

On the Borders: Surgeons and their Activities in the Venetian State (1540–1640)

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Abstract: Through the biographies of a dynasty of practitioners who were active in some of the mountainous villages of the Venetian Terraferma the article brings to light unknown aspects of the professional world of surgeons. Their activities were profoundly influenced by the economic and geographic peculiarities of the territory where they lived and worked. Provincial towns and their territories offered professional opportunities both to licensed and to non-university trained practitioners. However, it was generally in small villages, especially those situated in border areas and part of the main commercial networks, that surgeons preferred to establish their practices, thus supplementing the medical services supplied by the town. Normally their knowledge was largely empirical and was transmitted from father to son. The apprenticeship-based training does not appear alternative to the academic education typical of learned practitioners: much evidence points to the existence of ‘scientific autodidacts’, self-taught practitioners who possessed and read medical texts or had attended academic courses, even if only in part. Practising surgery in this area was a highly mobile activity, stretching from the village to the neighbouring valleys, and even to areas outside the boundaries of the city and across the border of the Venetian state. Surgeons, furthermore, were able to transfer their skills and knowledge across a range of different occupations such as shoemakers, leather workers and tailors, a fact that confirms their close ties with the local artisan milieu.

Keywords: Surgeons, Artisans, Medical training, Venetian state, Giovanni Andrea Dalla Croce, Family networks

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Introduction

This article aims to highlight the complexity of the medical profession within the Venetian state and to illustrate, with specific reference to the work of surgeons, how this was affected by the economic and geographic peculiarities of a borderland territory. The period considered is a most interesting one, since it is marked by an intense flourishing of the medical sciences, most particularly in Padua and in the main centres of the Venetian state. It is also a period of relative openness as regards licensing, which Venetian magistracies and medical institutions tended to regulate more strictly in the early decades of the seventeenth century. As will be shown, these features were to have an impact on medical practice and professional training in the provinces as well.

The focus of this study will be the town of Feltre and one of the numerous villages (*ville*) in its district, Arsié. The town was situated in the north-west of the Venetian state, at the border with the Empire. During the early modern period, the urban centre had nearly 4000 inhabitants, while the population within the wider district amounted to almost 20 000. We can estimate that in 1545 around 200 families lived in Arsié.¹ The village is situated at the intersection of different routes: to the plain (along the river Brenta, and towards Padua) and to Germany (through Primiero and the Valsugana, and through Trent). The river Cison, which flows from Primiero, was one of the most important supply routes of the timber trade.² The exploitation of the river, both for the conveyance of timber and for powering local saw-mills, made the surrounding villages true industrial centres. Fonzaso, on the left bank, and Primolano in the Bassano region, known as ‘the gate to Germany’, attracted immigrants linked to the towns’ various manufacturing activities: weavers from Friuli, wood-cutters from surrounding imperial regions, and stone/building masons from Lombardy.³ The villages had a certain social complexity, and around the mid-sixteenth century Arsié had two resident notaries, one innkeeper, a large group of blacksmiths and sword-makers, and two surgeons. At the same time, the job opportunities and the presence of medical and notary services attracted numerous individuals, not only from the nearby villages, but also from bordering communities, such as the imperial villages of the Valsugana and the small centres of the *Altipiano dei Sette Comuni*.

Feltre came under Venetian control at the beginning of the fifteenth century. It was jointly governed by an aristocratic council, which exercised financial and political powers and by a *Rettore*, the Venetian representative, who exercised military and judicial prerogatives. Like many other small centres of the Venetian mainland (*Terraferma*), the town employed a team of public doctors (*medici condotti*) for the medical treatment of the population and, more generally, for public health control in the town and wider district. In the sixteenth and seventeenth centuries, the team was composed of two physicians and one surgeon. The latter normally had to be licensed and was recruited from members of the Venetian College of Surgeons (hence the term ‘public doctor’, which hereinafter may

¹ Archivio di Stato di Belluno (hereafter ASBL), *Notarile, Vittore Guslino*, protocollo (hereafter p.lo) 4175, 30r–35r, 11 January 1540 meeting of the *regola* (local community).

² The importance of the timber trade was also stressed by the architect Andrea Palladio, who designed the bridge in the village of Cison: Andrea Palladio, *I Quattro libri dell'architettura* (Venice: Domenico Franceschi, 1570), Vol. III, 15.

³ Gigi Corazzol, *Cineografo di banditi su sfondo di monti: Feltre 1634–1642* (Milan: Unicopli, 1997), 202–8; Corazzol, ‘Brevi da Fonzaso (con repertorio) 1619–56, di Giovanni Airale, postilla di Ranieri Dugazio Koepfchen’, *el Campanon-Rivista Feltrina*, 5 (2000), 35–58; Katia Occhi, *Boschi e mercanti: Traffici di legname tra la contea di Tirolo e la Repubblica di Venezia (secoli XVI–XVII)* (Bologna: Il Mulino, 2006).

refer either to a physician or to a surgeon).⁴ The town council gave special attention to the qualification of public doctors, but did not prevent other practitioners from exercising their activity even if unlicensed. This attitude was typical of the small communities of the Venetian *Terraferma*, where the population could resort to formally trained doctors as much as to lay or non-university trained practitioners.

In recent years, many scholars have stressed the importance of medical pluralism in early modern society, a feature that characterised not only the Venetian state but Italian communities generally. While the Italian city states are traditionally depicted as deeply ‘bureaucratised’ and ‘legalistic’,⁵ there is evidence to suggest that the role played by medical and other professional institutions in regulating practitioners is more complex.⁶ For the most part, research studies have tended to focus on capital or large cities, leaving aside the respective provincial territories.⁷ The question of how rules issued by the Venetian Health Office, which often addressed the city specifically, worked in the rest of the Venetian mainland is a point that requires further investigation. Medical practice, in the region considered in this study, was not regulated by the authority of colleges of surgeons (or physicians) that were based in the main cities of the republic, and there was no permanent health board that local practitioners had to relate to.⁸ This suggests the need to take into account other factors regulating the relationship between different types of practitioners.

Through the biographies of the surgeons presented here, evidence comes to light of the co-existence of academically trained physicians and their lay colleagues who provided treatment on an empirical basis. Not only did empirical surgeons carry out socially accepted functions in the community, they also collaborated with public doctors hired by the city councils. Public doctors, as this study will show, acted as mediators between the different ranks of the profession and could have some influence on medical training at local level.

It was generally in small villages that surgeons preferred to establish their practices, thus supplementing the medical services supplied by the town. The parish of Arsié, one of the bordering villages of the town of Feltre, is typical in this respect. It was here that the Corrà/Cordeo family, a dynasty of surgeons documented from the beginning of the sixteenth to the mid-eighteenth century (see family tree),⁹ chose to establish their medical practice. In a period spanning more than 230 years, no fewer than ten family members exercised the same activity. At the very beginning of the sixteenth century, Giacomo

⁴ Donatella Bartolini, *Medici e comunità: Esempi dalla Terraferma veneta dei secoli XVI e XVII* (Venezia: Deputazione, 2006).

⁵ See David Gentilcore, *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006), 98–106 (in particular 100–1).

⁶ A point recently discussed by Sandra Cavallo, *Artisans of The Body in Early Modern Italy: Identities, Families and Masculinities* (Manchester: Manchester University Press, 2007), in particular 224–43. Images of a strictly regulated profession, based on institutional sources, are provided by Gianna Pomata, *Contracting a Cure: Patients, Healers and the Law in Early Modern Italy* (Baltimore, MD: Johns Hopkins University Press, 1998), David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester: Manchester University Press, 1998) and more recently by Alessandro Pastore, *Le regole dei corpi: Medicina e disciplina nell'Italia moderna* (Bologna: Il Mulino, 2006).

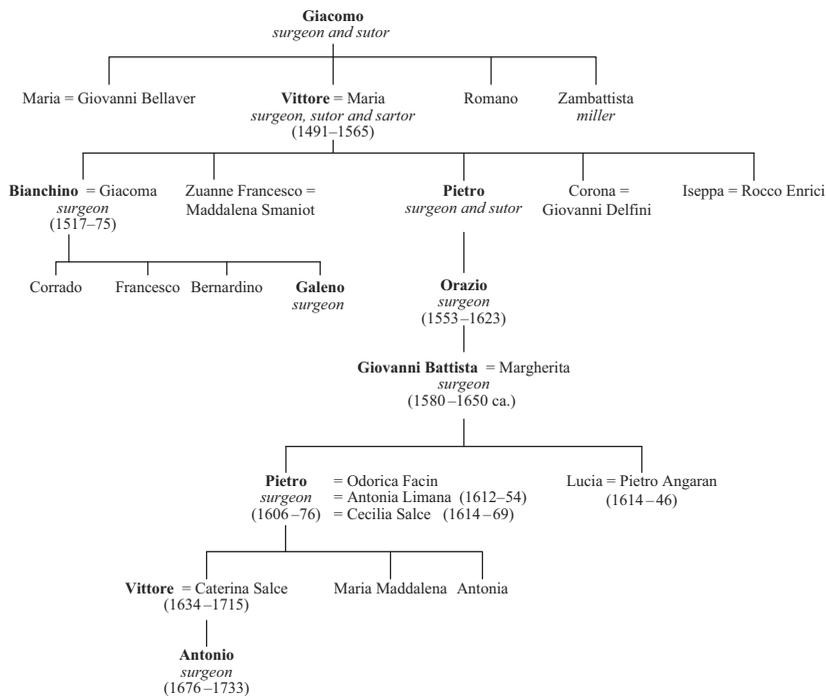
⁷ See Jane L. Stevens Crawshaw, *Plague Hospital. Public Health for the City in Early Modern Venice* (Farnham: Ashgate, 2012).

⁸ In the Venetian state, colleges of physicians were established only in Venice, Padua, Treviso, Vicenza, Verona and Bergamo.

⁹ The family tree is based mostly on data in Archivio Parrocchiale di Arsié, *Registri battesimi, morti e matrimoni* for the period 1615 onwards.

Corrà and his son Vittore were among the three surgeons practising in the parish of Arsié. The third surgeon, Maestro Baldo from Bergamo, resided in the neighbouring village of Mellame. Giacomo died in about 1506, Baldo in 1528 and after this date Vittore Corrà remained the only practitioner in the local medical marketplace until the middle of the century. It was not until the winter of 1544, in fact, that surgeon Cesare, a *norcino* from Preci, began his practice in the nearby village of Fonzaso.¹⁰ The Corrà family did not possess any academic qualifications or indeed any other kind of licence to practise surgery, however, as the records reveal, they could count on a broad clientele, stretching from the village of Arsié to the neighbouring communities on the borders of the Venetian state, and even across the border. Their changing fortunes can tell us much about the training paths, the clientele, the social reputation and the services a common surgeon could offer. The precise nature of the activities and services, medical and otherwise, surgeons were able to offer the local community will be examined in the following section. Was surgery the only occupation they performed to make a living?

Family tree



This research is based extensively on notarial records, given the absence of official or legal sources for the area and the period considered, such as population censuses; records of professional organisations or other public authorities concerned with medicine; and records of judicial trials, and so on, which could help shed some light on the numbers, distribution and activities of surgeons. These notarial records provide us with some evidence about the dynamics of the medical marketplace, both in terms of economic transactions, and of family and professional relationships. For example, a number of these

¹⁰ On *norcini*, itinerant surgeons, whose provenance was from the area of Norcia (Umbria) and who specialised in lithotomy, Gentilcore, *op. cit.* (note 5), 181–8.

records are credit deeds for cures provided, thus making it possible to gather information about the clientele and the geographical scope of the surgeons' activities, and in some cases even the kind of services they offered.

Gaining insight into how surgeons practising in the period saw and described themselves is equally difficult and the evidence presented here is largely based on the writings of Giovanni Andrea Dalla Croce (1515–74), one of the most famous surgeons in sixteenth-century Venice. His accounts provide many useful insights into a surgeon's view of his professional activities.

Licensed by the Venetian College of Surgeons in 1532, then a member of the same College, from 1538 to 1546, Dalla Croce was employed as a public doctor by the municipality of Feltre.¹¹ This was probably the only period he spent outside of Venice. Some episodes relating to his work in Feltre are mentioned in the book he wrote almost at the end of his career, entitled *Cirugia universale e perfetta di tutte le parti pertinenti all'ottimo chirurgo*.¹² The book is organised in accordance with the standard surgery course proposed by the university, with a first section on tumours, a second one on wounds and ulcers and a third on dislocations and fractures. Before proceeding to explain the single operations and the different operative techniques, Dalla Croce illustrates the characteristics of surgery, its history, and place in the medical sciences. In so doing, he uses classical medical literature (Galen, Hippocrates and Celsus) and presents arguments he shares with other medical writers of the period.¹³ In its aim to heal the body, he argues that surgery belongs to the medical sciences, together with diet and pharmacy. All the definitions of surgery he provides emphasise that it is 'an artful operation, done with the hands and some proper instruments [. . .] on living human bodies'.¹⁴ Dalla Croce states that surgery is a 'meditative science', having some parts in common with medicine, such as diet and evacuative therapies. At the same time, it is based on other typical and very important operations: cutting, uniting and joining the cut parts, separating superfluous limbs or fleshy excrescences. Hence the central role of the instruments employed: 'needle, yarn, bands, laces, glues, *piumaccioli* (a kind of tampon), and bandages'.¹⁵ The book, which enjoyed considerable success at the time with numerous editions published in both Latin and the vernacular, provides a valuable insight into the activity of a common surgeon in the Venetian area. By 1560, single treatises or sections of the text also circulated in separate form (for example, the section on wounds of the abdomen and that on the way

¹¹ Francesco Bernardi, *Prospetto storico-critico dell'origine, facoltà, diversi stati, progressi, e vicende del Collegio medico-chirurgico, e dell'arte chirurgica in Venezia* (Venice: Domenico Costantini, 1797), 126 (now in Nelli Elena Vanzan Marchini (ed.), *Dalla scienza medica alla pratica dei corpi: Fonti e manoscritti marciiani per la storia della sanità* (Vicenza: Neri Pozza, 1993); Davide Giordano, 'Intorno ad un chirurgo del '500: Giovanni Andrea Dalla Croce', in Giordano, *Scritti e discorsi pertinenti alla storia della medicina ed argomenti diversi* (Milan: Rivista di terapia moderna e di medicina pratica), 156–63; Giordano, 'Iconografia cruciana', in *ibid.*, 164–168; Mario Gaggia, 'Giovanni Andrea Dalla Croce chirurgo in Feltre', *Archivio storico di Belluno Feltre e Cadore*, 29 (1933), 441–4; 30 (1933), 461–4.

¹² Giovanni Andrea Dalla Croce, *Cirugia universale e perfetta di tutte le parti pertinenti all'ottimo chirurgo* [. . .] *nella quale si contiene la Theorica, et Prattica di ciò può essere nella Cirugia ncessario* (Venice: Giordano Ziletti; 1561; 1583; Latin edn 1596).

¹³ Andrew Wear, *Knowledge and Practice in English Medicine 1550–1680* (Cambridge: Cambridge University Press, 2000), 210–213.

¹⁴ Dalla Croce, *Cirugia*, Lib. I, 1v: 'artificiosa operatione, fatta con le mani et strumenti accomodati [. . .] nei corpi humani viventi'.

¹⁵ *Ibid.*, 5r.

of extracting arrows and bullets), to accompany the famous book by Giovanni di Vigo.¹⁶ The work was appreciated also for the accurate images of surgical instruments in use at the time, as well as for its anatomical plates (particularly those of the skull) and its images of surgical operations.

For the purposes of this study, reference will be made to Dalla Croce's book, with particular focus on those sections in which he deals with the transmission of surgical knowledge, which, in his view, should be acquired both through practical apprenticeship and through the reading of written texts. In addition, I will highlight the emphasis he places on the practical aspects of surgery. The latter will shed some light on the connections between surgery and other crafts documented in the Feltre region.

Becoming a Surgeon

There were various routes to becoming a surgeon in the Venetian state in the sixteenth and early seventeenth centuries. At the University of Padua, during the early modern period, a degree in surgery could be gained by completing a three-year course based on the study of Mondino de' Liuzzi and, from the 1520s, of Galen. The training path also required a year of practice with a surgeon.¹⁷ By the mid-sixteenth century, the chair of surgery had seen considerable development and was now associated with the teaching of anatomy.¹⁸ The University of Padua was the main centre for medical training during this period, able to attract students from the entire Venetian state and from the whole of Europe.

On completing the course it was also possible to graduate from the *Studium* of Venice, which, by 1470, could award degrees in medicine and in surgery to eight students each year at a lower cost than Padua. Until 1613, the Counts Palatine also had the right to award private degrees in medicine and in surgery.¹⁹ The training path varied and a student only needed to attend a part of the university lectures, with the option of studying privately for a period.²⁰

One could also become a practising surgeon by simply acquiring a licence from the College of Surgeons of Venice. This body awarded licences to those successfully completing an examination in either Latin or the vernacular. By 1474, the College also examined barbers. The latter had their own guild and, in accordance with a rule introduced at the end of the sixteenth century, could open a shop only after completing a four-

¹⁶ Giovanni di Vigo, *La Pratica universale in chirurgia di m. Giovanni di Vico* [...] *Aggiuntivi due trattati di m. Gio. Andrea dalla Croce, l'uno in materia delle ferite, l'altro del cavar l'armi & le saette fuori della carne* (Venezia: Fr. Sansovino, 1560); *Due trattati nuovi dell'eccellente M. Giovanni Andrea Dalla Croce medico: Nell'uno de quali si contien la cura delle ferite del ventre inferiore con le sue parti: Nell'altro, si ha il modo di cavar fuori della carne l'arme, le saette, & le palle de gli archibusi* (Venice: Fr. Sansovino et compagni, 1560).

¹⁷ Bartolo Bertolaso, 'Ricerche d'archivio su alcuni aspetti dell'insegnamento medico presso la Università di Padova nel Cinque- e Seicento', *Acta Medicae Historiae Patavina*, VI (1959–60), 17–37.

¹⁸ On post-Vesalian anatomy at the Paduan University: Cynthia Klestinek, *Theaters of Anatomy: Students, Teachers and Traditions of Dissection in Renaissance Venice* (Baltimore, MD: The Johns Hopkins University Press, 2011).

¹⁹ The Palatine Counts had the prerogative to make natural children legitimate and issue the titles of notary and doctor at a lower cost compared to those awarded by universities: Elda Martellozzo Forin, 'Conti palatini e lauree conferite per privilegio: L'esempio padovano del sec. XV', *Annali di storia delle Università italiane*, 3 (1999), 79–120. On the disappearance of these degrees: Lucia Rossetti, 'I Collegi per i dottorati "auctoritate Veneta"', in M.C. Billanovich, G. Cracco and A. Rigon (eds), *Viridarium floridum: Studi di storia veneta offerti dagli allievi a Paolo Sambin* (Padua: Antenore, 1984), 365–86.

²⁰ Richard Palmer, *The Studio of Venice and its Graduates in the Sixteenth Century* (Padova-Trieste: Lint, 1983) 14–31 and 39 for the degree in surgery.

year apprenticeship with a master barber. Barbers sat the exam in the vernacular and on passing were given the authority to treat ‘sores, grazes, injuries, wounds and other minor, non life-threatening cases’.²¹ These licences were indispensable to all those wishing to work in the city of Venice, however, we may assume that they also served as a kind of unofficial degree for the many barbers and surgeons who moved from the capital to the provincial towns.

To sum up, there was more than one body overseeing graduations and controlling access to the profession. That said, a law introduced in 1458 established that all the medical practitioners wanting to hold a public post had to possess a Paduan doctorate. A variety of professional figures flourished in the small towns, where it was quite common to find dynasties of lay surgeons, whose knowledge was largely empirical, working side by side with practitioners from a more academic background. This was particularly true of those towns that did not have a College of doctors or a professional organisation whose statutes regulated the exercise of medical practice. Provincial towns offered professional opportunities both for licensed and for non-university trained practitioners. Even the municipality of Feltre, which throughout the sixteenth century employed licensed surgeons as public doctors, frequently engaged simple barber-surgeons in the period between 1580 and 1600. As shall be seen, this was quite common practice in the area and public posts in other communities in the neighbourhood (the fiefdom of Mel and the town of Belluno) were regularly occupied by non-university trained surgeons, the Salce and the Zucconello dynasties being two such examples.

The following section will provide some examples of the wide range of training paths found in these small communities. As the research shows, it was often the case that multiple paths would be followed by an individual or family. A surgeon could begin his career as an empirical practitioner and then spend a period of apprenticeship with a master. The path chosen would also depend on the kind of surgical services, be it simple phlebotomy or other more complex treatments, the surgeon wished to offer. Formal contracts of apprenticeship are very rare to find, as they were normally only drawn up in certain cases to avoid disputes. Two records concerning a barber performing surgery in Feltre provide evidence of the time required to acquire professional knowledge. Antonio Zanetelli learned the art of barbering from the master Giacomo Miani over a period of three years, from 1601 to 1603. Only in the second year did Miani teach him how to blood-let and apply a cupping-glass ‘so he could carry out these services by himself’. In 1609, just six years after completing his own training, Zanetelli himself took on an apprentice for three years, abiding by the same conditions.²² A surgeon could also receive part of his training in the family or at university. For example, Girolamo Zucconello of Belluno, one of the three sons of the barber-surgeon Pietro Antonio started his practice in Feltre as an apprentice to the public physician-surgeon Vittore Rizzardo. Records document him assisting his master on various occasions and sharing the same clientele. Zucconello spent approximately ten years in Feltre, before returning to Belluno in 1583, where he succeeded his brother Ippolito in the post of public surgeon. Ippolito, who was appointed to the post in 1570, had decided to move to Padua to study anatomy and medicine, an undertaking

²¹ Giovanni Dolcetti, ‘I barbieri-chirurghi a Venezia’, *Ateneo Veneto*, vol. XIX. (1896), 226–250. Giuseppe Trebbi, ‘Le professioni liberali’, in *Storia di Venezia, IV: Il Rinascimento: Politica e cultura* (Rome: Istituto dell’Enciclopedia italiana, 1996), 465–527.

²² ASBL, *Notarile, Francesco Dei*, p.lo 2610.D, 41r, [1601]; p.lo 2610.N, 46r, 7 July 1611: the contract was drawn only at this date to avoid dispute.

prompted by precepts he attributed to Galen and Avicenna.²³ In 1576 he was awarded his degree in surgery, after which he returned to Belluno. A few years later, he moved to Poland, where he served as a surgeon to the royal court of the Bathory, succeeding his brother Daniele.²⁴ Such was the high regard afforded the family that he was given some land properties and a noble title.²⁵ It is interesting to note here that individuals within the same family represented different levels of the profession: barber-surgeon (Pietro Antonio, the father), surgeon with empirical training (Girolamo and possibly Daniele) and university-educated surgeon (Ippolito).

Ippolito Zucconello's decision to study medical theory was influenced by his reading of classical medical texts and, probably, by his proximity to prominent physicians working in Belluno. Dalla Croce also recommended the study of theory and the benefits of working alongside a 'very skilled, very clever and very experienced doctor, inventor of new instruments and appropriate treatments'. After a period of apprenticeship, a young surgeon could begin 'to work on the most common, simple and treatable illnesses, avoiding the treatment of incurable ones, and then, little by little, he can begin to treat the difficult and complicate ones'.²⁶ Dalla Croce also recommends that a surgeon should learn from 'expert and good apothecaries' too.²⁷

We can also recognise in these words the same scientific training path as that followed by one of the Corrà/Cordeo surgeons. In 1573, the son of the surgeon Bianchino, the elder son of the surgeon Vittore, who bore the evocative name of Galeno, received a *privilegium* from the Count Palatine Ottaviano Ricca, at that time a public surgeon in Feltre and a member of the Venetian College of Surgeons. Following an examination carried out in the presence of municipal representatives, Ricca attested that Galeno was 'expert, skilled and sufficiently trained in practising surgery by practical and empirical techniques and handiwork'. The *privilegium* presumably resembled a diploma, to which Ricca put his pendent seal.²⁸

Notarial records provide further examples of non-academic certificates and public statements of skill and ability, which were issued by public representatives for self-promotion purposes, as in the case of the *norcino* Pompeo. In 1546, after having successfully cured a friar in Belluno who was suffering from gall-stones Pompeo received

²³ Archivio storico comunale di Belluno, b. 213 *Libro parti S* (1576–84), 125v–126r, 4 May 1578: 'I took [. . .] as mentor the prince in that profession, Galen, in whose deserving text I found this important precept, which is that the surgeon who does not know anatomy and theory, acts like a blind man handling a piece of wood.' ('Presi [. . .] per guida il principe di tal professione Galleno, nella cui degna opera ritrovai questo notabilissimo amaestramento, che il chirurgo il qual di anathomia non si intende et theoria, medicando fa a guisa d'un ciecho che attorno un legno s'adopri').

²⁴ Archivio Antico dell'Università di Padova, Vol. 334, 44r, 16 June 1576: Ippolito is said 'belunensis stipendiatus chirurgus a comunitate dicti loci'.

²⁵ At the end of the century, Pietro Antonio was referred to as 'excellētissimus' and Girolamo as 'magnificus nobilis': ASBL, *Notarile, Eustachio Colle*, p.10 1927, 148v, 30 May 1599; 149v, 2 June 1599.

²⁶ Dalla Croce, *Cirurgia*, Lib. I, 6r–v: 'tener commercio, et uso continuo di alcun Medico molto adoperato, di ottimo ingegno, et lungo isperimento, inventore di nuovi stromenti, et accomodati medicamenti [. . .] et cominci operare ne' morbi più apparenti, più semplici, et più sicuri, fuggendo la cura delli incurabili, et così piano piano cominci a curar le difficili, et complicate'.

²⁷ *Ibid.*, 7r: 'et la sua conversatione sia con spetiali esperti, et reali'.

²⁸ ASBL, *Notarile, Girolamo Dal Corno*, p.10 2149, 21r, 14 October 1574: the examination took place on 27 November 1573. It would seem that Bianchino, when compared to the other practitioners in the family, was keen to acquire some social distinction, at least at a local level. It was he who started to use a new family name, changing the patronymic Corrà/Corradi into a more genteel and, for a surgeon, significant Cordeo, based on the Latin word *cor/cordis*, 'the heart'.

a certificate, with the seal of San Marco, from the Venetian *Rettore*.²⁹ Another case is that of the ‘distinguished surgeon’ Maestro Antonio Torquato. In his *privilegium*, granted by Giovanni Battista Collalto, count of the fiefdom of San Salvatore, near Treviso, seven cases of dangerous wounds he had successfully treated were mentioned, as well as all the external diseases he could cure. Count Collalto exhorted people to turn to the surgeon for treatment and to trust in ‘his divine hands’.³⁰

The apprentice-based training of surgeons does not therefore appear alternative to the academic education typical of learned practitioners: sometimes these two forms of learning are simply subsequent phases in the life of one practitioner. Theoretical and practical approaches to surgery should not be seen as reciprocally exclusive. This is confirmed by post-mortem inventories and autobiographical notes that testify the presence of medical texts among the goods of local surgeons. Evidence of this nature is provided from all over the Venetian state. For example, ‘a book called Zuan de Vigo, a book of secrets for the French pox, two other small books on medicine’, some surgical instruments and seven pairs of spectacles (presumably to be sold) belonged to a surgeon from Bassano, who died in 1567.³¹ In the second half of the century, the barber-surgeon Zanvittore Capra, who held a public post in Feltre, applied to the municipality for a pay rise. In the petition he explained that the increase was required to buy some books ‘useful to surgery’ and some instruments ‘pertaining to the art [of surgery], even though I have a good quantity of both’; in addition, he intended to devolve a part of his salary to the medical education of his sons.³² Capra also revealed in his petition the desire to ‘exercise the profession of herbs and plants’³³ – thus reflecting the widespread interest in botany that characterised the Venetian medical milieu in the sixteenth century, as confirmed by the foundation at Padua University of the first chair of *materia medica* (1533), the establishment of the botanical garden (1545), and the publication of numerous influential books on the subject.³⁴ What these notarial records show is that despite the scarcity of direct evidence, several clues point to the existence of scientific autodidacts among non-university trained medical practitioners. In the following section, evidence gleaned from other notarial sources will provide further insights into the working lives of surgeons practising in Feltre and neighbouring villages, here focusing on the kinds of treatment and services they offered, their clientele, and their professional status.

²⁹ *Ibid.*, Antonio Lippo, p.lo 4300, 374v–375r, 16 April 1546.

³⁰ *Ibid.*, Girolamo Dal Corno, p.lo 2139, 53v–54v, 20 July 1558.

³¹ Archivio di Stato di Bassano del Grappa, *Notarile, Vincenzo Dedo*, p.lo 127, 41r, 20 November 1567. Antonio di Pietro, a fifteenth-century barber in Spalato, possessed seven books of medicine: Guido Rizzi, ‘Cerusici, cavadenti e barbieri nel mondo veneto medievale’, *Rivista Italiana di Stomatologia*, 5 (1956), 483–91. While concerning a different professional level, see: Vivian Nutton, ‘Humanist surgery’, in A. Wear, R.K. French and I.M. Lonie (eds), *The Medical Renaissance of The Sixteenth Century* (Cambridge: Cambridge University Press, 1985), 75–99, and Nutton, ‘Books, Printing and Medicine in the Renaissance’, *Medicina nei secoli*, 17 (2005), 421–42.

³² Archivio storico comunale di Feltre, *Liber partium* 43, 241r, 26 December 1590.

³³ *Ibid.*, *Liber partium* 42, 198r–199v, 19 January 1581.

³⁴ On botany in the Venetian state, see Richard Palmer, ‘Pharmacy in the republic of Venice in the sixteenth century’, in Wear, French and Lonie (eds), *op. cit.* (note 31), 100–17, in which he also demonstrates the role of barbers and surgeons in botanical research; Palmer, ‘Medical Botany in Northern Italy in the Renaissance’, *Journal of the Royal Society of Medicine*, 78 (1985), 149–57 (especially on the works of Pietro Andrea Mattioli, Luigi Anguillara and Francesco Calzolari), and most recently Valentina Pugliano, ‘Botanici e artigiani a Venezia: I (pochi) amici di Carolus Clusius’, *Jahrbuch für Europäische Wissenschaftskultur/Yearbook for European Culture of Science*, 6 (2011), 1–25.

Surgical Practice, Clientele and Professional Status

Among the notarial deeds relating to the Corrà/Cordeo family, we find a sequence of credit acts, spanning the period 1548 to 1564, in which their surgical services are mentioned. Normally these are indicated by the term ‘medella’ (treatment), a term sometimes associated with the treatment of wounds: ‘for the *medella* he gave the beaten and wounded man’.³⁵ It would appear from the records (examined below) that the patients belonged to every social class: the Corrà/Cordeo clientele was in other words determined more by geographic location than economic background (the social respect afforded these practitioners was indisputable). Like Zanvittore Capra, whose name was listed among the ‘indispensable people’ attached to the Santa Chiara nunnery (together with the physician and the apothecary), the Corrà/Cordeo family also treated religious women and men.³⁶ In many cases father and son worked together. In 1560, for example, Vittore and Bianchino treated a priest in Primolano for blood spitting. They practised blood-letting but also prescribed a ‘regola di vivere’, a diet combined with a hygienic regimen, for a liver upset, which was causing him leg trouble.³⁷ Credit records also reveal that in 1571, Bianchino and Galeno administered treatment to the parish priest of Pieve Tesino amounting to more than 30 ducats:

... considering the expenses for the ointments and the service of treating him day and night [...] helping him, and lifting him by the arms and the back to heave him when the bed had to be arranged and when I gave him enemas [...] and for the expenses incurred preparing meals of bread, meat, sugar and sugared almonds to nourish him.³⁸

This record provides valuable evidence concerning the nature of the services delivered: Bianchino clearly stayed with the patient for a period, provided care as well as treatment and, in common with a physician, also gave dietary prescriptions and advice about a healthy lifestyle.³⁹

Another such record provides evidence of professional co-operation between specialist practitioners. A certain Paolo Cabarlini, for example, refunded Vittore for the payment made to Pietro da Norcia, who ‘gave *medella* to Battista, son of the aforementioned Paolo, to remove the stone, as people say’.⁴⁰ It can thus be surmised that the surgeon either had an assistant or, more probably, used a specialist in lithotomy, whom he paid directly – the payment being refunded at a later time.

Thanks to Orazio, son of Pietro *the elder*, the Corrà/Cordeo dynasty continued to perform surgery up to the end of the seventeenth century. Between 1617 and 1619, his son, Giovanni Battista, worked as public doctor in the fiefdom of Mel. This was a rural area that Venice assigned to a Venetian patrician (called a ‘count’), who nevertheless did not reside in the fiefdom itself. Due to the expansion of the timber trade here in the sixteenth century, the area had attracted several Venetian entrepreneurs and it was thanks in part to the support of two of these wealthy families that Cordeo was appointed to the public post. Here the public doctor was almost exclusively a surgeon who was required to live steadily in the fiefdom. His duties included administering blood-letting and cupping-glass treatments free of charge, visiting first-time patients free of charge and filing legal reports

³⁵ ASBL, *Notarile*, Giovanni Cuminello, p.lo 2541, 18v, 19 December 1548.

³⁶ Archivio della Curia Vescovile di Feltre (hereafter ACVF), reg. 59, 520r–v, 13 November 1586.

³⁷ *Ibid.*, reg. 30, 582r–585v, 8 June 1560.

³⁸ *Ibid.*, reg. 44, 428r–v, 1571.

³⁹ See Cavallo, *op. cit.* (note 6), 21–27.

⁴⁰ ASBL, *Notarile*, Antonio Cadore, p.lo 1293, 7r–v, 22 January 1552.

in criminal cases.⁴¹ In addition, he had to run the public pharmacy, which he supplied with medicines sourced from the better stocked pharmacies in Feltre.

As these records reveal, professional opportunities during the seventeenth century were often sought beyond the borders of Arsié and, as shall become apparent below, even practitioners from a single family of surgeons treated patients beyond the strict confines of the village.

Geographical Mobility

Practising surgery in this area of the Venetian state was a highly mobile activity. A public *condotta* obliged the surgeon living in the towns and cities to treat patients in the surrounding areas. Since the communities of Belluno and Feltre covered a wide area and included numerous villages, this implied travelling distances of 15–20 km or more along mountainous roads. The municipality of Belluno even fixed a price-list for the public doctor's travelling expenses, given that he was required to treat patients in villages such as Agordo or Zoldo, which lay 30 km from the town. The area's geographical morphology contributed to the development of a market for private practitioners in the remote villages, especially in the border areas, which for public doctors were difficult to reach. Private practitioners could also cover a large area, stretching from a larger centre (the place where they lived and had a shop) to the neighbouring valleys, and even beyond the boundaries of the city area. However, deciding where to start a practice was also a matter of local economic resources. Arsié and Fonzaso, while not proper towns as such, were strategic centres, situated within the main commercial networks of the region.

The Corrà/Cordeo family concentrated their activities in the villages between Arsié, Fonzaso and Primolano, which they could easily reach by horse. Occasionally, however, they went as far as Feltre, where they could simultaneously take care of their business, witness a notarial act, buy medicines at the pharmacy and provide assistance to patients.⁴² They essentially followed the trade routes along the Cismon and Brenta rivers, which led to the southern territories of the German empire. In 1560, for example, Vittore and Bianchino visited the village of Primolano, in the district of Bassano to attend a patient who required two daily visits: 'I have got a patient in Primolano where I have been this morning and where I have to return this evening too'.⁴³ Records further reveal that in 1571, Bianchino and Galeno treated the parish priest of Pieve Tesino in the County of Tyrol, which is situated more than 850 metres above sea level, while in 1619, Orazio made a visit to Valstagna (approximately 15 km from Arsié) in the territory of Marostica, which was also visited by Giovanni Battista on three occasions in 1639.⁴⁴ It should be borne in mind that each of these communities was, in theory, served by at least one public doctor, based in the main town. Presumably the resident population considered their public doctor less accessible than those from Arsié. As the records demonstrate, four members of the Corrà/Cordeo family provided their services simultaneously in the mid-sixteenth century. No doubt the family dimension of their business made them a more reliable option than individual practitioners. It could also be that the patients were motivated by the fame of certain practitioners: Dalla Croce, for example, recounts having treated a patient (for an

⁴¹ Archivio comunale di Mel (hereafter ACM), b. 23, 23 August 1620.

⁴² Many notarial acts were drawn up at Feltre; in one case in the shop of the apothecary Muzio Romagno. Galeno Corrà was also a witness to the testament of a person living in Feltre, whom we can assume he was treating.

⁴³ ACVF, reg. 30, 585v, 8 June 1560.

⁴⁴ *Ibid.*, reg. 59, 520r–v, 13 November 1586.

abscess) in Mel and a nobleman (for a decayed tooth) in Borgo Valsugana, while he was working in Feltre.⁴⁵ Evidence of this practice is confirmed in other parts of the Venetian highlands close to the Empire.⁴⁶ Surgeons from Feltre worked along the Piave river in the Treviso plain (Girolamo Zucconello, for example, is recorded as working in Fener in 1580), or crossed the river to treat patients from Mel in the Feltre region.⁴⁷ A surgeon living in Agordo, in the region of Belluno, is also documented as having provided his services in Colle Santa Lucia, an imperial mining centre.⁴⁸ The precise nature of the services, medical and otherwise, that surgeons operating in the area provided, will be outlined below.

Cutting and Sewing

As was noted earlier, Dalla Croce considered surgery a part of medicine, which was largely based on manual skills. By returning once again to his text, it will be possible to gain some insights into the practical aspects of the profession and hopefully a better understanding of the connections between surgery and other crafts in the area under investigation. Dalla Croce points out that a surgeon's bag should contain at least six instruments: a razor, scissors, tweezers, a stylet, some needles and a lancet used for phlebotomy and lancing abscesses.⁴⁹ These were presumably the instruments found in the pockets of Antonio Sassi, a surgeon drowned in the vicinity of Mel while on his way to visit a patient.⁵⁰ Razors and scissors were also part of the tools of a common barber for the service of beard trimming and hair cutting. One inventory for a barber shop in the town of Feltre lists the following: 'two barber basins, a large neckerchief, three head towels (*fazoli da testa*), a barber's shoulder towel (*un fazol da barbier da spalle*), one bag with razors and a comb-case, a mirror, a small pail, a tub'.⁵¹ For barbers who also performed phlebotomy, tools would include a lancet as in the case of Girolamo Miani and Antonio Zanetelli, who exercised 'the profession of surgeon and of barber, that is: cutting hair, shaving, the application of cupping-glasses, blood-letting'.⁵²

The connections between barbering and surgery have been further demonstrated by historians recently.⁵³ Barber-surgeons were a very common figure in Venice, where they had a guild of their own and were normally employed in the navy. In the area considered here, however, not all the barbers performed surgery. The Feltre municipal Council for example, periodically let a conventional barber shop the signboard of which, painted in fresco on a building in the main square, is still visible today.⁵⁴ Further confirmation is provided by the inventory taken at the barber shop of Battista Orieti, who died in 1589. Among a wealth of mirrors, razors, combs and towels, no instruments related to

⁴⁵ Dalla Croce, *Cirurgia*, Lib. II, 104r, Lib. III, 47r.

⁴⁶ For a further example concerning the territory of Bergamo, where the surgeon moved from the main town to villages over an area of 10–12 km, see: G.O. Bravi, 'Medici e chirurghi a Bergamo al tempo di Battista Cucchi: (Tracce per future ricerche)', *Archivio storico bergamasco*, 1 (1981), 94–6.

⁴⁷ ASBL, *Notarile, Vittore Trieste*, p.lo 7162/D, 36v–37r, 8 July 1580.

⁴⁸ *Ibid.*, *Livinallongo-Ampezzo*, b.1, reg. 4, 14v, 28 July 1632.

⁴⁹ Dalla Croce, *Cirurgia*, Lib. I, 7r–7v.

⁵⁰ ACM, b. 370 *viso reperto* 13 January 1637: 'a bag with surgery instruments' was found in the man's pockets.

⁵¹ ASBL, *Notarile, Vittore Trieste*, p.lo 7161.B, 11r, 10 March 1575 post-mortem inventory of Paolo Montebelluna.

⁵² *Ibid.*, *Francesco Dei*, p.lo 2610.N, 46r, 7 July 1611. See also F. Metz, 'Medici e chirurghi nella terra di San Vito tra i secoli XVI e XIX', *Memorie storiche forogiuliesi*, LXXXIV (2004), 84–86.

⁵³ Gianna Pomata, 'Barbieri e comari', in *Cultura popolare nell'Emilia Romagna: Medicina, erbe e magia* (Milan: 1981), 161–83; Cavallo, *op. cit.* (note 6), 38–63.

⁵⁴ Anna Paola Zugni Tauro, Tiziana Franco and Tiziana Conte, *Pittura murale esterna nel Veneto: Belluno e provincia* (Bassano del Grappa, 1993), 183.

	Surgeons	Barber-surgeons	Barbers
1540	4	–	1
1550	4	–	2
1560	4	–	1
1570	5	1	2
1580	3	2	1
1590	3	–	–
1600	1	1	–
1610	2	2	–
1620	3	–	–
1630	3	–	–
1640	2	–	–

Table 1: Presence of surgeons in Feltre region.

surgery were found.⁵⁵ From a quantitative point of view, it would appear from the sources studied that the presence of barbers and barber-surgeons in the Feltre region was almost insignificant when compared to with the number of individuals whose activity as surgeons is clearly indicated (see table 1).

However, one of the problems that emerges from the sources is the often indiscriminate use of terminology in the recording of occupational labels. Only on one occasion does the term ‘barber-surgeon’ appear in local records, while there are several individuals who are at times referred to as either ‘barber’ or ‘surgeon’. This is a peculiarity of records drawn up by notaries, even when they refer to medical services provided, as the following instance reveals: in 1574, the notary Antonio Cadore identified Girolamo Zucconello as ‘barber’ in the index of his register, but as ‘surgeon’ in a deed for a treatment.⁵⁶ The two labels were, therefore, interchangeable; a fact that confirms that contemporaries tended to conflate both figures.⁵⁷

One well documented barber-surgeon is Zanvittore Capra, who in his barber role provided hygienic and aesthetic services. The notary Antonio Cadore was a steady client who made an account of the payment for a notarial deed regarding services Capra had fulfilled between August 1570 and 26 July 1571: ‘for having washed my head [. . .] for four cupping treatments [. . .] for washing me and shaving me [. . .] for shaving my nephew Iacomo [. . .] for a bloodletting’.⁵⁸ The barber-surgeon offered his services in the notary’s house on at least eleven occasions. Each service incurred a cost of two *soldi*, so washing and shaving amounted to four *soldi*. Curiously, no price is indicated for the medical services (cupping and bloodletting), which, when they were provided by the public doctor, would have been free of charge. Yet Capra was not a public doctor in that period. It was not until several years later – between 1580 and 1600 – that he was employed as a surgeon by the municipality of Feltre. Once again, he too is identified in the records of the period as both ‘barber (*barbitonsor/tonsor*)’ and ‘public surgeon’.⁵⁹

⁵⁵ ASBL, *Notarile, Giovanni Antonio Mezzanotte*, p.lo 4780, 7r–8r, 27 February 1589.

⁵⁶ *Ibid.*, *Antonio Cadore*, p.lo 1310 (1574), index ‘Hieronimo Zuchonel barbier’; 13v–14r, 23 March 1574 ‘pro resto sue medelle preste per eum in sanando vulnus sibi (a patient in Servo) illatum in capite, videlicet in fronte’.

⁵⁷ The problem of labels is well discussed in Cavallo, *op. cit.* (note 6), 49–54.

⁵⁸ ASBL, *Notarile, Antonio Cadore*, p.lo 1310 (1569), 101r.

⁵⁹ *Ibid.*, *Pietro Mezzanotte*, p.lo 4774, 279r, 5 August 1583 (public surgeon); *Argenta Cristoforo*, p.lo 402, 16v, 14 May 1594 (barber).

As has recently been pointed out, surgery could also be connected with other unexpected crafts.⁶⁰ This is confirmed by records for the Corrà/Cordeo family, four of whom practised surgery in the period 1550–70: Vittore, with his sons Bianchino and Pietro, and nephew Galeno (Bianchino's son). They were all connected to a shop in Arsié.⁶¹ Vittore worked there from at least 1520, Bianchino began no later than 1540, and Pietro in 1553. The shop represented a reference-point because, as noted earlier, the Corrà/Cordeo practice was semi-itinerant over a short and medium distance. The normal activity they performed in the shop was however that of clothes or shoe making. In 1506, Giacomo, Vittore's father, is titled '*sutor*' in the records, a term that in classical Latin means 'shoemaker', but in this area and in this period could also be used to denote tailors. In 1546, after his death, Giacomo is referred to in records as '*chirurgus*'.⁶² Similarly, in the early 1520s, Vittore is identified as both '*sartor*' and '*sutor*', often in the same source, while in 1526 as '*chirurgus*'. One of Vittore's two brothers is recorded as a miller in the nearby village of Fonzaso, while of Vittore's three sons, one was a '*sutor*', one a surgeon and the other simultaneously a '*sutor*' and a '*surgeon*'.⁶³ In 1553, Pietro is identified as his father's assistant in a record for a wound treatment, but in 1559 as a '*sutor*' in a payment receipt ('*pro mercede sutorie*'); later, in 1564, he is again referred to as a surgeon.⁶⁴

Theirs was not an isolated case: one of the sons of the barber Paolo Montebelluna was also a *sutor*, while the barber Nicolò, also the son of a barber (Bartolomeo Rizzardo) and brother of the physician-surgeon Vittore, was enrolled in the guild of *pellizzari* (leather workers). The Chiavenna family, who worked as apothecaries and surgeons in Belluno, also included shoemakers, as did that of Antonio Sassi, surgeon at Mel.

Admittedly, shoemakers and tailors were two of the most common occupations in the Venetian area, so the probability that one or more family members were linked to these crafts is very high.⁶⁵ It is probable, however, that the connections between shoemakers and tailors with surgery were not accidental, as a passage from Dalla Croce appears to suggest.⁶⁶ In a reference to instruments, he specifies that the needles should be made of steel 'and of triangular form, as is used by the masters for sewing leather'.⁶⁷ Dalla Croce's texts are full of references to the methods of stitching wounds, the kind of needles and thread to use, and the distance between the stitches. In a passage on 'How to suture wounds in the abdomen', he writes:

another way of sewing [. . .] described by Albuscas, who attributes [the idea] to Galen, who would never have thought of such a thing, [is to] take two needles with one thread, and going through the skin to the opposite side, do the sewing like those who sew leather together. Some modern doctors follow the custom of tailors sewing stockings or other clothes, with stitches after stitches. Others follow the more frequent way of sewing sacks and other similar things with stitches over stitches.⁶⁸

⁶⁰ Cavallo, *op. cit.* (note 6).

⁶¹ The shop is documented by 1523: 'in apotheca magistri Victoris et fratrum q. magistri Iacobi' (ASBL, *Notarile, Pellegrino Fraulini*, p.lo 3595, 25r, 3 August 1523).

⁶² *Ibid.*, *Giovanni Cuminello*, p.lo 2540, 307r, 19 November 1546.

⁶³ *Ibid.*, *Pellegrino Fraulini*, p.lo 3598, 59r, 9 July 1525 '*sutor*'; 76r–v, 8 May 1525 '*sartor*'; *Valerio Brandalise*, p.lo 1158, 85v–87v, 1 March 1526 '*ciroico*'.

⁶⁴ *Ibid.*, *Antonio Cadore*, p.lo 1301, 1v–2r, 7 January 1559; p.lo 1305, 28v, 21 February 1564.

⁶⁵ Doretta Davanzo Poli, *I mestieri della moda a Venezia nei secoli XIII–XVIII* (Venice: Il Gazzettino, 1984); Andrea Vianello, *L'Arte dei calegheri e zavateri di Venezia tra XVII e XVIII secolo* (Venice: Istituto veneto di scienze lettere ed arti, 1993).

⁶⁶ On the social and cultural reasons which in Turin regulated the association between different occupations, see the arguments proposed by Cavallo, *op. cit.* (note 6), especially 64–88.

⁶⁷ Dalla Croce, *Cirugia*, Lib. I, 8r.

⁶⁸ Dalla Croce, *Due trattati nuovi*, 8r.

Dalla Croce draws attention to the problem of transmitting the technical and practical knowledge of a common surgeon through printed texts. He argued that a practitioner could benefit from the tradition of other crafts, using not only the same terminology, but the same procedures. The parallel with different professional contexts was an argument he shared with other authors of the period.⁶⁹ At the same time, the emphasis on manual skill reflects the significant place it occupied in the field of medicine (especially surgery and the teaching of anatomy) during the early modern period.⁷⁰

Figures such as Vittore Corrà and his sons combined the same techniques (the ability to use tools such as scissors, needles and lancets), with anatomical knowledge (structure and dimension of the limbs) for a variety of purposes.⁷¹ It was probably by virtue of sharing similar skills to clothes makers that permitted some barbers in the nearby town of Belluno to be enrolled in the guild of tailors.⁷² These individuals practised surgery as well, as is testified by wound reports they filed for the local criminal authorities.⁷³

In his encyclopaedic book on professions, Tomaso Garzoni emphasised the unexpected connection between surgery and the art of carvery: [barbers] ‘enjoy playing the lute, the zither, the violin, using instruments for snaring birds and fishing, serving at sumptuous dinners as carvers’.⁷⁴ A Carver in the Italian states of the fifteenth and sixteenth centuries was the person in charge of the organisation of banquets, not only was he responsible for the food and cooking but also for furnishing and decorating the room, dressing the tables and for the equipment of the kitchen. In addition, he supervised the work of the cook, the cup-bearer and all those serving at the tables. In this period, the figure of the carver and that of the cook acquired increasing prestige. They were awarded a specific role in the ceremonial court and were frequently mentioned in texts of a culinary nature.⁷⁵

Away from the court centres, in the small communities where the public surgeon was often an outsider, his acquaintance with the customs of the city, made him a kind of ‘cultural mediator’, a figure able to apply knowledge acquired elsewhere in the service of the community, and it is for this reason that he was often employed as an organiser of ceremonial events. This practice is also documented in records for the fiefdom of Mel: in 1590, the palace of the community was decorated by the public surgeon Iseppo Rossi on the occasion of the first visit of count Paolo Loredan. Some years later, the same surgeon served as carver during the visit of a prominent judge.⁷⁶ In the mid-seventeenth century, Francesco Soffia (a Venetian surgeon licensed by the College of Surgeons of Venice) served as both a carver and cook at two other formal dinners.⁷⁷ Here again it is possible

⁶⁹ See, for example, Leonardo Fioravanti’s interest in agronomical techniques, compared with surgical ones: Piero Camporesi, *Camminare il mondo: Vita e avventure di Leonardo Fioravanti medico del Cinquecento* (Milan: Garzanti, 1997), 46–7.

⁷⁰ Wear, *op. cit.* (note 13), 214–35; Klestinec, *op. cit.* (note 18), 63–7.

⁷¹ On the need to measure and cut, see: Maria Giuseppina Muzzarelli, *Guardaroba medievale: Vesti e società dal XIII al XVI secolo* (Bologna: Il Mulino, 1999), 192–229.

⁷² ASBL, *Confraternite e corporazioni soppresse*, b. 11, reg. 1 *Statuti e matricola della scuola di S. Omobono dei sarti*, 85r–87r (1512–625).

⁷³ *Ibid.*, *Podestà di Belluno*, bb. 41–2 (1509–47), *passim*.

⁷⁴ Tomaso Garzoni, *La piazza universale di tutte le professioni del mondo* (Venice: Pietro Maria Bertano, 1638), 369v.

⁷⁵ See the introduction and the texts presented in Emilio Faccioli (ed.), *L’arte della cucina in Italia: Libri di ricette e trattati sulla civiltà della tavola dal XIV al XIX secolo* (Turin: Einaudi, 1987).

⁷⁶ ACM, b. 241 *Giornale dei Sindici*, 152r, 2 March 1591; 197r, ** November 1594.

⁷⁷ *Ibid.*, b. 244 *Giornale dei sindici*, 195r, ** December 1653 ‘given to Francesco Soffia for having served two days in the Palace to dress food for the table when the most illustrious Count came [to Mel], 5 lire’; another payment ‘for cooking’, *Ibid.*, 213r, 23 September 1654.

to assume that the cultural and technical connections between food preparation, medicine, dietary knowledge and pharmaceuticals (it should be remembered that the public surgeon was also the local apothecary) were commonly recognised by their contemporaries, and that the roles of carver and cook were perceived as complementary activities for medical practitioners.

The scope of their activities however was not confined to these areas alone. Not only were their close links between their occupations and other trades, their work as barbers and surgeons led many to acquire considerable wealth, which was subsequently invested in other enterprises. Details of their business interests and increasing status and influence will be presented below.

Family and Occupations

It was quite usual, in this area, for dynasties of surgeons to control the medical marketplace over a period of centuries. Normally, the transmission of knowledge passed from father to son, each generation progressing from the previous in their specialisation: sons of barbers active at the beginning of the sixteenth century became surgeons in mid-century, and their sons became qualified physicians in the seventeenth. From what can be surmised from the sources studied, surgery in the sixteenth century was sometimes a part-time activity, associated with other occupations. It is worth noting that, at least for the town and district of Feltre, all the various crafts performed in the city could be represented in a single family, a fact that demonstrates the close ties that existed between the different artisan activities in the area, which counted many drapery, timber and iron enterprises.

Throughout the sixteenth century, virtually every family possessed a hand loom: as in many Venetian centres, the entire drapery industry was based on the *Verlag system*, and weaving could thus be exercised as an additional, domestic activity.⁷⁸ Occupational diversity characterised society at every level, especially in the case of service provision: from the notary who ran a private school, to the apothecary who managed a drapery shop; from the town-crier who also worked as a tailor (and was the father of a surgeon).⁷⁹ Members of the city aristocracy were involved in both the timber and drapery trades.

These enterprises also represented an opportunity for those individuals wishing to invest their money. In 1527, Vittore Corrà invested in a company for the carriage of timber to Padua, together with other people from Arsìe.⁸⁰ This he did without abandoning his other activities, as a credit act/deed demonstrates: in 1528, Vigilio Enrici worked off a debt he owed Corrà, which he had accumulated over eight years, ‘for money and other things pertaining to his art’ and ‘for goods of the medical arts’.⁸¹ The barber-surgeon Zanvittore

⁷⁸ The model is well explained by Francesco Vianello, *Seta fine e panni grossi: Manifatture e commerci nel Vicentino 1570–1700* (Milan: Franco Angeli, 2004). On the importance of the drapery industry in Feltre: see Antonio Cambruzzi and Antonio Vecellio, *Storia di Feltre*, vol. II (Feltre: Castaldi, 1873), 306–11.

⁷⁹ As is amply demonstrated for Norwich by Margareth Pelling, ‘Occupational diversity: Barber-surgeons and the trades of Norwich, 1550–1640’, *Bulletin of the History of Medicine*, 56 (1982), 484–511.

⁸⁰ ASBL, *Notarile, Pellegrino Fraulini*, p.10 3598, 143r–v, 4 March 1527 e 22 July 1527.

⁸¹ *Ibid.*, 214v, 26 October 1528. For other examples on the methods of payment and the money investments made by surgeons, see: Tiziana Pesenti Marangon, ‘“Professores chirurgie”, “medici ciroici” e “barbitonsores” a Padova nell’età di Leonardo Buffi da Bertipaglia († dopo il 1448)’, *Quaderni per la storia dell’Università di Padova*, 11 (1978), 1–38; Richard Palmer, ‘Nicolò Massa, his family and his fortune’, *Medical History*, 25 (1981), 385–410.

Capra and his brother Francesco were involved in the silk trade, as a record for 1575 attests.⁸²

Many artisan families lived *in fraterna*, sharing the same house and activities. It is therefore not surprising that this kind of family organisation also existed in the case of the surgeons Pietro and Zuanne Francesco Corrà who lived together with their father Vittore. The elder of the brothers, Bianchino, decided to make a living on his own, but had to wait until his father's death to obtain his part of the family property. In 1560, he declared he had real estate amounting to 200 ducats. When Vittore died in 1565, his estate consisted of four houses, several pieces of land and a vineyard, the value of which amounted to over 1200 ducats.⁸³ His well-off position is also demonstrated by his proclivity to lend money to many of the inhabitants of Arsié and those of neighbouring villages. It was an activity that also involved Bianchino and was operated solely on a cash basis. That Vittore was often employed as an arbiter in disputes, is a further sign of the prominent position the family held in the village, as is the fact that all were buried in a monument in the parish church of Arsié.

While there is no evidence of academic training or university licences, it would appear that the family members living in the seventeenth century focused predominantly on surgery. Both Giovanni Battista, son of Orazio, and Pietro *the younger*, were referred to in records from 1639 to 1651, as 'doctor (*medico*)' or 'surgeon' and at times as both 'doctor and surgeon'. Pietro *the younger* married three times, on each occasion to women from the main city of Feltre. His second wife was the daughter of a notary and the third the daughter of an apothecary. Just a few months before his death, in 1676, he was able to witness the birth of his nephew Antonio, son of Vittore and Caterina Salce, from Feltre, who also became a surgeon. Antonio held the position until the summer of 1733, when, returning from Fonzaso, he fell into the waters of the Cismon river and drowned. He too was buried in the family vault in Arsié.

Conclusion

The Corrà/Cordeo dynasty documents how surgeons, in the sixteenth and early seventeenth centuries, were able to transfer their skills and knowledge across a range of different occupations. It further demonstrates that any examination of the lives of ordinary surgeons working in a small community must also consider the connections they had with other crafts. This research confirms what Sandra Cavallo has demonstrated in recent years for the city of Turin and the Piedmont, namely the connections existing between apparently distinct occupations and surgery. Cavallo points out that 'the kinship between trades can better be explained as the expression of a culturally defined occupational milieu with the same shared language of skills and with similar professional values'.⁸⁴ This interpretive model assumes a more faceted meaning if referred to a provincial context where, as has been seen, geographical features and economic resources played a key role in the organisation of the professional marketplace. The focus on major routes and proto-industrial enterprises has permitted a better understanding of which factors helped create

⁸² ASBL, *Notarile, Giovanni Battista Cadore*, p.lo 1312.2, 30v–33v, 30 August 1575. Regulating the maternal goods division, Zanvittore fixed the credits he had with Francesco, who never told him of the earnings he made together with his brother 'in his art and keeping what people call *cavalieri* (silkworms)'.

⁸³ *Ibid.*, p.lo 1308, 12 March 1565. One should bear in mind that the total amount of the municipality's annual income was 5000 ducats.

⁸⁴ Cavallo, *op. cit.* (note 6), 84.

the conditions for the flourishing of co-existing occupations such as shoemakers, leather workers and tailors.

The family served as a means for transmitting knowledge and fostering professional relationships. In the Venetian highlands this seems to follow almost exclusively a father-to-son line, thus creating long-lasting dynasties of surgeons. Further research might focus on the importance of family ties and the role of women, in particular, in expanding the professional and family network from the village to the main town. Evidence related to the later generations of the Corrà/Cordeo family suggests that a progressive shift from the local artisan environment to the urban milieu took place from the second half of the seventeenth century. Similarly, in later years we can observe a more pronounced usage of specific professional labels when compared to the more arbitrary use of terms in the preceding period, with 'surgeon' becoming the exclusive word used in the records.

Performing a plurality of crafts had certain implications, not only related to one's income, but also to the way surgery and the medical professions generally were perceived by contemporaries. Fluidity was something that individuals experienced in their daily lives when assuming different professional identities. This issue would be worthy of more attention in future research and would provide further valuable insights into the medical profession in the early modern period.⁸⁵ It would be of interest, for example, to extend the idea of occupational clusters within families to the field of professionally qualified medicine, thus examining the role played by institutional bodies (Colleges of Physicians, in particular) in the control of labour market.

⁸⁵ Some remarks on the Venetian context in Bartolini, *op. cit.* (note 4), 184–9.