The first mention of hospitals in Split (Spalato) can be traced back to the Middle Ages. These early establishments were shelters for the poor, aged, and disabled, rather than medical institutions in the modern sense of the word. Most of them were situated outside the city walls (1,2).

There have been a few comprehensive studies into the development of earliest medical institutions. The most recent one investigated the history of the church, confraternity, and hospital of Santo Spirito in Split from its beginnings to the 17th century, when the hospital was used as an
institution for medical care of the Venetian military (3).

The hospital Santo Spirito in Sassia, Italy, was the model for medieval and early modern European hospitals, where the cure of the body was generally secondary to the care for the soul. In the Enlightenment period, the role of hospitals changed: these institutions became pivotal to the public provision of medical care. The most significant one from this period was certainly the Allgemeines Krankenhaus in Vienna, founded in 1784. Its establishment was closely preceded or followed by many similar, although more modest, projects throughout Europe (4). Yet, in comparison with Dubrovnik (Ragusa) or Zadar (Zara), not to mention larger European centers where the projects of building hospitals were far more expeditious, the city of Split in Southern Croatia lagged behind. During the 17th and early 18th centuries Split had only a few hospitals for the poor, few military hospitals, and provisional shelters used mainly in the times of plague or other epidemics, which were all in poor condition (5).

Building a new city hospital in Split therefore became a matter of considerable public interest, particularly when the initiative for the establishment of an institution for the care of the poor was taken over by a rich and highly esteemed citizen Ante Ergovac (5-7). Ergovac bequeathed 1,000 zecchins for that purpose in his testament of January 3, 1783 M. V. (M.V., or More Veneto, was a Venetian way of writing dates. Every date of January and February marked with M. V. had to be moved into the next year. Thus, the testament of Ante Ergovac was written on January 3, 1784) (8). After his death, his brothers Frane and Petar were appointed the executors of his will. Although they tirelessly worked to realize the philanthropic idea of their brother, his charitable donation was not sufficient for the project to develop. The materialization of the idea depended on an intricate network of socio-political and administrative factors.

### Bureaucratic entanglements

On June 16, 1785, Ergovac brothers appealed to the governor (Provveditore Generale) of Dalmatia and Albania, Francesco Falier, to grant them the permission to build the hospital for the poor and to donate the state land for this purpose. The brothers suggested that a location outside the city, northeast of the St. Arnir monastery, be used. They also proposed to set up a pawn-shop, the profit of which (6% interest rate on the 1,500 zecchins capital) would be used to cover the costs of running the hospital (8). The count captain (conte capitano) of Split sent their application to the governor Falier on June 18, 1785 (9). The application was accompanied with a topographical plan of the building drafted by the public surveyor Petar Kurir on June 16, 1785. On the right-hand side of the plan, there is a description of the position of the building (10):

On June 16, 1785, in Spalato

Regarding the command sent to the undersigned by the Serene Government in its supreme letter of the 15 of the current month, I went to the state land marked with the letter ‘A’ and located north-east of the St. Arnir Monastery. The plot of land is shown in this plan, with one corner on the south-east side of the picture A 36 feet away from the opposite corner of the bell-tower of St. Arnir; the south-west corner is 32 feet away from the opposite corner of the stone bench outside the Piazzeta Gate. The longest side of the rectangle on the picture A is 100 feet long on the north-east, and the shortest is 80 feet on the south-east. The total surface is 8,000 square feet. The land is in the free public disposition.

Faithfully,

Petar Kurir, public surveyor, swears

This application shows that the hospital project began in 1785 rather than a year later as stated in the historiography.
Just before the end of his mandate, on November 2, 1786, the governor Francesco Falier had sent a letter of support to the Senate for the application of Ergovac brothers (11). Previous historiography of the Civic Hospital in Split claimed that the governor approved the application of Ergovac brothers and that the municipal council donated them a parcel of land to erect a hospital (5-7). However, the fact was that neither the governor nor the municipal council had jurisdiction to either approve the application or grant the use of the land for hospital construction. The power over the state land lay in the hands of the supreme governing body, the Senate, as may be concluded from numerous key documents preserved in the State Archives in Venice and Zadar. Consequently, scholars failed to investigate further the complex circumstances and difficulties surrounding each phase of the Split hospital project.

On August 18, 1787, the Ergovac brothers had to reappeal to the authorities, but this time they guaranteed to cover all additional expenses of building the hospital. The pawn-shop was not mentioned, but they asked to be given the noble title of count (12). A new topographical plan of the hospital was drafted by the public surveyor Franjo Antun Kurir on November 22, 1787 (Figure 1). It was a copy of the previous one, except that it contained the parcel dimensions (13). On January 22, 1787 M. V. (January 22, 1788), the public surveyor Petar Kurir testified that building the hospital on the parcel inside the Corner fortification would not harm either public or private interests (14).

In 1789, the subsequent governor also expressed his supporting opinion on the project to the Senate (15). However, although seen as praiseworthy and necessary, the project proceeded no further. Finally, on the request of the Magistrate in charge of the state land (Magistrato sopra feudi), on August 30, 1790, Frane Ergovac swore on behalf of his brother and himself to erect a hospital that could accommodate 200
persons. Construction work was supposed to start immediately after the allocation of the parcel and approval of the noble titles. Frane Ergovac also promised to cover all expenses that exceeded 1,000 zecchins bequeathed by his late brother and to purchase hospital beds (16).

On September 1, 1790, the Magistrate sent a note to the Senate in which he expressed his support to all Ergovac’s requests (17). Eight days later, on September 9, 1790, the Senate responded favorably as far as granting of the title of count to Ergovac brothers was concerned, but requested a more detailed financial plan for the hospital project (18). The strategy of financing the future hospital, presented in a document kept in the State Archives in Zadar, discusses alternative ways of covering the inpatient expenses (Figure 2). The first way was to reduce the number of hospital beds from the promised 200 to 100. The money thus saved was to be redirected to the maintenance and other hospital expenses. The other way was to merge the future hospital with the Military Hospital, located in the army camps. The Military Hospital was housed in a dilapidated building with poor ventilation system, thereby contagion often spread from the sick to healthy soldiers who were accommodated in the hospital. However, the merging of the two hospitals would allow a physician-surgeon, or a military surgeon, to have higher salary and offer treatment to poor civilians as well as soldiers.

The document further argued that such a hospital should be supported by the community, because it would be of use to everyone and would prevent further spreading of epidemics in the overcrowded city. Therefore, each citizen was to contribute for the hospital proportionally to their means, and the Jewish community was also to provide a modest annual contribution. The supreme government allowed Jews to keep shops throughout the city, so they were exposed to epidemics and contagion just as everybody else. For the benefit of the institution useful to everyone, the document continued, it would be fair if each owner of a market stall or shop would be taxed a small amount on a monthly basis. The confraternities were also to be taxed proportionally to their income. Lastly, potential sources of income were the citizens’ testaments. It was the duty of the city notary to remind and encourage the testators to make charitable bequests.

The document clearly reveals the basic attitude of the central government towards the establishment of a medical institution in Split. In their opinion, the financing of the new hospital belonged exclusively to the charitable domain (19). For the government, it was clearly not a project that merited allocation of the state funds. It is, therefore, not surprising that the city fathers of Split eventually informed the governor Angelo Diedo on December 10, 1790, that the municipal finance office could not afford to allot an annual sum for the hospital (20). Thus, the whole project was back at the beginning.

Years passed and the project remained at halt. Only new requests kept on arriving and the government kept on replying with further inquiries and increasingly difficult terms for the investors to meet. Yet, in spite of all that, the investors did not give up. They obliged themselves by another document not only to provide the means for the hospital building and beds for 200 persons, but also to deposit with the public authorities a capital of 1,000 zecchins to be released in installments to pay for the maintenance of the hospital (21).

Project and vision of Split Civic Hospital

The story of the Civic Hospital in Split, from a philanthropic idea to its final erection, is revealing in several aspects. It shows how disease was understood in those times, as well as the means by which a group established the forms of assistance, and how it reacted to poverty and disease. The plan drafted by the public surveyor Fran-
According to the plan, the first floor was intended for the healthy, whereas the second floor was reserved for the sick and the convalescent. The windows were equipped with iron bars, and the entrance was on the southern side of the building. Male and female patients were accommodated separately (22). In October 1791, the building supervisor Zuanne Midoleo estimated the basic construction costs of the hospital, supposed to accommodate 200 persons, at 1,911 zecchins (23).

The hospital was intended primarily for the poor, whose treatment was fully subsidized. However, after the recovery, the poor could receive no further benefits except free accommodation. Thus, the income for its construction and operation was supposed to come from charitable bequests and public welfare funds. The hospital would employ medically-trained staff, with a professor making a diagnosis on admission and deciding on the treatment in agreement with the military surgeon. The surgeon, in addition to receiving his military salary, was to be paid extra by the city for the treatment of the poor civilians.

The abundant archival material that we reviewed contained numerous mentions of various potential sources of hospital income, such as the public treasury, contributions of the confraternities, and citizens’ wills with the encouragement of the city notary. These, along with the reduction of the number of hospital beds to 100, were used by the investors to open up some room for negotiations with the authorities, which lasted for many years.

Yet, only by the precise declaration of the investors that they were not only prepared to cover the expenses for building the hospital, but also guaranteed to allocate 1,000 zecchins for its later running, the governor Angelo Diedo asked the Senate to speed up the decision on building of the hospital (24).

Criticism of the authorities with respect to hospitals was a common place of economic analysis in the 18th century (25). The sick in hospitals were seen as a double burden to the society: they could not provide for themselves while in hospital, thus the society provided for them (medical care, food, and accommodation). But while in hospital, the sick could not provide for their families, which were thereby left to even greater poverty. At the same time, hospitals as pestilential closed places favored the spread of diseases and created new ones. The patients were sex-segregated, but were not accommodated according to their diagnosis, which multiplied the diseases and increased expenses.

**Erection of Split Civic Hospital in 1797**

On the basis of the certified confirmation by the public surveyor Franjo Antun Kurir on May 17, 1794, that he had inspected the empty building plot inside the Corner fortification (26), marked with the letter “A” in the plan prepared by the public surveyor Petar Kurir on June 16, 1785 (10), we argue that the Civic Hospital in Split was neither erected in 1792 nor officially opened in 1794 as stated before. At that time, the hospital construction had not even begun.

What actually happened was that on August 30, 1794, after nine long years of tireless efforts, the Senate finally decided to allocate the parcel to build the hospital and to grant the requested titles of counts to Ergovac brothers. The brothers were bound to cover all construction expenses that exceeded the sum bequeathed by their late brother Ante, as well as all other expenses that they had guaranteed to pay. They also had to supervise the construction works, to make sure they were in accordance with the plan and for the intended purpose (27).

On August 8, 1796, governors in charge of the state land inscribed all members of Ergovac family in the Golden Book of Titles (Naslovnik).
From that date on, they were legally allowed to use the title of count (28).

A document from the State Archives in Zadar, dated April 12, 1797, informs of the completion of the building works, full five years later than reported in the historiography. Right after that, the First Plan for the Organization and Management in 17 articles was composed (Figure 3 and web-extra) (29).

Discussion

This study necessitated a thorough review of the older historiography and an investigation of the previously unpublished archival sources, largely kept in the State Archives in Venice and Zadar. It illuminated the complex interplay of circumstances surrounding the foundation of the Civic Hospital in Split and the attitude of the authorities towards the new medical institution.

Our findings threw a new light on the history of the hospital and corrected factual errors in some of the older literature (1,5-7). Historiography mentions either the public surveyor Petar Kurir (1,5-7) or an unknown foreigner in the Venetian service (30) as the author of the hospital project. On the basis of the documents found in the State Archives in Venice, we argued that the hospital project was drafted by the public surveyor Franjo Antun Kurir on October 15, 1791.

The comparison of the original plan of the hospital with the later Split city maps showed that the final building had not entirely followed the plan (31,32). The hospital wing on the southern side was not erected, which resulted in the smaller number of beds than originally intended.

The realization of the philanthropic idea of establishing a Civic Hospital in Split conformed to the contemporary representations of such institutions. Care for the lower social strata had, from its beginning, an ambivalent character. On the one hand, it was characterized by charitable aspirations and on the other by the need to isolate the potential source of contagion – the poor, frequently accused of living in unsanitary conditions. Everyone in support of the hospital project used rhetoric firmly based in the following arguments: “It is obvious that Spalato lacks a public shelter for the ailing poor who lie on the city streets or mix with others in crowded, mostly underground dwellings. They die there in poverty and exhaustion, after having transmitted unto us the diseases that they have been struck with” (17).

At the end of the 18th century, the prevalent miasmatic-contagion concept of the disease causation dominated over the perception of disease as an individual and private problem. Disease was a phenomenon that required attention of the entire community. Yet, the development of such an attitude was extremely slow and grad-
ual and did not influence much the main building or organizational strategy of the Civic Hospital in Split (Spalato). On the contrary, the vision of future hospital’s organization and medical care management, including intention to merge it with the Military Hospital, which pestilential character was eminent, proves that it was primarily the economic factor that influenced the decision makers, notwithstanding the dogmatic discourse on the nature of disease used mostly as an argument for creating such an institution.

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