SMALLPOX VACCINATION IN NAPOLEONIC ITALY (1800-1814)
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ABSTRACT
Smallpox vaccination was the most significant medical innovation in the transition from the eighteenth into the nineteenth century and a major cause for the drop in child mortality. This article studies vaccination policy, its implementation and results, in the Napoleonic Republic and Kingdom of Italy (1800-1814). It investigates vaccination laws and rules, their enforcement by administrators and physicians, their successes, public reaction, and obstacles the government faced. It explores the day to day operation of the Italian administration in the area of public health. The essay shows that the Napoleonic authorities established an effective vaccination machinery that immunized tens of thousands of people annually. It was a good example of the overall efficient central state apparatus created in the Italian state during the *epoca francese*.

LA VACCINATION CONTRE LA VARIOLE DANS L’ITALIE NAPOLÉONIENNE (1800-1814)
La vaccination antivariolique fut l’innovation médicale la plus importante du tournant du XVIIIe-XIXe siècle et une cause majeure de la baisse de la mortalité infantile. Cet article étudie la politique de vaccination, sa mise en œuvre et ses résultats au sein de la République italienne napoléonienne et dans le royaume d’Italie (1800-1814). Il examine les lois et règles en matière de vaccination, leur application par les administrateurs et les médecins, leurs succès, les réactions du public et les obstacles rencontrés par le gouvernement. Il explore le fonctionnement quotidien de l’administration italienne dans le domaine de la santé publique. Cet essai montre que les autorités napoléoniennes ont mis en place un mécanisme de vaccination efficace qui immunise chaque année des dizaines de milliers de personnes. Un bon exemple d’appareil d’État central efficace créé dans l’État italien au cours de *l’epoca francese*. 
On 23 March 1813, Francesco Cornalia, the prefect of the department of Serio (capital, Bergamo), located in the Napoleonic Kingdom of Italy, issued a decree concerning smallpox vaccination, stating that “Owing to the fortunate discovery of vaccination, smallpox, a monster that committed much slaughter and caused many other dreadful effects, has by this time disappeared from every place. The marvelous results of this most useful invention...are universally known. And thanks to the indisputable experience that finally convinced the most stubborn, there is nobody that...does not submit his children to this healthy operation with good will and loving promptness.” While this statement was exceedingly optimistic - smallpox had not yet vanished from every place, not even from Serio - it included much truth. Smallpox vaccination constituted the most significant public health policy the Napoleonic authorities embarked on in the Republic and Kingdom of Italy (1802-1814), the longest-lasting Napoleonic satellite state. Under the Napoleonic rule the government vaccinated more than one million persons there, principally children, thereby saving thousands of lives annually. Cornalia's statement demonstrated the confidence and determination many Napoleonic officials had that they would beat that terrible disease.

Smallpox vaccination was, undoubtedly, the most important medical innovation during the transition from the 18th into the 19th century and an important reason for the drop in child mortality. This article studies vaccination policy, its implementation and results, in the Republic and Kingdom of Italy. It explores vaccination laws and regulations, their enforcement by officials and physicians, their successes, the clergy’s role in enforcing the policy, the public reaction, and the difficulties the government confronted. The study tries to prove that the Napoleonic state created an effective vaccination apparatus that immunized tens of thousands of people annually. It helps to demonstrate that the Republic and

1 Archivio di Stato di Bergamo, Prefettura del dipartimento del Serio, Sanità, busta, 1240.
2 Luigi Sacco, the director of the vaccination program in the Republic and Kingdom of Italy estimated that by 1809 the authorities vaccinated 1,500,000 people, saving the lives of 150,000 (Il Trattato di vaccinazione con osservazioni sul giavardo e vajuolo pecorino, (Milan, Mussi, 1809), VI-VII.
3 This article uses documents in Italian state archives in Bergamo, Bologna, Mantua, Novara, and Verona: Archivio di Stato di Bergamo (henceforward, ASBe); Archivio di Stato di Bologna (ASBo); Archivio di Stato di Mantova (ASMa); Archivio di Stato di Novara (ASNo); Archivio di Stato di Verona (ASVe).
Kingdom of Italy constituted part of what Michael Broers called “the inner Empire,” namely lands where the Napoleonic authorities enforced reform programs successfully. Such a study is significant for three other reasons: It sheds light on health care policies, a topic that is almost completely neglected in Napoleonic scholarship. Secondly, by focusing on a disease that affected numerous people and state policies designed to cure it, this essay expands the understanding of the daily life and concerns during the Napoleonic era. Thirdly, it enhances the understanding of the functioning of the Napoleonic state. While every study on the Napoleonic period stresses that Napoleon created a strong central state and a powerful executive – indeed, state buildup was one of the most important legacies of the Napoleonic period – few studies actually explain how the state operated on a daily basis and what means it used to enforce the law on the ground. This article will help to close this gap. Such analysis is indispensable to the understanding of the build-up of the Napoleonic state. Using a major health policy, this study will demonstrate how the Napoleonic state became increasingly powerful, effective, and intrusive in people’s life, forcing them to obey its orders and acknowledge its existence. While the Napoleonic rule created the strong central machinery, the key to success of vaccination was the commitment and hard work of hundreds, if not thousands, of municipal officials, physicians, and clergymen. In sum, state and local officials combined forces to advance a highly important health policy. An understanding of the structure and the functioning of the centralized Napoleonic state is essential because its institutions, laws, and administrative practices had considerable influence on post-Napoleonic Italy down to its unification and beyond.

I

Smallpox was a terrible disease. During the seventeenth and eighteenth centuries it killed hundreds of thousands of Europeans annually, leaving many survivors disfigured and sometimes blind. Children were particularly vulnerable. In May 1796, the English physician Edward Jenner discovered a cure when he performed the first successful vaccination by injecting cowpox virus into James Phipps, an


eight-year-old boy. Jenner had learned from local dairy maids that people who had contracted the harmless cowpox were immune to smallpox. In 1798, after testing his discovery on more people, Jenner published his findings in a booklet, *An Inquiry into the Causes and Effects of variolae vaccinae, a Disease Discovered in some of the Western Counties of England, Particularly in Gloucestershire, and Known by the Name of Cowpox*. In it he concluded that “Cowpox protects the human constitution from the infection of smallpox.”

Jenner’s book was soon translated into several languages, and physicians began performing vaccination throughout Europe.8

Jenner’s discovery also attracted much attention in Napoleonic France, where the authorities laid the foundations of national vaccination.9 As a French historian pointed out “For the first time in our history, the state confirmed its determination to direct a set of health operations by means of coherent and skillful measures.”10 Napoleon encouraged the population to get immunized, although he never proclaimed it mandatory. In May 1811, the Emperor ordered Henri-Marie Husson, one of the chief physicians of France, to vaccinate his son shortly after his birth. The well-publicized event intended to show an example to the French people. Aside from Napoleon, vaccination enjoyed the strong support of other top officials, including Lucien Bonaparte, and Maurice de Talleyrand. In 1800, the government organized the Comité central de vaccine, consisting of medical and administrative personnel, to combat smallpox nationwide. It opened a vaccination hospital in Paris, and by 1803 corresponded with 676 doctors in nearly 500 towns. Provincial comités were established and physicians began immunization under the supervision of Department officiers de santé, who ordered hospices, charity institutions, and lycées to vaccinate all individuals.11 The clergy helped too, presenting vaccination as “a precious gift of God.” In 1804 Napoleon introduced vaccination for army recruits.12 In 1809, the government published the first vaccination decree, allocating a vaccination budget. In 1810 the central Comité began publishing a monthly *Bulletin sur la vaccine*. The diffusion of Jenner’s vaccination procedure

11 Darmon, *La longue*, 204.
in France had noticeable positive effects on infant and child mortality. In the last five years of the Empire, one out of two newborns was vaccinated in half the departments, and the number of smallpox cases declined to about one-quarter of the pre-revolutionary number.

In Italy, state officials and physicians began applying Jenner’s method in 1800. This coincided with the Napoleonic reorganization of the peninsula and provided an opportunity for Italy’s new rulers to demonstrate the advantages of their more rational approach to government. In 1800, Luigi Careno, a physician from Pavia, translated Jenner’s book into Italian. In 1800, Michele Buniva, the top health official in Piedmont, introduced the Jennerian method into that region and worked indefatigably to propagate vaccination there during the Napoleonic rule. Napoleon’s sister Elisa, the enlightened ruler of the small principality of Lucca-Piombino, was the first European ruler to introduce obligatory vaccination. In 1806 she ordered the vaccination of newborns within two months of their birth and all unvaccinated adults. In Tuscany, the governing Giunta created a central Vaccination Committee in Florence in 1808 and ordered prefects to form similar bodies in each department’s capital and local committees in various districts. The number of vaccinations in Tuscany rose to 18,834 in 1810 and 21,255 in 1811. In the Kingdom of Naples, King Joseph Bonaparte instituted a Central Committee of Vaccination and published vaccination rules in May 1807. Under his successor, Joachim Murat, vaccination commissions operated in each province.

II

Smallpox vaccination was the most important public health program the Napoleonic authorities established. They expanded state control over health matters to all the regions of the Republic and Kingdom of Italy. The authorities invested major efforts to protect the population against epidemics, which they considered a serious threat to public order and state’s security. Their vaccination efforts were designed to improve citizens’ health and base it on rational foundations, thereby demonstrating that they belonged to the enlightened governments of the day, guided by concern for their citizens and the development of scientific innovations. An 1802 decree declared that vaccination had gained

“the general consensus of the most enlightened governments of Europe.” In 1804 the prefect of Reno stated that vaccination was “common among the most cultivated and enlightened nations of Europe.” Italian officials were influenced by philosophes, like Voltaire, who supported inoculation, and in particular by Italian Enlightenment thinkers, most notably the Milanese Pietro Verri, who in 1766 published a well-known article, “Sull’innesto del vaiuolo” in the periodical Il Caffè which strongly advocated inoculation. State representatives also viewed vaccination as a means to reduce mortality and increase the population, thus promoting economic growth. Luigi Sacco, the chief Italian vaccination administrator stressed in 1801 “vaccination will contribute to the increase of the population, which is the source of force and riches of nations.” A higher number of people meant a larger pool of taxpayers and conscripts.

Vaccinations began during the Second Cisalpine Republic (1800-1) in northern Italy. Many of the early vaccinations were performed on orphans. Sacco performed hundreds of vaccinations and issued a 28-article immunization program. Soon, the Republic of Italy proclaimed two vaccination decrees. The first, on 5 November 1802, praised the new discovery and allowed vaccination “at any time and place,” while prohibiting inoculation in urban areas and requiring its practitioners to have a special license. Then, on 9 May 1804, Vice-President Melzi issued a thirteen-article decree that created the foundations of the vaccination policy for the duration of Napoleonic rule. The decree created a centralized and uniform structure, designed “to prevent the fatal effects of smallpox by rendering vaccination general and common (to all).” It set up a General Director of Vaccination to supervise vaccinations throughout the state. Prominent physicians, called delegati, were in charge of overseeing the vaccination activity of physicians in the country. They reported on progress and difficulties to the Director, who dispatched the information to the government. Municipal officials were responsible for vaccination in their towns (comuni), and, with the help of priests, had to report all outbreaks of smallpox and quarantine the infected. Violators of quarantine were punished with up to forty days in jail. Significantly, the poor received free vaccination. The edict established no obligatory vaccination but spelled out that children without vaccination were not admitted to elementary school, while poor families with unvaccinated members were blocked from getting welfare. The Interior Minister was the highest authority in enforcing the rules.

20 Bell (1802), 5 November 1802, p. 420.
21 ASBo, Prefettura del Dipartimento del Reno Sanità (henceforward, PdRS), busta (henceforward, b.) 1804, Tit: 25, Rub: 5, 20 October 1804.
23 Bell (1802), pp. 420-21.
24 Bell (1804), pp. 573-575.
Soon, the government expanded the public health rules and administration. On 13 November 1804, fearing the spread of an epidemic that had broken out in the Kingdom of Etruria (Tuscany), it formed a central body, Magistrato centrale di sanità in the Interior Ministry to run public health policies throughout the state. The decree stressed “the absolute necessity to protect public health with efficient and extraordinary means.” The Magistrato was designed to process information it received from prefects and advise the Interior Minister. One of its main duties was to prevent the spread of epidemics from other states. A health commission supervised border areas to achieve that goal. People who endangered public health could be sentenced to long prison terms and even the death penalty. On 5 September 1806, the Kingdom proclaimed its most advanced and organic health organization in a detailed edict that increased the health bureaucracy, tightened its rules, and strengthened state control over the medical and pharmaceutical professions. It created a three-tier health administration hierarchy: 1. A five-member Magistrato centrale di sanità to supervise health policies throughout the state; 2. A Commisione dipartimentale di sanità, headed by the prefect, to oversee health issues in the departments; 3. and a Deputazione comunale di sanità, composed of the mayor, or podestà, and local officials, to run public health policies in towns. Departmental and municipal authorities supervised wells, latrines, water quality, discharge of waste produced by manufacturers and butcheries, quality of food, and garbage disposal. Medical police (polizia medica), with branches at the three universities at Pavia, Bologna, and Padua, consisting of medical faculty, physicians, surgeons, and pharmacists, supervised the activities of the medical professions and granted them licenses. To practice a medical profession, one needed to graduate from a Kingdom university, pass a state examination, and swear to practice “with integrity.” Citizens who reported on contagious diseases received monetary rewards.

III

As in France, the Kingdom’s Interior Minister was the highest authority in charge of enforcing the health policy. Interior Ministers Ludovico di Breme (1806-9) and Luigi Vaccari (1809-1814) were experienced officials who invested great efforts in executing the vaccination rules. Every year they dispatched numerous letters and instructions to prefects, urging them to implement the rules efficiently.

25 Bdl (1804), 951-53 & 954-56.
26 Bdl (1806), 923-41; Carlo Zaghi, L’Italia di Napoleone dalla Cisalpina al Regno (Turin, UTET, 1986), 436-37.
and to supervise local officials. They repeatedly reminded prefects of the regulations and stressed the benefits of vaccination. They received reports from prefects on outbreaks of smallpox, the execution of vaccination, difficulties, and the measures prefects took to overcome them. For example, in May 1806, Di Breme sent a letter to prefect Antonio Cossoni (Mincio) stating:

“Among the beneficial objects that concern the Viceroy, vaccination occupies a distinct place, and he wishes that this precious discovery would extend to every part of the Kingdom, hence he ordered me to use the most efficient means to that effect.”

The Interior Minister then ordered Cossoni to watch health officials, submit information about the progress of vaccination, and cooperate with the Director of Vaccination when he visited his department. Other directives addressed problems in individual departments and recommended solutions. In August 1811, Vaccari exhorted prefect Michele Vismara (Mincio) to inoculate not only babies but also unvaccinated adults, whose number remained “considerable.” New outbreaks of smallpox concerned ministers the most. In 1804, the Interior Minister ordered prefect Raffaele Parravicini (Agogna) to instruct mayors to send experienced physicians to help stop the spread of smallpox in the district of Intra. The Magistrato centrale di sanità assisted the Interior Minister, sending letters to prefects and departmental commissioni, prodding them to pursue vaccination effectively and send back information about their efforts.

Luigi Sacco (1769-1836), General Director of Vaccination (Direttore generale della vaccinazione), contributed more than any other administrator to the successful execution of Jenner’s method in Italy. A native of Varese, he belonged to a group of Milanese physicians gathered around Pietro Moscati, the most prominent medical expert of the Lombard Enlightenment, and a strong advocate of inoculation. In the autumn 1800, Sacco performed his first vaccination on five children and soon became the chief vaccination official in the Second Cisalpine Republic. He had discovered an indigenous cowpox virus in Lombard herds and sent some of the matter to Jenner. In 1802 he was appointed as the vaccination director in the Republic of Italy, a position he held until 1809. He was an exemplary state administrator, totally committed to his profession and to guaranteeing the accessibility of vaccination to all citizens.

28 ASBo, PdRS b. 1809, Tit: 25 Rub: 1-7 17 January 1809; 11 August 1809, b. 1810, Tit: 25, Rub: 1-7, 17 July 1810, 31 December 1810; ASMa, Prefettura del Dipartimento del Mincio, Sanità (henceforward PdMS) b. 988, 5 February 1806, 2 May 1809, 28 April 1810; b. 991, 26 April 1808; ASNo, Prefettura del Dipartimento dell’Agogna, (PdA) b. 1894, 5 February 1806, 9 May 1806, 3 June 1807, b. 1895, 14 December 1808, 2 May 1809.
29 ASMa. PdMS, b. 988, 10 May 1806.
30 ASMa, PdMS, b. 991, 24 February 1809, 22 August 1811; ASNo, PdA, b. 1895, 2 May 1809; ASBe, Prefettura del Dipartimento del Serio Sanità (PdSS), b. 1240, 16 February 1811.
31 ASMa, PdMS, b. 988, 22 August 1811.
32 ASNo, PdA, b. 1893, 17 February 1804.
33 ASNo, PdA, b. 1893, Letter to prefect of Agogna, 24 May 1806.
On 17 March 1810, Melzi wrote Viceroy Eugène “The introduction and propagation of vaccination are exclusively due to him.” Sacco corresponded with prefects and physicians, issued circulars, and supplied departments with vaccine. Most importantly, he visited each department numerous times to vaccinate, teach, and help organize an effective immunization system. For example, in late October 1804, he vaccinated 240 citizens at Imola (Reno), and in June 1806 he traveled to Mantua and Verona to do the same. A letter he sent to Reno in October 1804 illustrates his efforts:

“I came here to make sure that everything is implemented correctly. The government exerted much effort to achieve good results. The civilian and ecclesiastical authorities need to combine efforts... Make sure that priests embrace the vaccination and enforce the decree of 9 May.”

He also traveled to assist physicians outside the Kingdom, including in Florence (1805), Lucca, and Genoa (1807). Sacco also vaccinated all three children of Viceroy Eugène.

Sacco wrote two books on vaccination. In his first work, *Osservazioni pratiche sull’uso del vajuolo vaccino* published in 1801, Sacco presented the history of smallpox and explained how to practice the Jennerian method by describing three hundred vaccinations he had performed. In 1809, Sacco produced a second book, *Il Trattato di vaccinazione*, which presented numerous observations and suggestions on the implementation of vaccination. His goal, he stressed was “to render the practice of vaccination as common as possible and propose secure norms to those who will perform it” and also to silence slanderers who spread “fairy tales that harm humanity.” Ambitiously, he stated: “I hope that the government of the Regno serves as a model to other nations in conducting the practice of vaccine at a level that nobody else has reached.” His unrelenting efforts, expertise, and efficiency gained Sacco a great reputation, not only in Italy but throughout Europe. He continued to serve as a major health official until 1832.

In the departments prefects and *Commissioni dipartimentali di sanità* supervised vaccination. By the time the Kingdom was established (1805), most prefects were experienced, devoted to their career, and loyal to the Napoleonic regime. A few examples will confirm that assertion. Teodoro Somenzari served as prefect in four departments: Basso Po, Reno, Passariano, and Mella. Francesco Mosca had served the French since Napoleon’s first Italian campaign and filled the prefectures of Adige, Mella, and Reno. In 1809, he became the Kingdom’s police director. Antonio Cossoni, the prefect of Mincio, was promoted to head the department of roads and waterways in 1809.
enforce vaccinations and prevent outbreaks of smallpox. They routinely dispatched instructions to municipalities and physicians and received information about vaccination results, numbers of vaccinees, difficulties **comuni** faced, and eruptions of smallpox. They then sent this information to the Interior Minister and *Magistrato centrale*. Prefects constantly praised the benefits of vaccination and dismissed skeptics. Somenzari (Reno) insisted that “Theory and practice (of vaccination) match so decisively that any doubt would offend reason and nature,” while Cornalia (Serio) labeled it “one of the most beneficial (discoveries) for human beings.” Mocenigo (Agogna) urged mayors to do everything in their capacity to persuade parents to immunize their children. Prefects were assisted by departmental *Commissioni di sanità*, who received lists of vaccinees from local authorities and passed them to the government. They also processed information about outbreaks of smallpox and vaccination and published orders to local officials and physicians. On 17 April 1808 the *Commissione* of Agogna sent instructions to that effect to physicians. To monitor the effectiveness of vaccination, the *Commissione* of Mincio ordered municipalities to send data on people who became ill after being vaccinated.

### IV

The key to successful vaccination was the cooperation and daily activity of municipal officials, physicians, and priests, who implemented the policy in cities and towns. In 1809, Di Breme declared: “The communal administrations need to supervise and assure that the benefits of vaccination are not lost,” and Cornalia (Mincio) stated that without the zeal of municipal functionaries, “smallpox would reappear and with it deformity, disease, and death.”

Prefects and departmental *Commissioni* initiated the implementation of vaccination by dispatching orders to municipalities. On 28 September 1807, the *Commissione* of Lario ordered the communal *Deputazioni di sanità* to prepare for the upcoming vaccination, provide assistance to vaccinators, order priests to inform their flocks, and assure that lists of vaccinees would be completed properly. While immunization could be performed at any time of the year, the authorities preferred the mild spring and

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43 ASNo, *PdA*, b. 1895, 2 February 1808.
44 ASNo, *PdA*, b. 1895, 17 April 1808.
46 ASNo, *PdA*, b. 1895, 9 March 1809.
47 ASBe, *PdSS*, b. 1240, 23 March 1813.
49 ASNo, *PdA*, b. 1894.
autumn since the summer heat damaged the vaccine and physicians had difficulties reaching remote communities in the winter. Immunization took place in hospitals, priests’ homes, and, infrequently, in town halls. However, cowpox matter was not easily available everywhere. Lombardy, with its large herds, was a major supplier of vaccine. Prefects sometimes sent matter to each other. Most municipalities resorted to the arm-to-arm method (braccio a braccio), transferring matter from one person to another.50 In 1809, the Interior Minister instructed:

> Vaccination will be executed from arm to arm, a method that is safe and will prevent the spread of bad vaccine...; I propose that this healthy operation is done from town to town starting with the department's capital.51

Usually, towns sent a child to a major city to get vaccinated and then used the vaccine they removed from that child. In 1807, the mayor of Maccaretolo (Reno) sent a “healthy and robust child” to Cento to be vaccinated, and then used the vaccine to immunize 34 children.52

Comuni established several vaccination dates during the year. For example, Volta (Mincio) had four vaccination days between 22 April and 19 May 1811 and vaccinated 76 people, while Bozzolo (Mincio) had 16 days between 14 March and 9 November to vaccinate 56.53 In an effort to increase the number of vaccinees, the town of Sammartino (Mincio) proclaimed a weekly vaccination day and performed 111 of them in 1811. Shortly before vaccination day, town officials proclaimed time and place of immunization and names of physicians. On 2 June 1806, Filippini Savio, the podestà of Mantua, announced that vaccination would take place on Saturday, 7 June, at the houses of local priests.54 He ordered priests to announce it from the pulpit two days before the vaccination date, and on that date to ring their church's bell to signal to parishioners to come to their house. Newborns had to be vaccinated within six months after birth, although many parents waited longer. Eight days after vaccination, physicians had to verify the results and repeat the immunization if it was unsuccessful. Once vaccinations were completed, mayors reported the results to prefects, indicating the number of immunized persons. The delegati dispatched lists of vaccinees, with name of each vaccinee, age, father’s name, name of parish, and outcome to the departmental commissione who sent them to the Magistrato centrale.

By far most of the vaccinees were infants. Table I, listing eight communities in the department of Mincio, illustrates that point:

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50 ASBo, PdRS, b. 1807, Tit: 25 Rub: 1-11, a dateless decree by Mosca; ASMa, PdMS, b. 988, prefect of Mincio, 16 July 1807; ASVer, CmV, b. 285, 2 May 1809.

51 ASMa, PdMS, b. 988, 2 May 1809.

52 ASBo, PdRS, b. 1807, Tit: 25 Rub: 1-11, Mayor to prefect, 23 November 1807.

53 ASMa, PdMS, b. 991.

54 ASMa, PdMS, b. 989.
Table I – Age distribution of vaccinees in Mincio

<table>
<thead>
<tr>
<th>Date</th>
<th>Comune</th>
<th>0-1</th>
<th>1-2</th>
<th>2-3</th>
<th>3-4</th>
<th>4+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1809</td>
<td>Sermide</td>
<td>9</td>
<td>25</td>
<td>12</td>
<td>6</td>
<td>4</td>
<td>56</td>
</tr>
<tr>
<td>1810</td>
<td>Rodigo</td>
<td>44</td>
<td>7</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>69</td>
</tr>
<tr>
<td>1810</td>
<td>Ceresara</td>
<td>16</td>
<td>17</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>48</td>
</tr>
<tr>
<td>1810</td>
<td>Sabbioneta</td>
<td>31</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>1810</td>
<td>Bozzolo</td>
<td>44</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>56</td>
</tr>
<tr>
<td>1811</td>
<td>Bozzolo</td>
<td>16</td>
<td>17</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>44</td>
</tr>
<tr>
<td>1811</td>
<td>Sammartino</td>
<td>87</td>
<td>17</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>111</td>
</tr>
<tr>
<td>1811</td>
<td>Sabbioneta</td>
<td>39</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>1811</td>
<td>Volta</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>76</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>355</td>
<td>123</td>
<td>50</td>
<td>46</td>
<td>42</td>
<td>616</td>
</tr>
</tbody>
</table>

Source: ASMa, Prefettura del Mincio, bb. 989, 991.

More than half, 57.6%, of the vaccinees were younger than one year old. Only 6.8% were older than four years. While most vaccinations were performed on children, some adults were vaccinated as well. For example, out of 52 Jews who were vaccinated in Mantua in 1806, ten were older than twenty years, with the oldest, Laudadio Fano, being 50.\textsuperscript{55}

The archives contain numerous reports by local officials about successful vaccinations in various communities. A few examples will illustrate the commitment of local officials. In November 1804 the mayor of Castel S. Pietro (Reno) stated,

“I stimulated the physicians and surgeons to promote vaccination...I am pleased to say that in less than one month 130 people were vaccinated. The local physician assigned one day a week to vaccinate people free of charge... I hope that this will extend considerably the progress of such a useful discovery.”\textsuperscript{56}

On 6 November 1807 Giuseppe Aloisi of Castel Fiuminese (Reno) reported good outcome and wrote to prefect Mosca,

“government’s orders were completed. Aside from publishing an avviso, I have written to the priests four times urging them to tell their parishioners to obey government’s orders... I personally visited many homes to convince inhabitants to observe the rules.” He then concluded: “I am very calm since I can confirm that I have executed all the orders.”\textsuperscript{57}

A vice-prefect praised the municipality of Melara (Mincio), where in 1810 one hundred babies were born and 191 people were vaccinated. The mayor’s “zeal” overcame the problem of the physician's
illness. In 1813 the podestà of Varallo (Agogna) reported a “delightful outcome” due to the hard work of physicians, surgeons, and priests.59

Many physicians and surgeons demonstrated expertise and commitment and contributed significantly to the progress of vaccination. In June 1804, Giorgio Facconi reported that in two and a half months he had vaccinated 300 people in twelve towns in the departments of Mincio, Mella, and Alto Po.60 In 1808 Paldi vaccinated 671 at Robbio (Agogna) while Brogoli vaccinated 505 at Cannobio.61 Ferri, the mayor of Castagnolo Maggiore (Reno) lauded Luigi Buldrini for coming to his community three times and vaccinating 121 people for small compensation.62 Moreover, he took care of several poor sick citizens for free. Comuni with no medical personnel hired physicians to perform vaccinations and paid them travel expenses and a fixed honorarium per vaccinee. In April 1808, the mayors of Monte Tortore and Ozzano (Reno) requested that Doctors Martinelli and Angelo Lotti, respectively, carry out vaccinations in their communities.63 The council of Ozzano allocated sixty lire to pay Lotti.

Many priests also played an important role in executing the vaccination.64 This was not the only policy for which the government sought ecclesiastical help. For example, Giovanni Bovara, the Minister of Cult, ordered clergy to preach obedience to military conscription law.65 Concerning vaccination, priests were expected to play a significant role in combating ignorance, and prejudices and convincing their flocks to cooperate. Officials exhorted clergy to persuade their parishioners to obey the law and, in particular, to immunize their children. On 16 June 1804, Bovara ordered the bishops to instruct priests to support vaccination, stating that “the government justly requests their cooperation to remove the obstacles that vulgar prejudices pose to its beneficial propagation.”66 Shortly thereafter, Bovara wrote to the bishops of Reno and Rubicone that “The voice of the priests can suitably persuade the insecure and reluctant parishioners to get vaccination whose fortunate effect many people already feel throughout the Republic.”67 Departmental officials also stressed the Church’s role. An avviso in Serio (1804) ordered

58 ASMa, PdMS, k. 990, 3 May 1808.
59 ASNo. PdA, k. 1896, 16 April 1813.
60 ASMa. PdMS, k. 988.
61 ASNo. PdA, k. 1895, a table dated 14 December 1808.
62 ASBo, PdRS, k. 1808, Tit: 25 Rub: 1-7 9 September 1808.
63 ASBo, PdRS, k. 1808, Tit: 25 Rub: 1-7, 26 April 1808.
64 etc., Le chaudron, 121-130.
66 Foglio Ufficiale della Repubblica italiana, (1804), 81-82. In Napoleonic France, see Dramon, La longue durée, 205-6; In the Rhineland the Catholic hierarchy played the same role. Michael Rowe, From Reich to State The Rhineland in the Revolutionary Age, 1780-1830, (Cambridge, Cambridge University Press, 2003), 147.
67 ASBo, PdRS, 1804, & Tit: 25 Rub: 5-10, 1804, 19 November 1804.
priests to try and persuade parents to bring their children to be vaccinated. In 1808 the *Commissione di Sanità* of Mincio insisted, “Priests have to convince the skeptics.” Municipal administrators ordered priests to announce the time and place of upcoming vaccinations, explain the benefits of vaccination, and remind parents during baptism to vaccinate their children.

The higher clergy cooperated with the government. The apostolic provicario of Reno, Preposto della Volpe, declared, “It is my religious duty to stimulate all the priests in this diocese to animate among the lower classes a firm persuasion of such a healthy remedy.” The bishop of Novara called on his priests to help the authorities. Most priests complied with those orders and provided the necessary assistance. Officials praised their help in promoting vaccination. The cancelliere of Castel Pietro (Reno) stated, “Priests use all their influence to persuade the idiots (to be vaccinated).” The mayor of Molinella (Reno) reported that clerics “spoke from the pulpit to arouse parents to present their children of both genders to undergo vaccination.” Ecclesiastical cooperation is not surprising given the fact that clerics were aware of the devastating effects of smallpox on their flocks and clearly many recognized the vaccine’s benefits.

V

Despite the obvious benefits of vaccination, its implementation met with difficulties and opposition that slowed down the program and sometime even impeded it in various places. In 1810 prefect Smancini (Adige) complained that, while many people in his department got vaccinated, “quite a few communities remained unvaccinated. Instructions were not fulfilled everywhere.” Officials expressed disappointment with parents’ reluctance to have their children immunized. In October 1807, the podestà of Novara expressed frustration, stating “I feel huge displeasure with the parents who don’t take advantage of this great benefit.”

Ignorance and fear by many parents constituted the most common obstacles. Surgeon Fernando Launa reported that “considerable aversion” in Vogogna (Agogna) left many unvaccinated: “People don’t
understand and are not properly informed about the importance of vaccination.”77 The podestà of Goito (Mincio) stated, “People are very prejudiced,”78 while Smancini reported that “the baseless aversion to such an efficient measure...is shared by many people.”79 The podestà of Imola (Reno) explained that parents “are afraid to apply the useful cure to their tender children.”80 At times parents had no time to bring their children to be vaccinated due to long working hours. Agogna’s prefect explained that spending long hours growing silk worms prevented parents from vaccinating their offspring.81 While ignorance and fear certainly existed, it is very possible that some local officials exaggerated its prevalence to hide their ineffectiveness.

Poverty and a shortage of medical personnel in impoverished comuni, particularly in mountainous areas, hindered vaccination as well. Often they had to hire outsiders to perform vaccination and pay them, an expense they could barely afford. At times they could not find anybody to carry out immunization. In late 1808 prefect Cossoni (Mincio) commented, “the lack of vaccine and physicians are the reasons why vaccination was not performed in certain communities.”82 In April 1808 the mayor of Monte Tortore (Reno) depicted the difficult conditions in his community: “This circondario is entirely deprived of physicians and surgeons and (hence) has to count on outside personnel that result in burdensome expenses.”83 In 1808 in Benedetto (Mincio) the death of the local physician forced the cancellation of vaccination.84 The Interior Minister asked prefects to assist poor comuni, yet funds were not always available. In sum, while the law stated that vaccination would be accessible to all citizens, the reality in poor communities hampered that goal.

Lack of vaccine constituted another impediment. In September 1807, the Commissione of Reno reported that children arrived in Bologna for the arm to arm procedure but no material was available and they returned home unvaccinated.85 In 1809 the Interior Minister pointed out that “lack of vaccine” constituted a problem in Agogna and Mincio.86 while in 1811 Luini (Agogna) reported that vaccine was lacking or arrived spoiled in many mountainous communities.87

77 ASNo, PdA, b. 1895, 18 February 1811.
78 ASMa, PdMS, b. 989, 30 December 1810.
79 ASNo, PdA, b. 1896, 9 March 1811.
81 ASNo. PdA, b. 1896, 9 March 1811 & letter by podestà of Cameri (Agogna) 2 February 1811.
82 ASMa, PdMS, b. 989, 31 December 1808.
83 ASBo, PdRS, b. 1808, Tit: 25 Rub: 1-7, 26 April 1808.
84 ASMa, PdMS, b. 990.
86 ASNo. PdA, b. 1895, 2 May 1809; ASMan, PdM, b. 991, 2 May 1809.
87 ASNo. PdA, b. 1895, 20 June 1811.
The authorities also reported that physicians had to postpone vaccination of sick children until they recovered. Measles and fever were the most common diseases. Battista Simoni, the podestà of Medicina (Reno), reported that the small number of vaccinations in his community in 1808 was due to the “poor physical conditions” of many children. He expected higher numbers in the spring when “children will become stronger.” Smancini reported that in three towns in the department of Adige children were too ill to be vaccinated in 1810.

Public disorder also disrupted vaccination. Uprisings in several departments in 1809 prevented its execution in various comuni. In December 1809, the vice-prefect of Cento (Reno) reported that vaccination did not take place in several towns due to brigand attacks. The mayor of Vergantino (Mincio) also blamed disorder instigated by brigands and an attack on the municipality for a halt in vaccination in 1809 while the podestà of Mantua claimed that many families left that city during the Franco-Austrian War (1809), thus making vaccination scarce. Bad weather also played a role in preventing vaccination efforts. Flooded roads hindered physicians from reaching towns. In 1810 at Mellara and Serravelle (Mincio), the mayors suspended vaccination due to stormy weather. In 1811, floods prevented physicians from reaching the mountainous comuni of Noventa, Campiglia, and Agugliano in the department of Adige.

Not surprisingly, lack of adequate efforts by some officials and physicians hindered vaccination too. In February 1809, the Minister of Interior wrote that physicians and surgeons in Bergamo failed to perform with “zeal” and ordered to dismiss “those who refused to execute vaccination and fomented sinister opinions.” Later, he blamed vaccination problems on the “negligence” of municipal administrations and the “little care and lack of conviction of certain physicians and surgeons in the benefits of this discovery.” A vice-prefect in Mincio reported that Navarolli, a physician, demonstrated “indolence.” In March 1811, the prefect of Reno complained that many municipalities had sent him incomplete lists of vaccinees. Inexperience and ignorance of the Jennerian method caused delays during the early years of the Republic. Suspicion and resentment toward the unprecedented state power
and intervention in local affairs explain the lack of cooperation of some local officials. It is also possible that mayors of comuni, where inhabitants strongly contested vaccination of their children, succumbed to their pressure. As for physicians, facing reluctant parents who refused to immunize their children, travel fatigue, and most importantly, lack of adequate monetary compensation, discouraged some and explain their lack of commitment.

Indeed, at times physicians lamented about inadequate pay. The state never paid for vaccination costs, aside from Luigi Sacco’s salary, leaving it to comuni to finance them. Jean Chaptal, the French Interior Minister, believed that physicians ought to perform vaccination voluntarily and be awarded certificates of honor and medals. In France the government did not budget money for vaccination until 1809, when it allocated 100,000 francs. In the Kingdom of Italy, the 1804 decree ordered free vaccination for poor citizens. In April 1811, surgeon Giuseppe Cessi lamented that he had vaccinated 64 people without being paid. The authorities of Agogna expressed concern that “Such circumstances will discourage physicians from continuing in their effort to vaccinate and consequently such a healthy operation will remain paralyzed.” In March 1808, the Interior Minister acknowledged this problem but left it to prefects to solve it in their departments. However, a month later he ordered physicians and surgeons who received salaries from hospitals and charity institutions to perform free vaccination on all citizens in their towns. It seems that the issues of inadequate and untimely payments were never solved satisfactorily.

Aside from confronting vaccination problems, municipalities also had to deal with outbreaks of smallpox. Prefects sent very strict instructions to municipalities regarding the treatment of such cases. They had to quarantine the house of the infected person, restrict the owner to one room, and allow only one person and an appointed physician to approach the ill person. Twenty days after the desiccation of the smallpox pustules, the physician was authorized to lift the quarantine if he judged the patient healthy. When freed, the latter needed to be carefully washed and clothing had to be cleansed or burnt. Mayors sent physicians to inoculate contagious neighborhoods. In early 1806 and again in October 1810, Mantua experienced a number of smallpox cases, the latter originating from sick soldiers in a military hospital. In July 1810, the podestà of Bologna, Tavecchi, reported about fifteen members of poor families, mostly children, who had contracted the disease and asked for permission to place

99 Carpanetto, Il pregiudizio, 103-4; See also, Dramon, La longue, 266-269.
100 ASMa, PdMS, b. 988, 7 April 1811
101 ASNo, PdA, b. 1894, 26 March 1807.
102 ASMa, PdMS, b. 988, 26 April 1808.
103 ASNo. PdA, b. 1893, prefect of Agogna, 24 December 1804; ASMa, PdMS, b. 988, prefect of Mincio, 16 July 1807.
104 ASMa, PdMS, b. 988, Commissione di sanità., 20 March 1806; Podestà Gelmetti, 24 December 1810.
them in the former convent of Lazzaretto until they recovered.\textsuperscript{105} He sent vaccinators to the contagious areas, ordered the cleaning of the houses of the diseased, and stressed that “The utmost vigilance be maintained so that no abuse is introduced and the entire operation is taking place according to health discipline.” The Interior Minister approved his request. In January 1810, Zoccoli, the mayor of Castel Franco (Reno), reported on smallpox outbreaks in his community.\textsuperscript{106} The sick were transported to a former convent, which unfortunately could not accommodate all of them, and one baby perished.

Many state and departmental officials invested great effort to improve the level of vaccination and overcome obstacles. They tried to convince local officials to do their utmost by stressing the benefits of vaccination and the general support it received from enlightened governments. Sacco’s diligent activity and his recurrent visits to various departments to vaccinate people himself and organize vaccination programs played a major role in such efforts. The Interior Ministers constantly urged prefects to ensure that mayors and \textit{deputazioni comunali di sanità} apply the rules faithfully. They ordered the replacement of physicians who failed to fulfill their duties. Prefects and departmental \textit{commissioni} urged mayors and health officials to act with “zeal” and educate the public. The authorities also used threats, warning parents that unvaccinated children would not be able to attend public schools and that they would not receive welfare benefits. They reminded people of the major inconvenience of being quarantined if a family member contracted smallpox. In 1811, Agogna’s prefect ordered municipalities to give a monetary award of five lire to the first vaccinee in each town.\textsuperscript{107} The \textit{podestà} of Novara, Gautieri, warned teachers that they would be fined and their schools would be closed if they admitted unvaccinated children.\textsuperscript{108}

\section*{VI}

How successful were the authorities in overcoming the obstacles and in implementing an effective vaccination policy in the Italian Republic-Kingdom? Difficulties persisted despite the government’s efforts to overcome them. Prejudices diminished and lessened but did not vanish, while scarcity of vaccine in distant communities continued.\textsuperscript{109} Generally, cities and major towns, where medical personnel were larger, fared better than the countryside. Indeed, the Napoleonic state did not accomplish its objective of providing all the citizens with equal access to vaccination. Not all local administrators showed the

\textsuperscript{105} ASBo, \textit{PdRS}, \textit{b}. 1810, \textit{Tit:} 25 \textit{Rub:} 1-7, 14 July 1810.
\textsuperscript{107} ASNo. \textit{b}. 1896, 9 March 1811.
\textsuperscript{108} ASNo. \textit{PdA}, \textit{b}. 1895, an undated \textit{avviso}.
\textsuperscript{109} ASNo. \textit{PdA}, \textit{b}. 1896, letters by the Podestà of Mortara (Agogna), 18 April 1813 and the mayor of Grignasco (Agogna), 3 June 1813.
same degree of effort, good will, and hard work hence vaccination results were not uniform throughout
the Kingdom of Italy and at times not even throughout the same department. For example, when
reporting on the excellent outcomes in Adige in 1810, prefect Smancini pointed out that Verona, the
capital, “did not meet my expectations” and added, “I don’t understand how despite the example given
to them by the chief magistrate of this city and despite the most ardent explanations of physicians and
surgeons, an unfounded aversion to such an effective cure still persists.”\textsuperscript{110} Departments did not always
show persistent progress. In Agogna the number of vaccinations rose to 26,540 in 1811, and then
plummeted to 6801 in 1812, a low number according to the prefect, which he could not understand.\textsuperscript{111}

And yet, statements by public officials, reports by municipal administrators and physicians,
and numerous rosters of vaccines, and statistical evidence demonstrate that as time progressed the
Napoleonic government ran an increasingly effective vaccination system. Expertise of physicians and
surgeons improved and proof of the successful outcomes of the Jennerian method mounted from
year to year. In 1806 Melchiorre Gioia, the well-known Lombard economist and head of the \textit{Ufficio
di statistica} (Office of Statistics) in the Kingdom, stated: “vaccination is promoted efficiently by the
government and is welcomed by fathers and expands almost daily, (thereby) diminishing mortality...”\textsuperscript{112}
In 1811 the Interior Minister wrote that the viceroy was very pleased with the 1810 vaccination.\textsuperscript{113}

Nowhere throughout the peninsula had vaccinators achieved better results than in the Republic
and Kingdom of Italy. In his Treatise on Vaccination (1809) Sacco proudly estimated that by that
year the authorities had performed 1,500,000 vaccinations, thereby saving the lives of 150,000 (10%)
people.\textsuperscript{114} Melzi repeated the same data in March and April 1810 in two letters to Eugène.\textsuperscript{115} Available
statistical data clearly establishes that the authorities improved the performance of vaccination and
annually immunized thousands of people in each department. Table II shows the rise in vaccinations in
Agogna and its capital Novara during the Republic and early Kingdom years.

\textsuperscript{110} ASNo. \textit{Pdèk}. b. 1896, 9 March 1811.
\textsuperscript{111} ASNo. \textit{Pdèk}. b. 1896, 31 March 1813.
\textsuperscript{112} Renato Zangheri, “La popolazione italiana in età napoleonica” in \textit{Bollettino del museo del Risorgimento}, VIII (1963), 46.
\textsuperscript{113} ASNo. \textit{Pdèk}. b. 1896, 21 August 1811.
\textsuperscript{114} Giorgio Cosmacini, \textit{Soigner et réformer. Médecine et santé en Italie de la grande peste à la première guerre mondiale} (Paris, Payot,1982), 283.
\textsuperscript{115} Zaghi, \textit{I carteggi}, 128, 394.
Table II – Number of Vaccinees in Agogna and the canton of Novara (1801-1806)

<table>
<thead>
<tr>
<th>Date</th>
<th>Comune</th>
<th>0-1</th>
<th>1-2</th>
<th>2-3</th>
<th>3-4</th>
<th>4+</th>
<th>Total</th>
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<tr>
<td>1809</td>
<td>Sermide</td>
<td>9</td>
<td>25</td>
<td>12</td>
<td>6</td>
<td>4</td>
<td>56</td>
</tr>
<tr>
<td>1810</td>
<td>Rodigo</td>
<td>44</td>
<td>7</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>69</td>
</tr>
<tr>
<td>1810</td>
<td>Ceresara</td>
<td>16</td>
<td>17</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>48</td>
</tr>
<tr>
<td>1810</td>
<td>Sabbioneta</td>
<td>31</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>1810</td>
<td>Bozzolo</td>
<td>79</td>
<td>22</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>114</td>
</tr>
<tr>
<td>1811</td>
<td>Bozzolo</td>
<td>38</td>
<td>9</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>56</td>
</tr>
<tr>
<td>1811</td>
<td>Sammartino</td>
<td>87</td>
<td>17</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>111</td>
</tr>
<tr>
<td>1811</td>
<td>Sabbioneta</td>
<td>39</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>44</td>
</tr>
<tr>
<td>1811</td>
<td>Volta</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>20</td>
<td>18</td>
<td>76</td>
</tr>
<tr>
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<td>355</td>
<td>123</td>
<td>50</td>
<td>46</td>
<td>42</td>
<td>616</td>
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</table>

Source: ASNo. Prefettura del dipartimento dell’Agogna, Sanità, b. 1903

Prefect Smancini reported that in 1810 Adige had 11,346 births and 16,900 vaccinations, stating that “results have never been so good.” Two-thirds (69 of 101) of the comuni had more vaccinations than births, thereby diminishing the number of unvaccinated people in those towns. Moreover, no case of smallpox erupted in Adige in that year. In the department of Reno, by the end of 1810, 13,224 out of 14,684 inhabitants (90%) at Imola and 2527 out of 2,987 (84%) at Vergato were immunized. In 1812, the last Napoleonic year for which general statistics exist the number of vaccinations amounted to 194,286 statewide, the highest annual number under the Napoleonic regime, and certainly the best indication of improved execution of the immunization policy. Among the departments this article examined, Reno performed the best with 13,294; Adige had 9,352; Serio, 6,917; Mincio, 6,876; and Agogna, 6,801.

The Napoleonic authorities created the foundations of a modern centralized state in northern Italy. Indeed, many institutions and policies that govern present-day Italy “were born or assumed a clear physiognomy” during the ventennio Francese. They include military conscription, uniform taxation, legal codes, and a primary and secondary school system. This article provides ample proof that one needs to add to that list vaccination against smallpox, the most significant public health policy of the Napoleonic government. It is a major example of the increasingly effective centralized state during the epoca francese. The Napoleonic authorities created the vaccination system, including the

116 ASNo. PdA, b. 1896, 9 March 1811.
117 ASBo. PdRS, b. 1810, Tit. 25 Ruk: 1-7, Tables of vaccinations.
118 Zangheri, “La popolazione,” appendice IV, Regno italic popolazione, nati, morti e matrimoni negli anni 1810, 1811, 1812 e vaccinati nel 1812.
119 Ibid.
120 Capra, L’età rivoluzionaria, 12.
laws, administration, and personnel designed to enforce the vaccination policy. Through bureaucratic perseverance, state and departmental officials applied this policy consistently in everyday life. They proclaimed decrees, dispatched numerous letters inducing and promoting vaccination at the local level, exerted efforts to overcome resistance and educate the public, turned clergy into civil servants in order to convince the people to follow the law, gathered statistical information on vaccination performance, and took measures to isolate cases of smallpox and prevent the disease from spreading. Luigi Sacco, a pioneer in the battle against smallpox, represented the exemplary state health official, making everything in his power to assure the success of the program. However, to succeed, this policy needed the close cooperation of local administration and health personnel. Indeed, on the ground, the hard daily work and commitment of hundreds, if not thousands, of local administrators, physicians, surgeons, and numerous clergymen turned that policy into a reality and into an annual routine that people gradually learned to expect.