Acta Biomed 2025; Vol. 96, N. 4: 16430 DOI: 10.23750/abm.v96i4.16430

Letter to the editor

The "cruel abandonment" in medicine. The struggle against doctors' inaction in cases of sudden death in the 18th century

Roberta Fusco[1], Silvia Iorio[2], Rosagemma Ciliberti[3], Mario Picozzi[4]

[1]Department of Biotechnology and Life Science, University of Insubria, Varese, Italy; [2]Department of Medical-Surgical Science and Biotechnology, University of Rome, La Sapienza, Rome, Italy; [3]Section History of Medicine and Bioethics, Department of Science of Health (DISSAL), University of Genoa, Department of Science of Health (DISSAL), University of Genoa, Genova, Italy; [4]Clinical Ethics Research Center, Department of Biotechnology and Life Science, University of Insubria, University of Insubria, Varese, Italy

To the Editor,

Doctor Guglielmo Patrini, an eminent member of the Illustrious Tribunal of Holiness of Milan, an institution responsible for supervising the health of citizens, flatters himself that his efforts to correct the misperception about "not wanting to interfere with a corpse" were partially successful. Although his medical instructions for interventions regarding the assessment of death were sometimes followed, a stubborn attachment to outdated beliefs persisted, as tragically demonstrated by the recent abandonment in a case of suicide which occurred on 15th September 1775. In an unpublished document, *Sudden deaths, Order to the elders for the diligence to be carried out in case of sudden deaths* (Morti subitanee, Ordine agli anziani per le diligenze da praticarsi in caso di morti improvise), Patrini expressed his dismay at the "cruel abandonment" of individuals considered dead without a thorough examination (1). Patrini was aware of the abandonment of the corpse by doctors thanks to complaints from the city's elders. These elders, elected in each parish to report anomalous behaviors or situations that could undermine public order, played a crucial role in implementing health policies. Patrini recognized the importance of the Order of Elders and its precautionary measures, such as isolating at-risk villages and strictly surveilling food supplies to prevent diseases and epidemics. Recognizing their role, Patrini entrusted the Order with supervising medical practices concerning suspicious deaths. To address these challenges comprehensively, Patrini proposed the intervention of the sovereign Joseph II of Habsburg and radical reforms. "I can no longer postpone my duty to report this pernicious and detestable disorder to Your Excellency, which could be fatal both for those who command and those who obey. I therefore ask you to intervene promptly to remedy the situation. To ensure the best possible outcome of this important and laudable decision, I ask Your Excellency to allow me, as the most expert in this matter due to my function, to suggest the measures I consider necessary to be adopted in this important matter". Central to his plan was to take enforcement action against surgeons who did not respond promptly to cases of sudden death, regardless of the supposed certainty of death. This punitive approach aimed to instill urgency and responsibility in medical professionals, ensuring that all possible efforts were made to help those in urgent need. Patrini proposed the election of a delegate, chosen from among the elders, to draw up a written report on each case, specifying whether the necessary procedures had been followed following the orders. The same had to be done in other cities of the state. In the hamlets and villages without elderly people, the task was entrusted to health deputies. The judges and their lieutenants ensured that the deputies did what was prescribed. Furthermore, Patrini advocated the establishment of clear guidelines for less experienced surgeons, especially regarding the management of cases of drowning, suffocation, apoplexy,

and syncope. These directives, to be widely disseminated and rigorously implemented, aimed to standardize and improve medical responses across the entire region. An integral part of Patrini's reform agenda was the introduction of incentives and rewards for those who followed the Order's instructions. He demands that the bodies not be buried immediately after death. Aware of the crucial role of motivation in behavior change, he proposed recognition for surgeons who dutifully adhered to the new protocols and provided free medical care to indigent patients. At the same time, it emphasized the importance of community involvement, requiring reporting medical negligence and creating local health surveillance offices to monitor compliance with the directives. The debate on apparent death, which began in the 18th century and continued until the mid-19th century, involved doctors, jurists, clergymen, and "philanthropic" citizens. This theme has influenced the social and administrative policies of cities and, subsequently, nations, affecting various areas: practical medicine in the search for therapeutic systems, hygiene, and public health through prevention measures, health education, and establishing rules for rescue or first aid. It was also a question of increasing medico-legal instructions regarding the criteria for determining death and instructing government institutions regarding the time that must elapse between death and burial. Furthermore, some provisions were created regarding the treatment of bodies in the event of doubtful death or in the absence of objective evidence that could certify actual death. Other authors before Petrini and contemporaries highlighted the need to educate people about ascertaining death, and it is evident that at that historical moment, medicine was making considerable progress in this sense. When Léandre Péaget chose, for his fourth thesis in surgery (2), to deal with the uncertainty of the signs of death, as discussed by Jacque-Bénigne Winslow (1669–1760) in the "Quaestio medico-chirurgica," in 1740, he demonstrated how the theme of apparent death was now relevant in the 18th century (3). Winslow supported the idea that Paolo Zacchia (1584-1659) had already expressed a century earlier in his "Quaestiones medico-legales": putrefaction is the only specific element to certify death (4-5). The work of Péaget and Winslow found wide diffusion thanks to the literary production of Jean-Jacques Bruhier (†1756) (6), who explored the themes addressed by Winslow, validating them and enriching his work with an extensive series of apparent deaths that occurred in France between the 16th and 18th centuries. In ancient medical thought, emergency therapeutic action, which was understood as an immediate intervention to save the dying, was absent. Only in the 17th century, with the development of anatomical-physiological knowledge, did it become possible to conceive a different treatment approach, which also contemplated immediate medical action aimed at counteracting the ongoing death process. Death as a physiological state of transition, in which vital movements remain suspended for an indeterminable period before their definitive extinction, is undoubtedly a field of comparison and confirmation of the vitalistic medical and biological doctrines of the 18th century, which codify a clear distinction between death and apparent death, considered as a lithargic condition like that of some animals in the winter season. Appearance, i.e., what can be observed, is an essential concept to define both the measures to ascertain death or still persistent vitality and to provide for the development of a therapeutic resuscitation system for individuals who die suddenly due to accidents or internal causes not scrutable, that is, without that natural process of extinction of vital faculties that medicine had traditionally explained as a consequence of long illnesses and old age. This concept presupposes a vision of apparent death as a natural and reversible phenomenon, a pathological process in which the time of action becomes the discriminating factor for saving the individual. In conclusion, Dr. Guglielmo Patrini's efforts in 18th-century Milan represent a crucial moment in medicine. His paper reveals the challenges and complexities of medical practice at the time and highlights the critical importance of proactive measures and incentives in promoting community well-being. By challenging long-held beliefs and advocating for systematic reform, Patrini laid the foundation for a more compassionate and scientifically rigorous approach to health care, ensuring that no life was lost prematurely due to a misperception of death. His legacy resonates in contemporary medical ethics and practices, testifying to the constant pursuit of excellence and humanity in healthcare.

Acknowledgements: None

Funding: None

Ethic Committee: None

Conflict of Interest: Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article.

Authors Contribution: RF: Conceptualization, Writing Original Draft; SI: Writing Review & Editing; RC: Writing Review & Editing; MP: Writing Review & Editing.

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Correspondence:
Received: 28 September 2024
Accepted: 11 February 2025
Roberta Fusco
Department of Biotechnology and Life Science, University of Insubria, Varese, Italy
E-mail: Roberta.fusco@uninsubria.it
ORCID: 0000-0001-5443-8364