
After a brief history of the Ospedale di Carità, a study of four cities’ poor-relief systems whose geographical locations circle the city of Turin, and a chapter on institutional procedures, this statistical study concerns persons who applied for help during the years of 1748, 1750, 1752, 1754, and 1756.

A detailed database was compiled from the 2,347 applications for assistance, containing each applicant’s family history, original request, and final disposition. Essentially, each record included the following data: the name, age and parentage of the applicant, parish and home location, and the nature of the help requested. Additional data included details of spouses and child(ren), medical condition and/or disability, and a record of the actions and procedures that followed.

The study is limited to the process by which the indigent persons applied for relief, and the institutional response they received. Some applicants were accepted into custody or hospitalized. Others were assigned a status similar to that of “outpatient.” Still others were rejected, either conditionally or outright.

The study is divided into three parts: the identity and characteristics of the applicants, the factors of need, and the nature and quality of the institution’s reaction to their petitions.

The conclusions of the study include the following:

• By mid-century, the Ospedale was primarily devoted to relief for the infirm, the aged and the very young; only 1% of the applications were made on behalf of able-bodied persons between the ages of 20 and 50.

• The services were available only to Turin residents; unmodified petition grants were made equally to Turin-born applicants and to immigrants, but native Turinese escaped denial through modification disproportionately.

• While short-term (monthly) trends in applications did not reflect short-term economic changes, longer-term (yearly) application levels reflected yearly economic fluctuations.

• About 500 applications were made each year (except 1754, a year of exceptionally low grain prices).

• Applicants sought admission as poorhouse residents, hospitalization, or extra-mural awards (bread allotment or wetnurse services), either by specification or requests for aid in general.
Applications were submitted daily, but peaked on days the evaluation committee met—as did immediate responses as well as responses to previous applications.

An eligible applicant could expect a grant as requested half the time, the other half being equally divided among modification, rejection, postponement, or no recorded action; three-fourths of the applicants could expect a firm response (i.e., neither postponed nor without any recorded action).

Efficiency was high; over half the decisions were made on the day of recorded application or the next day, over three-quarters within a week.

Specific requests resulted in more timely responses; non-specific requests, by definition, had to be modified, requiring evaluation, usually resulting in an allotment of bread, less often in hospitalization.

Needs for admission were discerned more clearly and acted on more promptly than requests for hospitalization, which required evaluation by trained staff.

Weather and the economy affected the intake in predictable ways.

The most numerous applications were filed by persons between the ages of twenty and forty—but, in the case of able-bodied applicants, on behalf of others. Since some sixty percent of the applications were made solely on behalf of the applicant, it is not unexpected that almost three-quarters of the applications were made on behalf of persons of the applicant’s generation.

Roughly forty percent of the applications were on behalf of others.

Applicant families were small.

Almost half of the requests were made on behalf of the admission to the Opera Grande of one person, usually the applicant. Over one-fourth of the applicants requested hospitalization in the Opera Grande, again on behalf of one person.

The Ospedale continued to be a royally-chartered, lay-operated institution during the period.

Abandonment, possession of a marketable skill as evidenced by previous employment, and recognition of skill as evidenced by guild status all affected the likelihood of needing Ospedale services.

Infirmitities were the prime qualification for entry to the Opera Grande, especially those associated with advanced age, and contagious or acute disease (primarily tuberculosis or syphilis, secondarily cancer) were qualifications for hospitalization in the Opera Nuova.

Maintenance of a connection or family dependency with the Ospedale beyond ten years was rare; half of the cases were concluded in one year, and less than one-tenth of one percent were truly long-term relationships.