

CHAPTER SIX

Medicine and Magic: The Healing Arts

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After several years of marriage, the Pratese merchant Francesco Datini and his wife Margherita had failed to conceive a child, to their growing consternation. Their friends and relatives were eager to help. Among various tactful and not so tactful suggestions, they recommended to Francesco and Margherita the services of various sorts of healers. In 1393, for example, Margherita received a letter from her sister in Florence:

Many women here are with child, and among them the wife of Messer Tommaso Soderini and many others. I went to enquire and found out the remedy they have used: a poultice, which they put on their bellies. So I went to the woman and besought her to make me one. She says she will do so gladly, but it must be in winter. . . . She has never put it on any woman who did not conceive, but she says it stinks so much, that there have been husbands who have thrown it away. So discover from Francesco if he would have you wear it.¹

Two years later, the physician Naddino di Aldobrandino, a family friend, wrote to Francesco to suggest that Margherita's problem was connected to 'pains she had every month before her purgations'. He noted that he had recently cured a patient of a similar condition. 'I will send you everything I did', he wrote, 'and if it appears to your current doctors [*medici*] that it is appropriate to your wife's case, you can do it, otherwise not.'² Shortly afterward, Margherita's

1. ASPr, Datini CP, 1103 (7 September 1393). Translated in Iris Origo, *The Merchant of Prato: Francesco di Marco Datini* (London, 1957), p. 160.

2. ASP, Datini CP 1102/busta (11 February 1394/95). For the sake of convenience, I have used the term 'doctor' here and throughout to translate the Latin or Italian *medicus* or *medico*, despite the etymological problem: *medici* was a general term used to refer to well-established and/or officially recognized healers, including physicians, surgeons and empirics, of whom only the first would have qualified as *doctors*, licensed to teach through their university degrees.

sister offered (through her husband Niccolò) yet another recommendation: a belt with an inscribed incantation. As Niccolò wrote to Francesco,

she says it is to be girded on by a boy who is still a virgin, saying first three Our Fathers and Hail Marys in honour of God and the Holy Trinity and St Catherine; and the letters written on the belt are to be placed on the belly, on the naked flesh. . . . But I, Niccolò, think it would be better, in order to obtain what she wishes, if [Margherita] fed three beggars on three Fridays, and did not hearken to women's chatter.³

Thus over the course of two years, the relatives of this wealthy, literate and socially prominent woman recommended to her four markedly different kinds of healing. The physician Naddino di Aldobrandino belonged to the highest social and intellectual level of the contemporary hierarchy of healers; educated at the university in a demanding course of Latin study that emphasized skill in theoretical disputation as well as familiarity with a wide range of ancient, Arabic and contemporary texts, he could boast among his clients bishops, cardinals, and eventually the pope himself. The Florentine woman with the poultice occupied a much lower place in that hierarchy and was probably what official documents usually called an 'empiric': someone who had learned the craft of healing orally, often from a relative, or by personal experience.⁴ In contrast to the prescriptions of empirics and learned physicians, who typically used naturalistic remedies, made of animal, vegetable or mineral ingredients, the belt sent by Margherita's sister was magical, working through oral prayers and a written incantation; the fact that it required the services of a virgin boy, who had not yet begun to expend his generative force and was therefore at the height of his own fertility, is further evidence of its non-naturalistic character. Finally, Margherita's brother-in-law recommended traditional acts of Christian piety, as an alternative to magical charms.

Three things are worth noting here. First, no one suggested to Margherita that these different levels of practice and types of healing – learned, empirical, magical and religious – were incompatible, let alone mutually exclusive. Furthermore, all were considered appropriate to a woman of her station, able to consult any

practitioners she wished. Secondly, these separate types of healing were nonetheless to some extent gendered. Women's total exclusion from university study in this period meant that only men could take medical degrees and earn the learned credentials of Latinate physicians like Naddino and his colleagues. Similarly, Margherita's brother-in-law considered acts of piety (feeding three beggars on three Fridays) as, if not a specifically male practice, then at least sanctioned by the predominantly male authority structure of the Church and opposed to the 'women's chatter' represented by his wife's magical charm. In contrast to these two male-identified forms of healing, Francesco and Margherita's correspondence reveals two female-identified ones, both recommended by Margherita's sister: the fertility belt and the foul-smelling poultice, prepared by a woman referred to as Francesca through a network of female acquaintances. Finally, as Naddino's own intervention testifies, although women healers were frequently consulted by both men and women on matters concerning sex, reproduction and fertility, they did not by any means have a monopoly on the medical care of women in this or in any other area, including obstetrics and gynaecology; Naddino himself appears in Florentine tax records as a 'birth doctor' (*medico da parto*).⁵ Women consulted male healers for conditions ranging from infertility to diarrhoea to fractures, while men went, though less frequently, to women healers as well.

In general, there is little evidence that the practices of Renaissance healers were strictly segregated according to either the class or the gender of the patient or practitioner.⁶ Rather, the pluralistic map of healers and their clients was more fluid and complex, at least in larger towns and cities. But even if medical practice was not gendered in the simple and monolithic sense of women treating only women and men treating only men – just as it was not 'classed,' in the sense of elites treating only elites and the folk treating only the folk – nonetheless gender, like class, dramatically shaped the kinds of healing offered by, and available to, both men and women, as it shaped the careers, working conditions, and social and economic prospects of the healers themselves.

In approaching this topic, I have defined healing broadly, to include all kinds of assistance offered to men and women who

5. ASF, Prestanze 1322, fol. 22r.

6. For a more recent and modulated view, see (on gender) Monica Green's article, 'Women's medical practice and health care in medieval Europe', *Sigma*, 14 (1989), pp. 434–73; and (on class) Carlo M. Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge, 1976), pp. 80–5; Park, *Doctors and Medicine*, chapter 3.

3. ASP, Datini CP 1103 (23 April 1395). Origo, *Merchant of Prato*, p. 161.

4. On physicians and empirics, see Katharine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, NJ, 1985), chapter 2; the empirics that appear in documents of this sort should not be confused with the ancient medical sect of Empirics.

thought of themselves as ill, by men and women whose special skill in this area was acknowledged and sought out by their contemporaries. This definition excludes midwifery – pregnancy and uncomplicated childbirth, unlike infertility, were not considered illnesses that required medical treatment – as well as the domestic nursing by mothers, daughters, sisters, female servants and slaves, that constituted the vast bulk of the care of the sick in this period. I have also had to omit any discussion of contemporary religious healing by 'living saints' such as Fra Domenico da Pescia or Santa Francesca Romana. Even with these exclusions, however, the practitioners and healing practices I will discuss spanned cultural domains that many historians have attempted to differentiate, under the separate rubrics of 'medicine', 'magic' or 'religion' – boundaries that in the Renaissance often did not correspond to modern ones, and in many cases are hardly to be discerned at all.⁷

Throughout this study, my treatment has been shaped by the extraordinary unevenness of the available documentation. The archives of the principal Italian cities and their universities contain mountains of unpublished information about learned male physicians and surgeons, whose works also survive by the hundreds in libraries, though relatively few have made it into modern editions or English translation. Many male empirics were also officially licensed, and they appear in tax and political documents, as well as in the records of their guilds – material surveyed in a number of important local studies.⁸ The situation was very different for more casual male practitioners, rural practitioners, and virtually all women healers: female, usually of the lower orders, and for the most part illiterate, the last group laboured under a triple disability when it came to leaving written evidence of their ideas and their work. Indeed, except for fugitive glimpses like those in the correspondence of Francesco Datini or in the often hostile treatises of learned physicians, the main information about their practice relates to

7. See also Richard Kieckhefer, 'The specific rationality of medieval magic', *American Historical Review*, 99 (1994), pp. 813–36.

8. Irma Naso, *Medici e strutture sanitarie nella società tardo-medievale: il Piemonte dei secoli XIV e XV* (Milan, 1982); on Bologna, Gianna Pomata, *La promessa di guarigione: Malati e curatori in Antico Regime* (Rome/Bari, 1994); Richard Palmer, 'Physicians and surgeons in sixteenth-century Venice', *Medical History*, 23 (1979), pp. 451–60; Guido Ruggiero, 'The status of physicians and surgeons in Renaissance Venice', *Journal of the History of Medicine*, 36 (1981), pp. 168–84. One of the very few historians to have looked at conditions in the countryside is D. Pescianni, 'Maestri, medici, cerusici nelle comunità rurali pisane nel XVII secolo', in Paolo Rossi et al., eds, *Scienze, credenze occulte, livelli di cultura* (Florence, 1982), pp. 121–45. For other older but still useful local studies, see Park, *Doctors and Medicine*, p. 11 n. 22.

women accused of witchcraft. Not only were such women by definition atypical, but the representation of their activities contained in the records of trials and inquests often reveals more about the theories and assumptions of medical, legal and theological authorities than about the women themselves. Trial documents are also our main source for patient attitudes, expectations and experiences concerning illness and healing, the study of which is still in its infancy.⁹ Historians can also use diaries and letter collections, like those of Francesco and Margherita Datini, to track the attitudes, choices and experiences of elite patients, but the world of the poor and illiterate still remains largely out of reach.

Gender and healing

Where historians of medicine have traditionally described a social, economic and epistemological hierarchy of healers, ranging from (often female) empirics or cunning people on the bottom to (exclusively male) physicians on the top, patients like Margherita and Francesco saw a broad spectrum of functionally differentiated practices and practitioners, arranged in what is sometimes called a hierarchy of resort. In the pluralistic and loosely regulated world of Renaissance medical practice, urban patients, particularly well-to-do urban patients, had a wealth of choices as to whom to consult for a given condition, and many exercised those choices to the full. If home nursing – together with the advice of friends and relatives – were inadequate, they might look to a local empiric, barber or apothecary, or, if they had the resources, a learned physician or surgeon. Even the urban poor often had some access to such services, through municipal poor doctors and local hospitals.¹⁰ If professional help failed or was unaffordable or unavailable – usually the case in rural areas – they might look to magical or supernatural healing, through a cunning person or sorcerer, a faith healer, or a

9. For a model discussion of such sources, see Pomata, *Promessa di guarigione*, chapter 5; also, Monica Green, 'Documenting medieval women's medical practice', in Luis García-Ballester, Roger French, Jon Arrizabalaga and Andrew Cunningham, eds, *Practical Medicine from Salerno to the Black Death* (Cambridge, UK, 1994), pp. 322–52.

10. Vivian Nutton, 'Continuity or rediscovery? The city physician in classical antiquity and medieval Italy', in Andrew W. Russell, ed., *The Town and State Physician in Europe from the Middle Ages to the Enlightenment* (Wolfenbüttel, 1981), pp. 9–46; Park, *Doctors and Medicine*, pp. 89–94, 101–6; idem, 'Healing the poor: hospitals and medical assistance in Renaissance Florence', in Jonathan Barry and Colin Jones, eds, *Medicine and Charity before the Welfare State* (London, 1991), pp. 26–45.

priest, or they might engage in a serious regime of charity and prayer, buttressed by ritual appeals to God and the saints.

Both male and female healers operated within this framework of patient options. In the organization of their working lives, urban healers fell into two main groups. The first consisted of licensed practitioners, who were matriculated in the municipal guilds that regulated and theoretically monopolized urban medical practice.¹¹ For the most part full-time workers, these men – and exceptionally women – received fees from private patients and salaries from the hospitals, monasteries, confraternities and other institutions that employed them. Guild records often divided these officially licensed healers into three main groups, depending on training and type of practice: physicians (*fisici*), who had university degrees and treated mainly internal illnesses; surgeons (*chirurghi*), who were mostly trained by formal apprenticeship and cared for patients with wounds, fractures, skin conditions and other external illnesses; and empirics (*empirici*). The last treated a range of illnesses, but most specialized in a single condition or a small set of conditions, usually surgical, such as cataracts, wounds, fractures and dislocations, hernias or bladder stones. Besides these licensed practitioners were also the apothecaries (*speziali*), who sold medicines and provided medical advice, and barbers (*barbieri*), who bled patients, pulled their teeth, and supplied other sorts of minor medical care; members of these last two groups were not identified as doctors (*medici* or *mediche*), nor did they use the usual professional honorific of *Maestro/Maestra* (in Latin, *Magister/Magistra*).¹²

The officially licensed urban doctors were overwhelmingly male, although in the absence of more local studies, it is impossible to give statistics for more than a few cities. The most complete information published to date comes from the cusp between the Middle

11. For the guilds' role in shaping urban medical practice, see Park, *Doctors and Medicine*, chapter 1, esp. pp. 15–42, and the literature cited there.

12. On physicians and surgeons, see Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago, 1990), chapters 2, 5 and 6. On empirics and barbers, see Tiziana Pesenti Marangon, 'Professores chirurgie', 'medici circoi' e 'barbisonores' a Padova nell'età di Leonardo Bufi da Berupaglia (+ dopo il 1448)', *Quaderni per la storia dell'Università di Padova*, 11 (1978), pp. 1–38; Park, 'Stones, bones, and hernias: surgical specialists in fourteenth- and fifteenth-century Italy', in Jon Arrizabalaga, ed., *Medicine from the Black Death to the French Disease* (London, 1998); Gianna Pomata, 'Barbieri e comari', in Giancarlo Susini et al., *Medicina, erbe e magia* (Milan, 1981), pp. 161–83. On apothecaries, see Richard Palmer, 'Pharmacy in the republic of Venice in the sixteenth century', in A. Wear, R.K. French and I.M. Lonic, eds, *The Medical Renaissance of the Sixteenth Century* (Cambridge, UK, 1985), pp. 100–17.

Ages and the Renaissance, and from the Kingdom of Naples, where 3,670 medical licences issued between 1273 and 1409 include thirty-four conferred on twenty-four women – a rate of slightly under one per cent.¹³ All these women were empirics (*ydiote* or *perite*, according to the documents), specializing in the treatment of particular surgical conditions. Often, the licences limited their practice not only to those conditions, but also to female patients. In the words of the 1345 licence granted to Raimonda da Taverna, for example,

the aforesaid Raimonda . . . has been examined by our surgeons as an empiric [*ydiotal*] and has been found competent to cure the aforesaid illnesses ['cancers' (*cancri*), wounds and fistulas]. Although it is unsuitable for women to associate with men, lest they compromise their feminine modesty and fear the blame of forbidden transgression, [nonetheless] they have a legal right to practise medicine, given that women are more fitted to treat sick women, especially in conditions that involve their modesty.¹⁴

As this document specifies, women had the right to practise medicine in the Kingdom of Naples, but the licensing authorities hedged this right with numerous restrictions. In the first place, they limited women to the less lucrative and less prestigious work of surgical specialists, which required no book learning or broad training. (Men, in contrast, received licences to practise as physicians and general surgeons as well as empirical surgeons.) In the second place, the authorities were inclined, ostensibly for moral reasons, to restrict women's practice to female patients and to conditions where attendance by a male doctor would violate their modesty, requiring him to examine or touch parts of their bodies that were normally clothed, especially their breasts or genitals. Of the twenty-four women mentioned above, only six received licences that did not restrict them to female patients and conditions. (There were no corresponding restrictions on male practice.) It is of course impossible to determine how many female practitioners obeyed such restrictions, but the evidence of the licences shows that political and medical authorities viewed female practitioners as largely auxiliary to male ones, limited by their lack of formal education to the humblest sector of official medical practice and suitable to treat only those illnesses of female patients that modesty would forbid their male colleagues.

13. Raffaele Calvanico, *Fonti per la storia della medicina e della chirurgia per il regno di Napoli nel periodo angioino (ca. 1273–1410)* (Naples, 1962). Both men and women could receive multiple licences: see Green, 'Women's medical practice', p. 48 n. 25.

14. Calvanico, *Fonti*, no. 3643, p. 277.

Officially recognized women practitioners were equally rare in the few northern Italian cities for which some information has been collected. The almost 350 doctors who matriculated in the Florentine Guild of Doctors, Apothecaries and Grocers between 1345 and 1444 included only five women, corresponding to between one and two per cent of the total, although the guild listed an additional five as apothecaries. Of these five women doctors (*mediche*), two were doctors' daughters – one of them a Jew.¹⁵ In Venice, Ladislao Münster found documents relating to seven female practitioners from the early fourteenth century; these included a physician with the honorific title of *Magistra*, a surgeon's widow who was fined for malpractice, and an empiric who specialized in eye problems and gout.¹⁶ As Münster has shown, although women were not officially licensed in Venice, as in Florence or Naples, the state permitted them to practise by special dispensation (*per grazia*).¹⁷

Thus there was some regional variation in patterns of licensing. In northern Italy, unlike Naples, we find women officially recognized as physicians, as well as surgeons and empirics, albeit with a distinct preponderance in the latter two categories, and there is little evidence that they were expected to treat primarily or exclusively women patients. (An exception to this rule were the *mediche di casa*, or 'house doctors', who lived and worked in the women's wards of large urban hospitals like Florence's Santa Maria Nuova.)¹⁸ In Naples, women practised under apparently greater restrictions, being limited exclusively to certain types of empirical surgery and, often, to female patients. On the other hand, southern Italy seems to have had a stronger tradition of autonomous licensed female practice than the north, where virtually all of the women whose family ties can be identified were the daughters, wives or widows of licensed and guilded male doctors. Indeed, the relative independence of southern Italian women practitioners – also reflected in the

15. Park, *Doctors and Medicine*, pp. 71–2, which lists four women; I have since found a fifth, Monna Iacopa, wife of Iacopo, daughter of Giusto (ASF, AMS, 9, fol. 16v). Statistics based on matriculations lists in ASF, AMS, 7, 8, and 9.

16. Ladislao Münster, 'Notizie di alcune "medichesse" veneziane della prima età del Trecento', in *Scritti in onore del Professore Adalberto Pazini* (Saluzzo, 1954), pp. 180–7. In 1324, the government kept thirty-one male doctors on the public payroll to treat the general population: B. Cecchetti, *Per la storia della medicina in Venezia: spigolature d'archivio* (Venice, 1888), p. 22.

17. Münster, 'Notizie'; Green, 'Documenting medieval women's medical practice', pp. 342–3.

18. Park, 'Healing the poor', p. 32; Katharine Park and John Henderson, 'The first hospital among Christians', the Ospedale di Santa Maria Nuova in early sixteenth-century Florence', *Medical History*, 35 (1991), p. 186. These women did not matriculate as doctors in the guild.

textual tradition associated with the Salernitan Trotula – may have been fostered in part by heightened southern Italian concerns about the modesty of female patients at the hands of male doctors.¹⁹

The relative paucity in northern Italy of licensed female practitioners and the prominence of their family connections reflect more general findings concerning women's employment in this period: whatever their occupations, women rarely received formal training in the work place and tended, as a result, to be segregated into lower-status and marginal positions. Because their employment was often bound up with and limited by family relationships and responsibilities, women usually worked intermittently, or in more than one job, and they often entered the official work force only on the death of a father or husband, to whom their shop or practice had originally belonged.²⁰

If, however, we turn to unlicensed and unguilded practitioners – that cloud of casual and unofficial healers that served as the first line of defence for villagers and for city-dwellers of humble means – we find a very different situation. Here, women like Margherita's poultice doctor figured much more prominently, and both men and women exhibited the 'female' pattern of employment described above. Many combined disparate activities: shoemaker and cataract surgeon (both jobs required a sure hand with a needle), priest and hernia doctor, homemaker and herbalist,²¹ and they lent or sold

19. On the tradition of Trotula and the *mulieres Salernitane*, see John Benton, 'Trotula, women's problems, and the professionalization of medicine in the Middle Ages', *Bulletin of the History of Medicine*, 59 (1985), pp. 30–53; Monica Green, *Women and Literate Medicine in Medieval Europe: Trotula and the Trotula* (Cambridge, UK, forthcoming). For references to female modesty from fourteenth- and fifteenth-century northern Italian physicians, if not licensing authorities, see Antonio Falucchi, *Sermones medicinales*, 7.3.43, 4 vols (Venice, 1490–91), fol. 87v; Helen Rodhine Lenay, 'Antonius Guainerius and medieval gynecology', in Julius Kirshner and Suzanne F. Wemple, eds, *Women of the Medieval World: Essays in honour of John H. Mundy* (Oxford, 1985), pp. 321–3. Nevertheless, male physicians were apparently free not only to direct the actions of midwives or *mediche* but also to palpate, examine or even operate on female patients themselves; see the examples in Antonio Benivieni, *De abditis nonnullis ac mirandis morborum et sanationum causis*, 28, 31, ed. and trans. Giorgio Weber (Florence, 1994), pp. 89, 91.

20. Marvianne Kowaleski and Judith Beunet, 'Crafts, guilds, and women in the Middle Ages: fifty years after Marian K. Dale', in Bennett, et al., eds, *Sisters and Workers in the Middle Ages* (Chicago, 1989), pp. 11–38; Judith C. Brown, 'A woman's place was in the home: women's work in Renaissance Tuscany', in Margaret W. Ferguson, Maureen Quilligan and Nancy J. Vickers, eds, *Rewriting the Renaissance: The Discourses of Sexual Difference in Early Modern Europe* (Chicago, 1986), pp. 206–24; and Green, 'Documenting medieval women's medical practice', pp. 331–2.

21. Examples respectively in ASF, Catusto 78, fol. 242r; Benivieni, *De abditis*, ed. Weber, 73, pp. 132–3; and Claudio Biondi, *Strax: Medichesse, streghe e fattucchiere nell'Italia del Rinascimento* (Rome, 1989), pp. 5–22.

their services to friends, neighbours, and clients who knew them personally or who were referred to them by word of mouth.

Because such practitioners were unlicensed, male as well as female, it is impossible to compile statistics for either their absolute or their relative numbers, and the paucity of documentation about their practice makes it hard to collect specific information concerning their activities. In particular, it is hard to judge how many men and women of this sort employed purely naturalistic remedies, since most of those who ended up in the legal records generally did so not because they violated the (apparently largely ineffectual) laws protecting the monopoly of healing by guilded doctors, but because they were engaging in what local religious authorities considered theologically dubious activities, involving incantations and charms. Certainly, some of these men and women developed powerful reputations for their skills in identifying plants and their healing properties – skills recognized even by contemporary learned physicians. Michele Savonarola carefully copied into his mid-fifteenth-century work on medical practice the vernacular names by which Ferrarese women referred to particular herbs,²² while Antonio Guaineri recorded the recipes used by local women against miscarriages and suffocation of the uterus in his mid-fifteenth-century *Treatise on Wombs*.²³ It is worth noting, however, that Guaineri also warned against the malice and incompetence of midwives, enchanters and other female healers, and he strongly recommended that his colleagues 'establish a difference between [themselves] and vulgar practitioners'.²⁴

But the distinction between naturalistic and magical healing was blurry, even in the eyes of learned physicians: Guaineri refused to rule out the efficacy of charms and incantations, and he recorded apparently magical remedies for epilepsy and some women's disorders, though hedged with caveats and reservations.²⁵ This blurring is even more apparent in vernacular medicine, where simple herbal remedies were often administered, or recorded, in conjunction with charms. The promiscuous character of this type of healing appears clearly in a vernacular collection of recipes and formulas

22. Albano Biondi, 'La signora delle erbe e la magia della vegetazione', in Susini et al., eds., in *Medicina, erbe e magia*, pp. 186–8.

23. Lemay, 'Antonius Guainerius', pp. 326–31. 24. Cited in *ibid.*, p. 327.

25. Danielle Jacquot, 'De la science à la magie: le cas d'Antonio Guainerio, médecin italien du XVe siècle', in Y. David-Peyre et al., eds., *La possession* (Nantes, 1988), esp. pp. 147–50; H.R. Lemay, 'Women and the literature of obstetrics and gynecology', in Joel T. Rosenthal, ed., *Medieval Women and the Sources of Medieval History* (Athens, GA, 1990), pp. 195, 197–8.

compiled in 1364 by Ruberto di Guido Bernardi, an otherwise unknown Florentine layman, who listed naturalistic remedies and incantations side by side. Bernardi's remedies for worms, for example, include several that are purely herbal (garlic mashed with tepid vinegar, a plaster made of leeks and peach-tree leaves, an infusion of cabbage seeds), together with an obvious incantation: 'If someone has worms', he noted, 'write these words and he will not perish. On his forehead write *ono*, on his chest write *manouello*, on his hands *manasti*, on his knee write *gobo*, on his foot write *vermi*'.²⁶

Although we do not know for what purposes Bernardi copied such charms and recipes, it is clear that others used such techniques as part of their healing practices. In 1375, for example, the judicial authorities of Reggio Emilia condemned Gabrina di Gianozzo degli Albei to have her tongue amputated. Her crime was an eclectic practice which involved prescriptions that ranged from administering camomile tea (for bad temper, in abusive husbands) to sleeping beside a sword used to perform a murder (for impotence).²⁷ Elena, called la Draga, prosecuted by Venetian authorities for witchcraft in 1591, treated backaches with an ointment made of chestnut oil and catarrh with honey and sage. But she also had frequent recourse to magic. To cure an illness caused by witchcraft, for example, she said,

I go and take five sprigs of rue and five of ambrosia and five of incense and five of *erba stella*, and five cloves of garlic, and while preparing it I say five *pater nosters* and five *ave marias* in honour of the five wounds of [our lord] Jesus Christ. And I also take soot from Christmas Eve, and I crush all these things between two pieces of marble, and then I put on that five penniesworth of bay: and the child should be anointed with that poultice in a cross starting with the arm right down the body, saying:

'In the name of Christ and the glorious virgin Mary and of the Most Holy Trinity that the Lord should be the one to heal you from this illness'.²⁸

26. [Ruberto di Guido Bernardi], *Una curiosa raccolta di segreti e di pratiche superstiziose fatta da un popolano fiorentino del secolo XIV*, ed. Giovanni Giannini (Città di Castello, 1898), pp. 31, 132 (quotations). See David Gennikore, *From Bishop to Witch: The System of the Sacred in Early Modern Trier d'Otranto* (Manchester, 1992), chapter 5.

27. Biondi, *Six*, pp. 14–15. Gabrina's downfall was obviously caused by her involvement in the latter practices rather than in the former. On the use of herbs by men and (especially) women accused of witchcraft, see Biondi, 'Signora delle erbe'.

28. Cited in Ruth Martin, *Witchcraft and the Inquisition in Venice, 1550–1650* (Oxford, 1989), p. 142.

Most regions had a wealth of healers like Gabrina and la Draga, who certainly outnumbered officially licensed practitioners, at least in rural areas and poorer urban neighbourhoods.²⁹ When Francesco da Lignamine made an episcopal visit to the countryside surrounding Ferrara in 1447 and 1448, for example, he found more than twenty cunning men and women practising what he described in his report as 'enchanting wounds', 'enchanting blood and wounds' or 'making precantations and incantations'; prominent among them was the priest of Tresigallo, who 'made written charms [*brevia*] for fevers'.³⁰ With the exception of one Giuliana, denounced as having cast a spell on another woman, none of these practitioners were examined or prosecuted, probably because they were seen as intending to heal rather than harm and because they avoided the more extreme remedies and rituals like those prescribed by Gabrina in Reggio.

It is difficult to estimate the relative numbers of men and women active in this type of healing, but certainly both sexes were well represented. The list of such practitioners compiled by the archpriest of Guagnano on the occasion of the archbishop's 1565 visitation of Brindisi seems to have been typical in its mix of men and women and in the specialization it reveals:

Andrea Cappuccella; Antonio Agliano, alias Pipici enchants [*incanta*] the pains of animals; Clementia Memma enchants the bewitched; Don Giuseppe Memmo enchants the diseases of animals; Pompilio Candido enchants the chill fevers of men; Sister Avenia enchants the pains of joints; Sister Rosata enchants headaches; the above are from Guagnano; Don Gabriele Passante enchants chill fevers.³¹

This list included three women (two of them nuns) and five men (two of them priests). The presence of nuns was somewhat unusual, but the relatively high proportion of women and priests also appears in other contemporary documents.

Although both male and female 'enchanters' used many of the same techniques and methods, their practices seem nonetheless to reflect certain gender-related patterns. For one thing, clients consulted women particularly (though not exclusively) for problems

29. On the importance of this kind of practice around the Venetian Arsenal, for example, see Robert C. Davis, *Shipbuilders of the Venetian Arsenal: Workers and Workplace in the Preindustrial City* (Baltimore, 1991), pp. 109–15.

30. Albano Biondi, 'Sreghe ed eretici nei domini estensi all'epoca dell'Ariosto', in Paolo Rossi et al., eds., *Il Rinascimento nelle corti padane: società e cultura* (Bari, 1977), p. 168.

31. Cited in Genulcore, *From Bishop to Witch*, p. 130.

concerning reproduction and sexuality: male impotence, female infertility or, conversely, the need for a contraceptive.³² (A related aspect of many women's practices – though this moves beyond the realm of healing proper – involved the preparation of love potions meant to keep unfaithful husbands and lovers at home.) In this connection, as Luisa Accati has noted, it is striking how many of the remedies prescribed by women involved the female genitals and female excretions or secretions, most commonly milk and menstrual blood.³³ Thus, Gabrina da Reggio recommended to one woman, whose husband had left her for a concubine, that she take some of her own pubic hairs and some nail parings from her husband, place them into the heart of a black hen, insert the heart in her vagina, and then, having taken nine steps bearing a lighted holy candle, remove the heart, chop it up, and give it to him to eat.³⁴ When a similar remedy did not work for another woman, Gabrina tried stronger magic, instructing her to throw salt on a fire and, having recited a charm, touch first her vulva and then his mouth, 'and she would [thus] kiss her husband with the lips of her privates [*labii pudibondis*]'.³⁵ Even the physician Antonio Guaineri recommended treating excessive menstruation with a remedy that included menstrual blood, though he warned his colleagues to hide this fact from their female patients.³⁶

I will discuss the meanings implicit in this use of the female body shortly. Here, however, it is enough to contrast it with the forms of magical healing practised by men, which much less often involved the material male body. When the male genitals figured at all, they usually did so in the abstract form of pictorial representations, accompanied by written charms called *brevi*, worn on the body. For example, Pietro da Arezzo was denounced in 1496 for paying a priest to say mass on Friday ('il giorno di Venere') and for having in his possession 'a certain *brevi* on which were written certain characters, with in the middle the image of the virile member'.³⁷ In general, probably because of their higher level of literacy, the magical

32. For an example of the latter, see Bondi, *Srix*, p. 37.

33. Luisa Accati, 'The spirit of fornication: virtue of the soul and virtue of the body in Friuli, 1600–1800' (1979), trans. Margaret A. Callucci, in Edward Muir and Guido Ruggiero, eds., *Sex and Gender in Historical Perspective* (Baltimore, 1990), esp. pp. 116–21; also Guido Ruggiero, *Binding Passions: Tales of Magic, Marriage, and Power at the End of the Renaissance* (New York, 1993).

34. Bondi, *Srix*, p. 12. 35. *Ibid.*, p. 17; also see Biondi, 'Sreghe', p. 172.

36. Cited in Lemay, 'Antonius Guainerius', p. 324.

37. Biondi, 'Sreghe', p. 173.

and informal medical practice of priests often emphasized the written word, in the form of charms, books (like Bernardi's) that could be mined for specific incantations, or techniques that involved writing names on, for example, leaves to be eaten or beans to be thrown into a fire.³⁸ The bookish nature of the magic practised by men learned in the Latin language reached its apogee in *On Life*, the erudite treatise on magical astrological healing composed in the later fifteenth century by the Florentine Marsilio Ficino. Son of a Medici family physician and himself a philosopher with some medical training, Ficino used both medieval medical theory and Hellenistic magical lore to compile an influential set of recommendations for the practice of a refined form of magical healing; this mobilized beneficent planetary influences using music and expensive natural substances, such as incense, precious metals and incised gems.³⁹

If, on a less exalted level, there was a great deal of overlap between the magical healing practised by women and that practised by (especially) laymen, there is nonetheless one respect in which the impact of gender was unambiguous: the significantly greater frequency with which women were prosecuted for witchcraft by civil and ecclesiastical authorities. This preponderance is visible as early as the beginning of the fourteenth century – of the nine people examined for witchcraft in Piedmont between 1300 and 1337, for example, eight were women – but it was not without exception: the eight sorcery cases prosecuted in fourteenth-century Florence involved five men and only four women, perhaps as a result of local political, and therefore masculine, concerns.⁴⁰ The general tendency to single out women increased markedly over the course of the fifteenth and, especially, the sixteenth centuries, as legal and theological authorities came increasingly to suspect that female practices previously accepted as at worst misguided and ineffective were in fact demonic, if not part of a wide-ranging satanic conspiracy. The outlines of this process are already visible in the years around 1400, when the Dominican friar Filippo of Siena could describe all women enchanters as 'cursed demoniacs [*maladette pessime diaboliche*]'.

38. Biondi, 'Streghe', pp. 173–5; note also the prevalence of books and written texts in the cases of male sorcerers described in Gene Brucker, 'Sorcery in early Renaissance Florence', *Studies in the Renaissance*, 10 (1963), pp. 7–24.

39. Marsilio Ficino, *Three Books on Life*, ed. and trans. Carol V. Kaske and John R. Clark (Binghamton, NY, 1989). On Ficino's magical medicine, see D.P. Walker, *Spiritual and Demonic Magic from Ficino to Campanella* (London, 1958), pp. 3–53 and 75–84.

40. Naso, *Medici e strutture sanitarie*, p. 133 n. 39; Brucker, 'Sorcery'.

and 'doctors of the devil', who 'believe that what God does not want to do, all the devils in hell can'.⁴¹

The reasons behind this Europe-wide 'feminization' of sorcery (in the perception of the prosecutors, if not in actual practice) are complicated and as yet poorly understood. Rooted in a longstanding tradition of misogyny, particularly pronounced among Dominican writers, it seems to have fed on the complicated dynamics of village life and the particular responsibility of women to care for infants, children and puerperal women, whose health was particularly vulnerable.⁴² But it also reflects more general attempts to limit the activities of women as healers. These attempts formed part of a longer and more gradual process whereby doctors (primarily male) formally accredited by municipal guilds and universities acted to exclude their socially and politically more marginal competitors (including many women). Already clearly visible in the thirteenth century, this process had its roots in the gradual institutionalization and professionalization of medical practice that accompanied the growth of late medieval cities.⁴³ Women were not the only ones targeted. The *Regimen of Health*, an influential medical poem produced at Salerno sometime after 1250, inveighed against a miscellaneous list of what it identified as false doctors (*medicari*): 'The illiterate, the empiric, the Jew, the monk, the actor, the barber, the old woman – each pretends to be a doctor. . . . While they seek profit, the power of medicine suffers'.⁴⁴

Physicians and surgeons continued to criticize the practice of all these groups, but by the late fourteenth and fifteenth century, women (particularly old women, or *vetule*) had come to stand metonymically for the range of empirical and informal practitioners castigated in the rhetoric of officially licensed doctors. This rhetoric identified old women with ignorance, superstition and malice; these qualities were the obverse of those claimed by the emergent

41. Cited in Giuseppe Bonomo, *Caccia alle streghe: le credenze nelle streghe dal secolo XIII al XIX con particolare riferimento all'Italia* (Palermo, 1959), p. 139 and chapter 7. Bonomo documents the gradual growth of the conviction among theologians and legal theorists that much popular magical activity was demonic.

42. Helen Rodnite Lenay, 'Introduction', in her *Women's Secrets: A Translation of Pseudo-Albertus Magnus's De secretis mulierum with Commentaries* (Albany, NY, 1992), esp. pp. 49–58; Martin, *Witchcraft and the Inquisition*, pp. 226–38; and Lyndal Roper, *Oedipus and the Devil: Witchcraft, Sexuality, and Religion in Early Modern Europe* (London, 1994), esp. chapter 9.

43. Katharine Park, 'Medicine and society in medieval Europe, 500–1500', in Andrew Wear, ed., *Medicine in Society* (Cambridge, 1991), pp. 75–9.

44. *Flos medicinae* 3472–6, in Salvatore de Renzi, ed., *Collectio salernitana* 5 vols (Naples, 1852–59), Vol. V, p. 103.

profession in its quest for privileges and recognition, which thus both drew on and shaped a stereotype that helped to explain the large and growing preponderance of women implicated in the witch trials of the fifteenth through to the seventeenth century.⁴⁵ In its most extreme form – as expressed, say, in the *Malleus maleficarum*, or *Hammer of Witches* (1486), of the German Dominican inquisitors Heinrich Kramer and Jakob Sprenger – this stereotype portrayed all women, but especially old women, as physically and psychologically venomous, their bodies sinks of toxic residues that could be controlled only by monthly evacuation.⁴⁶ The post-menopausal lacked even that mechanism, unable to release their internal toxins except through the eyes, in the form of a poisonous gaze known as 'fascination'.⁴⁷

But virulently misogynistic works such as the *Malleus* should not be taken as expressing the only, or even the dominant view of female corporeality in the Renaissance period, especially in Italy, where the prosecution of witches was neither as frequent nor as extreme as in Germany and other parts of northern Europe. Contemporary physiological ideas were complicated and multivalent, and even the learned often disagreed on matters as basic as the nature of menstruation or whether women, like men, contributed seed in the process of conception.⁴⁸ In fact, contemporary constructions of the body tended to emphasize the physical similarities between men and women far more than their differences – and in some respects far more than we do today. One of the most

45. Jole Agrimi and Chiara Crisciani, 'Savoir médical et anthropologie religieuse: les représentations et les fonctions de la *utérus* (XIIIe-XVe siècle)', *Annales ESC*, 48 (1993), pp. 1281–308; *ibid.*, 'Medici e "vetulae" dal Duecento al Quattrocento: problemi di una ricerca', in Paolo Rossi et al., eds, *Cultura popolare e cultura dotta nel Rinascimento* (Milan, 1983), pp. 144–59.

46. See Lemay, 'Introduction', in her *Women's Secrets*, pp. 48–58. On the internal workings of the female body according to Renaissance medical theory and natural philosophy, see Ian Maclean, *The Renaissance Notion of Woman: A Study in the Fortunes of Scholasticism and Medical Science in European Intellectual Life* (Cambridge, U.K. 1980), chapter 4.

47. On fascination and its folk analogue *malocchio*, see Agrimi and Crisciani, 'Savoir médical', pp. 1297–303; Danielle Jacquart and Claude Thomasset, *Sexuality and Medicine in the Middle Ages* (1985), trans. Matthew Adamson (Princeton, NJ, 1988), pp. 71–8; and Gentilcore, *Bishop to Witch*, pp. 147–8. On the noxious qualities of menstrual blood, see Ottavio Niccoli, 'Menstruum quasi monstrum': monstrous births and menstrual taboo in the sixteenth century', trans. Mary M. Gallucci, in Muir and Ruggiero, eds, *Sex and Gender in Historical Perspective*, pp. 1–25.

48. Maclean, *Renaissance Notion*, pp. 35–7; Jacquart and Thomasset, *Sexuality and Medicine*, pp. 61–78. The authoritative treatment of this topic is Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science, and Culture* (Cambridge, U.K. 1993).

extreme manifestations of this tendency was the (predominantly Aristotelian) strand of thought that described women exclusively as defective males, their colder and moister bodies unable fully to digest the food they ate, or even to push their genitals to the outside of their bodies.

It is certainly possible to find statements of this idea among both professional anatomists and natural philosophers, particularly those with a strong neo-Aristotelian bent, but it did not dominate the minds of lay patients or shape the therapeutics of most medical practitioners. Rather, as Gianna Pomata has argued, the general physiology that informed much medical practice, both popular and learned, focused on ideas of evacuation. Male or female, the body was imagined less as a congeries of organs than as a system of flowing humours or liquids, which might be internally or externally obstructed, so that they rotted ('became corrupted', in contemporary terminology) and produced disease.⁴⁹ Healing thus became a matter of evacuating superfluous or corrupt humours, through menstruation, urination, excretion, bleeding, vomiting, sweating, salivation and the like. This might happen spontaneously, as part of the healing power of nature, or might be provoked by medical practitioners, using medication or external and surgical means such as cupping, scarification, cautery, and plasters.

This more gender-neutral view of health and disease appears clearly in *Certain Hidden and Wonderful Causes of Illness and Healing*, a collection of case studies compiled in the later fifteenth century by the Florentine physician Antonio Benivieni and published posthumously in 1507. In this work, Benivieni repeatedly undercut the notion of specifically male or female diseases; his one apparent case of 'suffocation of the uterus' turned out to be demonic possession.⁵⁰ Instead, he universalized even this quintessentially female complaint. Describing a girl from Arezzo who suffered from seizures, for example, he attributed these to vapours ascending to her brain, presumably from her uterus; 'the issue afforded plain proof', he noted, 'as when her monthly courses began she was freed from the disorder'. Yet he immediately extended this model to the male body: 'For as the advent of puberty often ends this disease in boys

49. Pomata, *Promessa di guarigione*, pp. 261–75; *ibid.*, 'Unomi menstruanti. Sottiglianza e differenza fra i sessi in Europa in età moderna', *Quaderni storici*, 79 (1992), pp. 51–103.

50. Benivieni, *De abditis* 8, trans. Charles Singer (Springfield, IL, 1954), pp. 34–7. On suffocation of the uterus in the European medical tradition, Ilza Veith, *Hysteria: The History of a Disease* (Chicago, 1965); and more recently, the essays in Sander L. Gilman, et al., eds, *Hysteria Beyond Freud* (Berkeley, CA, 1993).

so do the menses for girls'.⁵¹ In general, Benivieni presented a remarkably consistent view of the male and female bodies and their illnesses. He emphasized the harmful effects of occlusion of both the male and female genitals, and he described many cases, among men as well as women, in which rotting humours inside the body produced worms in various organs by spontaneous generation.

But the most striking example of Benivieni's tendency to ascribe a similar physiology and analogous disease processes to both men and women is his account of the case of a 'menstruating man', which is worth transcribing in some detail:

I knew a man of robust health and in his thirty-sixth year who complained frequently to me of a flux of blood which gave him serious trouble monthly. When I asked him from what part of the body it came, he said he did not know. I was astonished at this and told him to uncover the part whence the blood flowed. He took off his clothes and showed me his right flank where the lowest part of the liver is situated. I scrutinized the place very carefully to see if there was any orifice or scar there, but the whole had the even appearance of smooth soft flesh and I could see no sign of an opening or scar. I suspected the man of deceit. . . . He returned two days later with a finger covering the place to check the flow. When this was removed blood poured out as from a pierced vein, nor did it cease until a *libbra* had issued. . . . I therefore treated him with a mere monthly bloodletting from the vein of the liver.⁵²

The point here, as Pomata has emphasized, is not only that both men and women needed to purge themselves regularly, according to early modern medical opinion, but also that, in this respect, the female body was the paradigm and the model, rather than the male.⁵³

This is not to downplay the pervasive misogyny of Renaissance medical learning, nor the extensive defects attributed to the female body and psyche in both lay and learned thought. But physicians, unlike most natural philosophers and theologians, tended to interpret this inferiority as moral and behavioural rather than purely corporeal. Thus the reason women needed to menstruate, while most men did not, was in large part their self-indulgent and sedentary lifestyle, which left their bodies cool and unable to concoct their own internal humours. As Benivieni himself complained, 'as is the nature of women, especially of noble birth, once cured they

51. Benivieni, *De abditis* 97, trans. Singer, p. 183.

52. *Ibid.* 4, pp. 27–9.

53. Pomata, 'Uomini menstruant', p. 91.

observe none of the precautions advised for the protection and establishment of their health, but live as they please'⁵⁴

But what of specifically magical practices and the implicit intellectual structures that underpinned them? Here one finds a less universalizing view – one that attributed peculiar powers to the female body. Working from seventeenth-century rural Friulian sources, Luisa Accati has described a set of ideas that located the magical power of women in their genitals and in the substances that issued from these: milk, menstrual blood, female pubic hair, the placenta and the caul. Accati argues that 'the prevalence of women in witchcraft was linked to the female body'; thus all women possessed the ability to heal and harm, while men had to work through external tools or special learning, since 'no part of the male body had magical powers'.⁵⁵ Accati has certainly overstated her case: male semen was also used in witchcraft (especially against impotence), and enchanters attributed special powers to virgin and pre-pubescent boys as well as girls, as the instructions for Margherita Datini's fertility belt show.⁵⁶ But the prominence of the female body and its products in contemporary witchcraft may offer yet another explanation for the special interest of civil and ecclesiastical authorities in female witches. At least in the eyes of those authorities, the acknowledged efficacy of women's magic came from harnessing demonic forces, and if women mobilized those forces using their own bodies, then those bodies might have to be destroyed.

Conclusion

The constellation of types of healing that I have described – magical, medical and religious – remained roughly constant throughout the Renaissance period. On the whole, men and women of the Italian cities and countryside had access to similar kinds of healing in the early seventeenth century than they had in the early fourteenth. There were important changes, to be sure, notably in medical organization and institutions for the delivery of health

54. Benivieni, *De abditis* 99, trans. Singer, p. 187; Lemay, 'Antonius Guainerius', pp. 334–5.

55. Accati, 'Spirit of fornication', pp. 110, 116; and *ibid.*, 'The larceny of desire: the Madonna in seventeenth-century Catholic Europe', in Jim Oshelkevitch, Lyndal Roper and Raphael Samuel, eds, *Disciplines of Faith: Studies in Religion, Politics, and Patriarchy* (London, 1987), pp. 73–86.

56. For an enchanter's use of semen, see Marcello Craveri, *Sanità e stregoneria: Biografie e documenti dal XIV al XVIII secolo*, 2nd edn (Milan, 1981), p. 172.

care: these three hundred years saw the appearance of large urban hospitals and other institutions offering professional medical care to the sick poor and training to physicians and surgeons, as well as the emergence of a wide-ranging and coercive regime of plague control and public health.⁵⁷ But these developments reveal more about the roots of the modern European and North American medical order than they do about the experience of contemporary patients: the hospitals were inadequate to meet the needs of the poor in most cities, and neither of these developments would have had much impact on the healing available to the majority of the population in non-epidemic years.

Perhaps of greater impact, and associated with the Counter-Reformation, was the buttressing of religious and medical authority against the claims of magical healers. In the years after 1570, Italy saw a dramatic increase in inquisitional activity, most of it directed not against heresy – relatively few Italian regions experienced any widespread diffusion of Protestantism or other forms of evangelical belief – but against 'superstition'. This last included many types of what ecclesiastical authorities considered ignorant or misguided religious observance and practice, much of it related to magical healing. In effect, the Church was attempting to consolidate its monopoly on the control of supernatural forces in this and other areas, just as the official medical profession, led by university-educated physicians, was trying increasingly to monopolize the functions of naturalistic treatment.⁵⁸ This process was made both more urgent and more difficult by the lack of clear boundaries between the practices of the three realms, which, as I have already argued, borrowed from each other's characteristic rituals and used many of the same means. Ecclesiastical and medical authority buttressed one another in their attempts to eliminate competition from magical and informal healers: in his influential *Medico-Legal Questions*, the early seventeenth-century papal physician Paolo Zacchia declared recourse to unlicensed healers a sin.⁵⁹

This process was not focused in the first instance on gender; there is little evidence, as has sometimes been argued, that men

57. Ann Cayton Carmichael, *Plague and the Poor in Renaissance Florence* (Cambridge, UK, 1986); and the many studies of Carlo M. Cipolla, including *Public Health and Fighting the Plague in Seventeenth-Century Italy* (Madison, WI, 1981).

58. Mary R. O'Neil, 'Sacerdote orrore strano: Ecclesiastical and superstitious remedies in sixteenth-century Italy', in Steven L. Kaplan, ed., *Understanding Popular Culture: Europe from the Middle Ages to the Nineteenth Century* (Berlin, 1984), pp. 53–83; Gentilcore, *Bishop to Witch*, esp. pp. 138–44; Pomata, *Promessa di guarigione, passim*.

59. Pomata, *Promessa di guarigione*, pp. 250, 277 n. 9.

were trying to edge women out of the healing arts simply because they were women. But it inevitably had a strong gender dimension, precisely because most women healers were unlicensed, while priests, Church-accredited exorcists and most licensed doctors were male. The implicit competition appears clearly in the testimony given by Gasparino da Carpo on the occasion of an enquiry into the healing activities of one Hippolita da Figarolo, which took place in Modena in 1600. Suspecting that his wife had fallen ill on account of witchcraft, Gasparino called on a local friar to heal her by ecclesiastically approved measures, blessing her and signing her with the cross. 'Having learned that my wife had come to have herself signed by Fra Benedetto', according to Gasparino, 'Hippolita arrived at our house and said these or similar words to my wife: "Why have you not allowed me to heal? Did you not think I could heal you without going to the friar of San Domenico?"'⁶⁰ Squeezed, on the one hand, by ambitious doctors and, on the other, by suspicious priests and inquisitors, healers like Hippolita practised under increasing pressure. Conversely, the ability of both Church and medical profession to provide acceptable alternatives to magical healing may in turn account for the relative infrequency of witch trials in Italy, compared to areas like England or Germany. But this did not mean that informal female healers definitively lost their powers and their clientele. Into the modern era, men and women continued to consult them when professional or ecclesiastical healing was unappealing or unavailable, or when, as in the case of Margarita and Francesco Datini, professional and ecclesiastical healers had failed to provide relief.

60. Cited in O'Neil, 'Sacerdote', p. 70.