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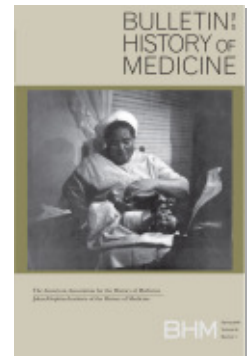
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Skills, Knowledge, and Status: The Career of an Early Modern Italian Surgeon

PAOLO SAVOIA

SUMMARY: This article analyzes the career of Giovanni Battista Cortesi (1552–1643)—the son of a poor tailor who started his career as barber and steam bath attendant and became university professor at Bologna and Messina—and places it in the context of the profession of surgery in early modern Italy. The article investigates how a surgeon had to establish close relationships with universities, civic authorities, wealthy upper-class patients, hospitals as sites of clinical education and acquisition of manual skills, the printing industry and the book market, and students. Moreover, the article explores the fluidity of professional and cultural boundaries between learned and empirical knowledge from the perspective of a graduate surgeon who was not supposed to be. Finally, the article aims at describing the figure of the “graduate surgeon,” typical of the Italian medical landscape.

KEYWORDS: surgeons, Bologna, universities, surgery, anatomy

Giovanni Battista Cortesi was born in Bologna in 1552 to a poor family. He became an apprentice in the art of barbers and a steam bath attendant (*stufaiolo*); he then was appointed as barber at the Bolognese hospital of Santa Maria della Morte when he was about sixteen, and there he showed his will to learn. He started to study Latin and natural philosophy thanks to the generosity of an anonymous grammar teacher who noticed the intellectual potential of that poor bath attendant. Cortesi then studied and acquired medical experience by following the hospital physicians

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and surgeons on their daily visits. Finally, he got his degree in medicine (although not in philosophy) in 1583, and in that same year he was appointed lecturer in surgery. That was only the start—if belated—of a brilliant career.¹

The story reads like a fairy tale, and even if a few details might have been embroidered, there is no serious reason to cast doubt on it. Cortesi's career was an adventurous and problematic one, as he climbed the social ladder from being an empirically trained bath attendant to being a professor at one of the most prestigious medical faculties in Europe. This article analyzes the career of Cortesi and places it in the contexts of the institutions of surgery and the activities of surgeons in early modern Italy. As all exceptional cases do, Cortesi's career illuminates the customary practices and norms of the career of "graduate surgeons"—namely, graduates in medicine who were both well versed in theoretical medicine and possessed the manual dexterity needed by a practitioner—in early modern Italy.² For a man born into a poor family like Cortesi, establishing a career as a graduate medical practitioner and professor presented a whole range of problems and encounters with different formal and informal institutions. This article therefore demonstrates that a graduate surgeon had to master a number of different relationships with such institutions in order to become a success: universities, civic authorities, wealthy upper-class patients, hospitals as sites of clinical education and acquisition of manual skills, the printing press and the book market, and students. It is an account of both how one could move across different categories of surgical practitioners and how the figure of the graduate surgeon emerged in conjunction with a new emphasis on anatomy. Cortesi embodied the point of intersection between "the working practitioners" and "institutions" of knowledge.³ The career of a surgeon had to face challenges pertaining to exchanges of status, knowledge, and skill, all taking place in tightly knitted social networks.

1. This story was first told by Girolamo Ghilini, *Teatro d'huomini letterati* (Venice: per il Guerigli, 1647), 139–40. It was then repeated by early modern and modern biographers: see Andreas Ottomar Goelicke, *Historia chirurgiae* (Magdeburg: in Officina Rengeriana, 1713), 218–19; Jean-Jacques Manget, *Bibliotheca scriptorum medicorum* (Geneva: sumptibus Perachon et Cramer, 1731), vol. 1, pt. 2, 120; Giovanni Fantuzzi, *Notizie degli scrittori Bolognesi* (Bologna: Stamperia di San Tommaso D'Aquino, 1783), 3:209–14; Salvatore De Renzi, *Storia della medicina in Italia* (Naples: Tip. del Filiale-Sebezio, 1845–48), 4:94; Stefania Degli Esposti, "Giovanni Battista Cortesi (1553–1636): da garzone-barbiere a illustre chirurgo e anatomico," *Strenna storica Bolognese* 42 (1992): 173–87; Augusto De Ferrari, "Cortesi Giovanni, Battista," *Dizionario Biografico degli Italiani*, vol. 29 (Rome: Treccani, 1983), 763–65.

2. Carlo Ginzburg, *Thread and Traces: True False Fictive*, trans. Anne C. Tedeschi and John Tedeschi (Berkeley: University of California Press, 2012), 222.

3. Matteo Valleriani, "The Epistemology of Practical Knowledge," in *The Structures of Practical Knowledge*, ed. Valleriani (Cham: Springer, 2017), 1–20, quotation on 5.

Historians of early modern cultures and societies have emphasized the fact that the study of surgeons is still in its infancy,⁴ and that the history of early modern surgery and surgeons is just about to begin.⁵ One of the most puzzling features of early modern surgery is that the title of surgeon seems to describe very different kinds of practitioners: from barbers to bonesetters, from practitioners hired by the city to treat the people for free to university-trained physicians, from specialists on hernia to sellers of unguents. Despite all the differences among Italian cities, at least south of the Alps, the conflict between learned surgeons and nongraduate surgeons was not pervasive or widespread. As noted with astonishment by English medical student Fynes Moryson (1566–1630) in the travelogue of his trip to Italy in the late sixteenth-century, “Many famous physicians are . . . in Italy, surgeons as well.”⁶ The case of Cortesi shows that one could start as a barber-surgeon and become not only a graduate surgeon but a professor of medicine.

In European cities, the typical sixteenth-century institutional arrangement could take three forms. The first was a division between a College of Physicians, a College of Surgeons (graduate or otherwise Latin-reading surgeons), and a guild of barber-surgeons (this was the case of Venice and some Northern European cities); in the second one, learned surgeons were part of the College of Physicians, and nongraduate surgical practitioners were part of the barbers’ guild or independently licensed by the college (the case of Bologna and Padua). The third model, more widespread north of the Alps, was a division between a guild of barber-surgeons and a College of Physicians, with surgeons sharing their practice with barbers.⁷ While the social and professional gap between surgeons and barbers widened throughout Europe during the course of the seventeenth and eighteenth centuries, social and cultural categories were more mal-

4. Filippo De Vivo, *Information and Communication in Venice: Rethinking Early Modern Politics* (Oxford: Oxford University Press, 2007), 101.

5. Sandra Cavallo, *Artisans of the Body in Early Modern Italy: Identities, Families and Masculinities* (Manchester: Manchester University Press, 2010), 1–7.

6. Fynes Moryson, *An Itinerary* (London: J. Beale, 1617), 424.

7. On the early institutional and academic teaching of surgery in medieval Italian universities, see Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 153–86; Tiziana Pesenti, “‘Profesores chirurgie,’ ‘medici ciroici’ e ‘barbitonsores’ a Padova nell’età di Leonardo Buffi da Bertapaglia († dopo il 1448),” *Quaderni per la Storia dell’Università di Padova* 11 (1978): 1–38; Michael McVaugh, *The Rational Surgery of the Middle Ages* (Florence: SISMEL/Edizioni del Galluzzo, 2006). On early modern surgery, see Richard Palmer, “Physicians and Surgeons in Sixteenth-Century Venice,” *Med. Hist.* 23, no. 4 (1979): 451–60; David Gentilcore, *Medical Charlatanism in Early Modern Italy* (Oxford: Oxford University Press, 2006), 182–87; Maria Conforti, “Chirurgi, mammane, ciarlatani. Pratica medica e controllo delle professioni,”

leable in the sixteenth century. In this period there was a certain mutually acknowledged complementarity between “lower” and “higher” surgery, as well as between surgery and medicine.

Cortesi was the son of a tailor, namely a person who was able to cut, measure, and stitch surfaces—the very same skills a surgeon must possess. Of course, there were tensions between the medical and the artisanal sides of surgery. But less than a century later, artisans, physicians, and barber-surgeons could be explicitly linked together. Indeed, reflecting on the practice of barber-surgeons and claiming that it was a legitimate part of surgery, and therefore medicine, the Neapolitan Cinthio D’Amato wrote in 1669 that the surgeon performing phlebotomy must be light-handed in touching the vein, “like a tailor would do.”⁸ In the case of surgery, contacts between learned and craft cultures started well before the sixteenth century, since the practical skills of surgery entered European, and especially Southern European, universities as early as the late Middle Ages.

This article looks at the fluidity between professional and cultural boundaries between artisanal and learned knowledge making from the perspective of a learned, graduate surgeon who was not supposed to be.⁹ Cortesi’s career path covers almost all the different figures of what could be defined the early modern surgical spectrum. Before turning to his professional trajectory, the article sketches a picture of surgical practice in sixteenth-century Bologna, and then traces a group portrait of Cortesi’s contemporary colleagues, who were both friends and rivals. Cortesi’s career is a “normal exception” in that, especially if read against the background of the social and intellectual identity of his colleagues, it

in *Il Rinascimento italiano e l’Europa. Volume 5: Le scienze*, ed. Antonio Clericuzio and Germana Ernst (Treviso: Angelo Colla Editore, 2008), 323–40. On the institutional settings of surgery in England, see Margaret Pelling, *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England* (London: Longman, 1998), 203–29; Celeste Catherine Chamberland, “Honor, Brotherhood, and the Corporate Ethos of London’s Barber-Surgeons’ Company, 1570–1640,” *J. Hist. Med. & Allied Sci.* 64, no. 3 (2009): 300–332. For Edinburgh, see Helen M. Dingwall, *Physicians, Surgeons and Apothecaries: Medicine in Seventeenth-Century Edinburgh* (East Linton: Tuckwell Press, 1995), 34–98. For Paris, see Toby Gelfand, *Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the 18th Century* (Westport, Conn.: Greenwood, 1980), 21–27; Anita Guerrini, *The Courtiers’ Anatomists: Animals and Humans in Louis XIV’s Paris* (Chicago: University of Chicago Press, 2015), 25–30. For the Netherlands, see Daniël de Moulin, *A History of Surgery. With Emphasis on the Netherlands* (Dordrecht: Martinus Nijhoff, 1988), 46–94.

8. Cinthio D’Amato, *Prattica nuova et utilissima* (Venezia: appresso Gio. Battista Brigna, 1669), 8.

9. On artisans’ role in producing knowledge, see Pamela H. Smith, *The Body of the Artisan: Art and Experience in the Scientific Revolution* (Chicago: University of Chicago Press, 2004); Pamela O. Long, “Trading Zones in Early Modern Europe,” *Isis* 106, no. 4 (2015): 840–47.

illuminates the difficulties and opportunities one had to face in order to become a graduate surgeon, a typical figure of the early modern Italian health care landscape.¹⁰

This article shows how a lower- or middle-class man who got an education was much more likely to use the printing press as a means to establish authority and status, or to celebrate a newly achieved status. This is to suggest not that seeking a higher status was the only function of printed books, but that the printing press played an important role in either shaping or celebrating the career of middle- and lower-class surgeons aiming high.

In the sixteenth century, an increased closeness among the domains of traditional theoretical medicine, the new importance attributed to anatomical education, and the innovations of practical surgery created a favorable environment for newcomers. Figures like Tagliacozzi, Acquapendente, and Cortesi himself moved between anatomy, theoretical medicine, and practical surgery with relative ease, both in institutional and in intellectual terms. Someone like Cortesi, who also moved across the boundaries of the early modern surgical spectrum, took advantage of this environment in the most spectacular way.

The Surgical Spectrum

The second half of the sixteenth century, in Bologna as in many other European cities, was a period of renewal of health care institutions. The guild of barbers, the College of Medicine, and the Hospital for the Sick Poor of Santa Maria della Morte all renovated their statutes and internal organization. A completely new public health board was created in the 1570s, directly dependent on the Senate, dealing specifically with epidemics and public hygiene. As it has been widely described, sixteenth-century Protomedicati and Colleges of Physicians all over the Italian Peninsula tried to enforce a threefold partition of the medical professions—graduate physicians, apothecaries, and barber-surgeons—with more or less success, depending on time and place.¹¹

10. On the idea of “normal exception,” see Edoardo Grendi, “Ripensare la Microstoria?,” *Quaderni Storici* 29, no. 86(2) (1994): 539–49. Grendi referred to Menocchio, the protagonist of Carlo Ginzburg’s *The Cheese and the Worms*, as an “exceptional” figure through which the “normal” range of agency and life possibilities of subaltern groups could be indirectly grasped.

11. David Gentilcore, “‘All That Pertains to Medicine’: Protomedici and Protomedicati in Early Modern Italy,” *Med. Hist.* 38, no. 2 (1994): 121–42; Gianna Pomata, *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore: Johns Hopkins University Press, 1998), 1–24. Already in the fourteenth century, taking an academic degree in

Despite the existence of a clear path of studies for getting an academic degree in surgery, in early modern Italy there were multiple cases in which one single surgical practitioner was empirically trained in a workshop, then attended a few university lectures, and maybe served as assistant to a publicly appointed physician or surgeon.¹² Surgery in Bologna had a long tradition as an academic discipline.¹³ By the fifteenth century, the holders of surgery chairs were also in charge of conducting the annual public dissection, but in the sixteenth century the perception and prestige of the anatomical demonstration greatly increased. In fact, in 1570 Bologna was the first studio in Europe to create a chair of anatomy.¹⁴

The statutes of the college up to the sixteenth century allowed for the existence of three kinds of surgeons: those with an academic degree in surgery, physicians who chose or wanted to practice surgery, and people with no academic degree but with a certified path of practical apprenticeship with a master surgeon.¹⁵ But looking more carefully at the actual licenses given to surgical practitioners leads to describing a more complex picture of the practice of surgery in early modern Bologna. Surgical

surgery was an option for medical students. It was also made clear that all the physicians of the college and faculty of medicine could teach and practice surgery without any further examination; see Carlo Malagola, *Statuti delle Università e dei Collegi dello Studio Bolognese*, 2 vols. (Bologna: Zanichelli, 1888), 1:469–70.

12. Donatella Bartolini, “On the Borders: Surgeons and Their Activities in the Venetian State (1540–1640),” *Med. Hist.* 59, no. 1 (2015): 83–100.

13. The 1405 university statutes state that lecturers in surgery “each year, at the beginning of the study [in surgery], they should start lecturing on Bruno’s *Surgery* first lecture; once they are done with that, they should read Galen’s surgery. For the second lecture, let them teach Avicenna’s *Surgery*, then book seven of *Almansoris*”: see Malagola, *Statuti* (n. 11), 2:247–48. As it appears from the *rotuli* (rolls) of the university, the document on which all the lecturers were recorded year by year, by 1586 the whole surgery curriculum focused on three books by Galen: *De tumoribus praeter naturam*, *De ulceribus*, and *De vulneribus*. By the late sixteenth century, the chair of surgery was offering lecture cycles of three years on tumors, ulcers, and wounds, one topic each year. See Umberto Dallari, *I rotuli dei lettori legisti e artisti dello studio bolognese dal 1348 al 1799*, 4 vols. (Bologna: Merlani 1888–1924), 1:xx.

14. Giovanna Ferrari, “Public Anatomy Lessons and the Carnival: The Anatomy Theatre of Bologna,” *Past Pres.* 117 (1987): 50–106, esp. 66–71.

15. Archivio di Stato di Bologna (ASB), Studio, 216, *Statuta Collegiorum Medicorum Bononiae 1507*, 92–93. The most significant innovation in the system of controlling surgical operations came from a 1572 public decree written by the Protomedicato, stating that all barber-surgeons who performed surgical procedures needed to be examined by the board of the college: see ASB, Studio, 195, *Liber privilegiorum, mandatorum et memorialium*, 29r; ASB, Studio, 223, *Bando et Provisione sopra quelli che senza autorità, & licenza dell’Eccellentissimo Collegio di Medicina danno, ordinano, vendono, & applicano medicamenti in alcun modo. Et moderazione rinovata sopra li Spetiali, & Barbieri*; ASB, Studio, 233, *Provisione sopra il grave abuso di quelli che senza licenza presumono medicare. Moderazione rinovata sopra li spetiali, e barbieri. Pubblicata di XXIX di Dicembre. MDLXXXI*.

practitioners in fact belonged to five groups: (1) graduate physicians who practiced surgery; (2) practitioners with some measure of academic training, who were trained in surgeons' workshops, but did not have a doctorate; (3) barber-surgeons, trained in workshops, licensed by the college; (4) empiric surgeons specialized through apprenticeship in some kind of procedure—like the extraction of bladder stones—and licensed by the college; (5) the moving and hard-to-grasp mass of empiric surgeons.¹⁶ The present work focuses on the first group. Graduate surgeons had to live, and compete with, all the other groups. Sometimes a graduate in medicine decided to practice and write about surgery, and the trajectory of graduate surgeons crossed these loose categories.

Graduate Surgeons

Learned surgeons were vocal about their professional identity. Nearly all Renaissance surgery books—be they treatises organized according to kinds of illnesses and injuries, or booklets built around specific cases or controversies—included a sort of description of the ideal surgeon. Usually such descriptions combined elements that remained constant from the times of Celsus (ca. 14 BCE–37 CE) and Galen (ca. 130–210). First of all, these descriptions of the surgeon's characteristics recall the Galenic idea that surgery, which means “manual operation,” is one of the three integral components of medicine, along with dietetics and pharmacy. Then, they define the moral, technical, and cognitive qualities of surgeons. In particular, Celsus's definition, together with a passage of the Hippocratic corpus recommending the dexterity of the practitioners' hands,¹⁷ formed the standard picture medieval and Renaissance learned surgeons always reiterated. Celsus's surgeon had to be “youthful or at any rate nearer youth than age; with a strong and steady hand which never trembles”; he had to have “sharp and clear sight.” As for his moral qualities, which at the same time constituted his scientific equipment, the good surgeon had to have a “spirit undaunted; filled with pity, so that he wishes to cure his patient,

16. There is no way to be sure about the number of licenses given to barber-surgeons and surgeons in the late sixteenth century, but in the archives of the College of Medicine there are only fifteen such licenses for the period 1570–1600. Despite the fact that regulations explicitly contemplated the possibility that surgical practitioners might be women, there are no surviving records of women officially practicing surgery in the Protomedicato files. The licenses granted by the college to surgeons consulted are in ASB, Studio, 195, *Liber privilegiorum, mandatorum et memorialium*, fols. 26r–v, 53r–54r, 62v–63r, 67r, 76r, 80r–v, 123r.

17. See Giorgio Cosmacini, *La vita nelle mani. Storia della chirurgia* (Rome-Bari: Laterza, 2003), 27.

yet is not moved by his cries, to go too fast, or cut less than is necessary; but he does everything just as if the cries of pain cause him no emotion.”¹⁸

Renaissance surgeons’ definitions combined more or less the same elements, but, perhaps influenced by the direct reading of Celsus, usually put less emphasis on Latin literacy than medieval surgeons, and more on technical innovation and abilities in minimizing pain. Giovanni Andrea Dalla Croce (1515–75) describes an ideal surgeon who can also be an “inventor of new instruments” and “ready to promise to restore the patients’ health”; “his way of proceeding must be light, safe, quick, and painless.”¹⁹ Another characteristic theme of sixteenth-century descriptions of ideal surgeons is that of the “learned hand,”²⁰ a phrase emphasizing the intertwining of theory and practice, manual skill and medical education. Finally, learned surgeons did not disdain comparisons with artisanship and the world of crafts.²¹

Giovanni Battista Cortesi gave the most complete image of the learned surgeon in his surgical manual published in 1633, titled *In Universam Chirurgiam absolutam Institutio*. Cortesi underlined the necessary preliminary education in the humanities and then in philosophy for the graduate surgeon, along with the close study of human anatomy. Surgeons must also study the contemporaries, particularly “Vesalius’ anatomical books, Falloppio’s observations, Colombo’s, Valverde’s and du Laurens’ anatomies, and above all Paré, who also most expertly wrote about surgery.”²² But beyond theory, surgeons must pile up a great mass of experiences and observations taken from the patients’ bedside, and must always be good and gentle with them.²³

The surgeon must among other things be young, or close enough to the young age, since this is the age at which the body and the senses are in their prime, and apt for correctly performing all the operations pertaining to the art; so that he is able to carry on the tasks required by the art without being hampered by the weakness of the senses: he should always be ready to use both his hands,

18. Celsus, *De medicina*, 3 vols., trans. W. G. Spencer (Cambridge, Mass.: Harvard University Press, 1935–38), 3:297.

19. Giovanni Andrea Dalla Croce, *Cirugia universale e perfetta* (Venice: Giordano Ziletti, 1583), 52v–53r.

20. See, for example, Tommaso Garzoni, *La piazza universale di tutte le professioni del mondo*, 2 vols., ed. Paolo Cherchi and Beatrice Collina (Turin: Einaudi, 1996), 1:207.

21. Cynthia Klestinec, “Renaissance Surgeons: Anatomy, Manual Skill, and the Visual Arts,” in *Early Modern Medicine and Natural Philosophy*, ed. Peter Distelzweig, Peter Benjamin Goldberg, and Evan R. Ragland (Dordrecht: Springer, 2016), 43–58.

22. Giovanni Battista Cortesi, *In Universam Chirurgiam absolutam Institutio* (Messina: apud haeredes Petri Breae, 1633), 3r.

23. *Ibid.*, 3v–4r.

and have a strong and effective hand, always steady in making an incision, cauterizing, and cutting off; an acute and clear eyesight; a brave and merciless soul so that he is able to heal screaming, crying, and weak patients, either those who willingly undergo the procedure, or those whom he deems necessary to cauterize and cut. In this way, he will be able to perform his procedures as if he would not hear the screaming, and not be affected by it.²⁴

Always eager to present himself as an established learned surgeon, Cortesi summarized all the elements Renaissance surgeons had insisted upon. Almost three centuries of surgical academic education had generated a coherent and widely shared image of the learned surgeon. Even if in practice borders between practitioners were much more porous, this image of the physician who practiced surgery was represented as a product of both humanist education and manual skill, or bookish study and practical training. Moreover, by the middle of the sixteenth century, a new emphasis on anatomical instruction and teaching within university medical education boosted the status of surgery and the attractiveness of a career in surgery for a medical doctoral candidate. In cities like Bologna and Padua this double character of surgery could attract middle- and lower-class students of medicine wanting to establish a name for themselves.

Group Portrait

The much celebrated anatomical renaissance of the sixteenth century was, in fact, started by professors of surgery. The role of the anatomist began to be officially recognized only in this period; the anatomist was a physician who specialized in surgery. Between 1583 and 1599—the period during which Cortesi taught surgery and anatomy in Bologna—five physicians and surgeons are all listed on the official records of the university as “ordinary” lecturers in surgery and charged with organizing the annual anatomical demonstration: Giulio Cesare Aranzi (1530–89), Gaspare Tagliacozzi (1545–99), Angelo Michele Sacchi, Flaminio Rota, and Cortesi.²⁵ They were colleagues and rivals, especially for the chair of anatomy, a prestigious position not only for the studio but for the whole city. This section traces the social backgrounds, professional paths, and publication strategies of this group of learned surgeons and anatomists in order to paint a picture of the different shapes a career in surgery could take in the late sixteenth century.

By comparing the list of the student assistants of the hospital of Santa Maria della Morte in Bologna and that of the professors of surgery and

24. *Ibid.*, 5r.

25. Orazio Bertalotti was also part of the group until 1589. He left no publications.

anatomy in the second half of the sixteenth century, a clear pattern emerges. Hospital training was a staple of the careers of graduate surgeons, perhaps as a way to compensate for the lack of workshop training of medical students. The list of student assistants includes Tagliacozzi from 1567 to 1570, Giulio Cesare Gessi from 1570 to 1576 (an aristocrat who went on to practice but never taught at the university), Rota from 1576 to 1580, and Cortesi from 1580 to 1583.²⁶ The five surgeons had different backgrounds. Aranzi and Tagliacozzi came from the artisanal class, Cortesi was born to a poor family, while Sacchi and Rota were part of medical families of collegiate physicians. Aranzi, Tagliacozzi, and Cortesi all chose to publish books. Sacchi and Rota never published anything. There is no way to know whether Angelo Michele Sacchi, lecturer in surgery and anatomy at the studio from 1567 to 1611, had been an assistant at the hospital, since the hospital started recording their names only in 1567. But he was nonetheless very much part of the hospital life: by the 1590s he was appointed hospital surgeon. On the other hand, Giulio Cesare Aranzi had never served as assistant there. But along with Aranzi and Sacchi, all the surgeons on this list, with the exception of Gessi, were lecturers in surgery and anatomy in the last quarter of the sixteenth century.

It is now well known that the Italian sixteenth-century hospital had an educational or proto-clinical function, especially in Padua and Bologna. The student assistant was a medical student of modest means but greatly promising, and thus he was there to learn. He was at the same time the assistant of the physician and surgeon and ruled over the nurses. He oversaw the preparation of medicaments and at the same time had to take care of bloodletting. He had important diagnostic functions in that his opinion was required in cases of suspect incurable or contagious diseases.²⁷ It is within this context that the Bolognese surgeons learned how to open bodies, dress wounds, apply stitches, and perhaps to experiment with skin grafting.

26. ASB, Ospedale di Santa Maria della Morte, VIII, 1, 97r.

27. Biblioteca Comunale dell'Archiginnasio di Bologna (BCAB), Ospedali 42, *Statuti dell'Ospedale di Santa Maria della Morte* (1562), 31–33. The details of the relationship between this hospital and university medical training are discussed in Paolo Savoia, "The *Book of the Sick* of Santa Maria della Morte in Bologna and the Medical Organization of a Hospital in the Sixteenth Century," *Nuncius* 31, no. 1 (2016): 163–235. See also Jerome J. Bylebyl, "The School of Padua: Humanistic Medicine in the Sixteenth Century," in *Health, Medicine, and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), 335–70; John Henderson, *The Renaissance Hospital: Healing the Body and Healing the Soul* (New Haven, Conn.: Yale University Press, 2006), xxv–xxxiv; Michael Stolberg, "Bedside Teaching and the Acquisition of Practical Skills in Mid-Sixteenth-Century Padua," *J. Hist. Med. & Allied Sci.* 69, no. 4 (2014): 633–61.

While there is no evidence concerning early education of medical students, it is plausible to say that it varied according to family backgrounds and social standing. Surgeons like Sacchi and Rota must have attended Latin grammar schools and been privately instructed in the rudiments of theoretical medicine and natural philosophy by their family members and learned family acquaintances. Tagliacozzi, the son of a silk worker, must have attended a Latin grammar school too, but he was the first one in his family to choose, and to be able to choose, a medical career. The case of Cortesi, as we have seen, is different in another way.²⁸

Aranzi was always listed as *ad anothomiam* until he died in 1589. After that, all the other four surgeons were listed together as anatomy chair. These teachers were all “ordinaries” but their salaries varied, reflecting social status, seniority, and scientific prestige. In 1587 the Senate listed the following annual expenses: Aranzi, 1,100 lire; Tagliacozzi, 600 lire; Sacchi, 590 lire; Rota, 280 lire; and finally Cortesi, 225 lire. Just to make a comparison, the best paid professor in the arts faculty was the famous natural historian Ulisse Aldrovandi (1522–1605), with an annual stipend of 1,775 lire.²⁹ Nine years later, in 1596, the salaries varied as follows: Tagliacozzi, then chair of theoretical medicine and anatomy, 890 lire; Sacchi, 880 lire; Rota, 570 lire; Cortesi, 425 lire.³⁰ Aranzi had the most important record

28. See note 13 above; Anthony Grafton and Lisa Jardine, *From Humanism to the Humanities: Education and the Liberal Arts in 15th and 16th Century Europe* (Cambridge, Mass.: Harvard University Press, 1986); Paul F. Grendler, *Schooling in Renaissance Italy: Literacy and Learning, 1300–1600* (Baltimore: Johns Hopkins University Press, 1989); Siraisi, *Medieval and Early Renaissance Medicine* (n. 7), 48–77.

29. ASB, Senato, Partiti, 11, 161v–162v and 164r.

30. ASB, Assunteria di Studio, 92, n. 5. In general professors of arts and medicine made much less than law teachers; among the latter, the highest salary was 4,800 lire. Paul Grendler shows that members of the group of ordinary professors were internally ranked—“first place ordinary professor,” “second ordinary professor,” “morning ordinary professor,” “major afternoon ordinary professor,” etc.—and shows that salaries varied according to how many lectures a day a professor delivered and at what times. In the case of these lecturers on surgery (all teaching in the morning), there is no written internal ranking, except for Cortesi, who was listed as *extraordinarie* (a sort of stand-in teacher) in the morning surgery classes until 1590, when the university records begin listing him as a simple lecturer like all the others; see Dallari, *I rotuli* (n. 13), 2:237; Paul F. Grendler, *The Universities of the Italian Renaissance* (Baltimore: Johns Hopkins University Press, 2002), 14–21. The fact that many professors were appointed to the same chair was a constant source of concern for the authorities. In 1583, a Senatorial commission wrote the *Avvertimenti intorno alla riforma dello studio*, a document that acknowledged this problem, as well as the fact that controversies arose from the excessive numbers of listed professors. The reformers proposed to divide up lectures between *ordinary* and *extraordinary*, the latter having to wait a number of years to become part of the former class; see Dallari, *I rotuli* (n. 13), 1:xiv–xv. In this case too, Cortesi’s professional position reflected his social background.

of academic publications. The second best paid was Tagliacozzi, who was younger than Sacchi and had less seniority, probably on account of his practicing the most spectacular surgical procedure: facial reconstruction through skin grafting.³¹ Sacchi was an eminent figure in the city, practicing for a wealthy clientele and for a number of institutions; Rota never published anything but came from a good family and was very popular among students. The worst paid was always Giovanni Battista Cortesi, the true outsider.

The most famous surgeon and anatomist of the group was Gaspare Tagliacozzi, the author of a two-volume monograph on facial reconstructive surgery.³² He was the son of a silk worker of some means, possibly the owner of a small workshop, and climbed the social ladder thanks to his medical education and practice. His career was spectacular: he treated very important and wealthy patients, from the Medici to the Orsini families, until he became the personal physician of Duke Vincenzo Gonzaga (1562–1612) of Mantua. He served as prior of the College of Medicine, which he had entered in 1576, and he also was several times *tribuno della plebe*.³³ He published a first description of his work in a book by his famous and illustrious friend Girolamo Mercuriale (1530–1606), and then in the form of a long, erudite monograph. Tagliacozzi's career and wealth were built upon his private practice with powerful patrons and were facilitated by his choosing a rather unusual and “wondrous” subject through which he wished to be remembered as an author. In his narrative of the events of Bologna in the years 1589–1600 chronicler Francesco Galliani recorded the death of the eminent surgeon, writing that Tagliacozzi was born from a “poor” family, the son of a “carpenter.” This information is not correct, but it tells a lot about how the career of a learned surgeons was associated with ideas of social mobility.³⁴

One of the most important sources in order to sketch a group portrait of learned surgeons is the *civilitatis probationes*, a record of the interrogations of four witnesses conducted in order to admit candidates to the college. In this record, officials verified whether the candidates fulfilled the

31. Paolo Savoia, “Nature or Artifice? Grafting in Early Modern Surgery and Agronomy,” *J. Hist. Med. & Allied Sci.* 72, no. 1 (2016): 67–86.

32. Martha Teach-Gnudi and Jerome Pierce Webster, *The Life and Times of Gaspare Tagliacozzi, Surgeon of Bologna 1545–1599* (New York: Herbert Reichner, 1950).

33. *Tribuni della plebe* were a traditional communal four-month magistracy that had the purpose of balancing the aristocratic side of the city government. Together with the *Magistrati dei Collegi* they were in charge of regulating food prices.

34. Biblioteca Universitaria di Bologna (BUB) 3839, *Cronica, o sia Diario di Francesco Galliani (1589–1600)*, 83v.

Legisti		Arabi.		Sementi	
Salimbene	→ 1250	Sacco	→ 2000	Cucco	→ 550
Pelognas	→ 600	Nota	→ 570	Candino	→ 570
Capitani	→ 200	Cortese	→ 425	Zaccaro	→ 725
Dono	→ 1300	Anatomia	→ 200	Bortone	→ 200
Momandi	→ 1170	Galeno	→ 1200	Pendario	→ 200
Maresotto	→ 2000	Buono	→ 200	Castelli	→ 5000
Grato	→ 2000	Leone	→ 200	m. Ballo	→ 1400
Silvestro	→ 600	Pelini	→ 200	m. Ballo	→ 300
Gualandri	→ 600	Beati	→ 200	m. Gio. Ballo	→ 300
Barzi	→ 1200	Malacchi	→ 200	Magini	→ 1400
Moneta	→ 200	Lazari	→ 1125		
Barbieri	→ 200	Tagliacozzi	→ 200	Armeni.	
Gemi	→ 200	Bolzano	→ 435	Datari	→ 175
Magnano	→ 200	Horti	→ 200	Hanni	→ 25
Panzacchia	→ 200	Molonis	→ 150	Kelli	→ 25
Spanocchia	→ 4000	Lodi	→ 600	Bonanno	→ 50
Perza	→ 2050	Patarazzi	→ 350		
Canale	→ 2020	Guglio	→ 425	Grammatici	
Ghisclieri	→ 1200	Baldi	→ 1000	Pagnone	→ 40
Palmieri	→ 400	Lapazzoni	→ 050	Segni	→ 125
Grati	→ 200	Pio	→ 450	Gulielmino	→ 25
Odofredo	→ 500	Alman	→ 275	Orlando	→ 200
Branchini	→ 400	Antuzzi	→ 100	Parani	→ 25
Giragnone	→ 200	Costes	→ 4000	Sabary	→ 25
Hoce	→ 200	Zoppio	→ 2000		
Gandolfo	→ 500	Cataldi	→ 550	Scrittori	
Boccaferrari	→ 1200	Braccione	→ 1650	Fabrizzi	→ 130
		Pernis	→ 1300	Lana	→ 105
		Lione	→ 425	Grillo	→ 25
		Pirazzi	→ 200	Alen. Alenati	→ 2646
		Pecorale	→ 200		
		Vigiani	→ 050		

Figure 1. Archivio di Stato di Bologna, Assunteria di Studio, 92, n. 5: Salaries of the professors of law and arts and medicine in 1596. Reproduced with permission of the Archivio di Stato di Bologna and the Italian Ministry of Cultural Heritage and Tourism, 07/31/2018, n. 1253.

double citizenship requirement (the candidate plus his father or, better, his father and paternal grandfather had to be Bolognese citizens).

In the case of Aranzi, this document indicates that his father was a simple baker and that he learned all his Latin and his first medical notions from his maternal uncle, the learned surgeon Bartolomeo Maggi (1477–1552).³⁵ Aranzi indeed liked to add Maggi to his family name, in honor of his uncle, one of the first innovators in matters of gunshot wounds and professor of surgery at Bologna in the 1540s. Giulio Cesare Aranzi's name became known all over Europe. He published on anatomy, on the female organs of generation, and on surgical conditions, particularly tumors, ulcers, and apostemes.³⁶ Born around 1530, Aranzi made an extraordinary career, graduating, attaining membership in the College of Medicine in 1562, and going on to become the first official anatomist of the studio.

From Aranzi's will it emerges that a very important figure in his life was a certain Paolo Bucchi, co-owner of a silk workshop.³⁷ It is interesting to notice that the capital Aranzi accumulated in teaching and above all in private practice was invested in the largest proto-industrial productive activity of Bologna: in a way, he never cut his ties with the middle class. His private practice must have been very profitable too: Volcher Coiter (1534–76), his pupil in the 1560s, recalls that Aranzi used to treat the injured members of the Senatorial class, including people from the powerful Malvezzi family.³⁸ He was important enough to be mentioned in the chronicles of the city compiled by Antonio Francesco Ghiselli (1634–1730) in the early eighteenth century.³⁹ Aranzi was on good terms with Ulisse Aldrovandi as well. Together, they wrote a response to a request of advice from the *Assunteria di sanità*, concerning the 1575–77 plague threat.⁴⁰

Aranzi is a great example of a middle-class man who started a brilliant medical career through his maternal kinship, and focused on publishing books of anatomical descriptions based on careful observations. This physician, anatomist, and graduate surgeon is a typical figure of post-Vesalian

35. ASB, Studio, 196; Giovanni Fantuzzi, *Notizie degli scrittori* (n. 1), 1:266–72.

36. Raffi Gurunluoglu, Maziar Shafighi, Aslin Gurunluoglu, and Safiye Cavdar, "Giulio Cesare Aranzio (Arantius) (1530–89) in the Pageant of Anatomy and Surgery," *J. Med. Biog.* 19, no. 2 (2011): 63–69.

37. ASB, Notarile, 110v–112v. Carlo Poni has described how Bologna occupied a dominant position in Europe for silk manufacture and export throughout the early modern period as a center of proto-industrial production: see Carlo Poni, *La seta in Italia. Una grande industria prima della rivoluzione industriale* (Bologna: Il Mulino, 2009), 153–227.

38. Volcher Coiter, *Externarum et internarum principalium humani corporis partium tabulae* (Norimbergae: in officina Theodorici Gerlazeni, 1573), 110–11.

39. BUB 770, Ghiselli, *Memorie*, vol. 17 (1580–85), 335.

40. BUB, Fondo Aldrovandi, ms. 21, vol. 3, 499r–502r.

anatomy, caught in between traditional Galenism and the new spirit of observation. His *De humano foetu* was published in 1563, at the beginning of his career, and then reworked several times until the third and final edition of 1587; his *Liber anatomicarum observationum* was published for the first time in 1579, when he was already an important professor and influential member of the college, then republished in the edition containing all his works of 1587, adding important new information on the physiology of blood and the anatomy of the brain.⁴¹ Later in his life, when he was about to retire, he published on tumors. Moreover, he served as prior in the College of Medicine several times. His career is an example of social mobility based on the prestige of academic writing, quality teaching, and the politics of the college.

Angelo Michele Sacchi and Flaminio Rota both came from families of upper-class physicians, and both never published a word in print. Their background, stable sources of income besides teaching, and the kind of social ties that allowed them to treat a wealthy pool of patients directed their energies and attention away from publishing. Sacchi came from a family who was part not of the Senatorial aristocracy but of a leisured class that exercised no “mechanical” trade. He occupied the position of lecturer in surgery at the studio from 1567 to 1611, the year of his death. Son of Antonio Sacchi, a collegiate physician and lecturer in surgery, he was admitted to membership in the College of Medicine in his turn in 1576.⁴² The legacies he charged his son to pay for after his death show his own and his family’s commitment to the hospital of Santa Maria della Morte.⁴³ Indeed, Sacchi appears in the hospital records as “graduate

41. Gurunluoglu, Shafighi, Gurunluoglu, and Cavdar, “Giulio Cesare Aranzio” (n. 36); Eugenio Dall’Osso, “Un contributo al pensiero scientifico di Giulio Cesare Aranzio: La sua opera chirurgica,” *Annali di medicina navale e tropicale* 61, no. 5 (1956): 617–27.

42. Giuseppe G. Forni, *L’insegnamento della chirurgia nello studio di Bologna: dalle origini a tutto il secolo XIX* (Bologna: Cappelli, 1948), 89–90; ASB, Studio, 196. Chronicler Ghiselli even wrote a brief family genealogy of the Sacchi. He recalled that the Sacchi family was said to have Tuscan origins, and that one Pompilio, who had moved to Parma, became doctor of medicine and Count Palatine, thus starting the dynasty of physicians; see BUB 770, Ghiselli, *Memorie*, vol. 20 (1595–1600), 556–57. The fact that Sacchi’s son was part of the Anziani is important: this was a two-month magistracy composed of members of the Senate with the task of running the activities of the Senate and of the guilds.

43. Sacchi left 150 lire to pay for a mass every year “to the Madonna of San Luca in the *Hospitale della Morte*”; 100 lire for one mass every year; 550 lire for provisions of “bed sheets” for the hospital; and 105 lire for wax candles in honor of the procession of the Madonna of San Luca, also organized by the brotherhood of Santa Maria della Morte. BCAB, Gozzadini 76, n. 10.

surgeon (*medico cerusicho*)” with the stipend of 110 lire per year for the period 1591–1611.⁴⁴

Sacchi’s private practice must have been flourishing too, considered the social rank of the patients he was caring for. An anonymous chronicler reports that on January 31, 1590, count Andalò Bentivoglio, jousting with one member of the Ruini family, was hit by a splinter, which penetrated the visor of his helmet and lodged itself into the count’s eye. One of the bystanders tried to pull it off, but in the meantime Sacchi was called. The learned surgeon tried to pull off the splinter with his bare hands, but finally used a big forceps and removed it. Unfortunately, Count Bentivoglio did not make it, and “died because of the spasm and the harsh pain.”⁴⁵ Sacchi used to deal with the same kind of disfiguring injuries that affected the faces and bodies of the upper classes of the city Tagliacozzi wrote about, but he never felt the need to publish on his surgical practice. As a learned surgeon very well connected with a network of powerful Bolognese families and institutions, Sacchi could treat and observe several kinds of surgical conditions, affecting people of all social classes and genders. Still, he did not try to boost his reputation by making use of the printing press.

Flaminio Rota’s social background was similar to Sacchi’s. He was lecturer of surgery from 1579 to 1611 and the son of another lecturer in surgery, Giovanni Francesco, after he had been assistant at the hospital of Santa Maria della Morte. In 1576, he was appointed “graduate surgeon” at the Saint Job Hospital of the Incurable, and in 1585 he was named “supernumerary surgeon” at the hospital of Santa Maria della Vita. Finally, in 1592 he was admitted to the College of Medicine.⁴⁶ Like Sacchi, he combined the activities of lecturer and of hospital surgeon; also like Sacchi, the events concerning his family were recorded in the chronicles: for example, he made a very good marriage in 1592, the same year he entered the college, with a Lucia Dolcini, who brought him a dowry of about 7,000 or 8,000 scudi.⁴⁷ Rota built his career upon his ability as a teacher, both in private and in public, and by exploiting the social prestige he inherited from his family tradition. But like Sacchi, he never needed to publish anything to establish his name.

44. ASB, Ospedali, Santa Maria della Morte, Serie XII, fol. 11: *libro giornale 1591–1612* (pages unnumbered). The Sacchi family donated an altarpiece to the hospital’s church; see ASB, Ospedale di Santa Maria della Morte, VIII, 5, 6r.

45. BCAB, Gozzadini 287, *Frammento di una Cronaca bolognese degli anni 1588–1595, d’anonimo autore*, 21.

46. ASB, Studio, 196; Forni, *L’insegnamento* (n. 42), 95–96.

47. BUB 770, Ghiselli, *Memorie*, vol. 19 (1591–95), 277.

In late sixteenth-century Bologna only the lower-status learned surgeons chose to publish on their practical activities as surgeons and anatomists, and in their publications they always highlighted the combination of humanistic commentary, empirical observation, and hands-on practice.⁴⁸

The Underdog: Giovanni Battista Cortesi

Cortesi was sixteen when he started working at the hospital as bath attendant, so it must have been 1568 or 1570, during Tagliacozzi's tenure as student assistant.⁴⁹ Public and private steam baths were a constant presence in the urban landscapes of the fifteenth century, and although their density decreased in the sixteenth, many of them remained active. *Stufe* attracted much suspicion because they were not medical spaces but were instead associated with pleasure.⁵⁰

Tommaso Garzoni (1549–89) recalled in 1585 that this profession had a rather dignified history: in Latin these people were called *balneatores*, as “all those who work as attendants for whatever kind of bath.”⁵¹ Things started to change in the fifteenth century, when humanists like Lorenzo Valla (1405–57) distinguished thermal baths from regular baths: thermals were those places that were warm by nature; baths, or steam baths, were those that were warmed up by humans through fire. Garzoni added that thermal baths were, properly speaking, both in the Roman world and in contemporary Germany, places where people went to sweat, and in that sense they were proper medical spaces, about which he refers the reader back to authorities like Arnau of Vilanova (ca. 1238–1311) and Michele Savonarola (1385–1468). But sixteenth-century *stufaioli* were a different matter altogether:

Steam bath attendants are engaged in washing, making sweat, applying cupping glasses, shaving body hair, and cleaning all parts of the body in their baths, of

48. On observation as a medical genre, see Gianna Pomata, “Sharing Cases: The *Observationes* in Early Modern Medicine,” *Early Sci. & Med.* 15, no. 3 (2010): 193–236; and Pomata, “The Medical Case Narrative: Distant Reading of an Epistemic Genre,” *Lit. & Med.* 32, no. 1 (2014): 1–23.

49. It is not clear when exactly Cortesi was born since the documents give two different dates: the officials of the college who consulted the *civilitatis probatio* of Cortesi uncovered a baptismal record with the date of February 19, 1552, while the eighteenth-century transcription of all baptismal records made by the eighteenth-century erudite Carrati says that a Giovanni Battista Cortesi son of Elia Cortesi was born on July 16, 1554.

50. Valeria Finucci, *The Prince's Body: Vincenzo Gonzaga and Renaissance Medicine* (Cambridge, Mass.: Harvard University Press, 2015), 96–120.

51. Garzoni, *La piazza universale* (n. 20), 2:1322.

which a great number can be found in Rome, Naples, Venice, Milan, Ferrara, Bologna, Lucca and in other Italian cities. Their vices concern the impurity of the flesh, because very few steam bath attendants are not pimps who rent rooms, blending inner dirt with external dirt in those baths, which are the cradle of a thousand shameful and dishonest carnal desires.⁵²

Garzoni should not be taken as necessarily truthful as a source; however, historians have noticed the progressive decline of bathing culture among early modern Italian elites, which was probably connected with the growing popularity of public steam baths among the lower classes.⁵³ Moreover, steam bath attendants were the lowest rank barbers. In fact, by the late sixteenth century barber-surgeons themselves managed to get them out of their guilds all over Italy.⁵⁴ It is therefore likely that Garzoni's description portrays how Cortesi's job was perceived.

In any case, what "saved" him from a life of poverty, ignorance, and immorality was the hospital, where he not only studied for about ten years privately and more or less formally, but also became assistant in 1580, for the regular three years, until his graduation. Significantly enough, in December 1585, once he had been appointed lecturer on surgery already, he was paid eighteen lire "for letting blood to the poor in the hospital," a sign that his ties with the hospital continued, and that he did not disdain to practice the task of a barber-surgeon even after graduation. No other graduate surgeon, student assistant, or surgery lecturer is recorded as performing phlebotomies at the hospital.⁵⁵ In 1583, the Senate voted for a delay in the payment of his graduation fee,⁵⁶ and in that same year he was made public lecturer in surgery, "even if he had never lectured in logic,"⁵⁷ which was the preliminary mandatory teaching for young lecturers. Archival sources are almost entirely silent about Cortesi's family, except that he got married in 1586 with a certain Agata di Pietro

52. Ibid., 2:1323. On the culture of baths, spas, and hygiene in this period, see also Douglas Biow, *The Culture of Cleanliness in Renaissance Italy* (Ithaca, N.Y.: Cornell University Press, 2006); Richard Palmer, "In This Our Lightye and Learned Tyme": Italian Baths in the Era of the Renaissance," *Med. Hist.* 34, no. S10 (1990): 14–22.

53. Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), 250–57.

54. Anna Esposito, "Stufe e bagni pubblici a Roma nel Rinascimento," in *Taverne, locande e stufe a Roma nel Rinascimento*, ed. Esposito (Rome: Roma nel Rinascimento, 1999), 77–91.

55. Cortesi is listed in the account books of the hospital as getting his regular annual stipend of thirty-six lire, but he was also performing other tasks, since for example in 1581 the books list a payment to him of sixty-six lire. See ASB, Ospedali, Santa Maria della Morte, serie XII, 9, *Libro mastro 1572–91*, cclxvi and cclxxxviii.

56. ASB, Studio, 218, *Secondo libro segreto di medicina 1575–1594*, 56r.

57. ASB, Senato, Partiti, 11, 24r.

Moscatelli.⁵⁸ Several sources report that he had a numerous family, and Ghilini even says that some of his relatives used to beg in the streets; in 1589 the Senate started to periodically award him sums of money of one hundred, two hundred, and six hundred lire because of a “weakness of the family wealth,” a measure reiterated in 1591 and 1592.⁵⁹ Significantly enough, the sum of six hundred lire is more than Cortesi’s annual stipend as university lecturer, a sign that teaching was only one source of income for learned surgeons.

In the meantime, his career and fame as a teacher and author started to pick up. In 1590, Cortesi was appointed first anatomical demonstrator for the public dissection, and got the usual extra stipend of two hundred lire.⁶⁰ In that same year, Cortesi published a small booklet in the form of a letter on a controversy concerning a patient with a skull fracture, a standard topic of discussion for learned surgeons since the times of Hippocrates. In this text, Cortesi was replying to some kind of accusation against him. Someone had spread a rumor according to which Cortesi had not been able to heal a nobleman from Mantua, a student who had injured himself to the head during a street fight. For this reason Cortesi wanted to set the record straight. In the letter, Cortesi discussed the site of the wound, the nature of the lesion, and the kind of damage it produced; he described the treatment he had proposed; finally, he addressed criticisms and alternative methods of proceeding. Cortesi argues against the procedure of skull trephination, a hallmark of learned surgery, and recommends more “natural” remedies. In this respect, he thinks more like an empiric surgeon. He opposed such an invasive procedure by arguing that these operations of skull perforation caused great pain and a potentially very dangerous inflammation—and thus must be adopted only as a last resort.⁶¹

The following year (1591) Cortesi edited and published a very important work of anatomy, the posthumous book by Costanzo Varolio (1543–75), professor of anatomy and medicine in Bologna and in Rome, who had devised a method for cutting and dissecting the brain cavities from the base upward. Cortesi wrote a dedicatory letter to Gerolamo Mercuriale, the most learned medicine professor teaching at Bologna in those years, in which he explained that a Cesare Milanese handed him the manuscript

58. BCAB Cartari B. 900, Matrimoni, 138.

59. ASB, Senato, Partiti, 12, 67v, 117v, and 138v.

60. ASB, Senato, Partiti, 12, 106r.

61. Giovanni Battista Cortesi, *Epistola qua in simplici sede teli calvariae, os ipsius non abradendum nec perforandum esse demonstratur, ad Ill. rem ac Excell. mum Virum D. Ioannem Cechium nostrae tempestatis Medicum celeberrimum* (Bologna: apud Faustum Bonardum, 1590), 7r.

of Varolio's book, edited by Milanese himself, after the anatomist's death. Cortesi underlined in this introduction how much he loved anatomy and how eager he was to use Varolio's booklet for his dissections.⁶²

In the early 1590s Cortesi served as military surgeon for the Bolognese troops in the war the popes waged against bandits in the countryside of the Papal State.⁶³ Cortesi was appointed military surgeon, one of the traditional ways surgeons acquired their knowledge of the damaged body. Conceivably, Cortesi might have been appointed to such a position not only because of his expertise but also for charitable reasons, given his constantly precarious economic condition. A special stipend of six hundred lire for his military services figures in the account books of the Senate in 1595,⁶⁴ and in 1598 Cortesi was appointed to the more official role of military surgeon of the city, a job that depended directly on the Senatorial commission for military affairs, and thus was paid from a special fund allocated to military affairs.⁶⁵ Cortesi never highlighted the experience he gained on the battlefield in his printed works. On the contrary, he rather stressed his learned training at the studio under the guidance of Aranzi and Tagliacozzi, and his animal dissections with the great Aldrovandi in the latter's private museum.⁶⁶

In the years 1592–93 Cortesi got very close to the peak of his professional success in Bologna. He spent a long period of time in Paris from the fall of 1592 to the end of 1593, when he was called to take care of Cardinal Filippo Sega (1537–96), the Bolognese papal ambassador in France, for an unspecified illness. This must have been a very important occasion for the former *garzone* and *stufaiolo*, who mentioned the episode in print, falsely extending his stay in France to three years.⁶⁷ Cortesi was still in Paris in November 1593 though, since he wrote a letter to Aldrovandi from France discussing his observations of the putrefaction of sea shells from the Atlantic Ocean.⁶⁸

Between April and July 1592, his candidacy to the College of Medicine was taken into consideration and his *civilitatis probatio* examined in the rooms of the College. Cortesi, as per the regulations, presented four witnesses, all highly respectable citizens, among them Ercole Bentivogli, son

62. Costanzo Varolio, *Anatomiae sive De resolution corporis humani* (Frankfurt: apud Iannem Wechelum & Petrum Fischerum consortes, 1591), 2v.

63. ASB, Senato, Partiti 12, 117v.

64. Ibid., 187v.

65. ASB, Senato, Partiti 13, 39r.

66. Giovanni Battista Cortesi, *Miscellaneorum medicinalium decades denae* (Messina: ex typographia Petri Breac, 1625), 1.

67. Ibid., 3.

68. BUB, Fondo Aldrovandi, Ms. 136, tomo XXIV. Transunti di lettere, 13v–14r.

of the Senator Antonio. There was a problem though, in that one of the witnesses, the rich merchant Giovanni Battista Avanzi, could not testify that Elia, Cortesi's father, was a citizen, and instead declared, "I have met Elia Cortesi, tailor, and I know that he was not born in Bologna, but he has lived here for a long time."⁶⁹ Despite the fact that Cortesi's paternal grandfather, Bolognino, was a true Bolognese citizen and that Cortesi himself was born in Bologna, the examining board of the college took this problem very seriously. Indeed, the fact that only Giovanni Battista's paternal grandfather and not his father were "true" Bolognese citizens turned out to be a problem, as it is revealed by the other proofs of citizenship, which all insisted on the citizenship of both the candidate's fathers and grandfathers.⁷⁰ The college ordered a search in the archives of the duomo of San Pietro for Elia's baptismal record, which could not be found.⁷¹ Cortesi was not admitted to the college. The missing proof of Elia's citizenship got thrown in the mix with other troubling factors, such as the poverty and low status of Cortesi's family, and his lack of a degree in philosophy. The collegiate must have thought that social mobility should be limited somehow.

Cortesi must have been disappointed. Despite all his services to the city and his experience, he was still the least paid of his cohort of surgery and anatomy professors. And of course he was not a member of the college. On the other hand, students must have loved him. The walls and ceilings of the Archiginnasio of Bologna, the seat of the university erected in 1563, are full of memorials dedicated by the students to the teachers of the studio. There are two memorials dedicated to Cortesi as lecturer in anatomy: one from 1591 and another from 1597. The first describes Cortesi as "extraordinary investigator of medical and natural phenomena," endowed "with extraordinary skills in dissecting corpses, affable towards all the students and scholars," learned and brilliant in demonstrating anatomy.⁷² The second one is more remarkable, in that it mentions private anatomies, which are not cited in the other memorials for contemporary surgery and anatomy professors, except Rota's. Clearly, Cortesi became famous for his private demonstrations:

To Giovanni Battista Cortesi of Bologna, physician, most famous professor of surgery, who in carrying out the public anatomy displayed wonderful riches

69. ASB, Studio, 196.

70. ASB, Statuti del Collegio.

71. ASB, Studio, 196.

72. Gian Paolo Brizzi, ed., *Imago Universitatis: celebrazioni e autorappresentazioni di maestri e studenti nella decorazione parietale dell'Archiginnasio*, 2 vols. (Bologna: Bononia University Press, 2014), 1:374.

of intelligence and eloquence, and while he dissected the parts of the human body with supreme skill he assigned the Latin, Greek, and Arabic name to each with incredible power of memory, also gave extempore answers to problems and arguments raised by famous men among the huge audience with such skill that his replies were received like oracles composed by the Creator of the microcosm Himself. Beyond this he won the devotion of medical students by generously offering private demonstrations.⁷³

Those private demonstrations were indeed the place where the action was, and where small groups of students could put their hands on and into the body.⁷⁴

At the end of 1598 Cortesi, probably tired of being the underdog, accepted an offer from the recently founded University of Messina, Sicily, then part of the kingdom of Naples.⁷⁵ The departure from his hometown was not traumatic at all: the Senate let him go “with preservation” of his chair in Bologna,⁷⁶ and the senators wrote a letter of recommendation to the university officials in Messina.⁷⁷ In 1599, one Agostino Pretorale, professor of medicine, advanced the idea, on behalf of his friend Giovanni Battista, that he must be awarded the degree in philosophy, one of the unofficial preconditions to be admitted to the college.⁷⁸ Finally, he was admitted in absentia in 1603.

When he left for Messina, Cortesi definitely had the hope of coming back to finally get what he wanted in Bologna. But that never happened. Cortesi built a new life in Sicily. During his travel to southern Italy he did not miss the chance to visit Tropea, the city where the first and famous reconstructive surgeons had lived and worked, curious to meet them and to see what kind of procedure they employed. He found no more living members of the family who was supposed to have excelled in that skin grafting method, the Vianeos, but someone showed him their old instruments, which he found very rough and primitive compared to those designed by his teacher Tagliacozzi.⁷⁹ In his 1625 account of the

73. Ibid., 1:477.

74. Giovanni Martinotti, *L'insegnamento dell'anatomia in Bologna prima del secolo XIX* (Bologna: Azzoguidi, 1911), 30–41; Andrea Carlino, *Books of the Body: Anatomical Ritual and Renaissance Learning*, trans. John Tedeschi and Anne C. Tedeschi (Chicago: University of Chicago Press, 1999), 188–94; Cynthia Klestinec, *Theaters of Anatomy: Students, Teachers, and Traditions of Dissection in Renaissance Venice* (Baltimore: Johns Hopkins University Press, 2011), 142–66.

75. ASB, Senato, Partiti 13, fol. 47r; ASB, Senato, Lettere, serie I, 20.

76. ASB, Senato, Partiti 13, 47r.

77. ASB, Senato, Lettere, serie I, 20.

78. ASB, Studio, 195: *Liber privilegiorum, mandatorum et memorialium*, 160r.

79. Cortesi, *Miscellaneorum* (n. 66), 1–2.



Figure 2. 1597 memorial of Cortesi painted on the ceiling of the stairs of the Archiginnasio, the seat of the University of Bologna. Photo by the author.

trip, Cortesi presented himself as the heir to the Bolognese tradition of facial surgery, at the same time acknowledging and paying tribute to the inventors of the method, two sons of the Kingdom of Naples.

In 1600 Cortesi wrote a letter to Aldrovandi in which he not only discussed the local natural history, but also let slip his first impressions of Messina's social and cultural life.

In these lands there are not many people of letters, but still there are a few who delight in beautiful things. . . . I had decided to write your Lordship about the hunt of the swordfish but last year I could not see it because of the earthquakes; this year I believe I will follow though my decision. There are many things here that appear fabulous, like Agrigento's water, that bitumen, that tuff stone seems to be true. In Messina's sea beautiful morays live, and people here highly esteem eels and they are very expensive I believe one pound for one scudo, and their skin is hard but the core is soft and tastes good, but both for taste and smoothness of their substance by far I prefer ours. . . . Honeysuckle can be seen in Palermo, and people make crowns with it, and I will make sure to send some.⁸⁰

80. BUB, Fondo Aldrovandi Ms. 136, tomo XXX, 178v–179r.

Cortesi was underlining here that intellectual life was not as rich as in Bologna, but there still was plenty to keep a scholar busy. His interests widened as to include natural history and botany. In fact, Cortesi in Messina had very few occasions to make public dissections—only two in twenty-four years—given the paucity of cadavers available for that purpose.⁸¹ In any case, he became quite famous and respected at that young and dynamic university, which had an aggressive hiring policy and offered high salaries to its recruits—and a successful one, since in the seventeenth century the likes of Giovanni Alfonso Borelli (1608–79) and Marcello Malpighi (1628–94) taught there. In 1604 Cortesi was admitted to the local College of Physicians, which welcomed him into their ranks even though he was not a citizen of Messina.⁸²

This was the ideal place to start anew for an experienced scholar and practitioner like Cortesi, who had not been able to crown the achievement of an already extraordinary career in Bologna. Cortesi was hired by Messina the year after the beginning of regular classes. But he did not lose the hopes of going back to Bologna. After Girolamo Cardano (1501–76), Aranzi, Mercuriale, and Tagliacozzi, the studio of Bologna no longer had a professor of medicine of international repute and was losing ground in the competition with its rival medical faculty at Padua. In the early years of the seventeenth century, the Senate launched a search for the chair of theoretical medicine, and Cortesi let the senators know that he was willing to take the job. This would have been the coronation of a career, and the shift from being a teacher of surgery and medical practice to the most prestigious of the chairs of medicine. Alberto Bentivogli, ambassador of Bologna in Rome, wrote to the Senate in 1605 to advance Cortesi's candidacy.

To the Very Illustrious signori Assunti of the Studio.

It looks to me that when a man honors both his hometown and himself, we have to help him and to get him chances in life: Your Most Illustrious Lordships know that doctor Gio. Battista Cortesi is in Messina, and in that studio he has been lecturing several years from the first chair of Medicine and since his contract is about to end, and he wishes to go back to his hometown should the Most Illustrious Senate institute a post with such characteristics that someone like him could honorably come back to Bologna. Therefore I did not fail to

81. Cortesi, *Miscellaneorum* (n. 66), 3–4.

82. Daniela Novarese, *I capitoli dello Studio della nobile città di Messina* (Messina: Università degli Studi di Messina, 1990), 58–59. On the history of the University of Messina, see Rosario Moscheo, "Istruzione superiore e autonomie locali nella Sicilia moderna: Apertura e sviluppi dello 'Studium urbis Messanae' (1590–1641)," *Archivio storico messinese* 59, no. 1 (1991): 75–221; Grendler, *Universities of the Italian Renaissance* (n. 30), 121–26.

bring his name to Your consideration, so that you can publicly bring the matter to the table to understand what these signori [the senators] have in mind, because in the case they do not want to institute such a post, he [Cortesi] should have the time to negotiate another contract with the Messinese, from whom he can reasonably hope for a raise, and even if this doctor's desire is rather to go home than to stay in Messina.⁸³

Cortesi's plan must have been to spend a few years away, to boast his status, and to make himself more desirable for the Bolognese academic institutions. But either a reply was lost or the senatorial committee never even bothered to write back, because there is no trace of a reply in the archives. Cortesi remained in Messina, where he became the most prestigious professor of practical medicine until he died, at a very old age, in 1643.⁸⁴

A clear idea of Cortesi's strategies of self-fashioning is given by his constant tactic of recalling his Bolognese training and of embracing one of the most spectacular surgical procedures of the times, reconstructive surgery of the nose. The best example of Cortesi's self-fashioning is given by his 1629 *Pharmacopeia, seu Antidotarium Messanense*, the official list of drug recipes all apothecary shops of the city had to comply with. This work was commissioned by the civic authorities, and no doubt it was a great honor for him.⁸⁵ But the frontispiece image says it all. The portraits of the most famous Bolognese doctors, most prominently Aldrovandi, who appears at the center, are placed at the top: Cortesi lived his whole professional life at Messina while underscoring his Bolognese origins and education. This is also a sign that he sought and found acknowledgment as a physician *tout court*, not just as a surgeon.

Between 1618 and 1620, after almost fifteen years, the Bolognese studio finally tried to call back its lost professor.⁸⁶ Those were critical times for Bologna and its studio, whose reputation had been declining since the beginning of the seventeenth century, attracting fewer students from foreign lands. As students' matriculations were dropping, the senators knew that a lecturer so beloved by students and so skilled in manual demonstrations like Cortesi would have been a great asset. But the negotia-

83. ASB, Ambasciata Bolognese a Roma, Registrum, 13.

84. On Cortesi's popularity in Messina, see Corrado Dollo, "Fra tradizione e innovazione. L'insegnamento messinese della medicina e delle scienze nei secoli XVI e XVII," *Annali di storia delle università italiane* 2 (1998): 107–22. Large portions of the archives in Messina were destroyed in the earthquake of 1908; no other information on Cortesi can be found.

85. Giovanni Battista Cortesi, *Pharmacopeia, seu Antidotarium Messanense* (Messina: ex typis Petri Breae, 1629).

86. ASB, Assunteria di Studio, 36, n. 15 bis; ASB, Assunteria di Studio, 8. A negotiation must have taken place, since in June 1619 the Senate proposed a higher sum, an annual stipend of 2,400 lire: ASB, Senato, Partiti 16, 128v; see also *ibid.*, 141r.



Figure 3. Giovanni Battista Cortesi, *Pharmacopoeia, seu Antidotarium Messanense* (Messina: ex typis Petri Breae, 1629), frontispiece.

tion did not go anywhere, and this time it was Cortesi's responsibility. In 1625 Cortesi decided to publish a touching 1619 letter to Camillo Baldi (1547–1634), who had written to him relating the Senate's offer. This letter is a document of a life spent in medicine, the life of someone who would have liked to stay in his hometown but ended up building his reputation elsewhere. Cortesi wrote Baldi that at that point he would feel bad leaving a studio and a city that had treated him so well, and that after all he was getting a very high stipend in Messina. Despite a burning desire to see his hometown and his friends—he went on—and despite the risk of appearing ungrateful, he could not bring himself to leave Messina: the journey was too long and dangerous, and he was too old already.⁸⁷

After his Bolognese beginnings as an author and editor, Cortesi published all his works much later, between 1619 and 1635. While his first works came immediately before his attempt to be admitted to the College of Physicians, it looks like his choice to publish these later works came as a coronation of a career spent in medicine and surgery despite all the odds, the mature fruit of a successful professor. In the *Miscellanea*, the most original and autobiographical of his books, Cortesi showed how learned he was in all things medical—not just surgical. He refers several times to his Bolognese education, talks about anatomy, fevers, the six things nonnatural, diet and lifestyle management, inspection of urine, skull fractures, cautery, bloodletting, and pharmacy, and, above all, devotes an entire chapter to plastic surgery, following his teacher and mentor Tagliacozzi. In 1632 he published a commentary to the Hippocratic text on skull fractures titled *Tractatus de vulneribus capitis*.⁸⁸ This book belongs to the well-established genre of the learned commentary, but it also hints at contemporary sources, especially Girolamo Fabrici d'Acquapendente (1533–1619), famous professor of theoretical medicine, surgery, and anatomy in Padua. The year after he published a manual of surgery titled *In universam chirurgiam absoluta institutio*, clearly intended for students and learned practitioners, just like his last book, the *Practica medicinae* of 1635, with the material he used to prepare for teaching. The underdog had made it far from home, but nonetheless he remained the Bolognese author who brought prestige to the young University of Messina.

87. Cortesi, *Miscellaneorum* (n. 66), 665–66.

88. Giovanni Battista Cortesi, *Tractatus de vulneribus capitis* (Messina: typis Petri Breae, 1632).

Conclusion

Social mobility was remarkable in the sixteenth century, a period of intense change in the world of health care. Indeed, a survey of both the proofs of citizenship necessary to be admitted to the college and of the increased number of barber-surgeons put on trial by the Protomedicato shows that the social backgrounds of the admitted members mattered more and more during the seventeenth century and that the politics of licensing became more strict.⁸⁹ The language of the notaries recording these documents changed as well, always emphasizing the fact that the candidate and his male family members never practiced any “mechanical arts” and always lived off family revenue.

However, a rising surgeon who was a physician too had to face several challenges and to navigate a complex array of institutions, from securing an education to gaining clinical expertise, from attracting students to publishing on the right topics, from building a reputation among the elites to working his way on the battlefield. At the same time, he had to show remarkable manual skills in handling human bodies, dead and alive, both in front of large audiences and in smelly little rooms with small groups of pupils. Finally, he had to compete within a health care landscape populated by both a great amount of professionals claiming in one way or another the title of surgeon, and by the most learned theoretical physicians.



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89. ASB, Studio, 353, 338, and 350. On this trend see Pomata, *Contracting a Cure* (n. 11), 13–21.