

## **Distribution Agreement**

In presenting this thesis as a partial fulfillment of the requirements for a degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis in whole or in part in all forms of media, now or hereafter now, including display on the World Wide Web. I understand that I may select some access restrictions as part of the online submission of this thesis. I retain all ownership rights to the copyright of the thesis. I also retain the right to use in future works (such as articles or books) all or part of this thesis.

Ryan Kelly

April 13, 2021

An Illness of the Body and Soul: Visual Cultures of the French Disease in Early Modern Italy  
1495-1700

by

Ryan Kelly

Dr. Sharon Strocchia  
Adviser

Department of History

Dr. Sharon Strocchia  
Adviser

Dr. C. Jean Campbell  
Committee Member

Dr. Karen Stolley  
Committee Member

2021

An Illness of the Body and Soul: Visual Cultures of the French Disease in Early Modern Italy  
1495-1700

By

Ryan Kelly

Dr. Sharon Strocchia

Adviser

An abstract of  
a thesis submitted to the Faculty of Emory College of Arts and Sciences  
of Emory University in partial fulfillment  
of the requirements of the degree of  
Bachelor of Arts with Honors

Department of History

2021

## Abstract

### An Illness of the Body and Soul: Visual Cultures of the French Disease in Early Modern Italy 1495-1700

By Ryan Kelly

The French Disease was a deadly and disfiguring venereal sickness that struck Europe in the late fifteenth century, and is considered today to be syphilis amalgamated with various other venereal diseases. It allegedly arrived on the European continent through the infected bodies of mercenaries recently returned from Columbus's 1492 journey, and was spread through Italy after they enlisted in King Charles VIII of France's army as part of his quest to claim the throne of the Kingdom of Naples. The French Disease subsequently diffused across the European continent as a horrifying affliction, capable of rendering individuals across the social hierarchy permanently infected and physically deformed.

This thesis aims to define a visual iconography of the French Disease in early modern Italy from 1495 to 1700, and address how such an iconography developed in the context of shifting attitudes towards sex and sexual morality, health and the body, and systems of social welfare. It is concerned with the construction of the "diseased" identity in early modern popular culture, and considers early modern theories regarding the French Disease's origins, who was vulnerable to infection, who was responsible for its spread, and how it could be cured. These theories are explored through analyses of a wide variety of popular media – prints, paintings, broadsheets and verses – and supplemented by some discussion of state and medical responses to the disease.

What emerges from this work is both a chronological survey of how the French Disease was depicted in its initial centuries in Italy, as well as a novel framework from which to consider disease imagery. Contemporary theories of disease that implied internal and moral causes allow the scope of French Disease art to expand beyond explicit depictions of physical symptoms to images of sexual sin and immorality that early modern viewers would have associated with venereal disease. By tracing the history of French Disease imagery, this demonstrates how images both drew upon and entrenched connections between morality and venereal disease, and shows how and why female sex workers were pictured as the primary vectors for the spread of venereal disease.

An Illness of the Body and Soul: Visual Cultures of the French Disease in Early Modern Italy  
1495-1700

By

Ryan Kelly

Dr. Sharon Strocchia

Adviser

A thesis submitted to the Faculty of Emory College of Arts and Sciences  
of Emory University in partial fulfillment  
of the requirements of the degree of  
Bachelor of Arts with Honors

Department of History

2021

## Acknowledgements

Throughout the writing of this thesis I have received a great deal of support and assistance. Without this help, I doubt that the completion of this work would have been possible. I would first like to thank my adviser, Dr. Sharon Strocchia, whose 407 seminar *Love and Sex in Renaissance Europe* first introduced me to the French Disease. Further, your expertise, creativity, and immense breadth of knowledge were invaluable in formulating the research questions and methodology of this thesis. Your insightful feedback pushed me to sharpen my thinking throughout this process and brought my work to a previously unachievable level. Your trust, friendship, support, and company have been bright spots in this very strange year, and I look forward to continuing to collaborate with you on research projects in the future.

I also extend my thanks to the other two members of my thesis committee, Dr. C. Jean Campbell and Dr. Karen Stolley, for their contributions to this thesis. Their keen insights and observations buoyed my research efforts throughout this process, from the proposal to the defense.

Dr. Astrid Eckert's honors thesis seminar was utterly vital to the development of this work, and she constantly pushed me to further develop my research, my writing abilities, and my critical thinking. Thank you.

I hold immense gratitude, appreciation, and admiration for Dr. Walter Melion and Keith Anthony, as well as all of my fellow students that participated in the undergraduate honors fellowship at the Bill and Carol Fox Center for Humanistic Inquiry. The conversations that I engaged in throughout this fellowship inspired me to be a more effective historian, capable of working and presenting my research across disciplines. To all of my fellow fellows, I look forward to reading your theses.

I owe a heartfelt thank you to the Emory History Department, who has supported my project since its inception, and worked hard to find creative ways to remotely support its honors students this year.

In my mind, no Emory history student's acknowledgments page would be complete without recognizing Ms. Lakesia Hayes, whose passionate care for the history students of Emory is always apparent in the excellence of her administrative work. I am grateful to you, and to all of Emory's administrators, for the vital work you do behind the scenes.

Finally, I want to thank my wife and family for their unending love, support, and patience that they have shown me both during the process of researching this thesis and before. Rocio, without you God knows where I would be. You push me to be the best person, husband, and student I can be every day. And to my parents, Sue and Drew, thank you for never losing hope in me. Thank you for loving me unconditionally, and believing that I was capable of doing great things even in my darkest days. Your faith in me, and all of your children, is astonishing.

## Table of Contents

<b>Introduction:</b> The Arrival of the French Disease .....	1
<b>Chapter One:</b> Job and the “Worthless Physicians” .....	13
<b>Chapter Two:</b> Mary Magdalene and the Dangers of Beauty .....	33
<b>Chapter Three:</b> The Courtesan and the Rake: Deixis and Disease Narrative Prints .....	53
<b>Conclusion:</b> An Iconography of Illness .....	69

## List of Figures

- Figure 1.1:** After Sebastian Brandt, from *A treatise on the pustular epidemic 'Scorre', or the French sickness, containing details of its origin and of the remedies for it, composed by the venerable master Josephus Grünpeck of Burckhausen, following certain poems by Sebastian Brant, professor of civil and canon law by Joseph Grünpeck*, 1496. Woodcut printed in ink on paper. Wellcome Collection, London. 19
- Figure 1.2:** Domenico Panetti, *Saint Job*, ca. 1500. Oil on wood. Indianapolis Museum of Art at Newfields, Indianapolis. 24
- Figure 1.3:** Unknown Artist, *On the Pox Called Malafrantzosa*, ca. 1500. From *Archiv für die Geschichte der Medizin I* (1907), published by Franz Steiner Verlag and Karl Sudhoff. Woodcut printed in ink on paper. Wellcome Collection, London. 26
- Figure 1.4:** Unknown Artist, title page woodcut from *Guaiacum* by Ulrich von Hutten, 1519. Woodcut printed in ink on paper. University of Glasgow Library, Glasgow. Public Domain. 29
- Figure 1.5:** Unknown Artist, “Mary, Saint Job and members of the confraternity of S. Giobbe in Bologna,” from an indulgence to the Hospital dei Guarini e di S. Giobbe, 1525. Archivio di Stato di Bologna, Archivio degli Ospedali, S. Maria dei Guarini e di S. Giobbe. 31
- Figure 2.1:** Titian, *Penitent Magdalene*, ca. 1531. Oil on canvas. Palazzo Pitti, Florence. Public domain. 40
- Figure 2.2:** Annibale Carracci, *Penitent Magdalene*, 1591. Etching and engraving printed in black ink on paper. Detroit Institute of Arts, Detroit. 42
- Figure 2.3:** Unknown artist, title page woodcut *Purgatory and Lament of the Roman courtesans* by Maestro Andrea, ca. 1530. Woodcut printed in black ink on paper. London: British Museum Library. 48



**Figure 2.4:** Giovanni Stradano, *A man in bed suffering from syphilis, amidst a busy domestic scene*, ca. 1600. Engraving printed in black ink on paper. Wellcome Collection, London.

49

**Figure 3.1:** Giuseppe Maria Mitelli, *The Unhappy Life of the Prostitute divided according to the twelve months of the year*, 1692. Engraving printed in black ink on paper. Bertarelli Collection, Milan.

56

**Figure 3.2:** Pietro Paolo Tozzi (with verses by Bartolomeo Bonfante), *This is the Least of the Sufferings of us Prostitutes, Dying in a Hospital*, ca. 1600. Engraving printed in black ink on paper (fan leaf print). Bertarelli Collection, Milan.

57

**Figure 3.3:** Pietro Paolo Tozzi (with verses by Bartolomeo Bonfante), *The Miserable End of Lady Anzola*, ca. 1600. Engraving printed in black ink on paper (fan leaf print). Bertarelli Collection, Milan.

62

**Figure 3.4:** Crispijn van de Passe the Elder, “Nude woman recumbent on a bed,” ca. 1599. Engraving printed in black ink on paper. British Museum, London.

62

**Figure 3.5:** Callisto Ferrante, *The miserable fate of those who consort with prostitutes*, 1611. Engraving printed in black ink on paper. Bibliothèque Nationale de France, Paris.

64

## Introduction

### The Arrival of the French Disease

The Spanish surgeon Ruiz Diaz de Isla (1462-1542) is often considered the first European medical practitioner to treat the French Disease, which he dubbed “serpentine disease” after encountering it on the skin of Columbus’s pilot Martin Alonza Pizon (ca.1441-ca.1493) in 1492.<sup>1</sup> While this name would not stick in the popular imaginary, it reveals some of the cultural cache from which a medical professional could draw to categorize disease. The name also strengthened the prevailing theory that the French Disease was of New World origin – a theory that was increasingly accepted by the early modern medical community, particularly after an alleged cure was discovered several years later in *Hispaniola*. The “serpentine” label associated the disease with the Original Sin committed by Adam and Eve under the influence of the serpent Satan, imbuing it with a dimension of morality and stigma. It was said by Gonzales Hernandez Oviedo y Valdes (1478-1557), an early chronicler for the Spanish colonists, that in *Hispaniola* the disease was quite common among the indigenous peoples, who knew well which herbs and plants could cure it.<sup>2</sup> These early accounts generated a theory that projected culpability for the French Disease onto an exotic – and significantly, non-Christian – population foreign to Europe, linking the natives of *Hispaniola* to the moral decay that occurred in the Garden of Eden. This decay, originating in the wombs of libidinous native women, was said to have been transmitted to the Spanish explorers as diseased matter upon the rape of the conquered peoples. Pinzon was not the only member of the voyage to carry the visible marks of “serpentine disease”; many members of the expedition developed similar physical symptoms of sexual conquest on the

journey home. Infected mercenaries then made their way into the ranks of King Charles VIII's army to aid in his quest to claim the vacant throne of the Kingdom of Naples in 1494.<sup>3</sup>

Charles VIII's invasion marked the culmination of a calamitous decade in Italy. In the 1490s, an apocalyptic anxiety hung over the peninsula after a series of disasters that included earthquakes, floods, plague, and the resulting wave of poverty and famine.<sup>4</sup> Due in part to these events, religious figures, rulers, and the laity alike interpreted the coming change in century as the likely year of Christ's return. The invasion of Charles VIII all but confirmed it. Described by the popular Dominican preacher Girolamo Savonarola (1452-1498) as a modern Cyrus, the French king and his campaign were framed by many in explicitly Biblical terms, with the young ruler being hailed as a force capable of flushing sin and corruption from Italy and restoring its place as God's favored land.<sup>5</sup> Others were less convinced, seeing the young king and his cobbled-together force of mercenary troops from across Europe as a harbinger of further political instability in the peninsula.

The infected French army met with little resistance in its descent through the peninsula, easily passing through Italy's major city-states. As troops marched south, stopping on the way in Rome for two weeks to sample some of the Holy City's carnal delights, the disease apparently spread outwards from the army across the peninsula, making Italy a European ground zero for the disease. Upon their arrival, Charles VIII's troops were welcomed into Naples unopposed. But popular sentiment among the Neapolitans rapidly shifted when the campaign culminated in two months of unchecked debauchery and disorder. Mere weeks after their arrival in Naples, the French king and his forces were chased out of Italy by the League of Venice, a great army of major European powers temporarily united against French hegemony.<sup>6</sup> At the decisive Battle of Fornovo in 1495, the Venetian military surgeon Marcello Cumano gave us one of the earliest

known descriptions of the French Disease, forever tying the affliction to the invading French in the minds of the Italians:

Several men-at-arms or foot soldiers, owing to the ferment of the humours, had pustules on their faces and all over their bodies. These looked rather like grains of millet and usually appeared on the outer surface of the foreskin or on the glans, accompanied by mild pruritis. Sometimes the first sign would be a single pustule looking like a painless cyst, but the scratching provoked by the pruritis subsequently produced a gnawing ulceration...the sufferers were driven to distraction by the pains they experienced in their arms, legs and feet, and by an eruption of enormous pustules...<sup>7</sup>

In subsequent weeks and months, the newly christened “French Disease” began appearing on soldiers and citizens alike across the peninsula and eventually the continent, evolving into an epidemic of proportions unseen in Europe since the initial outbreak of the bubonic plague over a century earlier. Charles VIII would eventually die from a particularly violent case of the French Disease in 1498, but even his death could not reverse the effects of his invasion. In subsequent years, the Italian psyche was incurably traumatized, the city-states reduced to the playthings of the major European powers. This new bodily horror served as a highly visual reminder of Italy’s change in fortune.

### **The French Disease: Addressing the Historiography**

This thesis is concerned primarily with the construction of a visual iconography of the French Disease in Italy in the two centuries following Ruiz Diaz de Isla and Marcello Cumano’s initial interactions with the illness. It addresses the question of how such an iconography developed in the context of shifting attitudes towards sex and sexual morality, health and the body, and systems of social welfare. Keeping these changing sentiments in mind, it should be noted first and foremost that this study hinges upon a definition of disease as a cultural entity rather than a

medical one. It is concerned with the construction of the “diseased” identity in early modern popular culture by asking questions such as: from whom the French Disease originated; who was vulnerable to infection; who was responsible for its spread; who could be cured, and how? I seek the answers to these questions in a wide variety of visual media – prints, paintings, broadsheets and poetic verses – by considering the wider cultural context surrounding the French Disease, and supplement these materials with some discussion of pluralistic medical theories about the illness that pervaded Italian society during the period.

What exactly was the French Disease? Ruiz Diaz de Isla and Marcello Cumano were only the first in a significant lineage of medical practitioners and contemporary chroniclers to consider the essence of this apparently new and foul disease. As will be discussed below, its novelty, origins, and causes came into question, and were hotly debated by learned physicians. But the debate did not beleaguer all medical practitioners. “Empirics” (healers that were not university-trained in the Galenic mode and therefore learned primarily through experience and focused their healing on the body’s exterior), barber-surgeons, and charlatans tackled the French Disease with voracity and purpose as the physicians holed up in their lecture halls. Results-oriented, and less concerned with learned medical theory, these healers developed significant knowledge of the French Disease, and contributed immensely to early modern conceptions and treatment of it.

Significant discrepancies between early modern and modern conceptions of health and disease have confounded any attempts to assign the French Disease an explicit disease identity.<sup>8</sup> Not only did early moderns lack the instruments to isolate and diagnose this bacterium, they also lacked the static disease categories that are fundamental to modern virology. Relying on a Galenic model of whole-body health, early modern healers used external appearances and

symptoms as clues to interpret the state of the patient, but paid ultimate attention to their internal state. “Diagnosis” of a specific disease was not as fundamental in the early modern medical system as it is in our modern one, and disease categories were unstable and liable to shift over time or the course of an illness. We can say with near certainty that the French Disease epidemic in Italy was caused by the bacterium *Treponema pallidum*, or that which today is known to cause venereal syphilis. But because of the points outlined above, it would be inaccurate to definitively call the French Disease syphilis, and this thesis will follow the lead of recent scholarship by retaining the early modern term of the French Disease (*morbo gallico* in Italian) to reflect the inadequacy of our modern nomenclature.<sup>9</sup> Additionally, this thesis accepts the widely held historiographical belief that the bacterium was introduced to the European continent in the mid-1490s through members of Columbus’s crew upon their return from the Americas, as reflected above. From there, the disease spread across the continent in a particularly virulent form before becoming endemic and settling into a form closer to modern venereal syphilis.

Despite the significant historiography examining the French Disease, the task of compiling and chronologizing visual representations of the illness has not been undertaken in earnest. As an object of historical study, the iconography of the French disease has been overshadowed by depictions of plague or conflated with leprosy, both of which had long histories of pictorial representation.<sup>10</sup> To be sure, depictions of all three diseases shared similar dermal information, such as disfiguring lesions, and artists often borrowed from precedented depictions of the sick in order to communicate the effects of the illness to the viewer.<sup>11</sup> The presence on early French Disease art of various iconographic figures associated with plague and leprosy since the medieval period further indicates that artists picturing the French Disease in its initial years certainly pulled from a visual vernacular of disease.<sup>12</sup> But further analysis shows

that the French Disease did in fact develop a distinct visual language—one that was entangled with issues of gender, morality, and sexual behavior.

Accordingly, this thesis will respond to a wide historiography that deals with diverse, but related topics. To begin, historians such as John Henderson, Laura McGough, and Deanna Shemek have explored visual cultures of the French Disease as part of wider studies of the illness.<sup>13</sup> However, they have shied away from defining its iconography. Taking these works as a starting point, this study primarily departs from current scholarship by suggesting that the French Disease does in fact have a unique visual iconography aside from the characteristic “pustules,” or bodily marks, which Anna Foa has argued were simply transplanted from leprosy iconography.<sup>14</sup> To be sure, societal understandings of illness often draw on previous experiences with similar diseases; societies borrow from preexisting cultural frameworks of illness both in their description and response. As such, previous depictions of the sick can provide recognizable visual signals and are certainly employed by early modern artists. Fundamental to this study, however, is the belief that defining a disease iconography as the visual depiction of symptoms alone fails to account for the perspectives of early modern audiences, and ignores the complex network of associations that a printmaker, painter, or poet could rely on to portray a specific cultural phenomenon such as the French Disease. My study therefore considers imagery to be epistemic, and accounts for the early modern viewer by considering an image as a tool to teach the audience what to look at and how to look at it.

I make a multi-pronged argument regarding visual symptoms, however, by showing that some physical symptoms specific to the French Disease, such as pustules and alopecia, can be analyzed to decipher some of the cultural considerations of the illness.<sup>15</sup> In fact the presence of these symptoms in early French Disease art, as well as symptoms’ narrative function in

moralizing images of the French Disease, are each important points in my analysis. But my argument reflects the fluid and often-contested nature of the French Disease in early modern socio-medical discourse, and considers the varied interpretations of symptoms that characterized early modern French Disease responses. Claudia Stein and others have pointed to the “absence of our modern distinction between a subjective and an objective gaze,” among early modern medical professionals, which fueled a fluid cultural idea of disease.<sup>16</sup> Additionally, Cristian Berco has recently observed that various physical symptoms of the French Disease could become “cultural short-hands” to mark sufferers as separate from greater society.<sup>17</sup> Further scholarship by Paola Ugolini, Courtney Quaintance, Deanna Shemek, Encarnación Juárez-Almendros, and others analyzing bodily and facial difference as they relate to the French Disease, women’s bodies, and prostitution highlight the myriad ways that physical infirmity could be both portrayed and interpreted; at the same time, these scholars note the tight nexus between venereal disease and the sex trade in many early modern considerations of the French Disease.<sup>18</sup> Although this nexus has been alluded to in recent scholarship, particularly in the context of popular visual understandings of the French Disease by Tessa Storey, Sara Matthews Grieco, and Rachel Geschwind, this study utilizes this association as an important framework from which to expand the scope of French Disease iconography beyond pictures of symptomatic sufferers to images that reflect notions of internal illness and consider contemporary connections between morality and disease.<sup>19</sup>

## **Sources**

This thesis constructs a visual iconography of the French Disease, and therefore relies primarily on visual sources. This, I think, is appropriate when one considers the highly visible nature of the



French Disease. These works range from broadsheet prints to paintings, including one by the Venetian master Titian that is used as an exemplar for the penitent Mary Magdalene that became a popular subject of painted and printed works in the sixteenth century. The majority of the visual sources considered below are prints that were widely available and produced in Italian cities, although some prints of German origin are considered in the first chapter due to their status as some of the earliest available French Disease imagery. Printed works were relatively affordable for a new group of “middle class” consumers made up of shopkeepers, artisans, and merchants that emerged in Italian cities in the sixteenth century.<sup>20</sup> Broadsheet prints, however, could range in both quality and price, and some were produced for more affluent consumers.<sup>21</sup> Nonetheless, recent scholarship has noted that early modern urban Italians of all classes were exposed to far more printed images than any other art form.<sup>22</sup> Meanwhile, the repetition and reiteration of printed visual and literary works in various tiers of “quality” (and thus price) has been argued to indicate the wide circulation of the popular imagery that comprised printed works.<sup>23</sup> The appeal of prints also cut across both literate and illiterate populations due to their combination of printed image and text. Because of their pervasiveness, printed works emerged in the sixteenth and seventeenth centuries as a popular form of art capable of shaping public opinion and societal values, according to Rachel Geschwind.<sup>24</sup> Nowhere does this fact become clearer than in the prints that depict the tragic tale of the courtesan and her counterpart the rake, which are discussed below.

Prints were hawked by street vendors across Italian cities in taverns and markets, perhaps alongside consumer goods or performances that related to the subject matter of the images.<sup>25</sup> Often highly innovative and entrepreneurial, printmakers engaged in novel marketing strategies and even invented new products such as the printed paper fans discussed in Chapter Three. Due

to their being a consumer good subject to supply and demand, the image types that thrived in the competitive print market can be interpreted as relatively representative of visual and cultural trends in early modern Italy.

Complementary to printed depictions of the courtesan and the rake were literary works dealing with the same subjects, which could also be sold and performed in public venues.<sup>26</sup> Verse invectives against courtesans echo the same tropes and motifs visible in printed iterations of the courtesan's tale, while often depicting courtesans' clients (likely stand-ins for the poets themselves) as tragic or scorned subjects.<sup>27</sup> Like printed images, anti-courtesan satires nearly always imagined sex workers as primary disease-carriers capable of infecting men. These verses are exemplary of some contemporary sentiments towards prostitutes amongst a specific class of Italian men, and like their visual complements, were disseminated widely. As mentioned above, at times the very images with which this thesis is primarily concerned were likely sold alongside public recitations or performances of anti-courtesan satires. I draw heavily from scholarship on verse invectives against courtesans, while also utilizing some in my analysis due to their close relationship with French Disease imagery.

Medical treatises and chronicles fill out my evidentiary base, and I have attempted to draw from sources across the medical hierarchy in order to reflect the diverse sources of medical knowledge available to early modern peoples. These range from the above accounts written by barber-surgeons to theoretical writings on the origins of the illness penned by learned physicians trained in Italian medical universities. Medical writings help to illuminate the complex socio-medical discourse surrounding the French Disease, and indicate at least a fraction of the medical frameworks from which early modern Italians considered it.

## **Organization of the Thesis**

This study is divided into three major chapters, arranged thematically as well as chronologically to explicitly demarcate visual trends across the early modern history of the French Disease.

While the iconography is highly unstable due to the novelty of the French Disease, this instability helps to demonstrate how interpretations of the disease changed from 1495 to 1700. It also highlights ways that socio-religious anxieties and trends, as well as shifting moral considerations were grafted onto the French Disease and its imagery.

Chapter One compiles some of the earliest known depictions of the French Disease, paying particular attention to late fifteenth and early sixteenth century-images of the Old Testament patriarch Job. Particularly in representations dating from the early sixteenth century, Job epitomizes an ideal of the French Disease victim that I brand the “noble sufferer,” which upholds stoic faith as the primary cure for bodily suffering. I posit a connection between early discourses about the disease that often pictured it as a divine and incurable force sent from God, and contemporary chroniclers’ associations of the disease with the incurable disease that afflicts Job. I trace changes in portrayals of Job in the context of developing medical treatments and shifting theories about the French Disease’s origin. Doing so reveals the saint as a symbol for the complex moral calculus with which sufferers and healers approached the disease. Tracking depictions of Job from the early days of the French Disease through the first quarter of the sixteenth century shows that even the meanings of the figure himself were unstable: Job could act as an advocate for both stoic suffering and worldly cure in different images.

Chapter Two emphasizes a second Biblical figure: Mary Magdalene. Enjoying immense pictorial popularity in Counter-Reformation Italy, the prostitute-turned-follower-of-Christ became a compelling exemplar of the power of repentance.<sup>28</sup> Due to her sinful past, her figure is

imbued with a notable ambivalence despite her status as a primary witness to the Resurrection. I contend that the same ambivalence is present in the responses of Italian states to the sex trade and the French Disease, which by mid-sixteenth century combined to solidify associations between venereal illness and prostitution. These associations drew upon strategies of “otherizing” to project blame for a pervasive disease onto what I describe as an “internal other,” the sex worker. I survey the two central institutional responses to the French Disease in most early modern Italian states: specialized facilities called *Incurabili Hospitals* and two types of women’s asylums known as *Convertite* and *Zitelle*. In doing so, I map out state efforts to police sexuality on one hand, and on the other hand to demonstrate how anxieties over the sex trade were grafted onto French Disease responses.

Chapter Three concludes my analysis by examining moralizing narrative prints, a genre of popular printmaking that was popular amongst the mercantile class in the latter half of the sixteenth and seventeenth centuries. Specifically, I focus on two *topoi* of the genre, namely the courtesan and her client, the rake. Each of their stories are told as tragic arcs, in which their immoral activities result in inevitable infection with the French Disease. In this chapter I expound upon my analysis of associations between the sex trade and the French Disease to emphasize the epistemic role of images. Prints of prostitutes and rakes, which inevitably end with each of their subjects dying miserably on the streets or in the *Incurabili Hospital*, taught the early modern viewer the sorts of behaviors and activities that were likely to result in the contraction of the French Disease. In doing so, they pictured the “average” sufferers of the affliction as well. These images visualize the characters’ immoral activities as both causes and symptoms of their inevitable infection. I therefore read these images deictically, interpreting the stories as a way of describing the course of the French Disease. I conclude with a brief analysis

of a printed consumer good – the handheld paper fan – to demonstrate that associations between sex work and the French Disease were so entrenched by the seventeenth century that artists could economically distill long-form narratives into bipartite cause-and-effect stories.

By observing the circumstances surrounding the French Disease imagery discussed below, and tracing the variations that occurred in depictions of French Disease sufferers, this study seeks to not simply create a timeline of imagery, but to suggest how images of the French Disease communicated with each other to create the network of associations that constitute a new disease iconography. In doing so, this study greatly expands the scope of French Disease imagery, and offers a new model for interpreting images of infirmity and affliction by moving beyond the portrayal of symptoms to include cultural connotations of illness.

## Chapter One

### Job and the “Worthless Physicians”

The French Disease first appeared in Italy midway through a most calamitous decade, the 1490s, which culminated in the retreat of Charles VIII’s mercenary force after he had effectively plunged the peninsula into diplomatic chaos in his quest to take the throne of Naples. It is in the context of the disasters of the 1490s that we should evaluate the earliest visual representations of the French Disease, a horrifying illness that rightfully traumatized its earliest sufferers and witnesses. This new plague, a visible manifestation of Italy’s change in fortunes, was seen by many as a religious event. The Ferrarese court physician Corradino Gilino (1445-1500) made the association between the geo-political discord plaguing Italy, the perceived sins of its leadership, and the French Disease ravaging the bodies of its citizens explicit when he wrote in the late fifteenth century:

We also see that the Supreme Creator, now full of wrath against us for our dreadful sins, punishes us with this cruellest of ills, which has now spread not only through Italy but across almost the whole of Christendom. Everywhere is the sound of trumpets; everywhere the noise of arms is heard. How many devices of bombardment and machines of war are being made! What unheard of iron weapons are now constructed to replace stone balls! The very Turks are being called to Italy. How many fires, how much devastation and how much slaughter of miserable mortals do we see: how much more will we see!...This I believe is the cause of this savage plague.<sup>29</sup>

Theories abounded in the disease’s early days about its origin, attributing its inception to causes ranging from a leprous soldier having sex with a prostitute (an early indication that perhaps its venereal nature was understood),<sup>30</sup> to an alignment of the planets a decade earlier. Sometimes both a heavenly and a naturalistic causal origin were accepted simultaneously, as the two were not necessarily in conflict with each other in the early modern period.<sup>31</sup> As such, its attribution to

a secular vehicle – the bodies of French mercenary troops, lepers, or otherwise - did little to alleviate the laity's anxieties that this new epidemic was a product of divine providence. Rather, as noted by Jon Arrizabalaga, John Henderson and Roger French, “the essence of the disease was God's displeasure, and the mechanisms which [God] had chosen to inflict the disease on mankind were secondary” to most Italians outside of learned circles of physicians and medical professionals, who made it their business to explain the disease's origins in order to incorporate it into theoretical Galenic models of health.<sup>32</sup>

Scholarship on the French Disease has often focused on this process of seeking origins as a tacit acknowledgment of its potential newness on the European continent, or at least late-medieval physicians' unfamiliarity with the disease. Recent studies have mapped out the medicalization of the French Disease in its initial decades, as well as physicians' efforts to incorporate this seemingly “new” disease into a system of knowledge that did not readily accommodate novel entities.<sup>33</sup> According to this narrative, the French Disease was initially considered by many to be heaven-sent and possibly incurable by physicians. This emphasis on divine origins may have been a strategy for physicians to buy time in seeking a cure, may have reflected a genuine belief, or perhaps both. Regardless, they needed time to determine its origins, name it, and categorize it before a cure could be sought. Thanks to the incorporation of empirical techniques and the adoption of naturalistic “cures” such as mercury and guaiac wood, physicians shifted their focus in the 1520s from describing the disease's origin to actively curing it.<sup>34</sup>

Broadly speaking, this chapter does not dispute this historiography, but utilizes it as a tool to analyze the earliest visual depictions of the French Disease, treating the disease's early visual culture as part of the initial medical and social response. I contend that the earliest images of the French Disease often echo learned sentiment that this pestilence was unknown or unfamiliar,

likely incurable by natural means, and was sent from God – either directly as judgment or indirectly through natural processes. Consequently, these images are typically religious in subject and theme, and plead for divine intercession and protection instead of picturing naturalistic healing techniques, as is the case with some later images. The figure of the “noble sufferer,” exemplified most explicitly in images of the Old Testament Saint Job, emerged as an important ideal that encouraged unconditional faith in the face of the disease as physicians debated the possibility of curing an affliction sent from God. This moral-religious conception of the French Disease is central to this thesis, since it created a culture of judgment towards sufferers and reaffirmed early beliefs that it was the product of sin (explicitly, sexual sin once its venereal nature was recognized).<sup>35</sup> Iconographically, however, Job is often imbued with unstable meaning. Variations in visual strategies in images of the Old Testament figure across the late fifteenth and early sixteenth centuries reveal the diversity of medical, religious, and lay opinions surrounding the French Disease and its curability. These variations can be used to trace the gradual medicalization of the disease, as the Job figure shifts from a stoic saint content to suffer under his affliction to an advocate for naturalistic treatments.

### **Biblical Origins and Medicalization of the French Disease**

To early modern physicians, disease could simultaneously come from God and result from natural causes due to God’s creation of the natural world. Accordingly, healers often approached health with both spiritual and naturalistic conceptions, and remedies varied depending upon the cause of illness. If a disease was thought to have divine origins, it was, logically, often thought to be mostly curable by divine means.<sup>36</sup> But while all diseases came directly or indirectly from God, further levels of causation were considered. Physical infirmity was thought to represent the



accumulation of “poison” in the body and an imbalance of the humors, and could potentially be cured by the physician’s typical prescriptions such as purges, bloodletting, and dietary changes.<sup>37</sup>

Meanwhile, university-trained physicians sometimes doubted that new diseases could appear.

Writing in the late fifteenth century on the French Disease, the famous graduate of the University of Padua, Niccolò Leonicensi (1428–1524), summed up his beliefs on the matter as such:

...when I see that men are endowed with the same nature, born under the same heavens and brought up under the same stars, I tend to think that they have always been subjected to the same diseases, and my mind is not able to understand that this scourge, suddenly appearing, has infected our times, and never before.<sup>38</sup>

Such a conception of disease made it difficult to accept the French Disease as unaccounted-for by preceding physicians, either contemporary or ancient. Leonicensi is also representative of another group of Italian physicians that did not interpret the (re)appearance of the French Disease as any sort of sign of God’s judgment on the current state of Italy or Christendom more generally. They maintained that if the disease had always existed on earth, its appearance in Italy could not necessarily be seen as any sort of divine action. Rather, natural causes were to blame. Specifically, Leonicensi cited the extreme humidity of recent years as the likely cause for the French Disease’s sudden appearance.<sup>39</sup>

Learned medical opinions differed during the early modern period, since the primary means of deciding medical “truth” were logical disputation and consulting ancient texts.<sup>40</sup> As such, many physicians did not agree with aspects of Leonicensi’s characterization of the French Disease. Some asserted that it was not simply unfamiliar, but new; others argued that the disease was created not by humidity but by alternative means, either natural or spiritual; still others claimed that it was indeed a mark from God to punish sinners or test the faith of purported believers. Medical opinions were further variegated by the sheer array of practitioners, ranging

from physicians, to apothecaries, to barber-surgeons, and charlatans. The boundaries between these different classes of healer have been described in recent scholarship as porous and flexible, due to informational exchange between groups as well as the likelihood that early modern patients consulted multiple types of practitioner.<sup>41</sup> This created a system of knowledge with diverse strains of medical “truth,” and numerous ways to interpret the physical signs of a highly visible infirmity such as the French Disease. As we will see throughout this thesis, this multiplicity contributed to an unstable means of representing the French Disease and its sufferers.

For many Renaissance physicians, the first place to seek precedent for a disease created or sent by God was the Bible. However, they disagreed about which Biblical plague best represented the French Disease. The Spanish physician Francisco López de Villalobos (1473-1549), for example, called the disease “Egyptian scabies,” a reference to the disease God sent to the Pharaoh in Genesis for lusting after the wife of the Jewish patriarch Jacob.<sup>42</sup> This theory is evocative for its own reasons; by citing this Biblical plague, López de Villalobos specifically described the disease as a punishment from God which poetically “fit the sin” that the Pharaoh committed. This description acknowledged that the initial symptoms of the disease attacked the sexual organs, which indicated to López de Villalobos that the sufferer was guilty of the sexual crime of lasciviousness.

Nestled into López de Villalobos’s moralizing interpretation of the French Disease was an early acknowledgment of its venereal nature. His description of the disease as a divine punishment enacted by a “striking angel” is reminiscent of a 1496 woodcut originally published by the German humanist Sebastian Brant (1458-1521) alongside his poem *De pestilentiali scorra sive mala de Franzos, Eulogium*, and later reprinted with slight modifications by Joseph

Grünpeck (ca. 1473-ca.1532) in his commentary on the text. In the work, the author implores the sufferer to “seek the care of the greatest of all physicians, Jesus Christ, who will heal us of all sickness”.<sup>43</sup> While the French Disease is not represented in explicitly venereal terms here, its depiction of physical symptoms makes clear that the disease was sent by God to punish or test the faithful.

This woodcut (Fig. 1.1) is the earliest known visual depiction of syphilis, and it portrays a community of kneeling syphilitics being assaulted by the *flagellum Dei* (whip of God). The wrathful arrows of plague, associated with the martyrdom of Sebastian, shoot forth from the hands of the Christ child in Heaven, who rests on the lap of the Virgin. Two female sufferers of the French Disease, identifiable by the pustules dotting their skin, piously accept God’s wrath as the Virgin turns away from them to crown the kneeling Maximilian I of the Holy Roman Empire, who in 1495 theorized that the French Disease was a punishment for blasphemy.<sup>44</sup> Directly below the Virgin and Child is the male sufferer. His stoicism in the midst of syphilitic torment is emblematic of a Renaissance ideal of masculinity – he is the noble sufferer embodied. The gendered difference in this portrayal of French Disease sufferers should be noted, since it placed primary responsibility on the inception and spread of the illness on women – a theory that gained support throughout the sixteenth century. Notice that while the man remains infected, the *flagellum Dei* does not assault him directly as it does the two women. And yet, he is portrayed as the primary victim of the French disease, debilitated on the ground and isolated from his community.



**Figure 1.1.** After Sebastian Brandt, from *A treatise on the pustular epidemic ‘Scorre’, or the French sickness, containing details of its origin and of the remedies for it, composed by the venerable master Josephus Grünpeck of Burckhausen, following certain poems by Sebastian Brant, professor of civil and canon law by Joseph Grünpeck, 1496.* Woodcut printed in ink on paper. Wellcome Collection, London.

One of the earliest physical symptoms associated with the French Disease were pustules marking the skin of the sufferers.<sup>45</sup> These pustules, abstracted in this image to simple circular and ovular forms lying flat against the skin, rapidly became a symptom reported by patients and recorded by physicians as a tell-tale external sign of the French Disease.<sup>46</sup> In French Disease iconography, the pustules were often used as a visual shorthand to picture the sufferer, at times alongside other visual symptoms. Contemporary accounts from physicians and chroniclers affirm that by the turn of the fifteenth century, many other symptoms, including genital ulcers, loss of hair and teeth, and intense pain in the limbs and joints – perhaps the reason our male sufferer is lying debilitated on the ground – were associated with the disease.<sup>47</sup> Medically, however,

Galenic theories of illness did not account for skin disease, instead figuring external symptoms as visible markers of a diseased internal state.<sup>48</sup> Throughout the history of the French Disease in Europe, this focus on the patient's interior was tied both implicitly and explicitly to Christian moral ideals. The French Disease introduced a serious challenge to this internal focus, as its primary symptoms were external and highly visible. While this challenge did not totally detach moralizing meaning from the physical symptoms of the French Disease, it did accommodate healers' adoption of naturalistic healing techniques against the French Disease, and by consequence, new understandings of the afflicted and new ways of representing them visually.<sup>49</sup>

The *flagellum Dei* woodcut, created during the initial response to the French Disease and years before treatments became widespread, places primary emphasis on the state of the sufferers' souls, and demonstrates the potential for Christian judgment to help or to harm through the antithetical examples of the healing and kneeling figures. Together, the Virgin and Christ child represent victory in defeat; salvation in suffering; cure and disease. But the image also describes the loyal servant of God as one willing and ready to accept his punishment (perhaps for the sin of blasphemy) as readily as another accepts a crown. While it is obvious who the figure most favored by God is in this image (Maximilian), the French Disease is pictured as a redemptive force capable of offering a new life in God to those literally willing to take their punishment lying down.

The ideal of the noble, faithful sufferer pictured in the above woodcut took hold in early imagery of the French Disease, when an effective cure had not yet been identified and pious resignation was the primary response available in the realm of learned medicine. Outside the university, however, empirics had begun experimenting with mercury and other healing techniques to treat the physical symptoms of the French Disease. Opportunistic, less restricted by

professional ethics, and willing to “get their hands dirty” treating the French Disease, barber-surgeons, empirics, charlatans and apothecaries hawked their wares and services to those seeking relief from the tortures of illness.<sup>50</sup> But these treatments were often more painful than the disease itself. Consider for example a watercolor from a mid-sixteenth-century Perugian medical text, which shows a barber-surgeon cauterizing a French Disease sore on a patient’s foot.<sup>51</sup> This treatment, which was standard practice for wounds, became a popular means of fighting the physical symptoms of the illness. Evidence suggests that in the physicians’ absence, many of the afflicted turned to these healers to ease their suffering. In a later treatise released after his own contraction of the French Disease in 1498, Joseph Grünpeck advocated for the “uncouth men, whoever they were, cesspool emptiers, rubbish collectors, undertakers, cobblers, reapers or menders” that were able to cure his disease using sudorific medicines made from guaiac wood, newly discovered in *Hispaniola*.<sup>52</sup> In the same work, he characterized learned physicians as greedy and ineffective quacks mired by over-speculation and an aversion to the disgusting smells emitted by the pustules of the French Disease.<sup>53</sup> His writings reveal that while the learned physicians were content debating the metaphysical origins of the disease, many clients looked elsewhere for alternative solutions.

However, the empirics were rarely successful, often endangering their patients with the severity of their healing regimes, and the curability of the disease by skin treatments was heavily disputed by physicians. As competitors in a crowded medical marketplace, physicians lambasted the healers hawking these remedies as charlatans endangering their patients with their ignorance of internal health and healing.<sup>54</sup> Due to the reticence in learned circles to adopt empirical healing techniques, the noble sufferer remained an important model in the face of the French Disease. Although Christ was the ideal stoic sufferer in the early modern period, another Christ-like

figure, the Old Testament patriarch Job, rapidly became associated with the French Disease. Job had long been the patron saint of those suffering from leprosy, a disease seen as a sure sign of sin in the sufferer and a representation of evil manifest physically in the body.<sup>55</sup> But the similarities – both symptomatic and theoretical – between the divine affliction sent to test Job’s faith and the French Disease were difficult to ignore. Its incurability convinced many that like Job, only God’s intervention could alleviate their suffering. Further, many physicians early in the history of the French Disease described it in relation to leprosy. As noted above, often its theoretical origin stories involved the sexual exploits of lepers.<sup>56</sup> Anna Foa has argued that the relationship between leprosy and the French Disease was also a symbolic one. Besides projecting responsibility for the disease’s origin onto peoples existing outside– or on the edges – of Christian European society, this association helped to ease the integration of the disease into European social consciousness without inducing widespread psychological trauma.<sup>57</sup> An examination of some contemporary images of Job as the noble sufferer will help to clarify his role in the French Disease iconography.

### **Job: The Ideal Sufferer**

The figure of Job best represents the tensions of a philosophical debate that surrounded the French Disease in its earliest years in Italy. Was the disease a product of sinful action, or something that innocents could catch? This debate occurred in both the university lecture hall and the court, particularly after the French Disease was discovered in the very courts where the debates were taking place.<sup>58</sup> Even in the sixteenth century when the vast majority of physicians agreed about its venereal nature, and characterized prostitutes as the primary spreaders of the disease, early modern moralizing attitudes towards illicit sex did not preclude the possibility of

“innocent” contagion. Physicians and healers found ways to account for the infection of innocents such as infants and virgins.<sup>59</sup> Describing the French Disease as the *male de Santo Job*, as a Ferrarese diarist did in 1496, seems to be an early strategy to relieve the French Disease sufferer of some guilt and social stigma. This designation detaches the contraction of the disease from any moral meaning, and instead grafts moral considerations onto the diseased person’s method of suffering, and whether they sought worldly or heavenly relief from their affliction.<sup>60</sup> In this perspective, the contraction of the French Disease is not a moral judgment, but the process of suffering becomes a test of faith. These theological acrobatics, promulgated mostly in learned circles, are likely products of the increasing prevalence of the disease, and perhaps can be seen as ways for its wealthy victims to save face as the French Disease spread indiscriminately across social strata.<sup>61</sup>

A painting of Saint Job by Domenico Panetti (Fig. 1.2), likely painted for a Ferrarese confraternity dedicated to the Old Testament saint around 1500,<sup>62</sup> envisions him as a stoic, innocent sufferer seeking divine rather than worldly relief. His intercessory power is maximized by his fortitude in the face of immense struggle. Adorned by a halo and posing in an elegant *contrapposto*, he stands isolated from his community in the background, which bears a striking resemblance to Renaissance Ferrara. His hands, which upon close observation appear to be holding something as they form a loose gesture of prayer, indicate his firm faith despite his suffering. He stares meditatively upwards and to the right at the subtle beams of light in the corner of the canvas representing the Godhead. While his half-naked body displays the pustules of the French Disease, here dripping with blood, they are sparse and, significantly, do not mark his face. This subtle detail is important: the facial markings of the French disease, which were common in sufferers and often depicted in images of the afflicted, served as a primary visual



symptom capable of marking a sufferer out from the rest of society.<sup>63</sup> Unlike markings on the face, markings on the body and limbs could be easily covered by clothing. Therefore Job's wardrobe choice of a half-body toga can be seen as a deliberate display of his markings. He proudly wears them as a sign of his faith in the God that sent them, and the comfort that faith provides in the face of agony. In addition, Panetti offers a primary "side effect" of the French Disease: the social isolation Job suffers, which seems to be by choice. It is his cross to bear.



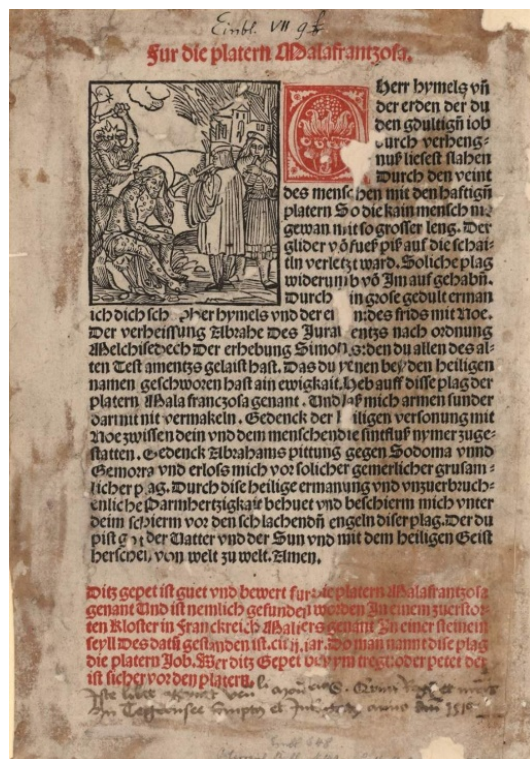
**Figure 1.2.** Domenico Panetti, *Saint Job*, ca. 1500. Oil on wood. Indianapolis Museum of Art at Newfields, Indianapolis.

This faith amidst affliction is fundamental to Job's story in the Bible, as he denies worldly guidance and instead looks only to God for an explanation for his suffering. Conversely, if he had chosen to obscure his physical signs, he would be renouncing his faith and cursing God, as he is encouraged to do by his wife in the Biblical tale. This image of Job is imbued with

intercessory power from his very denial of the worldly, and his refusal to look for cure from anywhere and anyone but the divine. In this argument, to seek a naturalistic treatment is an implicitly impious act. However, we can assume that the argument made by this painting was challenged in the coming years by the uncontrolled spread of the French Disease, as the confraternity that likely commissioned the work eventually became involved in raising money for a hospital specifically designed to treat incurable patients.<sup>64</sup>

A German woodcut from approximately the same period (ca. 1500), pictured on a broadsheet prayer titled *On the pox called Malafrantzosa* (Fig. 1.3), contains some similar sentiments. Portraying a scene from an apocryphal tradition of the Book of Job popular during the medieval and early Renaissance period,<sup>65</sup> the woodcut shows a melancholic Job seated on a rock outside of town, still in his ripped robe and covered from head to toe with pustules. As he stares despondently towards the ground, he is tortured on either side by evils of both the spiritual and the physical realms. The devil flanks him, stooping over him with a flagellum raised in his left hand, ready to bring it downwards onto Job's back. In front of him is a duo of horn players, attempting to either comfort him or cure him of his melancholy – a possible source of the pustules dotting his skin, according to Galenic theory. Alas, the music seems ineffective, and the notes of the horn played directly into his left ear likely only aggravate his temperament further. The relationship between Job and the two torments is difficult to define. If we view him as a saintly figure, he is displaying the traits of an ideal masculine sufferer, hardly bothered by his spiritual and worldly torturers. However, if we see him as seeking out the worldly comfort of music to assuage his suffering, then the devil's raised hand takes on a more active role: his flesh is being ripped apart by the flagellum because of his attempts to cure an illness that God sent,

and only God could remedy. In this reading, Job's attempts to cure his disease naturalistically has the opposite of the intended effect, increasing his suffering instead of lessening it.



**Figure 1.3.** Unknown Artist, *On the Pox Called Malafrantzosa*, ca. 1500. From *Archiv für die Geschichte der Medizin I* (1907), published by Franz Steiner Verlag and Karl Sudhoff. Woodcut printed in ink on paper. Wellcome Collection, London.

### Job: The Healer

The first decades of the sixteenth century saw a particularly virulent and deadly epidemic form of the French Disease sweep across Europe, with skin eruptions and fever that apparently grew less intense as the disease became endemic.<sup>66</sup> In the face of such a violent disease, the passive sufferer was hardly a sustainable iconographic model, as the infected understandably began to seek worldly treatments. While many physicians remained locked away in courts and universities debating the essence and origins of the French Disease, some took a crack at curing it. One

notable early advocate for the disease's curability by naturalistic means was the well-known papal physician Gaspar Torrella (1452-1520), whose rapid response was likely due to the French Disease's arrival in Pope Alexander VI's court.<sup>67</sup> Torrella's early proto-contagion hypothesis emphasized the materiality of the disease, theorizing that its matter could be purged from the patient by inducing sweating.<sup>68</sup> He advocated for the use of a "dry stove" – essentially, a personal sweat lodge – to do so. The *stufa sicca* would become a fundamental part of the healing regimen over the next century, to be used alongside other techniques and materials that became popular in the early sixteenth century.<sup>69</sup> Sweating was considered an effective way to purge the body of disease matter, as visualized in a watercolor from the same Perugian collection cited above.<sup>70</sup> In it, a character sharing many iconographic features with Job sits by a fire, scratching at the protruding pustules irritating his skin. The jar next to the fire is likely one that contains topical solutions of mercury or guaiac, two sweat-inducing treatments.

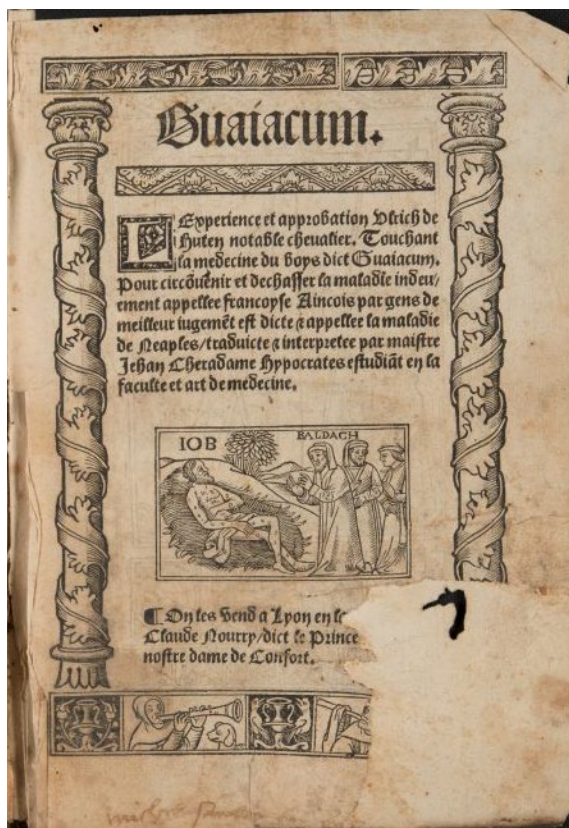
Each of these sudorific treatments for the French Disease gained immense popularity during the sixteenth century as bona fide cures, eventually being adopted by physicians and "medicalized" like the French Disease itself.<sup>71</sup> But empirics and barber-surgeons are credited as the primary advocates for both mercury and guaiac in the early days of the disease. In fact, evidence suggests that mercury, which had long been used by empirics to treat leprosy and other skin disorders, was already being put to use against the French Disease by these healers in the late fifteenth century.<sup>72</sup> The empirics' willingness to provide cure for the French Disease, in contrast to the physicians' platitudes, relegated its cure to the realm of popular medicine, and earned the empirics praise from some contemporary chroniclers.

The knight Ulrich von Hutten penned a dramatic personal account in 1519 that expresses the battle lines being drawn around these naturalistic treatments. Recently cured by guaiac, von

Hutten levels his critical pen against the Catholic learned medical apparatus for their incompetence and inability to cure his affliction, rejecting the notion that the disease is incurable. As a fierce Lutheran, he openly mocks the cowardice of physicians, and the foolishness of priests that describe the French Disease as sent by God as punishment for any misbehavior, questioning why diseases could not form naturally. Central to his argument is the recent discovery of guaiac, the existence of which confirms to von Hutten (and many medical chroniclers after him) that if the disease was indeed divine, it was not a mere test to be endured, or a moral scourge to suffer through with stubborn faith. Instead, von Hutten sees it as an evil which should be actively combatted by any available means.

The title page of von Hutten's famous 1519 work *Guaiacum* (Fig. 1.4) shows a scene of Job covered in pustules, lying back on a bed of straw and listening coolly as his three friends Eliphaz, Bildad and Zophar dispute the cause of his suffering. Dressed in physicians' robes and standing over Job, they appear to offer more in the way of words than help to the ailing man. Anyone familiar with how this disputation ends in the Biblical story can likely guess what von Hutten is implying. Job's response to the physicians is to deny any wrongdoing, and assert his blamelessness in his recent change of fortunes. In doing so, he rejects any causal divine explanation for his sickness, denouncing his friends as "worthless physicians" who arrogantly smear him with undeserved lies against his character. In this context, the scene announces guaiac not just as a cure, but as proof that physicians' deliberations have done nothing to ease the suffering of their patients. Job's friends symbolically represent the "worthless physicians" that von Hutten now denounces with his championing of guaiac. The figure of Job has been inverted to reject any moralizing meaning of the French Disease, and argue for the efficacy of this new

cure. With this work, von Hutten proclaimed that as God provides sickness, he also provides cure.<sup>73</sup>



**Figure 1.4.** Unknown Artist, title page woodcut from *Guaiacum* by Ulrich von Hutten, 1519. Woodcut printed in ink on paper. University of Glasgow Library, Glasgow. Public Domain.

A final image reflects the shifting moral landscape around seeking treatment for the French Disease in the first quarter of the sixteenth century, and the changing meaning of “incurability.” The image (Fig. 1.5) is from an indulgence to the Spedale de’ Guarini in Bologna, a hospital established earlier in the century to accommodate incurable French Disease sufferers by concerned members of a confraternity dedicated to Saint Job.<sup>74</sup> Pictured is the Virgin Mary as the Madonna of Mercy, shielding hooded confraternal members as they pray for her intercession

on behalf of the sufferers. Standing on either side of the kneeling figures are two saints carrying scepters, whose flowing togas reveal diseased skin beneath. The left figure of Saint Job gestures to the praying figures and the Madonna, suggesting his role as an intercessor and his ability to channel their prayers against the very disease plaguing his own skin.

As part of a work dedicated to a hospital for incurable sufferers of the French Disease, Job's intercessory ability to aid in the healing of skin illness was applied to the hospital's hunt for naturalistic cures to the affliction. Through Job's intercession, God's influence is recognized in this task, much as it was recognized by proponents of guaiac who argued for its potency due to God's foresight in placing a cure in *Hispaniola*, where many contemporaries believed the French Disease originated.<sup>75</sup> Despite the religious nature of the imagery, the context of the painting indicates an increasingly secular understanding of the French Disease. The confraternity that established the Spedale de' Guarini clearly believed that the French Disease could and should be treated – or its physical symptoms at least relieved – with earthly medical care.

Contrast the depictions of Job's affliction here with the Panetti painting analyzed earlier in this chapter. Indeed, in the two and a half decades between the making of each of these works, physicians and other healers had established a firmer understanding of the many physical manifestations of the French Disease. Still, as mentioned above, the pustules remain the most consistent iconographic means of representing it. While the marks are abstracted and relatively uniform, Job's pustules are inflamed and sitting atop his skin, as if the painter simply pressed the brush against the surface of the canvas. The abstraction provokes a visceral recoil in the viewer, and emphasizes the sickness of Job's body, rendering it monstrous and alien. Unlike in the Panetti painting, Job's face is not left clean – the illness itself, rather than his response to it, is indubitably his primary aspect, and that which imbues him with intercessory power. In this

depiction, Job is no longer celebrated for his stoic perseverance in the midst of great suffering. Instead, he is used to picture the severity of the awful disease for which the faithful pray for a solution.

**Figure 1.5.** Unknown Artist, “Mary, Saint Job and members of the confraternity of S. Giobbe in Bologna,” from an indulgence to the Hospital dei Guarini e di S. Giobbe, 1525. Archivio di Stato di Bologna, Archivio degli Ospedali, S. Maria dei Guarini e di S. Giobbe. <https://bit.ly/32gKPJz>

## Conclusion

The Spedale de’ Guarini was not the first or the last institution established in Italy with the express purpose of combatting the French Disease and providing relief to its ever-growing number of sufferers across the peninsula. Indeed, following the chaos of the 1490s and the initial explosion of the French Disease across Europe, local governments, medical professionals, and the clergy worked in tandem to establish new ways to fight it and excise the scourge from communities. In the next chapter, I will explore the various institutions established in the first century of the French Disease, and analyze how they unraveled certain moral considerations surrounding cure, yet reinforced gendered conceptions of the French Disease and curability that were less pronounced in the initial years. The cult of Job’s popularity would crescendo in the sixteenth century as the French Disease became endemic across Italy, prompting us to move on to other image types that capture the changing social and moral implications of this highly visible infirmity. The diversification of iconographic types, and the shift away from Job imagery and images of the “noble sufferer” across the sixteenth century speaks to the explosion of the medical market that occurred in response to the proliferation of the illness on the peninsula, and the various ways the French Disease came to be understood medically, socially, and morally.



The French Disease art of the sixteenth century demonstrates even more so than its predecessors that social and spiritual understandings of the illness were unstable and diverse, and yet steeped in well-established moral-medical traditions that constituted the fabric of Renaissance ideas of health and wellness.

## Chapter Two

### Mary Magdalene and the Dangers of Beauty

The early-to-mid-sixteenth century saw the French Disease become endemic across the Italian peninsula, as it evolved from its initial, particularly virulent form into one that was chronic, according to contemporary chroniclers.<sup>76</sup> This shift in the course of the disease occurred alongside changes in the socio-cultural framing of French Disease sufferers, which in the sixteenth century became intimately intertwined with contemporary shifts in Christian belief and charity that accompanied the Counter Reformation. Meanwhile, the proliferation of various medical solutions to the French Disease, ranging from mercury and guaiac to cosmetics that hid the disease's recognizable physical symptoms, further confounded early modern conceptions of the long-term effects of the French Disease on the body and the body politic. These treatments became relatively routine across Italy and were available to many, either through private healers or state-sponsored Incurabili Hospitals (hospitals for incurable illnesses, particularly the French Disease).

Continuing an early strain of discourse about the French Disease, women were increasingly blamed in the sixteenth century for its inception and proliferation. Societal anxieties about the deadly disease, as well as the immorality with which it became associated, were directed towards *meretrici*. Commonly translated as “prostitutes,” this word is usually used to signal the occupational category of sex work. In the sixteenth century, however, increased ambiguity around the occupation led to *meretrici* functioning more as a moral category, referring to women who “not being married have commerce, and practice with one or more men.”<sup>77</sup> These women's alleged sexual openness was pictured as a scourge that compounded immorality and threatened the health of many Italian cities. Increased awareness and acceptance of the French

Disease's venereal nature only exacerbated its association with non-normative sexual behavior, particularly on the part of women.<sup>78</sup> This perceived relationship between early modern sexual non-normativity and the French Disease is in line with Anna Foa's theory that responsibility for the disease's origin was projected onto "the other" in Italian society as a means of mitigating societal trauma from its spread.<sup>79</sup> Here, however, her model can be used to figure *meretrici* as an "internal other," or a group that exists on the fringes of normative Italo-Christian society. Sex workers increasingly served what Deanna Shemek has called a "pointing" function within their respective communities, in which they served as symbols of and receptacles for immorality, disease, and punishable guilt.<sup>80</sup>

The treatise on the French Disease written in the mid-sixteenth century by the court physician Antonio Musa Brasavola combined this projection onto the bodies of sex workers with nationalistic "otherizing" to historicize the French Disease explicitly as a consequence of invading French soldiers having sex with a "most beautiful" Italian prostitute. His origin story of the illness, which reached a wide audience thanks to the publication of multiple editions (including one in the Italian vernacular), reflects both the complex nexus of ideas that projected blame for the French Disease outwards and inwards, as well as changing theories of contagion that gained new traction in the sixteenth century, and seemed only to emphasize sex workers' responsibility for the spread of disease. Musa Brasavola's claim that "this illness began to stain one man, then two, and three, & one hundred, because this woman was a prostitute and most beautiful, and since human nature is desirous of coitus, many women had sexual relations with these men (and became) infected with this illness" describes female lasciviousness as the primary vector for the French Disease's spread.<sup>81</sup>

Significantly, these anxieties grafted early modern ambivalence towards prostitution onto the issue of controlling the spread of the French Disease. Under attack from Protestantism and the French Disease, the Counter-Reformation Catholic church changed its tone towards the sex trade in the sixteenth century. Sex work had long been tolerated (and at times supported) by state governments in Italy, and most major Italian cities were home to at least one state-sponsored bordello.<sup>82</sup> But the shuttering or collapse of many public brothels in the late fifteenth and early sixteenth centuries shifted the nature of the relationship between local authorities, sex workers, and their patrons. Such was the case in Venice, where the city's major public brothel shuttered temporarily in 1460.<sup>83</sup> Prostitutes left their bordellos and mandated ghettos and moved further into the domestic sphere, often creating friction in their new stomping grounds. Neighborhoods unaccustomed and unwelcoming to them described prostitutes as sinners as well as magnets for rabble and mischief. These attitudes are apparent in other major Italian cities as well. In a 1601 letter to the Governor of Rome, an anonymous neighbor complains about the women "living extremely impure lives and publicizing their dishonesty by day in the streets, touching men's shameful parts and doing other extremely dishonest acts in front of married women and virgins with great scandal." The writer describes himself as unable to find peace at home with their family, "especially at night because of the great tumult and noise which is going on in the area, and as a result of which there are arguments and stones are thrown at their windows, with the risk that an onlooker or passerby will be killed."<sup>84</sup>

Following prostitutes' exodus from the brothels the occupation became increasingly privatized and difficult to control by local governments, as women participated in the sex trade without legally recognizing themselves as prostitutes.<sup>85</sup> Local businesses such as taverns and bathhouses often illegally played host to prostitutes, or women could host clients from their

homes.<sup>86</sup> These changes in the industry necessitated the adoption of new (or the readoption of old) strategies by local authorities such as strict sumptuary laws and spatial restrictions, which at times even climaxed in orders to eject every prostitute from their cities.<sup>87</sup> Overall, however, local governments were inconsistent in their approach to prostitution, and many of the laws meant to control the industry were enforced only selectively.<sup>88</sup> Brian Pullan has suggested that charitable support for institutions that encouraged prostitutes to repent “excused” peoples’ general tolerance for “immoral women.”<sup>89</sup> Perhaps the same sort of “excusing” is present in this case. Regardless, prostitution continued to thrive in most Italian cities as authorities turned a blind eye, albeit in privatized forms that left the trade increasingly deregulated and domestic (giving some prostitutes greater upwards mobility) and sex workers increasingly unprotected.<sup>90</sup> State governments and the general populace walked a tight rope in regards to the sex trade, recognizing the necessity of it economically and socially, but increasingly picturing the women working in the industry as spreaders of disease and immorality that jeopardized the health of their cities. States such as Florence, which implemented a heavy tax on the ill-gotten gains of sex workers in 1553, exemplify the strategies Italian state governments used to maintain control over the trade, and continue benefiting from it financially, while condemning it on moral grounds.<sup>91</sup> And because prostitutes were so closely associated with venereal illness, these shifts in attitude also undergirded states’ institutional responses to the French Disease, which was pictured as spreading outwards from brothels and women’s bodies to infect the body politic, much like the sex trade itself.

Meanwhile, changing sentiments in Christian charity that accompanied the Counter Reformation placed renewed emphasis on heuristic social welfare, described by Nicholas Terpstra as organized “forms of practical assistance like work, education, food supplements, or

temporary shelter...that the poor could [use to] help themselves and ideally develop the resources that would help them find their way out of poverty.”<sup>92</sup> This new “practical” charity existed alongside established modes of patronal charity popular in Renaissance Italy long before the sixteenth century, and placed great emphasis on the power of repentance to reform lost souls such as those of the *meretrici*.<sup>93</sup> Sixteenth-century reforms were skewed towards helping “deserving” women and children, as well as the sick and old, and gave rise to publicly funded, specialized care institutions such as Incurabili Hospitals that synthesized practical therapeutics with metaphysical healing of the soul. Spiritual and moral castigation were employed to either rehabilitate or reintroduce the sick and needy into Christian society, or to excise the hopeless – most often sex workers – from the populace and place them into isolated institutions to keep their immorality and disease from spreading further.

### **Saint and Sinner: The Hermetical Tradition, and the Nakedness of the *Penitent Magdalene***

This complex socio-religious milieu leads us to a new iconographical figure who became inextricably linked to the French Disease in Italy in the sixteenth century: Mary Magdalene. Centuries of revisionist church writings had turned the Magdalene figure into an archetypal representation of the power of penitence and Christ’s power to forgive sexual sin.<sup>94</sup> Magdalene’s story as a former prostitute, who through God’s forgiveness became first witness to the Resurrection, was especially relevant to the former sex workers who entered the nexus of institutional care following their infection with the French Disease. Her biography offered a model of behavior that promised not only medical rehabilitation, but also socio-spiritual reintegration. As such her image was inherently an optimistic one to any former prostitute willing to follow in her example. Nonetheless, images of the Magdalene carry a certain

ambivalence towards sex workers that was characteristic of the sixteenth century, picturing her simultaneously as a sinner in need of repentance and an object of sexual desire.

While evidence discussed in this chapter confirms connections between the Mary Magdalene figure, the sex trade, and the French Disease, I do not necessarily argue that each of the works considered here was made explicitly to picture the French Disease. Indeed, the total lack of physical symptoms in the Magdalene images considered in this chapter have caused them to be left out of previous considerations of French Disease imagery. Despite these asymptomatic portrayals of the Magdalene, however, I argue that these images point to an associative iconography that galvanized multiple interconnections between the topics discussed above to implicitly picture the French Disease sufferer once the disease had become endemic to the Italian peninsula in its less virulent form. I contend that the French Disease became not only virologically, but socially endemic, embedding itself into early modern considerations of sex, prostitution, health, wellness, and morality. Therefore, sixteenth-century images of the female apostle were inseparable from the wider cultural context in which they were produced. Thus it is reasonable to infer that the significant popularity of Magdalene images during this century is directly related to the prevalence of the French Disease, the popularity of its origin myths that placed the blame on sex workers, and changing attitudes towards the sex trade fed by the spread of venereal sickness. Magdalene's role in Christian iconography as the quintessential penitent, liberated from her sins in prostitution through faith, naturally made her a model for repentant prostitutes leaving the sex trade either by force or by choice, as well as a symbol for Christians about God's power to heal the body and soul of even the most hopeless sinner.

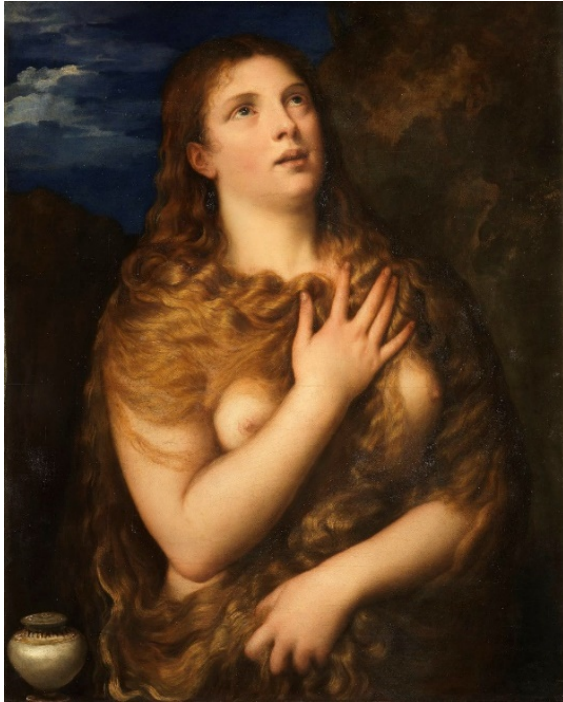
Titian's ca. 1531 *Penitent Magdalene* (Fig. 2.1) exemplifies many of the tensions and fissures surrounding the sex trade in early modern Italy. Possibly commissioned by the Duke of

Mantua for his platonic love Vittoria Colonna, the work creates a sensual tension between love and lust, modesty and eroticism, God and the female body. The image is a highly idealized one of a fair, naked Magdalene in the wilderness, penitent and looking upwards to the heavens. Often referred to as the Bride of Christ in medieval and early modern literature, she is imagined as a virgin, “reborn” – and her purity restored – through God, to whom she supplicates herself. Scriptural elements are amalgamated with details pulled from apocryphal traditions of the Magdalene, which described her in her later years as a hermit saint living out her days in the desert following the ascension of her spiritual husband, Jesus.<sup>95</sup> She is pictured in the wilderness at nighttime, and is wrapped only in her long, flowing locks, one of her central attributes plucked from the hermetical tradition. Her nakedness simultaneously seduces the viewer and asserts her holiness by representing her rejection of worldly possessions, aside from her characteristic alabaster jar; her nipples peek out from behind her hair, and the covering of a modest arm, to tantalize us. Her tears indicate a penitential state, but also reference her role in anointing Jesus when she washed his feet with her tears and her hair. Despite this being a scene of intense emotion, and guilt for her past transgressions, Mary Magdalene displays an unmistakable tranquility as she is bathed in a heavenly light.

The *Penitent Magdalene* is a characteristically seductive and poetic work, and pictures an idealized virgin maiden who simultaneously maintains her purity in devotion to God, and seduces the viewer with the overtly sexual nature of her devotion. The Magdalene’s modesty and seduction correspond rather than contradict; her long, flowing hair, despite covering most of her body, in fact enhances her nakedness. Her body and skin are not those of a starving hermit living in the desert, but of an alluring maiden open to the love of God. In the Magdalene’s beauty, the work is distinct in its tactility; Titian’s delicate brushstrokes charm the viewer, and the nakedness



of the figure is meant to do the same. She is what Elizabeth Cropper describes as “a living presence in a single moment, to which [the viewer’s] eyes would be drawn by nature” to ponder the spiritual ramifications of her rebirth through Christ.<sup>96</sup> Her corporeal, worldly beauty becomes a representation of her inner state; the visible consequence of her piety.



**Figure 2.1.** Titian, *Penitent Magdalene*, ca. 1531. Oil on canvas. Palazzo Pitti, Florence. Public domain.

Therefore, the erotic nature of the image was not in conflict with its Christian message regarding the power of penitence – rather, her nudeness amplifies this message. Her very past as a sinner imbues the arc of her story with religious meaning, and hagiographically her identity as a prostitute remains a permanent attribute. Titian clearly sexualizes the Magdalene, and by doing so hints at her past nature as a worldly sinner, but the religious context of the work imbues her sexuality with alternative significance. As stated, the Magdalene was often described in

contemporary writings as the bride of Christ, implying that an intimate emotional and physical relationship with God is the foundation of her immense faith. She has a rapturous love for God, and worships Him as she would a lover or a husband. Her purity is restored through her spiritual marriage with Christ, who forgives the sins of the penitent. And so in being seduced by the external beauty of the Magdalene, the viewer is tempted into something that transcends the subject, and extends into the metaphysical. The viewer is enticed into the same spiritual communion with Christ that has made the Magdalene perfect.

Sixteenth-century depictions of Mary Magdalene often emphasized her hermetical tradition, and suggest a requisite for prostitutes' redemption: their total rejection of the worldly, and concomitant removal from society. The sentiment is even more clearly expressed in Annibale Carracci's 1591 print of the *Penitent Magdalene* (Fig. 2.2), where the female saint is represented as a hermit living out her days in the wilderness in prayer and meditation. She has relinquished all her worldly goods besides a flowing dress, a rug to rest on, the sacred texts, and her ointment jar. Consequently, she displays unmitigated focus on the crucifixion of Christ (the very action that allowed her sexual sins to be forgiven). Such a stringent requirement for even a follower of Christ to achieve forgiveness communicated to the early modern audience that similar measures should be taken in order to save the souls of *meretrici*.



**Figure 2.2.** Annibale Carracci, Penitent Magdalene, 1591. Etching and engraving printed in black ink on laid paper. Detroit Institute of Arts, Detroit. Gift of Mrs. James E. Scripps, 09.1S259.

### **Mimicking the Magdalene: Women's Convents**

The tension in sixteenth-century depictions of Mary Magdalene as both a sinner and a model of Christian behavior is representative of early modern Italians' ambivalent attitudes towards sex workers, which informed the institutional system of care established across Italy in the sixteenth century to fight the French Disease. In every major Italian city throughout the sixteenth century, relative tolerance towards the industry was paired with an urge to excise and separate prostitutes from the rest of society through spatial restrictions, and the establishment of institutions that focused on healing the soul of diseased sexual sinners. These institutions, and the socio-medical discourse that gave them shape, saw the French Disease in female bodies as the inevitable result of sexual misdeeds and lasciviousness left uncontrolled and unchecked by patriarchal systems that had allowed the sex trade to flourish (and the workers therein to achieve a certain level of

upward economic mobility). Consequently, the institutions' primary mission in female care became a repentant one, focused on cleansing women's bodies of moral rot and venereal disease by scrubbing their spirit clean of sin, and sometimes permanently removing them from the socioeconomic situation that had forced them into prostitution in the first place. Meanwhile, in men the French Disease was diagnosed simply as the product of excessive sex with prostitutes – an expedient causal theory that reflected blame back onto sex workers.<sup>97</sup> This gendered moralization of the French Disease created immense stigma for the disease in women, even those not engaged in prostitution, and was influential in the formulation of long-term preventative measures focused on slowing the spread of the French Disease. These efforts centered primarily on policing female sexuality by placing former sex workers in convents specifically geared towards repentant prostitutes.

The two primary institutional responses to the French Disease in sixteenth-century Italy can be broadly categorized as long-term prevention – which took the form of locking away repentant prostitutes and women apparently in danger of falling into prostitution – and short-term healing performed at the Hospitals for Incurables. Women's asylums, known as *Convertite*, solidified the association between sex workers and the French Disease by operating adjacently to state-run Incurabili Hospitals; in some cities such as Venice, *convertite* houses were even formed out of the local Incurabili Hospital itself.<sup>98</sup> Although some of these institutions would later restrict entry of sex workers suffering from “incurable diseases,” this was often not the case at the institutions' inception.<sup>99</sup> The *Convertite* existed in a long tradition of convents for repentant prostitutes, and they enjoyed immense popularity in the sixteenth century due in large part to the spread of the French Disease. In many cities, their popularity endured well into subsequent centuries. Indeed, in his mid-seventeenth century visit to Rome, the visiting English Catholic

Richard Lassels glowingly described the “Church of the penitent whores” as a place where “poore souls that repent themselves of their bad life, are received, and kept all their life time...”<sup>100</sup>, picturing the convent as an exemplar of Catholic charity and the pope’s benevolence.

The *Convertite*, known in England as “Magdalene Houses,” offered venues for repentant prostitutes to act out aspects of Mary Magdalene’s redemptive arc in efforts to restore their souls. These asylums provided a place for long-term quarantine for former sex workers, where they could perform the necessary penitence that would cure them of their immorality, and restore their souls.<sup>101</sup> These women followed strict monastic orders, and were expected to renounce all of their worldly possessions upon entry, partake in frequent manual labor, mortify their flesh with scourges, participate in communion and recitations of the psalms regularly, and cut themselves off permanently from the outside world (they were even discouraged from talking about their past lives!).<sup>102</sup> Like the Magdalene, their commitment to living a life dedicated to Christ, totally removed from the temptations of worldly influences, was the primary means of achieving salvation. And also like the Magdalene, the stringent requirements for prostitutes to achieve salvation were necessitated by their troubled pasts. Tellingly, the *Convertite* also had rigid ideas about the sort of sex workers they were willing to accept. Most of the convents only took in beautiful, young women, who the institutions saw as deliberately choosing repentance over their careers as sex workers. This practice is expressed in a writing by the Roman Compagnia della Carità, a confraternity responsible for governing Rome’s *Convertite*, which stated that they did not allow “ill-favored women [who] wish to enter the cloister, not because their heart tells them to, but on account of their ugliness.”<sup>103</sup>

Complementary asylums known as *Zitelle* also formed during the sixteenth century as part of the same effort to save women from their own immorality and staunch the spread of

sexual sin and the French Disease. These were enclosed homes for young, beautiful, poor girls, thought to be in danger of falling into a life of prostitution due to their circumstances or beauty (another parallel with the Magdalene story: in the apocryphal tradition, she entered into prostitution naturally due to her beauty, and stayed in it due to the attention and profit her beauty garnered). The *Zitelle* represented a new dimension of preventative response: young women admitted to the asylum were required to be virgins at risk of being deflowered, and thus vulnerable to entering into prostitution due to their inability to marry after engaging in premarital sex.<sup>104</sup>

Each of these conventual communities represent the earliest long-term institutionalized responses to the chronic illness in Italy, in that they each placed responsibility for the spread of the French Disease on female sexuality. This moralizing system painted the sex trade, and more generally extra-marital sexual activity by women, as a scourge in itself capable of compounding the spread of immorality, and by consequence the French Disease, throughout the wider population. It therefore sought to condemn and extract moral and sexual transgressors as the primary means of slowing the spread of disease.

### **Seeking Cure: The Incurabili Hospital**

The foremost institution that arose in most major Italian cities in the sixteenth century to medically treat the French Disease was the Incurabili (Incurables) Hospital. Recent scholarship has emphasized the novelty of these institutions in early modern medical care, as they were possibly the first specialized hospitals established to treat a specific illness, in this case the French Disease.<sup>105</sup> By the 1530s, nearly every major Italian city had an Incurabili Hospital, which indicated the prevalence of the disease across the peninsula. Hospitals had long been an

important arm of the economy of Christian charity, and Incurabili Hospitals enjoyed the same position. Founded by religious confraternities and funded by the state as well as private donations, the Incurabili Hospital became a popular site for practical charity and the performance of “good works” as the French Disease became endemic.<sup>106</sup> In this way, it was a venue for salvation for not only the sick, but also those healthy Christians willing to donate their time and money to help the sufferers within. Brian Pullan has also pointed out that Incurabili Hospitals became central hubs for charitable activities performed by at-risk women, including the care of diseased patients, while Sharon Strocchia describes the transformative experience of visiting the Incurabili Hospital in Florence as having significant redemptive efficacy for aristocratic women.<sup>107</sup> Charitable work at the Incurabili could also function as “preliminary to the austerities of the convent,” as well as a warning to the women about the dangers of sexual sin.<sup>108</sup>

The treatment offered at Incurabili Hospitals took on a moralizing, and at times castigating tone, particularly towards women. In Italy, hospitals devoted to treating the French Disease mainly employed learned treatment regimes that utilized guaiac, which, while not quite as torturous as mercury treatment, nonetheless subjected sufferers to weeks of misery. Typically the guaiac cure was administered over a period of thirty to forty days, and involved strict dieting that bordered on starvation, and days of sweating.<sup>109</sup> Additionally, the guaiac concoctions used by physicians often produced harrowing side effects including diarrhea and stomach pain. This torturous treatment began to be considered a sort of penance in itself, described as a purgative capable of cleansing the body of disease matter, as well as the patient’s soul of sexual sin.<sup>110</sup>

The associations between prostitutes and the French Disease, as well as the apparently imminent danger in which sex workers placed themselves by leading immoral lives, were also broadcast by popular street performances and prints sold alongside them. This is perhaps an

indication that this association was widely understood. These works pictured the primary patients of the Incurabili Hospital as repentant whores forced out of work by their disease, and warned prostitutes that a similar fate awaited them as those suffering in the Incurabili Hospital. An infamous print from ca. 1525-1530 sold alongside a public carnival performance by the early sixteenth-century poet Maestro Andrea ( Fig. 2.3), in which he dressed up as a beggar and threw effigies of popular Roman courtesans into the Tiber River, shows a defamed and diseased courtesan being wheeled through the streets of Rome in a public display of shaming.<sup>111</sup> She is presumably debilitated by the advanced stage of her French Disease, and the unnamed courtesan's skin is riddled with the disease's characteristic pustules. As Hilde Kurz has pointed out, Maestro Andrea's performance and accompanying poem allude to "the dark fate awaiting those courtesans who still walk proudly among the happy and healthy."<sup>112</sup> These live shows represented the French Disease not only as the likely, but the inevitable result of prostitutes' sexual sins; they served the same "pointing" function that prostitutes held more generally in early modern Italian culture. Indeed, the moral dimensions of the illness made its contraction an inevitability for sex workers to many early modern people.<sup>113</sup> In these performances prostitutes were explicitly represented as symbols of transgression. The print suggests their redemption through the public ritual of entering the Incurabili Hospital to suffer in penitence. These associations between prostitutes and the hospital as a redemptive space are made clear in Maestro Andrea's poem when he warns that "You who are in joy, singing and laughing in beautiful palaces and are favoured in court, your face will not always be so lovely...Do not trust your beauty, which is brief and fragile like the smoke and wind...Think instead of the acute torments and the miseries of this hospital, which beats purgatory, and every lament."<sup>114</sup> The French Disease is pictured as a vengeful force, as well as a representation of the precariousness



of sex workers' economic and social status. Meanwhile, the hospital, which “beats purgatory” – the place where sinners perform penance for their sins after death – offers more than a cure for the subject's French Disease. It offers salvation. We can only assume that the ultimate destination of the prostitute in the wagon was the Incurabili Hospital, where through guaiac treatment, she could atone for her worldly sins.

**Figure 2.3.** Unknown Artist, title page woodcut *Purgatory and Lament of the Roman courtesans* by Maestro Andrea, ca. 1530. Woodcut printed in black ink on paper. London: British Museum Library. <https://bit.ly/3wLbtrN>

However, while the hospital was available to all sufferers of the French Disease either by lottery or by line, Venetian hospital data analyzed by Laura McGough indicates that while the disease was distributed across sexes equally, far more men took advantage of the care offered there.<sup>115</sup> This disparity in the dispersal of disease relief indicates a favoring of men in publicly funded hospital care, attributed by Sharon Strocchia to men's financial advantages over women.<sup>116</sup> She contends that women's extensive social resources allowed them to seek care elsewhere such as in their own homes or neighborhoods. The social risk of entering the public Incurabili Hospital likely fell far harder on women as well, as demonstrated above. Features like the open-door policy at Rome's Incurabili Hospital (which was possibly upheld in other cities) made it likely that entering into the hospitals' care meant publicly declaring oneself as a French Disease sufferer.<sup>117</sup> This made women vulnerable to slander and identification as *meretrici*, a difficult designation to escape.

Many women therefore sought alternative solutions to their French Disease, engaging with the pluralistic medical market rather than the state-sponsored care of the Incurabili Hospital. Guaiac treatment provided at home was available only to the very wealthy, as pictured in a print

made circa 1600 by the Flemish artist Giovanni Stradano (Fig. 2.4). The image shows a luxurious domestic interior. To the left a sickly man is drinking a guaiac concoction, wrapped tightly in his bedsheets (likely to induce the necessary sweating). A trained physician stands at the foot of his bed by a table, where he has probably written out the personalized treatment for this patient. In order to do so, he would have extensively interviewed the sufferer to achieve a full understanding of his temperament, habits, health, and recent sexual activity – all vital factors in determining the length and extent of his guaiac treatment.<sup>118</sup> In his home, the patient is safe from prying eyes and the potential embarrassment of being treated for the French Disease in a public setting. Meanwhile, the domestic figures on the right side of the image prepare the decoction by chopping the wood, measuring it out, and boiling the water necessary for the wood brew. This sort of domestic treatment was available to the lucky few who could afford it; to those who could not, the barber-surgeons, empirics, apothecaries, and charlatans discussed in the above chapter were available (sometimes at a steep cost), in addition to the resources provided at the Incurabili Hospital.<sup>119</sup>



**Figure 2.4.** Giovanni Stradano, *A man in bed suffering from syphilis, amidst a busy domestic scene*, ca. 1600. Engraving printed in black ink on paper. Wellcome Collection, London.

## Conclusion

Sixteenth-century depictions of Mary Magdalene emphasized her responsibility to repent for her sexual sins, while simultaneously sexualizing her as a former prostitute and bride of Christ. Pictured as a beautiful, naked maiden, she is submissive and open to her spiritual husband. It is her past that imbues her redemption and her becoming the primary witness to the Resurrection with efficacy and meaning, and remains a permanent attribute of her identity even after she is purified and her sins are forgiven. These representations of the Magdalene as a redemptive figure mirror the ambivalent attitudes towards prostitution that developed during the sixteenth century as a product of the spread of the French Disease, and shifting considerations of Christian morality that characterized Counter Reformation Catholicism. Meanwhile, her total rejection of worldly goods, her self-inflicted hermetical state, and her perpetual meditation on Christ's final act to forgive her sins parallels the "course of healing" offered to penitent prostitutes ready to enter into a life of confinement in order to seek forgiveness for their sins. Indeed, "Magdalene houses" seem to have intentionally structured their convents after Mary Magdalene's apocryphal story, offering a venue for repentant prostitutes to act out the Magdalene arc in order to redeem their souls.

The absence of physical symptoms in these works speaks to the spiritual state in which these women found themselves according to sixteenth-century discourse about the French Disease. As a crisis of spirituality, and a representation of immorality, the illness came to represent not only a type of person, but a set of behaviors that only concluded with the manifestation of physical symptoms and the resulting public embarrassment depicted in the Maestro Andrea woodcut above. In the following chapter, I will explore the secularization of this associative iconography, and trace its development through narrative, moralizing prints. In these

works the attitudes towards *meretrici* displayed in the above chapter persist, but the moralizing impulse is inverted to a pedagogical one meant to demonstrate to viewers the sorts of behavior in which French Disease sufferers were likely to engage. Additionally, these works pull from contemporary literary and visual trends that utilized the physical symptoms of the French Disease to indicate immorality and despair to imagine the French Disease as the inevitable conclusion of sexual excess, both in women and in men. Contemporary considerations of sex workers introduced in the above chapter will be fundamental to understanding the function of these moralizing tales.

## Chapter Three

### The Courtesan and the Rake: Deixis and Disease in Narrative Prints

By the end of the sixteenth century, associations between the French Disease and prostitution were firmly entrenched.<sup>120</sup> These associations were rooted in medical theories of venereal illness, which described the French Disease as the product of sexual sin, but were bolstered by works of popular art and literature about prostitutes and their clients. These figures were frequently the subject of satirical narrative prints described by David Kunzle as “early comic strips” that enjoyed immense popularity amongst the mercantile and elite classes in the seventeenth century.<sup>121</sup> Narratives about the “miserable end” of diseased prostitutes, and complementary ones about the foolish men beholden to beautiful, clever courtesans, portrayed the French Disease as an inevitable punishment capable of bringing its victims low for their sins of sexual deviance and debauchery. These two *topoi* emerged as some of the most popular figures in the burgeoning print market of Italy, and can be seen in many images from the era designed for popular use and consumption.

Artists’ depictions of the prostitute and the rake as the primary disease victims and spreaders misrepresented the reality of the disease, which was endemic and likely widespread across social strata in major Italian cities such as Venice.<sup>122</sup> Nonetheless, the figures, and their portrayal as the primary vehicles for transmitting the French Disease, reveal contemporary connections between the sex trade and venereal disease. These figures helped to restrict the frightening illness to a specific set of characters in the social imaginary, creating what Sander Gilman has described as “a visual boundary, a limit to the idea (or fear) of disease.”<sup>123</sup> In so doing, printed prostitute and rake images that pictured the symptoms of the French Disease on

the body after a series of escalating debaucheries took on the epistemic purpose of identifying typical French Disease victims, as well as the behaviors in which they engaged. These narratives also served as warnings to the French Disease's potential victims. Through accompanying verses and captions that adopted the very perspective of the suffering prostitute, moralizing narratives implored sex workers to consider their sins and change their ways before the same desperate fate befell them.

These stereotyped depictions of the French Disease and its victims leaned heavily on widespread ambivalence towards the sex trade, while also galvanizing contemporary medical conceptions of "inner illness" to portray the course of the French Disease as an accumulation of disease matter brought about from sinful activity. As such, the prints examined below were less concerned with representing physical symptoms than with teaching viewers about the behaviors that precipitated them. The disease is consequently pictured primarily as a social process. In so doing, artists developed an associative iconography that drew on common cultural signifiers of debility and debauchery. They showcased the moral degradation that was both the cause and symptom of the French Disease, creating a deictic visual language that pointed to and communicated the integral role of illicit sexuality in the disease cycle. By portraying the French disease as an inevitable consequence of prostitution and promiscuity, popular prints expanded the scope of French Disease imagery beyond the purely physical to include causal actions of disease. This integration of the medical and the moral enabled early modern printmakers and viewers to create a meaningful explanatory framework for understanding how and why sufferers contracted the French Disease. At the same time, these images invited viewers to blame sex workers for this foul disease.

### **From Finery to Rags: The Courtesan's Miserable End**

The social transformation and moral process undergone by diseased prostitutes in seventeenth-century moralizing narrative prints can be divided roughly into six central actions or parts, which I categorize as “Beginnings,” “Finery,” “Quarrel,” “Isolation,” “Disease” and “Death.” A print from 1692 by the Bolognese artist Giuseppe Maria Mitelli (1634-1718) titled *The Unhappy Life of the Prostitute divided according to the twelve months of the year* (Fig. 3.1), likely based on a now-missing print from the early seventeenth century, lays out this arc most explicitly, and is representative of other prostitute narratives.<sup>124</sup> The prostitute's arc begins with her introduction as a beautiful young virgin, who is then thrust into the sex trade or sexual immorality by a jubilant party and a scheming procuress (Beginnings). At the opening party held in January (*Gennaro*), she is tempted into immodest behavior. The procuress eases her descent into debauchery in the next scene (*Febraro*), seeing an economic opportunity in the maiden's corruption. In the ensuing months, the beautiful woman enters into an illicit partnership with a wealthy young man who elevates her lifestyle from one of modesty to luxury and pleasure between March (*Marzo*) and June (*Giugno*). This set of scenes comprises the pinnacle of her career (Finery). She enjoys a level of financial success and socio-economic liberty that was quite rare for women in early modern Italy. Courted by young, rich suitors, and draped in lavish garments, she becomes a woman-about-town in July (*Luglio*). Her happiness, and the newfound finery which she enjoys, is however pictured as temporary and vulnerable to the woman's own moral failings. She quickly becomes corrupted by the immorality of her deeds and her desire for material goods. Contemporary perceptions of prostitutes considered women's nature permanently altered upon entering the sex trade – illicit sex allegedly created an insatiable sex

drive, causing women's libidos to compound beyond their control.<sup>125</sup> Due to this combination of material and sexual desire, the protagonist of the print becomes increasingly prideful, reckless and disloyal to her lover by taking on multiple partners. Her stability is thus shattered by her lover's discovery of a second male client, which erupts into violence (Quarrel) the following month (*Agosto*). Thus begins the falling action of the story. Evicted from her apartment, she is publicly shamed as a whore and forced to live on the streets in *Settembre* (Isolation), where she is attacked by a former lover in *Ottobre*. By *Novembre* she has been reduced to beggary, and suffers from the French Disease. Stripped of her station as a successful courtesan, and marked out permanently as an irredeemable sexual sinner by the physical symptoms of the French Disease, she is scorned by her former lovers, and left debilitated on the streets to suffer alone (Disease). She is even mocked by a fellow syphilitic, identifiable by his crutch and the cloth covering his nose, who points at his thinning hair as if to blame the poor woman. In *Dicembre* she enters into an Incurabili Hospital, where she dies a miserable death surrounded by the sounds, sights, and smells of a hospital filled to the brim with sinners and deviants (Death). Mitelli's narrative, which adheres closely to conventions of courtesan stories, positions the French Disease as the final aspect of the courtesan's decay and that which necessitates her total separation from society to an Incurabili Hospital.

**Figure 3.1.** Giuseppe Maria Mitelli, *The Unhappy Life of the Prostitute divided according to the twelve months of the year*, 1692. Engraving printed in black ink on paper. Bertarelli Collection, Milan. <https://bit.ly/321lseD>

This tragic tale is laid out more economically in a pair of early seventeenth-century prints by the Paduan printer Pietro Paolo Tozzi (1596-1627) (Figs. 3.2 & 3.3). The images explicitly depict the French Disease as the direct consequence of immoral activities among sex workers.



The first image, titled *This is the Least of the Sufferings of us Prostitutes, Dying in a Hospital* (Fig. 3.2), tells the story of a sex worker's moral decline in five scenes whose composition differs from the linear narrative outlined above. Foregoing the courtesan's "Beginnings," the foreground scene shows a courtesan named Signora Anzola surrounded by adoring suitors. Dressed in finery and offered sumptuous gifts by her lover, her erect pose contrasts sharply with the competing suitors who humble themselves before her. Her attention is diverted from one chivalrous partner by another gentleman caller, who she amorously embraces in the next scene. By the third scene the physical symptoms of the French Disease have appeared. The following scene depicts her scorned by a former suitor, and in the last scene we see the infirm woman dying alone and miserable in a small, prison-like hospital cell, the punishment for her transgressions complete. The short verses accompanying each scene clarify their visual meaning and position in the longer narrative arc.<sup>126</sup>

**Figure 3.2.** Pietro Paolo Tozzi (with verses by Bartolomeo Bonfante), *This is the Least of the Sufferings of us Prostitutes, Dying in a Hospital*, ca. 1600. Engraving printed in black ink on paper. Bertarelli Collection, Milan. <https://bit.ly/2RpvQe1>

This picture story relies on juxtaposition to portray the poetic justice of Signora Anzola's fate. The scenes respond to each other in composition and theme to economically express the drama of her decline and show the "humbling" of a woman living outside the bounds of social convention, creating a deictic relationship between the scenes of her success and her demise. The use of contrast as a narrative device explicitly presents Signora Anzola's sinful behavior as the cause of her bodily suffering, but also places primary emphasis on the social consequences of the French Disease. The scenes that populate the second "layer" of the narrative, descending diagonally across the top register from the left corner, exemplify this organization. The intimacy

of the lovers' embrace in the second scene highlights Signora Anzola's shame in the fourth, where she is scorned by a former suitor who holds his nose in revulsion at her stinking, disease-ridden body. Whereas she sits just above her lover in the second scene, here she looks upwards at him, unable to stand as he taunts her. Other visual cues reference her suffering: the pattern on her lover's tunic is transferred directly to her skin, her finery replaced by beggar's rags. Likewise, confinement to the hospital bed in the final scene contrasts with the freedom and gracefulness of the first. Emphasizing her isolation and economic decline, the verse below comments on her reversal of fortune.

The contrasting images work simultaneously to portray the courtesan's fall into poverty and disease as inevitable, and point out the fault of her own misdeeds in bringing about her misfortunes. This moralizing message becomes a harsh critique of courtesans' financial independence, their rejection of patriarchal gender norms, and their favor amongst the elites of Italian society despite their modest origins.<sup>127</sup> Courtesans operated at the apex of the sex trade hierarchy, and were often patronized at a high price by courtiers, kings, and dignitaries.<sup>128</sup> Their upwards mobility was apparently a source of great anxiety for many in the upper class, and courtesans frequently came under attack from male courtiers in the form of polemics which focused on de-eroticizing the body of the sex worker. These verses often portrayed sex workers as receptacles for the sexual release of men across the social spectrum, as well as a source of disease, immorality, and the sins of greed and pride.<sup>129</sup>

These invectives included an infamous set of verses written by Maffio Venier (1550-1586) to defame the renowned courtesan Veronica Franco (1546-1591) in which he refers to Franco as "the beloved adopted daughter of the French Disease." Anti-courtesan verses picture their subjects as grotesque piles of diseased flesh capable of suffocating clients with their

sagging breasts, as well as cunning merchants whose obsession with money corrupts their souls along with their relationships with potential suitors.<sup>130</sup> Diseased in both body and soul, prostitutes are described as “a war against public health” and “a sea of pestilence” capable of spreading their corruption by ensnaring men with their simulated beauty and charm.<sup>131</sup> As discussed above, Italian state governments reaffirmed these associations between prostitution and disease by sponsoring women’s asylums that excised “dangerous” wayward women from society as part of their strategy to slow the spread of the French Disease. Verse invectives written by Italian courtiers demonstrate one way in which this popular association between prostitutes and disease could be used to disempower and publicly shame sex workers, threatening their careers and public reputation.

Tozzi’s decision to give the courtesan a name indicates that the story may have been based on a real woman, and is perhaps a strategy to elicit sympathy from the audience or at least from other courtesans. This is difficult to say with any certainty, however. Signora Anzola is a tragic figure nonetheless, and her story is a dire warning to other sex workers, and an anti-exemplar for women more generally. According to the moral calculus of the image, it is Signora Anzola’s very pride in masquerading as a libertine woman of wealth and high status in the first scene which eventually brings about her downfall and death in the final scene; her betrayal of her lover in the second scene precipitates his mockery in the fourth. Each of these depictions show a woman transcending expectations of behavior according to her gender and class, only for her to be punished for her transgressions by the artist and viewer. By the end of her tale, she is reduced to an object of scorn and ridicule.

Contemporary verses describe prostitutes’ sexual sins as being performed in service of an even greater sin of worldly luxuriousness, and picture the prostitute as a glutton; a consumer,

who takes money from her clients in order to feed a rapturous appetite for fine foods and beautiful clothes.<sup>132</sup> Court poets often depicted courtesans as obsessed with money, and ready and willing to do anything for it. This attitude – as well as the court poet’s resentment of it – is present in a four-voice madrigal by the Italianized Frenchman Jacques Arcadelt (ca. 1507-1568) published in Venice in 1539, in which the prostitute in the story tells a potential client that “...to him who desires to have his way with me/Let this be said, for better or for worse:/Put your hand often in your purse!”<sup>133</sup> These meretricious qualities could easily be manipulated to show courtesans in particular as guilty of worldly sins and perverse consumerism, which they concealed with their socio-sexual charms.<sup>134</sup> The popularity of cosmetics amongst sex workers, and their well-known capabilities to conceal some external symptoms of the French Disease, added a physical dimension to the apparent artfulness of the character.<sup>135</sup> Her entire being is described as a trick and a projection, capable of both beguiling men and permanently infecting them.<sup>136</sup> The bodily decay of the French Disease which Signora Anzola experiences because of her sins is therefore seen to reveal her true self, or what Paola Ugolini has described as the “destruction of an aesthetic illusion that brings women back to their true, innermost nature” by stripping her of whatever status she acquired from her ill-gotten gains.<sup>137</sup> With all of her finery and makeup removed, her allure is revealed as a fiction, and she wears her sickly and sinister inner nature externally. But significantly, her disease is not new – it is simply revealed.

Signora Anzola’s physical symptoms are therefore considered first for their social effects, and Scene 3 (in which the symptoms appear) functions primarily as a narrative transition from her life as a successful courtesan to her socio-spiritual death as diseased refuse, thrown out and ridiculed by the same men that once fawned over her. Signora Anzola is shown in profile walking towards the conclusion of her story, chancres now dotting her skin as she leans on

crutches made necessary by the pain and swelling in her legs. Narratively, the ugly markings on her body separate her from her former status as the object of male desire, while her status as a former prostitute separates her from normative society. The deictic nature of the imagery forces us to see her miserable end as the inevitable consequences of her mistakes, but also her mistakes as the actions of a soul corrupted by immorality. Her actions are simultaneously the symptoms and cause of her infirmity, and the effects of prostitution and the French Disease on the woman's body and soul are entirely amalgamated; the latter follows the former.

The print with which this image was paired, titled *The Miserable End of Lady Anzola* (Fig. 3.3), continues this theme of disease and death, albeit in a domestic setting. Occupying center stage is the recumbent figure of the courtesan Anzola. The composition is reminiscent of Titian's *Venus of Urbino* painted a half-century earlier (1534) and frequently reproduced in print. Although her naked flesh is riddled with pustules, her inviting pose retains a sensuous, even erotic appeal. No man comes to visit her now except the barber-surgeon featured on the left side of the composition, who examines a jar of her urine for diagnostic purposes. Tending Lady Anzola's needs in the right background is an elderly female caregiver, perhaps a semi-religious woman judging by her veil. The moral dimensions of the scene are amplified by the lengthy poetic lament spoken by the diseased courtesan, who vividly relates her miseries in the first person. Totally bedridden, she recites a litany of the "infinite pains" she suffers before concluding that "who lives badly, dies badly."<sup>138</sup> Her powerful cautionary tale announces that her miserable end results from having engaged in sex work.

A comparison between *The Miserable End of Lady Anzola* and the print from which Tozzi drew inspiration, a 1599 print by the Dutch artist Crispijn van de Passe the Elder (ca. 1564-1637) (Fig. 3.4), reveals the effects of the French Disease on the courtesan's career. Van de

Passe's print shows a beautiful woman, naked and sensuous, recumbent on a fine bed covered in silk sheets. Her elegant, jeweled necklace and luxurious domestic interior hint at her wealth. She stares out the window by her bed, following the pointing fingers of a jester, showing little concern for the paying customer now pouring coins from his purse to give to the procuress at the foot of the bed. Every element of the work speaks to the power and agency that the courtesan holds in this exchange: her beauty and sex appeal have made the male merchant beholden to her. Tozzi's alterations to the print, when placed alongside the original by van de Passe, economically describe the effects of the French Disease on Signora Anzola's career as a courtesan. The sores dotting her skin de-eroticize her body, despite her sensuous pose, and the well-paying suitor has been replaced by a barber-surgeon; his purse replaced by a flask of Signora Anzola's urine. Signora Anzola, once the merchant, has been reduced by Tozzi to the customer, forced to debase herself by paying the healer to examine her bodily fluids.

**Figure 3.3.** Pietro Paolo Tozzi (with verses by Bartolomeo Bonfante), *The Miserable End of Lady Anzola*, ca. 1600. Engraving printed in black ink on paper. Bertarelli Collection, Milan. <https://bit.ly/3g1nDXE>

**Figure 3.4.** Crispijn van de Passe the Elder, "Nude woman recumbent on a bed," ca. 1599. Engraving printed in black ink on paper. British Museum, London. <https://bit.ly/3s3wJWc>

### **Beholden to the Poisons of Love: The Rake's Tale**

While anti-courtesan prints targeted sex workers as the source of contagion, other popular picture stories instrumentalized the French disease to dissuade male clients from engaging in illicit sex. A gendered set of narrative conventions described male sufferers in ways that both overlapped with and departed from depictions of ailing courtesans. Portrayed as men of weak moral fiber,

these “rakes” descend into a life of debauchery catalyzed by relations with prostitutes. They become beholden to the charm and beauty of the sex workers, who are portrayed as parasites capable of bleeding a man of his money and health. Thus while these works denounce the rake for visiting prostitutes in the first place, they place blame for the man’s unraveling primarily on the artfulness of his female counterpart.

A print issued by the Roman printer Callisto Ferrante, titled *The miserable fate of those who consort with prostitutes* and dated 1611 (ca. 1590-1647) (Fig. 3.5), is typical of this genre. The print may have been a companion piece to a missing courtesan narrative produced by Ferrante around the same time, which likely inspired Giuseppe Maria Mitelli’s *The Unhappy Life of the Prostitute divided according to the twelve months of the year* discussed above.<sup>139</sup> In the first of sixteen scenes, a young bachelor is shown calling on a prostitute. To satisfy her material desires and his own lust, in subsequent scenes he sells all of his property and withdraws all of his money from the bank (scenes four through six). Poor and unable to hold the prostitute’s attention without money, he turns to a life of crime, and is eventually sent to the galleys. Upon his release, his corruption and lust for the prostitute compels him to robbery (scene eight) – the verse below reminds the viewer that “It is hard or impossible to eradicate those vices which this traffic with prostitutes leaves ingrained upon the heart.”<sup>140</sup> Having acquired the requisite funds, he returns to the prostitute, immediately after which he begins to show symptoms of the French Disease. In scene 10 the rake has been totally emasculated by the French disease. Bald and unable to walk on his own, he must be carried to the Incurabili hospital on a litter as an onlooker turns away in disgust. The loss of functionality brings him low; and the loss of his hair and beard, which were potent signs of masculinity in sixteenth-century Italy, humiliates him still further.<sup>141</sup> The next scene depicts the rake leaning on a crutch, “without strength or vigor,” as the verse below says,

debilitated by both the ailment and prolonged treatment in the Incurabili hospital.<sup>142</sup> He is reduced to a state of destitution, forced to beg from two passersby. In the final scenes, he “dies miserably” on the street, a pariah because of the French Disease.<sup>143</sup>

Throughout this picture story, the French disease is presented as an affliction that deprives men of their functionality, earning power, physical strength, and telltale markers of masculinity. The moral is clear: consorting with prostitutes invites disease and relegates their clients to the fringes of society. The tragedy is both personal and social, since the rake not only dies a miserable death but is reduced to a life of beggary that places heavy burdens on society. From a disease standpoint, however, the fault lies only indirectly with him. Picture stories like this display a decided ambivalence about men’s culpability: although the rake is weak-willed, the prostitute remains the source of his contagion and eventual moral decline.

**Figure 3.5.** Callisto Ferrante, *The miserable fate of those who consort with prostitutes*, 1611. Engraving printed in black ink on paper. Bibliothèque Nationale de France, Paris. <https://bit.ly/2QdxTBc>

The rake therefore becomes a tragic figure, a victim of the artful prostitute and her “false words” that trap him in his fate, according to the text accompanying the image. Simultaneously, his tale represents the dangers of social contagion, and the elite classes’ anxieties over beautiful, lower-class women gaining access to the highest echelons of society.<sup>144</sup> Wooed by the beautiful woman, the rake is unable to suppress his desires, and finds himself on a path of destruction and eventually, disease. This trope of the “false and deceitful beauty” of the courtesan, and her ability to enchant and manipulate men, has been noted in recent studies of literary invectives against courtesans from the same period.<sup>145</sup> In rake tales, the courtesan’s clients are presented as her victims, reversing the trope of the diseased courtesan. They become infected with the painful



pustules of the French Disease, are stripped of their wealth and station, and reduced to beggary. The story of the rake, therefore, while condemning much of his behavior as immoral and “ill-advised,” places primary responsibility for his moral corruption and his eventual fate on the prostitute. Meanwhile, the verse on Ferrante’s print promises us that the soul of the rake can still be saved. While his treatment for the French Disease is ineffective, he is guaranteed rewards in the next life for his suffering. Describing the French Disease as a redemptive force for the pious sufferer, the narrator assures the reader that “if you suffer patiently, you will avoid hell,” and that the French Disease will be the man’s “final atonement” for his mistakes – an assurance noticeably missing from the courtesan’s story.<sup>146</sup>

### **Cause and Effect: Fan Prints and *The Price of Love***

The pervasiveness of the imagery described above can be partially attributed to a new consumer good that emerged in the first half of the sixteenth century, the hand-held paper fan. Indeed, the Signora Anzola prints, as well as Callisto Ferrante’s *The miserable fate of those who consort with prostitutes* (and probably his companion piece depicting the courtesan) were sold not as freestanding prints but rather as leaves of rectangular fans. Although hand-held fans had been used across the Mediterranean since antiquity, these objects experienced a huge surge in popularity after 1525 following the explosion of the print markets in Venice and Rome.<sup>147</sup> Printed fans became a fashionable accessory that adhered to strict new sumptuary laws during the sixteenth century, and served utilitarian purposes of comfort and health by regulating temperature and improving air circulation.<sup>148</sup> This fashionable new tool for self-care addressed contemporary concerns about stagnant air, which was thought to promote the spread of disease.<sup>149</sup>

Paper fans demonstrate the innovativeness of printmakers in the early modern period, and their creators engaged in groundbreaking technologies and marketing strategies to cultivate niche markets for their products. The fans themselves were fabricated with a novel technique in which two plates were printed side-by-side on the same sheet; then folded in half, reinforced with cardboard, and glued together before a wooden handle was inserted into the resulting space. The images adorning the paper fans were a clever addition, as they provided entertainment to the user that catered to a wide public. Entrepreneurs like Pietro Paolo Tozzi, who issued the *Signora Anzola* engravings, drew on the communication traditions of Italian street singers by including humorous or moralizing verses that could be read or recited to amplify the visual message.<sup>150</sup> Using these innovative approaches to image-making, producers of cheap print cultivated niche markets for their products, while extending the reach of anti-courtesan campaigns, and entrenching the causal relationship between the French Disease and prostitution amongst their customers.

Moreover, the tight nexus between form and function seen in fan prints was instrumental in disseminating the associative iconography of the French Disease. The fan's double-sided nature allowed printmakers to pair complementary prints. The two *Anzola* prints discussed earlier, for instance, formed the flip sides of the same fan. Despite their different compositions, these paired prints told a complementary story of disease and moral decay. Viewers could flip back and forth between sides at will, contemplate these cautionary tales at their own pace, recite the accompanying verses at leisure, and exchange viewpoints about the stories in a social setting. This narrative organization added another creative marketing point for the fans, making a sort of game out of viewers' interactions with the double-sided prints.

Fans also lent themselves to depictions of cause-and-effect relationships, as seen in a print titled *Love's Reward* made circa 1600 by an unknown artist and housed today at the Museo Biblioteca Archivio Bassano. Here the narrative arc of a familiar story is reduced to its bookends: offers of love on one end and its consequences on the other. This sheet tells the story of contracting the French disease in two episodes comprising opposite sides of the fan. Episode one, titled *Welcoming Love*, depicts an armed courtier who is mesmerized by the beautiful woman calling down to him from a brothel window. He approaches with reckless abandon as another man (perhaps his friend) enters the brothel, enticed by a touch and a kiss. The reverse side, called *Love's Reward*, displays the consequences of the men's lasciviousness. Here we see both men rendered vulnerable and impotent by their actions. Stripped of their swords and armor, their freedom, and their manhood, their blemished skin is laid bare for all to see. They undergo treatment for the French Disease in either a hospital or a bathhouse, where barber-surgeons performed common therapeutic procedures like bleeding, lancing, and cupping.<sup>151</sup> The round marks on one of the men's arm and torso, likely the result of cupping but bearing some resemblance to French Disease sores, allude to the torturous healing regime they must now endure. The double-sided form of the fan makes the relationship between these two images unmistakable: their own lust and immorality have ripped them from their everyday lives and consigned them to the surgeon's care.

## **Conclusion**

The *Welcoming Love/Love's Reward* fan print confirms that the association between the French Disease and prostitution had become so deeply entrenched in Italy by 1650 that innovators in the print market could take advantage of viewers' familiarity with the courtesan and rake narratives

to retell these stories economically on the double-sided medium. In doing so, printed fans embedded the associative iconography of the French disease in both the material culture and social imaginary of late Renaissance Italy. Not surprisingly, this iconography retained certain gendered tensions when assigning blame for the spread of the French Disease.

The prints discussed in this chapter argue for a reconsideration of what can be considered French Disease imagery by showing that early modern strategies of visualizing disease were not restricted solely to physical symptoms but included the causal actions capable of sickening body and soul. The narrative structure of these works allows us to look beyond immediate depictions of French Disease sufferers to the context that precedes the appearance of symptoms. Whether showcasing courtesans or their clients, these picture stories invariably end with the subject dying in a hospital, poor house, or on the street, alone and infected because of their own actions. If the French Disease is an inevitable manifestation of immoral behavior, the sufferer's initial actions describe exactly "how" they became sick. Given that early modern concepts of disease involved notions of inner disorder to some degree, these narrative prints provide a timeline of disease for viewers. Images of the prostitute and the rake become temporally deictic: the state of the subject's soul in the scenes before symptoms appear foreshadows their diseased bodily state later in the narrative. In visualizing the sorts of activities that would inevitably lead to the appearance of the French Disease on the body, these works take on a teaching purpose, serving as anti-*exempla* for the early modern consumer.

## Conclusion

### An Iconography of Illness

The French Disease arrived on the Italian peninsula in a time of war, famine, and poverty, further exacerbating the widespread destruction and trauma wrought during the calamitous decade of the 1490s and King Charles VIII's Italian invasion. Appearing in a particularly virulent form capable of causing horrifying physical symptoms, immense pain, and death, the frightening disease evolved into a full-blown epidemic before becoming endemic across Italy. It was portrayed as an invasive force capable of infecting entire populaces if left unchecked, reflecting its widely held attribution to invasion by French troops, beliefs about its origins in the bodies of non-Christians (the natives of *Hispaniola*), and the sheer novelty of the disease. As a result, blame for the disease was projected outwards and away from normative Italo-Christian society.

In the preceding chapters, I demonstrated how this projection shifted over the French Disease's first two centuries in Italy. Chapter One argues that the novelty and incurability of the French Disease in its initial decades created a medico-social framework that described it as a scourge sent from heaven to test the faithful. Exemplifying the ideal of the noble sufferer, contemporary images of Job associated the French Disease with Christian morality, and grafted moral considerations of the disease onto the process of suffering. These considerations are clear in Domenico Panetti's ca. 1500 image of Saint Job, which portrays the Old Testament saint as a stoic, pious sufferer willing to accept the pain and social isolation caused by the French Disease because it was sent by God. His rejection of worldly relief imbues his figure with intercessory power against a disease thought to be a punishment for worldly sins. As the "cures" of mercury and guaiac grew more popular, and were rationalized within the learned medical system, images of Job could be instrumentalized to in fact advocate for the opposite: in the title page of Ulrich

von Hutten's *Guaiacum*, Job denounces the "useless physicians" who discredited available cures and pictured the illness as a sign of moral failings. In these images, Job is transformed from a passive sufferer to an active seeker of worldly relief.

In the sixteenth century, long-standing ambivalence and anxieties over the sex trade in Italy influenced state and social responses to the French Disease due to growing consensus over the disease's venereal spread. Socially, moralizing interpretations of the French Disease amalgamated sexual immorality with venereal illness, picturing the sex trade as a vehicle for the spread of both. Blame for the French Disease's origin and proliferation landed squarely on sex workers, causing states to adopt a multi-pronged approach to controlling its spread. This approach included: asylums called *Convertite* that permanently enclosed repentant prostitutes who had the will and the wealth to exit the sex trade; shelters called *Zitelle* for young, beautiful girls apparently "at risk" of falling into prostitution and thus contributing to the spread of sexual immorality and its consequences; and specialized *Incurabili Hospitals* dedicated to treating the foul sickness and temporarily housing its sufferers. In Chapter Two, I demonstrated how contemporary images of Mary Magdalene, the famous Biblical ex-prostitute and follower of Jesus, contain the same feelings of ambivalence towards sex workers that this preventative program exhibits, and highlight contemporary attitudes towards penitence for prostitutes. Simultaneously emphasizing her sexuality as well as her hermetical tradition, these images assign a permanent sexualized identity to the Magdalene while imagining the necessary steps for her forgiveness: total removal from society, and public debasement through entry into the *Incurabili Hospital*. Titian's famous *Penitent Magdalene* of ca. 1531 exemplifies these tensions and considerations.

Chapter Three pivoted to secular imagery, found on moralizing broadsheet prints that enjoyed immense popularity in the latter half of the sixteenth century and throughout the seventeenth century. These prints attest to the total assignment of blame for the French Disease on sex workers that occurred in the sixteenth century, while underlining the pervasiveness of associations between prostitution and the French Disease. Based on these associations, I offered a new reading of what have traditionally been labeled “anti-courtesan” narrative images by interpreting these works as portrayals of the course of the French Disease as an internal, and primarily social process. In these prints, such as Pietro Paolo Tozzi’s *This is the Least of the Sufferings of us Prostitutes, Dying in a Hospital*, the tragic courtesan’s contraction of the French Disease – and the appearance of physical symptoms – becomes utterly inevitable because of the illicit sexual activity in which she engages. My analysis of printed paper fans demonstrated that printmakers could draw upon this entrenched network of associations between sex work and the French Disease to market a popular consumer good. But, it also showed that images in fact worked to strengthen these connections through cause and effect narratives that explicitly portrayed venereal disease as the consequence of engaging with prostitutes.

Significantly, I argued that because of the associations between courtesan’s activities and the contraction of French Disease, the depiction of physical symptoms is no longer necessary to categorize an image as picturing the French Disease. Rather, contemporary theories of internal illness allow us to simultaneously consider the courtesan’s actions leading up to her sickness as both causes and symptoms of her eventual infirmity. This, and the inevitability of her contraction of disease give the images a temporally deictic quality, in which actions undertaken by the courtesan at the pinnacle of her career have observable consequences. The prints therefore take on an epistemic purpose, teaching early modern viewers which behaviors were likely to

precipitate venereal disease, and necessitate the temporary or permanent removal of sufferers from society. In the case of the rake, the courtesan's client, permanent removal was hardly necessary: Callisto Ferrante's *The miserable fate of those who consort with prostitutes* masculinizes early recommendations to suffer nobly by promising the rake that their disease was a final atonement for their mistakes. Images of the rake picture him as a tragic figure beholden to the devious love of the artful courtesan, but maintain the possibility of redemption for the male figure in the eyes of God.

In sum, these works demonstrate the importance of understanding the societal contexts and cultural connotations of diseases in order to analyze their representation. This, I believe is particularly important in any attempt to define an iconography of a distinctly visible and inherently social affliction such as the French Disease. I recognize that I have merely laid the groundwork for an "associative iconography" of this ailment, which hopefully will be expanded in coming years to encompass the experiences of French Disease sufferers and their contemporaries across social class and occupation. As I have noted throughout this thesis, the French Disease was endemic in Italian society, and was by no means exclusive to the demographics discussed here. I expect that this contextual approach will yield further insights into the network of cultural connections early modern artists brought to bear on images of the infirm more generally. I also hope that this thesis offers a framework from which to consider disease iconographies across time up to our own era. For posterity: this thesis has been researched and written from lockdown as the world is gripped by the global COVID-19 pandemic. Who will unravel the dense nexus of associations, biases, and events to define an iconography of this highly social disease?



---

<sup>1</sup> J.D. Oriol, *The Scars of Venus: A History of Venereology* (London: Springer-Verlag, 1994), 21.

<sup>2</sup> *Ibid.*, 20.

<sup>3</sup> *Ibid.*, 21.

<sup>4</sup> Jon Arrizabalaga, John Henderson, and Roger French, *The Great Pox: The French Disease in Renaissance Europe* (New Haven and London: Yale University Press, 1997), 41.

<sup>5</sup> *Ibid.*, esp. 38-44.

<sup>6</sup> Claude Quézel, *History of Syphilis* (Baltimore: The Johns Hopkins University Press, 1992), esp. 9-11.

<sup>7</sup> Quoted in Kevin Brown, *The Pox: The Life and Near Death of a Very Social Disease* (Gloucestershire: Sutton Publishing, 2006), 1-2.

<sup>8</sup> In their magisterial book *The Great Pox*, Jon Arrizabalaga, John Henderson and Roger French, are careful to begin with a meta-analysis of the French Disease in medical writings since the early modern period in order to demonstrate the inadequacy of our modern perceptions of disease and the body to express early modern conceptions of sickness and health. Arrizabalaga, Henderson, French, *The Great Pox*, esp. 3-19.

<sup>9</sup> The naming of the French Disease was an area of great contestation, particularly in its early years. Indeed, various groups took up different names for the disease as a means of assigning blame for its inception and spread on others. Outside of Italy, the French called it the Neapolitan Sickness; the Dutch the Spanish Disease; the Polish the German Disease, and the Turks the Christian Disease. Deanna Shemek, “‘Mi Mostrano a Dito Tutti Quanti’: Disease, Deixis, and Disfiguration in the *Lamento di Una Cortigiana Ferrarese*,” in *Medusa’s Gaze: Essays on Gender, Literature, and Aesthetics in the Italian Renaissance, in Honor of Robert J. Rodini* (New York: Bordighera Incorporated, 2004), 49-64, esp. 65. The sixteenth-century Paduan physician Girolamo Fracastoro (ca. 1476-1553) is well-known for giving the disease its modern name, syphilis, in an epic poem of the same name that was first published in 1555. The name is derived from the name of the central character of his epic, a shepherd boy named Syphilus, who contracts the disease as punishment for insulting the god Apollo. In Book III of his epic, Fracastoro says the following: “The first man to display disfiguring sores over his body was Syphilus, who by the shedding of blood instituted divine rites in the king’s honour and altars in the mountains sacred to him; he was the first to experience sleepless nights and tortured limbs, and from this first victim the disease derived its name and from him the farmers called the sickness Syphilis.” Geoffrey Eatough, *Fracastoro’s Syphilis: Introduction, Text, Translation and Notes* (Liverpool: Francis Cairns, 1984), 103.

<sup>10</sup> Anna Foa, “The New and the Old: The Spread of Syphilis (1494-1530),” in *Sex and Gender in Historical Perspective*, ed. Edward Muir and Guido Ruggiero (Baltimore: Johns Hopkins University Press: 1990), 26-45.

<sup>11</sup> Diana Bullen Presciutti, “The Friar as *Medico*: Picturing Leprosy, Institutional Care, and Franciscan Virtues in *La Franceschina*,” in *Representing Infirmary: Diseased Bodies in Renaissance Italy*, ed. John Henderson, Fredrika Jacobs, and Jonathan K. Nelson (London: Routledge, 2021), 93-116.

<sup>12</sup> These iconographic figures are discussed at length in Louise Marshall’s seminal article on plague imagery, “Manipulating the Sacred: Image and Plague in Renaissance Italy,” *Renaissance Quarterly* 47, no. 3 (Autumn 1994): 485-532.

<sup>13</sup> See Arrizabalaga, Henderson, and French, *The Great Pox*, for discussions of early depictions of male pox sufferers; Laura J. McGough, *Gender, Sexuality, and Syphilis in Early Modern Venice* (New York: Palgrave Macmillan, 2011), explores the iconography of Venus and Magdalene in Venice; and Shemek, “‘Mi Mostrano a Dito Tutti Quanti’: Disease, Deixis, and Disfiguration in the *Lamento di Una Cortigiana Ferrarese*,” in *Medusa’s Gaze: Essays on Gender, Literature, and Aesthetics in the Italian Renaissance, in Honor of Robert J. Rodini* (New York: Bordighera Incorporated, 2004), 49-64, for a vivid analysis of how satirical writings about courtesans “frame them within the broader social imaginary.”

<sup>14</sup> Foa, “The New and the Old,” 38-40.

<sup>15</sup> See Encarnación Juárez-Almendros, *Disabled Bodies in Early Modern Spanish Literature: Prostitutes, Aging Women and Saints* (Liverpool: Liverpool University Press, 2017), esp. 56-82, for a study on how disease dehumanizes the prostitute’s body in early modern Spanish literature. Michelle Webb, “‘A Great Blemish to her Beauty’: Female Facial Disfigurement in Early Modern England” in *Approaching Facial Difference: Past and Present*, ed. Patricia Skinner and Emily Cook (London: Bloomsbury Academic, 2018), pp. 26-43, provides a recent analysis of how facial disfigurement, such as that caused by the French Disease, could “separate” early modern women from their “natural beauty.” Cristian Berco, *From Body to Community: Venereal Disease and Society in Baroque Spain* (Toronto: University of Toronto Press, 2016), esp. 88-104 suggests that physical symptoms of the French Disease such as alopecia could be interpreted in the public eye.

<sup>16</sup> Claudia Stein, “The Meaning of Signs: Diagnosing the French Pox in Early Modern Augsburg,” *Bulletin of the History of Medicine* 80 (2006): 617-648.

<sup>17</sup> Berco, *From Body to Community*, 33.

<sup>18</sup> In Paola Ugolini. “The Satirist’s Purgatory: *Il Purgatorio Delle Cortegiane* and the Writer’s Discontent,” *Italian Studies* 64, no. 1 (Spring 2009): 1-19, Ugolini demonstrates through an analysis of contemporary anti-courtesan poetry that disease could be portrayed as the deserved consequences of courtesans’ sexual sins. Courtney Quaintance contends that invectives against courtesans that pictured them as abominable, disgusting masses of diseased flesh use the narrative device of disease to portray the sex worker as “a malevolent, destructive force and [men, specifically male courtiers] as the innocent victims of her seductive powers...”; Courtney Quaintance, “Defaming the Courtesan: Satire and Invective in Sixteenth-Century Italy,” in *The Courtesan’s Arts: Cross-Cultural Perspectives*, ed. Martha Feldman and Bonnie Gordon (Oxford: Oxford University Press, 2006), 199-208, quote at 205. Deanna Shemek points to contemporary literary depictions of the diseased and disfigured prostitute as a means of punishing the subject for the upward socio-economic mobility she enjoyed during her prime as a successful courtesan; Shemek, “Mi Mostrano a Dito Tutti Quanti.” Encarnación Juárez-Almendros shows explicitly that associations between prostitutes’ bodies and disease arose specifically from the French Disease epidemic; Juárez-Almendros, *Disabled Bodies*, 57-82.

<sup>19</sup> Tessa Storey, *Carnal Commerce in Counter-Reformation Italy* (Cambridge: Cambridge University Press, 2008), 25-56. This chapter surveys contemporary depictions of prostitutes in attempts to convey popular “early modern Italian attitudes towards prostitution, beliefs about it and perceptions of the dangers associated with it,” including the French Disease. Sara Matthews Grieco posits that print strategies which tended to conflate sexual immorality, prostitution and the French Disease were meant to serve as anti-*exempla* for women, and identify “areas of marginal or anomalous female behavior that needed to be better controlled;” Sara F. Matthews Grieco, “Pedagogical Prints: Moralizing Broadsheds and Wayward Women in Counter Reformation Italy,” in *Picturing Women in Renaissance and Baroque Italy*, ed. Geraldine A. Johnson and Sara F. Matthews Grieco (Cambridge: Cambridge University Press, 1997), 61-87, esp. 82-84. Rachel Geschwind focuses on popular printed images of courtesans, and their abilities to sway public opinion due to their mass consumption, in order to express their purpose of demonstrating to courtesans (and women more generally) the likely effects of working in the sex trade. Rachel Geschwind, “The Printed Penitent: Magdalene Imagery and Prostitution Reform in Early Modern Italian Chapbook and Broadsheds,” in *Mary Magdalene, Iconographic Studies from the Middle Ages to the Baroque* (Leiden and Boston: Brill, 2012), 107-133.

<sup>20</sup> Matthews Grieco, “Pedagogical Prints,” 65

<sup>21</sup> Andrew Pettegree, “Broadsheds: Single-Sheet Publishing in the First Age of Print. Typology and Typography,” in *Broadsheds: Single-Sheet Publishing in the First Age of Print*, ed. Andrew Pettegree (Leiden: Brill, 2017), 4-32.

<sup>22</sup> *Ibid.*, 61.

<sup>23</sup> Rosa Salzberg has suggested that authors publishing in learned circles would sometimes share their works with street vendors to increase the reach of their works. Rosa Salzberg, “In the mouths of charlatans: Street performers and the dissemination of pamphlets in Renaissance Italy.” *Renaissance Studies* 24, no. 5 (November 2010): 638-653, esp. 643-648. Tessa Storey has made a complementary argument about moralizing images of courtesans, stating that “evidence that these images were destined to circulate throughout the social spectrum comes from the different formats in which the images could be produced. *La vita et miseranda fine della puttana* started life as a series of full-size paintings....they were copied as engravings and produced as a series of prints by Giuseppe Longhi in Bologna around 1675, in two sizes.” Storey, *Carnal Commerce*, 12.

<sup>24</sup> Geschwind, “The Printed Penitent,” 113.

<sup>25</sup> Salzberg, “In the Mouths of Charlatans,” esp. 642-646.

<sup>26</sup> Paola Ugolini describes the public performance of Maestro Andrea’s anti-courtesan satire *Il Purgatorio delle cortigiane* as occurring during Carnival in Roman in the first half of the 1520s. This work was also published and sold, likely alongside his performance, and the printed edition’s title page is analyzed later in this thesis (Fig. 10). Ugolini, “The Satirist’s Purgatory.”

<sup>27</sup> The narrative voices of anti-courtesan verses are often either the poet himself, or the courtesan. Poems told from the poet’s perspective deal more heavily in invective and defamation, while narrations by the courtesan often portray her as a tragic figure brought low by the just desserts of her pride and immoral deeds. Shemek, “Mi Mostrano a Dito Tutti Quanti.”; Quaintance, “Defaming the Courtesan.”

<sup>28</sup> Susan Haskins, *Mary Magdalene: Myth and Metaphor* (London: Harper Collins Publishers, 1993), 262.

<sup>29</sup> Arrizabalaga, Henderson, and French, *The Great Pox*, esp. 38-55.

<sup>30</sup> Foa, “The New and the Old,” 39.

<sup>31</sup> Jon Arrizabalaga. “The Changing Identity of the French Pox in Early Renaissance Castile,” in *Between Text and Patient: The Medical Enterprise in Medieval & Early Modern Europe*, ed. Florence Eliza Glaze and Brian K. Nance (Florence: Edizioni Del Galluzzo, 2011), 397-417, esp. 410.

<sup>32</sup> Arrizabalaga, Henderson, and French, *The Great Pox*, 38.

<sup>33</sup> Arrizabalaga, Henderson, and French, *The Great Pox* is the seminal work in this historiography, and traces the medicalization of the disease by learned physicians across the university and court settings.

<sup>34</sup> The shift in emphasis from origin to cure is cited as a pivotal moment in the history of the French Disease, but also in medicine more generally, throughout the French Disease historiography. The earliest social strategies for comprehending the French Disease are laid out in Foa, “The New and the Old,” 26-45. Early attempts at defining the origin of the French Disease within women’s bodies, and how these efforts influenced early secular and naturalistic treatments are explored in Winfred Schleiner, “Moral Attitudes toward Syphilis and Its Prevention in the Renaissance,” *Bulletin of the History of Medicine* 68 (1994): 389-410. This shift from origin to cure is explicitly defined in Arrizabalaga, Henderson, and French, *The Great Pox*.

<sup>35</sup> Quézel, *History of Syphilis*, 54.

<sup>36</sup> Laura J. McGough, “Demons, Nature, or God? Witchcraft Accusations and the French Disease in Early Modern Venice,” *Bulletin of the History of Medicine* 80, no. 2 (2006): 219-246, esp. 223.

<sup>37</sup> Nancy G. Siraisi, *Medieval & Early Renaissance Medicine* (Chicago and London: The University of Chicago Press, 1990), 136-152.

<sup>38</sup> *Libellus de Epidemia quam vulgo Morbum Gallicum vocant*, quoted in Arrizabalaga, Henderson, and French, *The Great Pox*, 71.

<sup>39</sup> *Ibid.*, 71-72.

<sup>40</sup> The principles of Galenic humoral theory, and Renaissance medicine’s reliance on the ancient texts in which this theory is laid out, are defined in the first chapter of Siraisi, *Medieval and Early Renaissance Medicine*. This medical framework, as well as the process of medical disputations, are treated in the context of the French Disease in Arrizabalaga, Henderson, and French, *The Great Pox.*, esp. 56-87.

<sup>41</sup> Sharon T. Strocchia has explored the various “ways of knowing” and the diverse means of producing and passing medical knowledge in the Renaissance in her seminal work *Forgotten Healers: Women and the Pursuit of Health in Late Renaissance Italy* (Cambridge and London: Harvard University Press, 2019), esp. 179-216. Additionally, Claudia Stein has explained the collaborative relationship between physicians and barber-surgeons in German French Disease hospitals, as well as early modern patients’ responsibility to know and understand symptoms in the diagnostic process in Stein, “The Meaning of Signs.” Nancy Siraisi defines the various types of medical practitioners, as well as the nature of their relationships to each other as well as the patient, in Nancy Siraisi, *Medieval & Early Renaissance Medicine*, esp. 17-47, 153-186.

<sup>42</sup> Arrizabalaga, “The Changing Identity,” 408

<sup>43</sup> Bruce Thomas Boehrer. “Early Modern Syphilis,” *Journal of the History of Sexuality* 1, no. 2 (1990): 197-214, quote at 202.

<sup>44</sup> Arrizabalaga, “The Changing Identity,” 249.

<sup>45</sup> Eugenia Tognotti. “The Rise and Fall of Syphilis in Renaissance Europe,” *Journey of Medical Humanities* 30 (2009): 99-113, esp. 101-103.

<sup>46</sup> Hannah Murphy demonstrated that developing understandings of external signs in the sixteenth century were a product of renewed interest on the skin due to the French Disease in “Skin and Disease in Early Modern Medicine; Jan Jessen’s *De cute, et cutaneis affectibus* (1601),” *Bulletin of the History of Medicine* 94, no. 2 (2020): 179-214. (my deepest thanks to Dr. Murphy for providing early access to her article). Eugenia Tognotti emphasizes the rapidity with which physicians analyzed and understood the various symptoms of the French Disease in “The Rise and Fall of Syphilis,” esp. 101. Claude Quézel compiles a number of contemporary chronicles and medical treatise which demonstrate the deep understanding physicians had by the mid-sixteenth century of the French Disease’s various symptoms in Quézel, *History of Syphilis*, esp. 26-7.

<sup>47</sup> Tognotti, “The Rise and Fall of Syphilis,” 100.

<sup>48</sup> Murphy, “Skin and Disease,” 10.

<sup>49</sup> Roger French and Jon Arrizabalaga, “Coping with the French Disease: University Practitioners’ Strategies and Tactics in the Transition from the Fifteenth to the Sixteenth Century,” in *Medicine from the Black Death to the French Disease*, ed. Roger French, Jon Arrizabalaga, Andrew Cunningham, and Luis García-Ballester (Aldershot, U.K.: Ashgate Publishing, 1998), 248-287, esp. 256.

<sup>50</sup> Tognotti, “The Rise and Fall of Syphilis,” 105-6.

<sup>51</sup> This image is now housed at the Biblioteca Comunale Augusta, Perugia, and can be viewed in Arrizabalaga, Henderson, and French, *The Great Pox*, 31.

- <sup>52</sup> *Libellus Josephi Grunpeckii de mentalagra, alias morbo gallico*, quoted in Quétel, *History of Syphilis* 18.
- <sup>53</sup> *Ibid.*
- <sup>54</sup> French and Arrizabalaga, “Coping with the French Disease,” 248-287, esp. 254-260.
- <sup>55</sup> Foa, “The New and the Old,” 37-38.
- <sup>56</sup> Arrizabalaga, Henderson, and French, *The Great Pox*, 37-38.
- <sup>57</sup> Foa, “The New and the Old,” 41.
- <sup>58</sup> Arrizabalaga, “The Changing Identity,” 412-13.
- <sup>59</sup> Quétel, *History of Syphilis*, 23.
- <sup>60</sup> Arrizabalaga, Henderson, and French, *The Great Pox*, 44.
- <sup>61</sup> Arrizabalaga, “The Changing Identity,” 412-413.
- <sup>62</sup> Arrizabalaga, Henderson, and French, *The Great Pox*, 152.
- <sup>63</sup> Ugolini, “The Satirist’s Purgatory,” 10.
- <sup>64</sup> Arrizabalaga, Henderson, and French, *The Great Pox*, 151-52.
- <sup>65</sup> *Ibid.*
- <sup>66</sup> Tognotti, “The Rise and Fall of Syphilis,” 106.
- <sup>67</sup> Arrizabalaga, “The Changing Identity,” 400.
- <sup>68</sup> French and Arrizabalaga, “Coping with the French Disease,” 271.
- <sup>69</sup> *Ibid.*, 272.
- <sup>70</sup> This image is now housed at the Biblioteca Comunale Augusta, Perugia, and can be viewed in Arrizabalaga, Henderson, and French, *The Great Pox*, 31.
- <sup>71</sup> The German physician Nicolaus Pol’s (ca. 1467-1532) medical treatise *De Morbus Gallicus*, written in 1517, is exemplary of this medicalization process of the empirical remedy guaiac wood. To adjust guaiac into the learned field, Pol designed a regimented cure that placed greater emphasis on the idiosyncrasies of the patient. He adjusts his regimen to the German people and their specific temperament, contrasting it with that of the Indian and Spaniard complexion, body, and local climates. He also differentiates between “those who are weak and those who are strong, those afflicted with an acute disease and those who suffer from a chronic disease.” Max H. Fisch. “De Cura Morbi Gallici” in *Nicolaus Pol Doctor 1494: With a Critical Text of his Guaiac Tract* (New York: Reichner. 1947), 63.
- <sup>72</sup> Quétel, *History of Syphilis*, 30.
- <sup>73</sup> *Ibid.*, 27-29.
- <sup>74</sup> This image is now housed at the Archivio di Stato di Bologna, Archivio degli Ospedali, S. Maria dei Guarini e di S. Giobbe, and can be viewed in Arrizabalaga, Henderson, and French, *The Great Pox*, 150.
- <sup>75</sup> Foa “The New and the Old,” 32.
- <sup>76</sup> Tognotti, “The Rise and Fall of Syphilis,” 105
- <sup>77</sup> *Parte presa nell’Eccellentissimo Consiglio di Pregadi*, February 21, 1542 m.v. (February 21, 1543), quoted in McGough, *Gender, Sexuality, and Syphilis*, 28. McGough has also described the closing of public brothels as a fundamental shift in the sex trade and distinctions between sex workers, which allowed for ambiguity to develop in the occupation and the accompanying social classification of *meretrici*.
- <sup>78</sup> McGough, *Gender, Sexuality, and Syphilis*, esp. 45-70. Anna Foa has also noted that men who engaged in homosexual relationships that shirked conventional norms of age and role received some stigma from the French Disease in Foa, “The New and the Old,” 27.
- <sup>79</sup> Foa, “The New and the Old,” esp. 36-41.
- <sup>80</sup> Shemek, ““Mi Mostrano a Dito Tutti Quanti,”” 50.
- <sup>81</sup> McGough, *Gender, Sexuality, and Syphilis*, 45.
- <sup>82</sup> Brian Pullan, *Tolerance, Regulation and Rescue: Dishonoured Women and Abandoned Children in Italy, 1300-1800* (Manchester: Manchester University Press, 2016), esp. 29-44.
- <sup>83</sup> McGough, *Gender, Sexuality and Syphilis*, 58.
- <sup>84</sup> Letter from *honorati, curiali principali; Artegiani buoni e da bene; gentilhuomini*, to the Governor of Rome, 12 September 1601, quoted in Storey, *Carnal Commerce*, 91.
- <sup>85</sup> McGough, *Gender, Sexuality, and Syphilis*, 58.
- <sup>86</sup> Brian Pullan discusses alternative venues for prostitutes aside from the brothel in the second chapter of his book Pullan, *Tolerance, Regulation and Rescue*, esp. 36-37. Tessa Storey discusses the advantages courtesans held in being able to conduct business out of their homes, as well as the decorative techniques in which they engaged to create an impression of wealth and sexual availability in Storey, *Carnal Commerce*, esp. 188-212.
- <sup>87</sup> Tessa Storey explicates the various efforts by the Roman papacy to eject prostitutes from the city of Rome, as well as the secular governmental response to the high number of prostitutes populating the Holy City in *Carnal Commerce*, esp. 67-94.

- <sup>88</sup> The various methods by which prostitution was policed in Rome, as well as the inconsistency of this policing, are discussed in Storey, *Carnal Commerce*, esp. 95-114.
- <sup>89</sup> Pullan, *Tolerance, Regulation and Rescue*, 86.
- <sup>90</sup> Some of the dangers of being a prostitute in early modern Rome are explored in Storey, *Carnal Commerce*, esp. 139-187, 213-233. Courtney Quaintance expounds on the reputational risks of being a sex worker in sixteenth-century Venice in Quaintance, "Defaming the Courtesan."
- <sup>91</sup> Pullan, *Tolerance, Regulation, and Rescue*, 100.
- <sup>92</sup> Nicholas Terpstra, *Cultures of Charity: Women, Politics, and the Reform of Poor Relief in Renaissance Italy* (Cambridge and London: Harvard University Press, 2013), 20.
- <sup>93</sup> *Ibid.*, 60.
- <sup>94</sup> Susan Haskins has demonstrated how church writings were sifted through and selectively cross-referenced and combined to curate a specific concept of Mary Magdalene as a former prostitute. She also asserts that the Magdalene is one of the primary examples of how scriptural interpretation has served socio-political functions for the church in Haskins, *Mary Magdalene*, esp. 33-97, 192-228, 317-400.
- <sup>95</sup> Haskins, *Mary Magdalene*, 225-6.
- <sup>96</sup> Elizabeth Cropper, "The Beauty of Woman: Problems in the Rhetoric of Renaissance Portraiture" in *Rewriting the Renaissance: The Discourses of Sexual Difference in Early Modern Europe*, ed. Margaret W. Ferguson, Maureen Quilligan, and Nancy J. Vickers (Chicago and London: The University of Chicago Press, 1986), 175-190, quote at 189.
- <sup>97</sup> McGough, *Gender, Sexuality, and Syphilis*, 85.
- <sup>98</sup> Pullan, *Tolerance, Regulation, and Rescue*, 94.
- <sup>99</sup> Constitutions of the Convertite in Naples show that at least one Convertite restricted access to women with incurable illnesses: "...she must not be suffering from any incurable disease, be the symptoms visible or invisible...", quoted in Pullan, *Tolerance, Regulation, and Rescue*, 97.
- <sup>100</sup> Richard Lassels, *The Voyage of Italy or, A compleat journey through Italy in two parts: with the characters of the people, and the description of the chief towns, churches, monasteries, tombs, libraries, pallaces, villas, gardens, pictures, statues, and antiquities: as also of the interest, government, riches, force & of all the princes: with instructions concerning travel* (London: Simon Wilson, 1670; Ann Arbor: Text Creation Partnership, 2011), 198.
- <sup>101</sup> Sherrill Cohen has written a magisterial account of the early history of the Convertite, as well as its attachment to the legend of Mary Magdalene; Sherrill Cohen, *The Evolution of Women's Asylums Since 1500: From Refuges for Ex-Prostitutes to Shelters for Battered Women* (Oxford and New York: Oxford University Press, 1992), esp. 13-40.
- <sup>102</sup> Pullan, *Tolerance, Regulation, and Rescue*, 98.
- <sup>103</sup> *Ibid.*, 97.
- <sup>104</sup> McGough, *Gender, Sexuality, and Syphilis*, 111-113
- <sup>105</sup> Arrizabalaga, Henderson, and French, *The Great Pox*, esp 171-230.
- <sup>106</sup> A primary example of the sort of practical, performative charity that occurred at the Incurabili Hospitals is narrated in Marin Sanudo's diary entry from March 24, 1524: "Today after dinner in the hospital [of the Incurabili], the washing of the feet took place with great devotion. The patrician [hospital] guardians and others, twelve altogether, with great humility washed the feet of the impoverished and ill syphilitic men, and the gentlewomen washed the feet of the women, that is, the females sick with this disease. there was quite a crowd watching, and many were moved to piety seeing this pious work performed by the prominent people of the city..." *Venice, Città Excellentissima: Selections from the Renaissance Diaries of Marin Sanudo*, ed. Patricia H. Labalme and Laura Sanguineti White (Baltimore: Johns Hopkins University Press, 2008), 329.
- <sup>107</sup> Strocchia, *Forgotten Healers*, 198-9.
- <sup>108</sup> Pullan, *Tolerance, Regulation, and Rescue*, 94.
- <sup>109</sup> Arrizabalaga, Henderson, and French, *The Great Pox*, esp. 185-190.
- <sup>110</sup> Winfried Schleiner, "Infection and cure through women: renaissance constructions of syphilis," *Journal of Medieval and Renaissance Studies* 24, no. 3 (Fall 1994): 499-517. Cristian Berco has written at length about the moral dimensions of care in public French Disease hospitals in early modern Spain in Berco, *From Body to Community*, esp. 88-104.
- <sup>111</sup> Hilde Kurz cites a letter written on February 11, 1525 from an anonymous Roman: "Yesterday Maestro Andrea made a cart with paper effigies on it of all the old courtesans of Rome, each inscribed with her name, and he threw them all into the river before the Pope's eyes..." in Hilde Kurz, "Italian Models of Hogarth's Picture Stories," *Journal of the Warburg and Courtauld Institutes* 15, no. 3 (1952): 136-168, 136. Paola Ugolini has also thoroughly analyzed the work of satirical poetry that accompanied Maestro Andrea's performance in Ugolini, "The Satirist's Purgatory."

<sup>112</sup> Kurz, "Italian Models," 137.

<sup>113</sup> The apparent inevitability of prostitute's contracting the French Disease is expressed in a 1625 trial transcript from the Holy Office of the Venetian Inquisition's investigation of witchcraft claims against Bellina Loredana made by Angela Castellana: "...for her entire life was a public prostitute making her body available to everyone; and because of this she was already for many years full of the French disease sores and other incurable diseases; where [at the hospital of San Giovanni and Paolo] she died miserably because of these aforesaid illnesses not for another [reason], as is usual for similar prostitutes...", quoted in McGough, "Witchcraft Accusations," 221.

<sup>114</sup> *Purgatorio delle cortigiane. Sonetti sopra el detto purgatorio* (Bologna, 1529), lines 28-35. Quoted in Storey, *Carnal Commerce*, 26.

<sup>115</sup> McGough, *Gender, Sexuality, and Syphilis*, 17-44.

<sup>116</sup> Strocchia, *Forgotten Healers*, 186.

<sup>117</sup> *Ibid.*, 179.

<sup>118</sup> French and Arrizabalaga, "Coping with the French Disease," 258.

<sup>119</sup> Sharon Strocchia's authoritative book on the various methods of producing and sharing medical knowledge is an excellent accounting of the various types of medical resources available to early modern sufferers, particularly women, sex workers, and sufferers of the French Disease. Strocchia, *Forgotten Healers*. David Gentilcore describes the charlatan's role in healing the French Disease in Italy in David Gentilcore, "Charlatans, the Regulated Marketplace and the Treatment of Venereal Disease in Italy," in *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe*, ed. Kevin Siena (Toronto: Centre for Reformation and Renaissance Studies, 2005), 57-80.

<sup>120</sup> An early version of this chapter, titled "Picturing the Pox in Italian Popular Prints, 1550-1650" was presented collaboratively by myself and Sharon Strocchia at the 14<sup>th</sup> Annual Imago Conference at the University of Haifa in January 2021. My heartfelt thanks to Prof. Strocchia for her collaboration, as well as to all of the scholars in attendance for their comments and questions.

<sup>121</sup> David Kunzle, *The Early Comic Strip: Narrative Strips and Picture Stories in the European Broadsheet from c. 1450 to 1825* (Berkeley, Los Angeles, London: University of California Press), esp. 1-8.

<sup>122</sup> McGough, *Gender, Sexuality and Syphilis*, 17-44.

<sup>123</sup> Quoted in Shemek, "'Mi Mostrano a Dito Tutti Quanti,'" 57.

<sup>124</sup> Kurz, "Italian Models," 145.

<sup>125</sup> Storey, *Carnal Commerce*, 62.

<sup>126</sup> In addition to the purposes listed above, the satiric verses accompanying the images on these prints at times amplify the moral message of the images, and help constitute the networks of associations and its boundaries. This is apparent in my discussion of Callisto Ferrante's 1611 print *The miserable fate of those who consort with prostitutes*, where the text describes the rake's suffering as "atonement," but there is more research to be done on the relationship between the text and images on these prints.

<sup>127</sup> *Ibid.*, esp. 57-66, 115-138, and 213-233.

<sup>128</sup> *Ibid.*, esp. 29-30.

<sup>129</sup> Courtney Quaintance has noted that courtiers' efforts to defame the courtesan were likely linked to feelings of jealousy and resentment over courtesans' ability to infiltrate elite circles using their talents, charm, and beauty. Quaintance, "Defaming the Courtesan." Tessa Storey has also pointed out the frequency with which prostitutes were attacked in literary and print sources for having "'inappropriate' social ambitions." Storey, *Carnal Commerce*, 46-47. Paola Ugolini demonstrates that contemporary literature focuses on the fictional and fragile socio-economic status of courtesans as a way to mitigate anxiety over their upward mobility. Ugolini, "The Satirist's Purgatory," 4-8.

<sup>130</sup> Dolora Chapelle Wojcichowski, "Veronica Franco vs. Maffio Venier: Sex, Death, and Poetry in Cinquecento Venice," *Italica* 83, no. 3/4 (Fall-Winter 2006): 367-390, esp. 376. A poem from the writer Girolamo Parabosco from the mid-sixteenth century captures the sentiment of money souring the relationship between the courtier and the courtesan: "Lady, I want to tell you,/And this is God's truth:/You don't love me one bit./Because asking one's lover for four or six *scudi* at a time/Was never a sign or an act of love..." Quoted in Quaintance, "Defaming the Courtesan," 204.

<sup>131</sup> *Ibid.*, 376.

<sup>132</sup> Ugolini, "The Satirist's Purgatory," 9.

<sup>133</sup> *Si come dit'ogn'hor bella vi paio*, in Jacob Arcadelt, *Opera omnia*, vol. 4, ed. Albert Seay ([Rome]: American Institute of Musicology, 1968), 56-58. Quoted in Quaintance, "Defaming the Courtesan," 203.

<sup>134</sup> A Venetian Senate decree from February 21, 1542 expresses the extent to which the state was concerned with the consumeristic habits and ostentatious appearances of courtesans: "There are now excessive numbers of whores in this our city; they have put aside all modesty and shame, and go about openly in the streets and churches, and

furthermore are so well dressed and adorned that on many occasions our noble and citizen women have been confused with them, the good with the bad, and not only by foreigners but also by those who live here, because there is no difference of dress. They set a bad example to women who enter and see their dwellings, and they cause no little discontent and scandal to everyone. Seeking to please the everlasting God, we must take steps to prevent these bad examples and scandals, and to curb the excessive expenditure of whores upon their own garments and upon decoration of their houses.” The declaration proceeds to ban sex workers from wearing gold, silver or silk (“except for her coif, which may be of pure silk”), as well as most jewelry. It also bars the homes of sex workers from being decorated with fine furniture. *Venice: A Documentary History*, ed. David Chambers, Jennifer Fletcher, and Brian Pullan (Toronto: University of Toronto Press, 2001), 127.

<sup>135</sup> Hannah Murphy notes the increased popularity of cosmetic products in the early modern period as part of a socio-mecidal trend which placed renewed attention on the skin due to the proliferation of the French Disease. She also emphasizes that cosmetics were often marketed as pharmaceutical solutions. Murphy, “Skin and Disease,” 18-19. Laura McGough expounds upon this latter observation, stating explicitly that “The boundary between medicine and cosmetics, if it existed at all, was extremely fluid: beauty belonged to the realm of medicine as well as art.” McGough, *Gender, Sexuality, and Syphilis*, 53. Sharon Strocchia discusses cosmetic-making as a form of medical knowledge in the Renaissance, noting their presence in domestic “Books of Secrets”. Additionally, she hints at the moral dimension of female cosmetics by noting the stigma attached to their production and use due their ability to create a “false, seductive appearance.” Strocchia, *Forgotten Healers*, 108, 165-173. Paola Ugolini notes that anti-courtesan satires depicted courtesans as using cosmetics in order to hide their corruption lying beneath the surface, and eventually spread their corruption on to their victims (men). Ugolini, “The Satirist’s Purgatory,” 8. Besides cosmetics, sex workers had other ways to hide their symptoms or simulate virginity, including “reconstructing” their hymen, as discussed in Juárez-Almendros, *Disabled Bodies*, 66-69.

<sup>136</sup> Shemek, “Mi Mostrano a Dito Tutti Quanti,” esp. 49-53.

<sup>137</sup> Ugolini, “The Satirist’s Purgatory,” 8.

<sup>138</sup> The poem refers to “*doia infinita*” and concludes with the line “*chi mal vive mal mor.*”

<sup>139</sup> Kurz, “Italian Models,” 145.

<sup>140</sup> “*Quei uity che nel cuor sono invecthiati per meretrici, a seguitar lor uoglie, tardo, o non mai seran deradicati.*” Quoted in Kunzle, *The Early Comic Strip*, 276.

<sup>141</sup> Will Fischer, “The Renaissance Beard: Masculinity in Early Modern England,” *Renaissance Quarterly* 54 (2001): 155-187. Cristian Berco has also demonstrated that alopecia was commonly associated with the French Disease in *From Body to Community*, 39-43.

<sup>142</sup> “*Non potendo piu haver forza e vigore.*” My thanks to Sharon Strocchia for providing this translation.

<sup>143</sup> “*Muore miseramente,*” quoted in Kunzle, *The Early Comic Strip*, 277.

<sup>144</sup> Laura McGough sees anxiety over class relations in this regard as particularly at play in Venice, where the closed aristocracy encouraged marriage within their class exclusively. McGough, *Gender, Sexuality, and Syphilis*, 18.

Ugolini, “The Satirist’s Purgatory,” 9.

<sup>145</sup> Quaintance, “Defaming the Courtesan,” 205.

<sup>146</sup> Quotes from these verses and their translations are published in Kunzle, *The Early Comic Strip*, 277.

<sup>147</sup> Matthews Grieco, “Pedagogical Prints,” esp. 65.

<sup>148</sup> Patricia Fortini Brown, *Private Lives in Renaissance Venice: Art, Architecture, and the Family* (New Haven and London: Yale University Press, 2004), 151, details this sumptuary campaign against excesses of dress.

<sup>149</sup> Sandra Cavallo, “Health, Air and Material Culture in the Early Modern Italian Domestic Environment,” *Social History of Medicine* 29 (2016): 695-716.

<sup>150</sup> Rosa Salzberg and Massimo Rospocher, “Street Singers in Italian Renaissance Urban Culture and Communication,” *Cultural and Social History* 9.1 (2012): 9-26.

<sup>151</sup> Evelyn Welch, “The Drama of Infirmary: Cupping in Sixteenth-Century Italy,” in *Representing Infirmary*, ed. John Henderson, Fredrika Jacobs, Jonathan K. Nelson (Oxfordshire: Routledge, 2020), 119-140.

## Bibliography

**Primary Sources**

Fisch, Max H. *Nicolaus Pol Doctor 1494: With a Critical Text of his Guaiac Tract*, ed. Dorothy M. Schullian. New York: Reichner, 1947.

Fracastoro, Girolamo. *Syphilis*, translated by Geoffrey Eatough. Liverpool: Francis Cairns Publications Ltd, 1984.

Lassels, Richard. *The Voyage of Italy, or, A compleat journey through Italy in two parts: with the characters of the people, and the description of the chief towns, churches, monasteries, tombs, libraries, pallaces, villas, gardens, pictures, statues, and antiquities: as also of the interest, government, riches, force & of all the princes: with instructions concerning travel*. London: Simon Wilson, 1670; Ann Arbor: Text Creation Partnership, 2011.  
<https://quod.lib.umich.edu/e/eebo/A49620.0001.001?view=toc>

*Venice: A Documentary History 1450-1630*, ed. David Chambers, Jennifer Fletcher, and Brian Pullan. Toronto: University of Toronto Press, 2001.

*Venice, Città Excellentissima: Selections from the Renaissance Diaries of Marin Sanudo*, ed. Patricia H. Labalme and Laura Sanguineti White. Translated by Linda L. Carroll. Baltimore: Johns Hopkins University Press, 2008.

**Visual Sources**

After Sebastian Brandt, from *A treatise on the pustular epidemic 'Scorre', or the French sickness, containing details of its origin and of the remedies for it, composed by the venerable master Josephus Grünpeck of Burckhausen, following certain poems by Sebastian Brant, professor of civil and canon law by Joseph Grünpeck*, 1496. Woodcut printed in ink on paper. Wellcome Collection, London. <https://wellcomecollection.org/works/ehw8tv72>

Carracci, Annibale, Annibale Carracci, Penitent Magdalene, 1591. Etching and engraving printed in black ink on laid paper. Detroit Institute of Arts, Detroit. Gift of Mrs. James E. Scripps, 09.1S259.

Ferrante, Callisto, *The miserable fate of those who consort with prostitutes*, 1611. Engraving printed in black ink on paper. Bibliothèque Nationale de France, Paris.

Mitelli, Giuseppe Maria, *The Unhappy Life of the Prostitute divided according to the twelve months of the year*, 1692. Engraving printed in black ink on paper. Bertarelli Collection, Milan.

Panetti, Domenico, *Saint Job*, ca. 1500. Oil on wood. Indianapolis Museum of Art at Newfields, Indianapolis.



Stradano, Giovanni, *A man in bed suffering from syphilis, amidst a busy domestic scene*, ca. 1600. Engraving printed in black ink on paper. Wellcome Collection, London. <https://wellcomecollection.org/works/cpjs5z47>

Titian, *Penitent Magdalene*, ca. 1531. Oil on canvas. Palazzo Pitti, Florence. Public domain. <https://bit.ly/2PXarIL>

Tozzi, Pietro Paolo (with verses by Bartolomeo Bonfante), *The Miserable End of Lady Anzola*, ca. 1600. Engraving printed in black ink on paper (fan leaf print). Bertarelli Collection, Milan.

Tozzi, Pietro Paolo, (with verses by Bartolomeo Bonfante), *This is the Least of the Sufferings of us Prostitutes, Dying in a Hospital*, ca. 1600. Engraving printed in black ink on paper (fan leaf print). Bertarelli Collection, Milan.

Unknown Artist, “Mary, Saint Job and members of the confraternity of S. Giobbe in Bologna,” from an indulgence to the Hospital dei Guarini e di S. Giobbe, 1525. Archivio di Stato di Bologna, Archivio degli Ospedali, S. Maria dei Guarini e di S. Giobbe.

Unknown Artist, *On the Pox Called Malafrantzosa*, ca. 1500. From *Archiv für die Geschichte der Medizin I* (1907), published by Franz Steiner Verlag and Karl Sudhoff. Woodcut printed in ink on paper. Wellcome Collection, London. <https://wellcomecollection.org/works/a7jpexnt>

Unknown Artist, title page woodcut from *Guaiacum* by Ulrich von Hutten, 1519. Woodcut printed in ink on paper. University of Glasgow Library, Glasgow. Public Domain. Accessed through the Glasgow Syphilis Collection. <https://bit.ly/3s4K7cx>

Unknown Artist, title page woodcut *Purgatory and Lament of the Roman courtesans* by Maestro Andrea, ca. 1530. Woodcut printed in black ink on paper. British Museum Library, London.

van de Passe the Elder, Crispijn, “Nude woman recumbent on a bed,” ca. 1599. Engraving printed in black ink on paper. British Museum, London.

## Secondary Sources

Arrizabalaga, Jon. “The Changing Identity of the French Pox in Early Renaissance Castile.” In *Between Text and Patient: The Medical Enterprise in Medieval & Early Modern Europe*, edited by Florence Eliza Glaze and Brian K. Nance, 397-417. Florence: Edizioni Del Galluzzo, 2011.

Arrizabalaga, Jon, John Henderson, and Roger French. *The Great Pox: The French Disease in Renaissance Europe*. New Haven and London: Yale University Press, 1997.

Berco, Cristian. *From Body to Community: Venereal Disease and Society in Baroque Spain*. Toronto: University of Toronto Press, 2016.

Boehrer, Bruce Thomas. “Early Modern Syphilis,” *Journal of the History of Sexuality* 1, no. 2 (1990): 197-214.

Brown, Kevin. *The Pox: The Life and Near Death of a Very Social Disease*. Gloucestershire: Sutton Publishing, 2006.

Bullen Presciutti, Diana. "The Friar as *Medico*: Picturing Leprosy, Institutional Care, and Franciscan Virtues in *La Franceschina*." In *Representing Infirmary: Diseased Bodies in Renaissance Italy*, edited by John Henderson, Fredrika Jacobs, and Jonathan K. Nelson, 93-116. London: Routledge, 2021.

Cavallo, Sandro. "Health, Air and Material Culture in the Early Modern Italian Domestic Environment," *Social History of Medicine* 29, Issue 4 (November 2016): 695-716.

Chapelle Wojciehowski, Dolora. "Veronica Franco vs. Maffio Venier: Sex, Death and Poetry in Cinquecento Venice," *Italica* 83, no. 3/4 (Fall-Winter 2006): 367-390.

Chartier, Roger. *The Cultural Uses of Print in Early Modern France*. Princeton: Princeton University Press, 1987.

Cohen, Sherrill. *The Evolution of Women's Asylums Since 1500: From Refugees for Ex-Prostitutes to Shelters for Battered Women*. New York: Oxford University Press, 1992.

Connor, Steven. *The Book of Skin*. London: Reaktion Books Ltd, 2004.

Cropper, Elizabeth. "The Beauty of Woman: Problems in the Rhetoric of Renaissance Portraiture." In *Rewriting the Renaissance: The Discourses of Sexual Difference in Early Modern Europe*, edited by Margaret W. Ferguson, Maureen Quilligan, and Nancy J. Vickers, 175-190. Chicago and London: The University of Chicago Press, 1986.

Eamon, William. "Cannibalism and Contagion: Framing Syphilis in Counter-Reformation Italy." *Early Science and Medicine* 3, no. 1 (1998): 1-31.

Fischer, Will. "The Renaissance Beard: Masculinity in Early Modern England," *Renaissance Quarterly* 54, no. 1 (Spring 2001): 155-187.

Flood, John L. and David J. Shaw. "The Price of the Pox in 1527: Johannes Sinapius and the Guaiac Cure." *Bibliothèque d'Humanisme et Renaissance* 54, no. 3 (1992): 691-707.

Foa, Anna. "The New and the Old: The Spread of Syphilis (1494-1530)." In *Sex and Gender in Historical Perspective*, edited by Edward Muir and Guido Ruggiero, 26-45. Baltimore: Johns Hopkins University Press, 1990.

Fortini Brown, Patricia. *Private Lives in Renaissance Venice: Art, Architecture, and the Family*. New Haven and London: Yale University Press, 2004

French, Roger and Jon Arrizabalaga. "Coping with the French Disease: University Practitioners' Strategies and Tactics in the Transition from the Fifteenth to the Sixteenth Century." In *Medicine*

from *the Black Death to the French Disease*, edited by Roger French, Jon Arrizabalaga, Andrew Cunningham, and Luis García-Ballester, 249-287. Aldershot: Ashgate, 1998.

Gentilcore, David. "Charlatans, the Regulated Marketplace and the Treatment of Venereal Disease in Italy." In *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe*, edited by Kevin Siena, 57-80. Toronto: University of Toronto Press, 2005.

Geschwind, Rachel. "The Printed Penitent: Magdalene Imagery and Prostitution Reform in Early Modern Italian Chapbooks and Broadsheets." In *Mary Magdalene: Iconographic Studies from the Middle Ages to the Baroque*, edited by Michelle A. Erhardt and Amy M. Morris, 107-133. Leiden and Boston: Brill, 2012.

Gilman, Sander L. *Disease and Representation: Images of Illness from Madness to AIDS*. Ithaca: Cornell University Press, 1988.

Haskins, Susan. *Mary Magdalene: Myth and Metaphor*. London: Harper Collins Publishers, 1993.

Henderson, John. *The Renaissance Hospital: Healing the Body and Healing the Soul*. New Haven and London: Yale University Press, 2006.

Juárez-Almendros, Encarnación. "The Artifice of Syphilitic and Damaged Female Bodies in Literature." In *Disabled Bodies in Early Modern Spanish Literature: Prostitutes, Aging Women and Saints*, 56-82. Liverpool: Liverpool University Press, 2017.

Kunzel, David. *History of the Comic Strip Volume I: The Early Comic Strip – Narrative Strips and Picture Stories in the European Broadsheet from c. 1450 to 1825*. Berkeley, Los Angeles and London: University of California Press, 1973.

Kurz, Hilde. "Italian Models of Hogarth's Picture Stories." *Journal of the Warburg and Courtauld Institutes* 15, no. 3 (1952): 136-168.

Lindeman, Mary. *Medicine and Society in Early Modern Europe*. Cambridge: Cambridge University Press, 1999.

Marshall, Louise. "Manipulating the Sacred: Image and Plague in Renaissance Italy." *Renaissance Quarterly* 47, no. 3 (Autumn 1994): 485-532.

Matthews Grieco, Sara F. "Pedagogical Prints: Moralizing Broadsheets and Wayward Women in Counter Reformation Italy." In *Picturing Women in Renaissance and Baroque Italy*, edited by Geraldine A. Johnson and Sara F. Matthews Grieco, 61-87. Cambridge: Cambridge University Press, 1997.

McGough, Laura J. "Demons, Nature, or God? Witchcraft Accusations and the French Disease in Early Modern Venice." *Bulletin of the History of Medicine* 80, no. 2 (summer 2006): 219-246.

McGough, Laura J. *Gender, Sexuality, and Syphilis in Early Modern Venice: The Disease that Came to Stay*. New York: Palgrave Macmillan, 2011.

Murphy, Hannah. "Skin and Disease in Early Modern Medicine: Jan Jessen's *De cute, et cutaneis affectibus*." *Bulletin of the History of Medicine* 94, no. 2 (2020): 179-214.

Oriel, J. D. *The Scars of Venus: A History of Venereology*, 1-58. Great Britain: Springer-Verlag London Limited, 1994.

Pettegree, Andrew. "Broadsheets: Single-Sheet Publishing in the First Age of Print. Typology and Typography." In *Broadsheets: Single-Sheet Publishing in the First Age of Print*, edited by Andrew Pettegree, 4-32. Leiden: Brill, 2017.

Pullan, Brian. *Tolerance, Regulation and Rescue: Dishonoured Women and Abandoned Children in Italy, 1300-1800*. Manchester: Manchester University Press, 2016.

Quaintance, Courtney. "Defaming the Courtesan: Satire and Invective in Sixteenth-Century Italy." In *The Courtesan's Arts: Cross-Cultural Perspectives*, edited by Martha Feldman and Bonnie Gordon, 199-208. Oxford: Oxford University Press, 2006.

Quétel, Claude. *History of Syphilis*, translated by Judith Braddock and Brian Pike,. Baltimore: Johns Hopkins University Press, 1992.

Rafanelli, Lisa M. "Michelangelo's *Noli me tangere* for Vittoria Colonna, and the Changing Status of Women in Renaissance Italy." In *Mary Magdalene: Iconographic Studies from the Middle Ages to the Baroque*, edited by Michelle A. Erhardt and Amy M. Morris, 223-248. Leiden and Boston: Brill, 2012.

Sazlberg, Rosa. "In the mouths of charlatans. Street performers and the dissemination of pamphlets in Renaissance Italy." *Renaissance Studies* 24, no. 5 (November 2010): 638-653.

Salzberg, Rosa and Massimo Rospocher, "Street Singers in Italian Renaissance Urban Culture and Communication," *Cultural and Social History* 9, Issue 1: 9-26.

Schleiner, Winfried. "Moral Attitudes toward Syphilis and Its Prevention in the Renaissance." *Bulletin of the History of Medicine* 68, no. 3 (fall 1994): 389-410.

Siena, Kevin. *Venereal Disease, Hospitals, and the Urban Poor: London's "Foul Wards," 1600-1800*.. Rochester: University of Rochester Press, 2004.

Siena, Kevin. "The 'Foul Disease' and Privacy: The Effects of Venereal Disease and Patient Demand on the Medical Marketplace in Early Modern London." *Bulletin of the History of Medicine* 75, no. 2 (Summer 2001): 199-224.

Shemek, Deanna. "'Mi Mostrano A Dito Tutti Quanti': Disease, Deixis, and Disfiguration in the *Lamento Di Una Cortigiana Ferrarese*." In *Medusa's Gaze: Essays on Gender, Literature, and*

*Aesthetics in the Italian Renaissance, in Honor of Robert J. Rodini*, edited by Paula A Ferrara, Eugenia Giusti, and Jane Tylus, 49-64. New York: Bordighera Incorporated, 2004.

Somers, Margaret R. "The Narrative Constitution of Identity: A Relational and Network Approach," *Theory and Society* 23, no. 5 (Oct. 1994): 605-649.

Stein, Claudia. "The Meaning of Signs: Diagnosing the French Pox in Early Modern Augsburg." *Bulletin of the History of Medicine* 80, no. 4 (Winter 2006): 617-648.

Stolberg, Michael. *Experiencing Illness and the Sick Body in Early Modern Europe*. New York: Palgrave Macmillan, 2011.

Storey, Tessa. *Carnal Commerce in Counter-Reformation Rome*. Cambridge: Cambridge University Press, 2008.

Strocchia, Sharon T. *Forgotten Healers: Women and the Pursuit of Health in Late Renaissance Italy*. Cambridge and London: Harvard University Press, 2019.

Terpstra, Nicholas. *Cultures of Charity: Women, Politics, and the Reform of Poor Relief in Renaissance Italy*. Cambridge and London: Harvard University Press, 2013.

Tognotti, Eugenia. "The Rise and Fall of Syphilis in Renaissance Europe." *Journal of Medical Humanities* 30 (2009): 99-113.

Ugolini, Paola. "The Satirist's Purgatory: *Il Purgatorio Delle Cortegiane* and the Writer's Discontent." *Italian Studies* 64, no. 1 (Spring 2009), 1-19.

Webb, Michelle. "'A Great Blemish to her Beauty': Female Facial Disfigurement in Early Modern England." In *Approaching Facial Difference: Past and Present*, edited by Patricia Skinner and Emily Cock. London: Bloomsbury Academic, 2018.

Welch, Evelyn. "The Drama of Infirmity: Cupping in Sixteenth-Century Italy." In *Representing Infirmity*, edited by John Henderson, Fredrika Jacobs, and Jonathan K. Nelson, 119-140. Oxfordshire: Routledge, 2020.