



THE HOSPITAL OF SAN MATTEO IN PAVIA IN THE LOMBARD HEALTH CARE NETWORK. A UNIQUE CASE IN RENAISSANCE ITALY IN ARCHITECTURE AND DECORATIVE CYCLES

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ABSTRACT

The example of the Hospital of San Matteo in Lombard Pavia, founded right at the turn from the Visconti to the Sforza Dukes dominion in 1448, in one of the most learned cities of Lombardy, presents a very experimental assistential building for the historical period in which it was conceived. Its foundation has also been related to the Dominicans of the region, since it was the local monk Domenico de Catalogna, who took initiative to plan it and obtain the necessary permissions. On one hand, San Matteo was influenced by the exemplary hospital of Santa Maria Nova in Florence, whose foundation went back as early as 1288 and which had obviously enjoyed a strong impact already in the Late Middle Ages from the Islamic skills in building this kind of structures. In fact, Tuscany continuously developed intense trades via Pisa with the Mediterranean neighbors, the Iberian states, Syria and Egypt in the first place. But there were more influences in Pavia: the transfer from Padua of the entire scientific library to Pavia in 1388 had surely enriched the latter's university with a wealth of information from the Orient.

For these numerous reasons San Matteo can obviously not be considered separately from a high number of parallel experiences, not only in Upper Italy, but also in the rest of the Mediterranean area and especially it can not be seen as independent from the innovations of the Arab scholars. It becomes therefore inevitable to consider the addressed topics in a global and highly learned perspective.

KEYWORDS

Hospital of San Matteo | Pavia | Renaissance | Architecture



Fig. 01. Pavia, Hospital of San Matteo, present view of the main façade.

The example of the Hospital of San Matteo in Pavia in Lombardy (fig. 01) founded right at the turn from the Visconti to the Sforza Dukes dominion in 1448 and accomplished seven years later, in one of the most learned cities of the country, presents a very experimental assistential building for the historical period in which it was conceived. Its foundation has been related to the Dominicans of Lombardy, since it was

the local Dominican Domenico de Catalogna, apparently a Catalan, who took initiative to plan it and get the necessary permissions. The name "San Matteo" does not refer to an existing church, it goes back to the former convent church of San Matteo, which eventually would be suppressed by the Pope, Nicolò V, in September 1449 to make space for the hospital to be built (Crotti, 2002: 154).

THE ORIGINS OF THE BUILDING

No doubt, San Matteo was influenced by the exemplary hospital of Santa Maria Nova in Florence, whose foundation went back as early as 1288 and which had obviously enjoyed a strong impact already in the Late Middle Ages from the Islamic skills in building this kind of architecture. In fact, Tuscany continuously developed intense trades via Pisa with the Mediterranean neighbors, all Iberian states, Syria and Egypt in the first place. But there were more influences in Pavia: the transfer from Padua of the entire scientific library to Pavia in 1388 had surely enriched the latter's university with a wealth of information from the Orient.

For these numerous reasons of course San Matteo can not be considered separately from an interesting number of parallel experiences not only in Upper Italy, but also in the rest of the Mediterranean area and especially it can not be seen independently from the science of the Arab scholars. And few years before

Pavia, again, the one of San Leonardo in another Lombard capital, Mantua, had been set up, though begun somewhat later, in 1450 (it will be completed only in 1471, shortly earlier than Pavia).

Comparisons with similar buildings around Italy (or even the world) induce us to point out to the perfection of the square module of San Matteo's structure. Originally, the building consisted in a large block hosting in itself four arms or wings dividing it on its turn into four perfectly square sections, each one containing a square courtyard. And they are all still preserved. Obviously, each one of the four dividing arms must have been intended to host a specific category of illnesses, just like it would become later the case in the Milanese example of Ca' Granda, shortly after, as the Milanese documents assure us. Since 1932, refunctioning the entire building at Pavia for the purposes of academic teaching and – alternatively – for the

university libraries has made lose track of the specific functions of the original single parts of San Matteo. The building has accordingly definitively lost its use as hospital. The large dome at the crossing dates from the 18th century and is possibly related to renovation works performed by Giuseppe Piermarini in the entire university campus. In 1825 the hospital had been amplified by adding a further large new wing on its eastern side, which necessarily makes a perception of the original form of the Quattrocento building impossible.

The geometries of the examples from Pavia, of the Milanese one and of the Florentine one are extremely similar in the scheme of their ground plan, though the latter, from Florence, is in form of a T plan, not of a cross; the Milan and the Pavia hospitals also share similar proportions with each other, only the first is double sized, the second is a simple square. In ge-

neral, the reasons for the foundation of such great assistential structures in an early modern state which had a good financial network, but not the political relevance of a Kingdom such as Castile or France should be questioned.

Assistential architecture in the 15th century, in fact, was apparently becoming one of the essential issues and tools of domestic policy and of political representation. Duke Francesco Sforza's influential cultural attaché, the architect Antonio Filarete, from Florence, indeed conceived his perhaps most representative work in life by shaping the Ospedale Maggiore in the Lombard capital in 1456, just eight years after the foundation of the meritable contribution of San Matteo in the university city. In Milan there was in fact no university, because the Duchy's only university was Pavia.

RELEVANCE OF THE BUILDING

The specific cultural climate that was established in Pavia confirms with high precision the hypothesis or even the evidence of the definitive transformation of the hospitals in the Italian Quattrocento toward their laicization or secularization, characteristic for the pivotal moment of their upswing in the Italian context at the threshold to the modern era. There seems to have been an explicit will of increasingly "medicalizing" their function, instead of keeping them just hosting or caring of the poor as this had been the main task in earlier times. The second historical turn consists of the slow acceptance, and final imposition, of a structural innovation, the cross construction, on suggestion maybe of the Florentine, and-or at the same time of eastern Mediterranean examples, a form which was going to enjoy a wide success among Lombard hospitals later, as Peroni already demonstrated long ago¹.

Furthermore, a later *Letter* from the Sforza Duke to the administrators in Pavia in 1455 reminded them that: "ella [the deputies of Pavia, therefore *ella* – the city] mandò ad Firenze alcuni per vedere como era facto et fabricato lo hospitale ch'è in quella città, haveremo

caro et così volimo perché noi abbiamo deliberato de farne fabricare" (Maiocchi, 1937: 80 and nr. 372; Spencer, 1971: 114-116) in Milan, i.e.: the Sforza Duke's interest in the Florentine examples (in the context of his own projects) is witnessed as well.

After the crucial decision made in Milan, maybe around 1456, maybe even earlier as we have seen, Gian Galeazzo Sforza would in fact later send both his advisors to Tuscany to examine there the local hospital architecture: Antonio Filarete and Giovanni del Borgo or *de Burgo* da Sant'Ambrogio (Quadflieg, 1981: 10). According to Lucio Franchini (Franchini, 1996: 93), meanwhile and since the very beginning of the plans another *de Burgo*, Antonio, was acting as the coordinator of the Pavia architectural enterprise, when in "1449 ... [he received an] anticipo delle spese *per ipsum* [an above mentioned Bartolino de Giorgi] *et Magistrum Antonio de Burgo ingenierium cum uno famulo qui iverunt Florentiam et Brissiam pro forma accipienda novi magni hospitalis construendi in civitate Papiæ*". The entire travel lasted twenty-three days. As Albertini Ottolenghi was first able to inform²,

1 There is wide literature on the history of Lombard hospitals. I especially refer to this scholar's works: Peroni, 1978: 9-103, 92; 95-101 and 1989: 53-65, 54; Antonio Varasi da Borgo in the Hospital workshop "dirigerà il cantiere sino... 1476", the travel expenses were paid in 1455 to this *ingenierius*, "qui iverunt [with a servant] Florentiam et Brissiam". Other scholars have later provided relevant integrations to his work, Franchini and Albini: Franchini, 1995: 11-72 and 1995: 73-92; Albini, 1993: 114-118. In general, by the same author: Albini, 1991: 269-323. On Mantua in general and on the Ospedale (of San Leonardo or Grande), see also Carpeggiani, 1973: 53-69. About the possible attribution of the Hospital in Mantua to Antonio Manetti, see Carpeggiani, 1980: 817-837, especially 821 ("Antonio Manetti, *architetto*").

2 Albertini Ottolenghi, Maria Grazia – "Pavia alla metà del Quattrocento: nuovi documenti sull'architettura e sulla pittura". *Studi di storia delle arti*, 4.1981/1982 (1982), 25-38, 26.

the same counselor would later be sent from Pavia to Milan by Francesco Sforza in 1455 for advising his plans of the Ca' Granda Hospital³.

Nevertheless it seems that Pavia has influenced Florence and not the other way around: according to reliable documents collected by John Henderson (Henderson, 2006: 153), the cruciform plans of Lombardy have proved more influential for the development of S. Maria Nova hospital in Florence, which partly for financial reasons has not been realised for another hundred years after the Pavia example (i. e. in the late sixteenth century). In this way, it seems even necessary to define Pavia as the prototype of all Italian Renaissance hospitals, on the ground of its early conception. A whole bunch of them, primarily Mantua, but also Cremona, Brescia and Bergamo followed shortly afterwards; and only Mantua, independent capital of another duchy, had a cruciform plan. And when planning an ideal hospital for an ideal city one century later, Giorgio Vasari the Younger in his *Città ideale* manuscript (1598, f. 16r) offered again the cruciform ground plan (fig. 06).

Every single corridor of the Milanese hospital disposed of running water and of two chimneys and this was a very high comfort standard, which is not known in Europe by this time so far (Quadflieg, 1981: 24). We don't know anything precisely about the interior design and furniture of the building in Pavia and it has been largely refurbished in the 18th century anyway, but it might have been planned on the base of similar principles, as there are many other similarities between Milan and Pavia as well – in the geometric composition of the site plan of both.

How decisive was therefore in Pavia the contribution of medical scholarship, maybe even of the academic staff, for the new concept? Apparently, this example was strongly determined by the presence of a strong local citizenship and by a mighty community of scholars, deeply involved in the birth of a virtuous assistential institution in their city (for this aspect, see Crotti 2001). On the contrary, the Ducal power could be only smoothly perceived in Pavia and cannot be considered very much involved with the San Matteo project. As Crotti was able to demonstrate, a dominant part is played by the local powers and maybe even single learned and humanitarian citizens. Significantly, the historian of economy Renata Crotti (who

never addresses art historical issues though) never connects the San Matteo hospital with Filarete in her investigations about Pavia and its complex political context. Peroni could even point out to an identical width of 16 *braccia* in both the Pavia and the Milan hospitals (Peroni, 1989: fig. 07).

It is therefore inevitable considering the addressed topics from an interdisciplinary and global perspective. How was, for example, (A) the entire assistential system of the Visconti, later Sforza Lombard state structured? Which were (B) its relationship and links to the Islamic and farther Eastern tradition. (C) Which buildings from that tradition could be chosen as references? (D) Which was the role played by Filarete in this context, as his interest in the cultures of the Orient was very high anyway? Some questions in this field still wait for clarification from an art-historical, an artistic, an architectural and a cultural historical point of view.

It seems evident that the Sforza dukes, who had then just come to power, but not without some major political troubles and fights, in 1449-50, used the assistential system as a pivot on which they founded their future acceptance among the citizenship in the entire duchy, not only in Milan. There are so many hospitals which were built in Lombardy in the following years immediately after their takeover, that we cannot count them as a casual phenomenon. On the other hand, the foundation of an exemplary hospital shortly before, the Mantuan one, lets us suspect the Sforza began emulating their ambitious neighbours Marquis, the Gonzaga: according to Carpeggiani in this city a humanistic determination of Duke Ludovico, with a coordination of several modernising interventions or reforms at different levels, must be taken for granted; Antonio di Tuccio Manetti, strongly related to the great Florentine theoretician Alberti, seems to have been involved in the Mantuan project. Shortly later, the Milanese Duchy obtained the building authorization by Pope Nicolò V on March 8th 1449 and therefore it would "surely" derive from San Matteo – according to Carpeggiani's acceptance of Saletti's assessment. The Duke was at this time not even in power, rather he was about to victoriously enter Milan – in 1450. He cooperated with the *Confraternitas* of the hospital, which had been founded by the Dominican monk Domenico with a support of twelve member citizens of the city, the year before, on December the 29th. The Pope had among others to allow the transfer

3 Related sources published by Maiocchi 1937: 80.

of the former Benedictine convent of San Matteo into the hands of the Hospital brotherhood.

The impressive number of privileges which the Duke Francesco conceded or fairly donated to the hospital is documented in local sources such as the *Liber Niger*, contained in the documents of the so called *Archivio [dell'] Ospedale San Matteo*, whereas also Pope Nicolò V exempted from "obligationum iniunctarum cum reductionibus commutationibus ac absolutionibus pontificia auctoritate". Very little information, on the contrary, is available with regard to the founder friar Domenico of Catalunya, for example in the years before arrival to Italy. He had already been a *lector theologiae* in 1431 and 1432 at San Domenico in Bologna, at the most important Dominican foundation, whose Prior he would become in 1473. The *Statuta* of the hospital have been redacted by him before 1451 and were approved by the confraternity on Nov. 1st of that same year: the *Statuta Hospitalis Sancti Mathei Papiensis*, from which I take my image fig. 02, with a portrait of Domenico of Catalunya⁴. Besides, he is portrayed by Vincenzo Foppa in the famous Pala Bottigella altar, today preserved in the Pinacoteca Malaspina (Pavia), and Foppa was the most successful Milanese painter of this generation, demonstrating that Domenico was a renowned personality.

Meanwhile Filarete, who should be invited to the Lombard state and more precisely to the Milanese court only in 1451, in his writings (*Trattato* manuscript) demonstrates that from his point of view there has been a personal interest in the Ducal family in the issue of building assistential institutions by mentioning the Duke several times in this respect. Moreover, there must have existed an ambition of donating to the State not just some structures, but the most experimental and updated assistential structures of the then known world. The enormous canalization system in the Milan hospital for example is very innovative: it crosses from the major waterway of Navigli through the cellars of the hospital to the neighbouring Laghetto, meaning "little lake", which was the river harbor of Milan. There were therefore hardly hospital examples in Europe comparable to the ones in Pavia or in Milan. Inspiration for the construction of a completely unheard-of assistential and medical complex had to be taken from all possible and available sources, and especially from the neighboring Mediterranean government powers.



Fig. 02. *Statuta Hospitalis Sancti Mathei Papiensis*, Archivio Storico di Pavia, Archivio Ospedale San Matteo, *Statuto/D*, c. 10r, XV sec.

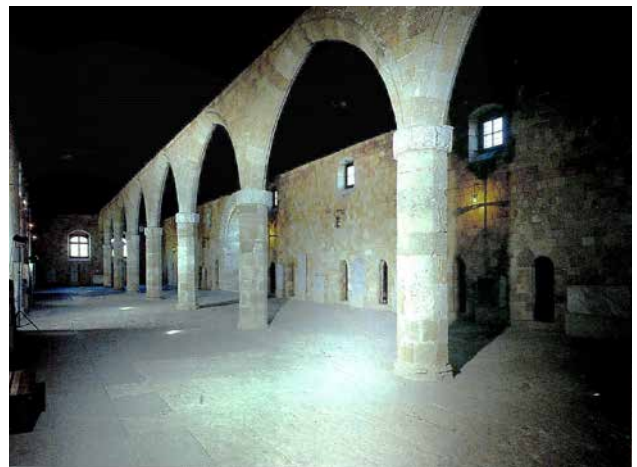


Fig. 03. Rhodes, New Knights Hospital, today Archaeological Museum. Great Hall. Built 1440-1489.

As far as the possible genealogy of Islamic or Eastern Mediterranean influences is concerned, it is fairly explained the strong relationship of the Italian lands and rulers to the Johannite knights, for example in Rhodes (fig. 03), where the order's hospital had been erected in these same years, from 1440 on (Quadflieg, 1981: 60); though there must have been a major reconstruction in 1480, after a catastrophic earthquake. However in Rhodes the corridor hall is comparable to the main Lombard ones, but Rhodes disposes of only one of them, for the entire building.

⁴ Archivio Storico di Pavia, *Archivio Ospedale San Matteo, Statuto/D*, c. 10r, "XV sec."

Secondly, in Italy knowledge must be assumed of the earlier and more famous Johannite Hospital in Jerusalem, which had been “reacquired” by the sultan Salâh-ad Dîn since 1187 and was thereafter under Islamic dominion, but which must have been familiar to the numerous pilgrims and merchants going back and forth from the Holy Land and Egypt. Unfortunately this is all known only from (at least) partial excavations, because the original building has been destroyed.

The quadruplicity of the surface available for the bed spaces, or more specifically the stations of the ill in the Milanese hospital, but presumably also in the original plan in Pavia, had relevant medical justifications: according to the typology of illness, they could be separated in four different areas, though we cannot tell anymore which sorts of illness was concentrated where. However this just corresponds to a rather traditional logical mindset: the availability of separated spaces was obviously a hygienic improvement, in the Islamic exactly like in the Christian tradition.

Otherwise, one of the most famous hospitals known in Western Europe was in Cairo’s old town, the *Maristan Qalawun*, built in 1284-1285 (fig. 04): its ground plan from the Londoner V&A Museum (Nr. SD.272:5), is a watercolor dated 1818-1822, by Pascal-Xavier Coste, showing that and the hospital also includes a school (*Madrasah*), the *Bimaristan* (i.e. hospital section) and a mausoleum. A comparison of such Maristans has often been made, and still awaits confirmation, with the tradition of the pilgrims’ hospital in the Byzantine world. In *Kalat Siman* in Syria, the Church of Saint Simeon Stylites thirty Km north of Aleppo, from the 5th century, containing a martyrion and hostels for the pilgrims as one recognises in the general plan, the site shows a hospital-like disposition, aiming at hosting the large numbers of travelers or visitors most of whom needed recovery. *Kalat Siman* was not a hospital, but it prefigured for its receptivity the later hospital sites from the 13th century onwards (Krautheimer, 1965).



Fig. 04. Cairo, *Maristan Qalawun*, built in 1284-1285.

In Antioch, the St Babilas martyrion (fig. 05), also from the end of the 4th cent. (381 a. D. according to Cyril Mango) (Mango, 1986: 50; Schäfer, 1978: 16), has been built in a similar way, with the imperial contribution of wealthy donations and with the purpose of the accomodation of larger numbers of pilgrims, assimilating its function to the one of an early hospital. One of the greatest Milanese bishops, Marolus, came himself to Italy from Syria where he was living around 380 b.C. and brought from Antioch the relics of Saint Babilas to Milan, in order to honour his compatriot with a church in the Lombard city (Fiorio, 1985: catalogue entry 182-184).

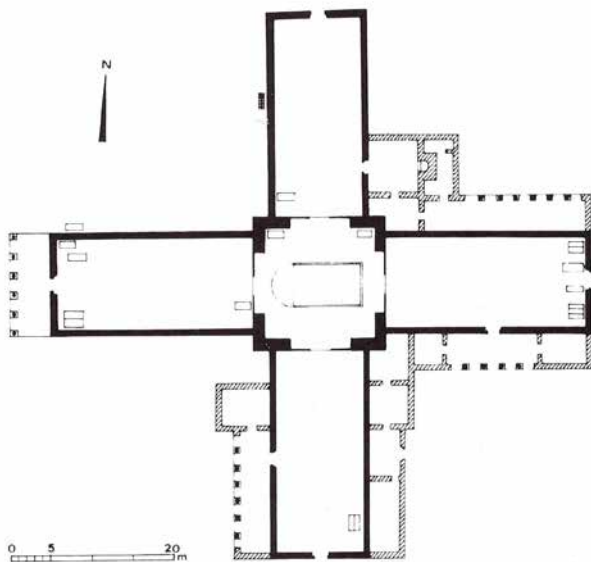


Fig. 05. Antioch, St Babilas martyrion, end of the 4th cent. (381 a.D.)

According to Quadflieg, as well Filarete's as other Lombard assistential concepts must have been influenced by knowledge of the *Qalawun* disposition (Quadflieg, 1981: passim), especially because of Filarete's use of water bassins in his project, though there is absolutely no compelling evidence of such a derivation. Besides, central water basins were known in the Arab world also elsewhere, in another important capital, in Damascus in the Bimaristan Nur al-Din (refurbished in 1242, still extant). And the Florentine architect never mentions Cairo, indeed; of course he was never there. Furthermore, all these examples have central plans, but not Greek cross plans, like the Lombard hospitals and the Byzantine martyrion belonging to the same tradition.

We do not know the ways through which and how much knowledge of the Islamic hospitals might have reached Milan, its court and its architects. During Filarete's stay there, the architect wrote about a planned visit to Constantinople. The similarity of forms between Lombardy and the Orient is impressive, but there is no final evidence that he made the travel to the Orient, and indeed no investigation has ever solved this problem: in a letter by his acquaintance in Milan, the humanist Francesco Filelfo, to the physician Georgios Amirutses (ca. 1400-75) in Istanbul, they discuss about a planned visit by Filarete (Quadflieg, 1981: 200; Marconi, 1972: 49-88, 66). Filelfo had spent no less than three years in Constantinople before, until 1423, and had been nominated "segretario e consigliere" by the emperor John VIII Paleologus (Viti, 1997). On the other hand, we may not need a real travel or such a strong connection to explain Filarete's interest in the Oriental building systems for public, governmental, administrative or hygienic architecture: there might have been a circulation of the *Vastu Shastra* texts, for example in a familiar city where he even worked such as Venice (at least in 1458): these were the ancient Sanskrit treatises on architecture. Without having been possessed by Filarete personally, even if they only temporarily landed into his hands, the conjecture of some inspiration deriving, for example, from mandala urban structures used in India or Persia would be, I believe, not phantasy at all⁵.

Furthermore, his treatise on the ideal city Sforzinda describes a city located on the shores of a river called *Indo* (which was in India, not in Lombardy, and in fact was known to cartographers from Moghul India, nowadays Pakistan) and at the bottom of a Mount *Indo* as well: here the references are clear. According to sources from 15th century Milan, Venice and, further West, more particularly Pavia had to be considered as the westernmost endpoint of the silk road; and in fact a major silk production took off in Lombardy in this period, not earlier.

The Pavia example is precious from a purely art historical point of view as well: here I point out to the ceilings on the main floor, now the library of the Istituto di Storia dell'arte, with their beautiful square painted panels, representing all kinds of angels (figs. 06, 07, 08, 09, 10). They can be dated, because of data related to most of the involved local artists, to

⁵ According to Marconi (1972: 66), with regard to Istanbul, "Milano si collocava sulla via delle spezie e della seta che collegava almeno dai tempi dell'Islam estremo Oriente ed Occidente via Costantinopoli e Venezia, l'idea di un passaggio" of such Oriental texts should be, therefore, assumed.



Figs. 06, 07, 08, 09 and 10. Anonymous painter, Fresco on wood. Angels. Pavia, former San Matteo Hospital, main floor, now library of the Istituto di Storia dell'arte.



the years around 1460. I am not going to deal with the immense, lavish decorative features of San Matteo. There is architectural sculpture everywhere in the building, mostly Gothic. In fact, the middle of the century coincides, in Lombardy, with the turn from Late Gothic toward classicizing forms of Tuscan origin. The structure of the hospital is classicizing, reminding of Florentine models: a hypothesis which however in my opinion can only be vaguely proposed, as it turns out that Florence accomplished its Santa Maria Nova hospital way *later* than Pavia (fig. 11 shows Santa Maria Nova's final features, as it actually looked like after completion). Extended construction works were in any case going on around 1460 and Filarete, himself a Florentine, was established as major architect of the Milanese State. There is no chance, beside the rather seldom mentioned name of a mason, maybe stonecutter like Antonio Varasi, of identifying the planner with an architect active in Pavia, someone who might have been responsible for the local project and further expansion (the church of San Matteo and its conversion into a differently functional building) of the monument. And indeed, it does not matter whether we have a signed project, and a reliable, unchallengeable attribution, or not.

Some decades later, in a region under strong Lombard influence, in Toledo the Hospital de Santa Cruz, would be founded by Pedro González de Mendoza, bishop since 1482, and will be completed ante 1495 on the score of Italian examples.

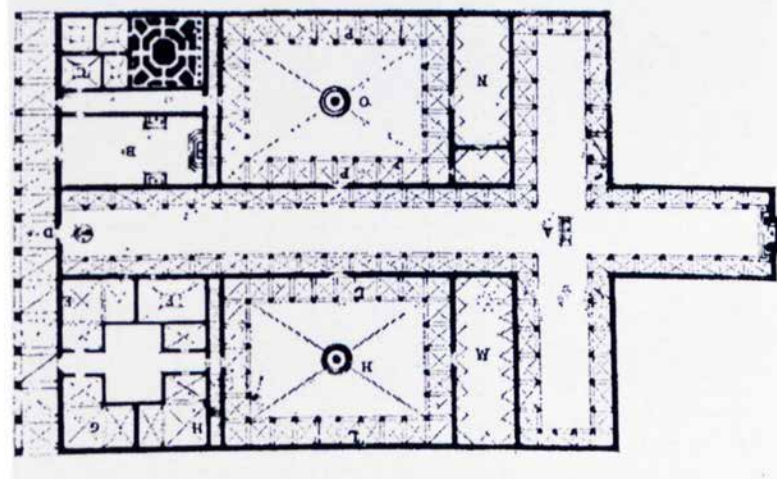


Fig. 11. Giorgio Vasari the Younger, *Città ideale*, manuscript written 1598, f. 16r, ideal hospital (of Florence).

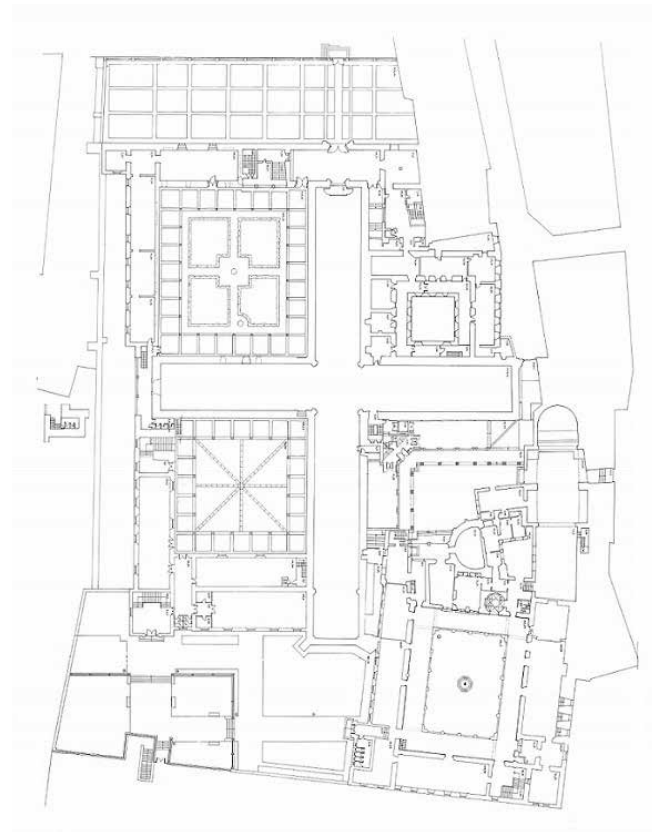


Fig. 12. Toledo, Hospital de Santa Cruz, modern ground plan.

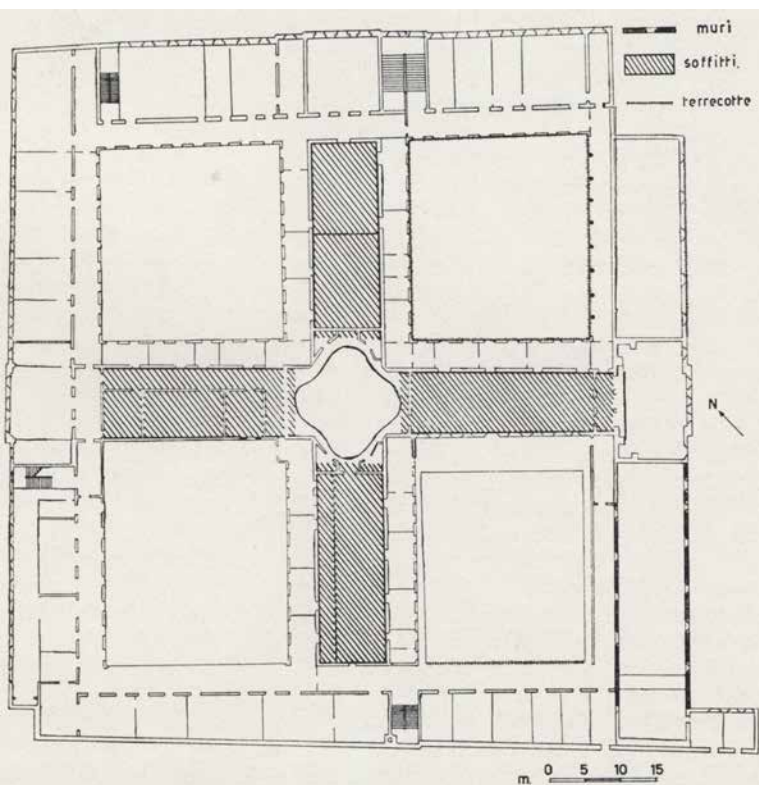


Fig. 13. Pavia. Hospital of San Matteo, ground plan, the black "muri" are still original from the early building.

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