Social World of Medical Practitioners in Parma from the Sixteenth to the Eighteenth Century

by

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Submitted in partial fulfillment of the requirements
for the degree of Master of Arts

at

Dalhousie University
Halifax, Nova Scotia
June 2008

Your file Votre référence
ISBN: 978-0-494-43551-9
Our file Notre référence
ISBN: 978-0-494-43551-9

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Abstract

From the sixteenth to the eighteenth century, there was a variety of professionals practicing medicine in Parma while they fulfilled other social roles in society. Physicians, who were the most educated, dominated the healing profession within the domestic setting, but worked as writers and in governing positions as well. Barbers, who were the most abundant group, worked as surgeons in shops and provided the hygienic necessities for community members. Apothecaries and charlatans were present too and had a permanent place in the medical marketplace. By the eighteenth century, hospital workers, a group consisting of a variety of professionals were also making their presence known. The multiple roles that helped to define these practitioners are key to understanding the social worlds of medical practitioners in early modern Parma.

Acknowledgements

I would like to express my gratitude to my graduate supervisor, Gregory Hanlon, for his support and encouragement in the completion of this project. I would also like to thank Krista Kesselring who has helped in the editing portion of this paper.

ELIZABETH J. MAYNES

Chapter One: Introduction

This project is meant to add a new dimension to the current medical historiography that focuses on the professional aspects of early modern medical practitioners of Northern Italy. Instead of choosing a type of practitioner or a specific type of medical practice that took place within one region of Italy, this thesis will explore the medical landscape of one province in Northern Italy, the duchy of Parma, and will analyze all of the medical workers who were visible within the archival documents taken from this area. This thesis will specifically discuss the roles of physicians, surgeons, apothecaries, charlatans and hospital workers – various medical groups who were often defined by the environment in which they worked. This project is important because it is a history of medicine of a Northern Italian region, a dominant medical centre of Europe from the fifteenth to the eighteenth century. It is based on Parma, an independent duchy of Northern Italy situated not far from major centres with prominent universities such as Bologna, Pavia and Padua. The province was made up of numerous aristocrats and merchants, able to afford a wide range of services. Furthermore, Parma had a flourishing court which reflected the relative affluence of the region.

One of the main sources used for this project has been a census taken in Parma in 1636, indicating the names, social titles and occupations given to individuals at the head of a household and the types of jobs that they were involved in. The census has been useful because it indicates this information along with other information such as whether or not a home had servants and if a family had children. From this document, a

general layout of the types of medical workers who lived and worked in Parma in 1636 was attained. The names, types and total numbers of these workers will be part of the discussion in each of the chapters. Other sources used in this project have been two post mortem inventories along with eight shop asset lists, four belonging to barber surgeons and four belonging to apothecaries. Two private library inventories from the doctoral work of Federica Dallasta were also analyzed in order to compare the medical background of two different medical workers, a barber surgeon and a physician. Ex-voto images taken from the Museum of Loreto in Cremona have also been a helpful complement to this project as they provide a visual representation of the social aspects surrounding a physician's place working within the home of the patient. The sources used in this project have been helpful for two reasons. First, they have provided information outside of literary sources and legal investigations that medical historians are used to looking at. Secondly, the sources are all from Parma which have allowed for some of the material to overlap and therefore be cross-referenced.[1]

The research question I will be addressing deals with the various roles of different medical practitioners of Parma. In what ways did Parma's medical workers contribute to the social climate of Northern Italy from the sixteenth to the eighteenth century? In order to address this question, each part of this thesis will discuss various roles taken on by medical workers in Parma from the sixteenth through to the eighteenth

[1] As an example, the barber shop inventory belonging to Giulio Morani and the post mortem inventory belonging to Landino Bianchi indicated that both men owned books but the source did not indicate the individual book titles. Coincidentally, Federica Dallasta's information from her studies of private libraries of people from Parma included these two men and therefore indicated the specific titles of the books found in their possession.

century. The argument here is not just that workers took on a variety of roles but that each of the roles -physician, barber, apothecary and charlatan- functioned in a dualist manner. For the most part, each type of worker had two jobs that could often be quite different. For example, the barber, in charge of simple hygienic requirements, indicated by his possession of ordinary items like scissors, razors to shave beards and wash cloths, could also be found with lancets, the most common tool used for performing invasive procedures like phlebotomies.[2] The physician or doctor, whose medical practice fell largely within the domain of the domestic sphere, was also known to participate in the market economy where he could make a profit selling literature like books of secrets.[3] Apothecaries had food and herbal products representing their involvement with health and medicinal products but it was not unusual to find them in the not-so-healthy business of candy-making.[4] Therefore, the main purpose of this research is to show that while a plurality of medical practitioners existed in early modern Italy, the boundaries that defined their existence were not always clearly delineated within the three-tiered hierarchy of the Italian medical world. In other words, members of the medical world, such as barber surgeons, master surgeons, physicians and apothecaries, could be defined by one, two and sometimes three different occupational positions that were not always connected. Before I get into

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[2] A "phlebotomy" is term used to describe the incision of a vein for purposes of removing blood.

[3] William Eamon, "Science and Popular Culture in Sixteenth Century Italy: "The Professors of Secrets" and Their Books," *The Sixteenth Century Journal* 16 (1985): 1-15.

[4] ACNP 12404, 5 febbrario, 1724 ACNP 12715 30 giugno, 1710 ACNP 12715 16 agosto 1710, ACNP 8123 3 novembre, 1673.

details about the specific Italian context, I would like to discuss the path that European medical historiography has taken over the past century.

The history of medicine as a discipline started roughly a century ago when scientists began acknowledging medical discoveries considered monumental. Scientists saw the necessity of resurfacing classical works, which seemed to be drowning in a medical information overload. Many of the discoveries considered monumental or "classic" were made post -1600 and quickly became the focus of medical historians at the beginning of the twentieth century. Some of these twentieth -century histories appeared as complete unabridged texts written by well-known medical physicians of the past.[5] Creating such a collection served several purposes. First, the collections were an organizational tool with referential value to practicing physicians. Secondly, creating such a body of knowledge was a way to show respect to previous leaders in the medical field. The twentieth- century tendency to celebrate medical "greats" continued to be a central focus in the development of medical history.

By the second half of the twentieth century, scientists were not the only ones participating in the creation of medical history. Social historians and other social scientists, like anthropologists, were beginning to mark their territory and claim "medical history" as part of their domain. From an academic perspective, this change within the discipline had several benefits. For the most part, social historians began

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[5] One collection, put together by medical historian C. Camac included texts of Lister's *Antiseptic Principle of the Practice of Surgery* (1867), William Harvey's *Motion of the Heart and Blood* (1628), Auenbrugger's *percussion of the Chest* (1761), Laennec's *Auscultation and the Stethoscope* (1818), Jenner's *Inquiry into the Smallpox Vaccine* (1798), Morton's *Administering Sulphuric Ether* (1847), Simpson's *A New Anaesthetic Agent* (1848), and Holmes' tract on the *Contagiousness of Puerperal Fever* (1843).

writing texts that highlighted medical issues from a broader historical time period and with a greater level of social inquiry.[6] Like the histories written decades before, these stories of the past had a heroic and progressive tone or what some historians call a "whiggish" interpretation of the past. For a topic like medicine, the difficulty in avoiding this interpretation is obvious: medicine is a philosophy based on the idea that human health can get better or progress given proper management and enough time.[7] This type of interpretation is evident in books that deal with "medical giants," books that uphold medicine in the highest esteem.

Lester S. King's *The Road to Medical Enlightenment* is one that is somewhat progressive in tone.[8] King's thesis was influenced by the writings of philosopher Frederich Hoffmon who he suggests helped pave the way for a European medical enlightenment that occurred in the eighteenth century. Referring to the minor medical advancements that were made in the last half of the seventeenth century, King states in his book that, "the new dogmatism will not stand against the progressive inroads of empirical investigation and critical attitude." In other words, the progressive essence of

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[6] One example is Edward Theodore Withington whose historical medical book, *Medical History from the earliest times: A popular history of the healing art* (London, 1894), is broken down into chapters such as "medicine in prehistoric times," "Hindu medicine," "military medicine in ancient Greece," "Celsus and Ancient Surgery," "the school of Salerno."

[7] For an example of a "whiggish" interpretation see Arturo Castiglioni's book, *A History of Medicine* (London: Routledge and Kegan Paul, 1947). The author suggests that "the history of medicine...has been marked by the immortal touch of genius, illuminated by the flashing light of heroism and of sacrifice and beautified by the radiant smile of poetry...medical thought, the noblest expression of human aspiration to deliver man from physical and moral evil, has maintained a striking historical unity..." (pp. v-vi).

[8] Lester King, *Road to Medical Enlightenment* (London, 1972).

medicine as understood in the past had found a permanent place within European cultural and intellectual history. Charles Webster's book, *The Great Instauration*, follows a similar trend but he admits that the history of science has predominantly assumed the character of an index of progress towards our present intellectual condition. According to him, "the period 1626-1660 [part of the scientific revolution] was distinguished by a spectacular phase of creative work in experimental science [and it is] not an exaggeration to claim that a philosophical revolution was accomplished..."[9] Although Webster portrays science and medicine in a slightly positive light, his writing is different because he starts to incorporate social and intellectual aspects of early modern European life into the world of medicine. So while he outlines this "progress towards our present intellectual condition," he also demonstrates how topics like science and religion were inextricably linked throughout most of the early modern period.

By the late 1980s, medical historians began entering a whole new territory. Writers were making a conscious effort to avoid painting heroic pictures of medical men and instead started to focus on "real medicine" or a history that illuminated the links between medicine and other aspects of medical intellectual and social life. Historians Andrew Wear and RK French address this issue from a Renaissance perspective by dealing with issues like medicine's resistance to change during the

[9] Charles Webster, *The Great Instauration: Science, Medicine and Reform 1626-1660* (Holmes & Meier Publishers, New York, 1975).

period, and the features of Renaissance medicine that could be found in other cultural experiences at this time.[10]

By the late 1980s and the early 1990s, social aspects concerning the history of medicine were being introduced alongside intellectual and religious ones. A body of knowledge or rather a large branch of medical history understood as the social history of medicine has been in development over the past fifteen years. Instead of looking at medical individuals and the scientific work they produced, historians began to understand the practice of medicine from other perspectives by narrowing in on the types of archival sources used outside of literary analyses. Historians could gain insight on a medical world as it existed within towns and cities rather than as a separate sphere existing on its own.

Gaining an understanding of the different types of practitioners within western European towns and cities has been one of the most prominent themes within the social history of medicine. Historians have been looking at the way medicine was practiced and by doing so have brought to light developments and social issues like the role of women in medicine during early modern times, the different relationships that existed between patients and practitioners, the plurality of medical roles that existed at this time, the types of boundaries that defined these roles and the competitive aspects among the many types of healers within different medical spheres. [11]

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[10] Roger French and Andrew Wear, *The Medical Revolution of the Seventeenth Century* (Cambridge: Cambridge University Press, 1989).

[11] Social histories of medicine in English include: Roy Porter, *Health for Sale* (Manchester: Manchester University Press, 1989), Mary Lindemann, *Medicine and Society* (Cambridge: Cambridge University Press, 1999), T. Maxey, *The Skilful Physician* eds. Carey Balaban, Johnathon Erlen and Richard Siderits (Netherlands: Harwood Academic Publishers, 1997), *Medicine and Western Civilization* eds. David J.

One of the benefits coming out of this new focus on social histories is that historians can narrow in on specific locations. Instead of dealing with medical practitioners and practices from a broadly western "European context," with appropriate sources researchers have been learning about medicine on a smaller scale, by looking at archival material found within specific European states, towns and cities. By doing this, a more intimate approach to medicine is being created and has become useful for highlighting intricate details about the lives of medical practitioners even as they existed outside of a predominantly medical context. One of the defining features for creating geographic histories is a historian's choice of primary sources. From an Italian perspective, several historians have found access to medical records that existed throughout the ancient regime. Records pertaining to information on medicine and the legal aspects associated with it have been used by many historians to demonstrate the authoritative nature that medical professionals had in dealing with illegal medical practices that were being recognized around the middle of the seventeenth century. By using different sources to understand Italy's medical world, historians have come to different conclusions about the competition that existed among the various healers. Gianna Pomata has looked at the legal and regulatory documents drawn up by the

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Rothman, Steven Marcus and Stephanie A Kiceluk (New Jersey, New Brunswick: Rutgers University Press, 1995), Carole Rawcliffe, *Medicine & Society in Later Medieval England* (Gloucestershire: Sutton Publishing, 1995), Vivian Nuttun, *Medicine at the Courts of Europe 1500-1837* (London and New York: Routledge, 1990) Lawrenece Conrad, Michael Neve, Vivian Nutton, Roy Porter and Andrew Wear *The Western Medical Tradition 800 BC to AD 1800* (Cambridge: Cambridge University Press, 1995) *Medicine and Society: Historical Essays* ed. Andrew Wear (Cambridge: Cambridge University Press, 1995), Jacalyn Duffin, *A History of Medicine* (Toronto, Buffalo, London: University of Toronto Press, 1999) *The Oxford Illustrated History of Western Medicine* eds. Irvine Loudon (Oxford, New York: Oxford University Press, 1997).

Protomedico or the medical-legal body set up throughout most parts of Italy in the sixteenth century. She admits that her conclusions were quite different from what she expected to find. Instead of finding evidence supporting past assumptions about how popular healers had been "marginalized and outlawed" by the more "official" types of practitioners, Pomata suggests that although many different healers played a central role within the judicial records, the main "protagonist" or voice she discovered was that of the patient. According to her, patients acted as both the plaintiff and witness in the cases found before the protomedical tribunal and they often reveal the patient standards and inherent expectations that doctors and healers were expected to live up to. She has a particular interest in "popular medicine" (the type of medicine that was opposite to learned medicine taught in books and universities) and how it fit into the sociocultural world of Italy. The trial records analyzed from the end of the sixteenth century throughout the eighteenth century demonstrate how, "most trials of healers, both licensed and unlicensed were by patients or were filed on a patient's behalf by relatives and neighbors ... the plantiffs' argument was usually that the healer had violated a commonly recognized principle of fairness between the patient and the practitioner."[12] Overall, Pomata's thesis is largely patient centered and shows how rivalries extended into the patient's domain. Taking a patient centred approach is a relatively new way for understanding the history of medicine and it adds balance to the larger picture of medical history in general. The content of this thesis differs from Pomata's in a

[12] Gianna Pomata, *Contracting a Cure: Patients, Healers and the Law in Early Modern Bologna* (Baltimore and London, John's Hopkin's University Press, 1998).

significant way - this project focuses on the roles of the practitioner and does not extract information from legal documents.

David Gentilcore is another historian who has used Italian documents to show the competitive nature and rivalries that existed in the medical world. Part of his focus is on the southern half of the peninsula (the Kingdom of Naples) from the 1600 to the 1800s. In a way, his approach is similar to Pomata's in the sense that he tries to adopt the point of view of the patient.[13] In dealing with what he calls his study of "medical pluralism" Gentilcore consults a variety of different sources for his study. He uses medical demonological treatises, hagiographies, guild statutes, hospital records, government edicts, chronicles, books of 'secrets' (this was a common term for books of medical remedies) that were available for the public to read. He also uses episcopal visitation records; canonization processes, trials for magic, Jesuit mission accounts and the records of the Protomedico. His sources are extensive and give a good indication of the types of conflicts and the competitive nature of the medical world in Italy in the seventeenth and eighteenth centuries. In his book, *Medical Charlatanism in Early Modern Italy*, he uses similar sources like the official documents generated by the Protomedicato and those created by guild organizations. In his abstraction from what he refers "pretentiously" to as the Charlatans Database (or CDB), Gentilcore was surprised to find how generous the medical-legal bodies were in issuing licences to the "lesser educated" types of healers. Historical arguments that suggest the "elite and learned" professionals were making active attempts to suppress the activities of

[13] David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester and New York, Manchester University Press, 1998), intro.

"unlearned" healers are somewhat undermined. Based on documents demonstrating the issuance of licenses, physicians and surgeons were in fact supportive of this type of medical personnel. [14] For the most part, Gentilcore takes an entirely new approach to understanding the medical world of Northern Italy from the fifteenth to the eighteenth century. He adopts research techniques from both cultural and social historians who use quantified archival data that he suggests can be applied to larger historical models and processes. From these types of sources he has been able to see the relationship and tension based on political power that existed within the medical hierarchy. Gentilcore also mentions the more recent shift to qualitative research methods or those methods that social historians are using to understand beliefs and things like human behaviour.

Carlo M. Cipolla is another leading historian who has researched the medical world of Italy in the sixteenth and seventeenth centuries. He focuses on the professional aspects of medicine and has looked at the role of medical authorities in the development of health boards throughout early modern Italy. Health boards were important for two reasons. First, they dealt with issues concerning public health and became an important focus during serious crisis and epidemic periods, especially as issues of sanitation and personal hygiene became a central feature in disease control. Second, health boards were made up of a variety of men, some of whom had medical training. Cipolla shows how health boards added another competitive element to the body of medical workers occupying administrative roles.[15]

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[14] David Gentilcore, *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006), intro.

[15] Carlo Cipolla, *Public Health and the Medical Profession in the Renaissance* (London, New York, Melbourne, Cambridge University Press, 1976).

Cipolla also discusses the changes in terminology used to describe physicians in Northern Italy between the twelfth and the fifteenth centuries. A doctor was given the Latin title "medicus" while a student of natural philosophy was referred to as "physicus." As science or "scientia" and technology "ars" became more connected, that is, as more artisans and philosophers worked together, thereby bridging their spheres, doctors were eventually referred to as physicians.[16] Cipolla also mentions the guild activities and makes reference to the formation of guilds of several Northern Italian cities such as Venice in 1250, Florence in 1296 and Pisa in roughly 1300.[17]

My goal is to have this project fit into the medical historiography that currently looks at the professional roles of various types of medical practitioners, traditional and non traditional in Northern Italy. Chapter Two will look at the lives of physicians in Northern Italy and at the life of one Parman physician, Landino Bianchi. It will demonstrate the various roles physicians took on working as writers, healers and lecturers at universities. Chapter Three will be divided into three parts and discuss the "other" medical workers found in the census. The first part discusses the professional aspects of Parma's community of apothecaries and the second part will discuss charlatans, two groups that were a part of a profession that perforated the medical marketplace in terms of drug products and herbal remedies. The third section will look at hospital workers, a community of men and women who performed specific duties within an institutional setting. This chapter is important because it shows how these workers were largely defined by the environment in which they worked . Using both

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[16] Cipolla, *Public Health,* intro.

[17] *Ibid.*

the census and three barbershop inventories, Chapter Four will highlight the barber surgeon's place within Parma's medical landscape. This section will show how there was a dualistic factor that can be used to define the professional roles of the barber, his role in providing simple hygienic services along with his more complicated medical procedures like performing phlebotomies. Chapter Four will also narrow in on the life of two barbers from Parma, and highlight the significance of the medical texts found in their possession. Overall, the goal of this project is to define the medical workers that were visible in Parma from the sixteenth to the eighteenth century and show how their professional positions were defined by a multiple of roles that could often be disconnected from one another. It relates to the current medical historiography because it focuses on the variety of practitioners who made their presence known in Europe from the sixteenth to the eighteenth century. Most of the current medical histories focus on the variety of practitioners from a broad based European perspective. This project is different in two significant ways. First, it looks at the practitioners from a narrower perspective by focusing on one region in Northern Italy and second, it looks at the multiple roles these workers took on.

Chapter Two: Physicians in Parma

A general overview of the Italian medical hierarchy will provide an appropriate context from which to look at the lives of physicians in Parma. From the sixteenth to the eighteenth century, medicine in Italy was distributed and practiced by a variety of practitioners existing within a complex hierarchal framework. The majority of medical historians have recognized this hierarchy and have found that educated and licensed physicians were found at the top of this rank and were largely in charge of controlling the medicine and therapeutic techniques that were distributed by practitioners below.[18] Licensed surgeons and apothecaries were found slightly below on the list with empirics, midwives, "professors of secrets, charlatans, mountebanks, snake handlers and herb-sellers" trailing not far behind. Physicians and their various social roles comprise a topic that medical historians seem to bypass since the current focus has been on medical outsiders or those that fell below on the hierarchy. While it is true that physicians had official authoritative roles in overseeing medical activities in northern Italy and in this case Parma, their authoritative positions are just one aspect to consider in understanding their complete occupational position that took several different forms. The various roles taken on by Italian physicians have been covered by several historians such as David Gentilcore, Carlo Cipolla and Gianna Pomata but a complete survey of the various positions has yet to be done. This chapter is meant to be a reference tool, for

[18] Nancy Siraisi, *The Clock and the Mirror: Girolamo Cardano and Renaissance Medicine*, (NJ: Princeton University Press, 1997), 1-10.

those who want to understand what it meant to be an Italian "medico" or "dottore."[19] In this sense, the chapter has a historiographical purpose and will hopefully help historians understand the medical background of one physician in particular, Landino Bianchi.

This chapter will focus on physicians, their educational background and their social position in Parma and show how the title "medico" or physician did not mean that doctors were dealing only with diseases of the body. Their profession encompassed a variety of roles allowing them to influence society in many different ways. Doctors were not just practitioners of medicine but also authors of prominent medical texts and lecturers at universities in the larger city centres. Their various roles affected their social position in society and for the most part gave them a noble (or near noble) status. Their prominence within the medical community was definitely a product of their training and academic background but they were also a part of a social world that reinforced this prominence. Artwork and inventories from the seventeenth century demonstrate how their interaction with patients was not an isolated or private affair. By contrast, the domain in which a physician worked was often surrounded by people who watched and often participated in the delivery of medical care. Making house visitations was the normal practice and it was not uncommon for other medical workers to accompany the doctor. At the bedside of a patient it was not unusual to see a surgeon, a midwife, a priest and a doctor while members of the family watched and participated alongside. A priest's presence in the event that someone was dying was significant because it automatically established a connection between medicine and religion. As prayer and

[19] Sometimes these Italian terms were used interchangeably to describe an Italian physician but more often "medico" is used to describe a university trained physician and "dottore" was used as the term for someone with a university background who may or may not have been a physician.

supplication were a means to alleviate physical pain so too was having the skills and medical background that prepared a doctor for dealing with disease. Because of this environment, distributing medical care was often a social matter where ideas could be shared and certain practices reinforced.

Medical physicians were definitely a part of this social world of early modern Parmesan society. The following chart indicates the names of physicians, the district in which they resided and the official titles that were indicated in the census.

Table 2.1: Doctors found in the districts of Parma 1636

Name	Type of worker	District	Official Title
Stefano Allessandrino	Physician or professor	San Tommaso	Doctor (Dr.)
Aquillno (last name)	Physician or professor	Consolato di San Francesco	Doctor (Dr.)
Giovanni Gamberi	Physician or professor	San Sisto	Doctor (Dr.)
Osmago (last name)	Physician or professor	San Oldarico	Doctor (Dr.)
Francesco Pavesi	Medico	San Bartolomeo	Signior (Sgr)
Antonio Maria Zucchi	Medico	San Giovanni Evangelista	Signior (Sgr)
?	Medico	San Bartolomeo	?

Source: Information was obtained from the official census taken in Parma in 1636 indicating the official titles and different professional positions held by people at the head of the household.

Compared to the list of barbers in Chapter 4, one of the conclusions from this list is that the prevalence of physicians in Parma in 1636 is significantly less than that of the barbers. This makes sense in light of the fact that it was more difficult to become a university trained physician as students first had to be accepted to a university and then once accepted, had to endure the many years (at least four and up to six) it took to complete the degree. It was also more likely that physicians rather than barbers, once university trained, had the freedom to leave and work as physicians or professors

elsewhere in Italy which might explain their relatively low numbers within the individual districts.

Although there are fewer physicians within the list, all three mentioned are given an official title that indicates their social position in society. This official status can be a reflection of their educational level amongst the various workers of Parma's medical community. For example, a physician's status was a reflection of their in-depth knowledge base and their fluency in Latin.[20] In one personal library of physician Bianchi Landino, almost all of the books were written in Latin yet their date of publication indicates that they were published in more contemporary times or after 1550. Book ownership and book publication is an interesting area of historical research for medicine because it might be a topic that can bridge the gap that currently exists between traditional or intellectual medical history and the more recent approach to medicine that focuses on the social dimensions of medical practices and the various forms of practitioners that fall within this social sphere. Text publication and its relation to medical workers is important for several reasons. First, medical texts became more accessible and abundant with the advent of the printing press, an area that needs to be considered by medical historians to fully understand the ways medicine changed in terms of what was being taught in medical colleges and universities, and how specific topics in medicine became more accessible to a more general audience. Second, medical text publication can be analyzed in terms of who was writing the material and the motives behind creating medical literature at a time when science and medicine was undergoing drastic changes in both the academic and public spheres.

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[20] Notai di Parma 3622, 5 ottobre 1598 (also see table one in the appendix)

Ownership of Latin texts verifies the educational status of physicians along with their interest in contemporary authors. As mentioned by Federica Dallasta, this demonstrates the medical world's connection to both the past, with their use of the Latin language and present, with the exclusion of many prominent ancient authors. The use of Latin material, mentioned in more detail below, it is a reflection of a physician's higher levels of training which would further reinforce their prominence in the medical community.[21] In addition to this, the ownership of medical texts was not just a property of physicians. Dallasta's doctoral research indicates that medical literature could be found in the home of just about anyone who had money or an education.[22] In his study of the social context of science in the sixteenth century, William Eamon suggests that there was a new type of readership in Italy by the beginning of the sixteenth century.[23] He specifically mentions the new genre of scientific literature that was created in direct response to this new type of readership.[24] He notes the proliferation of information kept in "books of secrets." With this new genre came the printing of many editions of these books. He argues that the authors came from "middle-level' intelligentsia such as physicians and nonacademians who were tapping into a market demand. "Books of Secrets" were, to a large extent, books of recipes and

[21] I want to thank Federica Dallasta for generously giving me information from her doctoral research. Federica lives and works in Parma and has recently completed her PhD dissertation on private libraries in Italy. Her help has been a significant element to this project.

[22] Dallasta, Federica. *Biblioteche private a Parma in epoca farnesiana (1545-1731)* 2008. Doctoral Thesis, Facolta di Biblioteconomia, Universita degli studi di Udine.

[23] William Eamon, "Science and Popular Culture," *Sixteenth Century Journal* (4) 1985: 472-475.

[24] *Ibid.*

herbal remedies that were not really secrets at all. The mysteries within these texts might include things like recipes for making dyes and other chemical preparations. "Secrets'" might also include hints for increasing the yield in gardening practices or special advice for jewellers and tinsmiths. These books were basically instructional guides that encouraged hands on experience in understanding the natural world.[25] By the second half of the sixteenth century, printers were busy making books of secrets for craftspeople, artisans and practically any trade that wanted to share their information. Skills and trade secrets usually kept within a guild could now be sold for a profit and sometimes fame. [26] Eamon discusses the circulation and authorship of ten prominent Italian texts written in the sixteenth century. Included in his list of authors are several prominent Northern Italian physicians such as Leonardo Fioravanti. Eamon mentions the observances of Tommaso Garzoni who wrote the *Piazza universale di tutte le profession del mondo* (1585). Garzoni's book mentions a new group of writers referred to as professori dei secreti or "professors of secrets." Specific names mentioned by Garzoni are Girolamo Ruscelli, Leonardo Fioravanti, Gabriele Fallopia, Giambattista della Porta and Isabella Cortese. [27]

Medical writers were often both teachers and practitioners of medicine, and they wrote to improve communication between them, their students and individuals interested in learning issues dealing with health and disease. With the power of the printing press, there was a fine line drawn between what medical information became

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[25] *Ibid.*

[26] *Ibid.*

[27] *Ibid.* 474.

marketable or valuable in terms of monetary factors and what medical information was most beneficial to learning about medicine and health. To first look at the monetary aspects of publishing and selling medical books it is important to look at the capitalist aspects of the medical world and view it from outside the medical structure that historians are used to containing it in.

The proliferation and dissemination of different forms of print throughout the early modern period is also an aspect to consider in understanding the educational background of non-traditional types of medical healers. Like medical professionals, these types of practitioners were not only reading but were writing as well. Gentilcore discusses the world of print in Italian society between the fifteenth and the seventeenth century.[28] Levels of literacy within the Italian cities is obviously an important aspect to consider in understanding how various forms of medical literature affected and penetrated various levels of the Italian medical community. Gentilcore notes that it is quite possible that a large portion of the population, including the male urban working population may have had at least a limited ability to read and write. Not only were handbooks made available for teaching people to write but there was also a rise in the number of people participating in jobs like clerks, scriveners, notaries, postmen and public writers. Alongside the typical medical literature found within the university setting, medical literature existed in a wide variety of different forms. With the invention of the printing press at the end of the fifteenth century, accessibility of printed works became prominent with a wider portion of the population. The different styles of printed works alongside mass production created a relatively inexpensive way for

[28] Gentilcore, *Medical Charlatanism*, 335-359.

members of the Italian population (and other European populations) to have access to medical information.[29]

The chart on the next page indicates some of the most prevalent authors that existed in the private libraries of Parma between the sixteenth and eighteenth century. Two of these "professors of secrets" such as Fallopia and Fioravanti appear in the list.

[29] Gentilcore, *Medical Charlatanism*, 335-359.

Table 2.2: Authors and Titles found in Private Libraries in Parma: 1600-1800.[30]

Author	Title	Date of Publication
Claudio Galeno (130-200AD)	*In Hyppocratem e alter opera*	130-200AD
Castore Durante (b.? d.1588)	Tesoro della sanita	1586
Ippocrate	Aphorismi e alter opera	460 BC
Rolando Capelluti	Ars chirurgica	1300
Pietro Andrea Mattioli	I discorsi ne I sei libri della material medicinale di Pedacio Dioscoride Anazarbeo	1570
Guglielmo da Saliceto	In cirurgia	1210
Girolamo Cardano (1501-1576)	Un'opera imprecisata	1500
Giovanni Manardo	Traduzione di Galeno	1462-1536
Arnaldo da Villanova 1300	Opera	1500
Aulus Cornelius Celsus	De re medica, libri octo	30BC-45AD
Aetius Amidenus	Contractae ex ueteribus medicinae sermons XVI	600AD
Ibn Ishaq Hunain detto Joannitius	Isagogarum libellum	809-1015
Masewaih, detto Mesue	Opera	925-1015
Serafyun, detto Serapione	Practica	? (ancient)
Avicenna	Opera non specificata	980-1037
Scipione Cassola	Disceptatio an epithematum vsus antiquis medicis fuerit cognitus	?
Girolamo Mercuriale 1530-1600	De morbis puerorum	1584
Girolamo Mercuriale 1530-1600	De morbis mulierum	1542
Girolamo Mercuriale 1530-1600	De morbis cutaneis	1572
	Illustrium in re medicina virorum	
Giorgio Vella	De morbo gallico	1497
Gabriele Falloppio (1523-1562)	De morbo gallico	1563
Gabriele Falloppio (1523-1562)	Secreti diversi et miracolosi	1563
Girolamo Fracastoro (1483-1552)	Un opera non specificata	1553?
Giovanni Battista Da Monte detto Montano (1498-1551)	Centuria	1498-1551
Leonardo Fioravanti 1518-1588	La cirugia	1589
	Opera nova de secreti "del Mario Spegnuolo"	
Carlo Pietraiba	Disceptatio Philosophica de quinta chymicorum essentia	?
Giacomo Scutellari	Commento ad Ippocrate	?
Vittore Trincavelli 1496-1568	De arte curandi	1535?
	Consilio e Enchiridion	
Jean de Tournemire	Medecina	1300
Luis de Mercado	De pulsibus libri due	1525
Baldassarre Pisanelli	Trattato della natura de cibi e del bere	1584
Giuseppe Scienze	Li marauigliosi secreti di medicina e chirurgia nouuamente ritrouati per guarire ogni sorte d'infermita	1600
Jacopo Berengario	Isagoge breves perlucide ac uberrime in anatomiam humani corporis	1535
Benedetto Bittori	Medicinalia consilia ad varia morborum genera	1570
Matteo Corti (1532-1561)	De sectione venae	~1562
Giovanni Matteo Ferrari	Un opera non precisata	1472
Leonhart Fuchs (1501-1566)	De medendis humani corporis malis	1539
	Methodus, seu ratio compendiaria perueiendi ad ueram solidamque medicinam	
Mondino dei Liucci	Anathomia	1270-1326
Niccolo Falcucci (1341-1411)	Sermonum liber scientie medicine	1411
Gentile da Foligno	De febribus	1488
Dino Del Garbo	Super quarta primi cum tabula in quartam fen primi Avicen	1327
Bartolomeo Montagnana (1422-1460)	Consilia	1497
Baverio Baviera	Consilorum de re medica siue morborum curationibus liber	1489
Ugo Benzi (1376-1439)	Un opera non speficicata	~1439
Andreas Vesalius (1514-1564)	De humani corporis fabrica libri septem	1543

Information obtained from private libraries in Parma as indicated in Dallasta Federica *Biblioteche private a Parma in epoca farnesiana (1545-1731)* 2008. Doctoral Thesis, Facolta di Biblioteconomia, Universita degli studi di Udine.

[30] Dallasta, *Biblioteche private a Parma in epoca farnesiana (1545-1731),* 2008.

The time period of the texts is significant because it demonstrates the type of medical information physicians and anyone with access to medical literature was being exposed to. The list indicates that many of the texts were written by authors alive at the time or recently deceased. Language differences aside, roughly 9 of the books were written by contemporaries (1550-1600) while the rest were written in either the ancient (30BC-499AD) or medieval period (500-1550).[31] Physicians were therefore paying attention to ideas of the time and not only focusing on ancient texts of the past.

Figure 2.1: Percentages of books according to time period

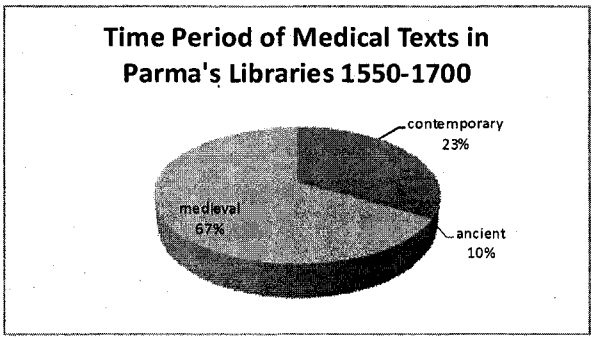
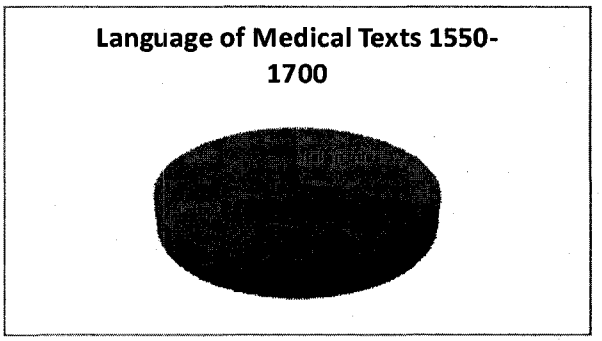


Figure 2.2: Percentages of books according to language



Information on time period of book publications extracted from Dallasta Federica *Biblioteche private a Parma in epoca farnesiana (1545-1731)* 2008. Doctoral Thesis, Facolta di Biblioteconomia, Universita degli studi di Udine

However, this trend and the appearance of only a few books by the "professors of secrets" suggest that prominent medical ideas were rooted in continuity with medical and scientific knowledge before the Scientific Revolution.[32] Another trend that stands

[31] Out of the total number of texts, 38, 9 were written in contemporary times, 4 were written in the ancient period and the rest, 26 were written in the medieval period. However, 14 of the medieval texts were written after 1450 indicating a trend towards more contemporary ideas.

[32] A complete discussion of the scientific revolution would be somewhat off topic here. However, most historians of science agree that the this revolution started in 1543 with the publication of Copernicus' publication of *On the Revolution of the Heavenly Orbs*

out in the chart is the language of texts. Thirty-two out of the forty-six texts are written in Latin and the rest of the books (14 of them) were written in Italian.

Doctors of Northern Italy worked as physicians and were often owners of medical texts but they also made a living by writing and publishing medical books as mentioned above. This was an additional way they were able to make a living. The following table lists the names, dates and place of publication of many well known medical authors that existed in Northern Italy between the sixteenth and the seventeenth centuries.

Table 2.3: Italian Medical Publications 1500s -1600s[33]

Name of Author	Title of Publication	Date and Place of Publication
Jacopo Barigazzi (1470-1530)	Tractatus de fractura calveae sive cranei	Bologna, 1518
Andreas Vesalius (1514-1564)	De Humani corporis fabrica	Basilea, 1543
Gabriele Falloppio (1523-1562)	Observationes anatomicae	Venezia, 1561
Leonardo Fioravanti (1518-1588)	Compendio di tutta la cirugia	Venezia, 1568
Giovanni Argentieri (1513-1572)	De erroribus veterum medicorum	Firenze, 1553
Leonardo Botallo (1519-1588)	De curandis vulneribus sclopettorum	Torino, 1560
Girolamo Cardano (1501-1571)	De subtilitate	Norimberga, 1550
Andrea Cesalpino (1519-1608)	De plantis	Firenze, 1583
Andrea Cesalpino (1519-1608)	De metallic	Roma, 1596
Andrea Cesalpino (1519-1608)	Quaestionum medicarum	Venezia, 1583
Ulisse Aldrovandi (1522-1605)	Historia naturalis	Bologna, 1568
Ulisse Aldrovanti (1522-1605)	Musaeum bononiense	Bologna, 1574
Ulisse Aldrovanti (1522-1605)	Antidotarium bononiense	Bologna, 1574
Scipione Mercurio (died 1615)	Comare o ricoglitrice	Venezia, 1596

Information on names and titles of publications as cited in Dallasta Federica *Biblioteche private a Parma in epoca farnesiana (1545-1731)* 2008. Doctoral Thesis, Facolta di Biblioteconomia, Universita degli studi di Udine.

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which argued that the earth and other planets went around the Sun, a theory that opposed the prevalent understanding earth was the centre of the universe.

[33] Dallasta, *Biblioteche private a Parma in epoca farnesiana (1545-1731)* 2008.

Many of these titles appeared in Bianchi's list demonstrating their influence in Parma's medical community.

Andreas Vesalius (1514-1564) is one of the most important Northern Italian authors appearing within the libraries of Parma.[34] He was a leading figure in the study of human anatomy as he worked as both a surgeon and an anatomist. His medical studies commenced in France where he was first trained and he then continued his education at the University of Padua where he received a doctorate in 1537. He was known for challenging the ideas of Galen, which demonstrates the transition that was occurring in medical ideas at this time.[35] One distinguishing aspect of medical physicians living in Northern Italy was their knowledge and approach to studying human anatomy within the university setting. Being somewhat critical of Galen's use of animals for dissecting purposes, Vesalius wrote and published the famous *De humani corporis fabrica* (*On the fabric of the human body*) in 1543. Paying tribute to the fathers of medicine, Hippocrates and Plato, Vesalius commented on how the study of medicine suffered due to a lack of proper anatomical observation. In his work, Vesalius expresses his discontentment towards the approaches taken by European universities in their study of medicine and surgery:

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[34] Vesalius was Flemish but lived and worked in Northern Italy.

[35] Andreas Vesalius, Preface, *On the Fabric of the Human Body*, 1543 trans. W.F. Richardson and J. B Carman (San Fransico, CA: Norman Publishing, 1998), 1-1vii, in *Science in Europe, 1500-1800: A Primary Source Reader* (ed) Malcom Oster (Great Britain: Palgrave, 2002), 39.

> Anatomy is an important part of natural philosophy; to it, since it embraces the study of man and must properly be regarded as the prime foundation of the whole art of medicine and the source of everything that constitutes it. . . Previously this study was uniquely pursued by physicians, who strained every nerve in the process of mastering it; but when they handed over the task of surgery to others they lost the art of dissection . . . Furthermore, when the whole practice of cutting was handed over to the barbers, not only did the physicians lose firsthand knowledge of the viscera but also the whole art of dissection fell forthwith into oblivion, simply because the physicians would not undertake to perform it.[36]

Some of Northern Italy's most influential physician writers such as Giovanni Battista Da Monte, Cardano Girolamo and Mercuriale Girolamo were also found in the private library belonging to the Parman physican Landino Bianchi. Like Vesalius, Giovanni Battista Da Monte (or Montanus) was one of the key players in the increase in anatomical interest throughout Italian universities. Even before Vesalius, Italian academic institutions, compared to other places in Europe, were known to be relatively open to dissections and performing autopsies, thereby having exposure to anatomical

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[36] *Ibid.*, 39. Note: Historians of medicine and science continue to struggle with the many definitions that existed within the medical field before the seventeenth century. This struggle is partially due to the confusion that exists over a current understanding of terms versus an understanding of the same terms held by medical practitioners of medieval and early modern periods. Historian Andrew Cunningham's series of articles demonstrates how "old physiology" must be distinguished from our more current view of experimental physiology largely because the understanding of physiology before the eighteenth century was based mostly on theoretical analysis. "Old anatomy" on the other hand was largely experimental and viewed very much as a preliminary subject needed for other areas of medicine.[36] For more details see Andrew Cunningham, "The pen and the sword: recovering the disciplinary identity of physiology and anatomy before 1800 II: Old anatomy: the sword," *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 34 (2003): 51-76.

details. By the late fourteenth and early fifteenth centuries, statutes of many of the Italian universities recommended that medical students sit in and observe dissection and autopsy techniques as a means to help memorize already acquired knowledge. One of the required texts for this practice was the *Anatomia Mundini*, written by Mondino de Liuzzi in 1316.[37] Other key leaders in the area of human anatomy were Gabriele Zerbi (1435-1505), Alessandro Benedetti (1450-1513) and Iacopo Berengario (Barigazzi) da Carpi (1460-1530).[38]

This new focus on anatomy contributed to a physician's role as lecturer. New positions became available as men like Da Monte focused their attention on anatomy and as it grew in importance and popularity. In addition, larger anatomical theatres began to replace small confined wooden platforms.[39] This increase in popularity allowed anatomists to benefit financially from the large amount of spectators that had an interest in the theatrical displays. As a result of this change, professors of anatomy and surgery saw an increase in their salaries. In Bologna, Gaspare Tagliacozzi (1545-1599) started off making 100 lire in 1570 when he first started teaching as professor of surgery and anatomy but was earning as much as professors teaching medical theory by 1599, taking in a salary of 140 lire.[40] Battista and Da Monte were also involved in the development of clinical medicine by the middle of the sixteenth century. By 1578, the

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[37] Paul Grendler, *The Italian Renaissance*, 329.

[38] *Ibid.*, 330.

[39] Cynthia Klestinec, "Civility, Comportment, and the Anatomy Theatre: Girolamo Fabrici and His Medical Students in Renaissance Padua," *Renaissance Quarterly* (60) (2007): 435-438.

[40] Paul Grendler, *The Italian Renaissance,* 340.

Venetian senate endorsed clinical medicine, which required professors to visit a hospital and discuss individual medical cases with medical students.

Another topic of interest that became increasingly popular within the medical curriculum was medical botany. This was somewhat neglected in the earlier years of medical education. Medieval medical scholars coined the term *simples* to refer to plants used as sources of medicine. By the middle of the sixteenth century, Galen's book *De simplicium medicamentorum facultatibus* (On the powers of medical simples) otherwise known as *De simplicibus*, was being used by medical scholars looking to emphasize both the importance of practical medicine within clinics and for further understanding the benefits of the natural world.[41]

Gabriele Fallopia (1532-1562) of Modena is one medical author who appears in the private libraries. As an Italian physician and anatomist working throughout the middle of the sixteenth century, Fallopia would have been considered a contemporary to physicians living less than a century following him. He was particularly known for his detailed analysis of the male and female reproductive systems and has been considered innovative by historians who recognize his attempts to break away from Galen's "one sex model" of the reproductive organs. The "one sex model" has become a very controversial topic, mainly among feminist historians who have commented on the model's negative influence in helping physicians and medical researchers appropriately understand the uniqueness and complexity of the female reproductive system.[42]

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[41] Paul Grendler, *The Italian Renaissance,* 343.

[42] Winfried Schleiner, "Early Modern Controversies about the One - Sex Model,"

These private libraries provide some evidence for the type of training or at least the type of medical images and medical ideas that physicians were being exposed to around the middle of the seventeenth century. Such information can offer historians insight on the different types of medical literature found within the different spheres of Italy's medical establishment within the city of Parma.

As writers, lecturers and practitioners of medicine, it is not surprising that all of the physicians in Parma are referred to as "Signor." Those given the official title "dottore" or Dr. were understood to have a university training, which significantly increased one's status in society. Historian Paul Grendler has done an extensive amount of work on the university training of physicians in Italy during the Renaissance and into the sixteenth century. Specifically, his chapter on the medical curriculum highlights the essence of professional medicine and changes in the university system that occurred between the fourteenth and sixteenth centuries.[43] Grendler's work demonstrates that knowledge of Greek medicine was one of the many characteristics of a university-trained physician. Of the three most well known Greek physicians – Aristotle, Hippocrates, and Galen – Galen was probably the most influential. As mentioned by Grendler, Galen's work was extensive and all encompassing in the breadth of medical information it carried. Medical methods, theories, practical

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Renaissance Quarterly 53 (1) (2000): 180-191.

[43] Grendler, *The Universities,* 314-352.

medicine, anatomy and pharmacology were topics covered in his writing and used by medical students within the medical curriculum.[44]

Galen is obviously one of the most reoccurring ancient authors to whom doctors in Parma were exposed. Being exposed to both contemporary medical works and ancient texts is indicative of the gradual transition in medical ideas that physicians were exposed to. Within the university setting, professors were paying attention to both the past and present but, the connection to the past still remained strong. As suggested by Grendler, the approach taken by medical professors in teaching anatomy in universities was largely rooted in theories and tenets developed by Galen. His book, *On Anatomical Procedures* (*De Anatomicis Administrationibus*) was used primarily for teaching medical students within the university setting.[45]

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[44] *Ibid.*, 315. Greek medicine mediated through medieval Western and Islamic texts and therefore although it was Galen's ideas being read, so too were the notes and interpretations made and incorporated by the translators.

[45] Galen's book was a significant teaching aid for several reasons. The text is divided into 9 smaller books and is by and large rather small and compact. Book one covers extensively the muscles of the arms and hands but also included in this chapter is a discussion of both Galen's reasons for writing the book and his perspective on how his work differs from his predecessors. In this section he criticizes past medical anatomists for disregarding intricate muscular details, which, according to him, make muscles and details on their specific attachment and insertion points very distinct.[45] Book two discusses mainly the muscles and the ligaments of the feet and legs. Also included in this section is a criticism of ancient anatomists. Although he commends one physician, Marinus of Alexandria, for his upstanding anatomical procedures, Galen discusses the transition that occurred in the teaching of anatomy that resulted in the fragmentation of it. In book two he states that, "the art [of anatomical procedures] came to be customarily imparted not only to kinsmen but to those outside the family. Thus the habit of dissection from early years came to be discontinued. For when the Art was communicated to any favoured adult it followed that the instruction became the poorer." See Galen, *On Anatomical Procedures* (*De Anatomicis Administrationibus*), translation of the surviving books by Charles Singer (London, New York and Toronto: Oxford University Press, 1956), 9-12.

Another obvious observation that can be made from Bianchi's list is the language of the texts. A majority of the books were written in Latin or Greek, which is not surprising since Latin was the official language of science and philosophy up until the eighteenth century. Especially evident is the work of ancient Greek authors, Hippocrates and Galen. Although no definite conclusions can be made on whether all of Bianchi's texts were actually read by him, it is fair to make this assumption. Several other aspects connected to the medical knowledge of physicians in Parma can be inferred from this list. One element that stands out is the inclusion of Arab authors and the translated writings of Avicenna and Ibn Sarafyun. Having knowledge of some of the great Arabic medical writers was an important characteristic of university trained medical physicians. Scholars such as Avicenna and Averroes were a very important element in the medical curriculum and were studied by medical students being influenced by a variety of translational activity occurring at the time. Arab medical works and interpretations were in many ways similar to Christian medical interpretations and where differences were found between the two, the incongruencies were understood to be a product of translational difficulties.[46]

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[46] In historian Cameron Grune's translated version of *Avicenna's The Canon of Medicine*, he gives a brief overview of some of the difficulties with translated Arab works and many of the differential qualities that exist between *The Canon* and more modern medical techniques. His juxtaposition is effective for highlighting the unique aspects of Avicenna's medicine. (see pages 1-26 in *The Canon of Medicine of Avicenna* – A translation of the First Book – London, 1930.) Criticisms of the medieval translations gave rise to not only medical humanism within the universities but also a significant offshoot of learning centres that popped up throughout Italy by the sixteenth century. The dissemination of general scientific knowledge at this point could occur for example, within the princely courts or new scientific societies. This development, of a desire to learn and experiment with science outside of the traditional university atmosphere, helped to create new social interactions between members of the ruling class and those of a new ambitious intellectual learning status. To fund such

This translational activity was largely connected to the humanist movement that was occurring at the time. By the sixteenth century, having a medical humanistic background became a defining feature of a practicing physician within Italy and other places within Europe. "Medical humanists" applied "humanistic philology and ideological criticism" to ancient medical texts and interpretations of classical Greek works.[47] From a medical perspective, the movement affected the way medicine was taught in universities throughout Europe in a variety of different ways. Galenic and Aristotelian texts were looked at from a new perspective as scholars continually translated the written work into Latin. As translations were being made, topics like anatomical structures, the treatment of specific diseases and the advantages of medicinal herbs became a newfound focus within the fifteenth and sixteenth century Italian curriculum.[48] In addition to this new focus, translators made comments on the differences that arose between new approaches in interpreting ancient texts and the traditional way Christian and Arab scholars dealt with specific medical topics.

The Italian physician, Nicolo Leoniceno (1428-1524) was a leader in this type of translational activity.[49] He was adept in translating Greek texts into Latin, as he produced Latin translations of eleven of Galen's works in the sixteenth century.

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institutions, innovative scientists wishing to establish a society, sought protection and patronage from rulers who could help further their endeavours. For further details see William Eamon and Francoise Paheau, "The Accademia Segreta of Girolamo Ruscelli: A Sixteenth Century Italian Scientific Society," *Isis* 75 (1984): 327-342.

[47] Grendler, *The Universities*, 324.

[48] *Ibid.*, 327.

[49] *Ibid.*, 324.

Because of this, he was known to have the largest library of Greek texts. Some of his contemporaries included Giovanni Pico della Mirandola, Angelo Poliziano, and Erasmus. By the sixteenth century, more than six hundred printings of one or more of Galen's texts appeared in Latin across Europe.[50] Vivian Nutton is another historian who has looked at the impact of humanism upon the medical curriculum throughout Italy during the late Renaissance period. In his work he has noted the predominance of the University of Ferrara and the academicians who taught there. Notable humanist scholars of Ferrara included Giovanni Manardi and Antonio Musa Brasavola both of whom had a significant role in changing the direction of medical teachings at European universities.[51]

The medical background of doctors in Parma makes sense in light of the educational history that surrounds Parma from the medieval period through to the modern period. Parma has been a significant place for the development of medical education and for the prominence of surgery within general medical practices. In his discussion of the history behind the "Atenio Parmense-Acta Bio-Medcia," the official journal of the Society of Medicine and Natural Sciences of Parma, medical historian and physician Raffaele Virdis notes that Parma is home to one of the oldest universities

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[50] *Ibid.*, 325.

[51] Vivian Nutton, *"The Rise of Medical Humanism: Ferrara, 1464–1555," Renaissance Studies 11 (1997):* 2 – 19 and also see Nutton's book, *Ancient Medicine* (London, New York: Routledge, 2004).

the Western world where the well known saint and theologian Pier Damiani studied and taught around 1025.[52]

This was also a significant time for the development of scientific and medical societies in Italy and for the rest of Europe. Parma was known first for its *Il Giornale de Letterati* founded by the Benedictine monk Bendedetto Bacchini (~1690). The journal was published successfully in Parma for five years in a row and was understood to be modeled after the Roman version of the same journal, *Il Giornale de Letterati.* Looking at some abstracts from the Roman version created roughly fifteen years earlier than Parma shows how the scientific and medical ideas in circulation were up to date and comparable to other major medical centres on the continent. The letters indicate, for example, specific information on the development of the microscope which was possibly the most innovative idea flourishing in medicine by the middle of the seventeenth century.[53] The letters also discuss key concepts surrounding blood transfusions and the results of different experiments performed on animals.

Another significant characteristic of Parmesan physicians was their official authority determined by the issuance of a licence. By the sixteenth century, medical

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[52] Raffaele Virdis (Department of Paediatrics, University of Parma), "A Century of "The Society of Medicine and Natural Sciences of Parma" and three centuries of medical and scientific Academies and Journals in Parma," *Acta Bio Medica* 74, 2003: 4-8. Note: Pier Damiani or Peter Damian was known for helping to further the development of Mariology and the cult of the Blessed Virgin. He used the motto, "to Jesus through Mary" in his teachings. For further details see Luigi Gambero, *The Blessed Virgin Mary in the Thought of Medieval Latin Theologians* (San Francisco: Ignatius Press), 2005.

[53] Giornale de Letteri , "Two extracts out of the Italian Giornale de Letterati; The One, about Two Experiments of the Transfusion of Blood, made in Italy, the Other, Concerning a Microscope of a New Fashion, Discovering Animals Lesser Than Any Seen Hitherto," *Philosophical Transactions* (1665-1678) 3: 840-842.

licensing became a necessary aspect of the European medical community. Legal bodies were often put in charge of overseeing and distributing licences in order to control the activities practiced by the plethora of medical people, increasingly becoming competitive within the medical domain. These legal controls in charge of distributing licenses were further subdivided and their authoritative activities were determined by factors such as geographic location and the overall health and sanitary climate of different communities.

The social situation in early modern Italy was significantly different from that of the thirteenth and fourteenth. One of the key differences was the social prestige and influential positions held by the landed aristocracy who had replaced the mercantile class who held this position a century earlier.[54] As mentioned by Cipolla, top health officers usually belonged to the privileged class and therefore held an influential position in society. By the seventeenth century, these top positions were held by officials existing in most parts of Italy and who abided by a moral code in dealing with political affairs. This was especially the case when epidemics hit, like the plague of the early seventeenth century. Crisis situations like these placed a new significance on the actions of medical communities and on the authority of medical officials. Coming together for the health interests of communities was a way that they dealt with epidemic health issues.

Health boards, developed in fourteenth- century Italy, in direct response to the outbreak of the Black Plague, were one example of how health officials came together

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[54] Carlo Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge, London, New York, Melbourne: Cambridge University Press, 1976), 11-21.

to form a regulatory body. They had a large say in who was qualified to deal with the immense problems associated with epidemic outbreaks. A physician's identity and practicing rights were therefore regulated and largely determined by health boards set up in the community.[55] Physicians also held legal roles within specific colleges. The term "college" was used to describe groups of physicians who came together as an organization and worked in a protective way, like guilds did within their organizational structures.

Administrative duties were a significant element to many physicians working in Parma from the sixteenth to the eighteenth century. The term "protomedico" was the designation given to the member of a college in charge of dealing with judicial matters relating to doctor-patient interactions. The roles of the protomedicato (the physician in charge) varied between different Italian cities. Parma was in a unique situation for several reasons. First, the protomedical structure was introduced relatively late compared to that of other Italian cities.[56] It was not until the eighteenth century that medical practitioners became subject to the system, which contrasts with other states such as Naples and Milan that had the system introduced in the seventeenth century. Although no definite reason has been given for the relative lateness of this protomedico, Gentilecore makes several comments about this later development. He suggests that the Spanish model, which Parma's protomedical structure resembled, was often ineffective and problematic since the government in Spanish run territories was fragmented and

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[55] *Ibid.*, 44-47.

[56] David Gentilcore, "The Protomedicato tribunals and health in Italian cities, 1600-1800: a comparison", in E. Sonnino, (ed.) *Living in the city* (Rome: Casa Editrice Università La Sapienza, 2004), 407-411.

decentralized. He also mentions the lack of a "resident ruler" and instead a viceroy and governor that often did not work well together.[57] Gentilcore also suggests that the proto medico was introduced at a time when there was a greater for them in helping to prevent the practice of medicine by those not authorized to do so. [58]

The situation in Parma was also different from other cities because the legal body or tribunal associated with the protomedicato was managed and subject to the sovereign. In Parma, the protophysician had to answer to the duke and was largely responsible for administering and overseeing judicial matters. This situation contrasted with other cites that held a "collegial" type of tribunal. The colleges, instead of the sovereign, were in charge of appointing the protophysician and maintained a strict jurisdiction in the territory surrounding the university. This was the case in the papal Italian states like Rome and Bologna.[59] The protomedico in Parma was also unique because it had the authority to give practicing licenses to physicians and maintain a large say in the approval of their medical activities. The tribunal here also had a role in the licensing of other non-traditional types of healers. From Gentilcore's study, several important aspects arise

concerning the official role of medicine held by physicians by the beginning of the eighteenth century. The political and social view of barber surgeons held by both members of the medical elite and higher levels of government at this time is especially important because it reveals the level of medical influence barbers had before and after

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[57] Gentilcore, "The Protomedicato tribunals," 407-409.

[58] *Ibid,* 115.

[59] *Ibid.*, 407-409.

the eighteenth century. Gentilcore notes, for example, the correspondence in 1759 between Prime Minister Guillaume DuTillot and protophysician Giuseppe Camuti which details the common perception of medical practices performed by barbers by the beginning of the eighteenth century. The licensing of barbers had been stopped by this time and the only licensing available was to be in "full surgery". In commenting on the new law, Camuti commended it for, "reducing those barbers who had been previously approved to the status of being merely tolerated under penalty of being forever inhibited in the practice of their art should they dare to exceed its limits."[60] Whether or not barbers became a threat to the professional aspects of the profession or whether they were a competitive element is an area of uncertainty. Perhaps there was an element of both.

There was a level of prestige associated with belonging to a college and there were often kinship ties associated with it. As mentioned by Pomata, the social background of the members reveals a correlation between the status of the members and social status of the of the member's father. In Italy, sons often followed in the footsteps of their fathers but this was not always the case. The following chart indicates the social background of physicians in Bologna throughout the early modern period.

[60] Gentilcore, "The Protomedicato," 409.

Table 2.4. Social Background of Members of the College of Medicine of Bologna, 1593-1793

Father's Status	N	%
Physician		
Collegiate	23	18
Noncollegiate	8	6
Total	31	24
Member of a Guild		
Apothecary	8	6
Barber	3	2
Other	11	8
Total	22	16
Merchant	17	13
Gentleman	13	10
Notary	9	7
Rentier	5	4
Treasurer or bookkeeper	3	2
Clerk	2	1
Doctor of Law	1	0.8
Choirmaster	1	0.8
Military officer	1	0.8
Architect	1	0.8
Unknown	24	18
Total	130	

Sources: A.S.B. Coll. Med., bb 196, 208, 234, 238, 247, 250, 259, 332, 338, 340, 341, 342, 348, 353; Bartolomeo Albertini, Catalogus omnium doctorum collegiatorum in artibus liberalibus et in facultate medica incip. Ab A. D. 1156 (Bologna 1664); G.N. Alidosi, Li dottori Bolognese di Teologia, Filosofia, Medicina e d'Arte liberali dall'anno 1000 per tutto marzo del 1623 (Bologna, 1623; reprint, Bologna 1980); P. S. Dolfi Cronologia dell famiglie nobili di Bologna (Bologna, 1670; reprint, Bologna 1973) – as cited in Pomata, *Contracting a Cure,* 1998.

Out of the 130 members, 31 physicians had fathers who were also physicians; 22 of the members had fathers who belonged to a guild, 8 of whom were apothecaries and three had fathers who were barbers. Therefore, the professional status of a physician's father could be a reflection of how his son might do professionally. Belonging to a college was just one way that physicians could participate in administrative roles. They could also take on governing positions at hospitals and homes for the poor.[61] This is one way that the development of hospitals changed the landscape of early modern medicine. In a way, the development of hospitals and charity institutions provided medical workers

[61] Gino Trombi, Dall'Ospizio delle Orfane presso l'Ospedale della Misericordia agli Instituti Femminili Raggruppati (A cura dell'amministrazione degli istituti femminili raggruppati di Parma, 1963), 1-5

with semi private and semi public workplace. It was an atmosphere where doctors could simultaneously have both an administrative position and a caretaking one too. Between 1650 and 1699 the following doctors served in governing positions at the Pia Casa De Poveri Mendicanti Di Parma.

Table 2.5: Doctors at the Pia Casa De Poveri Mendicanti, 1650-1699

1609	1610	1612	1613	1614	1615	1616	1617	1618	1619
			Angelo Ravazzoni	Angelo Ravazzoni		Giovanni Carrobbio	Giovanni Carrobbio And Ottaviano Garimberti	Benedetto Bacchini	Ottavio Zoboli And Gerolamo Borgarelli
1620	1621	1622	1623	1624	1625	1626	1627	1628	1629
Alessandro Carissimi and Lorenzo Smeraldi	Augusto Vaghi And Giulio Baiardi	Angelo Ravazzoni And Livio Cerarti	Bartolomeo Del Bono		Ottavio Zoboli	Ottavio Zoboli Pietro Giovanni Monticelli	Paolo Cittadella	Bartolomeo Del Bono	
1630	1631	1632	1633	1634	1635	1636	1637	1638	1639
Carlo Francesco Bottoni	Paolo Cittadella	Camillo Tarasconi		Marcantonio	Paolo Cittadella And Doctor Livio Cerati	Paolo Cittadella		Livio Cerati	
1640	1641	1642	1643	1644	1645	1646	1647	1648	1649
						Giulio Verderi and	Giulio Verderi and Gerolamo Stanoli	Giulio Verderi and Gerolamo Stanoli	
1650	1651	1652	1653	1654	1655	1656	1657	1658	1659
			Giovanni Bertoldi	Cesare Vandoni	Cesare Vandoni	Cesare Vandoni	Antonio Maria Zucchi	Lazzaro Saccardi Francesco Maria Cittadella	
1660	1661	1662	1663	1664	1665	1666	1667	1668	1669
Angelo Aquila	Francesco Maria Cittadella	Angelo Aquila		Angelo Aquila	Giovanni Francesco Maghenzani and Epaminonda Landini	Antin i and Francesco Maria Cittadella	Angelo Aquila		Francesco Magheenzani
1670	1671	1672	1673	1674	1675	1676	1677	1678	1679
Andrea Francucci	Lodovico Castelli	Epaminonda Landini			Bartolomeo Del Bono	Lodovico Castelli	Gerolamo Pozzi	Francesco Maghenzani	Lodovico Castelli
1680	1681	1682	1683	1684	1685	1686	1687	1688	1689
Pozzi Gerolamo		Boni	Lodovico Castelli	Epaminonda Landini	Gerolamo Pozzi	Gerolamo Pozzi	Gerolamo Pozzi	Lodovico Castelli	
1690	1691	1692	1693	1694	1695	1696	1697	1698	1699
Gerolam Pozzi	Lodovico Castelli	Alessandro Bertolotti	Lodovico Castelli	Lodovico Castelli			Antonio Terrarossi	Alessandro Bertolotti	Orazio Aaicardi

Source: Gino Trombi, Dall'Ospizio delle Orfane presso l'Ospedale della Misericordia agli Instituti Femminili Raggruppati (A cura dell'amministrazione degli istituti femminili raggruppati di Parma), 1963, 1-5.

The financial income of medical practitioners is also something to consider in understanding the medical world of Parma and other places in Italy at this time. However, evidence suggests that financial assets might not be a concrete determinant for understanding where practitioners fit within the medical hierarchy. An analysis of tutelage documents covering a five year period (1677-1681) suggest that medical practitioners of various sorts were paid according to different factors other than the type

of practitioner they were. In this way, the salary of doctors working in hospitals can be compared to those making private house visitations in 1677, 1678, 1679 and 1680. The following figures come from a tutelage document indicating the medical costs for a young child living with his uncle. The table below gives the total amount spent per year, the total number of visits and the average amount spent on medical attention. Doctors in this case were more likely to make house visitations than other types of practitioners. This makes sense in light of the fact that barbers were more likely to own private shops where medical attention could be given. Apothecaries were in a similar position as their shop atmosphere required the doctor to visit and obtain his medications there.

Table 2.6: Amount Paid for Medical Services in Parma: 1677-1680

1677 **(amount paid in lire)**	**1678** **(amount paid in lire)**	**1679** **(amount paid in lire)**	**1680** **(amount paid in lire)**
200 (apothecary services) 20 for doctor visit 86 for doctor visit and medicine 2 (x2) for a doctor visit	2 for doctor visit 1 lire for doctor visit 3 lire for doctor visit	5 (x 4) doctor visits 6 (x 3) doctor visits 28 (x 2) for doctor visit 2 (x 3) for doctor visit 8 (x 2) for doctor visit 8 lire for barbiere 7 for doctor visit	7 for doctor visit 27(x2) for doctor visit 6 (x2) for doctor visit 9 for doctor visit 5 for doctor visit 40 for doctor visit 22 for doctor visit 4 for doctor visit 4 for apothecary services 47 for doctor visit 27 for doctor visit 200 for apothecary services
TOTAL# Visits: 5 Average spent: 77.5 Total spent: 310	TOTAL# Visits: 3 Average spent:~1.7 Total spent:~5 lire 1 soldi[62]	TOTAL# Visits: 21 Average spent:~ 8.2 Total spent: ~131	TOTAL# Visits: 14 Average spent: 30.8 Total spent: 431

Source: ADNP Borelli Francesco p. 1 inserto f. 12352

[62] 1 Lire = 20 soldi, 1 soldo = 12 denari, 1 scudo = 7 ¼ lire (Parma) 1 ducatone = 9 lire (Parma) Note: a sack of wheat feeding a person for one month cost ~ 8 lire

In 1677, the child received medical attention roughly five times. During this year, his uncle spent 200 lire on him for the services of an apothecary, 20 lire and 86 lire for "medicinale" from a doctor on two different occasions, two lire for a doctor's visit. In 1678, the uncle paid for the services of a doctor on three different occasions, spending two lire, one scudi and three lire respectively. In 1679, the prices seemed to be quite consistent when the child received medical attention roughly 19 times. Five times the uncle spent four lire for the visiting doctor, six times he spent three lire, on two occasions he spent around 28 lire, two lire three times, eight lire three times and 7 lire once. [63]

House visitations by the doctor for general medical attention were both a financial and social matter. Works of art from Early Modern Italy demonstrate will this element of sociability. The following ex-voto images demonstrate not only a physician's prominent place within the domestic setting but also how the physician's boundaries could cross over into religious affairs. As indicated by the appearance of saints in each of these photos depicting a physician tending to the ill, different forms of supplication played a prominent role in understanding and accepting the everyday world of medicine. This ex-voto image taken from the Museo Lauretano nearby in Cremona, shows the atmosphere that doctors worked in. In this picture the domestic

Figure 2.3: Two physicians and two assistants tending to a patient

Source: Ex-voto image from the Museo Lauretano,

[63] ADNP Borelli Francesco p. 1 inserto f. 12352

environment is significant. Taking care of patients within the home rather than in an outside institution was a normal procedure. Providing care within the house gave the patient comfort and also allowed other family members to stay close and provide a role in delivering care. Staying in the home was also resourceful for tending to specific medical needs. It was common to have access to necessities like linens for bandages, water for cleaning, shelter, stoves or heating devices and of course a comfortable bed for the patient. Depending on the status of the doctor, whether or not he worked as a community doctor paid by the town, or as a private doctor paid by the patient, the type of medical attention could vary. Those with more money could obviously afford more attention and a wider variety of medical and surgical procedures. The environment within the home could also be very social. The caption for the first image reads, "Un uomo è a letto, con le mani giunte, mentre intorno a lui stanno alcuni medici: uno regge una candela e parla con lui, un altro lo sta operando ad una gamba piagata, insieme ad un assistente, ed un terzo sta srotolando delle bende," or translated, "a man is in bed with his hands joined, while around him are the doctors – one holds a candle and talks with the patient, another operates on the leg together with the assistant. A third doctor is ready to apply the bandages." The painting is dark, symbolizing sickness and disease, while there is a hopeful light shining on the patient. Light also appears in the left hand corner surrounding the holy Virgin Mary of Loreto. Overall the picture demonstrates not only the social environment within which doctors worked but the intermingling of medicine and religion that was characteristic of the time period.

Figure 2.4: Two physicians conversing at the bedside of a patient

Source: Ex-voto image from the Museo Lauretano, Cremona.

The next image depicts a similar social environment. The sick patient is surrounded by many people, several of them women living within the house. They are distressed because of the illness and one woman provides attention to the patient lying in the bed.

Since women at this time occupied a domestic atmosphere, their association with administering medicine was somewhat inevitable.[64] Doctors dressed in black clothing are standing by the bed likely discussing issues involving the course of action needed to care for the patient. Once again there is a hopeful light shining on the patient, a light surrounding the saint depicted in the corner and there is light coming from the fire as well. Otherwise the image appears very dark symbolizing the darkness and mystery surrounding illness and death. [65]

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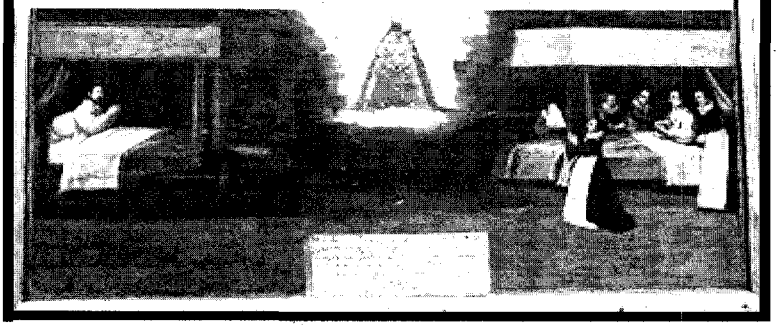
[64] In the middle of this scene depicting a crowd is a patient surrounded by some women of the house, one of them holding an oil lamp to light the room. In the foreground there are doctors discussing something about the patient. Many women in the room are crying while a few are heating some clothes (for the patient?) in front of the fireplace. At the top of the image is Our Lady of Loreto with St. Francis of Assisi in an act of supplication.(Supplication was (and is still) the most common form of prayer in which the person is praying for something specific.) This type of prayer is usually done on behalf of someone experiencing an illness or crisis. The most common form of Supplication is the Catholic Novena, a prayer in which a person repeatedly asks for the same favour over the course of nine days.

[65] The colours in the original images are a lot darker than this, which might have been due to chemical aging and not necessarily an aesthetic choice. The shadows have been lightened graphically in order to see the images better.

The next image also depicts the social environment in which a physician worked. In the picture there are two patients who have been healed from their illnesses. Although the medical workers are at the bedside tending to the ill, the people in the room are honouring the holy Virgin of Loreto whose intercession has had a final effect in the curing of each individual.

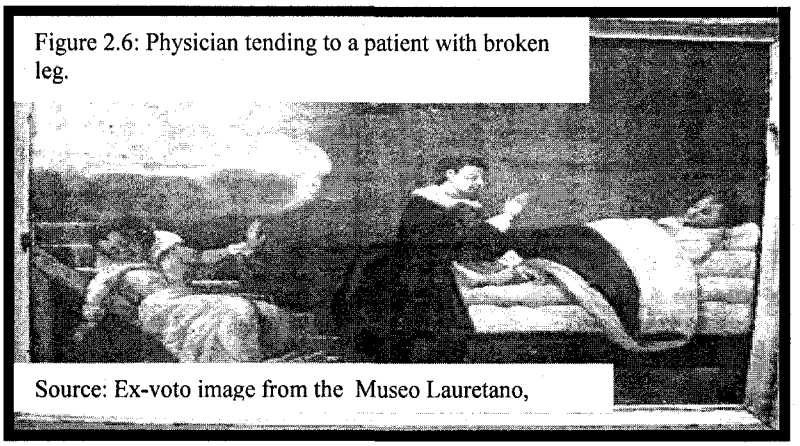
Figure 2.5: Two patients healed through supplication.



Source: Ex-voto image from the Museo Lauretano,Cremona.

In this image below the doctor is at the bedside of the patient tending to young patient suffering from a broken leg while a hopeful light of the saint appears in the left hand corner.[66] On the left hand side there is a depiction of how the woman in the bed injured her leg.

Figure 2.6: Physician tending to a patient with broken leg.



Source: Ex-voto image from the Museo Lauretano,

This next image is divided into two, the first showing how the patient was injured by enemies and the second showing the type of medical care he received. With the development of gun powder, shot wounds and other wounds received from war were a prominent theme in medical care. At the bedside of the patient there is a full medical team consisting of the family member holding the candle, two doctors, a surgeon and the surgeon's assistant. The patient and the image of the saint appear in a glowing light reflecting the hopeful attitude towards a good prognosis. The black garb worn by the doctors is another element that reflected their social status in society. This was the color worn by those who received a doctoral degree from a university.

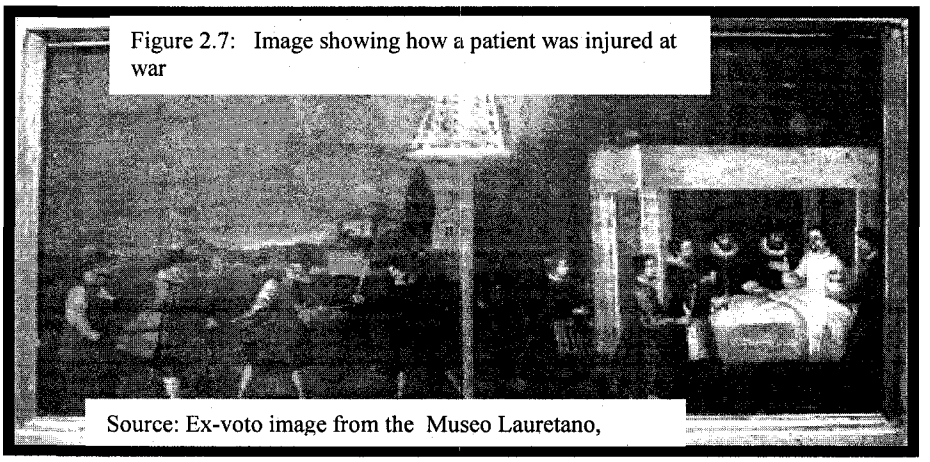


Figure 2.7: Image showing how a patient was injured at war

Source: Ex-voto image from the Museo Lauretano,

This type of clothing can also be found in the post mortem inventory belonging to Bianchi.[67] Along with his private library, Bianchi's list indicates roughly 247 items, sometimes indicating the value of each item. There were several significant aspects that stood out in the document. First, there is a clear indication that this practitioner owned an extensive amount of black material consisting of both silk and velvet. The document

[67] Notai di Parma 3622, 5 ottobre 1598.

reveals the garb worn by the practitioner, as indicated by the itemized "black robe of the doctor." The repetitive occurrence of items made of silk is quite significant because it gives an indication of the social status held by this particular individual. Silk was considered an item of luxury, which went along with the lifestyle of someone of higher social standing. The silk material, in combination with the list of moveable goods such as items of crystal and things made of gold, was expected to be owned by a person of high noble status. As mentioned in Guido Guerzoni's article, noblemen were expected to live a lifestyle that balanced magnificence, morality and virtue. [68]

Even though Guerzoni's article is discussing the highest of nobles, there is evidence of this type of luxurious living within the home of Bianchi. Things such as the presence of large amounts of walnut and poplar furniture were found throughout most rooms in the house. This is significant because it is symbolic of the social and economic aspects of a noble family – an abundance of furniture indicates not only wealth and prestige but also the accommodating features that a person of high social standing in sixteenth century Parma would expect to have in taking care of its extended family, guests and perhaps servants. The number of tables is quite extensive, as is the number of wooden chests for storage. Such furniture would have brought comfort to all those residing in home.

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[68] Guido Guerzoni, "Liberalitas, Magnificenta, Splendor: The Classic Origins of Italian Renaissance Lifestyle, *History of Political Economy* 31 (1999): 332-378.

This chapter has looked at the various roles occupied by physicians in Northern Italy from the sixteenth to the eighteenth century. Taking on a variety of roles enabled them to participate in the social world of Parma which resonated with their noble or near noble status. They served as educators, writers and legal administrators which helped them govern Parma's medical landscape during these early years. In this way, they were just one type of medical practitioner that had a multipurpose role within the medical landscape of Northern Italy. The roles that characterized a physician's occupation are an important component to understanding their social lives as they practiced and interacted with other members of the Parman medical community throughout the early modern period. Their presence in smaller numbers in 1636 is not necessarily a reflection of the imprint they made from a professional point of view. Looking at the medical background of one Parman physician, Landino Bianchi provides a helpful clue for determining some of the characteristics that encompassed a doctor's life. Ownership and authorship of medical texts were one of the main observations made in Bianchi's inventory. The specific authors found in this library were significant because they indicate a physician's connection to both past and present medical ideas but with more of a connection with medieval and ancient thought. The background of some of the authors mentioned, such as Gabrielle Fallopia and Leonardo Fioravanti, were also significant because they were contemporary authors able to publish their work in Northern Italy. The publication of such texts provides evidence for the place of northern physicians within this literary medical marketplace where it was possible to make a profit selling medical books while maintaining other medical roles on the side.

Chapter Three: Apothecaries, Charlatans and Hospital Workers

Apothecaries were another important group that practiced in Parma and probably closest to doctors in terms of where they fell on the medical hierarchy. Much like surgeons and small town physicians, apothecaries were defined by their guild status and, for the most part, did not receive university training. Gentilcore and Michelle A. Laughran have contributed to our current understanding of the Italian apothecary by focusing more on the practitioner or the pharmacist rather than the pharmacy or dispensary.[69] Gentilcore suggests that the items and the environment in which the drugs were dispensed too often take centre stage in understanding the early modern medical marketplace and so it is time to take a look at the practitioners.[70] Rather than overanalyzing the "material medica" or the techniques and therapeutics in medical history, historians are recognizing the need to focus on the professional aspects of drug availability in order to understand the apothecary's role in the Italian medical community.

The concept of a medical marketplace is a theme in current medical histories. Herbal remedies and foodstuffs were considerable commodities that often came in the form of high priced items. Gentilcore highlights the significance of this especially in

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[69] David Gentilcore, "Apothecaries, "Charlatans" and the Medical Marketplace in Italy, 1400-1750," *Pharmacy in History* (45) 3 (2003): 91-94 and Michelle A. Laughran, "Medicating With or Without "Scruples": The Professionalization of the Apothecary in Sixteenth- Century Venice," *Pharmacy in History* (45) 3 (2003): 95-107, "Relations between Italian Charlatans and Apothecaries," *Pharmacy in History* (45) 3 (2003): 108-121.

[70] Gentilcore, "Apothecaries," 91.

understanding the connection that often existed between the different types of practitioners. In terms of numbers, apothecaries or *speziale* had a significant presence in the community of medical workers in 1636.[71] The following chart indicates the apothecaries who lived in and worked in Parma along with some of the other professional trades that they were involved in.

Table 3.1: Apothecaries in the Districts of Parma 1636

Title	Name	Type of Medical Worker speziale= apothecary	District
Signor	Paolo Bicondi	Speciale (speziale)	Maria Maggiore
Signor	Giovanni Antonio Riva	Speciale (speziale)	San Basilide
None	Francesco Broni	Speciale (speziale)	San Basilide
None	Paolo Benassi	Speciale (speziale)	San Basilide
Signor	Pietro Martire Zarbazi	Speciale (speziale)	Santa Anastasia
Maestro	Gielmo (last name)	Lardaria (?) and Speziaria (apothecary)	San Vitale
Maestro	Pietro Borses	(fa salumi) e speziaria (he sells sausages and he is an apothecary)	San Vitale
None	Giacomo Rossi	Vende salumi e speziaria (he sells sausages and is an apothecary	San Vitale
Maestro	Antonio Barzan	Speciale	Santa Maria Borgo Tascheri
Signor	Francesco Borsani	Speziaria	Santa Apollinara /San Lorenzo
Maestro	Andrea Marchetti	Pescatore di pesce e speziaria (sells fish and is an apothecary)	Santa Apollinara /San Lorenzo
Signor	Sebastiano Accorti	Speziale	San Ambrogio
None	Camillo Melosso	Speziarino (di SAS)	Santa Cecilia
Signor	Cesare Ceruti	Speziale	San Giacomo in Capo del Ponte
None	Gian Antonio Palinza	Speziale	San Giacomo in Capo del Ponte
Signor	Marsili Riva	Speziale	San Bartolomeo
Maestro	Lorrenzo Boschi	Speziale	San Bartolomeo
Signor	Giovan Battista Giara	Speziale	San Bartolomeo
Signor	Francesco Servanti	Speciale	San Bartolomeo
Signor	Gironimo del Verme	Speziale	Santa Cristina
Signor	Allessandro Montenova	Speziale	Santa Cristina

Source: Information was obtained from the official census taken in Parma in 1636 indicating the official titles and different professional positions held by people at the head of the household.

Their official status is one that is comparable to doctors. Out of the 21 *speziale* living in Parma at this time, 11 of them were awarded the title signor. Apothecaries had a hierarchy of professionalism within their group of professionals, just as the barbers did in Parma. According to the chart above, five are referred to as Maestro and the rest are mentioned on name basis only. This information indicates that 11 out of the 38 districts

[71] *Census document of Parma*, 1636.

had at least one apothecary available to provide supplies to either doctors or surgeons in the surrounding areas.

This document and several inventories belonging to apothecaries practicing in 1673, 1710 and 1724 provide evidence of the characteristics that defined an apothecary in Parmesan society.[72] Overall, it is obvious that they were not only distributors of medicine but also had a role in food distribution. This connection was evident since drugs usually came in the form of unprocessed herbal products. In 1710, Giovanni Bertoncini had a major supply of different herbal products and food stuffs within his little shop. His dispensary was surrounded with foods and extraneous items available in portions comparable to that of a current corner store. The chart indicates some of these items, the total amount and their associated value in *lire*.

Table 3.2: Common Items in an Apothecary Shop in Parma, 1710

Item	**# of Item**	**Value in lire**
Apples	80	800
Anchovy Salt	80 little containers	1 200
Paper	15 Reams	180
Raisins	14 bottles	204
Black Pepper	53 pounds	3895
Soap	150 pounds	370
Cinnamon	232 pounds	1078
Tragacanth	10 pounds	40
Whale Bone	190 pounds	598
Different types of Candy	62 pounds	86

Source: ACNP 12715, 16 agosto, 1710.

[72] ACNP 12404, 5 febbrario, 1724, ACNP 12715 30 giugno, 1710, ACNP 8123 3 novembre, 1673.

The items were a significant component of the shop but the containing devices were just as much apart of the selling process since their aesthetic appeal was quite attractive. Jars, pots, barrels and basins were found in large quantities and evidently brightened up the shop. It is not difficult to imagine the shelving and tables of different sorts used to hold such products. It was not uncommon to find tables with cupboards below the surface used for storage and display. Canisters of oil, cases of pepper and tins of sugar were familiar elements within an apothecary's display.[73]

In 1673, Signor Giovan Antonio Talignano had in his shop roughly 150 pounds of *confetti bianco*, a type of sugar coated almonds commonly given out at Italian weddings and baptisms.[74] This item made up roughly 90% of his shop items but even the others there suggest that this apothecary was in a business of candy making. For example, there were also bowls of almonds from Spain and a collection of *Mazapani* which was a mixture of almond paste, sugar and egg whites. It total, Talignaro had a value of about 461 lire worth of these types of items. When Signor Antonio Mazzia died in 1724, he left the bulk of his inventory in the hands of Doctor Michelangelo Garbazzil. Items in the list of supplies include several different types of *mortari* which were the vessels in which substances were ground, blended and crushed. The trowels or crushing sticks *spatole di ferro* were another significant item found in association with mortari (or mortars).

There was also an abundance of supplies with origins from the Middle East. With Venice not far to the east, suppliers in Parma likely got a taste of food items from

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[73] ACNP 12715, 16 agosto, 1710.

[74] ACNP 8123 3 novembre, 1673

all around the world. Items like tragacanth or *dragante fino* worth 40 lire were found, an ingredient used in a variety of ways throughout history. For cooking it was used as an emulsifier, a thickening and suspending agent. Today it is not uncommon to find it cookbooks used as a condiment or as an ingredient for thickening ice cream. Some of tragacanth's most common names include goat's thorn, green dragon, gum dragon, and hog's gum.[75] Saffron or zafferano, a very expensive item, was another popular product originally from in the Middle East and grown widely in Central Italy. A mere 10 pounds of it cost roughly 100 lire. *Pece greca* (or Greek pitch) was another foreign product found in one of the shops. This is actually another word for rosin, which is a solid form of residue obtained from pines and other plants of a coniferous nature.[76] As mentioned in D' Acosta's book which will be discussed below, *peca greca* was used in helping to cure wounds.

Maybe without realizing it, apothecaries were dealing with some substances known to have very serious health benefits. Mustard seeds and mustard extracts appeared several times in one of the inventories and if people were ingesting this as a form of medicine they may have been unconsciously reaping the nutritional benefits that these substances are today known to offer. Current research suggests that mustard seeds among the family of phytonutrient compounds belonging to the Cruciferan plant family have a protective function against gastrointestinal cancer and have been associated with their anti-inflammatory effects due to their high content in

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[75] JF Morton, *Major Medicinal Plants* (Springfield Charles C. Thomas, 1977), 56.

[76] Oxford English Dictionary 2nd Edition, 1989.

minerals like selenium and magnesium.[77] Saffron, one of the more expensive items has been associated with antidepression and a preventative against cancer and today the ingestion of black pepper is associated with several health benefits including digestion improvement and overall intestinal health. Pepper has also been recognized for its ability to reduce intestinal gas and have diaphoretic effects (the ability to increase sweating.) [78]

In 1710, Signor Antonio Mazzia had in his possession an herbal text written by Acosto Christophoro which was available in sixteenth and seventeenth century Europe. Acosta was a physician from Africa whose text apparently made it to Northern Italy. Mazzia had this and other texts that were a variety of different pharmacopeias including the *Farmacopea del Quercetano*, the *Antiotiario Bolognese* and the *Farmacopea di Bergamo*. [79] Pharmacopeias were basically a generic type of text listing drug names and their medicinal uses. They were often named after the place where they were compiled, for example, the texts above from Bologna and Bergamo.

Evidence from other parts of Northern Italy suggests that the apothecary could also be connected to the world of a barber-surgeon. Cipolla's information on the interchangeable aspects of the two professions, that is, between the apothecary and the barber, provides supportive evidence that the barbers and the apothecaries were likely

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[77] ACNP 12404 and MA Grieve, *A Modern Herbal* (Dover Publications, New York, 1971) and Rebecca Wood, *The Whole Foods Encyclopaedia* (New York NY: Prentice Hall Press, 1988), 78.

[78] Pinzino Calucci and M Zandomenghi, "Effects of gamma-irradiation on the free radical and antioxidant contents in nine aromatic herbs and spices," *Journal of Agricultural Food Chemistry* (12) 2003: 927-34.

[79] ACNP 12404, 5 Febbrario, 1724.

fulfilling similar roles in distributing medical techniques within the communities in which they worked. Cipolla found that of the 38 barbers who lived and worked in the Fiorentino and Pisano countrysides in 1630, 8 of them served as both barber-surgeons and apothecaries.[80]

Historian Katherine Park has touched on the identification of Florentine apothecaries, especially how they were related to Florentine doctors. Her study highlights the close association of doctors and apothecaries from a corporate and guild-based perspective.[81] The necessary requirement of prescription drugs kept doctors and apothecaries in close contact both financially and socially. Park mentions that in some instances it was not uncommon for a doctor to live above the apothecary shop where he could have the convenience of treating and interacting directly with a patient within the store environment. Because of this type of interaction, the doctor and the apothecary often had a contractual relationship that sometimes put an apothecary in a semi-legal position, in charge of balancing and regulating the economic situation that could often result in a doctor being indebted to the apothecary.

Charlatans were another medical group that found a significant place in the medical marketplace. As practitioners of medicine they too had a multifunctional role that crossed occupational boundaries. They distributed drugs but they were also in the business of providing live forms of social entertainment. The "ciarlatano" has been a

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[80] Cipolla, *Public Health and the Medical Profession*, 80-85.

[81] Katherine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, New Jersey, 1985), 28-34.

focus of historians who for the past 40 years have taken a unique approach to understanding the history of medicine. Writers have been looking at the varieties of alternative medical practices and how the social aspects of these practices affected the everyday lives of the general public and other professionals within the medical domain. Historians have found that, when compared to professionals, alternative medical workers were largely considered "outsiders" whose identity and presence had the ability to have both benefits and negative effects on society. For the majority of the population however, charlatans and alternative healers were viewed in a relatively positive light, as they were often readily available and affordable.[82] Despite efforts to thwart the untraditional practices of medical men and women, a variety of alternative healers flourished well into the nineteenth century. In fact, one could argue that it still exists today. Non- traditional healers also referred to as "quacks," gained the trust of the population because most of the time, these practitioners were the only alternative available. This put patients into a vulnerable position especially in light of medical access available. In addition, ones choice of charlatanry also had to do with expected medical outcomes. Historians Robert Forster and Orest Ranun suggest that the high probability of failure to provide cures by both the "scientific" providers of health care and the "quacks" put both groups on level terrain when people had to decide which practitioners were appropriate for their ailments.[83]

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[82] Piero Gambaccini, *Mountebanks and Medicasters: A History of Italian Charlatans from the Middle Ages to the Present* (Jefferson, North Carolina and London: McFarland & Company, Inc. Publishers, 2004), 5.

[83] Robert Forster and Orest Ranum, *Introduction to Medicine and Society in France,* (Baltimore and London: The Johns Hopkins University Press, 1980), 5.

Charlatans were just one example of the types of alternative healers that existed in Parma at the beginning of the seventeenth century. Giovan Battista Rossaci "ciarlatano" of the district San Aredato was one member who appears within the census of 1636. The fact that there is just one charlatan is evidence that their medical presence was perhaps less significant than the others found in the list. However, charlatans were known to be a remedial subgroup and were often known for their itinerant behavior. They tended to wander from city to city and therefore their existence within the census might not be a realistic indication of their medical presence and influence in Parma in 1636.

Several historians have looked at the life of the famous Vitali Buonafede, a famous charlatan from a small town outside of Parma. His life demonstrates both the dualistic and itinerant aspects of this profession. Vitali had a reputation that kept him in an honourable position and like other practicing charlatans, he was considered both an entertainer and a healer.[84] Early in his life he took on the name "L'Anonimo" as a reflection his itinerant behaviour. Starting at an early age he sought adventure through travels and gained medical experience this way. He was born in 1686 into a noble family just outside of Parma in a town called Busseto. He apparently studied in Rome and England and then travelled through Europe in 1710. [85]

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[84] David Gentilcore, *Medical Charlatanism*, 79-88. Gentilcore gives reference to other historians who have looked at the life of Vitali, including Giovanni Battistini, "Buonafede Vitali: L' Anonimo, *Archivio storcio delle province parmensi*, 22(1970), 323-85, and more critically by Michelangelo Ferraro, "Buonafede Vitali ditto l' Anonimo: Ciarlataneria e medicina nell Italia del primo Settecento"(doctoral dissertation, Universita degli Studi di Bari, 1998-99), 20-29.

[85] *Ibid.*, 80-90. As mentioned by Gentilcore, Vitali's biography was written by his cousin who Vitali eventually adopted.

For the most part, the more professional and official members of the medical world recognized charlatans in an ambiguous way. Sometimes they were viewed as a nuisance and sometimes they were viewed as helpful members of the healing community. Basing a lot of his work on literary sources from the sixteenth and seventeenth century, historian Piero Gambaccini offers a unique perspective on charlatanism in Europe from the Middle Ages to the present time. In carrying on the tradition that seeks to define the types of healers that fell outside normal medical frameworks, Gambaccini suggests that within the network of "charlatans" and "quacks" there were "valuable empirics and skilled healers who for centuries were the only hope and the only comfort for the masses deprived of any sort of care or assistance."[86] Given his evidence and the fact that there were several crises periods throughout many parts of Italy at this time, it is not surprising that Gambaccini makes this assertion. For both the rich and the poor, alternative healing methods were never quite out of reach throughout Italy and other places on the continent. Until the eighteenth century, charlatans, barbers and "empirics" provided a public spectacle that made their healing varieties available in a way that made them approachable and available.

Like the other participants in Parma's medical landscape, charlatans had a multifunctional role. They distributed medicine but they were especially known for gathering crowds around their platforms near market squares and city centres, and brought merriment and laughter to those they attracted. People were drawn to the spectacle created by healers who offered affordable products with sometimes money back guarantees. The fancy "exotic" names given to ointments were enough to catch an

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[86] Gambacini, *Montebanks,* intro.

onlooker's interest. One charlatan Melchiorre Barri, was found selling "Peruvian Pomade" for alleviating the pain of smallpox pustules, "Japanese Unguent" to dye white hair, and Chinese Quintessence," which made the eyes bigger and shrank the mouth. [87] Their absurdities alone were enough to catch the attention of anyone with a bit of curiosity. The famous charlatan known as Tabarin, was well liked and indeed a popular entertainer. As he sold products, he was known for playing music for the crowd, providing an orchestra of violas and violins as his wife danced to further attract the crowd. Charlatans were also known to create a comedic spectacle mocking the pretentiousness and perceived irrelevance of Galenic medical theories.

By the middle of the seventeenth century, practitioners that fell outside the regular sphere of physician and surgeon were increasingly becoming involved with illegal activity, especially as the protomedico tightened their regulations on medical activities within the Northern Italian cities.[88] The following table indicates the criminal proceedings held against various "popular healers" in Bologna between 1605 and 1776.

Table 3.3: Criminal Proceedings in the Bolognese Protomedicato, 1605-1776

Popular Healer	*N*	*%*
Charlatans	75	39
Barbers	54	28
Women	23	12
Grocers	13	6.7
Distillers (spagirici)	8	4.1
Herbalists (simplicisti)	5	2.6
Priests	3	1.5
Friars	1	0.5
Unspecified	13	6.7
Total	195	

Source: Data compiled from A.S.B, Coll Med., as cited in Pomata, *Contracting a Cure*, 73.

[87] Gambaccini, *Mountebanks,* 90.

[88] Pomata, *Contracting a Cure,* 73.

This chart has been extracted from Pomata's book on the financial aspects of practicing physicians within various Italian cities throughout the seventeenth and eighteenth centuries. Charlatans were an obvious presence within the legal system at this time, followed by barbers, women and grocers.

During the fifteenth and into the sixteenth century, many of the charity institutions in the northern part of Italy went through a process of integration, organization and specialization. Because of this trend, it was very common for smaller institutions to merge and form larger ones. Such a transformation took place at the Misericordia in Parma throughout out the sixteenth and seventeenth centuries.[89] As these changes came into place, larger hospitals gave rise to more job opportunities. The hospital environment was a significant factor that helped to define this type of worker. The hospital, for example, was a confined atmosphere yet it offered workers a semi-private and semi-public place to work. In addition, this type of environment allowed for the intermingling of various types of workers, even more so than within the domestic sphere. So while a university trained physician might be found living within a hospital, their identity and background might be different from that of a community doctor since the hospital environment was such an important part of the overall medical delivery. As indicated by the 1636 census, hospital workers were a significant group that held a medical position in Parma in the sixteenth and seventeenth century. The census indicates that there were at least four hospital workers occupying a head of

[89] Nicolas Terpstra, *Lay Confraternities and Civic Religion in Renaissance Bologna* (Cambridge University Press, 1995), 142-144.

household position. The following chart indicates the name, district of residence and official title given to the hospital workers in Parma in 1636.

Table 3.4: Names of Hospital Workers in Parma 1636

TITLE	NAME	TYPE OF WORKER	DISTRICT
Mr.	Giovann Diniz	Servitore dell'Ospedale	Santa Mana Borgo Tascheri
Mr.	Domenico Nizi	Servitore dell'Ospedale	Santa Mana Borgo Tascheri
Seignior (Sgr)	Raniero Pessi	Serve all'Ospedale	San Giovanni Evangelista
None	Giovanni Tori	Servitoire dell'Ospedale	Ognisanti

Source: Information was obtained from the official census taken in Parma in 1636 indicating the official titles and different professional positions held by people at the head of the household.

This number is likely an underestimation of the total amount of hospital workers that lived in Parma but provides a rough estimate that can be compared to the higher number of barbers that lived in Parma around the same time. The term "hospital worker" is perhaps a new category that can be added to the terms that currently exist for describing those who provided and distributed medical attention within the Italian population. The hospitals in Parma were a significant place for poor relief and by the late seventeenth and early eighteenth century, they became a significant provider of medical relief. In addition, the main hospital in Parma known as the 'ospedale grande' or the Misericordia increasingly became a "crucial axis in both the preparation and practices of physicians and surgeons."[90]

[90] David Gentilcore, "Enlightenment medicine, hospitals and the Protomedicato of Parma, 1748-1820", in A. Cunningham and O.P. Grell, (eds.) *Health Care and Poor Relief in 18th- and 19th-Century Southern Europe* (Aldershot: Ashgate, 2005), 187-207.

Most of the hospitals mentioned above started out as charity institutions and then evolved into fully centralized hospitals by the later seventeenth and eighteenth centuries. The centralization of hospitals went along with the overarching political climate of the time. Michela Dall'Aglio Maramotti's book gives an excellent overview of the many different forms of charity institutions that existed throughout Parma and the specific functions of each. Many of the organizations started out as hospices for foundlings and orphans and for providing the general functions of poor relief.[91] Within the confines of hospitals by the late 1700s, there was a small scale medical community structured and for the most part an effective means for providing suitable medical care.[92] The Misericordia (the hospital of Mercy), for example, had a subdivisional nature that incorporated many different types of medical workers. Those in charge of medical delivery were basically organized according to their pay and they worked hand in hand with the volunteers who made up a majority of the worker population. Internal direction was upheld by several divisions including the registrar, the treasurer or cashier, the general inspector the guardsmen, the prior and prioress, who presided over the orphans and who were usually religious officials. Those with a medical background could take on these positions but it was not a necessary requirement. The next division which was probably the most significant in terms of medical practices was the division of health services which included the most of the professional medical workers. By the middle of the 1700s the amount of pay was a significant determinant for where a

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[91] Michela Dall'Aglio Maramotti, *L'assistenza Ai Poveri Nella Parma Del Settecento : Aspetti E Problemi* (Reggio Emilia, 1985)

[92] ASP F.58 as mentioned in Michela Dall'Aglio Maramotti's *L'assistenza ai poveri nella parma del settecento* (Reggio Emilia, 1985), 11-15.

medical worker fit within the divisions of the hospital. Looking at the pay according to division is helpful for seeing the types of medical personnel that worked together within this institutional environment. The chart is a summary of wages for those working in the division of health services or the *servizio di sanita* from 1762 to 1808.

Table 3.5: Salaries Received Monthly at the Misericordia 1762 - 1808

	1762	1776	1802	1803	1808
1° MEDICO ORDINARIO	36.10	250	250	-	202
2° MEDICO ORDINARIO	250	250	250	-	76
CHIRURGO IN CAPO	36.10	250	250	-	253
CHIRURGO ORDINARIO	36.10	100	250	-	84
MEDICO STRAORDINARIO	-	-	-	-	-
1° MEDICO ASIST ANTE	-	-	-	-	-
2° MEDICO ASIST ANTE	-	-	-	-	-
OSTENSORE ANATOMKO	36.10	-	-	-	-
CAPO SPEZIALE	29.4	140	230	-	233
1° AIUTO SPEZIALE	29.4	70	70	-	121
2° AIUTO SPEZIALE	14.12	45	90	-	152
PISTINO DI SPEZIERIA	36.10	-	90	-	-
GARZONE DI SPEZIERIA	-	90	60	-	121
(l)OBOTOMISTA	-	-	83.6.8	-	-

Source: ASP F.58 as mentioned in Michela Dall'Aglio Maramotti's *L'assistenza ai poveri nella parma del settecento* Reggio Emilia, 1985, appendix.

By 1808, ranking first in terms of who was paid the most was the "cirurgo in Capo" or the chief operating surgeon who received 253 lire per month (salari unti mensile). Next was the "capo speziale" or the head apothecary who was given 233 lire per month. The first order medio ordinario was also a member of the *servizio di sanita* and was paid 76 lire. Also appearing on this list was the obotomista who earned on average 83.6 lire in 1802.[93] Furthermore, these wages fluctuated significantly over the course of a 46 year period. The divisions of the hospital of Mercy also included the

[93] Obotomista was probably a misspelling for lobotomist.

Servizio Ospedaliero. This included the company of nurses which was further broken down into the head male nurse (infermiere capo uomini) and the head female nurse (infermiere capo donne). Also working as the Servizio Ospedaliero or members of the hospital service there were in-house male and female attendants, the female attendant of the surgeon, (the *inservienti di chirugia uomini* and *inservienti di chirugia donne)* male clinic attendants or the (*inserviente et clinica uomini*) and also female and male operation attendants (*inevienti operaz. uomini and donne*). The third division the, *Servizi Diversi*, was a miscellaneous group consisting of workers such as the cooks (*the cuoca*) along with the baker and the *fattore di campagna* in charge of bringing food into the hospital. Within the hospital there was also a grave digger, the *becchino*, who likely worked alongside ecclesiastical authorities.

The development of charity and hospital institutions in Parma was also seen in other parts of Italy at the same time. During the late sixteenth century, intervention became significant at many different local levels. The major food crisis in the seventeenth century of Northern Italy and the other aspects of poverty that came with it provoked many new religious orders and confraternities into action. In addition to this, urban assistance came in several other forms such as mendicants' institutes, homes for the aged, and hospices.[94] One French observer noted the charity available at a children's hospital in Venice:

> In Venice there is a hospital [maison] called the Pietà, which accepts children not born of legal marriage . . . these children are

[94] Piero Camporesi, *Bread of Dreams: food and fantasy in Early Modern Europe* (Chicago: University of Chicago Press, 1996), 34.

> fed and provided for from the revenues and alms of this hospital. . . there are many other hospitals [about 40], both for men and for women and the poor . . . who live in them are amply provided with food and clothing from the revenues of these hospitals . . .[95]

Perhaps the most notable forms of medical charity specifically for the poor came at the level of the Church and confraternity. In response to the devastating effects of war, a Venetian nobleman, Girolamo Miani (or Emiliani) founded the company, Dei Servi dei Poveri (Servants of the Poor -1534), to organize various orphanages across Northern Italy.[96] In a petition to the bishop requesting support and recognition for the organization located close to Milan, the leaders of the group demonstrated their eagerness to fulfill their vocations in "taking care of children and girls abandoned" and to "serve in hospitals especially for the poor suffering from incurable and other diseases." One Bolognese priest, Giulio Cesare Luigi Canali (1690-1765), was known for his heroic devotion at the confraternal level.[97] He was the parish priest of Sant'Isaia and founder of the *Ospedale degli Abbandonati* (Foundling Hospital) and had an extraordinary amount of compassion for the most impoverished and worked towards

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[95] Anon, The Hospitals of Venice, c. 1500 *Description ou tracictie du gouvernment ou regime de la cite et seigneurie de Venise*, ch. 1V: BN Fonds Francais 5599, ff. 14v-16r. in eds. David Chambers & Brian Pullan, *Venice: A Documentary History 1450-1630* (Oxford and Cambridge: Blackwell, 1993), 302-303.

[96] David Chambers, Brian Pullan and Jennifer Fletcher, *Venice: a documented history, 1450-1630* (Oxford and Cambridge, 1992), 302-303

[97] Piero Camporesi, *Bread of Dreams,* 63.

helping them on a daily basis.[98] Largely in opposition to what many people felt towards the poor, Canali believed that the hungry and impoverished were innocent through the eyes of God and that they would be rewarded for their hardships in heaven.[99] Furthermore, he denounced the higher classes for not helping enough and thought that they too would face consequences in life after death. Other fraternities were also known for their exceptional charity. From a petition of the governors of the Fraternity of Sant' Antonio the following was stated:

> The Fraternity visits the poor families . . . who have fallen into destitution on account of worldly misfortunes and accidents . . . each day it dispenses medicines . . . and it spends heavily on these and upon workers, bread, wine, meat and money . . . and all other necessities according to the needs of the poor. In short, it seizes promptly and willingly, every opportunity of helping neighbours, both in their bodies and their souls.[100]

For hospitalization and poor relief, the mid seventeenth century was a significant time period in Parma since it was known for its "reforming climate" that came about as a result of the Enlightenment period. The history of the hospitals shows how the subtle changes came into place throughout the early modern period. The Misericordia first

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[98] *Ibid.*, 65.

[99] *Ibid.*, 64.

[100] From a petition of the governors of the Fraternity of Sant' Antonino: ASV Senato, Terra, filza 139, 9 April 1596. "The Shamefaced Poor, 1596," in eds. Chambers and Pullan, *Venice,* 320.

came into existence at the beginning of the thirteenth century and functioned mainly as a hospital for foundlings with a civic status.[101] Unlike the hospitals in the region that had an entirely ecclesiastical foundation, the Misericordia had a mixed administrative makeup since several of the city's hospitals amalgamated in 1471. By 1548, and with administrative duties largely controlled by Alessandro Farnese (also Pope Paul III) and formerly Bishop of Parma, the hospital functioned mostly as a hospital for the sick poor. The centralization of hospitals can be seen in the various documents indicating the detailed food schemes and hospital expenses used to treat patients.[102]

The religious connection to medical relief makes sense in light of the clerical nature espoused by charity institutions that multiplied throughout Italy during early modern period. In Parma alone, there were several institutions, run by religious authorities that provided poor relief and charity. The Pia Casa dei Poveri Mendicanti run by the Congregazione di S. Fillippo Neri (1596) and the Ospizio di S. Carlo whose charitable activities originated with a woman named Laura Bergonzi. This institution later became known as the Ospizio dell Riconosciute di S. Benedetto, a home for reformed prostitutes. Later in the period, other institutions were created for little girls including the Casa delle Putte, di S. Giuseppe which held twenty to thirty girls, the Conservatorio dell Vincenzine run by the Congregazione di S. Vincenzo de Paoli which held ten to fifteen girls, the Conservatorio dell Luigine which held six girls and the Pio Ricovero delle Marcheritime, founded by Giovanni Biondi, which housed twelve girls. The

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[101] *Ibid.*

[102] AS Parma F121, b. 268 AS Parma F121 ASP, F58, b. 29 ANP F15/1215 as indicated in Maramotti's, "L'assistenza ai poveri," 107-151.

number of homes made available to little girls can be contrasted with the number made for little boys. As far as studies show, the Ozpizio delle Arti functioned much like a school house by teaching boys to read and write. [103]

The environment in which a medical worker fulfilled their occupational roles was a significant factor for understanding their professional role and the delivery of medical care. Often working alongside physicians, apothecaries were a fundamental component of the early modern medical community who worked within an environment that influenced their multi-functional identity as a medical professional. Like physicians, they had various roles that took shape in both the domain of food distribution and drug distribution. The increased interest in botanical information at the beginning of the sixteenth century reinforced this combination of roles taken on by the *speziale* in early modern Italy. Furthermore, their occupation was often connected to the physician in writing out prescriptions and in a way connected to the barber surgeon as well. Working within a shop atmosphere, the *barbiere* and the *speziale* had a fundamental role in the social structure of the community. Shops were often lively, aesthetically pleasing places where professionals conversed and where medical ideas could be shared. Hospital workers were another group of medical personnel who were influenced by the environment in which they worked. The evolution of hospitals from their traditional form as charity institutions into the more modern hospital like structure that we see today affected the way medicine was delivered. At the same time, the hospital continued to offer an environment that provided hospital workers with an atmosphere to fulfill their traditional roles of providing charity along with focusing on

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[103] *Ibid.*

more specific aspects of medicine, especially as more medical discoveries were being made by the end of the seventeenth century. The formation and centralization of hospitals in Northern Italy allowed for the organization and specification of workers and therefore affected the overall delivery of medical care throughout most of the early modern period.

Chapter Four: Barber-Surgeons in Parma

Barber surgeons are probably the least understood of all types of medical workers. Besides the work of Carlo Cipolla, the work of barbers has scarcely been analyzed from an Italian perspective. The confusion around this profession is not surprising since the term barber surgeon from today's perspective is almost oxymoronic. For example, the services of a barber today, in comparison to that of a surgeon are so different that it is difficult to comprehend their connection roughly 400 years ago. Difficulties in understanding the roles of barbers are partially evident in the interchangeable terminology used to describe this occupation. Medical historians use the terms "Surgeons," "barbers," and "barber-surgeons" interchangeably to categorize these medical workers. This chapter will be based on barber-shop inventories which provide details on the types of supplies found in the shops. The inventories have been useful because they cover a period from 1598 to 1710. The census has also been useful to the chapter because it indicates the number of barbers in Parma in 1636.[104] Along with their prevalence, the multifunctional role of barbers will also be discussed in this chapter. Like the physicians and apothecaries who maintained multiple functions so too did barber surgeons. The binary element of the barber's profession as shearer and surgeon will be the main focus of this chapter. The barber's position of medical worker

[104] The document refers to these men as "barber" and not surgeon which made me question their level of involvement with in medical procedures. However, when the census is cross-referenced with the inventories it is safe to assume barbers were a part of Parma's medical landscape. Details of this aspect will be discussed in more detail in this chapter.

will be further highlighted with a focus on the private library of the Parman barber, Giulio Morani.

The professional development of surgery in Parma began in the middle ages with a couple of important historical developments. First of all, a number of detailed and illustrated manuscripts on surgery became available around 1200, based on the professional teachings of a man named Roger of Parma.[105] His full name was Roger Fruggard and he has been considered one of the most significant figures in the contribution to Western medieval medicine.[106] Because of his works and the proliferation of them throughout different parts of Italy, there has been some discussion among historians of a surgical revival in Northern Italy in 1200.[107] The other significant development that influenced surgery was within the Church and took place in the middle of the thirteenth century. Pope Innocent II issued a number of decrees that prevented priests from engaging in medical procedures that involved bloodletting. [108] These new laws conveyed invasive medical procedures in a negative light thereby leaving techniques in the hands of those considered unprofessional. The purpose of this chapter is to explore the lives of several barber surgeons living in Parma in the seventeenth century. In terms of numbers, barbers were a significant presence in Parmesan society according to the census taken in 1636.

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[105] Tony Hunt, *The Medieval Surgery* (Great Britain: The Boydell Press, 1999), 1-10. Tony Hunt's book contains the diagrams and illustrations that are found in the thirteenth century English translation of Roger of Parma's Surgery (c.1180) which has been considered the first surgical text of the Medieval West.

[106] *Ibid.*

[107] *Ibid.*

[108] *Ibid.*

One of the most obvious conclusions drawn from the list is the number of barber surgeons that existed within the overall population. Out of the 3503 heads of households, 34 were barbers. For the most part they were evenly distributed and were the most prevalent type of medical worker. Ten out of the thirty nine districts had at least one barber, four districts had two barbers, three had three barbers and the Consulto di S. Bartolomeo, the largest district in Parma had seven barbers, a significantly high number within one region. It is also significant that a majority of the districts, twenty-one out of the thirty-nine did not have a barber living within the area.

Table 4.1: Barbers found in the districts of Parma in 1636.

District	Population (adults only)	# homes/ Heads of household	# of Barbers
Saint Maria Maggiore	157	65	1
Santo Stefano	156	40	1
Santissima Trinita	268	136	3
Saint Basilide	214	100	0
Santo Siro	126	51	2
Santo Silvestro	221	110	0
Saint Oddorico	409	115	1
Santo Spirito	153	82	1
Sainte Michele del Canale	181	80	1
Ognisanti	260	57	1
San Sopolcro	279	174	0
Vicinanza di S. Pietro	108	110	0
Vicinanza di S. Tommaso	168	55	0
Consolato di S. Francesco	124	65	2
S. Andrea	158	68	0
Vicinanza S. Anastasia	192	77	0
Vicinanza S. Caterina (?)	293	103	0
Vicinanza di S. Vitale	153	85	0
S. Giovanni Evangelista Borgo	270	61	2
Vicinanza S. Basilio in Borgo	88	129	0
S. Maria Borgo Taschieri	243	83	3
Consulto di S. Bartolomeo	447	293	7
Santa Apollinara e San Lorenzo	100	65	3
S. Gervaso	241	148	0
Vicinanza di S. Anedato	79	71	2
San Ambrogio	133	91	1
Vicinanzo S. Cecilia	141	111	1
S. Antonio	57	32	0
San Giacomo	252	148	1
Santa Croce	86	39	0
Vicinanza di San Marco	33	33	0
San Marzolino	66	57	0
Santa Maria Maddalena	109	98	0
S. Michele dell Arco	153	128	0
San Michele	70	31	0
Vicinanza di San Quintino	274	163	0
San Paolo Borgo Anteriore	38	33	0
Vicinanza S. Christina	191	70	1
Vicinanza di S. Niccolo	162	46	0

Source: Source: Information was obtained from the official census taken in Parma in 1636 indicating the official titles and different professional positions held by people at the head of the household.

Historian Carlo Cipolla has also done some work on the presence and significance of barbers in Northern Italy in the sixteenth and seventeenth centuries. In

his chapter entitled, "the medical profession in Galileo's Tuscany," he suggests that there was definitely not a shortage of physicians and barber surgeons available for medical relief. The following table indicates the number of physicians and barber-surgeons that existed in a selected number of cities and suburbs within the Grand Duchy of Tuscany (Fiorentino and Pisano with the exclusion of Florence) extracted from Cipolla's *Public Health and the Medical Profession in the Renaissance*.[109]

Table 4.2: Doctors and surgeons that existed in Grand Duchy of Tuscany (exclusion of Florence)

Name of District	Population ('000)		Physicians	Surgeons
	City	Suburbs		
Firenze	80	6	33	?
Arezzo	6	1	8	3
Borgo San Sepolcro	3.5		3	4
Empoli	5.5	2.6	3	1
Montecarlo	5		2	2
Montepulciano	3		3	2
Pescia	2.5		3	5
Pisa	13	3	12	15
Pistoia	9		5	7
Poggibonsi	0.7		1	4
Prato	6	11	5	2
San Gimignano	1.5		2	1
San Miniato	1.5		2	2
Volterra	2.7		6	5
Total excluding Florence			87	89
Total including Florence			113	-

Source: Carlo Cipolla, *Public Health and the Medical Profession in the Renaissance* Cambridge, New York, London, Melbourne: Cambridge University Press, 1976, 30.

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[109] Carlo Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge, New York, London, Melbourne: Cambridge University Press, 1976). Cipolla's chart indicates all of the individual districts with the number of practicing (and non-practicing) physicians and surgeons residing in each. Because of some gaps in his sources, he has listed the population numbers where they were available. The districts not mentioned above include the following (with the number of physicians and surgeons in each): Borgo San Lorenzo 1, ?, Buggiano: 5,1, Castelfranco di Sotto:1,?, Castel Fiorentino: ?,1, Castiglion Fiorentino: 5, 3, Cerreto Guidi:1, ?, Figline Valdarno: 1, ?, Foiano: 1, 1, Fucecchio: 2, 2, Lucignano:1, 1, Marciano:?, 1, Marradi: 1,?, Massa:?, 1, Modigliana:2, 3, Montecatina:1, 2, Montecatina Val Cecina:?, 1, Monsummano:?,1, Montevettolini:?, 1, Pietrasanta:1, 3, Pomarance:?, 1, Rocca San Casciano: 1, 3, San Dalmazio, Libbiano, Montecerboli, Serrazzano:?, 1, San Piero in Bagno:?, 1, S. Croce e S. Maria a Monte: 1, ?, Santa Sofia, ?, 2, Scarperia:4, 1, Serravezza:4, 2, Vellano e Sorana:?, 2.

Cipolla's information contrasts somewhat with the information found on the numbers of barbers and physicians found within Parma. Although the total number of barbers outnumbers the number of physicians in Tuscany, the difference is a lot more significant within Parma. The prevalence of barbers in Parma was a lot greater than that of Tuscany but it is possible that the number in Parma was more representative of the Northern Region. In Parma, the percentage of physicians was eight while the percentage of barbers was 92. Cipolla's information indicates that in Tuscany the percentage of physicians was 49 while the percentage of barber was 51. Cipolla's information does not include the number of barbers in Florence, which, if included would likely reveal a more realistic comparison. Even though the imbalance exists between the two Northern locations, information on the prevalence of barbers in Northern Italy was found in a book published in Naples in 1671. Cipolla quotes a barber-surgeon named D'Amato who, referring to the Northern part of the peninsula, suggests that "in the small walled places and in the villages, one hardly finds learned physicians; thus the barber-surgeon takes care of all problems and treats all kinds of ailments."[110]

An overview of Parmesan post-mortem inventories and several shop asset lists provides evidence for the type of characteristics that surrounded a barber's life. Details about the social aspect of their profession, their involvement with certain medical procedures and their official status in society can be extracted from this type of document. These sources indicated that like apothecaries and physicians, who fell slightly above them on the social hierarchy, barbers had a multifunctional role as they practiced their profession.

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[110] Cipolla, *Public Health*, 85.

In one way, barbers performed activities the way they do today by cutting hair and dealing with basic hygiene upkeep. Aurelio Zanelli worked as a barber in the district Sancti Basilius in 1598 and in a list detailing the items he had for sale, "bona mobilia destinatea et apta de exercitum Artis Barbitur" (~64 items) tools such as razors (2 razori) and scissors (forbici), several rags and linens for cleaning (pannicelli), basins for cleaning (2 bacili) hair combs and mirrors are present. [111] Maestro Francesco di Ughi and Giovanni Domenico Felio from the district Saint Maria Borgi Tascheri were also in the business of "shearing" as indicated by their "lista del capital" or list of items belonging in the shop.[112] Maestro Ottaviani Rizzi and Maesto Giangiacomo Fraltini worked as partners and shared several items found within their shop. In their list there was a mirror and a small chest made of poplar (specchio e una cassetta di pioppa) and a heating basin made of copper likely used to wash the head and neck before shaving. In 1650, Giulio Morani had in his possession nine iron tools to shave the beard (9 ferri da barba) one case of razors (una cassetta con dentro rasori), two pairs of scissors, one jug made of copper and four tubs made of brass.[113] When barber surgeon Antonio Manganelli died in April 1657, he left behind over 420 different items found throughout several different rooms in the house.[114] Included was a list of supplies owned by Manganelli who had a private practice within the district of Santa Trinita. His valuable

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[111] *Notai di Parma 3622* recorded by Lazzaro Zanardi a Parma, 5 Ottobre, 1598.

[112] *Notai di Parma 3624,* 11 Ottobre, 1602.

[113] *Notai di Parma* 5004, 10 Novembre 1650.

[114] *Notai di Parma* 5797. The document also indicates that Morani had two small houses in the district of Saint Marco and one small house in the San Cristoforo.

collection of items consisted of five hair combs, several razors for shearing (or forbiche da tossare), five large brass basins and many other razors of different types and sizes.[115] The environment and the architectural makeup of the shop can also be discerned from several pieces of furniture listed in the document. [116] Benches for seating, a counter to place the supplies and several decorative images were a part of the surroundings. Maestro Ottavio and Giangiacomo Frattini had 29 different images around the shop to add an aesthetic element.[117] Religious imagery was also apart of the shop territory, especially within the private practice of Morani. Indicated in his list of supplies are three unnamed saint figurines and two of Jesus. There was also a significant amount of religious imagery found within Manganelli's shop. He had framed picture of the Virgin Mary standing with Saint Guiseppe and with it a picture of Mary Magdalene. One of the fundamental concepts in understanding disease and healing in early modern Italy was the participation of ecclesiastical authorities in miraculous intercession. The roles of saints and use of relics or religious objects for seeking comfort and cures from disease was an important aspect within the Catholic Church for understanding and dealing with health (as mentioned in the previous chapter). In the middle of the sixteenth century, during the Protestant Reformation, the Italian Catholic process of canonization went through a period of decline. It was not until the establishment of the Congregation of Sacred Rites and Ceremonies in 1588 that the process of canonization

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[115] The large jugs and bowls likely had surgical uses in collecting blood which will be mentioned below.

[116] *Notai di Parma 3622* recorded by Lazzaro Zanardi a Parma, 5 Ottobre, 1598.

[117] *Ibid.*

was reinstituted. In 1622, four saints were canonized in one large ceremony: Teresa of Avila, Philip Neri and Ignatious of Loyola and Francis Xavier.[118] These saints and others were often referred to as a means of support during times of crisis. Apart from the products they had for selling, the apothecary shop resembled the barber shop in several ways. For the most part, it was an open, social environment, where exchanges between clients and practitioners were held. Along with fulfilling the role of hygienic upkeep, the sources demonstrate the medical and surgical nature of the barber's profession. In the document belonging to Francesco di Ughi and Giovanni Domenico Felio, the heading indicates their involvement in both the medical and shearing professions. As mentioned by the notary, the document suggests that the two men be recognized for years of involvement in both professions. It also alludes to their participation in a society or guild of barbers as the document reads, "ambres desiderante perseverance in societatis exercitat arte barbitonsure," translated to "wishing for the continuance of their society."[119] In terms of medical and surgical involvement Morani owned 12 lancets and as mentioned below, had several different medical texts in his possession. Antonio Manganelli's medical supplies included three servitiale (clystera) and ointment used for medicinal purposes. It is also quite likely that the many razors of different sizes were used for phlebotomies.[120]

In 1710, Seignior Giacomo dall 'Arca lived and worked as a barber surgeon in the district of Saint Paola. Like the others, he had an abundance of items demonstrating his

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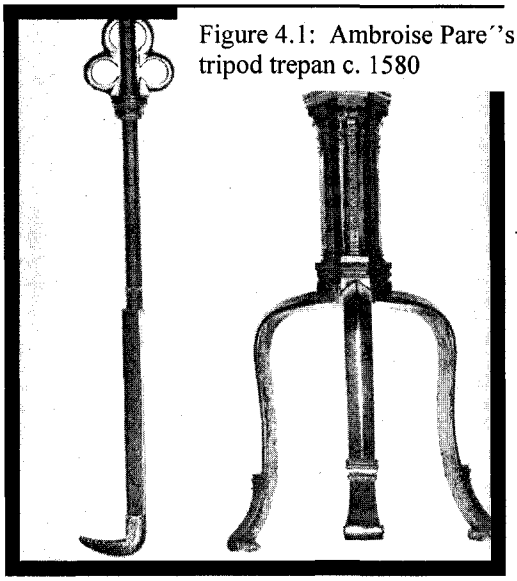
[118] David Gentilcore, *Healers and Healing in Early Modern Italy*, 157-160.

[119] *Notai di Parma,* 3624.

[120] Manganelli's document also mentions a tripod which was a common instrument used in trepanning techniques.

involvement in both medicine and shearing. Several of the items found reflect the surgical profession at the beginning of the eighteenth century. First of all, like Morani, Dall 'Arca was an educated surgeon. Within the confines of his private practice, there was a collection of books with unnamed titles. The inventory indicates that he had "8 libri da Chierurgia" or eight books of surgery. Unlike Morani's collection of books that consisted of a variety of different medical topics, dall 'Arca's collection shows evidence of specialization in surgery alone. For example, dall' Arca also had in his possession a trepanning devise which was used to drill holes in the head for bloodletting purposes. The form and size of a trepanning instrument could vary. Most had a circular saw at the tip for drilling into the head and removing a disc of bone from the cranium.[121]

Figure 4.1: Ambroise Pare''s tripod trepan c. 1580



Source: Elizabeth Bennion, *Antique Medical Instruments*, (London: Sotheby Parke Bernet , 1979), 10-15.

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[121] The image indicates Ambroise Pare''s tripod trepan c. 1580 from the Musee' d'Histoire de la Medecine, Paris: Cliché Assistance Publique as cited in Elizabeth Bennion, *Antique Medical Instruments*, (London: Sotheby Parke Bernet ; Berkeley, University of California Press, 1979), 10-15.

The image above shows a trepanning device used by Ambroise Pare, probably the most well known surgeon in the sixteenth century. Besides the elements of sociability, a barber's medical involvement is also indicated by the medical procedures performed. There is definitely an area of ambiguity surrounding the extent to which barbers performed these techniques but evidence suggests that they were likely participating in a variety of invasive procedures. Bloodletting techniques were likely an important part of a barber's practice as indicated by the tools found in the documents. The popularity of performing phlebotomies gave rise to a variety of different instruments. Lancets were one such form used to cut cleanly into veins. The spring lancet, developed late in the seventeenth century, usually came in a case made of copper, silver, brass or alloy. The cases were often decorated or embossed with political symbols. The regular lancet was usually a tiny instrument roughly 4 cm long and 1.5 cm wide. [122] The following images show two of the types of instruments found in shops belonging to Morani and Dall'Arca. The first is an example of the type of

Figure 4.2:
Surgical lancet
circa 1700s

Source: from Leonardo Botallo, De Curatione per Sanguinis Missionem, Antwerp, 1583 as cited in Audrey Davis and Toby Appel's *Bloodletting Instruments, 14-16.*

[122] Audrey Davis and Toby Appel, *Bloodletting instruments in the National Museum of History and Technology* (Washington : Smithsonian Institution Press, 1979), 17-22.

lancet that existed in the seventeenth century. The shape of the instrument was significant since puncturing a vein was an intricate procedure. The type shown above is a thumb lancet and was the most popularly used by professional surgeons.[123] The cupping procedure was also an important technique performed by surgeons. A cup was heated then placed on the skin which would bring blood to the surface. With a lancet or razor, an incision could be made, and then the blood drawn. From the early Middle Ages onward barber surgeons had a greater role in such techniques. Before this time, ecclesiastical authorities had a larger role in medicine.[124]

From the sixteenth to the eighteenth century, the basic cupping procedure remained the same. Most of the cups used in the procedure were made of glass or some sort of metal. By the eighteenth century brass and pewter cups were used by a variety of medical practitioners. It was important to have cups that were durable to withstand breaking and that could easily be transported. The durability aspect was especially important to military surgeons.[125] Bleeding bowls were another important piece of equipment found in all of the inventories. Like the suction cups, the bowls were often made of pewter and sometimes had noticeable gradations for making blood measurements.[126]

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[123] Figure is taken from Leonardo Botallo, De Curatione per Sanguinis Missionem, Antwerp, 1583 as cited in Audrey Davis and Toby Appel's *Bloodletting Instruments,* 14-16.

[124] *Ibid.*

[125] Davis and Appel, *Bloodletting Instruments,* 17-22.

[126] As mentioned by Davis and Appel, one of the distinguishing features of the barber surgeon's shop was the red and white striped pole that stood on the outside of his door. At the bottom of the pole there was a bleeding bowl for blood collection. The stripes on

Although referred to by the notary as a "cirusico" (surgeon) rather than "barbiere" dall' Arca still had in his possession tools to be used in the process of shearing. However, the "4 razori da barbiere" look as if they are less significant in comparison to the trepanning device listed directly after it. The information in this eighteenth century document, in comparison to the earlier ones, represents a shift within the practice of surgery. For this surgeon, there was perhaps a move towards specialization and away from his traditional role as barber.

The educational background and skill level of Italian barber surgeons and other healers is still an area being researched by today's medical historians. Researchers have explored guild participation, which emphasized hands on experience within a group environment. They have also looked at the role of university training on professional surgery and medical curriculum but the idea of medical workers training themselves has been somewhat neglected. It is possible that members of the medical community outside of the university environment had access to medical literature and took it upon themselves to read and learn about different sorts of medical information.

Making up the majority of the medical worker population, barbers made their presence known in a variety of ways. The following section will look at how barbers made up a portion of Parma's educated medical community. A list of books belonging to a barber surgeon by the name of Giulio Morani indicates that his qualifications may not have been rudimentary but rather more at par with other educated professionals.

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the bowl were meant to represent a patient gripping a stick to help promote the bleeding from the vein. The white stripe represented the tourniquet applied to the area above the vein.

Table 4.3: Books found in the home of barber surgeon late 17th century.

Author	Book Title	Time Period (of Authorship)
Della Croce Giovanni Andrea	Chirurgia figuata	1573
Marziani Prospero	Sopra(?) d'Hippocrates notationibus	~560BC
Dioscoride Pedanio	Senza figure	~90AD
Fallopio Gabriele	Chirurgia	~1562
Della Porta Giambattista	Fisonomia compita	
Calestani Giovanni	Osservationi	1575
De Vigo Giovanni	Practica	1514
Marinelli Giovanni	Le medicine pertenenti alle donne	?
Bairo Pietro	Secreti medicinali	1584
Garcia de Orta	Historia di semplici...	1563
Tallinanus Alexander	De pestilentia	?
Manfredi Girolamo, medico e strologo	Il Perche	?
Celsus Aulus Cornelius	Opera de re medica	25BC -AD 50
Chaumette Antoine	Manuale Chierurgico	1560
Fioravanti, Leonardo	Compendio della chierurgia	1589
Maggi, Bartolomeo	De natura scolpettaraum et tormentariorum Vulnerarum	~1550
Del Mutio	Mediche libro primo	?
Baldassarre, Pisanelli	Trattato dila natura de cibi	1586
Rostinio, Pietro	Tratato del mal francese	1559
Lodovico, Stettala	Preservatione dalla peste	?
Fioravanti, Leonardo	Specchio di scientie universali	1583
Fioravanti, Leonardo	Regimento della peste	1570
Fioravanti, Leonardo	Chirurgia	1589

Source: Information was obtained from the official census taken in Parma in 1636 indicating the official titles and different professional positions held by people at the head of the household.

There are several conclusions that can be drawn from Giulio's list. First of all, though the inclusion of classical works is not as extensive as Landino's, mentioned in chapter two, many of Giulio's books were written in the Italian language by contemporary authors, several of whom practiced as surgeons. There are 23 books altogether, 17 with an identified period of authorship. Of the 17 books, 13 are written by contemporaries (1550-1700) and the rest are ancient or medieval. Furthermore, only four of the books are written in Latin while the rest have been written in Italian. Based on the dates of publication of these texts it is fair to say that surgeons, in comparison to physicians, were familiarizing themselves with contemporary information and therefore possibly more advanced in their disconnection to theories of the past.

Leonardo Fioravanti of Milan is one name that appears frequently within the libraries of Parma. He was trained as a barber-surgeon but also worked as a physician

which made him a significant figure on the peninsula at the time.[127] He was known for his influence in the development of reconstructive surgery and was somewhat of a controversial figure, but only because he took an innovative approach to the practice of medicine. He was also a traveller and an innovator. He learned special techniques for reconstructing the nose, a practice that increasingly became important with the development of gunpowder and wounds incurred during periods of war. Gaspare Tagliacozzi was his contemporary and basically followed in his footsteps. Tagliacozzi was a barber surgeon as well and had an impact on barbers gaining a better reputation within scientific and medical circles in Italy at the time. Both men are now understood to be key players in the development of modern plastic surgery.

Fioravanti was a significant figure in the middle of the sixteenth century for several reasons. First, he saw the study of nature as an important component to understanding medicine and specifically for understanding appropriate techniques in treating wounds and disease. Historians have suggested that he may not have had a medical degree, since there is no matriculation record from the University of Bologna near where he lived during the first 30 years of his life.[128] However, he gained his experience as a medical worker by travelling the world in order to see nature and to experiment with nature through simple observation and by using common sense. By

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[127] Santoni-Rugiu, Paolo M.D.; Mazzola, Riccardo M.D., "Leonardo Fioravanti (1517-1588) a barber-surgeon who influenced the development of reconstructive surgery," *Plastic and Reconstructive Surgery* (99) 2 (1997): 570-575.

[128] William Eamon, "With the Rules of Life and an enema: Leonardo Fioravanti's medical primitivism," 30-44 in ed. JV Field and Frank AJL James, *Renaissance and Revolution: Humanists, scholars, craftsmen and natural philosophers in early modern Europe* (Cambridge: Cambridge University Press, 1993).

getting this type of hands on experience and observing different forms of alternative medical therapies, Fioravanti found this to be an effective means for acquiring a medical education that was not adopted by the more learned type of medical professional.[129] He reached the pinnacle of his career when he worked in the court of King Philip II of Spain after the King heard of his travelling experience working as a military surgeon for the Spanish Army.

With this type of experience and approach to medicine, Fioravanti challenged the theoretical or "bookish" medical techniques characteristic of Italy's medical professionals who he claimed had too much legal authority over who was allowed to practice medicine. His empirical approaches to medicine represented a break from traditional approaches and a new focus on experimentation and studies of nature that became prominent themes within the new medicine that was part of the scientific revolution in the seventeenth century.

Bairo Peitro's *book of secrets*, found in Giulio's library, is significant because it represents the new social and intellectual fabric that was being created with the rise of popular print in the sixteenth and seventeenth centuries.[130] As mentioned in the second chapter, William Eamon has discovered that many medical practitioners, especially those considered to have been living on the fringes of society, were often able to find a profit in publishing works that dealt with topics like medical remedies and "secret"

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[129] *Ibid,* 31-33.

[130] William Eamon, "Science and Popular Culture in Sixteenth Century Italy: "The Professors of Secrets" and Their Books," *The Sixteenth Century Journal* 16 (1985): 1-15.

healing techniques that could be of potential use to the general reader.[131] Overall, Eamon suggests that ideas held by crafts people and artisans became widely available through the invention of the printing press which gave these medical workers a newfound significance in society.

The census indicates that barbers were known to have a high status in society as indicated by their official titles. The next table indicates the name, district and official title given to the barbers in 1636. Three of the barbers were referred to as signor while the rest were referred to as either maestro or simply by their first name. Therefore, within the population of barbers, there was a hierarchy according to seniority which was likely determined by educational and economic status.

[131] *Ibid.*

Table 4.4: Name and title given to Barbers in Parma 1636

Name	Type of worker	District	Official Title
Vincenzo Cepella	Barbiere	Santissima Trinita	None
Antonio Manganello	Barbiere	Santissima Trinita	None
Marcello Latorre	Barbiere	Santo Stefano	None
Angelo Maria Larattela	Barbiere	San Sisto	None
Pio Tinelli	Barbiere	San Sisto	None
Carlo Vasali	Barbiere	San Oldarico	Seignior (Sgr)
Jacomo Felipo Vigomaro	Barbiere	Santo Spirito	None
Pietro Marchetti	Barbiere	Ognisanti	None
Francesco	Barbiere	Consolato di San Francesco	Mr.
Rinaldo Mandri	Barbiere	Consolato di San Francesco	Mr.
Domenico Sartorio	Barbiere	San Giovanni Evangelista	None
Genevra Capelli	Barbiere	San Giovanni Evangelista	Mad.
MarcAntoni Bernardo	Barbiere	Santa Maria Borgo Taschieri	Mr.
Clemente (last name)	Barbiere	Santa Maria Borgo Taschieri	None
Francesco Commasser	Barbiere	Santa Maria Borgo Taschieri	Mr.
Domenico Malcontento	Barbiere	San Bartolomeo	None
Giovann Battista Ghosi	Barbiere	San Bartolomeo	Seignior (Sgr)
Nestor Zanardi	Barbiere	San Bartolomeo	Mr.
Giovanni Zanarde	Barbiere	San Bartolomeo	Mr.
Giacomo Antonio	Barbiere	San Lorenzo	Seignior (Sgr)
Ludovico Morano	Barbiere	San Lorenzo	Mr.
Bernardino Feragoti	Barbiere	San Lorenzo	Mr.
Tommaso Simone	Barbiere	San Aredato	None
Hilario Garzone	Barbiere	San Aredato	None
Francesco di Borzar	Barbiere	San Ambrogio	Mr.
Alfonzo Briganti	Barbiere	Santa Cecilia	Mr.
Visconto Visconti	Barbiere	Santa Cecilia	Mr.
Vincenzo Perino	Barbiere	San Giacomo in Capo del Ponte	None
Domenic Machiavelli	Barbiere	San Bartolomeo	None
Giovan Francesco	Barbiere	San Bartolomeo	None
Paolo Bonvicino	Barbiere	San Bartolomeo	Mr.
Santa Chechone	Barbiere	San Bartolomeo	Mr.

Source: Information was obtained from the official census taken in Parma in 1636 indicating the official titles and different professional positions held by people at the head of the household.

This difference in official titles can be explained by the different ways barbers and surgeons were trained. As they were being identified with having a professional reputation, their acceptance in the medical community put them more at par with other university trained surgeons who fell just under the physicians on the medical hierarchy. As with the physicians, a significant feature of their profession was specific knowledge of anatomy.[132] However, for university trained surgeons, it became more of a defining

[132] In their chapter on humanist surgery of the sixteenth and seventeenth centuries, historians Wear, French and Lonie suggest that the gulf between surgeons and physicians was not that extensive seeing that both medical spheres adopted humanist philosophy in both teaching and in practice. According to them, Galen was only one of the main figures whose classical works were revived during the early modern period. At this time humanist surgeons were also influenced by the work of Paul of Aegina who wrote *Compendium of medicine*.

feature. By the late fourteenth and early fifteenth century, Italian universities decreed that bodies for dissection be available and that the dissections be performed in front of medical students.[133] This regulation, in combination with the Humanistic movement at the time, made the study of anatomy a new significant priority within the medical curriculum. Vesalius was no doubt the most influential surgeon in the sixteenth century but he had contemporaries that were prominent at this time as well. Scholars like Realdo Colombo (1516-1559) and Girolamo Fabrici da Acquapendente (c. 1533-1619) played a key role in anatomical and surgical lectures at the University of Padua.[134]

In Italy and for most parts of Europe, understanding the surgical world within the medical sphere was further complicated by the hierarchy that existed within surgery itself. Most prominent were the master surgeons, who often provided care for political leaders and other nobles. Next were the military surgeons or general surgeons, known for their experience gained on battlefields during crisis periods. Finally there were the barber surgeons known for the area in which they predominantly practiced: the countryside and smaller city centres where master surgeons were rarely available.

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[133] Grendler, *The Italian Renaissance*, 334-335, Katherine Park, The Criminal and the Saintly Body: Autopsy and Dissection in Renaissance Italy," *Renaissance Quarterly* 47:1-33. For more information on medicine in Renaissance Florence see also Park, "The Readers at the Florentine Studio According to Communal Fiscal Records (1357-1380, 1413-1446)," *Rinascimento*, 20 (1980): 249-310. *Doctors and Medicine in Early Renaissance Florence* (New Jersey: Princeton, 1985), "The Life of the Corpse: Dissection and Division in Late Medieval Europe," *Journal of Medicine and Allied Sciences* 50 (1995):111-32.

[134] Grendler, *The Italian Renaissance*, 335.

It was possible to move up the ranks working as a surgeon. Italy's surgical profession was influenced by the works of the famous Ambroise Paré (1510-90), a man brought up in the atmosphere of barber surgeons and who helped to better the reputation of surgeons in general by offering surgical techniques to those who sought medical care. Trained as a barber surgeon, Paré grew up in an exciting time as surgeons were being influenced by new ideas espoused by Vesalius. Surgeons, like Paré, were able to break from medical ideas of the past because of their access to army battlefields. These were important places where surgeons gained their experiences. With the invention of gunpowder, bullets had power to create severe wounds, which intensified the likelihood of getting an infection. Surgeons in these situations therefore, received first hand experiences as they dealt with real life crisis situations. The damaged bodies of men in war provided surgeons with unforgettable anatomy lessons unattainable at city schools. A surgeon's skill depended on his access to these injuries and therefore a surgeon's status depended on access to war. Paré was perhaps the most well known of all Renaissance surgeons.[135] Besides his rise to prominence within the royal court, he made an important medical "rediscovery." He was the first to suggest that it is much better to tie bleeding arteries than to apply hot irons and oil to them. This important innovation, also known as vascular ligature (vital for amputations) was used as a replacement for hot-oil cautery to cleanse and seal off wounds.[136]

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[135] W.J. Bishop, *The Early History of Surgery* (London: Robert Hale Ltd., 1961), 80-85.

[136] Roy Porter, *Blood and Guts,* 113.

University surgeons and an anatomist's medical role can also be defined by how they differed from physicians within the same setting. In regards to professorships and other university appointments, surgeons were, on average, given lower appointments in terms of the amount of money they were paid and the number of positions that were made available.[137] Cosmacini is one historian who mentions the ambiguity and paradoxes that existed within the professional circles of medicine in Italy throughout the ancient regime. In the first section of his book, *Medici Nella Storia D'italia*, he comments on how doctors claiming to be anatomists were in many cases well educated and read on the topic of human and animal anatomy but were not experienced in the actual incision of human and animal bodies. This job, which was arguably the most important for understanding anatomy, was appointed to a person, the *incisore*, often uneducated and without official university training.[138] Another paradox that Cosmacini mentions is the ambiguous line that existed between animal and human doctors, especially during times when animals and humans were being affected by different types of *pestilenze.* [139]

The medical environment from which the surgeon practiced was a defining feature of the profession that made it somewhat social. Compared to a physician, who was more likely to make individual house visitations, the environmental domain of a surgeon was usually outside of the domestic sphere. The guild atmosphere, mentioned

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[137] *Ibid.,* 337.

[138] Giorgio Cosmacini, *Medici Nella Storia D'italia: Per Una Tipologia Della Professione Medica (*Editori Laterza Editori Laterza, 1996), 1-5

[139] *Ibid.,* 1-5.

below, was just one example of an environment where surgeons conglomerated, traded skills and surgical information and were often provided with hands on experience. The barbershop is another such environment that demonstrates the sociability of surgeons. There was an element of sociability that surrounded the environment within which barbers and surgeons worked. Besides working in a private practice within a shop, surgeons and barbers could be defined by their participation within a guild. The formation of medical guilds in Italy was common among medical practitioners found mostly outside of the larger cities that housed universities.[140] Surgical guilds were a regulatory body that had a semi-authoritative position in charge of overseeing and protecting surgeons within the urban centres.[141] For a young man, apprenticeship training within a guild happened at a young age, where the young surgeon trained under an older more experienced surgeon or the master surgeon. The young surgeon would leave his home and board with the master surgeon who would provide the apprentice with the necessary skills and surgical training for a small fee.[142] After serving as an apprentice, the surgeon was expected to leave the guardianship of the master surgeon and travel from place to place within the community to gain hands on experience before acquiring an official licence to practice. The government or royal authority depending on the specific city was in charge of overseeing guild activities, so while the master surgeon had the authority to judge and approve the practices of younger surgeons he

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[140] Cipolla, *Public Health*, 1-15.

[141] Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999), 109-116.

[142] *Ibid.*

was to answer to higher authorities when dealing with the issuance and control of practicing licenses.[143]

The presence of barbers within Italian communities was viewed in two different ways. On the one hand, community members perceived them as a convenient source of medical assistance but medical personnel on higher levels had a somewhat different outlook. This was especially the case later in the period. Historians have noted that by the middle of the seventeenth century and especially into the eighteenth century, barbers and other medical workers considered non-professional were beginning to be recognized for their inappropriate and illegal approaches to healing. Many medical officials began to feel that a barber's informal qualifications and lack of certification to higher medical practices made them a menace to society. However, in the sixteenth century, barber surgeons were the most prevalent source of medical attention. Their techniques and medical background may not have been as extensive as a physician but their availability would have made them more of an asset. The many roles of the barbers and the accessibility of their shops was another characteristic that made them an asset to the Parmesan community. Patients seeking help with personal hygiene issues, which was probably almost everyone, could find what they needed at the barber's place. Furthermore, the shop atmosphere and the "middle level" social class of the barber would have made him more approachable to the majority of the population.

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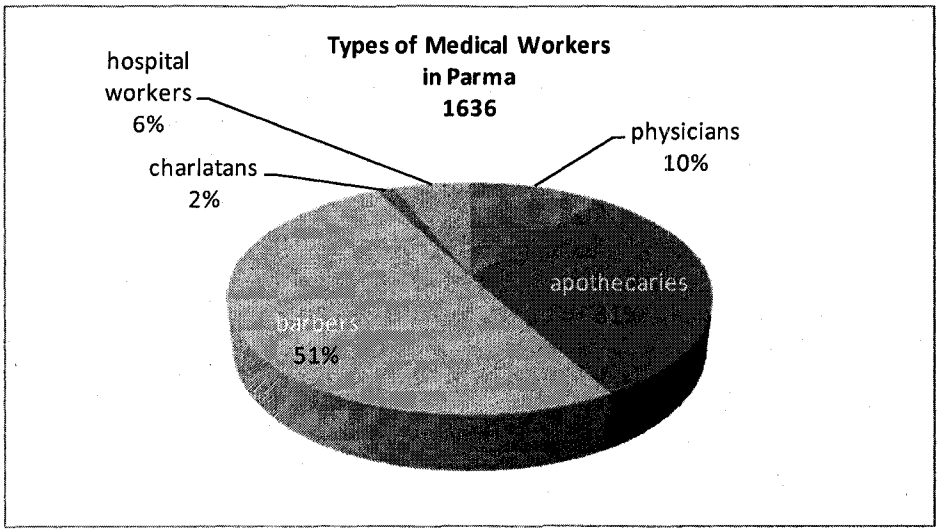
[143] *Ibid.*

Chapter Five: Conclusion

The medical landscape of Parma in the seventeenth century was one of plurality which is consistent with other studies on medical workers in Italy around the same period. The barber surgeon was definitely the most abundant medical worker followed by the apothecary. Hospital workers appeared (generally in the districts in or close to the main hospital) and likely worked along side doctors and barber surgeons who were gradually making their presence known within the hospital setting. The charlatan or the "charlatano," a remedial medical subgroup often on the fringes of society, was also a significant component to the general Parmesan medical community.[144]

Figure: 5.1: Various medical workers in Parma in 1636



Source: Information was obtained from the official census taken in Parma in 1636 indicating the official titles and different professional positions held by people at the head of the household.

[144] This diagram is based on the 1636 census and therefore the numbers are only approximate. They have been useful for giving a general impression of some of the demographic features of Parma in 1636.

This study has demonstrated many of the key characteristics that defined these practitioners and how the concept of professionalizing medicine did not necessarily mean that healers were specializing in one specific area. Workers were given official titles defining the main occupation in which they worked but even though titles like "medico," "barber" "churgico," and "speziale" were used, individuals were likely to cross boundaries, deviate from their official medical role and perform a variety of tasks that did not necessarily belong in any specific domain. A "medico" or physician might be a writer and lecturer at an Italian university, a barber-surgeon could be found performing the tasks of an apothecary and the apothecaries were not just confined to the business of distributing drugs as they were often suppliers of food and herbal products. Hospital workers are another important medical group mentioned in this paper. Their role in the delivery of health care has largely been neglected by historians since they seldom appear in primary source documents. As many charity hospitals and foundling institutions popped up throughout Italy in the sixteenth century, many people, men and women, found their own niche in the medical world that often took the form of volunteer work.

Guild and college records indicating the level of activity among members of the medical community would be a helpful complement to the study of medical workers in Parma in the sixteenth and seventeenth century. This was the last region in the North to put in place the official body of the protomedicato who were in charge of issuing licences and overseeing and regulating patient-healer interactions. This means that legal measures were likely in the hands of guilds and colleges. Information on these groups,

who organized themselves according to profession, might reveal how different elements of the medical society worked together and how they interacted with the less professional types like the charlatans. Instead of looking at the legal elements that often represent the competitive and divided nature of medical communities, this paper has made an attempt to look at the social lives of practitioners and how they performed a variety of roles living in Parma from the sixteenth to the eighteenth century. The post-mortem inventories, shop asset lists, hospital inventories and the census taken in 1636 indicate that there was definitely a variety of medical workers available in Parma. The physicians, who were regarded with the most respect, made their presence known by taking on administrative roles, publishing books and lecturing at universities. Contemporary Northern Italian authors were a significant presence in private libraries demonstrating a break from the ancient ideas but readers were still predominantly tied to ideas of the past. As educated physicians treated patients with this type of medical background they were given respect by others but they also had a legal and administrative function that put them in an authoritative position. As members of the protomedicato by the eighteenth century, physicians over saw the work of other healers and enforced a legal regulatory function which further reinstated their position in the medical hierarchy.

Besides being a source of medical relief, barber surgeons had a place within the everyday lives of people since they were an outlet to those seeking hygienic attention. The shop in which a barber worked contributed to the identity of the profession in several ways. First, it was a lively social place where persons of any socio-economic background could be found. A social atmosphere like this allowed for the exchange of

ideas and symbolized the business- like atmosphere that one might see in a busy medical clinic today. This was a similar situation for the *speziale* or the apothecary. His shop environment was aesthetically pleasing with jars made from majolica, tins of various herbs and spices and canisters and bottles of different sorts and colours. This social place would have been particularly popular at a time when botanical information was a key topic in a lot of medical literature, including the popular "books of secrets" that became an influential type of medical literature at the beginning of the sixteenth century.

Hospital workers have been given an identity of their own even though they may have espoused one of the traditional roles of physician, surgeon or apothecary. The atmosphere or institutional structure of charity institutions and hospitals was what made a worker's role important. As concepts of charity and almsgiving were often the theoretical basis for hospital services, it was not uncommon for hospital workers to volunteer their time towards the health and social needs of others. In this sense hospitals were separate from the medical market place that was often a factor in defining the other professions.

Finally, the official titles given to each medical worker is important for understanding their social status at the beginning of the seventeenth century. This was a significant time for non orthodox medical healers, such as hospital workers and barber surgeons, because it was a period before the medical world became dominated both legally and intellectually by the more trained practitioners that gained a lot of leverage in society by the middle of the seventeenth and into the eighteenth centuries. Despite the existence of a few university trained physicians, a plethora of services such as those

offered by barber surgeons and charlatans were available and likely provided medical assistance to the majority of the population. In addition, barbers were not completely uneducated, which was a personal misconception before starting this project. The possession of 64 medical texts within the private library of barber surgeon Giulio Morani provides evidence for the type of medical education he attained. In this sense, the non-professional types were likely a competition with the more elite physicians rather than far below them on the medical hierarchy. Therefore, to suggest that a definite medical hierarchy existed in Italy is somewhat of an illusion. A hierarchal framework is important to have for both organizational purposes and to allow historians to conceptually grasp the many forms of medical roles that existed in early modern Italy and throughout most regions in Western Europe but the practices of medical workers were quite separate and often without a definite boundary defining their profession. Therefore, to understand the complexity of this medical worker entanglement, it is important to take into consideration not only the hierarchy and competitive nature that could exist between the different types of healers but the various roles taken on by healers within their own professional circles.

Appendix A: Books of Medico Landino Bianchi of Parma in 1636.

Author	Book Title	Date of Publication
Magistri Jovanis	Super Magri yo Bondini	
Andrea Veseli (Vesalius)	Opera	1542
Trincanella	Consilio	
Heyll Christoph	Practica Antidotaria et bononiensis	
Cornelio Censo (Celsus)	De re medica	1549
Andrea Lucini	De sanguinis mesione	
Jo Fagarelli	Gerusia misione	
Jacobi Felini	Cierusia	
Ibn Sarafyun	Practica yo Arculiano	
Ugonis	Senitentis de remegine sani	
Arnoldo de Villa nova	Fatis yo practica	
Ludovico Mercato	De pulsibus	
Domenicus Pancini	De Semplicio	
Batista	De Mobilie Mulierum	~1500
Nicondi Josi	De dollore	
Gironimo Fracastoro	De Simplice	~1545
Franciscus Vallesi	Metodus medendi	
Montano	Consilio	~1564
Gironimo in Gardono	In medicina	~1578
Pisanella	De lebo	
Brasarolla	Officios medianci	
D'Ippocrate (Hippocrates)	Aforismi	~490
Bartolomei Nachi	De morbis	
Montani	Centuria	~1567
Trincavelli	Enchiridion	1540
Montani	Centuria seconda	1548
Faventini	Practica	
Andrea Giorci medici	Questioni	~1550
Geronimo Mercunale	De morbis mulierum	~1591
Cargilito	Chirurgia	?
Guilielmi Placentini	Antico	?
Francisco	D'origine medici santo	~1550
Faventino	In aforismi Ippocratis	~400
Ferrari medici	Omni boni	?
Farneli	Consilia medicinalia	?
Galieni	De anima	~150
Maro Gatenania	De morbis	?
Giacinto Saluci	De febribus	
Anelli Litelli	De Morbo Gallico	?
Galieni (Galen)	Libri duo in cartone	~150
Guilielmi Placentini	Practica medica	?
Ugonis Senensis	Opera	1523
Jo Concordia	Practica	
Jo Angello Pasini	Practica	
Jo Arfiumi	De morbo gallico	
Jo Arculiano	Avicene (Avicenna)	
Jo de Tornamica	Medecina	
Jovanis Manardi	In medecina	
Jovanis Argentini	De re medica	
Trincanella	De arte curandi	
Er Merculiani	De Morbis puerorum	
Emilii Campenollongi	De varia	
Marculianis	De morbis cutaneis	
Celsi Mancini	De cogiocione hominis	
Gabrielis Fallopie (Gabriele Falloppia)	Opuscula	
Leonardo Zachini	Practica	
Bernardini Gardani	Practica	

Information obtained from private libraries in Parma as indicated in Dallasta Federica *Biblioteche private a Parma in epoca farnesiana (1545-1731)* 2008. Doctoral Thesis, Facolta di Biblioteconomia, Universita degli studi di Udine.

Appendix B: The Decision to Build a Lazaretto: Northern Italian Cities in the Mid-Fifteenth Century[145]

City	Year of Legislation
Venice	1456 (1423)
Ferrara	1463 (1436)
Florence	1463 (1448)
Milan	1468 (1450)
Mantua	1450
Genoa	1460
Siena	1478
Ragusa	1468
Parma	1468
Udine	1464
Recanati	1462

[145] Table extracted from Ann Carmichael's *Plague and Poor in Renaissance Florence* (Cambridge University Press, 1986), 120. Brackets indicating that an older hospital was designated as a plague hospital at the earlier date during times of crisis (as mentioned by Carmichael)

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Notai di Parma 5004, 10 Novembre, 1650
Notai di Parma 5797 14 Aprile 1657
ASP 3328 18 giugno, 1618
Archivio Distrettuale Notarile di Parma
ACN Parma 12715 30 giugno 1710
ASP F121, 1762
ASP F.58, pages 29-32 for years 1776-1803
ANP F15/1215 for 1808
ACNP 12404, 5 febbrario, 1724
ACNP 12715 30 giugno, 1710
ACNP 12715 16 agosto 1710
ACNP 8123 3 novembre, 1673
ADNP Borelli Francesco p. 1 inserto f. 12352
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