

The ‘Golden Age of Quackery’ or ‘Medical Enlightenment’? Licensed Charlatanism in Eighteenth-Century Italy

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The history of medicine during the enlightenment is full of paradoxes, and nowhere is this more evident than in the phenomenon of charlatanry. On the one hand, for the charlatans’ numerical abundance and sheer audacity, historians have sometimes singled out the eighteenth century as the ‘golden age of quackery’. At the same time, it was one of increasing control and severity by the medical elites.

In Italy, from the mid-sixteenth century, protomedicato tribunals, colleges of physicians, or health offices (jurisdiction varied from state to state) had required *ciarlatani* to submit their wares for inspection and, upon approval, pay a licence fee in order to set up a stage from which to perform and sell them. This procedure became an administrative routine, and the ‘licensed charlatan’ – not the paradox it might seem – became a common sight in Italian towns. The licensing regime gives the historian unparalleled opportunities when it comes to the investigation of suspect but generally tolerated categories such as charlatans. This article is partly based on a database compiled from the licences issued to some 1100 different charlatans by the various medical authorities in the states of Italy from 1550 to 1800.

During the eighteenth century we notice a downward trend in the number of licences issued (in places such as Siena, Mantua, and Turin), especially from the middle of the century onwards. This was not part of a policy to discontinue the licensing of charlatans, for various reasons (which the article examines), but it did reflect a stricter licensing regime. This is especially evident in the attitude of the authorities to oral (or internal) remedies. Moreover, as of the early 1760s, both the Venetian and Milanese authorities began to reject charlatans’ petitions to sell remedies that were not original,

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resembled medicines already stocked by apothecaries, or were judged to be either harmful or ineffective. The similarity to established remedies that had once helped ensure a charlatan's acceptance and licensing now prevented it. Fewer licence applicants met these criteria; there also appear to have been fewer applicants. The harsh policy may have made charlatanry a less attractive career option or economic opportunity than in previous centuries, reducing the supply and marginalizing charlatanry, economically and geographically. *Cultural and Social History* 2006; 3: 250–263

I

The history of medicine during the enlightenment is full of paradoxes, as Roy Porter noted.¹ Physicians and *philosophes* looked to a medical revolution to complement and complete the scientific revolution. Yet disease remained rampant throughout the *ancien régime*, rates of morbidity and mortality staying appallingly high. However, several developments have been posited as milestones along the (uncertain) way: state concern for health issues, smallpox inoculation, the rise of surgery, university reform, and a vociferous assault on charlatanry. Each development was far from unequivocal, it has to be said. State concern for health could mean local practitioners were subjected to administrative protocols and prejudices; debates over smallpox inoculation did not simply pit reason against unreason; the shifting status of surgery was a long way from producing a unified medical profession; the reformed universities remained at the service of the state; and, finally, attitudes to charlatans remained ambivalent, combining harsh laws and lax licensing. In fact, when it comes to charlatans, for their numerical abundance and sheer audacity, historians have often opted to single out the eighteenth century as the 'golden age of quackery'.² This was the century when charlatans perfected the packaging and branding of their remedies, which they advertised in newspapers and sold by post or via retail agents. It was a time when a charlatan such as Buonafede Vitali, who called himself 'L'Anonimo', though he was one of the greatest self-publicists in the business, could end his peddling career as the 'first physician' of the town of Verona.³

So which is it to be? The high point of charlatanry as a business, or increasing control and severity by the medical elites? As is usually the case

¹ Roy Porter (ed.), *Medicine in the Enlightenment* (Amsterdam, 1995) editor's introduction, p. 1.

² Piero Gambaccini, *I mercanti della salute* (Florence, 2000) p. 229; Roy Porter, *Health for Sale: Quackery in England, 1660–1850* (Manchester, 1989) p. 223. Porter himself preferred to shift this to the early decades of the nineteenth century. Then again, Arturo Graf identified the sixteenth as 'the charlatans' century'. Arturo Graf, 'Un processo a Pietro Aretino', in his *Attraverso il Cinquecento* (Turin, 1888) pp. 89–167, at p. 120.

³ I discuss Vitali and other points raised in this article more fully in my study *Medical Charlatanism in Early Modern Italy* (Oxford, in press).

with this sort of question, the answer would appear to be a little of both. Symptomatic of this paradox is the high-flying career of the Florentine charlatan Giovanni Greci, 'Il Cosmopolita' (The Cosmopolitan). On 14 January 1760 Greci was licensed in nearby Siena to sell his *balsamo simpatico* (sympathetic balm), *goccioline di salute* (health drops), and *pillola cattolica* (or Catholic pill, which might strike us as an oxymoron), as well as a plaster for intestinal ruptures, a specific for urethral growths, a colyrium for eye pustules, and various pastilles, powders, and waters for teeth. His *goccioline di salute* alone contained 16 ingredients – among them balsam of Mecca, powdered coffee, and something called 'English water' – and was to be prepared by placing the ingredients in a flask and burying this in horse manure for four months, followed by a month under the hottest sun possible.⁴ These were Greci's stomach drops, one of just 10 charlatans' remedies authorized by the Veronese health office in 1770 for sale in apothecaries' shops and private homes.⁵

In many ways Greci represents the heyday of the Italian charlatans, though many other examples might be cited. Greci was well-travelled. A 'Charlatans Database' I have compiled – based on the licences issued to some 1100 different charlatans by the various medical authorities in the states of Italy, from 1550 to 1800 – provides information about him for the years 1758–61. In June 1758 Greci was in Turin, in September he was in Milan; in 1759 (month unidentified) he was in Verona; 1760 took him to Siena in January and Mantua in September; and in 1761 he went to Venice in April and to Turin in September. He also travelled well. In Ancona he made a triumphal entry into the town, accompanied by the sound of trumpets and drums. He occupied 'one of the best and most grandiose apartments' at the Albergo della Posta. He then invited Vittorio Cornelio, a competing charlatan, to a sumptuous meal, which lasted three hours, complete with 24 liveried servants and background music, hoping to seduce him to his side. Cornelio refused, deciding to oppose him. Cornelio set up his stall in the same square as Greci. Having arrived there in his carriage, Greci had his servants, according to Cornelio, 'make the greatest noise possible with their instruments to drown out my voice so that the spectators would not hear what I was saying'. Cornelio responded by enacting 'such an interesting discourse' – in his words – that the audience, curiosity aroused, shouted for Greci's musicians to remain quiet. Such was Cornelio's success that Greci was forced to return to his hotel, and thence departed for the nearby town of Fano.⁶

Greci may have made it in Verona, Siena, and (to a lesser extent) Ancona, but his experience in Parma was to be of a different order. The response to Greci's medicines there suggests a shift in attitudes

⁴ Archivio di Stato, Siena (hereafter ASS), Studio, 54, fol. 226.

⁵ Decree of 8 June 1770, in Paolo Rigoli, *Gli 'infiniti inganni': il mestiere del ciarlatano tra Sei e Settecento (documenti veronesi, 1678–1803)* (Verona, 1990) p. 26.

⁶ Tirsi Caffaratto, *La vita meravigliosa del Cavalier Incognito ossia di Vittorio Cornelio* (Saluzzo, 1966) pp. 44–5 and p. 91 n. 8. Unless stated otherwise, all translations are my own.

among the medical elites. When Greci arrived in Parma in 1760 he went to the duke for permission to sell his internal remedies. The local protomedicato tribunal had licensed him for his external remedies, but not for his remedies for venereal diseases, his stomach drops, and his *pillola cattolica*. Greci could not understand this refusal. After all, he pointed out, he had been licensed by authorities in Paris, Portugal, Naples, Rome, Bologna, Venice, Milan, Siena, Florence, and elsewhere. The fact that Greci went to the trouble of petitioning the duke, at a cost of 12 *soldi*, suggests that Parma's protomedicato was serious about its increased restrictions on the sale of internal medicines.⁷ It also highlights the lengths to which Greci was prepared to go to get what he wanted. Parma's prime minister, Guillaume Du Tillot, sent the petition on to protophysician Silvestro Ponticelli. After considering his position, Ponticelli replied that in order for the duke to make an exception to the constitutions prohibiting the sale of internal remedies by charlatans, Greci would have to undergo a special exam. This would involve identifying 'the cases and circumstances' in which his remedies were appropriate. He would then have to prepare the remedies before the protomedicato's experts and use only these remedies, bearing the protomedicato's seal, to treat only the relevant diseases.⁸

II

From the mid-sixteenth century the Italian protomedicato tribunals, colleges of physicians, or health offices (jurisdiction varied from state to state) required charlatans to submit their wares for inspection and, upon approval, pay a licence fee in order to set up a stage from which to perform and sell them.⁹ The licensing of charlatans became an administrative routine. In 1632, when a physician employed by the protomedicato of the Papal States was asked to define the words 'charlatan and mountebank', he replied: 'they mean those people who appear in the square and sell a few things with entertainments and buffoonery' (*trattenimenti e buffoniane*).¹⁰ It is brief and to the point, and not judgemental. I have decided to adopt it as my working definition of the term. As far as the medical magistracies were concerned, charlatans had a definable identity: they constituted a specific trade or occupation. In this context,

⁷ The fee is given in the 'Tasse degli emolumenti da pagarsi secondo il regolamento approvato da S.A.R. a moneta di Parma nel Regio Tribunale del Protomedicato con real decreto eretto in questi suoi dominj, per gli esami, patenti, matricole, registri, attestati, licenze, ecc.', Archivio di Stato, Parma (hereafter ASPr), Istruzione Pubblica: Protomedicato, 13. The regulation regarding the licensing of charlatans' internal and external medicines is in the *Costituzioni del regio-ducale protomedicato de' nostri stati di Parma, Piacenza e Guastalla* (Parma, 1749) p. 27.

⁸ ASPr, Istruzione Pubblica: Protomedicato, 14, 23 Dec 1760.

⁹ On the protomedicato tribunals, see David Gentilcore, 'All That Pertains to Medicine': *Protomedici and Protomedicati in Early Modern Italy*, *Medical History*, 38 (1994) pp. 121–42. On the health offices and colleges, see Carlo Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge, 1976).

¹⁰ Archivio di Stato, Rome, Università, 67, fol. 113v.

at least, the term *ciarlatano* lost some of its bite. It became less a term of abuse and more a generic bureaucratic label, identifying a category of healer. The word had a more precise meaning and fewer figurative connotations than it acquired in English. More importantly, it was a label the charlatans used to identify themselves and their (legitimately recognized) occupation in tax records, wills, and court depositions.

Briefly put, the term *ciarlatano* added the gift of the gab, the verb *ciarlare*, to the pre-existing word *cerretano*, denoting a false mendicant, someone begging for alms under false pretences. By the early sixteenth century both *cerretano* and *ciarlatano* were being used with reference to two different (but potentially overlapping) groups of people: swindlers and impostors, on the one hand, and remedy pedlars, on the other. The two meanings overlapped – it was assumed that hawkers of medicines and lifetime fraudsters alike possessed something of the performer about them – but were not synonymous. Indeed the whole point of licensing was to keep the swindle and the sale of medicines apart, as we shall see. Nevertheless, throughout the early modern period *fare il ciarlatano* ('to do the charlatan') would be used in quite a literal way, by charlatans and others, to indicate their occupation, as well as in a figurative way, to indicate a combination of braggadocio (another Italian loanword!) and deception. Yet, when the word *ciarlatano* spread beyond the Alps into the rest of Europe in the seventeenth century, along with the Italian pedlar-performers themselves, and was adopted into local languages, its negative usage tended to overwhelm the more neutral descriptive connotation.

Other terms were also employed in Italy by both licensor and licensee: *ciurmatoro* (literally, 'charmer', especially as a snake-charmer, although used in the same way as *ciarlatano* in central Italy), *montimbanco* (used to indicate a range of performers who mounted a bank or trestle stage), and, more specifically, *saltimbanco* (from *saltare*, to leap, used to indicate acrobatic performers). One final term, *empirico* (empiric), is more problematic, in that it could indicate any sort of non-canonical medical practitioner. It was the insult of choice when one physician wished to belittle another. And this happened quite a lot during the second half of the seventeenth century and throughout the eighteenth. This was a time of crisis for learned medicine, the uncertain transition from Galenic to modern medicine evident in the competing dogmas and scepticism about medicine's abilities. When, in 1717, the physician Giovanni Zannichelli wrote to his professional colleague Antonio Vallisnieri (holder of the chair of physic at the University of Padua), bemoaning the petty behaviour of physicians in general and the uncertainty in which medicine found itself, Vallisnieri annotated the letter with the words: 'We're all charlatans!'¹¹

This new-found relativism existed alongside a much older licensing regime. By the very fact of licensing, to say nothing of broader notions about charlatans in general, expressed in writing and in art, charlatanry

¹¹ Letter of Zannichelli to Vallisnieri, 1717–18, in Bruno Brunelli Bonetti, *Figurine e costumi nella corrispondenza di un medico del Settecento (Antonio Vallisnieri)* (Milan, 1938) p. 93.

was a constructed category. It was a construction of contemporaries and, more recently, historians. At the same time, as a phenomenon, it was 'real': the medicines, the stage entertainments, the charlatans themselves. Charlatans were not just some quaint, bizarre, menacing, or alternative offshoot of mainstream medicine (as traditional history of medicine would have it), or merely some projection of the medical elites (as postmodern approaches would have it). 'Charlatans' – people who were licensed as such and who identified themselves as such – actually existed.

The licensing regime in place in early modern Italy allows us unparalleled opportunities when it comes to the investigation of suspect but generally tolerated categories such as charlatans. It was the ongoing attempt to regulate the activity of charlatans which provides us with much of the raw data. The licensing procedure – from initial application by the charlatan to the issuing of a licence – furnishes a wealth of information about them and the phenomenon of which they were part. Each complete licence tells us the charlatan's name and place of origin; his stage name or alias; the nature of his practice/activity, licences, and/or patents from other states (if any); and the remedies he wished to sell (and I say 'he' advisedly). Given the haphazard nature of early modern record-keeping, the licences may be just a sample; they nevertheless represent one that is both numerically significant and, I believe, representative. When the records of the different Italian states are analysed together, they can be seen to include all types of charlatans, rich and poor, from near and far, covering a lengthy stretch of European history.

In the broadest terms, what do the licence numbers tell us? First of all, they tell us as much about those doing the licensing as those being licensed. The peaks in licence numbers follow the establishment of the tribunal or the issuing – and reissuing – of statutes and edicts regarding the need for charlatans to be examined and licensed. The second thing we notice is a downward trend in the number of licences issued during the eighteenth century by some of the authorities. This is evident for Siena and Mantua, and for Turin from the 1740s. The final thing worth noting here is that there was never any suggestion that the medical elites cease licensing charlatans. Ironically, perhaps, the medical authorities had come to depend upon them. Their licence fees constituted a necessary source of revenue. In the case of Mantua, we have the college's own accounts to provide us with an idea of the charlatans' continuing importance to them. The fees supplied the college with just under one-fifth (18.5%) of its annual income during the period 1685 to 1769 (the last year in which the college licensed a charlatan). In certain years, when college income was low, charlatans' licences might provide a lifeline to the following year. In 1686, 1706, 1720, and 1724 over half of the college's income was derived from the licensing of charlatans. However, charlatans were less crucial to college fortunes as the eighteenth century progressed, though this was due more to rising college income than declining charlatan numbers. Thus fees were more important during the

first half of the period, from 1685 to 1725, when they represented 26.4% of annual income, than during the latter part, when they fell to 11.9%.¹²

III

There are two broad reasons why charlatans were not perceived as a threat by the medical authorities. First of all, through inspection, examination, licensing and patenting, and occasional or more regular searches, the licensing authorities believed they could ensure that charlatans operated within acceptable parameters. It was a flexible procedure. It was not unusual for the authorities to proceed to license a charlatan whom they had earlier fined for operating without a licence. Second, most of the remedies that charlatans petitioned to sell were close enough to the remedies contained in the civic pharmacopoeias as not to constitute a problem. For much of the early modern period this similarity facilitated the licensing of charlatans. However charlatans pitched their medicines to the general public, very few were offering 'alternative medicine'. Only in the second half of the eighteenth century would the similarity of a charlatan's remedy to others in the civic pharmacopoeia become a liability when it came to its approval. But more on this below.

Let us take Siena's procedure by way of example. It was fairly relaxed. As long as a remedy's ingredients were not harmful and were consistent with the stated therapeutic functions of the medicine, there was no difficulty. This became routine, to cite from the formula used on one licence: 'whereupon, having imparted the [medicine's] ingredients *as is usual*, [the charlatan] was granted permission with the *usual* licence'.¹³ The procedure became somewhat stricter during the eighteenth century, at least in the sense that medicines had to be 'judged consistent with good pharmaceutical rules'. This does not mean that the Sienese authorities began turning down more and more licence requests; indeed the rejection rate remained statistically insignificant. However, the lower number of licences issued in the second half of the eighteenth century suggests that charlatans were either limiting the nature of their requests to comply with the higher expectations, or that the numbers of charlatans themselves were significantly down (or a combination of the two).

By contrast, Parma's protomedicato, established only in 1748, adopted a strict licensing regime, reflecting the tenor of the times. This was especially evident in its attitude to oral (or internal) remedies. Let me say something about these, by way of an aside. Oral compound remedies constituted, on average, 24% of charlatans' remedies, and non-oral remedies the rest. In part this preference for non-oral medicines was due to repeated injunctions against charlatans' selling oral ones. According to a

¹² Archivio di Stato, Mantua (hereafter ASMn), Magistratura Sanitaria Antica, 14, 'Libro d'entrata e spesa del collegio eccel.mo de' signori Medici di Mantova'.

¹³ ASS, Studio, 61, 740r. My emphasis.

Bolognese edict of 1736, these oral medicines might include 'purgatives, abortives, somnifers, arsenicals, mercurials, and febrifuges', off-limits to all but physicians. Their sale was a serious threat to public health, the edict argued.¹⁴ The fact that one-quarter of charlatans' remedies were nevertheless oral suggests that the edicts were either not obeyed or not enforced to the letter. Rather, these served as broad guidelines whose intent was to make the selling of oral medicines more difficult. Charlatans would have to work harder to justify their sale on behalf of the public good. In Parma's case, however, the law seems to have been followed, as we have seen in the Greci case.

Across the board there were some shifts, perhaps the result of tightening policy from above. The stricter attitude towards the licensing of oral remedies seems to explain the lower number of 'electuaries against poison' licensed for sale during the late eighteenth century. By contrast, the authorities seemed to have had no problems when it came to external remedies. By way of example let us consider those remedies described as curing a multiplicity of complaints. These were external medicines – ointments mostly – which treated surface pathologies such as cuts, sores, wounds, and burns, as well as internal complaints such as 'cold humours', stomach-ache, and so on. The average per decade is fairly consistent, although there is a notable increase in the percentage from the 1680s on. From 1680 to 1790 these remedies represent one-fifth (21%) of all remedies licensed for sale, peaking in the period 1760–90.

The responses of the authorities to charlatans' remedies thus could, and did, change, just as they varied from place to place. The Bolognese authorities, though rigorous when it came to oral remedies, did not seem to have any real difficulties licensing non-oral remedies even during the mid-eighteenth century. Thus in 1759 Giuseppe Pederzoli was licensed to sell his balsam, 'various attestations [having been seen] about its effectiveness and the ingredients all approved'.¹⁵ Things do not seem to have been so easy in eighteenth-century Padua and Venice. When the Paduan protophysician Giorgio della Torre recommended that the health office there license a certain remedy, he would write a version of the following formula: 'I judge that when [these medicines] are not adulterated they may be of help to diseases, as outlined in the prescription and when used with the necessary caution'.¹⁶ This gives a good idea of della Torre's working criteria for deciding whether or not to recommend a licence. In addition, as of at least 1730 the Paduan authorities were regularly using a procedure known as a *ricognizione* in the licensing of charlatans. As part of his licence petition, the charlatan had to produce witnesses to testify on his behalf. This was partly a matter of vouching for a person's reputation.

¹⁴ Archivio di Stato, Bologna (hereafter ASB), Studio, 233, 'Notificazione', 3 Aug 1736.

¹⁵ ASB, Studio, 325, 47v.

¹⁶ Archivio di Stato, Padua (hereafter ASPd), Ufficio di Sanità, 53, 11.

But it was also a means of establishing a person's identity, since early modern institutions had no other ways of doing so (this was before photographs, fingerprints, or dental records made this routine). Charlatans had often made use of testimonials and attestations (*fedi*) in the past, in order to give weight to their requests and applications, and would continue to do so; but the 'recognition' regularized and standardized the procedure. It is further testimony to the rigorous nature of the lay authorities, at least during the eighteenth century (especially when we consider that this phase of the process did not normally involve the protophysician but non-medical officials).

A more significant development took place in nearby Venice. As of the early 1760s, the Venetian protophysician and College of Physicians were rejecting remedies that were not original, resembled ones already stocked by apothecaries, or were judged to be either harmful or ineffective. Remedies that had been approved only a few years earlier, such as Fra Ilarione's stomach plaster or Giuseppe Saetta's *balsamo di Gerusalemme*, were now being rejected.¹⁷ The protophysician Giambattista Paitoni (1703–88) outlined the more stringent criteria then in effect when he wrote in response to one charlatan's petition for a licence:

The *ricetta* [printed prescription], whether for the union or for the nature of the ingredients which make it up, can certainly fit and be useful for some diseases; but this is not enough for it to be adopted as a secret. Nothing is easier than to make up compounds on a whim which will have some use in medicine. But in their secret remedy, the vulgar believe they have a specific and singular compound, able to produce extraordinary and wondrous effects, which cannot be produced by our ordinary remedies, buying it at any price. For this reason, the Most Excellent Senate commands and desires that no secrets be admitted except those which constitute truly particular things and which are capable of producing those effects which cannot be produced by our usual compounds.¹⁸

Paitoni's stricter approach was enshrined in legislation in 1770.¹⁹ In Paitoni charlatans faced a strict opponent, author of his first treatise at the age of 19. During the period under consideration here, he wrote a study of consumption (*tisichezza*), published at the behest of the Venetian health office. Paitoni certainly took his public health role seriously.²⁰ Later, after his death, his vast collection of books was sold by auction in

¹⁷ Archivio di Stato, Venice (hereafter ASV), Provveditori alla Sanità, 588, 28 Nov 1769 and 11 Dec 1769.

¹⁸ ASV, Sanità, 588, 20 Nov 1775.

¹⁹ Edict of 8 June 1770, in Giovan Antonio Boncio, *Rubrica delle leggi, ecc. del magistrato eccellentissimo alla sanità*, ed. N.E. Vanzan Marchini (Vicenza, 1995) vol. I, p. 405.

²⁰ For examples, see Nelli-Elena Vanzan Marchini, *I mali e i rimedi della Serenissima* (Vicenza, 1995) pp. 239–92.

London.²¹ His comments on the petitions are a lively mixture of harsh condemnation, ridicule, grudging acceptance, and outright praise of a remedy's 'singular' nature. Lack of originality proved to be the greatest hurdle. When Giovanni Lionardi of Milan admitted, 'in a rare example of naivety', that he had got his syrup to preserve life from a French book, Paitoni was bound to refuse to admit it as 'a specific secret'.²²

Moreover, at a time when official medicine was advocating the virtues of simplicity and naturalness in the use of remedies, charlatans were still selling medicines of baroque complexity. Giambattista Cortesi, 'Il Lombardo', was refused the right to sell his *balsamo cattolico* for cuts, burns, and worms, on the grounds of 'the irregular union of the ingredients [...] born out of an empiric's inexperience'. To this Paitoni added the fact that 'we physicians have in our art many other simpler and more innocent things, from which surer and quicker results are obtained'.²³ Another remedy had enough ingredients and purported effects as 'to be worth a whole apothecary's shop'. And yet, the effects were 'not so singular, that they cannot be derived from many other simpler things, which are recommended by physicians every day, and which are always prepared and ready in apothecaries' shops'.²⁴

The similarity to established remedies that had once helped ensure a charlatan's acceptance and licensing now prevented them. By the 1780s Paitoni was rejecting many more petitions than he admitted. Petitions came from apothecaries as well as charlatans. This is certainly clear evidence of a stricter approach to charlatans and their medicines. Whether it testifies to a stricter approach on the part of the Venetian health office than the medical authorities of other states is another matter. For the latter, few records of rejections survive. Of the 55 petitions for licences received by the Milanese *protofiscato*, for instance, mostly from the middle decades of the eighteenth century, only two were rejected: one, a German ex-soldier, was denied a licence 'so that no one will be harmed'; the other was a native of Luxembourg, rejected because his remedies did not correspond to their description in his petition.²⁵ But this is from the period before the *protofiscato* was reformed. In fact, the Milanese authorities adopted an approach similar to Venice's, at the same time. In reforms which saw the new medical faculty take the place of its *protofiscato* tribunal, charlatans could have a remedy licensed only after it been demonstrated, 'following repeated trials', to be of 'superior activity and usefulness to those of its type, which are already known' to

²¹ Giovanni Battista Paitoni, *Della generazione dell'uomo discorsi* (Venice, 1722), and *Parere sulla natura della tischezza e sulle cautele da usare per preservarsi dalla medesima, pubblicato d'ordine dell'eccellentissimo magistrato della sanità di Venezia* (Venice, 1772); *Bibliotheca Paitoniana: A Catalogue of the Truly-Valuable and Justly-Celebrated Library of the Late Eminent Sig. Jo. Bapt. Paitoni, M.D., Late of the City of Venice ... Which ... Will Be Sold by Auction* (London, 1790).

²² ASV, Sanità, 588, 17 Dec 1778.

²³ ASV, Sanità, 588, 14 Sept 1781.

²⁴ ASV, Sanità, 588, 18 Aug 1788.

²⁵ Archivio di Stato, Pavia, Università, 29, 8 Sept 1766 and 9 Aug 1764.

pharmacy.²⁶ The widespread decline in the numbers of licences issued, as well as harsher attitudes towards the licensing of oral remedies, testifies to a more repressive response to charlatans and charlatanism from the middle of the eighteenth century throughout the peninsula. But it does not point to an attempt to eliminate it outright.

IV

This stricter approach included the occasional testing of remedies. Remedies made up of standard Galenic ingredients required no testing. The respect paid to all classical authorities meant that their many and varied descriptions of the applications of vegetable, mineral, and animal drugs were seldom questioned. Otherwise, as a general rule, the medical authorities were suspicious of novelty.

The trials and ‘experiences’ conducted by the medical authorities can be seen in this wider context. During the eighteenth century ‘protopharmacology’ became pharmacology proper – a development which historians have recently pushed back from the nineteenth century. It was during the eighteenth that the basic methodology of the field was developed through critical examinations of some of the key drugs of the period, such as opium and cinchona, as well as certain proprietary medicines. It developed from trials on medical patients and healthy subjects and animal experimentation, as well as from chemical analysis and *in vitro* tests on blood. There was methodological development – the application of Baconian methods of experiment, observation, and induction. This was accompanied by an increased ethical awareness of the sacrifices and risks involved in animal and human testing. The evaluation of remedies as an enterprise expanded from the circles of university medicine and learned scientific societies, to take in rank-and-file medical practitioners.²⁷

Tests of charlatans’ medicines by the medical authorities were very few, it has to be said. Moreover, their concerns remained much more practical. The fullest reiteration of these concerns comes from a series of Venetian tests, conducted in 1780 under the auspices of the health office and its protophysician, Paitoni. As such it supplies some of the context and background to some of Paitoni’s decisions regarding the remedy petitions mentioned above. The remedy in question was Innocenzo della Leva’s *sostanza flogistica*, which its creator touted as a cure-all, as described in his self-styled *Manifesto*. The name ‘phlogistic substance’ was meant to conjure up or indicate the medicine’s fiery nature, echoing a theory of

²⁶ Archivio di Stato, Milan, Studi, 127, ‘Piano di regolamento per la giurisdizione nelle materie spettanti alla facoltà medica ... nella città e provincia di Milano’ (1770), pp. 11–12. A similar strict approach was adopted in France during the 1770s, under the Commission Royale de Médecine, which rejected most applications. Matthew Ramsey, ‘Traditional Medicine and Medical Enlightenment: the Regulation of Secret Remedies in the Ancien Régime’, *Historical Reflections/Réflexions Historiques*, 9 (1982) pp. 215–32, at pp. 217–19.

²⁷ Andreas-Holger Maehle, *Drugs on Trial: Experimental Pharmacology and Therapeutic Innovation in the Eighteenth Century* (Amsterdam, 1999) pp. 1–7.

combustion first developed by Georg Ernst Stahl in 1702. But the final quarter of the century was a troubled time for the notion of 'phlogiston' as a principle or substance. Stahl's theory had been refuted by the scientist and theoretician Antoine Lavoisier in 1775.

In the first element in the protophysician's investigations into the remedy, apothecaries were called upon to supply the pharmacological and chemical expertise. Two apothecaries were invited to participate at a 'conference' (this is the term used, *conferenza*) held at the protophysician's house, along with Paitoni himself and two other physicians. The apothecaries were instructed to carry out an analysis of an unspecified 'liquid'. They were to categorize it in terms of smell, consistency, and reactions with other substances. In their report, the apothecaries concluded that the liquid was an 'antimonial preparation combined with an alkaline salt'. In the second element the two physicians, Leonardo Sesler and Tommaso Fontana, were requested to submit their own report. Their role at the conference was slightly different from that of the apothecaries, for they knew what they were dealing with. They were to determine: (i) whether della Leva's remedy was already present in the Venetian pharmacopoeia, or was truly original; (ii) whether the remedy could produce the effects as described by della Leva; and (iii) whether it could be admitted and approved for licensing. These were the criteria adopted by Paitoni for the evaluation of charlatans' medicines, as we have seen. They were in keeping with the protophysician's pronounced public health responsibilities as the medical adviser to the health office. The physicians concurred with the apothecaries as to the nature of the remedy. It was in no way original, they concluded; moreover, an antimonial preparation could in no way cure all of the diseases claimed by della Leva in his pamphlet. They recommended that it be subjected to further trials, this time on three or four hospital patients, in the presence of della Leva and two physicians.

The final element was protophysician Paitoni's own account. This was less a report than an essay on one charlatan – this one with a doctor's title – and his remedy. Paitoni noted how della Leva had been selling his remedy without a licence before he was stopped by the city's health officials, only to be released pending this investigation. The tests clearly showed that the remedy contained no gold, despite della Leva's claims that it was composed of thin wafers of gold and mastic, 'or gold mineral earth'. In addition, although the remedy's effects as described in the charlatan's *Manifesto* were clearly evident in that it brought some relief, in none of the cases did it bring about 'a radical cure'. At this point, rather than take a decision on the matter of licensing, Paitoni approached his learned colleagues at the University of Padua for a more conclusive opinion. What they submitted was a detailed philosophical exposition, in which they discussed the impossibility of there being a single panacea for all ills.²⁸ It is curious that the Venetian health office went to all this trou-

²⁸ ASPd, Sanità, 53, 'Pareri sopra li secreti di medicina del S.r D.r Innocenzo della Leva', 349–97.

ble for a remedy. Perhaps the fact that its proponent was a physician convinced them to take it seriously (although, it has to be said, Paitoni regarded della Leva with the same air of slightly sceptical bemusement he had towards charlatans). Perhaps, too, the fact these were heady years for debates over the issue of combustion – assumptions about which were clearly involved in this remedy – made it more problematic than others proposed around the same time.

As this example suggests, the overall testing procedure was rather elaborate, compared to the trials carried out in earlier centuries. It involved rudimentary chemical analysis, carried out blind, and four levels of reports, each with its own rationale. At the same time, there was still no substitute for trying the remedy out on human subjects, which explains the proposal of the two physicians. The trial they had in mind was fairly basic, which is perhaps surprising, for trials on living subjects had generally become more sophisticated. If in the seventeenth century a single, clamorous case might have been enough to decide a remedy's fate, 100 years later larger numbers of well-vouched-for case histories might be necessary. By the end of the eighteenth century a large number of experiments and observations, based on differentiated therapies, would be required, perhaps including the use and analysis of clinical statistics.²⁹

V

The final three decades of the eighteenth century send out conflicting messages about charlatans and charlatanry. As we have seen, Venice and Milan demonstrated a more rigorous and restrictive policy towards the licensing of charlatans, put in place during the 1760s. This was no doubt at least in part responsible for the decline in the number of licensed charlatans that we see just about everywhere. Fewer licence applicants met these criteria. There also appear to have been fewer applicants. The harsh policy may have made charlatanry a less attractive career option or economic opportunity than in previous centuries, reducing the supply, as it were. A combination of the ongoing professionalization of medicine and ensuing tougher regulation put the medical elites – top-ranking physicians and, increasingly, surgeons – into a stronger and better organized position than ever before vis-à-vis the rest of the medical field. Just how this shift came about is well worth a study of its own. Suffice it to say that it had the effect of marginalizing charlatanry (as defined in this article), both economically, in terms of the more limited range of goods sold and activities offered, and geographically, pushing it to the fairground and rural areas distant from the towns. Strict enforcement from above continued with Johann Peter Frank's rationalizing medical reforms. At the same time, economic reforms sent out a contradictory message. The practice of pharmacy in Lombardy during this period was opened up. Apothecaries'

²⁹ Maehle, *Drugs on Trial*, pp. 268, 288.

guilds in Milan, Pavia, Cremona, and Mantua were abolished. The sale of drugs was liberalized. Apothecaries, at least for a time – that is until the restoration – were able to function like the emerging general practitioners of England.³⁰ It was a time of innovation and competition, made possible by the end of limits on the importation and sale of medicinal drugs. In Venice too apothecaries were increasingly competing with charlatans, increasingly licensed to market new medicines.

Charlatans did not disappear. Paradoxically, in the wake of further liberalization and deregulation of medical practice during French rule, charlatans appeared on the stage once again. Thus in Mantua, under the French from 1797, six charlatans successfully petitioned the *Deputazione Medica* for licences over the next two years.³¹ Much more work needs to be done on the transition from *ancien régime* to French rule, through to the restoration and the rest of the nineteenth century to understand what happens to charlatans and charlatanry in Italy. By comparison, in France, what Matthew Ramsey has called 'classic charlatanism' continued to thrive at least until 1830.³² What is clear is that charlatans did not suddenly disappear with the end of the *ancien régime* in Italy. One need only think of Gaetano Donizetti's 'Doctor' Dulcamara, peddling his 'elixir of love', whose patter aria opens Act 1 Scene 5 of the opera of the same name, to realize they were still very much on the scene, at least in the popular imagination.³³

³⁰ Elena Brambilla, 'Dagli antidoti contro la peste alle farmacopee per i poveri: farmacia, alchimia e chimica a Milano, 1600–1800', in M.L. Betri and D. Bigazzi (eds), *Ricerche di storia in onore di Franco Della Peruta: economia e società* (Milan, 1996) vol. 2, pp. 303–52, at pp. 348–49.

³¹ ASMn, *Sanitaria*, 44, in Attilio Zanca, 'Ciariatani a Mantova nel Settecento', in *Atti e memorie dell'Accademia Nazionale Virgiliana di scienze, lettere ed arti*, 54 (1986), pp. 151–78, at p. 176 n. 63.

³² Matthew Ramsey, *Professional and Popular Medicine in France, 1770–1830* (Cambridge, 1988) pp. 160–64.

³³ Donizetti's *L'elisir d'amore* was first performed in Milan in 1832. The libretto was by Felice Romani, based on a somewhat more farcical libretto by Eugène Scribe, *Le philtre*, itself based on an Italian play, Silvio Malaperta's *Il filtro*.