In 1558, the Procurators of the Venetian Health Office sought to appoint a new doctor to serve the city’s two plague hospitals. The job of Health Office doctor usually attracted applications from surgeons, physicians and barber surgeons and the election of 1558 was no exception. The names of the five candidates were recorded by the Health Office notary in a seemingly unremarkable list; a closer look, however, reveals that these men were joined on this occasion by ‘Donna Marieta, widow of Nicolo Colochi’: the only female applicant for this post in the early modern period. The brevity of the notarial language disguises the remarkable nature of Marieta Colochi’s application to this significant and respected medical position. She was not successful in the election: in fact, she was the only one of the five candidates to receive no votes in her favour. Despite this, her application illustrates how far Marieta felt she had come over the course of her career in the sphere of public health. During a forty-year period, she worked beyond her household and community in centralized institutions, alongside her husband (until his death in 1552), her son and, finally, her son-in-law. She developed considerable expertise in administering external and internal treatments of the body and cleaning merchandise suspected of carrying plague. The unit of her family enabled her to work, until her death in 1568, with a degree of day-to-day independence often assumed to have been out of the reach of early modern female artisans. This article will use her case to illustrate that a study of the contribution of families to public health uncovers a system of provision which was more

The case study for this article was presented in papers at the Society for Renaissance Studies Conferences in Edinburgh and York and I benefited from the questions and feedback from audiences. Jo Wheeler discussed the case of the Colochi secret with me many years ago and shared his expertise of secret remedies. I am grateful to Joanne Bailey and Andrew Spicer for their comments on this article and to Sharon Strocchia who has shared tremendous insight, guidance and encouragement.

1 Archivio di Stato, Venice (hereafter ASV), Sanità 730 218v (21 November 1558).
2 The distinction between medical treatments which were administered externally or internally was an important one in the early modern context and was often addressed in relation to occupational groups: physicians were associated with the more complex internal treatments whereas external medicine could be administered by a broader range of practitioners.
3 Little information survives regarding independent female medical practitioners. Alisha Rankin’s work on early modern Germany has demonstrated the importance that noblewomen could have in providing medical advice and treatments within their locality as well as being part of European wide networks. Her work, however,
innovative and varied in its medical practices, and within which women’s contributions could be more extensive, than has been recognized.

This article builds on research into women’s work within various spaces, which offers valuable contributions to our understanding of early modern healthcare. Characterized as predominantly domestic, women’s expertise has been described by Mary Fissell as ‘bodywork’ and associated primarily with external treatments. The home has been recognized to have had permeable boundaries, bridging public and private functions. Domestic expertise, alongside bonds of kinship and a sense of obligation and charitable care within the parish, has, therefore, been shown to have influenced women’s work in places ranging from the community to the law courts of early modern Europe.

Where women’s work has been considered within centralized charitable and medical institutions, gender historians, like Merry Wiesner, have asserted that women took on maternal roles, which were extensions of female domestic duties. In existing studies, therefore, familial ideals and emotional bonds have been recognized as significant, but the space of the home or community has been emphasized for its role in determining women’s work. The impact of the family on women’s work warrants further attention. In contexts beyond concerns women of a high social status. See Alisha Rankin, ‘Becoming an Expert Practitioner: Court Experimentalism and the Medical Skills of Anna of Saxony (1532–1585)’, Isis 98 (2007), 25–53 as well as her contribution to this volume.

For general discussion of female practitioners see Margaret Pelling with Frances White, *Medical Conflicts in Early Modern London: Patronage, Physicians and Irregular Practitioners, 1550–1640* (Oxford: Clarendon Press, 2003) Chap. 6, ‘Gender Compromises: the Female Practitioner and her Connections’, 189–224. Lucinda M. Beier, ‘In Sickness and in Health: a Seventeenth-Century Family’s Experience’, in Roy Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), 101–28. Deborah E. Harkness, ‘A View from the Streets: Women and Medical Work in Elizabethan London’, *Bulletin of the History of Medicine* 82 (2008), 52–85. Richelle Munkhoff, ‘Searchers of the Dead: Authority, Marginality, and the Interpretation of Plague in England, 1574–1665’, *Gender & History* 11 (1999), 1–29. Montserrat Cabré, ‘Women or Healers? Household Practices and the Categories of Health Care in Late Medieval Iberia’, *Bulletin of the History of Medicine* 82 (2008), 18–51. More recently, gendered spaces such as the convent have been identified as significant. See Sharon Strocchia, ‘The Nun Apothecaries of Renaissance Florence: Marketing Medicines in the Convent’, *Renaissance Studies* 25 (2011), 627–47. Sandra Cavallo and David Gentilcore, ‘Spaces, Objects and Identities in Early Modern Italian Medicine’, *Renaissance Studies* 21 (2007) highlighted the significance of spaces such as law courts, convents and shops.

Mary E. Fissell, ‘Women, Health and Healing in Early Modern Europe’, *Bulletin of the History of Medicine* 82 (2008), 11. Women’s sphere of expertise in relation to early modern medicine are assumed to have been birth, death and ‘female diseases’. For the latter, see Gianna Pomata, ‘Practicing between Earth and Heaven: Women Healers in Seventeenth-Century Bologna’, *Dynamis* 19 (1999), 119–43. See Richelle Munkhoff’s contribution to this volume. For the distinction between internal and external medical treatments see note 3.

Elizabeth S. Cohen, ‘Miscarriages of Apothecary Justice: Un-separate Spaces of Work and Family in Early Modern Rome’, *Renaissance Studies* 21 (2007), 482, draws attention to the formulation by Michael McKeon that ‘the conceptual relations between public and private [were] “a distinction without separation”’ in order to move the debate beyond a focus upon physical or spatial separation. An introduction to the broad relevance and function of the home is given in Tamara K. Hareven, ‘The Home and the Family in Historical Perspective’, *Social Research* 58 (1991), 253–85.

Merry Wiesner, *Working Women in Renaissance Germany* (New Brunswick NJ: Rutgers University Press, 1986).

Elaine Leong, ‘Making Medicines in the Early Modern Household’, *Bulletin of the History of Medicine* 82 (2008), 145–68. Monica Chojnacka’s study of women’s work in early modern Venice has explored a number of charitable institutions which spanned the city as a result of a ‘citywide network that was almost entirely female’ but these were institutions run for women. See Monica Chojnacka, *Working Women of Early Modern Venice* (Baltimore MD, and London: Johns Hopkins University Press, 2001), 121.
medicine, the family has been shown to have had public and private functions and the regulation of family life, like that of medical care, has been seen to have come under the control of an increasingly pervasive, patriarchal early modern state. One offshoot of this has been to assume that ‘official’ medicine was largely masculine. Through a focus upon the family in the context of public health, this article will contribute to the historiography by undermining the distinction often drawn between feminine ‘domestic’ and masculine ‘official’ medicine.

In the context of seventeenth- and eighteenth-century Italian artisans, and with a different historiographical purpose, Sandra Cavallo has noted that ‘the tendency to make the “family” synonymous with the household has greatly inhibited our understanding of its function’; in the context of early modern women’s work in healthcare, this article will argue that the same is true. Marieta Colochi may represent an ‘exception [rather than a] rule’ but her history and that of her family suggest that the nature of record-keeping in the context of public health may have obscured the contributions made by other women like her within their medical families. The significance of the family unit for shaping the work of the Colochi family in general, and Marieta in particular, will be explored in the first section. The second will highlight those early modern charitable and medical institutions within which administrative structures were shaped by marriage and parenthood in a symbolic as well as a practical way; these sites provided significant, if under-studied, opportunities to women, including Marieta Colochi, to offer medical services within a constructed family unit. The third section will consider characterizations of

9 A good overview of the debates is provided in Janay Nugent, ‘“None Must Meddle Betueene Man and Wife”: Assessing Family and the Fluidity of Public and Private in Early Modern Scotland’, Journal of Family History 35 (2010), 219–31. I address the ‘public’ and ‘private’ distinction differently from much of the historiography on the family in that I intend the ‘private’ family to refer to the familial unit and the ‘public’ family to encompass its idea, metaphor and administrative structure. A useful starting point for the patriarchal family in an Italian context is Giovanna Benadusi, ‘Rethinking the State: Family Strategies in Early Modern Tuscany’, Social History 20 (1995), 157–78. See also Sarah Hanley, ‘Engendering the State: Family Formation and State Building in Early Modern France’, French Historical Studies 16 (1989), 4–27. For medicine and the early modern state see the third section of this article.

10 Studies of early modern guilds have generally supported the thesis of a masculinization of work in Europe during the early modern period. For an overview of the literature, albeit with an eye on the case of eighteenth-century France, see Clare Crowston, ‘Women, Gender and Guilds in Early Modern Europe: an Overview of Recent Research’, International Review of Social History 53 (2008) Supplement, 19–44. Midwives, of course, offer an illuminating focus for study in this context. A useful starting point is Doreen Evenden, The Midwives of Seventeenth-Century London (Cambridge: Cambridge University Press, 2000).

11 Elaine Leong and Alisha Rankin (eds.), Secrets and Knowledge in Medicine and Science, 1500–1800 (Aldershot: Ashgate Press, 2011), also contributes to the blurring of ‘gender boundaries surrounding spheres of knowledge’ by doing the reverse of this article and highlighting the role of men in the domestic setting. See in particular page 19.

12 Sandra Cavallo, Artisans of the Body in Early Modern Italy: Identities, Families and Masculinities (Manchester: Manchester University Press, 2007), 125. A similar attempt to disentangle the family and the household, for an entirely separate purpose, has been undertaken by P. Renee Baernstein, who considers convent life in ‘In Widow’s Habit: Women between Convent and Family in Sixteenth-Century Milan’, The Sixteenth Century Journal 25 (1994), 787–807.

13 Pomata, ‘Practicing between Earth and Heaven’, considers the example of Isabella Fontana, whom she describes as the ‘exception not the rule’, and whose case shows some parallels with that of Marieta Colochi.
women’s work in healthcare, emphasizing that labels such as ‘official’ and ‘pseudo’ medicine are unhelpful if we wish to understand women’s contributions to early modern Venetian public health.

The work of the Colochi family in both ‘domestic’ and ‘official’ medical contexts was interwoven with the story of a remarkable medical secret. The term ‘secret’ was used to refer to craft or trade remedies as well as recipes which promised to effect wondrous change, although many became infamous for being ineffective. Medical secrets were important and established features of early modern medical cultures, both domestic and commercial, and were sold widely in marketplaces, streets and through cheap print cultures. Such a secret was owned by the Colochi family. It was not a unique type of remedy but it was unusual because it was sold to the Venetian Republic in 1576 for a large sum of money and used to treat the plague as part of official public health structures within the city of Venice as well as its territorial state; as a result, documentation of the medical cure is unusually detailed. Surviving archival and printed material reveals that the Colochi medical secret was administered by the men and women of the family, provided financial support for a cross-section of family members, and worked as a mechanism of family-building, operating as a dowry in its own right. The function of the secret in marriage relations places it in a similar context as other valuable, artisanal recipe books, which Francesca Trivellato has shown were included in women’s dowries in early modern Venice. Recipe books have received extensive attention from historians, who have used them to illustrate ‘the understanding and use of learned, lay and practical bodily and natural knowledge in the home’. As Sharon Strocchia has illustrated, the transmission of specialist knowledge or skills has traditionally been studied in ‘a university or guild setting’ but a focus upon alternative spaces (in her case, the convent) can illustrate the ‘overlap between household medicine and commercial remedies’.

14 Jo Wheeler, Renaissance Secrets: Recipes and Formulas (London: V&A Publishing, 2009). Key works on the efforts made during the early modern period to combat the plague are Paul Slack, The Impact of Plague in Tudor and Stuart England (London: Routledge, 1985), Section 2, ‘The social response’, 197–326; Richard J. Palmer, ‘The Control of Plague in Venice and Northern Italy, 1348–1600’, unpublished PhD thesis (University of Kent, 1978); Grazia Benvenuto, La peste nell’Italia nella prima età moderna: contagio, rimedi, profilassi (Bologna: CLUEB, 1996). Further references are given in the introduction to Jane L. Stevens Crawshaw, Plague Hospitals: Public Health for the City in Early Modern Venice (Aldershot: Ashgate Press, 2012).

15 For a consideration of secrets and treatments see Benvenuto, La peste nell’Italia, 116–28; Paola Borghi, Antidoti contro la peste a Milano (Milan: IPL, 1990), Chap. 3; William Eamon, ‘Books of Secrets in Medieval and Early Modern Science’, Sudhoff’s Archiv: Zeitschrift für Wissenschaftsgeschichte 69 (1985), 26–49; David Gentilcore, Medical Charlatanism in Early Modern Italy (Oxford: Oxford University Press, 2006) Section II ‘Goods and services’, 91–267 and III ‘Communication’, 267–370; Leong and Rankin (eds.), Secrets and Knowledge; Lissa Roberts, Simon Schaffer and Peter Dear (eds.), The Mindful Hand: Inquiry and Invention from the Late Renaissance to Early Industrialisation (Amsterdam: Editia, 2007).

16 Francesca Trivellato, ‘Guilds, Technology and Economic Change in Early Modern Venice’, in S. R. Epstein and Maarten Prak (eds.), Guilds, Innovation and the European Economy, 1400–1800 (Cambridge: Cambridge University Press, 2010), 222, note 87.

17 Susan Broomhall, ‘Health and Science’, in Silvia Evangelisti and Sandra Cavallo (eds.), A Cultural History of Childhood and Family in the Early Modern Period (London: Bloomsbury Academic, 2014), 179.

18 Strocchia, ‘The Nun Apothecaries of Renaissance Florence’, 628.
Colochi medical secret draws attention to the transmission of skills and knowledge within the family. What emerges, challenges assumptions drawn on the basis of early modern gender hierarchies; Marieta Colochi, for example, is frequently described as a teacher to male medical practitioners. Although her *de jure* position within the family may have been subordinate, her *de facto* role in medicine emerges as significant.¹⁹

THE COLOCHI FAMILY AND PUBLIC HEALTH

In 1576, during a severe outbreak of plague, Ascanio Olivieri, who had been appointed as the doctor responsible for the Venetian *lazaretti* [plague hospitals] by the Health Office in 1567, offered to sell a secret cure to the Republic. In his supplication, Olivieri recognized the scale of infection within the city at the time and claimed that the problem in curing the population was the delay in getting the sick to the city’s plague hospitals, meaning that they continued to infect others and remained without treatment themselves. Olivieri claimed that his secret immediately stopped pain and extinguished the strength of the disease; to meet the wider needs of the city, he suggested that his cure should be purchased and distributed by the Health Office to individual households as a supplement to the care provided within civic hospitals. His secret incorporated internal and external treatments (for *giandusse* [boils] and *carboni* [small pustules]) but did not involve surgery of any kind and was obviously considered by Olivieri to be of high value. He requested 5,000 ducats as a one-off payment and thirty ducats per month for the rest of his life and the lives of his children (male or female); those male or female children would be obliged to serve the Health Office, according to need.²⁰ This lump sum of 5,000 ducats was the equivalent of almost thirty-five years’ worth of salary payments. Financial negotiations ensued with Health Office officials keen to purchase this remedy. They responded with an offer of 3,000 ducats and the monthly payment of thirty ducats. A few months later Olivieri received the much lower sum of 800 ducats as a one-off payment (still five times his current salary) and the promised salary increase to thirty ducats, which was exempted from taxes including the Venetian *decima*.²¹

The supplication which Olivieri sent to the Health Office in 1576 to offer his secret for sale had two points of emphasis. The first was that the cure had been used with success during previous epidemics in Venice and its territorial state. Second, it deployed Olivieri’s own family structure. It is this latter element of

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¹⁹ The distinction between theory and practice in the context of marriage and the family is emphasized in Maria Ågren and Amy Erickson (eds.), *The Marital Economy in Scandinavia and Britain, 1400–1900* (Aldershot: Ashgate Press, 2005). I am grateful to Joanne Bailey for drawing my attention to this reference.

²⁰ ASV, Sanità 730 312r (3 September 1576).

²¹ ASV, Secreta MMN 95 144r (23 July 1576).
the secret’s history which has been neglected in the existing historiography.²² Olivieri was the son-in-law of Nicolo and Marieta Colochi (Fig. 1), both of whom had served the Venetian Health Office, with the former taking the role of doctor to the lazaretti between 1528 and 1552.²³ Crucially, it was the Colochi secret cure for plague which Olivieri was offering to the state. The cure had passed to Olivieri as Paula Colochi’s dowry for their marriage.²⁴ Olivieri requested such a high, one-off payment from the Republic partly because the secret had operated as this source of financial support. Given the high costs of dowries during the sixteenth century, the importance of these arrangements within marriage relations and the function of dowries as ‘important reserves of wealth’, it is indicative of the cure’s perceived value that it was used in this way before the question of the sale with the Health Office had even been broached.²⁵

The significance of Olivieri’s marital family unit can also be seen in his original employment contract in 1567 with the Health Office, which emphasized that he was the son-in-law of Donna Marieta, widow of the Health Office

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²² Some of the details of Olivieri’s negotiations with the Health Office are discussed in Gentilcore, Medical Charlatanism, 142. I am grateful to the anonymous reader of this special issue for highlighting the unpublished thesis of Sabrina Minuzzi on medicinal secrets in Venice which also considers this secret: ‘Sul filo dei segreti medicinali: praticanti e professionisti del mercato della cura a Venezia (sec XVI–XVIII)’, unpublished PhD thesis (University of Verona, 2008). Some of her findings will be published in the chapter ‘Segreti medicinali: figure del mercato della cura nella prima età moderna’, in Andrea Carlino, Antonio Clericuzio and Maria Conforti (eds.), Interpretare e curare: medicina e salute nel Rinascimento (Rome: Carocci, 2013). I am very grateful to Sabrina Minuzzi for allowing me to consult this chapter before publication.

²³ ASV, Sanità, 731, 34r (1567).

²⁴ ASV, Sanità, reg. 13, 43r (7 September 1559) and ’e perche questo secreto e la dote de mia consorte’ in the supplication by Olivieri in ASV, Sanità 730 312r (undated). It is not clear whether the secret formed part of or the entirety of the dowry.

²⁵ See Donald E. Queller and Thomas F. Madden, ‘Father of the Bride: Fathers, Daughters, and Dowries in late Medieval and early Renaissance Venice’, Renaissance Quarterly, 46 (1993), 685–711; Stanley Chojnacki, Women and Men in Renaissance Venice: Twelve Essays on Patrician Society (Baltimore MD, and London: Johns Hopkins University Press, 2000); Renata Ago, A Gusto for Things: a History of Objects in Seventeenth-Century Rome (Chicago, IL: University of Chicago Press, 2013), 5.
doctor Nicolo Colochi. The contract stressed that Marieta was in possession of her husband’s medical secret. Olivieri was informed that a condition of his employment with the Health Office was that he must support and provide for (sustentar et allimentar) his mother-in-law. Marieta, in turn, was instructed to teach Olivieri how to minister the secret (insignar fidelmente ditto secretto al ditto suo zenero). Furthermore, she was obliged to accompany Olivieri into the lazaretti when requested by the Health Office to use the secret and treat the sick by hand (adoperar ditto suo secretto et medicar manualmente li infermi). There are two important points to note here. First, Marieta’s work as a medical practitioner was considered sufficiently significant by the Health Office to warrant this attempt to secure its availability in times of need in a wide-ranging manner. She is mentioned treating the sick by hand and it is not suggested that she treated female patients exclusively. Given her role as a teacher to her son-in-law, it does not seem as though her work was gendered. Second, it is clear that possession of the text of a medical secret was not considered in itself to be a guarantee that it could be used effectively. Though Marieta’s daughter and Olivieri had inherited the text, Marieta’s expert experience was still required. Despite the apparent gender hierarchies of the early modern medical world, Marieta’s experience clearly gave her knowledge and skills that her son-in-law lacked, even with his training as a surgeon and his possession of the text of the secret.

Some of the surviving texts of the Colochi secret reveal the nature of Marieta’s important teaching role. She is not mentioned in the best-known version: the official text of Olivieri’s secret issued and circulated in Venice three days after the sale, which contained heavily curtailed advice in the interest of providing simple guidance so that the secret could be easily administered within the city’s households. The most extensive extant description of the cure is dated 1598 and is likely to be the broad form in which the cure was sold by Olivieri to the Health Office. In this version, Marieta is described as a salaried female doctor (’medica salariata’), an unusual label in an early modern context. This text makes clear that the Colochi treatment involved a number of stages: diagnosis, the preparation and administration of medical treatment (including possible surgical treatment of swellings), the regulation of diet and, in certain circumstances, bloodletting. It also includes a preventative medicine for those suspected of having come into contact with the infection and methods for identifying plague as cause of death. In other words, the cure that Marieta was teaching her son-in-law bridged pharmacy and physic, as well as basic skills in post-mortem assessments. Like other early modern women, she may have been expert in the preparation of the medical

26 ASV, Sanità 731, 34r.
27 Biblioteca del Museo Correr, Venice (hereafter BMC), Donà della rosa, 10–32.
28 BMC, Donà della rosa, 181/1 1–16.
29 Pomata notes that this was a term used in medieval Bologna but that it disappears from later records and cites evidence of a similar trend from fourteenth-century Venice. See Pomata, ‘Practicing between Earth and Heaven’, 121 and note 5.
treatment but archival documents record that she also administered the cure.\textsuperscript{30} It is extremely unlikely that Marieta herself would have been involved in bloodletting, since barber surgeons were employed for this purpose in the institutions within which she worked but it is certainly clear that her expertise moved beyond the external treatment of the body usually associated with women’s medical work.\textsuperscript{31}

With the holistic nature of the secret cure in mind, it is useful to note that other copies of the Colochi secret survive in the Vatican library and these attribute ownership of the cure to Marieta, as well as Nicolo Colochi and Ascanio Olivieri. The texts that advertise the cure as belonging to Olivieri include the official printed version discussed above and a cheap print leaflet which highlights his role as doctor at the plague hospital.\textsuperscript{32} The copies attributed to Nicolo and Marieta Colochi are also examples of cheap print leaflets of varying quality.\textsuperscript{33} In Nicolo’s version, the cure’s holistic elements are described over the course of two days and treatments for those aged over and under twenty are differentiated. The version attributed to Nicolo, therefore, is fairly faithful to the original and blurs the boundary between two print genres: the regimen-style advice associated with physicians (which provided more individual treatment on the basis of age, gender and lifestyle) and the more generalized treatment of secrets.\textsuperscript{34} As with Olivieri, Nicolo is described as Health Office doctor in Venice in the title of the text.

In the leaflet attributed to Marieta, which is the most basic of all, other cures for swellings are included, including one said to have been used in Turkey. There are some parallels with the version attributed to Nicolo. In particular, one recipe for treating swellings is similar, as is the internal medicine. In Marieta’s version, though, the instructions for the internal medicine are less detailed; in fact, only the ingredients are listed. Most notable regarding this printed version is the omission of the secret’s second day’s treatment. As a result, there is no mention of the cure’s distinctive ingredient (the herb \textit{smartella} [myrtle]). This herb is described in every other surviving version but

\textsuperscript{30} Ibid., 120, for example, illustrates that in seventeenth-century Bologna, Isabella Fontana ‘claimed sole responsibility for the preparation [of a medical secret] declaring that her husband was simply in charge of selling it’.

\textsuperscript{31} Bloodletting was also a controversial treatment for the plague. See Stevens Crawshaw, \textit{Plague hospitals}, 160.

\textsuperscript{32} Biblioteca Apostolica Vaticana (hereafter BAV), R.I.IV.1551 (int.85).

\textsuperscript{33} BAV, R.I.IV.1551 (int.1) for the copy attributed to Marieta and (int.87) for that of Nicolo. For the circulation of cheap print see Rosa M. Salzberg, ‘Selling Stories and Many Other Things In and Through the City: Peddling Print in Sixteenth-Century Florence and Venice’, \textit{The Sixteenth Century Journal} 42 (2011), 737–59. On the circulation of information more generally, in oral and printed forms, see Filippo de Vivo, \textit{Information and Communication in Early Modern Venice: Rethinking Early Modern Politics} (Oxford: Oxford University Press, 2007).

\textsuperscript{34} Physicians attempted to overcome this challenge by including an increasingly large number of recipes as appendices to their treatises published on the plague. The tension for physicians between treating the individual and the general market is highlighted in Richard J. Palmer, ‘Health, Hygiene and Longevity in Medieval and Renaissance Europe’, in Yosio Kawakita, Shizu Sakai and Yasuo Otsuka (eds.), \textit{History of Hygiene} (Toyko: Ishiyaku EuroAmerica Inc., 1991), 75–98. For an example of a treatise including a large number of remedies see Leonardo Fioravanti, \textit{Il reggimento della peste . . . Nel quale si tratta che cosa sia la peste, et da che procede et quello che doveriano fare i Prencipi per conservar i suoi popoli da essa; et ultimamente si mostrano mirabili secreti da curarla, cosa non mai piu scritta da nisuno in questo modo} (Venice, 1571).
in Marieta’s it is only the other, more standard herbal waters of *bocolosa* and *endive* which are mentioned. It may have been that the producer of this cheap print leaflet wished to avoid discussions of the various species and sizes of *smartella* in the interests of brevity and limiting costs. Complicated recipes could be perceived as potentially dangerous rather than ingenious and exciting. Marieta’s version provides a number of external medicines for swellings rather than internal treatments; the former may have been thought to be more appropriate for the cheap print market. The attribution of ownership of the cure in one of the versions of the secret is nevertheless a fascinating reflection of Marieta’s important role in administering the cure and the degree of contemporary recognition which accompanied her success.

Marieta was not only known for her abilities in relation to the treatment of the sick. She also appears to have had further, valuable skills in the disinfection of goods. A supplication to the Health Office after Marieta’s death in 1568 described her success in healing the sick as well as her skill and ability (*sua arte e ingegno*) in teaching others to clean goods (*insegnato a netar e salvar li mobeli*), thereby preventing them having to be burned. It is notable that, again, Marieta is described as taking an instructive role, demonstrating a valuable craft to others, this time one which prevented personal property from being burned in order to prevent the spread of plague. The cleaning of trade goods and personal property was a significant area in which the Venetian Health Office invested by purchasing secrets and securing the services of skilled individuals. The potential cost to individuals as well as to the state if large numbers of goods were lost was, after all, great: goods which were burned led to compensation having to be paid to owners by the Republic.  

Although Marieta’s methods for disinfecting goods are not mentioned as having been purchased as a secret, letters survive from 1598 in the aftermath of Olivieri’s work in Cividale del Friuli, in which he describes methods for cleaning and disinfecting goods in detail.OLIVIERI does not cite Marieta Colochi directly but it is likely that he utilized her methods in relation to the cleaning of goods as he did for the treatment of patients.

It is clear from archival and printed sources that Marieta was accepted and valued as a medical practitioner with wide-ranging skills: indeed, the preamble to her cheap print version of the cure describes her as ‘M. Marieta Colochi, fu di M. Nicolo Colochi Grecho, Medico al lazaretto vecchio, l’anno 1556’, portraying her both as a doctor and the widow of a Health Office doctor. We have seen that she worked for the Venetian Health Office in conjunction, initially, with her husband and, later, with her son-in-law. Marieta did not, however, succeed in being supported or elected as an independent medical practitioner. The Health Office records show that when Marieta applied for the role of doctor to the *lazaretti* in 1558, six years after the death of her husband, she

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35 For more information see Stevens Crawshaw, *Plague Hospitals*, 209–22.
36 See Mario Brozzi, *Peste, fede e sanità in una cronaca Cividalese del 1598* (Milan: Giuffrè, 1982), 80–5.
37 ASV, Sanità reg. 13 43r (7 September 1559).
was refused and had garnered no support at all from the Venetian Procura-
tors. It is by no means clear as to why Marieta proposed herself for election,
previously with some degree of expectation that she could be successful. Her
attempt to achieve official recognition for her work distinguishes her from
other women who may have carried out similar work within their family units
but leave no trace in archival documentation. Marieta seems to have applied
for the job of Health Office doctor following her service as a buona donna
(‘good woman’) on the lazaretto nuovo [new plague hospital] during the
plague epidemic of 1555–8. This role had, in the fifteenth century, been
known as the ‘prioress’ and carried with it particular responsibilities for caring
for female patients and children. A process of masculinization is evident in the
changing roles of the prior and prioress during the fifteenth and sixteenth
centuries, as the prior came to be the pre- eminent figure; it was largely the
bureaucratic elements of the prioress’s work, rather than the medical respon-
sibilities, which were lost. Reference to Marieta’s medical work within this role
survives from April 1555, when the Health Office officials had written to the
lazaretto doctor Ludovico Cucino expressing concern about a recipe from
Donna Marieta, which they had been sent in relation to her care of children.
Marieta was specifically instructed not to medicate or use any remedies
without Cucino’s permission. It is clear that the concern of the Health Office
officials was not that Marieta was treating the sick but that she was doing so
without recourse to Cucino. His letterbook illustrates that he was paid sub-
stantially more money and was expected to take on significantly more respon-
sibility within the lazaretti than his predecessors and he appears to have been
particularly concerned about issues of hierarchy; a similar exercise had been
undertaken just a few days earlier when the Health Office officials wrote to two
surgeons on the lazaretto vecchio that Cucino was to be obeyed as a ‘doctor
superior to them’.

The prior at the lazaretto nuovo remained in office at the end of the plague
epidemic in 1558 and it does not appear that Marieta would have lost her
employment as the buona donna at this juncture. Instead, her self-perception
as an experienced, competent healer and her work within the lazaretto seems
to have motivated her application for promotion and official recognition. She
might also have been enticed by the higher monthly salary received by the
Health Office doctor. Presumably, in the aftermath of the plague of 1555–8,
she felt that the significance of her public health contribution had been
illustrated to the Health Office. By contrast, the Health Office officials may
have considered it particularly inappropriate to elect a woman, given the
recent severe outbreak of plague, and in view of the contrast between her level

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58 Wellcome Library for the History and Understanding of Medicine, London, ms 223 (hereafter Cucino),
18v (18 April 1555).
59 This instruction was sent shortly after Cucino was asked to adopt temporarily the position of prior as well
as that of doctor. The full instruction, therefore, reads that he is to be ubdirlo et come Priore et come Medico superiore
a Voi; Cucino,13v (15 April 1555).
of formal education and that of Cucino. The nature of the surviving Venetian Health Office archive means that we have only the summary of the election results and lack any detail of discussions that may have taken place or evidence which may have been mobilized in support of her application but it is interesting to note that the other candidates for the role were described in terms of their place of origin and occupation. Marieta was described as the widow of Nicolo Colochi; the Health Office notary lacked even an occupational label for her service to the state.

That Marieta felt qualified to apply for a role staffed exclusively by men sheds some light on the nature of her work; it was her access to the bureaucratic structures of the Health Office, rather than her expertise, which was limited by her gender. It was formal office-holding which remained out of her reach. Mary Fissell has noted that ‘family business . . . was structured in such a way that we often cannot know which person was doing exactly what work.’ The temptation for the early modern historian is to try to narrow down Marieta’s responsibilities; certainly the work of medical spouses and within medical families would be an interesting topic for further research. Surviving sources illustrate that Marieta took on many of the same responsibilities as her husband and son-in-law and developed considerable medical expertise. The Venetian Health Office recognized the value of her experience but struggled to know how to secure her services, except within her family unit.

In 1559, seven years after Nicolo’s death and the year after Marieta’s election attempt, the Health Office notary noted that many people had been cured by the Colochi treatment and the Health Office needed to provide for ‘any eventuality which might occur’. It was said to be necessary to retain the Colochi family’s services (intertenir questa famiglia [my emphasis]) by providing three ducats a month for Marieta and her son Giacomo. This money bound them to serve the Health Office whenever there was need and to reside, during periods of plague, in the city’s lazaretti. The language of the family in Marieta’s appointment in 1559 is significant. We have already seen that her skills were later retained in a similar way alongside her son-in-law Olivieri, from 1567.

The attempt to secure Marieta’s work alongside that of her son seems to have been largely symbolic. Giacomo is rarely mentioned in surviving documentation. In the supplication from Marieta’s daughter Daria to the Health Office, medical secrets and public health

40 A similar point could be made for Ginevra Rossi who was trained in the confectioner’s arts and worked as deputy manager in the house and shop of her husband Guglielmo Rossi in early modern Rome. She is the subject of Cohen, ‘Miscarriages of Apothecary Justice’.
41 Fissell, ‘Women, Health and Healing’, 15.
42 Pomata, ‘Practicing between Earth and Heaven’, 130, draws attention to the case of Lavinia Olimpi who was a co-holder of a license with her husband Domenico in Bologna in 1638. She was authorized to apply external medications on patients in her husband’s absence.
43 For other women who develop areas of expertise see Leigh Whaley, Women and the Practice of Medical Care in Early Modern Europe, 1400–1800 (Basingstoke: Palgrave Macmillan, 2011), 133–4.
44 ASV, Sanità reg. 13 43r (7 September 1559).
Office in 1568, a few days after her mother’s death, she mentions that Giacomo had been absent from the city for many years and was presumed to be dead. During the fifteen-year period between Nicolo’s death in 1552 and Olivieri’s appointment in 1567, Marieta’s participation in Venetian public health stretched even beyond the city into the territorial state. According to the same supplication by Daria, Marieta had personally ministered the Colochi secret in Capo d’Istria, in Venice itself, in Agort, in Belluno, in Desenzano and other villages besides by 1567. Before 1552, she would have travelled with her husband Nicolo and, in 1567 Marieta and Olivieri served together. In Giacomo’s absence in the intervening fifteen years, the remaining journeys may have been taken independently. Travel of this kind is not commonly associated with artisan women. It is reminiscent of the movements of wealthier land owners, who crossed the terraferma to visit their possessions.

Such travel was common for a Venetian Health Office doctor but it has not been realized that these journeys could have been undertaken by families and that female medical practitioners could be sufficiently valued for the experience of administering medical secrets to have been sent throughout the territorial state in an official capacity, directed by the Venetian Health Office.

Marieta’s skills in administering medical secrets to treat the plague and disinfect goods enabled her to work in civic hospitals within Venice and its territorial state. Throughout her career, her involvement with public health structures was interlinked with her family. Even after Marieta’s death in 1568, the Colochi medical secret continued to have an impact upon the women of that family because of its important role within female inheritance. Marieta’s two daughters, Paola and Daria, both benefited from the family cure. The secret provided financial security for all of Nicolo Colochi’s immediate family and, ultimately, the financial provision for three dowries. Besides operating as the dowry for Olivieri’s wife Paola, the sale of the secret enabled Olivieri to leave a cash dowry of 500 ducats for his own daughter Lucretia as well as a sum of ten ducats a month from his income given by the Senate in his will of 1578.

The secret was the basis for the request made by Nicolo and Marieta’s second daughter, Daria, for an occupation (the nature of which was not specified) worth five ducats per month; until a position became available, Daria was granted three ducats per month. The monthly money, she said, would help her to provide a dowry, so that she might marry or enter a convent. Daria had written of having been reduced to the miserable state of being a poor,
orphaned spinster, her only possession being the medical secret left to her by her mother.50

Daria’s inheritance of her family’s medical secret opens up a further, interesting perspective on the perceived value of the cure. A supplication from July 1576 survives from Scipeone Paragatto from Agort [Agordo], established by Sabrina Minuzzi to have been a notary, who appears to have married Daria and received the same Colochi medical cure as a result of Daria’s inheritance.51 He offered his remedy and preventative water against the plague for sale to the Venetian Health Office, which he emphasized had been used by his parents-in-law, Nicolo and Marieta Colochi. His offer to the Health Office was made one month before Olivieri’s supplication offering his secret for sale. The archive documents are silent regarding the reaction of both the Health Office and Olivieri to Paragatto’s offer. Olivieri seems to have benefited from his existing contract, as well as his experience of working alongside Marieta Colochi, giving him preferential treatment in the sale of the Colochi secret over the notary from Agort. The supplication from Paragatto may have been the spur for the sale of the secret by Olivieri – to enable him to continue in his successful career with the Health Office. Equally, this is likely to have been the incentive for the Health Office to welcome Olivieri’s offer and to make a quick sale. Instead of being allowed to sell the secret, Paragatto was given the position of head body clearer by the Venetian Health Office. He was well remunerated, although it was a job which involved exposure to the plague. His responsibilities were largely bureaucratic and included keeping count of the body clearing officers in service and distributing them to places of need so that they could clear bodies to sites of burial.52 Furthermore, he was instructed to give the body clearing officers whatever preservative necessary to maintain the health of these workers, using the same cure that he had offered to sell and he was allocated supplies of the herb *smartella*.53 Both parties, therefore, gained some profit from their exchanges with the Health Office in relation to their wives’ family cure and were employed in medical roles with responsibility for administering that same treatment.

Thus far, the Colochi medical secret has been considered in the context of family building, particularly through its role as a dowry. In relation to the sale of secrets to the state, however, it is clear that family claims could be competing, since both Olivieri and Paragatto sought to sell the secret and capitalize financially upon its perceived success. The Health Office dealt with the potential tensions deftly in granting Paragatto an occupation in lieu of the sale but there also appear to have been negotiations within the family. Papers in the

50 ‘reduta in suma miseria in eta nubile dottata solamente del detto secretto lasatomi da essa q mia madre priva di padre et madre’, in ASV, Sanità, 731 83r (1568). Marieta’s will has not been located.
51 Minuzzi, ‘Sul filo dei segreti medicinali’, 111.
52 See Jane L. Stevens Crawshaw, ‘The Beasts of Burial: Pizzigamorti and Public Health for the Plague in Early Modern Venice’, *Social History of Medicine* 24 (2011), 570–87.
53 ASV, Secreta MMN 95 70r (13 August 1576).
archive of the Ospedale di Santa Maria dei Derelitti record that Olivieri owned property at his death in Biri Piccolo (Cannaregio), Crocecalle (Belluno) and in Agort. In this last town, Paragatto’s place of origin, Olivieri held investments by 1582 in conjunction with both Scipione and Maria (Daria?) Paragatto. It may well be that these investments were designed to compensate Paragatto for the loss of the sale of the secret to the Health Office, since both men could have legally claimed ownership of the secret recipe.

More generally, medical secrets could provide financial support to both male and female heirs. In the context of the Ospedale di San Lazzaro dei Mendicanti, Venice’s beggars’ hospital, Giuseppe Ellero has recorded the employment of specialized empirics (specialisti empirici), such as Donna Gasparina who possessed an unguent for leprosy which was purchased in 1602 from her daughter, who had obviously inherited it. In 1564, Simon da Udine offered a recipe to Venice’s Health Office which had been given to him as the heir of Angelo de Fortis, who had served Venice during the plague outbreak of 1556. Both recipes and skills could be inherited; this was recognized, when the Colochi secret was sold, in the stipulation that Olivieri’s heirs, whether male or female, should continue to serve the Health Office if there was need. Inheritance and the role of the family, therefore, were often emphasized in order to help to establish the authenticity of a remedy.

In the case of the Colochi secret, it is clear that this was a significant text in the context of female inheritance and the creation of family wealth. In early modern Venice, women could own property and do so, if they were married, independent of their husbands. Marieta’s prominent role in the history of this secret cure may have developed because it had been her recipe, perhaps brought into her marriage to Nicolo as part of her own dowry. In Venice, the dowry fell within the administrative control of husbands during their lifetimes but was returned to wives on the death of the spouse. This might explain the inheritance of the secret by the women of the Colochi family (initially Marieta after Nicolo’s death and then Paola and Daria) rather than the son Giacomo. Marieta also played an essential role in the teaching of skills associated with

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54 Archivio Istituzioni di Ricovero e di Educazione [IRE], Derelitti E170:12 (Olivieri, Ascanio). I am grateful to Alexandra Bamji for passing on this reference.
55 Minuzzi, ‘Sul filo dei segreti medicinali’, 125.
56 An interesting case is considered in Pomata, ‘Practicing between Earth and Heaven’, 120, of the medical secret of Martino Grimaldi which, over the course of a century and a half, is inherited by brothers-in-law, wives, servants, great-grandsons and nephews. Women are well-represented in the inheritance of that secret. Further examples of the inheritance of medical recipes by family members are given in Minuzzi, ‘Segreti medicinali’, 8–9.
57 Richard J. Palmer, ‘L’assistenza medica nella Venezia Cinquecentesca’, in Bernard Aikema and Dulcia Meijers (eds.), Nel regno dei poveri: arte e storia dei grandi ospedali veneziani in età moderna 1474–1797 (Venice:Arsenale Editrice, 1989), 41.
58 ASV, Sanità 730 312r (5 September 1576).
59 ASV, Sanità reg. 13 78v–79r (22 January 1564).
60 Chojnacka, Working Women, Chap. 2 ‘Women of Means: Property and Possessions’, 26–49.
61 Chojnacki, Women and Men, 83.
the treatment; she had developed a level of expertise which might suggest a long-standing association with the cure. These skills were considered to be vital to the success of the text.

Medical expertise and work in the public health sphere could provide women with a degree of independence, as well as support and opportunities reminiscent of those provided by early modern guild structures. Health Office doctors generally did not belong to the College of Physicians; membership in this body was not compulsory for those practising medicine within the city. Many of the men appointed to the post of Health Office doctor to the lazaretti were foreigners, with most being drawn from elsewhere on the Italian peninsula and France. The protagonists of the Colochi case were no exception: Nicolo Colochi was a Greek doctor, Ascanio Olivieri was Sicilian and Paragatto was from Agort (within the Venetian mainland state). These individuals did not have ‘a guild structure through which men would hold a full range of privileges with their wives, widows and daughters holding limited rights in the craft’. Though women in early modern Venice did have access to membership of guilds dealing with textiles and clothing they lacked such structures in the sphere of medicine and may, paradoxically, have been less constrained in their access to work as a result. Through the sale of the Colochi secret the women of these foreigners’ families were given support, opportunities and obligations. This was recognized by Nicolo and Marieta’s daughter Daria, in her aforementioned request to the Health Office after her parents’ deaths, which emphasized her poverty and her state as an orphan. She requested that the monthly sum previously provided to her mother and brother continued to be paid to her so that she was not forced, out of necessity, to ‘do the things that women of ill repute do’ (non sia sfociata per necessita far quello fano le done di mal affari). It may be that her parents’ status as immigrants into Venice would have heightened contemporary concern regarding her potential fall into prostitution. Certainly, the supplication makes clear that Daria was aware of the support accessible to her from the state.

The history of the Colochi medical secret brings into sharp relief the broad significance of the medical family as an institution of medical provision, a body which imparted authenticity and a unit for the transmission of objects and skills. The family could shape women’s work within a city or broader territorial state as well as the home and the parish. The significance of the family can also be seen in charitable and medical institutions, where the

62 On the Venetian College see Palmer, *The Studio of Venice*.
63 Trivellato, ‘Guilds, Technology and Economic Change’, 214. Women in early modern Venice did have access to membership of guilds dealing with textiles and clothing. See Richard S. Mackenney, ‘Continuity and change in the *scuole piccole* of Venice c.1250–c.1600’, *Renaissance Studies* 8 (1994), 388–403.
64 ASV, Sanità, 731 83r (1568).
65 Chojnacka, *Working Women*, 82 identifies that a high proportion of prostitutes in early modern Venice were immigrants.
language and structure of the natural, nuclear family was often appropriated and where women, again, could be given important opportunities for medical work.

CIVIC INSTITUTIONS AND THE IDEA OF THE FAMILY

Thus far, we have seen that the family unit could play a part in enabling women’s involvement with public health. The family’s structure was also adopted for the administration of centralized charitable institutions; although this has been widely acknowledged, it has been studied only superficially. Broadening our understanding of the significance of the idea and unit of the family within public health further emphasizes that the opportunities for women within early modern healthcare were not limited to the home and parish. This can be seen in the context of the administration of the Venetian plague hospitals, or lazaretti, the institutions within the Colochi family principally worked.

The Venetian lazaretti were run by a prior and appointed with a prioress to serve alongside him. In early statutes, such as in 1432, the relationship between the prior and prioress was not stipulated; the only detailed information on the prioress related to payment. By 1479, it was stated that the prioress should be the prior’s wife. By 1484, the statutes allowed for the appointment of unmarried priors: if that was the case, a ‘good woman’ (buona donna) should be appointed with him. Her salary was permanent. This was the position that Marieta Colochi seems to have held less than a century later and an exploration of the practical and symbolic impact of the family structure on this role illuminates further perspectives on her specific experiences as well as opportunities for women’s work in healthcare more generally.

Initially it is clear that the prior and prioress worked together within the Venetian lazaretti. One early prioress, Anzola Mauritio, took responsibility for the lazaretto vecchio whilst her husband, Hieronimo, served in the Venetian fleet under Andrea Loredan. She was appointed in conjunction with her son, Valerio. After Hieronimo’s death, Valerio was appointed prior with Anzola obliged to serve alongside him. Anzola did not receive a separate salary but Valerio was specifically instructed to support his family – including his mother, four sisters and three brothers. This arrangement simultaneously acknowl-

66 Some work has been done to illustrate the continuation of family ties across the boundaries of institutions (most notably on sociability in early modern convents and hospital visiting). The most detailed work on the overlap between domestic and institutional ideas has been carried out in relation to architecture and material culture. See Sandra Cavallo and Silvia Evangelisti (eds.), Domestic Institutional Interiors in Early Modern Europe (Aldershot: Ashgate Press, 2009); and Eunice Howe, ‘The Architecture of Institutionalisation: Women’s Space in Renaissance Hospitals’, in Helen Hills (ed.), Architecture and the Politics of Gender in Early Modern Europe (Aldershot: Ashgate Press, 2003), 66.
67 ASV, Sal b.6 75v (15 January 1432).
68 ASV, Sal b.6 156v (3 March 1479).
69 ASV, Sal b.6 177r (13 August 1484).
70 ASV, Sanità 725 41r (7 July 1498) and 44v (12 August 1498).
edged common gender hierarchies while allowing the hospital to capitalize on medical expertise of female family members. Indeed, it was stressed that the support for his family was a central purpose underlying his appointment as prior. An early sixteenth-century example replicated this arrangement when Prior Cristoforo de’ Bartolli left the lazaretto nuovo in the care of his wife and son.71

Not only was the idea of the family significant in the administration of the lazaretti but it was also a significant unit for determining the appointment of priors through the sixteenth and seventeenth centuries. The Mauritio family provided priors for the lazaretto vecchio for fifty years. A single family (the Nassins) supplied the prior to the Venetian lazaretto nuovo for over a century. In return for loyal service during the Venetian occupancy of Napoli di Romania and to compensate for the abandoned wealth, the family were granted the position of prior of the lazaretto nuovo for the lifetime of Nicolo Nassin (who was appointed in 1545) and his son Zorzi (who served between 1555 and 1576). Their descendants continued to hold the position through the seventeenth century.72 In seeking to recommend their successors, individual priors often emphasized the importance of a family unit which had served together and within which sons had gained experience of administration.73 It is clear that the female members of these family units could be recognized as important and skilled in the medical field. In 1576, for example, Cecilia Maraveglia, the wife of the Prior Zorzi Nassin, was granted a licence to leave the lazaretto nuovo in order to treat the sick in the city, although she was soon recalled to the plague hospital because of the great need there.74

Although briefly mentioned, the medical work of the prioress emphasizes that female members of a family belonging to the cittadino [‘citizen’] strata of Venetian society could also operate as valued medical practitioners and were employed within their family units, with their work being directed by the Venetian Health Office.

The fifteenth-century Venetian lazaretti were not unusual within the context of charitable institutions in early modern Europe in being administered by a married couple. Merry Wiesner’s study of working women illustrated that the pesthouse, orphanages and bathhouses of early modern Germany utilized this structure.75 The family model was particularly appropriate for institutions which cared for children in providing holistic care for the body (through

71 ASV, Sanità 726 10r (7 August 1517).
72 Nicolo died during the outbreak of plague of 1555 and Zorzi during that of 1576. During the later outbreak, Zorzi had transferred from the lazaretto nuovo to the lazaretto vecchio to undertake the role of prior, leaving the lazaretto nuovo in the hands of his son Nicolo. After Zorzi’s death, the role of prior passed to his brother Zuanne. Zuanne continued in the role until into the 1590s and after his death, the position passed to his son Nicolo. Details of the family are available in their various supplications, for example ASV, Sanità 729 66v (24 January 1544), 730 188r (19 January 1557) and 736 169v (1594).
73 See, for example, ASV, Sanità 732 6v–7r (24 April 1574).
74 ASV, Sanità 732 143v (10 March 1576). Her will is in ASV, Archivi Notarili, Testamenti, Atti Cavanis b. 193 no. 261 (14 April 1576).
75 Wiesner, Working Women.
nutrition and medicine) and soul (through religious education). In Venice, the city’s medical and charitable structures often employed a prioress with the purpose of serving ‘as a mother’ to the children within the institutions’ care.76 The ‘fathers’ and ‘mothers’ of these sites could be unrelated.77

Nicholas Terpstra’s studies have illustrated that orphanages in early modern Italy were administered using a symbolic family structure. In the course of his discussion, he has argued that Renaissance society was familiar with the notion of constructed families, which began with ‘milk parents’ then godparents.78 This idea extended to the upper echelons of spiritual and secular administration.79 The government of the Republic of Venice, of course, was headed by a married couple: the doge and dogaressa. The metaphor of the family was used widely, bridging political and religious imagery. Family structures, therefore, could emulate out from the natural, nuclear family. On the purpose of this larger family, Terpstra has written that Renaissance parents sent their children:

> into larger families who would help shelter, feed, educate and raise the children better than any single set of parents could. These larger families might be related by blood or marriage but frequently were not.80

Terpstra’s idea of a public family there to help when the private family could not cope complements studies of Catholic Reformation responses to poverty, which included the establishment of a number of charitable institutions modelled around notions of kinship.81 The neglect of the idea of the family in the context of early modern Catholic welfare and medical institutions may draw from the association of care with the religious orders but in this context too the imagery of the family was pervasive.82 These institutions took on some responsibilities of the domestic sphere: arranging work, providing food and heating, and even organizing marriages. The family unit is one which has often been seen in opposition to centralized charitable institutions, albeit with

76 This is discussed in Giuseppe Ellero, ‘Personaggi e momenti di vita’, in Aikema and Meijers (eds.), *Nel regno dei poveri*, 114–7.
77 For comparative work see Ariadne Schmidt, ‘Managing a Large Household. The Gender Division of Work in Orphanages in Dutch Towns in the Early Modern Period, 1580–1800’, *History of the Family* 13 (2008), 42–57.
78 Nicholas Terpstra, *Abandoned Children of the Italian Renaissance: Orphan Care in Florence and Bologna* (Baltimore, MD, and London: Johns Hopkins University Press, 2005), 2.
79 Terpstra has argued that the metaphor of the family becomes more powerful through the sixteenth century. See Nicholas Terpstra, ‘In loco parentis: Confraternities and Abandoned Children in Florence and Bologna’ in Nicholas Terpstra (ed.), *The Politics of Ritual Kinship: Confraternities and Social Order in Early Modern Italy* (Cambridge: Cambridge University Press, 2000), 114–31.
80 Terpstra, *Abandoned Children*, 2.
81 The historiography on these institutions is vast. For the development of sites in Venice see Aikema and Meijers (eds.), *Nel regno dei poveri* and Brian Pullan, *Rich and Poor in Renaissance Venice: the Social Institutions of a Catholic State, to 1620* (Oxford: Blackwell, 1971).
82 See, for example, Marilyn Dunn, ‘Convent Architecture in Rome’, in Helen Hills (ed.), *Architecture and the Politics of Gender*, 156.
the two structures working within a ‘mixed economy of welfare’ but it is clear that the former influenced the latter in a number of practical and symbolic ways.

Thus far we have seen that the unit and idea of the family shaped women’s roles in the Venetian Republic’s public health structures, as well as the structures themselves. Inheritance of medical cures meant that women could be the valued owners or administrators of medical secrets. Such treatments are elements of public health hitherto largely neglected but were valuable cures. The only extensive consideration of medical secrets for the plague considers them to be examples of ‘pseudo’ rather than ‘official’ medicine. A reconsideration of this distinction is, however, essential; as we have seen, far from being perceived as a purveyor of ‘pseudo-medicine’, the Colochi family was employed as a part of the official public health structures of the state because of the value attributed to their medical secret. The role that families played in public health not only reveals the contribution of women but also shows the state’s involvement in a different light, illustrating that official medicine was not exclusively masculine.

SECRET SELLING AND THE NATURE OF PUBLIC HEALTH

Medical secrets were an established part of the system of early modern medical pluralism. The Venetian Health Office archive contains a number of surviving petitions and copies of secrets, which addressed a variety of ailments, including worms, problems in the stomach or legs, the *mal francese* and problems with teeth and gums. The submission of secrets to the Health Office as requests for privileges, reminiscent of the patents studied by Luca Molà in his work on the Venetian silk industry, became more common towards the end of the sixteenth century and continued into the seventeenth and eighteenth centuries. Most of the supplications to the Health Office, therefore, were designed to protect profit and ownership for individuals and are of the type which have been more generally studied in the historiography on early modern medical and scientific secrets and associated with commercialism.

83 For the treatment of worms see the secret of Leon Herbolato from 1564 in ASV, Senato Terra reg. 50 114r and Sanità reg. 13 74v and 14r and that of Francesco and Joseph Borefrigii (two brothers from Bergamo) from 1574 in ASV, Sanità 732 3v–4v. For the other ailments see the secret from 1586 in ASV, Sanità 735 (6 June 1586). Leon Herbolato, also known as Leone Tartaglini, was a charlatan and his career is discussed in Gentilcore, Medical Charlatanism, 69–71. A number of secrets survive in ASV, Sanità 737 (1597–1607).

84 Luca Molà, The Silk Industry of Renaissance Venice (Baltimore MD, and London: Johns Hopkins University Press, 2000), 186–7. For the development of patent systems in medieval Italian states see Carlo M. Belfanti, ‘Guilds, Patents and the Circulation of Technical Knowledge. Northern Italy during the Early Modern Age’, Technology and Culture 45 (2004), 569–89. Trivellato, ‘Guilds, Technology and Economic Change’. For a brief discussion of purchases of medical secrets by authorities in early modern London, see Andrew Wear, Knowledge and Practice in English Medicine, 1550–1680 (Cambridge: Cambridge University Press, 2000), 337.

85 On the relationship between secrets and commercialism and an overview of the historiography see Leong and Rankin (eds.), Secrets and Knowledge, particularly the introduction.
Although plague was an epidemic disease, responses to it were a permanent feature of early modern public health policies, which incorporated preventive as well as responsive measures; concern about the plague was endemic even if the disease was not. A particular feature of late sixteenth-century public health for the plague was that a number of offers, like that of Olivieri, were made to the Republic for secrets to be purchased. The medical secrets which were offered to cities were considered to be suitable for official ownership in the common good. These cures were limited in number when compared to the printed versions of the marketplace but nevertheless provide a useful collection of remedies, which can work as a window onto the nature of public health and its practitioners in this period. Thirteen secrets survive which were offered for sale to the Venetian Republic. The Health Office archive does not preserve the full recipes of all of these secrets. Some cures were notorious enough to be described in other sources, illustrating that medical ‘secrets’ could, in fact, be well known and details of the treatments circulated within cities in printed forms, as we have seen in the case of the Colochi remedy, as well as oral discourses. Secrets also featured in vivid, literary accounts of plague epidemics. This may have contributed to their characterization as ‘pseudo’ rather than ‘official’ medicine by Paolo Preto in what is the only detailed consideration of these cures for early modern Venice. Such a grouping is, however, unhelpful. Preto’s distinction obscures the fact that his ‘official’ treatments were printed in the form of medical treatises whereas the ‘pseudo medicinal’ cures were those offered for sale to the Venetian state. As we have seen, these ‘pseudo medicinal’ cures could form an important part of public health measures in Venice.

The division between official public health and ‘pseudo medicinal’ secrets has been informed by, and in turn contributed to, the view of early modern states as bodies concerned with controlling the licensing of medicine. This interpretation has been supported by assessments of the development of

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86 For a fuller exposition of this idea see Stevens Crawshaw, *Plague Hospitals*, 6–7.
87 See, for example, the account of the physician Annibale Giroldi in Rocco Benedetti, *Relazione d’alcuni casi occorsi in Venetia al tempo della peste l’anno 1576 et 1577 con le provisioni, rimedii et orazioni fatte à Dio Benedetti per la sua liberazione* (Bologna, 1630), 24.
88 Paolo Preto, *Peste e società a Venezia nel 1576* (Vicenza: Neri Pozza, 1978). The three ‘official’ contributions identified by Preto are by Gerolamo Mercuriale [1530–1606], Andrea Gratiolo [c.1540–1580] and Leonardo Fioravanti [1518–1588], an unlikely trio. Mercuriale was a prolific writer, held the chair of practical medicine at Padua and served as physician in the service of both Maximilian II and Cosimo de’ Medici. Andrea Gratiolo was a physician of a more modest condition from Salò who published works on the causes of the plague and served the Venetian Republic in the role of perito [expert] to the Provveditori sopra i beni inculti (responsible for land reclamation and uncultivated land within Venetian territory). For examples of his reports made in his role as ‘expert’ see ASV, Beni inculti, b. 291 ‘Relazioni dei periti non pubblicati 1569–99’. Fioravanti in many ways defies classification: surgeon, natural philosopher, popular healer, inventor, entrepreneur and reformer. According to the various studies by William Eamon, Fioravanti was a member of the ‘community of experimenters’ of the period. See William Eamon, “With the Rules of Life and an Enema”: Leonardo Fioravanti’s Medical Primitivism”, in Judith V. Field and Frank A. J. L. James (eds.), *Renaissance and Revolution: Humanists, Scholars, Craftsmen and Natural Philosophers in Early Modern Europe* (Cambridge: Cambridge University Press, 1993), 29–45. Preto contrasts the writings of these ‘official’ figures with two anonymous cures, four written by doctors and one by a barber surgeon, priest, merchant and nutrito. The meaning of the latter term is not clear.
branches of government authority, Colleges of Physicians and Protomedicato tribunals which, it has been claimed, ‘all represented state authority’. Laurence Brockliss and Colin Jones writing about early modern France asserted that, ‘Guilds and similar corporate bodies became agents of central government alongside the bureaucracy and municipal authorities . . . the core of the medical world was skilfully sewn into the fabric of the early modern state.’ In addition to widening the impasse between ‘official’ and ‘unofficial’ medicine, this process has been seen to impose an increasingly patriarchal hierarchy upon the early modern medical system.

Across a number of economic trades, the early modern state has been portrayed as a regulator, rather than facilitator, of innovation. A consideration of secrets reminds us that the benefits for governments of encouraging and retaining innovations in technology and production were clear. Indeed, Venice’s traditional trades had relied on a uniqueness, quality and creativity in production which had been protected by secrets for centuries – with Murano glass providing a particular case in point whereby ‘the “secrets” . . . were considered a state affair’. Secrets feature in diplomatic correspondence as objects for sale and of potential value to early modern governments as well as being at the heart of technology and commerce. Although rarely emphasized by historians, employees of the Venetian Republic were prompted to act with this same idea in mind, with those of the Venetian Arsenal, for example, being encouraged to sell inventions to the city. An emphasis upon innovation was also placed by the public magistracy responsible for public health, which recognized that medical secrets held the potential to cure not only a city but a territorial state in times of epidemic disease. Public health, therefore, could be more innovative in its practice than has been realized.

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89 Gentilcore, *Medical Charlatanism*, 92. For an outline of the regulatory systems of Italian cities see 100–6.
90 Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 9.
91 Ruth Martin, *Witchcraft and the Inquisition in Venice, 1550–1650* (Oxford: Basil Blackwell, 1989).
92 Trivellato, ‘Guilds, Technology and Economic Change’.
93 Ibid., 223. On this important industry see W. Patrick McCray, *Glassmaking in Renaissance Venice: the Fragile Craft* (Aldershot: Ashgate Press, 1999).
94 I am grateful to Judith Bryce for drawing my attention to the correspondence of Cosimo Bartoli, for example, who refers to secrets (such as firearms and submarines) of potential interest to Cosimo I in the course of reporting in his role as resident Florentine agent in Venice between 1562 and 1572. Information on Bartoli can be found in her book *Cosimo Bartoli [1503–1572]: the Career of a Florentine Polyphron* (Genève: Librairie Droz, 1983). Elizabeth S. Cohen notes the significance of ‘secret techniques’ for ‘culinary design as well as the visual arts and musical performance’ in her study of the confectioner Guglielmo Rossi in early modern Rome. See Cohen, ‘Miscarriages of Apothecary Justice’. 487.
95 For an example of a discovery which was felt to benefit the industry in the Arsenal see ASV, Arsenale, Capitolare 10 83v–84v (28 October 1560). On the Arsenal, see Robert C. Davis, *Shipbuilders of the Venetian Arsenal: Workers and Workplace in the Pre-Industrial City* (Baltimore MD, and London: Johns Hopkins University Press, 1991); and Ennio Concina, *L’Arsenale della Repubblica di Venezia* (Milan: Electa, 1984).
The purchase of secrets such as that owned by the Colochi family lends a more varied aspect to the role of states in the medical system of the early modern city than has previously been offered. Rather than simply being responsible for mechanisms of control, the Venetian Republic encouraged innovation in response to epidemic disease and facilitated a combination of complementary approaches through the structures of their hospitals. The public health structures which promoted secrets balanced regulation with innovation in the name of the public good. Secrets were established parts of the medical pluralist culture and public health strategies; rather than seeing these two systems as antagonistic, they should be recognized as mutually influential. Secrets were not simply owned by male physicians, surgeons and barbers. The use of these treatments in public health enabled ‘unofficial’ practitioners to carry out ‘official’ work in healthcare. The case of the Colochi secret casts doubt onto the utility of focusing upon labels such as ‘official’ and ‘pseudo’ medicine or ‘trained’ and ‘untrained’ medical practitioners.96

Akin to artisanal recipe books, medical recipes exerted significant social and economic forces within families, as dowries and objects of inheritance, and as mechanisms of family building. The unusually detailed documentation of the Colochi medical secret has illuminated the significance of the secret as a text, inherited by the Colochi daughters, and as an object, at the heart of the work of several practitioners in the sphere of public health. Marieta’s work is illustrative of the respect which women could command as medical figures when their connection with public health structures came through their medical families. Throughout the sixteenth and seventeenth centuries, office-holding with the Health Office was a masculine affair. Male office-holding, however, did not preclude women from carrying out valued work in the sphere of public health. The example of the Colochi secret illustrates that the authorities could intend an appointment to encompass an entire family rather than a single individual.

As with many artisan occupations within the early modern city, the medical family operated as a significant unit in both a public and private sense. The significance of the family for artisanal work extended beyond the threshold of the home. Early civic institutions were influenced by family relationships and obligations of kinship, like parishes and communities. Women’s work could be supported by a family structure within the context of public health; it was not necessarily subordinated by it. As a result, the nature of women’s work within public healthcare could be more extensive, prominent and valued than has been realized.