



Article

Eating in a Total Institution Considering History, Nutrition, and Gender Issues

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Abstract: To the authors’ knowledge, this paper is the first to explore the dietary regime provided in a total institution. Specifically, the aim of this study is to highlight gender differences in the dietary regimes of mental health patients. Using archival and documentary evidence, the study uses an unobtrusive research approach to explore the diets of mental health patients living in the Girifalco asylum, in southern Italy, during the second half of the 19th century. The evidence analyzed examines whether the dietary regimes that were rebuilt are perfectly in line with the principles of moral treatment. Concerning the study, limitations should be stated; although archival evidence suggests that the institutional meals provided in Girifalco asylum were nutritionally adequate (by gender), this is impossible to verify. In conclusion, the dietary regime provided at the Girifalco asylum was balanced both from a qualitative and quantitative point of view for healthy living in a total institution.

Keywords: total institution; asylum; sociology of medicine; unobtrusive methods; dietary regimes; gender issues; history; Calabria; Girifalco



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1. Introduction

The administration of food to people living with mental illness has been poorly studied during the last two hundred years (Bell 1850; Campbell 1887; Kearin 2020); in this regard, “The late 19th-century psychiatric literature contains some scattered information about food” (Van Deth and Vandereyken 2000, p. 393). Nevertheless, some isolated studies (Bédard et al. 2020) highlight the importance of undertaking further research into the issue of gender to answer some fundamental questions, such as was there a correlation between patients’ diets and gender? Which were the food groups where gender differentiation was most frequent? What sociological and biomedical significance does gender have in a total institution?

For Goffman, a total institution (TI) is “a place of residence and work where a large number of like-situated individuals are cut off from the wider society for an appreciable period of time” (p. xiii). In particular, a total institution has the following specific characteristics: “First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the member’s daily is carried on in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together. Third, all phases of the day’s activities are tightly scheduled, with one activity leading from a prearranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials. Finally, the various enforced activities are brought together into a single rational plan purportedly designed to fulfill the official aims of the institution” (Goffman 1961, p. 6). The concept of total institution is also essential for dietary regimes that were also strictly regulated in mental health hospitals.

It is important for this research to remember that, in the 1800s, a new treatment approach was introduced: the moral treatment. This was born in England and France (Kearin 2020), and was exported all over the world, including to Italy, as in the case of the Girifalco asylum in Calabria.

In this regard, “eating practices, the growth of dietary science provides a potentially interesting area for examining Foucault’s attempt to indicate the subtle connections between the body knowledge and power” (Turner 1982, p. 268). Therefore, moral treatment includes an attempt to equal the metaphorical epurations of food to habits ascribed to social classes and related psychiatric disturbances (Turner 1982).

In this way, “A major goal of moral treatment was to break the patient’s will, reducing them to docile subordinate children; establishing order by awe and dread” (Evers 2021, p. 4).

Specifically, the principal elements of the moral approach can be summarized as “careful attention to cleanliness, exercise, air, and substantial diet as a means of supporting the the patient’s health through the creation of a healthy environment. The belief that mental illness was essentially a manifestation of temporary disturbances in the material support of the mind justified the conviction that a return to moderate habits and modes of living would reliably effect a cure in all but the most severe cases” (Kearin 2020, pp. 1–2). Thus, under the influence of these principles, the psychotherapists of the time began to attribute a therapeutic function to food (Black 1873).

In this regard, a few centuries earlier, the relationship between nutrition and mental health had already been explored by Robert Burton who argued, in his *Anatomy of Melancholy*, that unhealthy diets caused not only organic but also psychic diseases (Burton 1621).

It is important to remember that the historical context in which this vision was born, was that of the colonialist and industrialized society, in which “food and its consumption were inevitably drawn into discourses of progress, culture, and evolution” (Kearin 2020, p. 3).

In this regard, the crux of the matter is that many scientists/sociologists begin to realize that there is a link between diet quality and physical and mental health, and that the effects of poor diets can be reversed by controlling the quality and quantity of foods provided to inpatients. To provide an overview of some aspects in this regard, the quotes on food, food quantities, etc., are listed in Table 1, summarizing this eureka moment.

Table 1. Eureka moment. Links between diet and health (Conolly 1847; Culverwell 1848; Fowler 1856; Griesinger 1866; Black 1873; Foucault 1971).

Author	Year	Quotes	Impact
Conolly J.	1847	<i>The poor intake of food entails the manifestations of the mind to fail along with the other functions.</i>	The study highlights the impact of food on mental health.
Culverwell R.J.	1848	<i>Of as few articles as possible: bread, meat, one kind of vegetable. Temperance in diet, water for drink, and hard work for exercise will save and prolong life.</i>	The study highlights the impact of food on physical and mental health.
Fowler O. S.	1856	<i>The excessive interest in sensory pleasure had produced an undue rise to the lowest propensities, leading to aberration and insanity.</i>	The study highlights the impact of social aspects of food and mental health.
Griesinger W.	1866	<i>A deficient diet begins to be considered as a real etiological agent of psychiatric disorders, since, as already mentioned, nutrition, if corrected, was able to improve and, at times, cure psychiatric disorders.</i>	The study highlights the impact of food on mental health.
Black J. R.	1873	<i>The barbarian takes food and drink as prepared by nature.</i>	The study highlights the impact of social class and food.

Table 1. Cont.

Author	Year	Quotes	Impact
Foucault M.	1971	<i>Guarantee bourgeois morality a universality of fact and permit it to be imposed as a law upon all forms of insanity. By acting on food, they acted on the body and therefore we create individuals increasingly subjected to widespread power, typically exercised in mental hospitals.</i>	The study highlights the impact of social aspects of food on physical and mental health.

Furthermore, it is also in this period that food consumption is affirmed as the main instrument of differentiation between civilized and uncivilized people and, therefore, between wealthy and disadvantaged classes (Costa and Serra 2022).

1.1. Brief History of Italian Asylums

To understand the history of the Girifalco asylum, it is necessary to refer, albeit briefly, to the Italian history of psychiatric asylums. Asylums began to be established in the 15th century, at the request of some monastic orders, by provincial administrations or influential physicians (Balbini 2009).

Following the unification of Italy in March 1861, mental hospitals were established in each Italian province due to overcrowding in other institutions, since the most “popular” asylum, namely that of Reale Ospedale Psichiatrico di Aversa, near Caserta (Costa and Serra 2022), communicated the suspension of admission of the mental health patients from the south, due to the overcrowding that afflicted this institution.

Specifically, in 1861, there were 897 hospitals for the sick, 35 asylums, and 23 maternity homes. The new state established four types of institute dedicated to the assistance of mental health patients, (a) provincial asylums, (b) asylums set up in the form of charitable works, more or less subject to the interference of public bodies, (c) sections of hospitals administered by independent congregations and, finally, (d) private asylums (Balbini 2009).

The nascent Italian bourgeois society considered mental health patients as having no legal status and, therefore, as exempt from legal sanctions (Costa and Serra 2022). The mental health patients were considered a concentrate of irrationality, and for this reason they could not be subjected to the same laws as other people (Castel 1980).

The combination of these ideologies led the Italian government to introduce a law aimed at regulating all asylums, which until then had absolute autonomy in terms of internment. In 1874, the minister Girolamo Cartelli proposed a “draft regulation” of the brakes, even if it was never implemented (Venturi Silvio 1888).

Afterwards, the minister Giovanni Nicotera presented the famous “Inspection of the asylums of the Kingdom” in 1891 (Borrello 1961), which identified a series of limitations and inefficiencies in terms of logistics, hygienic conditions and overcrowding of asylums.

Subsequently, another minister, Giolitti, presented bill provisions around mental health patients and asylums which we can summarize in four essential points: (a) the obligation to be admitted to an asylum only for dangerous subjects or scandal; (b) admission only after legal procedure, except in cases of urgency; (c) the allocation of expenses to the provinces; (d) the establishment of a special surveillance service for the alienated (Costa and Serra 2022).

Thus, a dense network of interactions between psychiatrists and guardians was created, and this led to the internment not only of mental health patients but also of faithless women, paralytics, alcoholics, etc.; in short, of all those who could make society and family uneasy. This way, asylums became substitutes for prisons (Costa and Serra 2022).

1.2. The History of Girifalco Asylum

After the unification of Italy, it was pivotal to establish new asylums in southern Italy, since the Reale Ospedale Psichiatrico di Aversa, near Caserta, suspended the hospitalization

of mental health patients due to its overcrowding (Marcello 1995). After a series of evaluations of structures in southern Italy, a new asylum was proposed to be opened in the Calabria region (Costa and Serra 2022). Thus, after having excluded many towns, Girifalco was chosen.

In particular, the Girifalco asylum was located in the seventeenth-century convent dedicated to Saints Antonio and Elena (Marcello 1995).

From 1879 to 1902, there were the first interventions of structural adjustment to the preexisting complex and the first extension to the construction of the comfortable section.

Initially, it was decided to hospitalize only the first 40 patients and to postpone more substantial interventions due to the subsequent growth of the asylum population, limiting itself to making changes strictly necessary to start the business (Costa and Serra 2022).

In 1879, it was decided to arrange the mental health patients in two sections, one for men in the east wing and one for women in the west (Marcello 1995).

In 1880, the adaptation of the ground floor was completed, which could accommodate about 50 people, while the upper one remained incomplete, although it could offer as many beds if necessary, doubling the capacity (Costa and Serra 2022).

In 1881, the first director of the asylum was appointed; Dario Maragliano, of Genoese origin, although he remained in office for only a few months, and then took over the direction of the Como asylum. In addition, in 1881, a completion project was drawn up which, in addition to remedying the defects found, allowed the provincial administration to hospitalize over 100 patients (Costa and Serra 2022).

The asylum was opened in 1881, with twenty-two patients. During this period, an outpatient clinic was created for citizens with the aim of educating the population on the health level regarding the diagnosis and prevention of social diseases. In the following years, further structural improvements were introduced with the simultaneous succession of different directors (Costa and Serra 2022).

More important historical information pertains to the division into classes that existed in this asylum. The social classes were divided into peasant class, artisan, and civil class (Costa and Serra 2022).

“Civilians as belonging to well-to-do social classes, were exempt from ergotherapy, and above all, a health cottage was created to ensure a clear separation from the less well-off patients, or an elegant building for the use of a wealthy sick man who wants to be kept away from the mental health patients, kitchenette and closet for nurses. It can be used by a gentleman or a lady, who also wants to live with one of the family and wants to have a noble treatment there” (Pellegrini 1907, p. 33). The diversity of treatment according to the mental health patient’s social class was also highlighted by the scarcity of details in medical records for low social classes, and the very detailed ones for upper social classes (Costa and Serra 2022).

As regards the types of diseases that were treated in that period, they consisted of epileptic frenosis, imbecility/idiocy, hebephrenia, primitive dementia, simple melancholy, simple acute mania, mania with fury, hebephrenic dementia, sensory frenosis, mania with intercurrent accesses, proud persecutory paranoia, frenasthenia, simple hypomania, intellectual monomania, criminal frenosis, melancholy delirium, consecutive stupidity, hallucinatory psychosis, emotional excitement, secondary psychic disorders, psychic epilepsy, hebephrenia with sitophobia, puerperal frenosis, manic exaltation, and epileptic constitution (Chiaravalloti and Taverniti 2021).

As for the religion of the mental health patients, it appears that they were all Catholics; while as regards their ethnicity, at that time, they were all Caucasians (Chiaravalloti and Taverniti 2021).

1.3. Eating and Gender Issues in Italy during the 19th Century

To understand the nutritional aspects and gender issues in the Girifalco asylum, it is necessary to refer to the dietary and cultural regime outside the Girifalco asylum.

The Italian nineteenth century marks the overcoming of the Ancient Regime, characterized by a demographic development which is the extension of that of the XVIII century

(Grandi 2015) and it is explained both by the lowering age at marriage, favored by the extension of wage labor, and a decrease in mortality, not only in childhood and youth, but also in adulthood. This decrease was due simultaneously to medical advances, the improvement of the diet, and the disappearance of cyclical famines, already sufficiently attenuated in the eighteenth century. (Flandrin and Montanari 1997).

In the same period, there was a gap between production and consumption and the progressive decrease of prices continued to press on until the turn of the century economic trend, revealing structural imbalances and tightening international relations (Grandi 2015).

This drop in prices extended to all products of agriculture and agricultural industries. In fact, people had to deal with the abundant supply of cereals, hulls, and other agricultural commodities poured into the European market from other continents, at completely unsustainable prices (Teti 2019; Sorcinelli 1999).

The drop in prices primarily concerns cereals, but if one eats more and better in some social categories, food progress is not consistent from a qualitative point of view (Sorcinelli 1999). In fact, the persistence of the low-calorie diet in most parts of Italian society was still attested in 1911, and attributed to the fact that they drew their livelihood from the activity in the primary sector. The Italian social customs of that time, and the nascent urban proletariat, paid little attention to food as anything more important than a response to hunger (Sorcinelli 1999).

Furthermore, workers ate meals on the job, often standing up, literally swallowing bread or polenta accompanied by onions and garlic or, on the best days, by sardines, anchovies, or herring; but the home-cooked meal was also equally hasty: a single dish of spontaneous chicory, salad or field herbs, with the pot of polenta overturned directly onto the cutting board of the table (Sorcinelli 1999; Montanari and Capatti 2011).

Frugality was one misunderstood norm of life that marked the existence of all appearances, including the bourgeoisie, and praised thriftiness and Christian modesty, following the ethics made up of stereotypes that identified the farmer as an always tired figure, by definition listless, slow, apathetic and indolent, with an inability to guess the real reason for what it was considered reprehensible indolence (Grandi 2015); in fact, the indolence attributed from the bourgeois to the peasant and interpreted as a lack of will was, most of the time, due to malnutrition, which negatively affected the productive capacity of the worker (Teti 2019).

On the other hand, the bourgeois people, according to the working people's point of view, were the one who could afford to eat meat, white bread, wine, and delicacies such as sugar, cocoa, and coffee (Grandi 2015); the imagination of the low social classes had established for centuries the correlation between pecuniary abundance and the abundance of a person's weight, tracing the stereotypical man paunch, man of substance, as demonstrated by so many proverbs still used today (Sorcinelli 1999).

Furthermore, considering the diet of the nineteenth century, for example, Bartolini (1897) describes a typical lunch made of cheese, sheep meat, and polenta bread, and roasted kid. The same author also provides a description of the diet of pastoral communities based on onions, raw herbs, milk, cheeses, and meat just browned on the fire, or raw flavored with salt and pepper.

Differences in nutrition were determined not only by social status but also by gender (Sorcinelli 1999; Grandi 2015). Especially in the rural world, females were in a condition of food subordination compared to males, considered the only ones able to work, and therefore procure subsistence for everyone (Sorcinelli 1999).

Symbolically, young women (mothers, wives, or daughters) almost never sat at the table and ate in place with the hand, gathering what was left; not even during gestation or breastfeeding were women getting enough calories and protein, and for that reason perinatal and infant mortality was high (Grandi 2015).

Regarding gender issues, it should be remembered that in nineteenth-century Italy the highest number of deaths was found among females (Cherubini 1980).

Furthermore, in the nineteenth century, [Lombroso and Ferrero's \(1893\)](#) theories on female deviance began to assert themselves. These theories were significantly applied in the Italian psychiatric context and in Girifalco asylum ([Costa and Serra 2022](#)). Briefly, for Lombroso the “normal” woman was distinguished from a potential deviant thanks to certain physical anomalies or moral degeneration. These variables were considered to underlie the behavior of psychopathic women, prostitutes, or alcoholic women ([Lombroso and Ferrero 1893](#)). According to this scholar, the deviant woman compensated for the lower physicality and intelligence compared to men with an alleged and atavistic degenerate and latent instinct, from which only a few women defined as normal, and statistically irrelevant (but in any case in a condition of psychophysical and social inferiority) were saved ([Lombroso and Ferrero 1893](#)). It was precisely these shortcomings that led to fewer crimes committed by women than the deviant actions of men; for [Lombroso and Ferrero \(1893\)](#), however, the woman was endowed with inferior intelligence, and this made her potentially deviant in certain circumstances.

Thus, the gender issue and that of food finds a further link in this period in which the nascent industry was cooperating in worsening the quality of life of its workers, because it was confusing the liberal principles with the imposition of low wages, of massive employment of women and children, of exploitation of “human labor matter” aimed at achieving high profits, and in the indifference to the disastrous conditions of workers, even though the country came out of the Risorgimento in controversy with the industrialists to be in favor of worker welfare ([Schwarzenberg 1971](#)).

Thus, the aim of this article is to study the nutrition in an asylum of the nineteenth century and to evaluate gender issues in this context through an unobtrusive methodology. For these reasons, the documents of Girifalco asylum, preserved in the historical archive of Catanzaro, were analyzed.

2. Materials and Methods

Data analysis was carried out using unobtrusive methods from the sociological approach ([Webb et al. 1966](#); [Lee 2005](#)). These are a broad set of survey tools that avoid the direct involvement of research subjects. Instead, historical records were used and interpreted along with primary sources from the study period. Research began in 2022, starting from the careful analysis of the two main documents conserved in the Provincial Archives of Catanzaro.

In the research period, the analysis is based the following documents preserved in the Provincial Archives of Catanzaro:

- (1) “Allegato del 1887 relativo ai menu, spettanze e vitti speciali” (“Annex of 1887 regarding menus, entitlements, and special meals”, from this point on referred to as Annex);
- (2) “Considerazioni sull’aumento nel numero dei pazzi e sull’assistenza dei medesimi nella provincia di Catanzaro e sullo stato attuale e sui bisogni prossimi e futuri del Manicomio Provinciale di Girifalco” (“Considerations on the increase in the number of mental health patients, people and their assistance in the province of Catanzaro, and on the current state and the immediate and future needs of the Provincial Asylum of Girifalco”) by Professor Silvio Venturi, dating to 1888 ([Archivio di Stato di Catanzaro, Prefettura di Catanzaro 1887–1888](#)).

The first document, Annex, is written in pen on paper, the legibility of which is easily legible. The color of the sheets is yellowish, with evident signs left by time and conservation methods. It does not specify the month of preparation or registration procedures. On each sheet there is a header indicating the month and the year of the time of food administration in the asylum, and the social classes to which the patients belonged. Meals (lunch or dinner) are recorded on each sheet, which also indicates the day of the week in which the meal is to be served as well as the ingredients and different portion sizes destined to male and female patients.

“Considerations on the increase in the number of mental health patients people and their assistance in the province of Catanzaro, and on the current state and the immediate

and future needs of the Provincial Asylum of Girifalco” is kept in the Historical Archives of Catanzaro, of which there are no copies on the market.

An archival search was carried out to retrieve all documents detailing food provision to mental health patients, including those containing gender-sensitive information. Subsequently, the documents were assessed for authenticity, credibility, representativeness, and meaning as described in Scott’s (2006) methodology for documentary research (Table 2). Records of dubious origin that were deemed inaccurate and unreliable were removed.

Table 2. Scott’s criteria used in the current study.

Authenticity		Credibility		Representativeness		Meaning	
Soundness	Authorship	Sincerity	Accuracy	Survival	Availability	Literal	Interpretative
Is it sound? YES	Can the authors be authenticated? YES	Are the documents prejudiced? NO	Are the documents accurate? YES	Have the documents survived well over time? YES	Are the documents easily accessible? YES	Is it possible to analyze the literal meaning of the documents? YES	Do the documents allow an interpretative study of their contents? YES
Is it original? YES	Is it a forgery? NO	Can we appraise if the documents are distorted? YES		Due to their sensitive nature, were documents destroyed? NO			
Is it a copy of a copy? NO	Can we get evidence about the authenticity of the author? YES	Is the author sincere in his point of view? YES		Did some documents disappear because they were misfiled? NOT APPLICABLE			
Is it incomplete? SOMETIMES		Did the author actually believe what they recorded? YES					
Is it corrupted in transmission? NO		If they are official documents, the author may not have any choice in whether to be sincere or not. YES					
Are there errors in grammar? SOMETIMES		Were the events close to the documents produced? YES					
Were the documents Written on the parchment? NO							

For detailed reconstruction of the menus, data were transcribed to an Excel sheet and then collated. Documents were analyzed using the descriptive method outlined by Sarantakos (2013), a process which led “to simply summarizing the data and identifying main trends” (Sarantakos 2013, p. 298). Statistical analysis was carried out using the JASP statistical software (Version 0.16.3).

3. Results

Analysis of archival documentation unearthed during this study showed that the institutional menus provided at the Girifalco asylum were of high quality and highly variable, with the fare changing seasonally depending on the availability of the ingredients.

Tables 3–8 summarize the results of data analysis, showing how meals were tailored to individual patients. The tables have been organized according to a specific scheme that accurately follows what is present in the documents reported, so the aggregate months were found as reported in the original documents: January, February, November, and December; March, April and May; June, July and August; September and October. The menus structured in a weekly organization have been reconstructed and divided into lunch and dinner, with a specification on the ingredients based on the amount expressed in grams, and divided according to gender. This distinction was present in the documents analyzed.

Table 3. Individual meals for 1st and 2nd class patients at lunch and dinner. Months: January, February, November, and December (1) 1887.

Monday				Tuesday				Wednesday				Thursday			
Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)	
		M	F			M	F			M	F			M	F
lunch: tripe, cheese, eggs, fruits	tripe	200	169	lunch: beef patties, cooked broccoli or escarole, salad, and fruits	meat	140	109	lunch: mess of meat with croquettes, escarole, salad, and fruits	beef	190	119	lunch: pork cutlets with sauce, salad, and fruits	pork meat	140	120
									ham	8	8		capers	6	6
					lard	4	4		butter	9	9		pepper	0.5	0.5
									eggs (n ^o)	0.5	0.5		small cucumbers	12	12
	cheese	13	13		ham	10	10		potatoes	119	119		onions	12	12
					capers	13	13		onions	19	19		butter	9	9
	eggs (n ^o)	1.5	1.5		onions	30	30		pepper	1	1		vinegar	2	2
	butter	190	190		parsley	1	1		escarole	200	200		lettuce	200	200
	pepper	1	1		vegetables	400	400		oil	10	10		oil	10	10
	parsley	1.5	1.5		oil	10	10		garlic	1	1		garlic	1	1
dinner: small pasta in soup, boiled meat with vegetable garnish, panzerotti, and wine.	fruits	190	190		parsley	1	1		vinegar	4	4		vinegar	4	4
					vegetables	400	400		fruits	150	150		fruits	190	190
	small pasta	160	139		oil	10	10								
	crotone cheese	25	25		vinegar	4	4								
	beef	190	119		fruits	190	190		macaroni	190	160		pasta	190	160
	cabbage	219	219						butter	70	70		cheese	29	29
	ham	19	19		crotone cheese	10	10		parmesan cheese	32	32		beef	190	119
	vinegar	1	1		eggs (n ^o)	2.5	2.5		meat	200	169		lard	19	19
	onions	9	9		beef	190	119		flour	86	86		potatoes	119	119
	parsley	1	1		potatoes	119	119		eggs (n ^o)	2	2		butter	43	43
	celery	2	2		butter	10	10		pepper				onions	19	19
	butter	8	8		pepper	0.5	0.5		parsley	2	2		tomato sauce	8	8
	flour	39	39		parsley	0.5	0.5		lemons	40	40		flour	40	40
	mozzarella cheese	60	60		celery	2	2		ham	19	19		eggs (n ^o)	1	1
	lard	30	30		onions	9	9						sugar	20	20
	eggs (n ^o)	0.5	0.5		mozzarella cheese	80	80		fruits	219	219		mozzarella cheese	40	40
	pepper	1	1		butter	9	9						ham	19	19
	wine	0.5	0.5		fruits	219	219						fruits	219	219

Table 4. Individual meals for 1st and 2nd class patients at lunch and dinner. Months: January, February, November, and December (2) 1887.

Friday				Saturday				Sunday			
Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)	
		M	F			M	F			M	F
lunch: stewed tuna fish and fruits	tuna fish	190	110	lunch: scallop with bread croutons, and fruits	beef	190	119	lunch: mutton cutlets alternating with sausage, potato salad, and fruits	beef	180	149
	oil	19	19		ham	10	10		eggs (n°)	0.5	0.5
	butter	20	20		butter	8	8		butter	11	11
	parsley	2	2		bread	60	60		potatoes	119	119
	capers	4	4		fruits	190	190		pepper	1	1
	fruits	190	190						lettuce	200	200
									oil	29	29
dinner: noodles in broth of fish, fish casserole, gateaux of potatoes, lettuce salad, fresh or dried fruit	noodles	190	160	dinner: small pasta in soup, boiled meat with side dish of legumes, rice croquettes, lettuce salad, and fruits	pasta	160	119		garlic	1	1
	fish	219	219		beef	190	119		vinegar	4	4
	oil	40	40		beans or lentils	70	70		sausage	100	100
	anchovies	10	10		butter	33	33		fruits	190	190
					parsley	3	3		macaroni	190	160
	capers	11	11		celery	2	2		cheese	29	29
					onions	9	9		lard	19	19
	onions	10	10		riso	89	89		onions	19	19
					mozzarella cheese	30	30		tomato sauce	8	8
	tomatoes sauce	9	9		eggs (n°)	1	1		beef	190	119
					croton cheese	19	19		butter	6	6
	parsley	3	3		lettuce	200	200	dinner: macaroni with tomatoes sauce, stew with side dish of onions, pork chops, escarole, and fruits	onions	190	190
	potatoes	300	300		oil	10	10		sugar	3	3
					garlic	1	1		vinegar	1	1
	eggs (n°)	0.5	0.5		vinegar	4	4		pork meat	140	120
					fruits	219	219		escarole	400	400
	mozzarella cheese	30	30						oil	10	10
	parmesan cheese	12	12						capers	6	6
	butter	16	16						olives	6	6
	pepper	2	2						pine nuts	4	4
	lettuce	200	200						fruits	219	219
	garlic	1	1								
	vinegar	4	4								
	fresh or dried fruit	219	219								

Table 5. Individual meals for 1st and 2nd class patients at lunch and dinner. Months: March, April and May (1) 1887.

Monday				Tuesday				Wednesday				Thursday			
Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)	
		M	F			M	F			M	F			M	F
lunch: mutton roast, cooked broccoli or escarole, salad, and fruits	meat	180	149		meat	160	149		mozzarella cheese	60	60		beef	180	149
									pepper	1	1		potatoes	100	100
									lard	30	30		butter	19	19
					butter	6	6		eggs (n ^o)	0.5	0.5		tomatoes sauce	4	4
									flour	20	20		onions	10	10
	butter	6	6	lunch: steak and fruits	fruits	190	190	lunch: fried mozzarella cheese and fruits	fruits	190	190	lunch: stewed meat with potatoes and fruits	pepper	1	1
													fruits	190	190
	vegetables	400	400												
	oil	10	10												
	garlic	1	1												
	vinegar	4	4												
	fruits	190	190												
	vegetables	600	600						flour	100	100		pasta	190	160
									eggs (n ^o)	3	3		cheese	29	29
					rice	130	110		parmesan cheese	20	20		beef	190	119
									meat	190	119		lard	19	19
									flour	200	200		ham	9	9
	lard	18	18		butter	40	40		cabbage	160	160		eggs (n ^o)	1.5	1.5
					parmesan cheese	10	10		ham	18	18		pine nuts	6	6
					onions	226	226		cheese	6	6		pepper	1	1
					saffron	0.5	0.5		onions	9	9		parsley	1	1
	beef	190	119		broad bean	1	1		parsley	1	1		garlic	1	1
					pork meat	20	20		celery	2	2		onions	19	19
	parsley	2	2	dinner: saffron risotto, broad bean soup, mess of meat and potatoes, parmigiana of cardoons (in March), baked artichokes (in April and May), lettuce salad and fruits (oranges and fennel in April, cherries in May)	parsley	2	2	dinner: green bean pancakes, boiled meat with vegetables, ham pancakes and fruits (honey and fennel)	celery	2	2		semolina	70	70
	mint	1	1		pepper	1	1		butter	8	8		sugar	40	40
	vinegar	2	2		beef	190	119		lettuce	200	200				
	sugar	2	2		ham	8	8		oil	10	10		milk	19	19
	celery	2	2						garlic	1	1		green beans	2	2
					flour	27	27		vinegar	4	4		cedar	10	10
	flour	80	80						fruits	219	219		butter	8	8
	eggs (n ^o)	2	2		potatoes	119	119						lettuce	200	200
	butter	10	10		eggs (n ^o)	2	2						oil	10	10
	meat	29	29		cardoons	200	200						garlic	1	1
	lard	30	30		lard	3	3						vinegar	4	4
	ham	10	10		artichokes	3	3						fruits	219	219
	lard	26	26		lemons	20	20								
	fruits	219	219		lettuce	200	200								
					oil	10	10								
					garlic	1	1								
					vinegar	4	4								
					fruits	219	219								

Table 6. Individual meals for 1st and 2nd class patients at lunch and dinner. Months: March, April and May (2) 1887.

Friday				Saturday				Sunday			
Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)	
		M	F			M	F			M	F
lunch: fried eggs and fruits	eggs (n°)	2	2	lunch: meat with potatoes, and fruits	beef	190	119	lunch: meat steak, salad, and fruits	beef	190	119
	lard	10	10		potatoes	190	190		butter	10	10
	fruits	190	190		butter	10	10		lettuce	200	200
					fruits	190	190		oil	10	10
dinner: pasta omelet, pea soup, fish, marinara, potatoes, croquettes, salad and fruits (apples and fennel in April, cherries in May)	noodles	190	160	dinner: small pasta in soup, boiled meat with potatoes, patties, salad and fruits (apples and fennel and cherries in May)	pasta	180	119		garlic	1	1
	oil	40	40		beef	190	119		vinegar	4	4
	anchovies	8	8		potatoes	119	119		fruits	190	190
	capers	6	6		lard	36	36		macaroni	190	160
					pepper	1	1		cheese	29	29
	olive	7	7		parsley	1	1		beef	190	119
					peas	100	100		lard	19	19
	garlic	1.5	1.5		milk	13	13		onions	38	38
	parsley	2.5	2.5		eggs (n°)	0.5	0.5		tomato sauce	8	8
	peas	1	1		flour	26	26		butter	6	6
	onions	200	200		mozzarella cheese	40	40		potatoes	190	190
	lard	20	20		butter	8	8		peas	100	100
					parmesan cheese	8	8		oil	10	10
	fish	219	219		lettuce	200	200	dinner: macaroni with ragù, stew with side dish of potatoes or peas, gratin artichokes, fried liver, and fruits (apples and fennel and cherries in May)	garlic	1	1
	mozzarella cheese	26	26		vinegar	4	4		parsley	1	1
	lard	26	26		fruits	219	219		liver	190	190
	potatoes	160	160		garlic	1	1		lard	40	40
	cheese	19	19						flour	26	26
	eggs (n°)	1	1						eggs (n°)	1	1
	lettuce	200	200						fruits	219	219
	fruits	219	219						pepper	0.5	0.5
	vinegar	4	4								

Table 7. Individual meals for 1st and 2nd class patients at lunch and dinner. Months: June, July and August (1) 1887.

Monday				Tuesday			Wednesday			Thursday																	
Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)													
		M	F			M	F			M	F			M	F												
lunch: scallop and fruits	beef	190	119	lunch: stewed tripe and fruits	tripe	160	149	lunch: gratin tomatoes and fruits	tomatoes	200	200	lunch: steak, salad, and fruits	beef	190	119												
					pepper	1	1		butter	6	6																
					oil	20	20		lettuce	200	200																
					oregano	1	1		garlic	1	1																
					capers	6	6		vinegar	4	4																
	fruits	190	190		fruits	190	190																				
	tomatoes	119	119		ham	10	10		cheese	10	10																
	pepper	1	1																								
	onions	13	13																								
	parsley	1	1																								
fruits	190	190																									
dinner: soup with eggs, boiled meat with side dishes of rice, zucchini parmigiana (in June), eggplant parmigiana (in July and August), carrot salad and onions and fruits	eggs (n ^o)	2	2	dinner: zucchini soup, boiled meat with side dish, mutton cutlets, lettuce salad, fruits	zucchini	140	140	dinner: pasta with ragù sauce, meatloaf with potatoes, panzerotti made of mozzarella cheese, potato salad	pasta	190	160	dinner: macaroni with ragù stew, pancakes, mess of meat, and fruits	pasta	280	250												
	flour	46	46		onions	36	36		tomatoes	200	200		beef	190	119	tomato sauce	12	12									
																			beef	370	268	potatoes	160	160	flour	47	47
																			pepperoni	10	10	fennel	3	3	sugar	26	26
																			fava beans	1	1	eggs (n ^o)	1	1	eggs (n ^o)	0.5	0.5
																			capers	9	9	tomato sauce	4	4	ham	6	6
	cucumbers	2	2		lard	19	19		butter	18	19																
	tomato sauce	2	2		flour	93	93		fruits	219	219																
	fruits	219	219		mozzarella cheese	40	40																				
	eggs (n ^o)	1	1		wine	1.5	1.5																				
	butter	10	10		garlic	1	1																				
	lettuce	200	200		vinegar	4	4																				
									oil	10	10																
									garlic	1	1																
									vinegar	4	4																
	celery	2	2																								
	zucchini	300	300																								
	tomatoes	60	60																								
	pepper	1	1																								
	eggplant	300	300																								
	oil	12	12																								
	fruits	219	219																								
	carrots	180	180																								
	garlic	1	1																								
vinegar	4	4																									

Table 8. Individual meals for 1st and 2nd class patients at lunch and dinner. Months: June, July and August (2) 1887.

Friday				Saturday				Sunday			
Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)	
		M	F			M	F			M	F
lunch: anchovies, pancakes, and fruits	flour	69	69	lunch: meat chop and fruits	beef	190	119	lunch: beef steak, salad, and fruits	beef	190	119
	anchovies	16	16		ham	7	7		butter	10	10
	fruits	190	190		pepper	1	1		lettuce	200	200
	lard	30	30		parsley	1	1		oil	10	10
					butter	10	10		garlic	1	1
					fruits	190	190		vinegar	4	4
									fruits	190	190
dinner: noodles with tomato sauce, fried fish, zucchini parmigiana, green bean salad (in June), lettuce (in July and August) and fruits	noodles	190	160	dinner: green bean soup (in June) and courgette (in July and August), mess of meat with potatoes, potatoes croquettes, zucchini salad, and fruits	green beans	400	400	dinner: macaroni with ragù, stew with side dish of potatoes or peas, gratin artichokes, fried liver, and fruits (apples and fennel and cherries in May)	macaroni	190	160
	oil	81	81		oil	16	16		cheese	29	29
	anchovies	8	8		tomatoes	238	238		beef	190	119
	tomatoes	450	450		pepper	3	3		lard	19	19
					onions	21	21		onions	38	38
	parsley	1	1		zucchini	700	700		tomato sauce	8	8
					beef	190	119		butter	6	6
	garlic	3	3		potatoes	199	199		potatoes	190	190
	fish	219	219		butter	42	42		peas	100	100
					ham	8	8		oil	10	10
	pepper	2	2		parsley	1	1		garlic	1	1
					mozzarella cheese	26	26		parsley	1	1
	zucchini	300	300		parmesan cheese	13	13		liver	190	190
					eggs (n°)	1	1				
	butter	30	30		flour	20	20		lard	40	40
					fruits	219	219		flour	26	26
	parmesan cheese	13	13		garlic	2	2		eggs (n°)	1	1
	flour	20	20		vinegar	4	4		fruits	219	219
	green beans	200	200						pepper	0.5	0.5
	vinegar	12	12								
	lettuce	200	200								
	fruits	219	219								

It is necessary to specify that, for the months of September and October, not all days of the week were accessible, but only those shown in Tables 9 and 10.

Table 9. Individual meals for 1st and 2nd class patients at lunch and dinner. Months: September and October (1) 1887.

Monday				Tuesday				Wednesday			
Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)	
		M	F			M	F			M	F
lunch: meat with tomato sauce, and fruits	beef	126	110	lunch: roast chicken and fruits	chicken	200	169	lunch: omelet	eggs	2	2
	potatoes	129	129		lard	3	3		oil	20	20
	lard	12	12		fruits	190	190				
	pepper	1	1								
	tomato sauce	4	4								
	fruits	190	190								
dinner: pork soup, boiled meat with tomato sauce, salad of escarole, fruits, and apple cream puffs	meat	239	168	dinner: timbale of macaroni, meat stew with side dish, pancakes with ham, potato salads and fruits	macaroni	110	89	dinner: mess of fish, potato salad and fruits	fish	180	180
	butter	77	77		flour	98	98		carrots	90	90
	eggs (n°)	1	1		sugar	29	29		potatoes	90	90
	cheese	9	9		tomato sauce	12	12		lettuce or escarole	100	100
	pepper	1	1		beef	229	138		anchovies	10	10
	parsley	2	2		eggs (n°)	2.5	2.5		capers	6	6
	tomatoes	290	290		butter	139	139		oil	20	20
	onions	9	9		mozzarella cheese	39	39		vinegar	4	4
	parsley	1	1		onions	19	19		fruits	219	219
	celery	2	2		vinegar	5	5				
	escarole	200	200		lard	19	19				
	oil	40	40		ham	6	6				
	garlic	1	1		parmesan cheese	10	10				
	vinegar	4	4		parsley	1	1				
	oil	12	12		potatoes	200	200				
	apples	290	290		oil	10	10				
	flour	39	39		garlic	1	1				
	sugar	28	28		fruits	219	219				
	fruits	219	219								
	rum	1.5	1.5								

Table 10. Individual meals for 1st and 2nd class patients at lunch and dinner. Months: September and October (2) 1887.

Saturday				Sunday			
Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)	
		M	F			M	F
lunch: steak, and tomato salad.	beef	190	119	lunch: roasted lamb, and potato salad, and fruits	sheep meat	219	219
	butter	9	9		butter	6	6
	tomatoes	200	200		pepper	1	1
	oil	16	16		potatoes	200	200
	garlic	1	1		oil	10	10
	oregano	1	1		fruits	190	190
	fruits	190	190		garlic	1	1
					vinegar	4	4

Table 10. Cont.

Saturday				Sunday		
Meal	Ingredients	Amount (g)		Meal	Ingredients	Amount (g)
		M	F			M F
dinner: small pasta in soup, brain, and fruits	small pasta	160	139	dinner: macaroni with ham, meat with potatoes, steamed liver, and fruits (figs, grapes and peaches)	macaroni	190 160
	beef	190	119		ham	10 10
	green beans	200	200		butter	6 6
	tomatoes	100	100		onions	19 19
	lard	13	13		parmesan cheese	19 19
	pepper	1	1		lard	6 6
	celery	2	2		beef	190 119
	parsley	1	1		potatoes	119 119
	onions	9	9		butter	16 16
	brain	190	190		ham	10 10
	oil	30	30		parsley	2 2
	lemons	20	20		pepper	2 2
	parsley	1	1		sheep liver	200 200
	pepper	1	1		lard	10 10
	fruits	219	219		onions	19 19
					vinegar	1 1
					fruits	219 219

Analysis of gender-differentiated data showed that men and women were provided different amounts of bread per meal, at lunch 130 g for men and 110 g for women; at dinner 250 g for men and 230 g for women.

Menus changed daily, with special meals provided at weekends.

The diet appears particularly rich, especially in terms of product quality. Meat, starchy, energy-dense foods and vegetables featured prominently in the institutional meals, while sweet foods and desserts were limited and provided only on rare occasions (e.g., religious holidays).

The association between food and gender is interesting. To have more information regarding the quantity of food and gender, Table 11 shows the differences between men and women and the respective average differences.

Table 11. Daily quantities of meat and pasta were provided to men and women across the seasons.

Months: January, February, November, and December				
Monday				
Meal	Ingredients	Quantity (g)		Difference in Quantity Based on Gender
		M	F	
Lunch	tripe	200	169	31
Dinner	small pasta	160	139	21
Tuesday				
Lunch	beef	140	109	31
Dinner	beef	190	119	71

Table 11. Cont.

Wednesday				
Lunch	beef	190	119	71
Dinner	pasta	190	160	30
	beef	200	169	31
Thursday				
Lunch	pork	140	120	20
Dinner	pasta	190	160	30
	beef	190	119	71
Friday				
Lunch	tuna fish	190	110	80
Dinner	pasta	190	160	30
Saturday				
Lunch	beef	190	119	71
Dinner	pasta	190	119	71
	beef	190	119	71
Sunday				
Lunch	beef	180	149	31
Dinner	pasta	190	160	30
	beef	190	119	71
	pork	140	120	20
Total differences				882
Average differences				46.42
Months: March, April and May				
Monday				
Meal	Ingredients	Quantity (g)		Difference in Quantity Based on Gender
		M	F	
Lunch	beef	180	149	31
Dinner	beef	190	119	71
Tuesday				
Lunch	beef	160	149	11
Dinner	rice	130	110	20
	beef	190	119	71
Wednesday				
Lunch	beef	190	119	71
Thursday				
Lunch	beef	180	149	31
Dinner	pasta	190	160	30
	beef	190	119	71
Friday				
Lunch	pasta	190	160	30

Table 11. Cont.

Saturday				
Lunch	beef	190	119	71
Dinner	pasta	180	119	61
Sunday				
Lunch	beef	190	119	71
Lunch	pasta	190	160	30
Dinner	beef	190	119	71
Total differences				741
Average differences				49.40
Months: June, July and August				
Monday				
Meal	Ingredients	Quantity (g)		Difference in Quantity Based on Gender
		M	F	
Lunch	beef	190	119	71
Tuesday				
Lunch	tripe	160	149	11
Dinner	beef	370	268	102
Wednesday				
Dinner	beef	190	119	71
	pasta	190	160	30
Thursday				
Lunch	beef	190	119	71
Dinner	pasta	280	250	30
Friday				
Dinner	pasta	190	160	30
Saturday				
Lunch	beef	190	119	71
Dinner	beef	190	119	71
Sunday				
Lunch	beef	190	119	71
Dinner	pasta	190	160	30
	beef	190	119	71
Total differences				730
Average differences				56.15
Months: September and October				
Monday				
Meal	Ingredients	Quantity (g)		Difference in Quantity Based on Gender
		M	F	
Lunch	beef	126	110	16
Dinner	beef	239	168	71

Table 11. *Cont.*

		Tuesday		
Lunch	chicken	200	169	31
Dinner	pasta	110	89	21
		Saturday		
Lunch	beef	190	119	71
Dinner	pasta	160	139	21
	beef	190	119	71
		Sunday		
Dinner	pasta	190	160	30
	beef	190	119	71
Total differences				403
Average differences				44.78

Collected data showed that starchy staples and meat (including fish) were the most variable ingredients, and women were provided 26.31% less quantity than men overall, and, in particular, women were provided around 30.13% less meat than men overall, and around 17.50% less pasta than men overall, and 10.52% less bread than men overall.

Food was also of the utmost quality, as evidenced by the quality specifications drawn up by the bursar Demetrio Pirozzi in 1887. According to the author, the bread had to be “of soft wheat, of first quality, without defects or bad smells, well leavened, kneaded and baked at least twelve hours before delivery”. The document states that two types of bread were provided: a more valuable one made with first quality flour for the first and second class, and a second, less valuable type, made with second quality flour, for the third-class patients. Regarding the various types of pasta, writes the bursar, they had to be prepared using “first quality semolina, blended four times, with good smell and flavor, without defects. Those in the first and second classes must be blended six times”. As for the flour used, it had to be of excellent quality and free of bran or other impurities. Regarding rice, it is stated that it must be of “national provenance, of perfect quality, not broken, free of bad tastes and impurities, of good smell and free of impurities”.

The document then describes the vegetables that had to be “fresh, good taste, of excellent quality, clean, chosen on the basis of seasonality”. It also describes the consistently high quality of beans, capers, etc.

Meat quality was also specified, and had to be lean beef “of cow and without tendons, cartilage, etc. and of best quality”; as for sheep meat, it was required that it be “hulled, gutted, headless, limbless and killed the day before”. Mutton should be “of excellent quality and castrated, killed the day before, deprived of the head, entrails and limbs”. Pork had to be boneless and of excellent quality; chicken meat, on the other hand, had to be “bled, without legs, wings, neck, head and entrails”. The bursar also provides quality standards of other food items such as eggs, which had to be “locally sourced and fresh” and of “buffalo mozzarella”, which had to “taste and smell good and be saltless.

4. Discussion

With this unobtrusive research, it was possible to provide an image of eating habits and thus allow the examination of the changes and continuities of society.

As regards gender issues, the analysis of the data reveals an association between nutrition and gender issues. It should be emphasized that these data are perfectly compatible with the condition of women in Calabria at the end of the 19th century. In that period, regarding the mental health of female patients, the obsession with researching the biological traits according to Lombroso’s study led to a sexist point of view, in terms of inferiority of women compared to men in relation to the etiology of mental disease. In fact, a woman

was considered prone to hysteria generated by its opposition to male domination, or to love disease, sexual delusions, etc. (Costa and Serra 2022).

In addition, one of the historic directors of the Girifalco asylum, Silvio Venturi, wrote “The growing frequency of madness in women is due, most of all, to the action of social sensitivity, rather than its intrinsic development or her own major participation in economic and civil life. Woman is rejected from the family where she is proved useless, and her oddness disturbs the necessary dynamic equilibrium of her house. The cheap and quick work of the machines made her lazy and is also responsible to let her wander around eager for many desires and needs. The world that considered her useful, when the mother and housewife, with full moral conditions, misjudges and fights her when she wants to be involved in human competition and civil ambitions. Statistics teaches us the growing increase in the number of hospitalized women in asylums, which today also in southern Italy they equal men, where twenty years ago they were only the third of men. And this is caused not certainly by the increase of female causes of madness, but because social intolerance to them has increased” (Venturi 1901, p. 23).

Another director claimed “For certain Calabrian women, the following Turkish proverb is particularly adequate: ‘Women must have long hair and short intelligence’. She is a humble servant of a man who lives in a very limited life cycle, living mostly between the home walls as a housewife. In this context, in women life remains the rudiments of patriarchal life, and to most of them the popular saying fits very well: there were seven in the house, and she spun wool. Woman from southern Italy got married very young, the reason she remains artless; she does not feel the need to educate herself, and she fully cares everything concerning her children and religious functions; the house and church are the places where she spends most of her days” (Pellegrini 1907, p. 45).

The Lombrosian vision of women considered them inferior to men, which is also reflected in the reconstruction of the menus, in which the amounts per patient of meat, pasta, and bread are on average lower for women than for men on any day of the week or month considered. This way, it is possible to grasp the peculiar relationship that exists between food and society, since food becomes one of the most important tools of differentiation (Costa and Serra 2022), also in gender. In particular, some types of food are symbols of masculinity (Hartsock [1983] 1985), such as meat or pasta; for this, to be a woman even in an asylum, it meant having a smaller supply of food because this is, to all intents and purposes, a practical example of the subordination of women to men (Hartsock [1983] 1985).

The data, therefore, are perfectly in line with the status of women in general during the 19th century (Showalter 1981) and with the nutritional ‘golden age’ (Clayton and Rowbotham 2009). It is possible to affirm this because the reconstructions of dietary regimes are perfectly in line with this historical period, flourishing from a nutritional point of view in general (Inkster et al. 2017).

Furthermore, in line with the principles underlying moral treatment, even in the asylum of Girifalco, meals, in the light of study data, are an instrument aimed at transmitting attitudes or actions. In this regard, it is important to remember that “the difference between eating food in solitude from a box or wooden plate with your fingers or a spoon, and going to a nicely decorated table, and taking meals from the dish with a knife and a fork, is the difference between a savage and a civilian man” (Kearin 2020, p. 13).

Thus, Foucault’s concept of biopower finds full application, since, through the results obtained, food is not only an instrument of care, but above all an instrument capable of differentiating and subduing according to gender, but also of the social class; thus, the management of food is decided by the asylum authorities (Goffman 1961), based on an administrative apparatus, framed by strict legislative structures, and aimed at the entire population of inmates, albeit distinguished by the basis of gender. This biopolitical management of food must also be analyzed from a consumerist perspective (Featherstone 1982; Turner 1996). Therefore, the consumption of food reported in the results cannot be understood only in a material sense but must also be considered from a symbolic point of view;

thus, the consumption of meat or carbohydrates clearly assumes a strongly symbolic gender value, implicitly introjected into the human imaginary system (Durand 1960). The foods used become real messages, in terms of gender diversity, which are conveyed in the scheme of social relations that are expressed with respect to different degrees of hierarchy, inclusion, and exclusion (Douglas 1985). And, in fact, the pivot on which the social distinction rests (Simmel 1890) is constituted by these food and gender elements.

In addition, the analysis of nutritional needs in historical times is hindered by the imperfect knowledge of the food of the past, handed down to us only through rough indicative estimates, which even within their limits, still make it possible to acknowledge the inadequacy compared to the minimum of nutritional requirements (Grandi 2015). The imprecise knowledge of dietary needs in the past is a relatively useful exercise on a scientific level, because the highlighted nutritional deficiencies allow us to understand the panorama described in the few available chronicles, which describe human beings with yellowish skin, deformed, etc., descriptions which coincide with the lack of proteins, vitamins, etc. (Teti 2019).

Nevertheless, consumption of meat was considered a mark of good diet in the 19th century (Clayton and Rowbotham 2009) and pork was the commonly consumed meat, while beef was considered more valuable, and offal meats (including brain, heart, liver, kidneys and pluck) were the most affordable meat cuts. Institutional meals provided at the Girifalco Asylum included different meat and protein foods such as fish, cheese, and eggs, which were considered (Ross 1993).

Moreover, there were daily large portions of fruit and vegetables, and the diet contained high levels of vitamins and minerals. Even at that time, these elements were considered important for the immune system functionality and global well-being (Logan 2006; Clayton and Rowbotham 2009).

Overall, the composition of the patients' diet was correctly balanced for healthy living, both from a quantitative and a qualitative point of view.

The reconstructed menus also seem highly nutritious, and above all in great contrast with the food conditions of predominant nutritional status at the end of the 19th century. Despite the unification of Italy in the second half of the 19th century, the nation was characterized by ancient local particularities (Livi Bacci 1987). Locally, where food was scarce, the different access to food indicated different economic resources and different productive characteristics of the territories. Furthermore, the difficult circulation in the internal food market—at least at the level of mass consumption—did not allow, for example, southern wine to be sold in the north, except in modest quantities, just as dairy products did not arrive on southern markets: food unification was yet to come (Grandi 2015).

Food and hunger, health and disease are intrinsically historical, material, and immaterial cultural elements, closely intertwined with experience even before conscious practical research, but their relationship with the past did not succeed with sufficient attention among academics until relatively recently.

5. Study Limitations

Regarding the limitations of the study, it must be assumed that documents need to be evaluated to determine their trustworthiness. Thus, documentary sources, like other sources, need to be treated with skepticism; issues of validity and reliability come into question. Additional study limitations include the fragmentation of information, as in the case where, between the months of September and October, not all days of the week were available; the nineteenth-century terminology is not always directly understandable; the data provided by the various agencies are non-homogenous; the quality of the data is unknown and not guaranteed. Moreover, the risk that greater quantities of food might have been reported than the actual amount administered is possible. Furthermore, although the data are immediately available, they must be interpreted, and this leads to a loss of objectivity to the point of affecting the research.

6. Conclusions

To the authors' knowledge, this paper is the first unobtrusive research that analyzes diet in a total institution with a focus on the correlation between patients' diets and gender issues. The efficacy of this method is that it does not intrude on people's lives but can deliver in-depth insights into society, culture, and individual lives.

This study discovered that, in almost all foods administered, there were differences in quantity between men and women for meat, pasta, and bread, with greater differences, especially for the last two types of foods, of up 30% less in women than in men. It was able to disclose data that otherwise would have remained unpublished, since there are few empirical studies on this subject in the literature. The obtained results allowed the argument that, in the asylum of Girifalco, the diets were perfectly aligned with the principles of moral treatment. Many questions remain open regarding the treatment, and the relationships between the institution and nutrition, still hidden by a veil of mystery, which perhaps sooner or later will be revealed, hoping that this work will be the first brick on which to build further research, to deepen and increase the dissemination of information even within total contemporary institutions.

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