

CODA

Medicine evolves; sorrow remains the same

I recently had the opportunity to discover the inner beauties of the Basilica Sant'Eustorgio in Milan.¹ Entering the church, I was attracted to the magnificent *Cappella Portinari*, which was built in 1465 and is one of the best preserved examples of Lombard Renaissance architecture. The *Cappella* was commissioned by Pigello Portinari, director of the Milan branch of Banco Mediceo (the bank of the Medici family in Florence), as a private sepul-

chre and reliquary for housing the head of Saint Peter Martyr (Pietro Rosini, who was born in Verona c. 1205, and died in Seveso in 1252).² The inside of the dome is entirely frescoed with polychrome strips in graduating shades, portraits of saints and the 'Doctors of the Church', and an allegorical representation of Paradise, all expressed in a combination of gentle colours. The side-walls of the chapel are enriched by four frescoes



Figure 1. Miracle of the Saved Foot. Vincenzo Foppa, Milan, 1468.

showing the miracles of Saint Peter Martyr, which are attributed to Vincenzo Foppa, the ‘father’ of the Lombard Renaissance, who began the work in 1464 and completed it four years later.¹

As a doctor who used to deal with patients affected by peripheral arterial disease in a diabetic foot clinic, I was particularly intrigued by one fresco: the Miracle of the Saved Foot (Figure 1). Set in a medieval court, it shows Saint Peter Martyr implanting an amputated foot. Most visitors are drawn by the beauty of the colours and the all-pervading light that mitigates the starkness of the geometrical contours, giving it a particular perspective, but I was struck by the expressions on the people’s faces: the prostration and suffering of the patient leaning back on a chair, and the resignation and sorrow of the people around him. Painted six hundred years earlier, they reflected the same suffering and resignation of the patients (especially of those with multiple chronic conditions) I used to see every day in the diabetic foot clinic.

Although the effectiveness of the treatment of such patients has dramatically evolved, we are only partially able to mitigate their sorrow and to properly meet their complex social needs. From a humanitarian stand-point, high-need, high-cost patients deserve a more effective and affordable care and we should strive to meet their needs more efficiently by

introducing new levels of organisation.³ We can no longer rely on miracles such as the one shown in this magnificent fresco of the fifteenth century.

Conflict of interest: None declared.

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