experience. He had to ensure that sick slaves were provided with the medicines and diets ordered by the physician and that their nursing was properly carried out by the Christian slave deputed for this purpose.¹⁶

Galley slaves who fell sick while their ships were in harbour were cared for in special wards at the Holy Infirmary. The first Infirmary set up by the Knights for members of the Order and male civilians was erected at Birgu in 1533 and closed down in 1575 when it was replaced by the Holy Infirmary at Valletta. The Birgu hospital was again put into use in 1573 when the earliest reference to the hospital treatment of slaves occurs. An order issued by the Grand Master and Council on 28 May 1583 decreed that galley slaves who became ill while in port were to be admitted into the Old Infirmary at Birgu. Here they were to be cared for by the barber-surgeons of their respective ships and visited by one of the salaried physicians of the Order. The General and the Captains of the galleys were to see that the medical staff performed their duties.

It is not known for how long the galley-slaves were cared for at the Old Infirmary at Birgu but it is certain that they were no longer there by 1592 when the Infirmary was turned into an isolation hospital during the pestilence that struck the island in that year. From the Birgu Infirmary sick galley-slaves were transferred to the new Infirmary at Valletta. Here they were nursed in a ward, called the Great Magazine, which was below ground level and which ran beneath the length of the Old Ward and the Great Ward along St. Lazarus Curtain overlooking the entrance of the Grand Harbour of Valletta. Here they were seen in 1687 by G. Wood the Clerk to the Captain of the British ship *Dragon* that visited Malta in that year. There were 134 trestle-beds furnished with coarse bed linen and ranged along the two sides of the ward and raised about two feet from the floor. Notwithstanding the large number of sick slaves everything was 'so clean and sweet' that no annoying smells were to be felt.¹⁷ Two other additional wards with thirty-six beds were probably used for galley-slaves in later years (1786).

THE LAND SLAVES

A Slave Prison was set up at Valletta during the time of Grand Master Hugues Loubenx de Verdale (1582–95). It consisted of a quadrilateral block limited by St. Christopher Street, St. Ursola Street, East Street and Wells Street.¹⁸ The first allusion to a slave infirmary in this building occurs in 1631 but it appears that it was in existence before this year. It catered for both publicly and privately owned slaves, the latter being admitted on payment of 4 *tari* a day (1 *tari* = 1½*d.*), this fee being raised to 5 *tari* daily in 1778. It is of interest to know that this was also the cost of maintaining a patient at the Holy Infirmary of Valletta at this period.¹⁹ So much importance was

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attached to the infirmary at the Slave Prison that when the Order decided to close down the medical establishments supported by its funds in 1656 the only exception, besides the Holy Infirmary, was the infirmary of the Slave Prison.

No figures have as yet been met with indicative of the number of slaves under treatment at the prison infirmary. We may, however, hazard a guess with regard to the year 1652. It is recorded that on 7 October of that year one hundred drinking bowls were authorized to be issued for the use of sick slaves.²⁰ If we allow two bowls per head, the number of slaves under treatment must have been in the region of fifty.

No state provision was made for sick women slaves. Presumably they were treated in their owners' homes when they fell ill.

Regulations of 1631. On 22 December 1631 the Chapter General of the Order laid down a series of regulations for the proper administration of the Slave Prison and its infirmary 'so that the sick may not die for want of care and from miserable living'. To make certain that the regulations were adhered to, the Treasury was to appoint one of its auditors, at the beginning of each month, to visit the prison and ensure that 'the sick were well cared for and fed'.²¹ These rules may be considered under the following headings.

Professional Staff. The physician and surgeon were to visit the sick twice daily in the presence of one of the two *prud'hommes* (or superintendents) of the prison. These officials were knights in charge of the prison administration who had to see and sign the doctor's prescriptions and treatment instructions. The prescriptions were then sent for dispensing to the pharmacy of the Holy Infirmary which supplied the drug requirements of the prison.

Bedding. The bed-boards on which the sick slept were to be swept and cleansed daily. A sufficient number of straw mattresses and blankets were to be available because by 'sleeping on a hard [bed] the sick cannot recover and regain their health'.

Diet. Sick slaves were to be given the same kind of white bread that was issued to the knights on board ships or, at least, the type of white bread known as *scacciato*, i.e. two loaves of ten ounces each. Emphasis was laid on the proper kind of bread because it was the 'principal item of food of the poor sick'.

Patients were not to be given goats' meat but only mutton, chickens and fowls. When these were not available they were to be substituted by eggs and soups.

A small quantity of wine was allowed to convalescents but care was to be exercised that this liquor was of good quality and 'not all water'.

The porter of the infirmary had to see that no one entered or left the wards or brought in any eatables unless with the permission of the physician as it was realized that the consumption of unauthorized food could be harmful to the patient.

Belongings of sick slaves. The slaves were to elect two *papassi* (Moslem religious men) or other trusted persons to whom they consigned their small sums of money for safe keeping when they became ill. This precaution was meant to prevent the theft of the slaves' belongings that were 'daily committed by various galley and shore officials to the detriment of the Treasury in the event of the slaves' death'. When a slave fell sick on a galley an inventory was drawn up by the Galley-Clerk; in the case of slaves admitted to the Prison Infirmary the inventory was compiled by the Prison Clerk.

The money was returned to the slave if he recovered but was made over to the Treasury if he died.

Slaves had been allowed to buy and keep a plot of ground at the Marsa, at the innermost end of the Grand Harbour, for their burials.²²

Opium. The taking of opium seems to have been quite widespread among slaves for it is recorded that the illicit use of this drug was the cause of death of many of them. The use of opium to procure sleep and dull pain dates since at least the time of the Homeric poems (about 900 B.C.) It appears to have started in Egypt from whence it reached Asia Minor and Greece and finally Rome in the fifth century B.C. Opium was being prescribed by the Arab physicians of the tenth century. In the sixteenth century it had become widely diffused among the Turks who took it with the aim of making them braver in battle. It was from this period that the dangers of addiction to this drug became familiar to European physicians.²³

The Order's Chapter General of 1631 expressly prohibited the slaves from obtaining, buying, keeping or selling opium under penalty of one hundred strokes of the stick. Pharmacists were debarred from selling it to slaves under penalty of a fine of fifty ounces and of one hundred ounces for the first and second offence respectively. A third default was punished by three strappados.

In spite of these deterrents the taking of opium did not appear to have decreased during the following one hundred years if we are to judge by the provisions contained in the legal code of Grand Master Antonio Manoel de Vilhena published in 1724.²⁴ In fact Paragraph XVII deplored the frequency and the 'barbarity and inhumanity' with which slaves committed suicide by taking opium. This act besides being an 'esecrable crime' also defrauded the slave owner. 'To eradicate the source of so much evil' it was laid down that no one whether on board ship or ashore was to dare buy, sell, receive or keep opium even in the smallest quantity under penalty of death.

Paragraph XVIII prohibited the taking of opium 'by mouth in any form' not even as a preservative or as a stimulant or as a medicament even in minimal amounts without the express order and prescription of at least one of the approved physicians under penalty of death even if the individual's health suffered no harm. Although Paragraph XIX allowed pharmacists to keep opium under the same safeguards as they kept sublimate, arsenic and other poisonous substances, it prohibited them from selling the drug without a duly signed medical prescription under penalty of a fine of one hundred ounces and of making good the damages caused to the interested party. In order to ensure the proper execution of these laws, Paragraph XX stipulated that all task-masters and their assistants and all the prison and galley guards were to carry out frequent inspections and to report instances of infringement to the Court authorities under penalty of losing their employment.

Expansion of the 1631 Provisions. Other sets of rules for the Slave Infirmary were issued on 9 November 1648.²⁵ They confirmed those of 1631 and introduced some new ones. The *prud'homme*, who was present during the ward round of the physician and surgeon, had to make sure that the visit was carried out 'with more charity and vigilance' and that the needs of the sick slaves were attended to more promptly.

In order to prevent the dissemination, sometimes with fatal results, of communicable diseases, the bedding, blankets and clothing of the patient were to be burned

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or washed with boiled water (*acqua bollita*) according to the physician's advice (1648).

In 1725 the Order printed and published the Regulations of the Holy Infirmary of Valletta but these contain only a passing reference to the Slave Infirmary, to the effect that the menial work at the Holy Infirmary was to be carried out by forty-four Christian and Turkish slaves 'for whom there is a special infirmary in the same [slaves'] prison'²⁶

The care of sick slaves again engaged official attention in March 1780. Originally the physicians of the Slave Prison were the two physicians of the Women's Hospital but in May 1669 the Council of the Order decided to appoint a physician for each institution. It is not known whether this decision was carried into effect; however, we find that in 1780 the slaves were being cared for by the physicians of the Women's Hospital.²⁷ These physicians were required to be on call at all hours 'even during the night' to visit the slave infirmary in case of an emergency. They were to write their prescriptions and instructions in Italian and to bring to the notice of the *prud'homme* any instances of bad treatment meted out to the slaves on the part of prison employees.

The surgeon, who had been granted living quarters at the prison by 1678, received the same salary as the Principal Surgeon of the Holy Infirmary. He had to keep himself in readiness for any urgent call and was assisted by a resident barber-surgeon who gave first aid in his absence. A *barberotto* or barber, who was a slave, also formed part of the surgical team.

Besides working at the prison infirmary, the surgeon was also obliged to attend at the Holy Infirmary and at the Women's Hospital 'every time that he was needed for the cutting of the stone', the extraction of cataract and taking part in surgical consultations.

It was the duty of the physicians and the surgeon to report any instances where the patient's illness was artfully acquired or self-induced in an attempt to obtain exemption from rowing in a galley or doing heavy work. Slaves who purposely harmed themselves were punished in proportion to the gravity of the injury but the penalty was awarded after they had recovered from their illness.²⁸

It was also incumbent on the medical and surgical staff to examine slaves whom their owners sought to pass on to the Order. One of the physicians and the surgeon, in the presence of the *prud'homme*, had 'to examine their age, health and strength'. Those of advanced years or of a weak constitution or otherwise unsuitable for work were to be refused so that the state Treasury would not be saddled with the expenses of maintaining 'useless slaves' from whom it would derive no benefit.

The control of communicable diseases was again stressed and the *prud'homme* was enjoined to keep such patients apart from the rest and to take 'all those precautions which are customarily enforced in similar circumstances to prevent the spread of infection'. He was likewise reminded of his duty 'to supervise with special attention the management of the infidel sick, to see that they were well cared for, to be present at meal times to ascertain that they were properly served and that the bread and other food was cut in small pieces so that it could not be stolen by the attendants.'²⁹

Allegations of cruelty to slaves were thoroughly investigated. Thus when in 1742 a slave was believed to have been killed on board a galley by a beating from an officer, a full inquiry was carried out. Witnesses were heard on oath and reports by the

ship's physician and surgeon as to the cause of death were submitted to the Procurator of Causes who, after examining all relevant facts, decided that death was due to apoplexy.³⁰

Slaves who were no longer fit for work owing to old age or infirmity were either set free or else sold at a nominal price and returned to their native countries. Thus, for example, twenty-seven such slaves were liberated in 1666 while the Chapter General of 1631 ordered the sale of 'old, decrepit and maimed slaves'; on 18 November 1672 twenty-five 'useless slaves' were similarly disposed of.³¹

END OF SLAVERY AND OF THE SLAVE INFIRMARY

One of the last references to the Slave Infirmary was made by the philanthropist John Howard who visited the Prison during his stay in Malta in 1786; however he has only recorded the bare facts that the slaves 'have many rooms and each sect their chapels or mosques and the sick rooms apart'.³² By the end of the eighteenth century the two institutions of chivalry and of slavery were approaching their close. Both had outlived their purpose and both were abolished at a stroke by Napoleon Bonaparte when he captured the Maltese Islands from the Order of St. John of Jerusalem in 1798. The Knights were driven away from Malta, the social and political structure of the Islands was changed overnight, the Holy Infirmary became the military hospital of the French troops and the galley-slaves' wards were closed down.

The Slave Prison with its infirmary was turned to other uses. When the French were expelled from Malta in 1800 and the British followed them in the occupation of the island, the erstwhile Slave Prison was taken over by the British naval authorities and adapted as a naval hospital from 1803 to 1819. The building was afterwards used as a Civil Prison. After the 1860s a section of it was modified into private dwellings and the rest turned into offices and an Examination Hall for the Education Department.³³ It was very extensively damaged during the Second World War by air bombardment. The site is now occupied by a block of flats.

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