

Clergy and Vaccination in Southern Italy in the Early Nineteenth Century

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Introduction

Thirty years ago, in his introduction to the volume of *Annali di Storia d'Italia Einaudi* devoted to the theme *Malattia e medicina (Disease and Medicine)*, the Italian historian Franco Della Peruta expressed his wish that studies on the history of health would abandon the 'internal' approach that had been prevailing until then – which focused in particular on the events related to medical-biological theories and experimentations – to open up to the suggestions of social and institutional history. That was the only way historical reconstruction of diseases could avoid falling into a narrow medical perspective, to finally find its place in the concrete field of a social scenario well defined in its structure and characteristics¹. These methodological suggestions, only partially embraced in the studies of history of medicine published in the last decades, have inspired this survey devoted to the topic of clergy and vaccination in Southern Italy.

As a matter of fact, the theme seems to have been paid scarce attention by scholars, if we consider that in the last decades only two works have appeared that were specifically devoted to investigating the attitude of the clergy towards the new scientific discovery. The first study, published in 1983, was by the French historian Yves-Marie Bercé². He examined a wide number of cases from Austria to Northern Italy, France, Ireland and Belgium, and concluded that the Catholic clergy – both at the level of high prelates and of simple parish priests – gave, on the whole, an effective contribution to the diffusion of the Jennerian method. The second work, written by the Italian scholar Caterina Tisci, appeared in 2003, and focuses exclusively on

1 See Franco Della Peruta, *Presentazione*, in *Storia d'Italia, Annali 7. Malattia e medicina*, (Turin, 1984), pp. XIX–XX.

2 See Yves-Marie Bercé, “Le clergé et la diffusion de la vaccination”, *Revue d'histoire de l'Église de France*, 69 (1983), 87–106.

Southern Italy³. This too highlights “the effective function of cultural and social mediation” carried out by the clergy in order to accredit the Jennerian discovery among the population in the Kingdom of Naples.

As will be seen, these conclusions are thoroughly refuted in this work. The investigation that follows is divided into two parts. The first one will examine the legislative measures which marked the penetration of the Jennerian method in Southern Italy in the span between the carrying out of the first vaccinations and the year 1822, when the issue of *Regulations* redefined the picture of the institutions in charge of the diffusion of the vaccine. In the second part, the attitude of the clergy will be analysed in greater detail, in order to measure the degree of collaboration with the government’s efforts to spread vaccination among the population. Methodologically, historiographical analysis has been mainly based on a careful examination of legislation; however, since in this way the attitude of the clergy emerges only episodically and between the lines, an abundant amount of historical documents collected in several archives of Southern Italy has been analysed, too. The choice of extending the survey from the State Archive in Naples to the archives in the provinces was inspired by the belief that an analysis of the Neapolitan sources exclusively could result in misleading conclusions: from such sources – mainly consisting of laws, decrees, and administrative circulars – there emerges, in fact, a picture of a vaccination praxis coinciding with the one hoped for by the government, yet not necessarily corresponding to the reality of facts. Therefore, if we want to understand the role of the Southern clergy as regards the vaccine – not in its theoretical aspects (resulting from legislative regulation) but in its more concrete features – it is necessary to consult also the provincial archives. From their analysis a perspective emerges that is somehow different from the one upheld by the government, yet certainly more closely corresponding to the reality of the situation.

The Major Legislative Measures on Vaccination Issued between 1802 and 1822

The beginnings of vaccination in Southern Italy date back to 1801, when the British physician Joseph Marshall was appointed, together with his colleague John Walker, to join a British naval expedition to Egypt so as to vaccinate the members of the crew and, at the same time, to spread the new method of smallpox prevention among the British troops stationed in the Mediterranean⁴. After reaching Gibraltar, Minorca

3 See Caterina Tisci, “La vaccinazione antivaiolosa nel Regno di Napoli (1801–1809): il ruolo del clero”, *Medicina & Storia*, 3 (2003), 89–117.

4 Only a few years before (in 1796), Edward Jenner had attested as experimental evidence a fact commonly observed among the rural classes of Gloucestershire, demonstrating the efficacy

and Malta, the two doctors separated: while Walker continued into Egypt, Marshall headed to Palermo in order to vaccinate the sailors of the British ships quartered there⁵. During his stay in Sicily, however, thanks to the support of the Bourbon court – at the time temporarily installed in Palermo – Marshall extended these vaccinations to the local population, teaching the method to two colleagues, Giovanni Vivencio and Michele Troja, respectively *protomedico* (Chief Physician) and First Surgeon of the King⁶. From Sicily, Marshall reached Naples, spreading also there the first vaccinations which were widely promoted by means of public posters⁷. When the court returned to the continent, in June 1802, a Head Office for Vaccination was set up in Naples, formally presided by Michele Troja but in fact operated by vice-director Antonio Miglietta, who was destined to become one of the key protagonists of the diffusion of vaccination in the Kingdom⁸.

In a meeting of July 6th, 1802, the Head Office formulated a plan aimed to spread vaccination in the capital city and in the provinces that was acknowledged integrally

of the inoculation of cowpox as a form of prevention against smallpox. Jenner had then divulged the results of his research in the volume *An inquiry into the causes and effects of the variolæ vaccinae, a disease discovered in some of the Western counties of England, particularly Gloucestershire, and known by the name of the cow pox* (London, 1798).

5 On the vaccinations conducted in the British territories in the Mediterranean during the naval expedition to Egypt, more or less ample observations are available in various monographs, old and recent, rather heterogeneous in kind and value. Among these can be mentioned Francesco Calcagni, *A letter on the inoculation of the vaccina practised in Sicily*, (Philadelphia, 1807), in particular pp. 8fn, 14fn and 31; John Baron, *The life of Edward Jenner, with illustrations of his doctrines and selection from his correspondence*, I, (London, 1838), pp. 395–403; Paul Cassar, “Edward Jenner and the introduction of vaccination in Malta”, *Medical History Journal*, 13 (1969), 68–72; Yves-Marie Bercé, “Le clergé et la diffusion de la vaccination”, cit., pp. 88–89; Gianni Iacovelli, *Antonio Miglietta, il vero apostolo della vaccinia, e il vaiolo a Napoli tra ‘700 e ‘800*, in A. Tagarelli – A. Piro – W. Pasini, eds., *Il vaiolo e la vaccinazione in Italia*, (Villa Verucchio, 2004), II, p. 565; John Chircop, “Giusta la benefica intenzione del Re’: the Bourbon cowpox vaccination in Sicily”, *Hygiea internationalis. An Interdisciplinary Journal for the History of Public Health*, 9 (2010), pp. 158–159.

6 It seems almost superfluous to underline the power and prestige connected with the two positions held by the mentioned doctors. In particular, the chief physician was the head of the whole sanitary organisation of the country: see Luigi De Rosa, *Conflitti e squilibri nel Mezzogiorno tra Cinque e Ottocento*, (Bari-Rome, 1999), p. 126.

7 See Archivio di Stato [State Archives] of Naples (henceforth: ASN), *Ministero della Polizia Generale, Dispacci reali*, b. 134, dispatch No. 228 of June 23rd, 1801.

8 See ASN, *Ministero delle Finanze*, b. 2870, a letter by Michele Troja to the Minister of Finance, n.d. [but of December 1802]. On Miglietta there is very abundant bibliography. Among the most recent works, see in particular S. Arieti, *Miglietta Antonio*, in *Dizionario Biografico degli Italiani*, (Rome, 2010), vol. 74, 364–365; Gianni Iacovelli, *Antonio Miglietta, il vero apostolo della vaccinia, e il vaiolo a Napoli tra ‘700 e ‘800*, in A. Tagarelli – A. Piro – W. Pasini, eds., *Il vaiolo e la vaccinazione in Italia*, cit.; Lorenzo Carlino, *Cenni sull’opera di Antonio Miglietta e Cosimo De Giorgi in Terra d’Otranto*, *ibid.*, II, 551–559. About Troja, see Gianni Iacovelli, *Gli acquadotti di Cotugno. Medici pugliesi a Napoli tra Illuminismo e Restaurazione*, (Galatina, 1988), pp. 65–68 and *passim*.

and with no modifications in the dispatch of July 22nd of the same year⁹. The dispatch can be considered the true starting point of the history of vaccination in Southern Italy, and, at the same time, one of the most organic and elaborate measures on the matter issued during the first Bourbon Restoration. As far as Naples was concerned, the dispatch identified five sites, at due distance one from another, where every other day, for the whole morning, a physician and a surgeon would vaccinate without charge whoever presented themselves. On such occasions, the doctors were to also verify the course of the vaccinations already administered, and give appropriate instructions to the patients. The list of the vaccinated, with the indication of the outcome of each individual operation, would be presented to the sovereign, and successively published. In order to spread among the medical community the knowledge of the appropriate vaccination method, the dispatch also provided for the printing of a brochure. With regard to the provinces, the dispatch required the *presidi* (i.e. the highest district administrative authorities) to designate a number of physicians and surgeons equal to six for the small provinces, and to ten for the large provinces. They were to reside in Naples at the expense of their municipalities of origin for the necessary time to be trained in the new method under the guidance of doctors Vivenzio and Troja.

These solid premises were only partially confirmed by subsequent developments. In effect, despite the lack of official statistics on the number of the vaccinated, we can deduce from documentary evidence that in Naples vaccination became established to a certain extent whereas in the provincial territories its propagation was hampered almost everywhere. The positive outcome of vaccination in Naples is also attested through an autobiographical memoir by Antonio Miglietta, who attributed the merit of this result, on the one hand to the almost unanimous consensus granted to such practice on the part of the doctors of the capital city, and on the other to a terrible smallpox epidemic that raged between 1802 and 1803, thus prompting even the most reluctant to test the effectiveness of the new method¹⁰. Significantly different was the situation in the provinces, where things did not work the way they were supposed to. In 1806 Miglietta himself, outlining the status of the vaccination policy in this original phase, admitted that the government plan, as far as the provinces were concerned, had not been fully implemented, and that the vaccination posts outside the capital were still at a design stage¹¹. Something, therefore, had stalled. It is not difficult to deduce that, besides the vast number of opinions contrary

9 A copy of the plan is preserved in ASN, *Ministero dell'Interno*, II inventario, b. 2325, fasc. 165. The dispatch of July 22nd, 1802 can be found in ASN, *Ministero della Polizia Generale. Prima numerazione (1792 – 1819)*, b. 10, pp. 228–230.

10. See Antonio Miglietta, *Statistica vaccinica napoletana*, (Naples 1820), p. 3.

11 See ASN, *Ministero dell'Interno*, II inventario, b. 2325, fasc. 88: [Antonio Miglietta], *Prospetto sullo stato degli stabilimenti di vaccinazione, fondati in questo Regno sin dall'anno 1802*, enclosed in a letter of April 7th, 1806, by Miglietta himself to the Minister of the Interior.

to vaccination – which were to hinder its success also at a later period – the Bourbon initiative suffered from a remarkable weakness, inasmuch as the diffusion of Jenner's method did not rest on a solid and efficient administrative structure. There lacked a real health policy coordination centre, and the management of the treatment posts itself was often in the hands of confraternities, religious orders or other ecclesiastical institutions, thus slipping from the control of the government authorities.

With the French conquest of the Kingdom in February 1806, the practice of vaccination was given a more decisive impulse, this time supported by greater organisational efficiency. It is indeed significant to note that, after only one month since the establishment of the new government, it was decreed that public health was to be under the competence of the Ministry of the Interior, shifting thus under the latter's responsibility both the Health Tribunal and Superintendency of Naples, and the Health Tribunals or Deputations of the Kingdom¹². Vaccination practice could thus rely on a solid bureaucratic structure, consisting of one of the central branches of the state administration, which constituted the premise for a more determined implementation of the practice itself. With similar celerity, initial measures were ratified with the intent of promoting the diffusion of Jenner's method. First of all, the government began to advocate the drawing up of projects aimed at an effective spreading of vaccination. Between the end of 1806 and the first half of the following year, several plans were presented to the Ministry of the Interior, among which it is worthwhile mentioning, for the systematic nature and intelligence of its formulation, the project proposed by Giuseppe Caparrotti, a Calabrian doctor¹³. The plan envisaged, among other things, that smallpox patients be admitted into hospital wards specifically reserved for them, and that those who perished from the disease be buried preferably in cemeteries outside the town walls with no official funeral procession so that the parish priest could not demand any payment for the celebration of funeral services. This measure was clearly intended to bypass the well-known poor collaboration of the clergy in supporting Jenner's discovery among the members of their congregation – such poor collaboration resulting, one had the not groundless suspicion, from the priests' unwillingness to lose the earnings deriving from the frequent deaths that occurred during the epidemics.

The first articulated intervention in vaccination policy of the French Decade, and at the same time the basis and the point of reference for the ones that were to follow,

12 See Enrica Delle Donne, *L'organizzazione della salute pubblica dai napoleonidi alla Restaurazione*, in Antonio Cestaro – Antonio Lerra, eds., *Il Mezzogiorno e la Basilicata fra l'età giacobina e il Decennio francese*, Atti del Convegno di Maratea, 8–10 giugno 1990, (Venosa, 1992), II, p. 433. The decree in question is of March 31st, 1806.

13 See ASN, *Ministero dell'Interno*, II inventario, b. 2325, fasc. 53, *Piano di direzione di vaccinazione proposto dal dottor fisico e Regio professore di vaccinazione Giuseppe Caparrotti*, with no date but enclosed in a letter by Caparrotti himself to the Minister of the Interior (May 20th, 1807).

was the decree of May 20th, 1807¹⁴. The decree provided for the creation in Naples of a Central Committee for Vaccination – designed to replace the previously established Head Office for Vaccination – composed of ten members, among whom Antonio Miglietta, appointed as perpetual secretary, as also Domenico Cotugno (who was 71 years old at the time), one of the most renowned and illustrious representatives of Neapolitan medical culture¹⁵. The Central Committee – which was to have a facility for formal meetings, for its archive, and for vaccinations – had the task both of spreading the prophylactic system in Naples and of coordinating its propagation in the provincial territories. This first important legislative step was integrated by a number of other measures which rapidly followed one another. On June 6th, 1807, a ministerial circular to the Intendants reaffirmed the obligation to establish, in every provincial capital, a Provincial Committee for Vaccination (with suitable headquarters) and in every districtual capital a District Committee or, as an alternative, to appoint one or two physicians, in contact with the Provincial Committee, officially in charge of conducting the vaccinations in their territory of competence.

Furthermore, at the end of the same year, a *Piano di un regolamento* [Regulation Plan] was printed that illustrated those that, in the auspices of the Central Committee, had to be the tasks and features of the Provincial Committees, which had only been briefly sketched in the decree of May 20th, 1807 and in the above-mentioned supplementary circular¹⁶. In compliance with this *Plan*, the Committees had to assume various and differentiated responsibilities. First of all, they had the task to find and preserve the vaccine pus; furthermore, to provide for the training of the local health personnel about the manner of vaccinating; and finally to conduct information activities about the advantages of vaccination, on the one hand refuting hearsay intended to denigrate such practice, and on the other providing support for its usefulness and relevance through the parish priests. The members of the Central Committee too, therefore, had understood very well how important it was to engage

14 A copy of the decree is preserved in the Archivio di Stato [State Archives] of Bari (henceforth ASBa), *Sanità pubblica*, 2 (1806–1846), fasc. 15/II.

15 For an introduction to the life and works of Cotugno, see Loris Premuda, *Cotugno Domenico*, in *Dizionario Biografico degli Italiani*, (Rome, 1984), vol. 30, 480–483. Among the most recent bibliographical contributions, see in particular: A. Borrelli, ed., *Domenico Cotugno: documenti d'archivio 1766–1833*, (Naples, 1997); Id., *Istituzioni scientifiche, medicina e società. Biografia di Domenico Cotugno*, (Florence, 2000).

16 See Comitato Centrale di Vaccinazione [Central Committee for Vaccination], *Piano di un regolamento sulle funzioni de'Comitati provinciali di Vaccinazione del Regno di Napoli, stabilito dal Comitato centrale nella seduta del dì 4 ottobre 1807*, no typographical notes (a copy of the document is preserved at the Archivio di Stato [State Archives] of Campobasso, *Intendenza del Molise*, b. 1016, fasc. 144–II).

the parish clergy in spreading the new prophylactic method, in the light of the strong moral and intellectual ascendancy of this class on the mass of believers¹⁷.

At the time of the Second Restoration – consistently with the more general political trend that wished to avoid dismantling the reforms introduced during the French Decade and that preserved most of them – the new developments, also in the field of vaccination, were very few, at least at the beginning¹⁸. The first intervention was of a merely ‘nominal’ nature: in 1816 the Committees for Vaccination (as the term “committees” was perhaps considered too close to revolutionary argot) were renamed as Vaccination Commissions¹⁹.

This was followed by the important decree of November 6th, 1821²⁰, which implicitly rejected the proposal formulated by several representatives of the Southern medical class, namely indiscriminate compulsory vaccination²¹. In the light of the

17 On the set of tasks assigned to the clergy during the French Decade, see Michele Miele, “Il clero nel Regno di Napoli, 1806 – 1815”, *Quaderni storici*, 37 (1978), 284–313. No validation has been provided yet of the existence in Southern Italy of a form of collaboration imposed on the clergy by the lay authorities, which is instead attested in France, namely the request to avoid sounding death knells during smallpox epidemics. On this aspect, see, in the Archives Départementales de Meurthe-et-Moselle (Nancy), 50 *J art.* 28-4-8, a letter by the Minister of Religious Affairs to the bishop of Nancy, dated March 4th, 1803, in which the writer, urged by the Minister of the Interior, forwarded the request to the prelate, motivating it with the intent to keep away from the spirit of the sick, during epidemics, everything that could affect their imagination negatively and induce grievous premonitions.

18 About the substantial acknowledgement on the part of the restored Bourbons of the reforms introduced by the French, see Angelantonio Spagnoletti, *Storia del Regno delle Due Sicilie*, (Bologna, 1997), pp. 93–94. In the healthcare field, according to Gabriella Botti, the positive measures enforced in the French Decade “found confirmation and development in the reinstated Bourbon administration”: see Gabriella Botti, *Strutture sanitarie e malati nell’Ottocento borbonico*, in Angelo Massafra, ed., *Il Mezzogiorno preunitario. Economia, società e istituzioni*, (Bari, 1988), p. 1221.

19 See Antonio Miglietta, *Statistica vaccinica napoletana*, cit., p. 11. In the revolutionary and Napoleonic period, both the terms “comité” and “commission” are used to define bodies and institutions of public law. In the medical field, however, the term “comité” appears to have been employed more frequently (Comité de salubrité, Comité central de la vaccine...): see Michel Vovelle, *Le parole della Rivoluzione* (Italian translation), (Bologna, 2006), pp. 30–31.

20 The decree can be read in the Archivio di Stato [State Archives] of Teramo, *Intendenza borbonica, Salute pubblica*, b. 225/A, fasc. 80.

21 Inexplicably, several scholars assert that the decree of November 6th, 1821 introduced compulsory collective vaccination in the Kingdom: see Pietro Pierri, “Le vaccinazioni antivaiolose nel Regno delle due Sicilie”, *Archivio storico per le province napoletane*, 106 (1988) p. 410; Vittorio Donato Catapano, *Medicina a Napoli nella prima metà dell’Ottocento*, (Napoli, 1990), pp. 111–112; Lorenzo Carlino, *Cenni sull’opera di Antonio Miglietta e Cosimo De Giorgi in Terra d’Otranto*, in A. Tagarelli – A. Piro – W. Pasini, eds., *Il vaiolo e la vaccinazione in Italia*, cit., II, p. 551fn; Silvano Franco, *Il vaiolo in Terra di Lavoro*, *ibid.*, III, p. 982; Umberto Mendia, *Un esempio di medicina preventiva nel Decennio: la profilassi antivaiolosa*, in L. Iacuzio – L. Terzi, eds., *Studi e ricerche sul Decennio francese*, *Scrinia*, 3 (2006), p. 244fn. In fact, the decree in question sanctioned compulsory

disfavour that, especially among the poorest and least educated classes, continued to surround such practice, the introduction of compulsory vaccination was still considered impracticable. In addition to this, the political situation was extremely unfavorable for the proposal of a measure of this kind. It was, indeed, the aftermath of the insurrectional experience of 1820-21, and the trauma had been such as to render wholly inappropriate, in the eyes of the legislator, to impose a compulsory measure that could trigger widespread hostility towards the government, and perhaps also uncontrollable rebellious acts. For these reasons, the decree limited compulsory vaccination to some specific classes of subjects that were “regimented” and easily disciplinable or excluded, due to their condition, from concrete possibilities of opposition. Such were *in primis* the students of the civil, ecclesiastical, and military colleges, and then the foundlings, who were to be vaccinated within a month of their admission to the charity institution that accommodated them²². As for the rest of the subjects, the decree merely introduced simple forms of encouragement to undergo the operation. The decree required, for instance, that each parish priest should keep a register of all the vaccinated children within his parish; at the end of each year, during a public ceremony at the presence of the civil authorities, the name of a person out of every hundred vaccinated people would be drawn, and the person would then receive a prize of six ducats²³. To the same context pertains a norm according to which the non-vaccinated were to have neither the right to forms of donation from the State, nor would they have their petitions accepted by the public administration²⁴. The decree was completed by some measures more directly intended for the clergy. The parish priests were indeed assigned the duty to make people understand – through their catechistic teachings and homiletic allocutions –

vaccination for some specific (and limited) groups of individuals only. For completeness’s sake, it must be added that, until 1821, collective compulsory vaccination was introduced in few European countries only, mainly in the German and Scandinavian areas, in the following chronological order: Principato of Lucca and Piombino 1806; Bavaria 1807; Denmark 1810; Norway 1811; Baden 1815; Kurhessen 1815; Sweden 1816; Württemberg 1818; Nassau 1818; Hannover 1821: see Yves-Marie Bercé, *L’introduzione de la vaccination antivariolique en Toscane, 1801–1815*, in I. Tognarini, ed., *La Toscana nell’età rivoluzionaria e napoleonica*, (Naples, 1985), p. 600; Edward Joshua Edwardes, *A concise history of small-pox and vaccination in Europe*, (London, 1902), p. 49. It should be further specified that in some of these cases compulsoriness was indirect. In 1810, Danish law, for instance, merely decreed that citizens who wished to be admitted to confirmation and marriage had to present a certificate of vaccination. Actual compulsoriness, on the other hand, was introduced instead by Swedish law, one of the most restrictive, in 1816. The law provided for a fine for those parents who did not have their children vaccinated by the age of two: see Peter Sköld, “The key to success: the role of the local government in the organization of smallpox vaccination in Sweden”, *Medical History*, 44 (2000), p. 207fn.

22 See *Giornale dell’Intendenza della Provincia di Aquila. Anno 1821*, (Aquila, n.d.), pp. 207–209 (art. 4 and 8).

23 See *Ibidem*, p. 208 (art. 5).

24 See *Ibidem*, p. 207 (art. 1).

the serious fault in which the congregation would incur if they neglected the obligation to vaccinate themselves and their children. In order to prevent forms of cynical venality (evidently anything but rare), it was furthermore decreed that those who perished from smallpox be buried, in a closed coffin and without funeral rites, in churches outside the residential settings²⁵.

Much larger scope had the following legislative measure, that is, the *Regolamenti per la pratica della vaccinazione ne' dominj del Regno delle Due Sicilie* [Regulations for the Practice of Vaccination in the Territories of the Kingdom of the Two Sicilies], issued on September 10th, 1822²⁶. These new *Regulations* redefined in detail the operative features of the central and peripheral institutions in charge of the diffusion of vaccination. As far as the Central Commission for Vaccination was concerned, there was, first of all, a new denomination: from then on, it would in fact be called Central Neapolitan Vaccination Institute²⁷ – differently, its original headquarters and, especially, its dependence on the Ministry of the Interior (as happened to all the bodies accountable for public health) would persist unchanged²⁸. As for its functions, the *Regulations*, besides confirming those that were already enforced, required a public meeting to be held at the beginning of every year, in which the secretary was to present the official statistics of the vaccinated in the previous year. On such an occasion, a special prize was to be awarded to the physician who had conducted the highest number of vaccinations (as long as they exceeded 2,000), and further rewards were to be granted to other doctors who had distinguished themselves by spreading such practice. It was also decreed that a public competition, open to national and foreign scholars, was to be held for the drafting of a scientific memoir on a theme inherent to vaccination to be indicated in the course of the meeting itself²⁹. The measures aiming to reinforce the diffusion of vaccination can be distinguished in those concerning the capital city and those regarding the provinces. As far as Naples was concerned, it was decreed that the Central Institution, which already had twelve ordinary vaccinators, was to have just as many supernumerary vaccinators³⁰. In all the city districts, furthermore, a site was to be designated (preferably in a suppressed monastery) to be dedicated to performing vaccinations, which had to always take place under the vigilance of the police commissioner (a detail from which one can grasp the problems of disorderly conduct often connected with the performance of

25 Ibidem (art. 3). This measure, of course, deprived the parish priests of remuneration for the celebration of funeral rites.

26 See *Giornale dell'Intendenza della Provincia di Aquila. Anno 1823*, (Aquila, n.d.), pp. 9–23.

27 See Ibidem, p. 10 (art. 1).

28 See Ibidem, pp. 11–12 (art. 3 and 4).

29 See Ibidem, pp. 14–15 (art. 7).

30 See Ibidem, p. 11 (art. 2).

vaccinations)³¹. With regard to the provinces, the *Regulations* provided for the creation of municipal Councils composed of the mayor, the parish priest (or priests), the municipal physicians and surgeons or – in the absence of the latter – the doctors who had been appointed as vaccinators³². The Councils were to meet at the end of every month to verify the progress of the vaccinations as well as to adopt the most urgent measures in case of epidemics³³. Municipal physicians and surgeons had the obligation to administer the vaccinations and to forward the list of the vaccinated to the municipal Chancellor monthly³⁴; in turn, the latter was to communicate these names to the Council, and through it to the parish priests, who had been assigned the task to verify their authenticity and to compile the register of the vaccinated, a responsibility that pertained to them in compliance with the decree of November 6th, 1821³⁵.

The Attitude of the Clergy towards Vaccination

As can be inferred from the legislative measures briefly surveyed above, since the beginnings of the diffusion of Jenner's method in Southern Italy, the clergy had been called upon to conduct a campaign of mediation aimed at making such practice more well-received among the masses, who were by instinct suspicious and hostile. In a letter to Jenner, Joseph Marshall recalls that in 1801 in Palermo, in the days of the public vaccination, one could observe processions of men, women, and children conducted through the streets by a priest carrying a cross to the vaccination posts³⁶.

However, notwithstanding the continuous and pressing attempts on the part of the government to engage the clergy in the vaccination campaigns with persuasive and sometimes even directly operational tasks (albeit, of course, in side-functions), the impression obtained from documentation is that the priests were not always observant of the functions asked of, or prescribed for, them. Examples in this respect abound. In 1808, for instance, the Intendant of the Department of Calabria Citeriore

31 See *Ibidem*, p. 13 (art. 5).

32 See *Ibidem*, pp. 18–19 (art. 13).

33 See *Ibidem*, p. 19 (art. 14).

34 See *Ibidem*, p. 17 (art. 11).

35 See *Ibidem*, p. 20 (art. 15).

36 See a letter by Joseph Marshall to Edward Jenner of January 26th, 1802, transcribed in John Baron, *The life of Edward Jenner, with illustrations of his doctrines and selection from his correspondence*, cit., I, p. 403. Marshall writes: “it was not unusual to see in the mornings of the public inoculation at the Hospital a procession of men, women and children, conducted through the streets by a priest carrying a cross, come to be inoculated.” Not without irony, the author of the letter observes that, with such a method, the population considered vaccination “a blessing sent from Heaven, though discovered by one heretic and practised by another” (*ibid.*).

said he was convinced that, to spread vaccination, one could very little rely on priests since they were for the most part ignorant, and therefore most likely not really persuaded of the usefulness of such practice³⁷. The following year, a report on the vaccination campaigns in the various provinces of the Kingdom denounced, in particular in the case of the Department of Terra di Bari, an extremely negligent attitude on the part of the clergy³⁸. In the same province, the Intendant, in a circular, reached the point of proposing, even if in rather generic terms, the donation of financial reward from the government to those priests who would distinguish themselves by their efforts at persuasion among the population about the usefulness of the vaccine³⁹. Much more drastic was the idea conceived by the Intendant of Principato Citeriore in 1807, who in a letter to the Minister of the Interior, while stating his belief that among the major obstacles to the diffusion of Jenner's method there was “the superstition fomented by ignorant priests”, proposed to remove from their ministry those parish priests whose parishioners refused to be vaccinated, or in whose parishes smallpox epidemics occurred⁴⁰. The proposal, which was acknowledged by the office holder of the Ministry and handed over for competence to the Minister of Religious Affairs, was rejected by the latter with measured but firm argumentations⁴¹. It did not seem fair, in his opinion, to punish the parish priests for the reluctance of parents to have their children vaccinated; once the priests had illustrated from the pulpit the advantages of such practice, they had no further obligation, nor could they be called to account for their parishioners’ inertia or aversion towards the vaccine. Proving to be healthily realistic, the Minister of Religious Affairs observed, furthermore, that “such an inveterate prejudice [...] cannot be eliminated through a sermon” (thus implicitly admitting that most priests had limited themselves to isolated addresses in favour of vaccination, without pursuing those long-lasting and committed efforts at persuasion which the legislator hoped for)⁴². In effect, if such a drastic proposal had been devised, it was precisely a sign that the parish priests, in general, did not cooperate in providing support for the vaccine among the population. The complaints of the administrators on the matter were indeed frequent. In 1809, the Intendant of Department of Capitanata, in a

37 See ASN, *Ministero dell’Interno*, II inventario, b. 2326, fasc. 32, a letter by the Intendant of Calabria Citeriore to the Minister of the Interior, dated February 21st, 1808.

38 See “Continuazione de’ dettagli su le vaccinazioni eseguite nelle province, e rapportate al Comitato Centrale”, *Opuscoli di vaccinazione*, 11–12 (1809), p. 136.

39 See ASBa, *Sanità pubblica*, 2 (1806–1846), fasc. 15/I, a circular of the Intendant to the justices of the peace, mayors and parish priests of the province, dated February 24th, 1809.

40 See ASN, *Ministero dell’Interno*, II inventario, b. 2325, fasc. 152, a letter by the Intendant of Calabria Citeriore to the Minister of the Interior, dated December 2nd, 1807.

41 See *Ibidem*, fasc. 176, a letter by the Minister of Religious Affairs to the Minister of the Interior, dated December 26th, 1807.

42 *Ibidem*.

circular, pointed his finger at those priests who, deaf to the pressing calls from the government, refused to explain to the population the usefulness of the new method of prevention⁴³. In 1814, in San Marzano, Principato Citeriore, a priest even went as far as to publicly discredit vaccination during Sunday mass, and to menace two physicians who were present in the church because they were 'guilty' of having tried to vaccinate a nephew of his⁴⁴.

There were exceptions, of course. In Giovinazzo, Terra di Bari, in 1808, the majority of the population resulted docile towards the practice of vaccination, a result achieved above all thanks to the patient efforts at persuasion pursued in particular by the bishop and the parish priests⁴⁵. In Cerignola, Capitanata, in 1810, the priests appeared very supportive with the physicians that administered the vaccinations; they illustrated the advantages of such practice to the population, and would sometimes perform the operations themselves⁴⁶. In Chieti, in 1812, the parish priests had often attacked from the pulpit the biases against the new method in which the congregation was imbued, albeit (as it seems) without significant results⁴⁷. These were, however, rather rare cases, as the prevailing attitude of the clergy showed – if not a conscious boycott of the government's requests – at least poor cooperation.

What were the reasons behind such a state of affairs? There were, in fact, many different factors which must therefore be analysed separately. First of all, elements of an ideological and doctrinal nature. The possibility of preventing a human disease by

43 See Archivio di Stato [State Archives] of Foggia (henceforth ASFg), *Intendenza e Governo di Capitanata – Sanità Pubblica*, bb. 8–9, fasc. 59, a circular by the Intendant to all the authorities of the province, dated May 31st, 1809.

44 See ASN, Ministero dell'Interno, II inventario, b. 2331, fasc. 131, a letter of the Central Committee for Vaccination to the Minister of the Interior, dated July 11th, 1814; Ibidem, letter by the Intendant of Principato Citeriore to the Minister of the Interior, dated July 25th, 1814, from which one concludes that the priest responsible for the circumstance, whose name was Giuseppe Pasquale, was punished with six days of detention.

45 See ASN, *Ministero dell'Interno*, II inventario, b. 2325, fasc. 164, minute of a letter by the Minister of the Interior to the Minister of Religious Affairs, dated July 11th, 1808.

46 See ASFg, *Intendenza e Governo di Capitanata – Sanità Pubblica*, b. 2, fasc. 17, a letter of the Cerignola Sub-Committee for Vaccination to the Intendant, dated March 31st, 1810. This one is the only case attested in the documentation of priests performing the vaccinations themselves. Also elsewhere, this seems to have occurred only in exceptional circumstances: Yves-Marie Bercé mentions this event only with reference to some centres in Alsace and few other rural villages in France: see Yves-Marie Bercé, *Le clergé et la diffusion de la vaccination*, cit., pp. 101–102. Peter Sköld, though considering the cooperation of the clergy in Sweden as one of the key factors that enabled a fast and widespread diffusion of Jenner's method in the Scandinavian country, admits that the cases of pastors personally performing the vaccinations were extremely few: see Peter Sköld, *The key to success: the role of the local government in the organization of smallpox vaccination in Sweden*, cit., p. 225fn.

47 See Archivio di Stato [State Archives] of Chieti, *Intendenza, Salute pubblica*, b. 114, fasc. 24, a letter of the Provincial Committee for Vaccination to the Intendant, dated February 7th, 1812.

means of material produced by an animal disease was based on the thesis of a fundamental analogy existing between the two. This was in contrast with the ontological alterity between human beings and beasts postulated by Catholicism. Moreover, was it licit – many priests wondered – to inoculate human beings with material from the brutes? Did it not mean risking contaminating with the temperament and instincts of the bovine species those who were thus treated? Was there not the risk to “Minotaur” (so to speak) human beings? This stance – to be honest, scarcely documented in a strictly Southern ambit yet most likely widespread in that geographical area too – was typical of some sectors of the clergy, but had also spread in a portion of the lay public opinion⁴⁸. In some European countries, this conviction was also supported by an effective propaganda campaign conducted through satirical prints that showed vaccinated subjects from whose limbs, small, monstrous bovines would spring⁴⁹. Critical voices against this imaginative thesis rose however within the ecclesiastical world itself. Is it not true, some prelates argued, that human beings drink cows’ milk and eat cow’s meat without these substances causing harm to them in any way? Therefore, there is no risk at all to be contaminated by bovines using their pus to prevent the onset of smallpox⁵⁰.

Equally insidious was another opinion that, at first sight, seemed even more grounded from a theological point of view. This opinion considered both health and disease as essentially deriving from God’s inscrutable will. Man had the obligation to accept either of these states, with gratefulness or resignation. Undergoing vaccination, with the aim of preventing a disease, was equivalent to usurping a prerogative of the Eternal One, that is, committing an arbitrary and immoral act⁵¹.

48 J. A. Dudgeon mentions the fact that, in England itself, “fears were expressed that this bestial procedure would lead to new and foul diseases, and that children vaccinated with cowpox would develop horns and the human character would undergo transformations”: see J. A. Dudgeon, “Development of smallpox vaccine in England in the eighteenth and nineteenth centuries”, *British Medical Journal*, 1 (1963), p. 1368. On the existence of similar fears in Sicily, see John Chircop, “Giusta la benefica intenzione del Re’: the Bourbon cowpox vaccination in Sicily”, cit., p. 172. The diffusion of this position also in the continental part of the Kingdom of the Two Sicilies can be indirectly deduced, among other things, from a brief account of this stance, with a confuting purpose, in a text by Piarist Serafino Gatti: see Serafino Gatti, “Lettera [...] ad un suo amico anti-vaccinista”, *Opuscoli di vaccinazione*, 4, n.d., 93–119.

49 See in particular James Gillray’s print entitled *The Cow-Pock, or the wonderful effects of the new inoculation* (1802), which displays an amusing collection of teratological metamorphoses while a painting portraying the Biblical episode of the adoration of the Golden Calf by the Hebrews allusively supervises them from a wall. The sketch was also reproduced on the cover of Stanley Williamson’s volume *The vaccination controversy: the rise, reign and fall of compulsory vaccination for smallpox*, (Liverpool, 2007).

50 See the pastoral letter by the archbishop of Turin, Giacinto Della Torre, dated July 26th, 1808, cited in Yves-Marie Bercé, *Le clergé et la diffusion de la vaccination*, cit., p. 96.

51 An analogous opinion had made its appearance also in the 18th century in opposition to the much more rudimental preventive method of human smallpox inoculation: see Arnold H.

That such a thesis was quite widespread among the Southern clergy is proven by a vast body of evidence. Suffice it here to mention, among others, a passionate appeal – dated 1809 – addressed to the Intendant of Capitanata by physician Luigi Sorge from Foggia, in which the doctor stigmatised the fact that several priests had instilled in their parishioners the idea that “the emergence of human smallpox and its slaughter were of God's will, something which cannot be heard but with a shudder and horror”⁵². However, the indignation of a provincial doctor (expressed, moreover, in a simple letter) was certainly not sufficient to refute an apparently deep-rooted conviction. In order to counter this conviction, the government resorted to circulating short and easy-to-read notes that, on the basis of theological arguments supported by appropriate quotations from the Scriptures, proved its groundlessness.

The most well-known of such notes is the Omelia, in cui si parla dell'utile scoperta dell'innesto del vajuolo vaccino, fondata sul Vangelo de' dieci lebbrosi, recitata dal vescovo di Goldstat [Homily about the useful discovery of the inoculation of cowpox, based on the Gospel of the ten lepers, recited by the bishop of Goldstat], an apocryphal text (the city of Goldstat does not exist, and its etymon – city of gold – highlights its allusively utopian nature) originally printed in Brescia in 1802, and then in subsequent editions in several other states of the peninsula⁵³. Its diffusion in the Kingdom of Naples was quite large for the standards of the time, if one considers that in 1806 the Royal Printing House printed two thousand copies of the document; that in many provinces it was published in the official Papers of the Intendancy; and that the Minister of Religious Affairs forwarded it to all bishops so that through the parish priests it could be publicly read to the congregation⁵⁴. With respect to its contents, the document cleverly relied on the passage of the Gospels about the ten

Rowbotham, “The “philosophes” and the propaganda for inoculation of smallpox in Eighteenth-Century France”, *University of California Publications in Modern Philology*, 18 (1935), p. 282.

52 See ASFg, *Intendenza e Governo di Capitanata – Sanità Pubblica*, bb. 8–9, fasc. 59, a letter by doctor Luigi Sorge to the Intendant, dated June 15th, 1809.

53 The complete title of the document is: *Omelia, in cui si parla dell'utile scoperta dell'innesto del vajuolo vaccino, fondata sul Vangelo de' dieci lebbrosi, recitata dal vescovo di Goldstat, e proposta, come di modello, ai parrochi del Regno di Napoli alla Direzione della Vaccinazione, in seguito al Sovrano Rescritto de' 9 agosto 1806*, (Naples, n.d.). The Brescia edition was followed by three further editions in 1804 (Bologna, Como and Milan), two in 1805 (Parma and Pistoia), two in 1806 (Carpi and Naples) and one in 1808 (Florence). According to Yves-Marie Bercé, its author was doctor Luigi Sacco (who mostly contributed to the spreading of the vaccine in Northern Italy), who was staying in Brescia exactly when the first edition of the Omelia was being published: see Yves-Marie Bercé, *Le clergé et la diffusion de la vaccination*, cit., p. 97. A more recent study by Alessandro Porro agrees with this opinion: see Alessandro Porro, *Strategie di educazione sanitaria nelle campagne di vaccinazione. Le varie edizioni dell'Omelia sopra il Vangelo della XIII domenica dopo la Pentecoste (1802–1808)*, in A. Tagarelli – A. Piro – W. Pasini, eds., *Il vaiolo e la vaccinazione in Italia*, cit., I, p. 374.

54 See ASN, Ministero dell'Interno, II inventario, b. 2325, fasc. 24, a letter by the Minister of the Interior to the Minister of Religious Affairs, dated October 10th, 1806.

lepers healed by Jesus, of whom only one showed his gratitude to the Redeemer⁵⁵. The appropriateness of the reference derived, among other things, from the easy analogy between smallpox and leprosy, both skin diseases. The anonymous author equated the behavior of the nine ungrateful lepers with the attitude of those who, to face a terrible disease, and despite having at hand a simple and effective remedy like vaccination (furthermore, certainly made available by the benevolent hand of Divine Providence), neglected to make use of it, thus exposing themselves and their children to the risk of contracting the disease. Those who abandoned themselves to fatalism saying “If God wants my child to die, May His will be done” committed an extremely serious error, because it was God himself who commanded human beings to do everything in their power to preserve their health⁵⁶. Demanding miracles from God to remedy one’s own inertia was the same as “tempting Providence”. Nor could one object sustaining that vaccination was a preventive and not a curative remedy, since specific Scriptural passages prescribed that man should honour the physician, take the medicines he recommended, and follow his prescriptions, including those of a prophylactic nature⁵⁷. Even without delving into the document, it is evident that it employed a clever argumentative method, inasmuch as it attacked this theory on its own grounds, namely theology and its Scriptural bases.

The deep-rootedness of a passive and fatalist attitude among the Southern clergy (and, consequently, among the population itself) is proven by the fact that the apocryphal Homily was not the only text that was spread to contrast it. Between 1807 and 1811, within the different provinces, brochures were diffused – whose authorship was attributed to ecclesiastics (whether real or fictitious it is not known) – which partly reposed the contents of the homily by the bishop of Goldstat and added new reflections⁵⁸. In spite of the different local origin of these texts, their argumentative structure was uniform, and ample passages even resulted identical. These documents all opened by attributing to Christianity the merit of having spread, for the first time in history, hospitals and assistance institutions, thus aiming to present the work of physicians as one of the most authentic manifestations of Christian charity. The texts described then the terrible effects of smallpox, illustrating

55 See Lk, 17, 11–19.

56 See *Omelia, in cui si parla dell’utile scoperta dell’innesto del vajuolo vaccino, fondata sul Vangelo de’dieci lebbrosi*, cit., p. 6.

57 The Biblical passage here largely quoted was Sir, 38, 1–15, perhaps the most reasoned apology of doctors and their role in the Scriptures. As for the duty to follow an adequate prophylaxis to avoid contracting the disease, the Omelia cited Sir, 18, 19 instead, this time in a somewhat captious manner and slightly out of context.

58 See Vincenzo Maria Greco, *Lettera familiare diretta ad un parroco amico [...] sopra l’inoculazione vaccina per uso di tutt’i parrochi dell’Archidiocesi di Cosenza*, (Cosenza, 1807); Vincenzo Girardi, “Lettera familiare diretta ad un parroco amico [...] sopra la inoculazione vaccina”, *Atti dell’Intendenza della provincia di Aquila per l’anno 1811*, (Aquila, n. d.), 191–198.

the different remedies devised by man to fight this devastating disease. After a hasty tribute to the advantages of human smallpox inoculation, the much greater reliability of vaccine inoculation was emphasised, and the readers (ecclesiastics and parish priests themselves) were exhorted to provide support for this method among their parishioners, with the same argumentations and corresponding Scriptural references already mentioned in the case of the homily by the bishop of Goldstat⁵⁹. From the corpus of these texts, there emerges 'in the backlight' the image of a clergy that, clinging to pretentious interpretations of the sacred texts, maintained (and conveyed to their congregations) a fatalist attitude that refused a priori to resort to a preventive method which, furthermore, they scarcely trusted. Under these conditions, the collaboration from the clergy advocated by the government was destined to clash against coldness and apathy.

The situation was further aggravated by the fact that several priests considered as unrelated to their ministry the task of providing support, among their congregations, for an instrument whose sole aim was the preservation of physical health⁶⁰. Was it not the duty of parish priests to concern themselves with the spiritual sphere only? How was it possible to conceive such a deviation from the duties that they had chosen to fulfill by being ordained? Here too there was in fact a misunderstanding. Even admitting that the priests showed a tepid attitude towards the government's plan of making them executors of the efforts at modernisation of Southern society, they had little consideration, if any, for a series of incontrovertible elements. The Mosaic Law, *in primis*, appeared to have been conceived to direct human beings toward eternal salvation, as also as intent on preserving the health of the body. The Redeemer himself, moreover, did not disdain to cure, along with the infirmities of the soul, those of the body too, even the most repulsive. Finally, the annals of ecclesiastical history were full of saints who had cultivated the study of medicine, and had devoted themselves to the care of the infirm.

A further factor, extremely different from those taken into consideration so far, which contributes to explaining the recalcitrant attitude of several priests towards the government's requests, could be attributed to mercenary motives. Many members of the clergy showed a tepid interest in Jenner's method because its diffusion, inasmuch as it reduced smallpox mortality, also reduced a source of income which, especially in the case of epidemics, was far from derisory, namely the oblations for the celebration of funeral rites. In this case, too, there is documentary evidence that attests the presence of this despicable form of venality among the Southern clergy. For all, it may be cited here the testimony furnished by doctor Giorgio Lisa from San Giovanni Rotondo, Department of Capitanata, who in 1809 accused the parish

59 See Vincenzo Girardi, "Lettera familiare diretta ad un parroco amico [...] sopra la inoculazione vaccina", cit., pp. 193–194.

60 See Yves-Marie Bercé, *Le clergé et la diffusion de la vaccination*, cit., p. 95.

priest of his town of doing nothing to provide support for vaccination among his congregation because if he had he would perhaps have lost income deriving from funerals⁶¹. On the other hand, it is not by chance that since 1807, as mentioned above, doctor Giuseppe Caparrotti had suggested to the government that the people who perished from smallpox should be buried without funeral rites, and that this suggestion was acknowledged, as seen, in the decree of November 6th, 1821.

In conclusion, it can be observed that there certainly were, among the Southern clergy (and in particular among the better educated) those who, armed with philanthropy and faith in progress, did everything in their power to propagate Jenner's method, cooperating with the physicians and executing the directives of the government. However, these were for the most part exceptions. The vast majority of the priests showed coldness and apathy, and looked at the new method with distrust, if not with blind hostility. What concurred to determine this attitude were questionable ideological and doctrinal reasons, narrow visions of the duties of priesthood, but also ignoble pecuniary motives. In any case, the poor cooperation furnished by the clergy can be deemed one of the most considerable obstacles to the penetration of Jenner's method into Southern society.

Conclusions

Until the 1820s, diffusion of vaccination practice in Southern Italy was, on the whole, rather modest. As shown in Table I, by 1827 (taking into consideration the number of vaccinations carried out since 1808) only 16.9% of the total population of the Kingdom had been vaccinated. To this figure we should, in effect, add the number of the vaccinated in the period 1802-1807 – about which no official data exist – and also the number of all the people vaccinated by physicians and surgeons privately, with payment or free of charge – since the official figures were based on the periodical communications received from the Vaccination Commissions of the single provinces which did not take into consideration private vaccinations. Even accounting for this, the actual figure is realistically not much higher than the one shown in the Table.

Various factors contribute to the explanation of such a poor outcome, whose detailed analysis is outside the scope of this work; be it sufficient to mention here that, as shown by a comparison of data from the single provinces, the trend shows a higher number of vaccinated people in the coastal or flat provinces such as Abruzzo Ulteriore I or Capitanata, and a decidedly lower figure in the impervious and mountainous internal areas characterised by almost impracticable means of communication.

61 See ASFg, Intendenza e Governo di Capitanata – Sanità Pubblica, b. 1, fasc. 8, a letter by doctor Giorgio Lisa to the Intendant, dated January 9th, 1809.

Apart from the territorial features and prevalent settlement types in the Kingdom – which certainly did not facilitate the work of the itinerant vaccinators – a relevant obstacle to the diffusion of the new discovery came indeed from the attitude of the clergy, mostly skeptical and apathetic if not openly hostile. Determining such a situation there were, on the one hand, theological and ecclesiological factors, and on the other, quite different (and more abject) reasons of a mercenary nature. The thesis of the effectiveness of the vaccine for human beings was based, in fact, on the idea of an ontological analogy between the bovine species and the human species, which was not compatible with the Catholic view. On a less elevated speculative level, vaccination was attributed the quality of mixing fluids coming from brutes with those of humans, thus transferring to the latter the temper and instincts of the bovine species – a belief not shared, it must however be said, by the most learned and enlightened sections of the clergy. From an ecclesiological point of view, moreover, many priests considered the task of dealing with, or worrying about, the physical health of their parishioners to be extraneous to their duties, thus forgetting (consciously or not) the vast thaumaturgic activity of the Redeemer Himself. As for resistances of an economic nature, suffice it here to mention that many priests were against vaccination simply because, ceasing the deaths caused by smallpox, they would lose a not inconsiderable source of additional income from the oblations for the celebration of funeral rites during epidemics.

Table I. Ratio between the number of vaccinated people and total population in 1827

PROVINCES	POPULATION IN 1827	TOTAL OF VACCINATED 1808-1827	PERCENTAGE
Naples	724,239	120,489	16.6
Terra di Lavoro	644,511	104,614	16.2
Principato Citeriore	466,693	121,429	26.0
Principato Ulteriore	362,299	57,738	15.9
Terra di Bari	410,708	51,902	12.6
Capitanata	292,906	62,630	21.4
Basilicata	463,914	47,311	10.2
Molise	331,401	47,537	14.3
Terra d'Otranto	346,895	55,822	16.1
Abruzzo Citeriore	275,264	53,119	19.3
Abruzzo Ulteriore I	180,725	42,734	23.6
Abruzzo Ulteriore II	269,826	40,451	15.0
Calabria Citeriore	369,457	73,791	20.0
Calabria Ulteriore I- II	565,993	80,849	14.3
TOTAL	5.704,831	960,416	16.9

Sources: Luigi SERRISTORI, *Statistica del Regno delle Due Sicilie (dominij di qua dal Faro)*, (Firenze, 1839); *Biblioteca vaccinica. Anno 1828, I parte del vol. XII*, (Napoli, 1828).

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