

Research Article

The Abruzzo's abandoned places for care: a model for knowledge and preservation and valorization of a heritage

I luoghi della cura dismessi in Abruzzo: un modello per la conoscenza, la tutela e la valorizzazione di un patrimonio

Carla Di Lallo: Civil, Construction-Architectural and Environmental Engineering Department (DICEAA) - University of L'Aquila, Italy.
carla.dilallo@graduate.univaq.it

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Abstract:

Introduction: In the history of architecture and cities, the stratification of sanitary spaces is an indicator of economic, social, and settlement changes affecting the territories. The historical-architectural research presented in this article aims to identify buildings with a healthcare destination of historical and architectural interest in Abruzzo, especially those abandoned and/or transformed over time, and to develop guidelines for their protection and enhancement. **Methodology:** The methodology used is divided into three phases: State-of-art recognition through bibliographic research, archive research, and in situ verification. Mapping and development of a detailed listing of geolocated case studies. Identification of scenarios and common guidelines for the recovery and protection of these spaces. **Results:** The expected results for this study are: 1) The creation of an accessible database of abandoned healthcare spaces in Abruzzo. 2) The detailed listing of the most significant sites of interest, highlighting current critical issues and potential. 3) The drafting of guidelines for recovery, protection, and enhancement of this heritage. **Discussion:** This study aims to provide an additional tool for the knowledge of healthcare architecture, helping in the recognition and protection of historical, architectural, and urban values. The identification and classification of these buildings will facilitate the development of new procedures for their management, favoring the preservation of this type of heritage. **Conclusions:** The project provides a framework for

the recovery of historical healthcare spaces in Abruzzo, promoting their protection and valorization through an accessible database and clear guidelines. This will help manage healthcare heritage effectively, recognizing its importance in the urban and historical context, and offering strategies for its preservation and adaptation to new needs.

Keywords: Abandoned spaces for health; sanitary architecture; mapping; guidelines for intervention; architectural heritage; protection and enhancement; Abruzzo; Italy.

Abstract:

Nella storia dell'architettura e delle città la stratificazione degli spazi sanitari è un indicatore dei cambiamenti economici, sociali e insediativi avviati all'interno dei territori. La ricerca storico-architettonica presentata in questo articolo ha come obiettivo l'identificazione di manufatti con destinazione sanitaria d'interesse storico-architettonico in Abruzzo, in particolare quelli dismessi e/o trasformati nel tempo e l'elaborazione di linee-guida per la loro tutela e valorizzazione. La metodologia utilizzata si articola in tre fasi: ricognizione dello stato dell'arte attraverso ricerca bibliografica, d'archivio e verifica in situ; mappatura e schedatura dettagliata dei casi studio geolocalizzati; individuazione degli scenari e delle linee-guida comuni d'intervento. I risultati attesi per questo studio saranno: 1) la realizzazione di una banca dati accessibile degli spazi per la salute dismessi in Abruzzo; 2) la schedatura dettagliata dei siti d'interesse più significativi, per evidenziarne attuali criticità e potenzialità; 3) la redazione di linee guida per la progettazione di interventi di recupero, protezione e valorizzazione di tale patrimonio. Questo studio intende proporre un ulteriore strumento conoscitivo relativo all'architettura sanitaria di ausilio nel riconoscimento dei valori storico-architettonici e urbani di tali manufatti nell'elaborazione di adeguate procedure operative.

Parole Chiave: Spazi per la salute dismessi; architettura sanitaria; mappatura; linee-guida d'intervento; patrimonio architettonico; tutela e valorizzazione; Abruzzo; Italia.

1. Introduction

1.1. Introduction and scope of the research

In the history of architecture and cities, health issues highlight important phenomena of urban transformation that raise important questions. From the architectural and settlement point of view, the spaces for health care have always evolved, and still evolve, following the progress of hygienic-sanitary and scientific-medical practices; they stimulate the creation of new spaces increasingly advanced, comfortable and functional to new needs, and the use and transformation of existing spaces in the optimal way for the quality and efficiency of the activities carried out. The presence and stratification of health spaces, both in urban and suburban areas are also indicators of economic, demographic and social changes within cities and territories; Such changes are often due to various interconnected factors, which in turn are triggered by individual causes resulting in multi-level consequences (Morandotti and Savorra, 2021; Magnuolo, 2010).

The recent COVID-19 pandemic has brought back debates on health and public health issues, stimulating interdisciplinary approaches to the various aspects involving scholars and academics in different fields of knowledge, from the parallelisms with other epidemics in the history and from the more immediate reactions to the events (usually of normative and bureaucratic nature); to the resulting medium-term changes brought about by the new challenges in terms of managing and containing the phenomenon - and its economic and social consequences - by the long-term changes that have taken place in the changed new environment such as the new adaptability; and economic revival, the rethinking of the

organization of welfare services and, not least, the urban and social transformations (Morandotti and Savorra, 2021). In the variety of studied aspects related to the issue of care, there is still a lack of studies aimed at the recognition, protection and enhancement of a historical, architectural and urban heritage, inherited from specific events but that today brings with it a transversal value in the knowledge of our cities and our communities.

The historical-architectural research that is developing under the PhD in Civil, Building-Architecture and Environmental Engineering of the University of L'Aquila has as its scope the identification of individual buildings and complexes with health destination of historical-architectural interest located in the Abruzzo area, with particular regard to those abandoned and/or over time transformed with different uses from the original, and the development of guidelines for their protection and enhancement.

1.2. Theoretical framework

In addressing health issues, the links between the city and health care have always been considered indicative of the various forms of social commitment and the recognition of the needs of citizens and communities according to the evolution of society. Ancient reception, care and welfare buildings testify how different historical periods have attributed importance to the field of care in urban social life (Tamborrino, 2021). Given the interdisciplinarity of the subject, the discussion over time has been extensive. In recent years, the contribution collected by the Italian Association of Urban History (AISU) International at its conference held in Pavia in 2020, in which numerous studies have addressed aspects related to the development of spaces for care, at different scales, taking into account the complex field represented by the exercise of assistance (Tamborrino, 2021). In the field of urban history, many of the presented contributions have examined specific events of the dynamics related to the changes induced by welfare organizations in the urban fabric. Other insights have considered aspects related to health and prevention programmes that have characterised a historical era and architecturally marked cities (Savorra, 2021). Less systematic are the studies that look at the city in its complexity in space and time, or to verify the system of relationships between care and urban history: issues that go beyond a problem of survey scale (Montanari and Onger 2002; Niemi 2016; Tamborrino 2021).

Very rich is also the activity carried out by associations of scholars in the health sector, which allow the collection and consultation of historical and archival material, constituting a fundamental tool for those who approach research in a complex perspective of social history, economic, institutions, architecture, church, medicine. Internationally, associations such as the International Network for the History of Hospitals (INHH), supported by the European Association for the History of Medicine and Health (Gazzini, 2012) promote studies related to the historical evolution of hospitals and care practices by providing opportunities for communication and debate among scholars. In the Italian context, mention should also be made of the activity of the Centro Italiano di Storia Ospedaliera (CISO), established in the 1970s, thanks to which it was possible to reconstruct the various functions of charitable institutions, places of charity, of care, inserting them in historical contexts circumscribed in their complexity (Garbellotti, 2003). The contribution of the Documentation Centre for the History of Care and Health is also fundamental, established in Florence in 1998 by the common commitment of the University of Florence, the City and the Province of Florence, the Order of Doctors and Dentists of the Province of Florence, the companies USL 10 and University Hospitals of Careggi and Meyer to enhance the historical, documentary-archival and artistic heritage, protect it, preserve it and disseminate it as evidence of medical health progress in all its cultural meanings (<http://www.centrosanita.net/it/>). From 2020 merged into the Santa Maria Nuova ETS Foundation (<https://www.fondazionesantamarianuova.it/>), in both

denominations, thanks to a dense activity made of events, publications, and management of sources (archives of the Tuscan ASL and libraries of the center) and relations with the public of the museum, while operating mainly in the Tuscan area, has helped to raise awareness of the value of ancient historic hospitals as cultural heritage. In turn, some of the oldest hospital institutions in Italy have set up the Associazione Culturale Ospedali Storici Italiani (ACOSI) (<https://www.acosi.org/>); the Association has among its objectives the dissemination of knowledge of health and hospital historical and their artistic and cultural heritage and the development of models and management tools, enhancement and knowledge of the cultural and artistic heritage of health and hospital through cultural activities, publishing and training and research, in coordination with the various initiatives of individual institutional subjects.

This general framework summarises the breadth of the horizon on the themes of health history. The doctoral research that is being carried out concerns the sanitary architecture of historical interest located in Abruzzo, in central Italy, a region that, with its articulated geographical conformation and its settlement evolutions over the centuries, presents characteristics common to most of peninsular Italy, and therefore scenarios representative of national dynamics. Abruzzo, in fact, is characterized by the presence of coastal areas that have seen a significant development of housing and urban planning, especially during the twentieth century; hilly areas with a strong vocation for agriculture and a more sparse urban development and infrastructure; Mountainous areas, scattered with small villages, now heavily depopulated but in the past, thanks to the strategic position close to Rome and the paths crossing the Tyrrhenian side to the Adriatic, housed important trade flows and a flourishing economy.

Since the Middle Ages, hospitals and, in general, the management of works of charity and assistance were entrusted to the religious and chivalric orders present in the territory: the activities took place mainly in spaces attached to places of worship. In particular, in the inner areas of L'Aquila, affected by important trade flows between the cities of southern Italy and Rome and the phenomenon of transhumance, there were orders of S. Lazzaro Gerosolimitano, Sant'Antonio di Vienne, Fatebenefratelli, as well as lay brotherhoods such as the Brotherhood of Mercy and the Brotherhood of the Rosary. In the territory of Abruzzo there were also direct branches of sacred institutions of other cities, to emphasize the close relations of the mountain territory with the most important cities of medieval Italy: S. Spirito hospitals linked to the Archhospital of Santo Spirito in Sassia in Rome, and the Annunziate, linked to the Holy House of the Annunziata of Naples and then spread throughout the Kingdom (Boero, 2019; Mantini, 2019).

In the Napoleonic era and throughout the nineteenth century, the services of assistance and care were secularized, and thanks to the increasingly lively debate among specialists of various disciplines, new types of buildings were born dedicated exclusively to the care of the needy. While the general care of the poor, the elderly and orphans was still in the hands of religious institutions, which thus played a charitable social role for the community, scientific progress led to the development of increasingly specialized health practices that required ad hoc care places for the different specializations. In Abruzzo, some emblematic cases of this new specialized healthcare were the hospitals in pavilions, whose most notable example is the Hospital San Salvatore dell'Aquila (1875, evolution of the Major Hospital of the city first housed in the renovated premises of the Convent of Sant'Agnese) in which various buildings had been demolished and rebuilt, or even the psychiatric hospitals of Collemaggio all'Aquila (design and construction from 1899 to 1908) and Sant'Antonio Abate in Teramo (1881) (Bartolomucci, 2017; Giannantonio, 2013, 2018; Savini, 1902).

At the beginning of the 20th century, two events brought great changes in the needs of public health and personal care throughout Europe: the end of World War II and the Spanish flu epidemic. In Italy, these events, together with the advent of Fascism, led to a redefinition of priorities in the care of the population, giving great space and resources to an increasingly widespread distribution of local health services in which to care for people of all walks of life, to make it strong and healthy and feed the propaganda purposes of the Regime. Linked to a new idea of the Welfare State, a new idea of health care was born, consisting of small specialized spaces distributed throughout the territory and destined for every section of the population. (Giannantonio, 2006). In Abruzzo, also due to the destructive earthquake of the Marsica that razed the entire city of Avezzano in 1915 (Ciranna, 2019; Ciranna and Montuori, 2014, 2015), the internal areas were again able to attract huge resources for public construction and reconstruction, according to the purely propagandistic idea of a state with an iron fist but that knew how to look after its people. The whole territory of Abruzzo, therefore, was enriched with small *presidi* various specialized bodies, in addition to large centers still in operation: marine and mountain colonies for the treatment and prevention of respiratory diseases, sanatoriums, anti-tuberculosis dispensaries, Mother and child homes.

After the end of World War II, Europe found itself with cities devastated by bombing, large pockets of the displaced population reduced to extreme poverty, veterans of the war with various forms of disability and great damage even on medical equipment (Morandotti and Savorra, 2021). The post-war reconstruction of the cities was also strongly influenced by the search for a well-being of the population using new technical skills (urban planning, technological, functional and even psychological aimed at a new focus on the patient) refining the characteristics of types already known as the monoblock type and the pavilions type, which evolve and hybridise with each other (Moretti, 1935).

The brief excursus on the history of health presented so far, shows how also in Abruzzo are traceable the transformations of the spaces for health that have followed each other in the international and national context; this territory, therefore, represents realistically the general dynamics that have influenced the system of care and assistance over the centuries. The events and changes in the services and techniques of care and assistance derive from social and settlement evolutions, so they are an important testimony of these changes and represent a heritage of undoubted historical-architectural value.

After the passage of the COVID-19 epidemic, the debate on treatment issues has been enriched with many new ideas and reflections on the resources represented by tools, practices and operators of the health world; from the historical point of view-architectural, however, still lacks a comprehensive and articulated reflection on the material heritage of spaces for health. In Abruzzo we have several examples that raise questions about the risks of a failure or late recognition of value for a building of historical character. An emblematic case in the field of sanitary architecture is the Stella Maris colony of Montesilvano (Montuori, 2019) (Ciranna and Montuori, 2019), which was founded in 1939 to a design by architect Francesco Leoni and engineer Carlo Liguori as a marine colony for members of the Fasci di Combattimento of Rieti and Pescara and after various events and changes of use, last of which as a retirement home for the elderly, has been abandoned since 1984. Since then, in the long decades of neglect and degradation that followed, its demolition has been feared for long, until the last few months in which an agreement was reached between various bodies to complete the restructuring and the re-functionalization as a research center managed by the University of Annunzio of Chieti-Pescara and the municipality of Montesilvano.

Figure 1.

“Stella Maris” marine colony in 1952, Montesilvano (PE)



Source: https://www.docomoitalia.it/register/MF_16.pdf

Figure 2.

“Stella Maris” marine colony in 2015, Montesilvano (PE)



Source: https://www.docomoitalia.it/register/MF_16.pdf

Another striking case is that of another colony of the Fascist period, in this mountain case: the colony "9 May" of Monteluco di Roio (L'Aquila), completed in 1937 to a design by Ettore Rossi (Ciranna, 2019; Lombardi et al. 2017; Montuori, 2019, 2021), in use as part of the university campus of Roio of the University of L'Aquila until 2009 (Montuori, 2020), year of the disastrous earthquake that greatly damaged it; remained unusable since that date, is still open debate on its recovery and how to combine the needs of safety and protection from future seismic events and the historical need to preserve the historical evidence represented by the artifact.

Figure 3.

“IXth of May” mountain colony in 1941, Montelucio di Roio (AQ)



Source: https://www.docomomoitalia.it/register/MF_17.pdf

This research aims to be a first knowledge and operative tool addressed at identifying buildings of historical-architectural value, with particular attention to those abandoned or re-functionalized with different uses than health. The ultimate goal is the elaboration of guidelines for intervention aimed, where possible, at keeping the buildings alive by using them with functions of use similar to their settlement, typological and material characteristics.

Figure 4.

“Xth of May” mountain colony today, July 2024, Montelucio di Roio (AQ)



Source: Author’s elaboration (2024)

2. Methodology

The methodology that is being used to reach the predetermined results is divided into three phases; first, the start of a data collection operated both through bibliographic and archival sources, and through an in situ verification; This first phase of the study will focus on the

geographical identification and geolocation of case studies. Then, a mapping and a detailed scheduling of the case studies will be developed, aiming at systematizing the data relating to the consistency, the type, the construction techniques, the state of conservation, etc.: This second stage will allow to outline an overall picture of the territorial distribution of the buildings, to understand their relationship with the context, to study the different settlement, architectural and construction characteristics, etc... On the basis of this framework, finally, the critical issues and potential found in the various case studies will be highlighted, in order to identify scenarios and common guidelines for action.

Since research is still ongoing, the organisation of each of these phases is being defined and may be partially modified and implemented.

2.1. Identification of sites of interest

The first step to elaborate a framework of the situation of sanitary spaces in Abruzzo was the construction of a state of the art and a reference bibliography that includes scientific writings of historians and historians of architecture already published, but also thesis, of specialization and doctorate. The collected publications are related to the health issue and, precisely because of the interdisciplinary nature of the subject already highlighted, they concern not only the historical-architectural aspect, but also the many others related to it.

The bibliographical sources collected so far have been divided, in fact, into two macro categories, between historical and technical area (history of health and medical practices, regulations, sociology related to health phenomena, history of charities) and area of architecture (hospital architecture, urban history). Within the macro-categories, the writings have been divided in turn by territorial scope of reference: 1. Europe/ Italian Peninsula, 2. Southern Italy/Kingdom of Naples, 3. Abruzzo, 4. Local/urban areas.

Table 1.

Coding of current bibliographical sources (with number of items)

	General History	History of Architecture
Italy/Europe	A1 (30)	A2 (38)
S. Italy/K. of Naples	B1 (1)	B2 (3)
Abruzzo	C1 (6)	C2 (5)
Local/Urban Areas	D1 (5)	D2 (28)
Total	42	74

Source: Author's elaboration (2024).

The study of the reference bibliography has made it possible to identify the archival sources that keep documentary traces on local case studies and on the agencies and offices that have alternated in the various forms of management of assistance services.

Material on some case studies of local importance is kept in archives outside the territory of Abruzzo. This is particularly frequent in artifacts connected with religious orders, which have kept their headquarters and archives in Rome, near the Vatican, or for the archives of national public bodies (for example those created during the Fascist period). News about the ancient hospitals of Abruzzo have been found in the Vatican Secret Archive and in the Chapter of San Pietro and in the library of the Academy of Health History, all in Rome. The contribution of

the State Archives of L'Aquila, Teramo, Chieti and Pescara, as well as the State Archives of Rome always in reference to the heritage of religious orders, is also fundamental. Other archival sources are, then, to be reported in the municipal civic archives, and in particular in the funds of the Civic Archives of L'Aquila (merged into the State Archives), the Sulmonese Civic Archives and the Historical Archives of the Municipality of Teramo. Without forgetting the diocesan archives of the small religious bodies present today as then on the territories: we especially remember in L'Aquila the archive of the Collegiate Church of S. Maria Paganica; in Sulmona the Archive of the Casa Santa dell'Annunziata (merged with the State Archives of L'Aquila) and the Archives of San Panfilo; in Avezzano the Archives of the Diocese of Marsi and in Penne the Archives of the Archdiocese of Pescara-Penne. Also noteworthy are the catalogues and archives of the Superintendence of Archaeology, Fine Arts and Landscape of the provinces of L'Aquila and Teramo and the provinces of Chieti and Pescara, which with their work of cataloging cultural heritage gave (and will give) an important contribution for the orientation of the research in the successive phases of analysis and evaluation of the value of the manufactured objects object of the study.

Bibliographical and documentary research is being supported, where possible, by on-site research and verification of the case studies identified through other sources. Direct observation allows to verify the existence of sites of interest reported by written sources and a first survey of the state of conservation and use of the artifacts, providing, within the accessibility of the same, photographic documentation in support of the hypotheses developed during the data collection phase.

The identification of sites of historical and architectural interest on the territory of Abruzzo will be functional to the creation of an interactive map that, in addition to showing the geographical distribution of the presidia in Abruzzo, will collect the fundamental characteristics of each garrison (see para. 2.2), so that it can be a first knowledge tool to relate the artifacts and their characteristics with the territory.

2.2. Analysis of the architectural characteristics of the case studies

Once the sites for sanitary use have been identified, be they individual or complex buildings, the individual case studies will be described through a series of data. The cases identified in the territory of Abruzzo at the current state of research were first divided according to the province (L'Aquila, Teramo, Chieti, Pescara) and for each case study was identified: 1. the geographical location; 2. the layout of the building; 3. the client and the designers; 4. the period or year of construction; 5. the period of operation of the structure; 6. the presence or absence of several construction phases; 7. the level of accessibility; 8. the current condition of use; 9. the original function and the current or planned function; 10. the archives and the related bibliography; 11. the current ownership (or management); 12. the presence or not of protection constraints. It should be noted that Abruzzo has recently been affected by violent earthquakes that have caused considerable damage to historic buildings (the territory of L'Aquila in 2009 and in 2016-17 a series of events in the central Apennines that affected Abruzzo, Lazio, Marche and Umbria) and that many areas, cities and buildings are still affected or are still awaiting reconstruction. For this reason, particular attention has been paid to the definition of the conservation status and the current or planned functions and the level of accessibility of the buildings.

According to the construction period, the buildings will have characteristics corresponding to the configurations already mentioned in the previous paragraphs, which are the result of construction techniques, technical-scientific advancement and settlement conditions. So far, 11 configurations have been identified of the buildings for sanitary purposes: basilical plant; open

courtyard "L" plant; open courtyard "U" plant; closed courtyard plant; multi-court plant; single pavilion plant; adjoining pavilions plant; plant with separate pavilions; monobloc building; multi-storey building; small isolated building.

The periods of construction have been grouped according to the following historical periodization, knowing that for the most ancient buildings it is often not possible to identify an exact date: from the Middle Ages to the sixteenth century (period that, starting from the birth of the first spaces for health comes to the construction of the Major Hospitals in European cities); XVI-XVII centuries (with the great epidemics of plague and typhus of the Modern Age); XVIII-first century of the XIX century (age that includes the Industrial Revolution, the Napoleonic age and reaches up to the Unification of Italy, and in which considerable technical-scientific progress and administrative changes take place in the organization of health care agencies); second half of the 800 (post-unification period); 1900-1920 (a twenty-year period characterized by World War I and Spanish influence); 1921-1945 (with the advent of the Fascist Twenties); 1945-65 (period that includes the post-war phase until the economic revival).

Occupying abandoned sanitary spaces that have also recently suffered damage and transformations not always consistent with the original function, the case studies have been catalogued as Accessible; Not accessible; Partially accessible, and with reference to the current condition of use, have been distinguished in: In use (when still in operation); Decommissioned (when physically abandoned); Decommissioned in partial abandonment (in the case of complexes consisting of several pavilions of which not all still in use); Under renovation (when reconstruction and restoration work began); Demolished and rebuilt with sanitary function.

The functional aspect is another fundamental to define the state of the artifacts of interest. Observing the evolution of the functions housed in a health facility during its history gives important information and stimulates reflections on the compatibility or not of the transformations suffered and that will suffer with its historical-architectural value. The functions highlighted in the case studies so far identified are: Religious and worship; Residential; Public institutions and services; School; Commercial; Receptive; Exhibition; Private Tertiary; Collective (spaces of aggregation, catering, etc.); Other (categories not included above). Clearly the Health function has also been contemplated, which has been inserted with the following specifications: Hospital; Leprosy; Hospitalization or Hospice of mendicity or Orphanage or Brefotrophy; Specialized Hospital; Asylum; Dispensary of Social Hygiene and Antitubercular; ONMI (National Maternity and Childhood Work); Marine and mountain colonies; ECA (Municipal Assistance Body); Anti-polio spots; Centers of Hygiene/ Mental Health and Addiction; Other not included in the previous categories.

This first collection and systematization of data will allow us to identify the most representative case studies in order to select the most significant, to be studied through a detailed technical filing, on the basis of which to set out a reflection on the coherent possibilities of intervention.

2.3. Intervention scenarios

Once the data collection is completed, with their systematization, and the in-depth analysis of the selected case studies, it will be possible to outline scenarios of intervention on abandoned buildings, which will take into account the information collected, the constructive characteristics, type, settlement and protection needs.

The criteria that will guide the choice of the sites on which to envisage a compatible intervention will be defined when the data collection and analysis phases are finished. Surely

the hypothesized interventions will have to consider the state of conservation and the necessity of reduction of the exposure to the natural risks of the buildings (surface conservation; consolidation; improvement and protection against seismic and natural events) but also of the uses that are more compatible with the typological characteristics of the context in which the artifact is inserted.

Figure 5.

S. Antonio Abate psychiatric hospital (1881) as appeared in June 2018, Teramo (TE)



Source: <https://www.rete8.it/cronaca/teramo-nuova-vita-lex-manicomio/>

3. Expected Results

The scopes of this doctoral research are the identification of buildings (individual buildings and building complexes) for health care of historical and architectural interest in Abruzzo, with regard to those abandoned and/or over time transformed with different uses from the original, and the development of guidelines for their protection and enhancement. The expected results for this study will be: 1) the creation of an accessible and implementable database of the abandoned health areas in the Abruzzo area; 2) the detailed filing of the most significant sites identified, to highlight its criticality and potential in the current condition and to develop scenarios to be evaluated as project hypotheses for the intervention; 3) the drafting of guidelines and best practices to plan recovery, protection and enhancement intervention of this heritage.

3.1. The mapping

The first concretely achievable goal is the collection of sites of historical and architectural interest in the Abruzzo area on an interactive map made on the open-source software QGIS. In this way it will be possible to visualize the geographical distribution of the sites of interest in Abruzzo, collecting the fundamental characteristics of each site, according to which it will be possible to filter the contents for specific information such as the period of construction, configuration, conditions of use, accessibility and function, so that you can clearly see the signals with common features.

Still under construction, the mapping has focused so far on the province of L'Aquila, and were located 24 sites on the map out of 37 identified by the total sources, of which 15 in conditions

of non-use (decommissioned, partially decommissioned, or under renovation). As for the other provinces, the search is less advanced and 12 sites have been identified so far, of which 4 are not in use in the province of Teramo, 5 in the province of Pescara (conditions of use still to be verified) and 14 in the province of Chieti of which 4 in conditions of non-use.

Table 2.

Distribution of currently identified sites (June2024)

Province	Number of identified sites	Number of abandoned sites
L'Aquila	37	15
Teramo	12	4
Chieti	14	4
Pescara	5	unknown
Total	68	29

Source: Author's elaboration (2024)

Once the interactive map has been developed, it will become a fundamental tool for the knowledge of a complex architectural typology that, in the current common interpretation, is connected to technical-sanitary aspects rather than to the recognition of a historical value-architectural artifacts, and it is desirable that it can be taken as a reference also for similar projects on other themes of Architecture and other territories, on a local and national scale.

3.2. The complete filing of the case studies

Among the identified case studies, those considered to be the most illustrative will be studied in depth through a filing aimed at collecting more in-depth information on the state of conservation, architectural features, constructive and binding conditions and their relationship with the context etc.

Will be considered for the detailed filing sites that will allow first to have an overview of the different types and different periods of construction at territorial level, and will consist of a section of general information, a section on typological analysis and conditions of use and accessibility, one on urban and territorial framing and a detailed analysis of the construction equipment.

The complete filing will provide a tool that will allow to systematize information of a more technical nature, thorough and complete on the artifacts and to highlight criticality and potential in the condition of buildings of historical-architectural interest.

3.3. The guidelines for intervention

Once the in-depth technical information has been systematized and the critical issues and potential of the most representative sites identified, it will be possible to prepare scenarios for intervention aimed at enhancing and safeguarding the products and so far studied, and guidelines for interventions. This guide tool in the interventions will be born from a clear and in-depth analysis of the cases identified, and from a knowledge on the topic of health architecture that will make them an operational tool to address concretely the recovery activities, restoration, conservation of architectural assets according to a principle of protection and enhancement.

The guidelines are addressed to these works of architecture in the territory of Abruzzo but hoping that it can be the basis for other instruments of this type even at a larger territorial scale.

4. Discussion and Conclusions

The issues related to the history of health care, as we have seen, are complex and must be framed in a multidisciplinary way to grasp the variety of their implications. From the theoretical outline summarized in this article, we can see the breadth of the possibilities of studying health phenomena from the historical point of view, to deal with the issues of medical-scientific progress, technical developments and health practices, of the social implications of some health phenomena such as the great epidemics of history (not least that of COVID-19).

There are many associations and bodies that deal at national and international level with keeping alive the study of health history in its various forms, and through different activities: from the collection and documentary management of archives, the organization of dissemination events, research projects, publishing initiatives and management of dedicated museums. Despite the growing interest, especially in recent years affected by the COVID-19 pandemic, there is still a lack of studies addressing the issue of healthcare spaces aimed at the recognition, protection and enhancement of these spaces as historical, architectural and urban heritage, inherited from specific events but that today brings with it a transversal value in the knowledge of our cities and our communities, not only about their usefulness for the maintenance of a service. The study presented in this paper, conducted as doctoral research, wants to fit into this research gap, with the aim of identifying health sites in Abruzzo of historical-architectural and urban interest, with regard to those abandoned and/or over time processed with uses other than the original one.

Figure 6.

The Kursaal Palace (1913) in an ancient postcard, Giulianova Lido (TE)



Source: https://www.ilcentro.it/teramo/la-storia-del-kursaal-la-vedetta-sul-mare-1.1118522?utm_medium=migrazione

The current research has already provided several points of reflection on the themes of the preservation of architectures of historical-architectural value. As already seen in the two examples in section 1.2, the recognition of a historical value for an artifact designed for a specific function, if it does not occur or happens late can be a danger, also and especially for those cases where you consider the building or for the related complex only in relation to function that houses or that has in the past housed. The experience of Abruzzo, which has

always been subject to seismic phenomena, including catastrophic ones, highlights the need for active protection of its cultural heritage and the prevention of damage due to extreme natural events, as earthquakes, and that becomes even more stringent if we also consider the current weather events related to climate change.

A considerable experience in Italy is that of the Charter of the Risk of Cultural Heritage (<http://www.cartadelrischio.beniculturali.it>) developed by the Central Institute for Restoration. The computerized system of the Risk Charter is part of the broader "eGov Plan 2012" of the Ministry of Public Administration and Innovation, which collects part of the databases of various Entities under the Higher Institute for Conservation and Restoration (Vincoli in Rete) and constitutes a system of experimentation and research in the territory, for the knowledge of the risk of damage to cultural heritage. The Cultural Heritage Risk Charter includes a system of databases, alphanumeric and cartographic, able to explore, overlap and process information on potential risk factors that invest the cultural heritage consisting of movable and immovable property. The risk and vulnerability assessment shall include: seismic risk; hydrogeological risk; environmental risk related to air pollution; risk related to coastal phenomena; vulnerability assessment related to the conservation status. These experimental projects represent important precedents, which may constitute a starting point for research in the same direction as this doctoral research, and that can be implemented from an operational point of view with specific knowledge tools.

If it is possible to affirm that "conservation cannot refrain from intervening, but instead, intervening in a certain sense" (Benevolo, 1957; Carbonara, 1997, p. 358), every operative instrument for the conservation and protection of buildings of historical-architectural value always needs an instrument of knowledge and analysis of the artifacts and it is desirable that a study like this presented in this paper on the topic (limited albeit very vast) of health architecture can be expanded and proposed on different territorial areas and also at national level.

The question that still arouses debate is that of the recognition of architectural and historical value. In sanitary architecture, as well as in other specific branches of architecture in which function is a predominant feature, it is often difficult to attribute a value of historical testimony, especially in the case of more recent artifacts, or dating back to eras that you struggle to celebrate and of which you might prefer to erase the traces. The question of the recognition of value arises within the wider question of the contrast between the historical instance and the aesthetic instance of works of art, as well as architecture, already widely discussed by restoration theorists in past decades (Carbonara, 1997). But in addition to historical value, an artifact can express other values, collateral to the historical, such as urban value in its context (Brandi, 1977) or the environmental value, or the symbolic and social value for the communities that live it or even of technical-constructive and typological testimony. The definition of the guidelines will certainly not be able to ignore the principles stated in the Charters of Restoration, placing among the objectives to preserve and reveal the historical and formal values (Venice Charter, 1964) promoting a method of conservative intervention and facilitating the reading of these values for their integral transmission towards the future (Carta Italiana del Restauro, 1972). Downstream of a process made of information collection and in-depth knowledge of the sites of interest, which will include structural investigations graphic and dimensional analysis and the identification of the historical-artistic (and architectural) significance and socio-cultural, will be defined the interventions of the restoration project for the conservation of heritage (Charter of Krakow, 2000). In any case, the identification and definition of works as heritage is a process of choosing the values, for which each community is responsible.

In addition to the need for protection and conservation, with a view to valorization in possible future uses, we must consider the possibilities of regeneration and adaptive reuse, especially because, even in the peculiarity of a marginal but very diversified territory like Abruzzo, health architectures have often already undergone heavy transformation processes, due to the rapid obsolescence compared to the evolution of technical and technological needs, or the occurrence of emergency situations that have led to significant and rapid re-functionalization to the present days (Abita et al., 2022).

It is to be hoped that these studies will lead to a broader understanding of the value of architectural and urban heritage, which can be understood as a dialogue between the many significant values. Only through in-depth knowledge can this heritage be recognized as such and, only after its recognition, can it be protected in all respects and with every available tool.

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AUTOR:

Carla Di Lallo:
University of L'Aquila - DICEAA.

Ph.D. Candidate c/o DICEAA - Dipartimento di Ingegneria Civile, Edile-Architettura e Ambientale - Università degli Studi dell'Aquila
carla.dilallo@graduate.univaq.it