



A great legal scholar of the 18th century with liver cirrhosis and septicemia



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Gabriele Filippucci (11 march 1631–21 July 1706) was the son of Domenico and Elisabetta Pelicani, a noble couple from Macerata (Marche, Italy); he attended theological studies and obtained his Doctorate in Law in 1655. The same year, he moved to Rome where he started his activity as a lawyer. His talent was rapidly recognised by Pope Clement IX who nominated him *actorum instructor* (investigating magistrate) for the city of Rome. His outstanding legal abilities and his fair dealing became renowned. In 1694, he was offered by Pope Innocenzo XII, a position in the Segnatura della Giustizia (the Vatican's supreme law court) as well as the role of Canon (a priest) in the Vatican Basilica. Filippucci declined. In 1695, he accepted the role of “Subdatary” (“*Subdatarius*”); he acted as “Subdatary” for four years (1699) before becoming *auditor papae* (May 1699). Then, he became Monsignore and he was in charge of the office of *referendarius apostolicus* (‘apostolic referendary’) of the two highest ecclesiastic tribunals (the Segnatura della Giustizia and the Sacra Rota) [1,2].

Filippucci worked incessantly. In 1701, Pope Clement XI, who had succeeded Innocenzo XII, nominated him voting member of the Segnatura della Giustizia, doctor of the decrees and secretary of the memorials. On May 17, 1706, he was offered to become Cardinal. Once again, he declined. He also turned down his role of voting member of the Segnatura della Giustizia. On May 20, 1706, he had high fever and, according to contemporary accounts, he died of dropsy on July 21, 1706. The following day, an autopsy that preceded the embalming was performed.

Monsignor Filippucci's life was characterized by total commitment to his work. In 1681, he had a violent feverish attack, which lasted for several months. Filippucci was a man of strict religious principles. In 1696, he restricted his diet and according to an unpublished manuscript held by the Biblioteca Apostolica Vaticana (Urb Lat 1714, cc. 89–91), he was accustomed to fasting, isolation and physical mortification; he ate red meat only three times per year. His lunch normally consisted of a soup made from herbs or legumes and a small quantity of sardines; at dinner, he ate a small quantity of bread and some fruits. He drank three times a day only 2 oz. During the religious festivities, he kept vigil for 8 nights preceding the fest, ate only bread and drank wine [1]. He did more than 100 hundred vigils per year, he wore the cilicium (rug or garment made from goat hair that has to be wore directly on the skin for penance) and was used to pray all night sleeping on the ground. When a doctor prescribed drugs, he wanted to know the costs of medicines and

often he refused the medication giving the compensation due for medicines to charity.

In 1702, he had a long illness that his chroniclers attributed to overwork and he developed irregular heartbeat. In December 1705, he had phlegm accompanied by violent coughing spells. On May 20, 1706, he had a high fever, which recurred nightly. He became weak and developed oedema of the legs, ascites and insomnia. Stomachache, headache and nausea were not reported. Although, during his illness he was given more food, he kept on losing weight. His physician, Giacomo Sinibaldi, declared that his disease was very severe and thought that he would not survive for long. His illness lasted 62 days. Consultations with expert physicians from Bologna, Giacomo Sandri, Lector of Anatomy and Surgery, and Ippolito Francesco Albertini, Lector of Practical Medicine, took place but Filippucci's conditions worsened dramatically. At the beginning of July 1706, he developed dropsy. His agony lasted 10 days. He never lost consciousness and kept on talking until the end. He died on the evening of July 21 (8:00 PM). Twelve hours later (8:00 AM), an autopsy was performed in a small room in the church of Sant'Ignazio [1].

The autopsy report is of particular interest as it sheds light on the dissection techniques. The opening of the body started from the lower abdomen, the area more prone to putrefaction and then to the thoracic girdle (medium abdomen) and to – the brain (superior abdomen). After the opening of the lower abdomen, more than fifteen lbs of water or serum were collected but only a small quantity of omentum (“*zirbo*”) (only four fingers thick) was found. The stomach and the intestines were filled with air but their condition was good. The liver was hard and showed a series of fibrous nodules (*vomiche*), structures “looking like the berries of the *nux vomica*” and weighted ca 10 lbs; the gallbladder was filled with bile. The pancreas was shrunken (*attratto*) and had lost its original shape. The spleen was very small but in good conditions. Both kidneys and bladder were normal in shape and structure.

The right lung was adhering to the pleura and gangrenous. The left lung showed signs of beginning gangrene. Both were completely soaked. The heart was medium sized and normal. After the skull was opened and the brain exposed, the dura and pia mater were adhering to the endocranium and were difficult to separate. The vessels were swollen and two abscesses containing pus were found in the left and right cerebral hemispheres. The brain and the cerebellum were well

preserved [3]. The physicians concluded that Filippucci's death was due to intestinal decompensation that caused destruction of the intestines and circulatory failure [3].

The autopsy report of this high-ranking catholic cleric and the study of his biographical records allowed us to reconstruct his disease that caused his death at the age of 75. We propose that Monsignor Filippucci's death was caused by hydrothorax related to decompensated liver cirrhosis possibly related to alcohol consumption. Chronic alcohol consumption may have caused cirrhosis of liver, and, incidentally, chronic pancreatitis. Pancreatic congestion is a condition observed in cirrhotic patients leading, as in Filippucci's case, to a progressive auto-digestion of the organ [4].

Cirrhosis of the liver led to generalized oedema. Massive ascites, secondary septicaemia possibly related to spontaneous bacterial peritonitis (SBP) [5] and late hepatic encephalopathy occurred.

At the macroscopic observation, Filippucci's spleen appeared very small; this is consistent with the notion that functional hyposplenism can be a feature of alcoholic liver disease [6]. A relationship between hyposplenism and the onset of severe bacterial infections, especially those caused by *Klebsiella pneumoniae*, *Streptococcus pneumoniae*, *Haemophilus influenzae type b* and *Neisseria meningitidis*, has been reported [7]. Similarly, bacteremia may cause infections of several organs, including brain abscesses [7–12] and *Klebsiella pneumoniae*, which may colonize the gastrointestinal tract, has been found to be a common pathogen of brain abscess in decompensated cirrhotic patients with fever [7].

Disclosure of potential conflict of interest

The authors declare that they have no conflict of interest.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.mehy.2019.04.004>.

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