

# Public Health in Milan

Lavinia Maddaluno

*Ca' Foscari University of Venice*

## Abstract

Public health (*salute pubblica*) in Renaissance Milan encompassed ideas as well as practices of how to maintain the health of the metaphorical (and physical) body of the community during epidemic and non-epidemic times. The term *salute pubblica* has a long lineage: it connects to the Roman and Ciceronian origins of the *salus publica*, and thus to political theories surrounding the preservation and protection of the body politic and the attainment of public wellbeing, the epitome of civic humanism. *Salus publica* also appears in relation to the term *sanitas*, which indicates, more prosaically, a state of physical health. The Milanese Health Board, founded in 1534 (supposedly one of the first permanent institutions of this kind) was entrusted, as a state institution, with preserving both *salute pubblica* and *sanitas*. It had a very well-organized administrative and pyramidal hierarchical structure. Its functioning relied on specific officials, each of them entrusted with specific tasks. At the top of the pyramid stood a senator and a secretary; at the bottom, the so-called keepers, members of the College of Physicians who were in charge of reporting potential threats to public health to the senator and secretary, and various functionaries, who surveyed urban spaces. Through the help of a clerk, the health board recorded its activities, from official quarantines to the number of deaths, to petitions and court cases. Most importantly, even though its foundation followed a plague epidemic, the health board in Milan did not deal exclusively with epidemic containment measures, but also with more mundane and sometimes environmental questions, such as the management of water, the disposal of organic waste, and the cleanliness of streets and dwellings. The health board's overall goal was to preserve public good (*bene pubblico*) and maintain the integrity of the community. It is through an examination of these moments of historical normality, rather than of epidemic emergencies, that we can develop a clear idea of what public health was as a system of everyday practices involving an organic combination of legislative, administrative, and enforcement initiatives.

**Keywords:** Disease; Early modern magistracies; Epidemics; Galen; Health boards; Healthscaping; Hippocrates; Medicine; Organic waste management; Plague; Public health; Rural; Sanitation; Urban

## 1 Introduction

The history of Renaissance public health cannot be disentangled from the history of the fourteenth-century epidemics that propelled the creation of ad hoc institutions dealing with matters of *salute pubblica*. Renaissance Milan was no exception. Although the English term “public health” can appear as a nineteenth-century anachronism, it is instead a modern transliteration of the early modern Italian *salute pubblica*, which encompassed ideas as well as practices of how to maintain the health of the metaphorical (and physical) body of the community. *Salute pubblica* has a long filiation: it connects to its Roman, Ciceronian, origins of the *salus publica*, and thus to political theories surrounding the preservation and protection of the body politic and the attainment of public wellbeing, the epitome of civic humanism. This connotation even made it into Andrea Alciato’s series *Emblemata* (1531–) in which *salus publica* is represented as a shrine where the goddess *salus* feeds a snake (Asclepius) in order to secure health for the community. However, *salute pubblica* also connects to the term *sanitas*, which in addition to indicating a more prosaic and physical state of being healthy, has recently been shown to bear political and philosophical implications.<sup>1</sup> The conceptual complexity that surrounded the term *salute pubblica* translated into a set of medical and social practices – mostly embracing a largely Galenic and Hippocratic framework – to address and contain epidemics in order to limit the spread of diseases in the population of a given community.

## 2 The origins of the health board in Milan

Following the plague epidemic cycles in 1347–51, northern Italian cities sought to contain the plague by establishing specific institutions, the Magistrati di Sanità, or health boards, which as Carlo Cipolla noted, were created on a non-permanent basis.<sup>2</sup> Milan is probably the first city to have had a Magistrato di Sanità as a stable institution; for this reason, the history of public health in Milan is a bit different to that of other cities in the Italian peninsula in the Renaissance.<sup>3</sup> Milan’s Magistrato di Sanità was formally founded by decree by Francesco Sforza only in 1534 (after the plague of 1525/6), but functionaries addressing the containment of epidemics had been appointed well before that date, at the time of the Visconti (1395–1447). These early functionaries were not permanent; they were summoned on an ad hoc basis in response to epidemic outbreaks.<sup>4</sup> 1534 is thus an important date in the history of Milan’s public health precisely because it sealed the establishment of a stable organ with a clear and well-conceived internal structure. The Magistrato di Sanità was part of a broader project of state reorganization, and would later be integrated under Spanish rule (1525–1700) in Charles V’s *Novae Constitutiones* in 1541.<sup>5</sup> How was the Magistrato di Sanità organized and how did it intervene in matters of public health?

## 3 Organization of the Magistrato di Sanità

The act of foundation of the Magistrato, published later as *Erectio Magistratus Sanitatis* (1576), highlighted that the main reason for creating this institution was to solve legislative and juridical confusion concerning the management of public health in Milan, especially during epidemics.<sup>6</sup> The document also pointed out the lack of coordination and preparation (*inexperientia*) of the health prefects, who, until then, were only entrusted with annual positions.<sup>7</sup> The Magistrato was a complex bureaucracy with consultative committees: it was

headed by a senator/president who worked along with a secretary (chosen among the members of the senate of the duchy), four *conservatorii* (roughly translated into English as “keepers” or “guardians”), and a judge. The keepers were two doctors from the College of Physicians, and two *quaestors*, the latter representing two of the central institutions of the duchy, the Magistrato Ordinario and Straordinario both dealing with financial management.<sup>8</sup> The keepers were in charge not only of finding strategies to prevent contagion but also of assessing other general potential threats to public health. They played a central role: the Magistrato di Sanità’s legislative activity was based on suggestions that came from their reports, and the keepers brought any controversy pertaining to *salute pubblica* – from the management of water flow to the disposal of organic waste and manure to the cultivation of rice – to the attention of the Magistrato’s internal court, the Tribunale di Sanità.<sup>9</sup>

Although its structure was centralized, the Magistrato relied on a series of functionaries (*commissarii*) who were in charge of managing various areas of the city and – in normal times – dealt with mundane affairs, such as monitoring the mildly ill (*salubri tepore*), as well as supervising the emptying of latrines and checking on the sewage system to avert the release of foul smells (*ut minus fetoris exhalent*). Foul and noxious air, sometimes indicated by the term *miasma*, was causally linked to the emergence of plague and other epidemics for centuries; hence, the attention that early modern public health institutions paid to developing practices for its control.<sup>10</sup> In times of plague (*pestis autem tempore*), each *commissarius* would be entrusted with the control of a specific district in the city and had to investigate where the epidemic originated. Given that, according to Hippocratic and Galenic ideas, noxious or stagnant air was considered one of the causes of epidemics, the *commissarii* were granted the right to interrogate families who had the misfortune to own cesspits or wells on their properties. If suspicion of a possible contagion arose, they had the duty to report it to the prefect as fast as they could (*illico Praefectis referat*), at the same time notifying the *scriba*, a clerk who had the task of recording all the activities of the Magistrato di Sanità, including acts, decrees, reports, complaints, trials, and confiscations. In time of pestilence (*pestilentia autem pullulante*), the *scriba* was also entrusted with compiling a list of names of those who had died and were buried or – fortunately for them – had recovered (*sepulorum nomina, purgatorumq[ue]*). Finally, if the *commissarii* identified infected family clusters, it was also their duty to escort the infected to isolation hospitals or, in the luckiest of cases, to farms (*villam*) the prefects had earlier deemed suitable as leper hospitals (*lazarettos*). In short, pestilence became an occasion to rethink and reconfigure practices of policing and social order.<sup>11</sup>

#### 4 The management of public health

Although the Magistrato di Sanità played its most prominent role at times of epidemic crises, its structure persisted beyond periods of disease outbreak and assumed a preventative function.<sup>12</sup> It is largely through an examination of these moments of historical normality that we can develop a clear idea of what public health was as a system of everyday practices involving an organic combination of legislative, administrative, and enforcement initiatives.<sup>13</sup> In sum, what were considered “matters of public health”? What did the Magistrato legislate on? Although there were many *gride* (edicts or decrees) issued in the sixteenth and seventeenth centuries in Milan, the first and most significant highlights the tasks of the Magistrato di Sanità in non-epidemic times was probably the *Grida generale de gli ordini della città di Milano. Attinenti al tribunale della sanità, o da quello dipendenti* [*Town Cry of*

*the Health Board Court Orders of the City of Milan*] (1583). This *grida*'s exordium underlines that health (*sanità*) can be "offended, contaminated and eliminated" not only by the plague but also by "putrid and stinky things, rotten victuals, unripe or badly preserved fruit and thousands of other eventualities."<sup>14</sup> Taking this as a starting point, the *grida* details a series of forty-seven social, material, and legal practices for reducing and possibly eliminating sources of contagion. For example, the *grida* tells us that water was one of the main culprits undermining the *salute pubblica*. The Magistrato determined that it had to be kept under control: no one, city dweller, innkeeper, or farmer, was permitted to leave water flowing outside their dwellings, and landlords were not to allow soil or organic waste to accumulate outside their houses, since these might contaminate the water-provisioning system. Excess water must be drained since the danger of it becoming stagnant and putrefying always threatened. To this end, the Magistrato decreed the appointment of an engineer, who would build a cistern for anyone who did not possess one.<sup>15</sup> The Magistrato also established that the cistern had to be built two months after the publication of the edict at the very latest. Technical indications on construction of said cistern were also given: it had to be capacious enough not to need emptying more than two or three times a year, thus facilitating cleaning practices. Concerns over water quality and cleanliness of course sprang from the circulation of Galenic ideas and medical texts, especially medical regimens regarding the impact of food and drink, exercise and rest, sleep and wakefulness, excretion and retention, and emotions (called "non-naturals" in the Galenic tradition) in the preservation of the health of individuals and communities alike.<sup>16</sup>

## 5 Rural and urban concerns

Similar concerns emerged, for example in relation to the provision of excrement, which represented the main fertilizer at the time. Excrement, otherwise *rudì* in Milanese dialect, was managed by the *rudari*, part of the guild of carriers. The *rudari* had to make sure excrement did not accumulate in any dwelling, since its concentration in specific areas might corrupt air quality.<sup>17</sup> Concessions regarding the accumulation of excrement – to be used as fertilizer – were made, but only when this practice was "compatible with public health." The *rudari* were important figures in healthscaping early modern Milan: they had the function of transporting excrement outside the city, while the *navacciarì* made a business out of excrement, selling it to farmers and peasants (*impresa stercoraria*). The *navacciaro* also had to follow public health practices regarding transportation, making sure their *navacce* (containers whose shape was similar to that of a small boat) were well sealed so as not to leave any content behind by accident. The management of excrement demonstrates how concerns regarding the agricultural productivity of an early modern city were inextricably bound up with matters of public health. Another issue, recorded not only in the edicts but also in other forms of documentation such as peasants' petitions and health board trials, was related to the distance (usually four miles) to be maintained between rice fields and cities in the duchy. Institutions' preoccupation with rice – which needed a considerable quantity of water for its cultivation – testifies to the same Hippocratic and Galenic framework that problematized the corruption of air and stagnant waters inside the city as an environmental threat. This also reveals the intrinsic connection between the city and countryside and the constant exchanges (personal, material, commercial, political) that linked the two spaces in a single public health network. Public health in early modern Milan, as much as in other Italian and European cities, was not exclusively about practices surrounding the realm of the rural,

but also about cleanliness and waste disposal in the establishments of candlemakers, vegetable sellers, cheesemakers, and butchers, as well as in silk factories. All these businesses were rigorously supervised by the *commissarii* of the health board, especially when their respective produce emanated a foul smell, considered a potential carrier of diseases according to the Hippocratic tradition.

## 6 Public health and public good

Public health was not just about the physical survival of the members of a community, but also about the preservation of the polity, or the good of the whole community. We can apply this claim to Renaissance Milan. *Salute* and *sanità* went hand in hand, the first indicating the more abstract preservation of the community as such, and the second the physical integrity of its individuals. Both were connected to public good (*bene pubblico*). This was made explicit by the health board, which, in case of controversies or transgressions, “would believe two witnesses who reported on the breaking of the law, and would not admit any evidence to the contrary, thus giving preference to public good.” In other words, any breach against public health was seen as a more general attempt to destroy the polity, and that is why penalties were indeed harsh, in order to reflect such grave crimes, running from fines to imprisonment, from corporal punishment to death. Unsurprisingly, in Renaissance Milan, crimes against public health were regarded in terms of not only direct action but also omission. As an example, if the road facing a dwelling was muddy, then it was the dweller’s responsibility to remove excess water, although they had not personally caused the flood. Cases like these are exemplary in demonstrating how public health regulations in Milan were about the preservation of the community as such, rather than the single individual, thus also revealing early conceptions and practices of the public at the time of the Renaissance.

### Useful links

Curated by the State Archive in Milan, this site lists all institutions present in Lombardy from the VI to the XX century and provides the reader with some basic information and bibliography: [www.lombardiabeniculturali.it/istituzioni/](http://www.lombardiabeniculturali.it/istituzioni/).

A CNR (Italian Centre of National Research) project of digitalisation of the cries issued in the Duchy of Milan from 1560 to 1796: <http://turing.ittig.cnr.it/gride/grideIntroduzione.php>.

### Acknowledgements

This article is part of the “Water-Cultures–The Water Cultures of Italy, 1500-1900” Project, which has received funding from the European Research Council (ERC) under the European Union’s Horizon 2020 research and innovation programme (grant agreement No. 833834). The information and views set out in this article reflect only the Authors’ view and the Agency (ERCEA) is not responsible for any use that may be made of the information it contains.

### Notes

- 1 Guido Giglioli, “Health in the Renaissance,” in *Health: A History*, ed. Peter Adamson (Oxford: Oxford University Press, 2019), DOI:10.1093/oso/9780199916429.003.0008.

- 2 Carlo Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge: Cambridge University Press, 1976), 11–13. On the health boards see also Richard Palmer, “The Control of Plague in Venice and northern Italy, 1348–1600” (PhD diss., University of Kent at Canterbury, 1978).
- 3 See Palmer, “The Control of Plague,” v.
- 4 Caterina Santoro, *Gli uffici del dominio sforzesco (1450–1500)* (Milan: Fondazione Treccani degli Alfieri per la storia di Milano, 1948).
- 5 Alessandro Visconti, “Il Magistrato di Sanità nello Stato di Lombardia,” *Archivio Storico Lombardo*, 1911 (4:15/30): 263–84.
- 6 *Erectio Magistratus Sanitatis. Cum Institutis ei Rei Consentaneis, Per Excellentiss. Mediol. Ducem Franciscum Sfortiam II* (Milan, Apud Io. Baptistam Pontium, 1576), 5.
- 7 *Erectio Magistratus*, 9. See also the online resource from the State Archive in Milan: [www.lombardia.beniculturali.it/istituzioni/schede/8000068/?view=toponimi&hid=8000310](http://www.lombardia.beniculturali.it/istituzioni/schede/8000068/?view=toponimi&hid=8000310)
- 8 Ann Carmichael, “Epidemics and State Medicine in Fifteenth-Century Milan,” in *Medicine from the Black Death to the French Disease*, ed. Roger French, Jon Arrizabalaga, Andrew Cunningham, and Luis García-Ballester (Aldershot: Ashgate, 1998), 221–47.
- 9 *Erectio Magistratus*, 10–16.
- 10 Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), 70–112.
- 11 Alessandro Pastore, *Crimine e Giustizia in Tempo di Peste nell’Europa Moderna* (Rome-Bari: Laterza, 1991), xi–xiii.
- 12 John Henderson, *Florence under Siege: Surviving Plague in an Early Modern City* (New Haven and London: Yale University Press, 2019), 51–84.
- 13 See Guy Geltner, *Roads to Health: Infrastructure and Urban Wellbeing in Later Medieval Italy* (Amsterdam: Amsterdam University Press, 2019), 5–31.
- 14 *Grida generale*, 1. I have used the online reproduction of this cry, on the following project’s website: <http://turing.ittig.cnr.it/gride/grideTesto.php>.
- 15 *Grida generale*, 2–3.
- 16 Carole Rawcliffe and Claire Weeda, *Policing the Urban Environment in Premodern Europe* (Amsterdam: Amsterdam University Press, 2019), 18–23.
- 17 *Grida generale*, 2.

## Further reading

*Erectio Magistratus Sanitatis. Cum Institutis ei Rei Consentaneis, Per Excellentiss. Mediol. Ducem Franciscum Sfortiam II*, Milan, Apud Io. Baptistam Pontium, 1576.

This is the key text that explains the broad margins of intervention of the Milan Health Board.

Carmichael, Ann. “Epidemics and State Medicine in Fifteenth-Century Milan.” In *Medicine from the Black Death to the French Disease*, edited by Roger French, Jon Arrizabalaga, Andrew Cunningham, and Luis García-Ballester, 221–247. Aldershot: Ashgate, 1998.

On the evolution of physicians’ practices of assessing diseases and recording the causes of death in Renaissance Milan, seen as part of the process of state bureaucratization.

Cavallo, Sandra, and Tessa Storey. *Healthy Living in Late Renaissance Italy*, Oxford: Oxford University Press, 2013.

This book addresses the diffusion of health regimes and, more broadly, medical concerns in Renaissance Italy everyday life, looking at how factors such as the quality of air, drinking, and sleeping practices, as well as hygiene, among the others, were increasingly taken into account in the context of the household for the attainment of general wellbeing.

Cipolla, Carlo. *Public Health and the Medical Profession in the Renaissance*, Cambridge: Cambridge University Press, 1976.

On the origins of the health boards and the rise of the physician as a professional in Italy between the Middle Ages and the early modern period.

Henderson, John. *Florence under Siege: Surviving Plague in an Early Modern City*, New Haven and London: Yale University Press, 2019.

Henderson's book is a cultural and social history of the epidemic that struck Florence in 1630/1, and explores, among the many themes, the preventative measures taken by the Florence Health Board in order to contain contagion, looking especially at practices related to the cleanness of streets and households, as well as pointing out the key importance of social factors at stake, and poverty in particular, in the spreading of epidemics.

Geltner, Guy. *Roads to Health: Infrastructure and Urban Wellbeing in Later Medieval Italy*, Amsterdam: Amsterdam University Press, 2019.

This book highlights the pre-modern origins of public health practices by focusing comparatively on specific cases of "road" officials from the Italian cities of Lucca, Bologna, and Pinerolo (Piedmont).

Gigliani, Guido. "Health in the Renaissance." In *Health: A History*, edited by Peter Adamson. Oxford: Oxford University Press, 2019.

This contribution recounts the progressive end of Galenism at the time of humanism, following new discoveries in anatomy and new conceptions of the influence of the mind on the body (Ficino and Bacon).

Palmer, Richard. "The Control of Plague in Venice and Northern Italy, 1348–1600," PhD diss., University of Kent at Canterbury, 1978.

This PhD dissertation focuses on the history of preventative measures (cordons sanitaires, lazarettos) which were taken by civic authorities in fifteenth-century Venice in order to establish control over the spread of disease.

Pastore, Alessandro. *Crimine e Giustizia in Tempo di Peste nell'Europa Moderna*, Rome-Bari: Laterza, 1991.

This book – which relies on an extensive and varied study of judicial and criminal records – endeavours to draw a comparative analysis of how England, three Swiss and three Italian city-states reacted to pestilences and plague by organizing social systems of policing and control on the one hand and, on the other, giving rise to practices of witchcraft and other forms of lawlessness.

Rawcliffe, Carole, and Claire Weeda. *Policing the Urban Environment in Premodern Europe*, Amsterdam: Amsterdam University Press, 2019.

This is an edited collection which explores the multifarious measures, from waste disposal to water management, taken by pre-modern urban authorities and communities in order to preserve a salubrious and healthy environment.

Santoro, Caterina. *Gli uffici del dominio sforzesco: (1450–1500)*, Milan: Fondazione Treccani degli Alfieri per la storia di Milano, 1948.

This is a very detailed study on the structure and function of the various institutions present in Milan under the Sforza rule.

Visconti, Alessandro. "Il Magistrato di Sanità nello Stato di Lombardia", *Archivio Storico Lombardo*, 1911 (4:15/30): 263–284.

This is a classic article on the birth and evolution of the health board (Magistrato di Sanità) in the Duchy of Milan.