
Demons, Nature, or God? Witchcraft Accusations and the French Disease in Early Modern Venice

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SUMMARY: In early modern Venice, establishing the cause of a disease was critical to determining the appropriate cure: natural remedies for natural illnesses, spiritual solutions for supernatural or demonic ones. One common ailment was the French disease (syphilis), widely distributed throughout Venice's neighborhoods and social hierarchy, and evenly distributed between men and women. The disease was widely regarded as curable by the mid-sixteenth century, and cases that did not respond to natural remedies presented problems of interpretation to physicians and laypeople. Witchcraft was one possible explanation; using expert testimony from physicians, however, the Holy Office ruled out witchcraft as a cause of incurable cases and reinforced perceptions that the disease was of natural origin. Incurable cases were explained as the result of immoral behavior, thereby reinforcing the associated stigma. This article uses archival material from Venice's Inquisition records from 1580 to 1650, as well as mortality data.

KEYWORDS: French disease, syphilis, witchcraft, Inquisition, Holy Office, stigma, Venice

This fell whore of thine
Hath in her more destruction than thy sword,
For all her cherubin look.

William Shakespeare, *Timon of Athens*, 4.3.62–64

An earlier version of this paper was given on 30 April 2004 at the seventy-seventh annual meeting of the American Association for the History of Medicine in Madison, Wisc. My thanks to Jonathan Seitz, Nadav Davidovitch, and the anonymous reviewers for the *Bulletin* for their useful suggestions. I would like to thank the state archives of Venice (Archivio di Stato di Venezia) for allowing me to consult their records. Financial support was provided by the Gladys Kriebel Delmas Foundation for my research, and by the Association of Teachers of Preventive Medicine for the writing. All translations are my own unless otherwise indicated.

In 1624, one year after Shakespeare's *Timon of Athens* was first published, Bellina Loredana faced charges in Venice of having practiced witchcraft by diabolically infecting a woman with the "French disease" in order to make her die a gruesome death. During the seventeenth century, the French disease was primarily associated with sexual activity and sexual transmission.¹ Before Shakespeare's play reached their city, the Venetian public had already grasped the idea that disease, including sexually transmitted disease, was a potent weapon. At age seventy, Bellina fulfilled the popular image of how a witch looked and acted. Elderly, unmarried or perhaps widowed, impoverished, she no doubt—at least in the minds of her contemporaries—suffered from envy: a perfect motive for practicing witchcraft. Worse yet, witnesses testified before the Holy Office of the Venetian Inquisition that for years they had seen her doing the kinds of things that witches did: she had baptized images, healed the sick (which suggested her power to do the opposite—to make the healthy ill), and used potions to bind a man's love to a woman. And, they added, she had given oil to a certain Angela Castellana, who had subsequently fallen so gravely ill with the French disease that she was reduced to begging for alms at the nearby Campo di Zanolpo.

Bellina's trial lasted more than a year. On 26 August 1625 she was convicted on nine counts of having performed "sorcery, magic, and diabolical operations."² After spending one hour locked in the stocks in San Marco with a sign around her neck saying "For Witchcraft," she was

1. Early modern physicians did not distinguish between syphilis and gonorrhea. Furthermore, the diagnostic term was the "French disease," not syphilis. It is important to avoid the problems of retrospective diagnoses by using contemporary disease categories. But the disease did come to be associated with sexual activity, and then with sexual transmission, by the mid-sixteenth century. On the problem of retrospective diagnosis with regard to the French disease, see Jon Arrizabalaga, John Henderson, and Roger French, *The Great Pox: The French Disease in Renaissance Europe* (New Haven: Yale University Press, 1997), pp. 1–3. On the association of the French disease with sexual activity, see Laura J. McGough, "Quarantining Beauty: The French Disease in Early Modern Venice," in *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe*, ed. Kevin Siena (Toronto: Centre for Reformation and Renaissance Studies, 2005), pp. 211–37. Other useful accounts of the history of the French disease during this period include 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), pp. 26–45; Bruce Thomas Buehrer, "Early Modern Syphilis," *J. Hist. Sex.*, 1990, 1: 197–214; Claude Quézel, *History of Syphilis* (Baltimore: Johns Hopkins University Press, 1990); Alfred W. Crosby, *The Columbian Exchange: Biological and Social Consequences of 1492* (Westport, Conn.: Greenwood Press, 1972), pp. 122–64.

2. Archivio di Stato di Venezia (henceforth ASV), records of the Holy Office (Sant'Uffizio), busta 77, fasc. 21, contra Bellina Loredana, 26 August 1625.

conducted to prison to serve her three-year sentence. The harsh conditions of a seventeenth-century prison, where food was supplied only if the prisoner paid for it, made it unlikely that an elderly woman would survive such a sentence.

The reason for this harsh sentence, however, had nothing to do with the accusation that Bellina had inflicted Angela with the French disease. Of the nine counts against her, not one involved Angela's death from the dreaded disease: Bellina's defense attorneys had successfully defended her on at least that one charge. She did not cause Angela's disease, they argued, but not on the grounds that it was not possible—like other early modern Europeans, educated and illiterate alike, Venetians believed in the ability of witches to cause disease, even diseases that could be explained by natural phenomena such as sexual intercourse. Rather, they explained, she did not cause Angela's death because Angela was a prostitute, and prostitutes always died of the French disease: witchcraft was not necessary in their case. In the words of Bellina's defense, 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 [*gomme*] 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, and this is well-known and obvious, and thus the truth.³

Angela Castellana's illness failed the standard of evidence required by the Holy Office for conviction on witchcraft charges. Bellina's case, along with others tried by the Holy Office, provides important insights into how early modern Europeans diagnosed diseases and distinguished between the categories of naturally and supernaturally caused illness.⁴



Physicians and patients shared a perception that witchcraft could explain incurable illnesses and account for death. Witchcraft in its various forms—*stregato* or bewitched, *fatturato* or possessed—was listed as a cause

3. *Ibid.*, 10 December 1624.

4. Technically, the distinction was between natural and preternatural causes, since Satan could only operate within natural law. As Stuart Clark points out, however, in practice the term "preternatural" was not always used and "supernatural" was common—but the theology was the same: only God could act outside natural law (hence, supernatural), while Satan and his allies were constrained by natural law. See Stuart Clark, *Thinking with Demons: The Idea of Witchcraft in Early Modern Europe* (Oxford: Clarendon Press, 1997), esp. pp. 161–94.

of death, albeit very rarely, in the records collected by the Health Board.⁵ When the Inquisitors at the Holy Office concluded that a particular case of illness had not been caused by witchcraft, they made their decision within an intellectual framework that accepted the possibility that witches existed and could act on the world. Witches could inflict natural illnesses on others, so a simple diagnosis of a natural illness did not discount the possibility of witchcraft.⁶ Establishing the cause of a disease was crucial in determining the appropriate cure: natural remedies for natural illnesses; spiritual solutions for supernatural or demonic ailments; a combination in the case of dual causes; or a series of natural and supernatural remedies, in a trial-and-error process, when the cause was unknown.⁷

Certain illnesses presented a problem of interpretation for patients and doctors. If diabolical intervention were suspected, patients turned to the authorities at the Holy Office, and in many cases the Holy Office consulted several physicians to help determine the origins of a disease. Physicians' deliberations over the diagnosis of a patient's illness, as well as its cause, provide some insight into how both ordinary Venetians and physicians conceived the boundaries between natural and supernatural causes of illness. Laypeople and physicians shared certain perceptions of disease etiology: if an illness remained incurable after treatment, patients and physicians alike suspected witchcraft. Because the Holy Office was charged with the responsibility of investigating diabolical interference into Christian lives, it became a central institution in delineating the

5. I examined twenty-four years of necrology records of the Health Board: 1582–91, 1606–10, 1619, 1621, 1623–25, 1636–38, 1641: ASV, Provveditori alla Sanità, Necrologi, busta numbers 814–23, 834–41, 850–54, 867–70 (henceforth Necrologi). A total of eight deaths were recorded as due to various forms of witchcraft during this period: (1) Betta, the fifteen-year-old daughter of a tailor, on 5 August 1582 (busta 814); (2) Isabella, a twenty-four-year-old wife, on 17 August 1610 (busta 840); (3) Anzolo, a thirty-four-year-old worker, on 23 August 1610 (busta 841); (4) Fiorina, the forty-four-year-old wife of Zuanne, a carpenter, on 10 February 1624 m.v. (busta 853); (5) Anzolo Calvadini, a fifty-year-old bookseller, on 7 February 1641 m.v. (busta 853); (6) Zire, the fourteen-year-old daughter of Nicoletto Baldi, a fisherman, on 15 November 1619; (7) Cattarina, the twenty-six-year-old wife of Giacomo di Zorzi, on 6 April 1636 (busta 867); (8) Antonio, a twenty-four-year-old butcher bewitched for only eight days, on 23 March 1637 (busta 867). The abbreviation m.v. stands for *more veneto*, a reference to the Venetian system of dating in which a new year began on March 1. 10 Feb. 1624 is therefore 10 Feb. 1625 in our calendar.

6. Clark, *Thinking with Demons* (n. 4), pp. 161–94.

7. David Gentilcore, *From Bishop to Witch: The System of the Sacred in Early Modern Terra d'Otranto* (New York: Manchester University Press, 1992); Michael MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (New York: Cambridge University Press, 1981), esp. chap. 5.

boundaries between the categories of natural and supernatural—yet its records have seldom been studied for this purpose.⁸

My research draws on two distinct sources to explore the process of determining disease causation in early modern Venice: mortality records that listed causes of death, and trial records from the Holy Office or Inquisition. I focus here on how the Holy Office responded to one disease, the French disease, which presented particular problems of interpretation. Only four cases out of more than a thousand records between 1580 and 1650 involve accusations of witchcraft as a cause of the French disease. This relative scarcity is itself noteworthy, considering that (as I will show) the disease was common and widespread throughout society. Although few in number, these cases provide competing opinions about the cause of illness, thereby granting some insights into how the categories of natural and supernatural origins were delineated. Through the process of deliberation over etiology, the French disease became established as a disease of natural origin, explained by a patient's sexual history and moral character. "Incurable" cases of the disease therefore did not undermine belief in the efficacy of therapeutic practices and remedies, nor did they spark widespread accusations of and condemnations for witchcraft. Physicians and lay witnesses successfully challenged accusations of witchcraft in regard to the French disease. The Holy Office did not convict anyone charged with making someone else sick with the French disease via sorcery or witchcraft. Stigma played an important role in deflecting blame for the disease from the alleged witch onto the patient: although the Holy Office inadvertently served as a mechanism of "disenchantment" in early modern Venice by focusing on natural origins of the French disease,⁹ it

8. A notable exception is Guido Ruggiero, "The Strange Death of Margarita Marcellini: Male, Signs, and the Everyday World of Pre-Modern Medicine," *Amer. Hist. Rev.*, 2001, 106 (4): 1141–58.

9. The scholarship on disenchantment is vast, but a useful starting place is still Keith Thomas, *Religion and the Decline of Magic* (London: Penguin, 1971). See also Clark, *Thinking with Demons* (n. 4), pp. 195–213. Important works that explore the relationship between witchcraft and disease causation include David Harley, "Mental Illness, Magical Medicine and the Devil in Northern England, 1650–1700," in *The Medical Revolution of the Seventeenth Century*, ed. Roger French and Andrew Wear (New York: Cambridge University Press, 1989), pp. 114–44; Norman Gevitz, "The Devil Hath Laughed at the Physicians': Witchcraft and Medical Practice in Seventeenth-Century New England," *J. Hist. Med.*, 2000, 55: 5–36; MacDonald, *Mystical Bedlam* (n. 7); Michael MacDonald, ed., *Witchcraft and Hysteria in Elizabethan London: Edward Jordan and the Mary Glover Case* (New York: Routledge, 1991); William G. Naphy, *Plagues, Poisons and Potions: Plague-Spreading Conspiracies in the Western Alps c. 1530–1640* (New York: Manchester University Press, 2002); Gentilcore, *From Bishop to Witch* (n. 7).

simultaneously reinforced the social stigma attached to the disease by associating it with immoral behavior.

The Holy Office's role in the process of delineating the boundaries between natural and supernatural was twofold. First, the procedures employed by the Office required expert medical testimony from both the prosecution and the defense, which therefore involved the evaluation of competing arguments and of the evidence presented.¹⁰ The legal process made it possible to challenge the possibility of witchcraft in individual cases. As Keith Thomas and Stuart Clark have argued, the witchcraft paradigm collapsed from within—that is, due to systematic questioning about what witches could and could not do, rather than to a critique from those who did not believe in the existence of witches.¹¹ Thomas describes how tribunals in England did not deny the possibility of witchcraft, but did not necessarily find proof of it in particular cases: “This was the attitude of Archbishop Abbot, when dealing with the alleged bewitching of the impotent Earl of Essex in the reign of James I. He would not deny that there was such a thing as witchcraft, but how was he to distinguish it by its external symptoms from any other physical malady?”¹²

Second, the records of the Holy Office also provide a record of the perceptions of nonmedical witnesses, including the patients themselves, their families, and their neighbors. Questioning the possibility of witchcraft was not the exclusive preserve of the educated. Skepticism about disease etiology and diagnoses was part of popular culture: as scholars of popular culture have noted for more than a decade, changes in culture did not always occur from the top downward.¹³ Whether these witnesses'

10. On the history of expert medical testimony in early modern Italy, see Silvia de Renzi, “Witnesses of the Body: Medico-Legal Cases in Seventeenth-Century Rome,” *Stud. Hist. & Philos. Sci.*, 2002, 33: 219–42; Alessandro Pastore, *Il medico in tribunale: La perizia medica nella procedura penale d'antico regime (secoli XVI–XVIII)* (Bellinzona: Casagrande, 1998).

11. Thomas, *Religion and the Decline of Magic* (n. 9), pp. 681–98; Clark, *Thinking with Demons* (n. 4), pp. 195–213. For a different point of view, see Walter Stephens, *Demon Lovers: Witchcraft, Sex, and the Crisis of Belief* (Chicago: University of Chicago Press, 2002). Early modern fixation on topics such as the carnal copulation between demons and human beings was, according to Stephens, evidence of their search for concrete evidence of demons' existence, which in turn sustained belief in the supernatural; the elaboration of witchcraft theory arose partially in response to theological anxieties that “the concept of nature sufficed to account for the world around us. If natural causes adequately explain our experience, there is no need for the supernatural, and we may have simply imagined it” (p. 86).

12. Thomas, *Religion and the Decline of Magic* (n. 9), p. 688.

13. The relationship between popular and elite culture in early modern Europe is a vast topic with an equally vast bibliography. A useful starting point is Natalie Zemon Davis, *Society and Culture in Early Modern France* (Stanford: Stanford University Press, 1975). With respect to the Inquisition, see Carlo Ginzburg, “The Witches' Sabbat: Popular Cult or Inquisitorial

testimony was ever decisive or influential in determining the outcome of the trial is unclear, but their testimony does at least show how and why some witnesses questioned the possibility of witchcraft in certain cases. Before closely examining these Inquisition cases, it is important to provide background on the Holy Office, as well as on the French disease, in early modern Venice.

The Holy Office of the Inquisition

Organized in 1542 by Pope Paul III, the Holy Office investigated cases of suspected heresy in response to the growing threat of Lutheranism. As an independent city-state suspicious of the Vatican's territorial expansion and political influence, Venice tried to protect itself from unnecessary papal interference in domestic affairs. Instead of allowing the Roman Inquisition to operate unfettered in Venetian territory, Venetians insisted that three of the six officials serving on the local tribunal of the Holy Office were laymen appointed by the Venetian government. The original tribunal included three prominent Venetian senators and began prosecuting cases in 1547.¹⁴ By the 1580s, as the numbers of suspected heretics declined in the city, the concern of the Holy Office shifted from the prosecution of Lutheran heresy to the prosecution of witchcraft, magic, and superstition.¹⁵

A generation of scholarship has seriously modified the perception of the various courts of the Roman Inquisition as harsh, uninterested in evidence and ruthless in prosecution of the accused. On the contrary, witchcraft defendants standing trial before inquisitorial courts fared better than their counterparts in other courts, especially those in northern Europe, because of legal safeguards observed by the Inquisition. One of the most important of these safeguards was the insistence that a witch's testimony had limited value in implicating others: while courts in parts of northern Europe used witches' confessions to arrest and prosecute others named as participants in witches' sabbats, the Roman Inquisition discounted this testimony as illusions inspired by the devil. Second, the "Devil's mark"—a concealed physical marking on the body of a witch—

Stereotype?" in *Understanding Popular Culture: Europe from the Middle Ages to the Nineteenth Century*, ed. Steven L. Kaplan (New York: Mouton, 1984), pp. 39–52; Mary R. O'Neil, "Sacerdote ovvero strione: Ecclesiastical and Superstitious Remedies in 16th Century Italy," *ibid.*, pp. 53–83; Clive Holmes, "Popular Culture? Witches, Magistrates, and Divines in Early Modern England," *ibid.*, pp. 85–112.

14. John Martin, *Venice's Hidden Enemies: Italian Heretics in a Renaissance City* (Berkeley: University of California Press, 1993), pp. 49–70.

15. *Ibid.*, p. 236.

played no role in inquisitorial courts, while in secular trials this evidence was often decisive.¹⁶

The Venetian secular authorities, via their lay representatives on the tribunal, succeeded in exerting some control over the power and authority of the Roman Inquisition in their territory.¹⁷ When a witch was suspected of having caused illness to a human being, proper inquisitorial procedure required a physician's expert testimony to ascertain whether the illness had natural causes.¹⁸ In the public imagination, witches (or those suspected of being witches) were thought to have broad powers that included the power to heal and to cause misfortune. By the late sixteenth and the early seventeenth century, the French disease had entered the repertoire of the popular healer, easily suspected of witchcraft: because a healer claimed to be able to cure the French disease, it was easy for the public to imagine that she could cause it as well.¹⁹ But the Inquisition seldom exacted the ultimate penalty from those convicted: between 1587 and 1705, only two defendants were executed.²⁰

The French Disease in Early Modern Venice

The French disease was both widespread and widely treated in early modern Venice. After the French invasion of the Italian peninsula in 1494, many cities reported outbreaks of the disease as a new epidemic. In Venice, the diarist Marin Sanuto focused on the soldiers and commanders infected in the context of his war reports. In 1499, for example, when the Venetian galley was at Corfu, it was unable to set sail because the crew was infected with the French disease.²¹ Concerned about the need for

16. John Tedeschi, *The Prosecution of Heresy: Collected Studies on the Inquisition in Early Modern Italy* (Binghamton, N.Y.: Center for Medieval and Early Renaissance Studies, 1991), pp. 134–35. For a useful introduction to the geographical variations in witch trials and witch hunts, see Brian P. Levack, *The Witch-Hunt in Early Modern Europe*, 2nd ed. (New York: Longman, 1995). A fine study of the procedures of a witchcraft trial outside the jurisdiction of the Inquisition is Michael Kunze, *Highroad to the Stake: A Tale of Witchcraft*, trans. William Yuill (Chicago: University of Chicago Press, 1987).

17. The best recent description of the workings of the Venetian Inquisition is Anne Jacobson Schutte, *Aspiring Saints: Pretence of Holiness, Inquisition, and Gender in the Republic of Venice, 1618–1750* (Baltimore: Johns Hopkins University Press, 2001), pp. 26–41.

18. Tedeschi, *Prosecution of Heresy* (n. 16), p. 235.

19. *Ibid.*, p. 234; Mary O'Neil, "Magical Healing, Love Magic and the Inquisition in Late Sixteenth-Century Modena," in *Inquisition and Society in Early Modern Europe*, ed. Stephen Haliczer (London: Croom Helm, 1987), pp. 88–114, on p. 97.

20. Schutte, *Aspiring Saints* (n. 17), p. 40.

21. Cited by Alfonso Corradi, "Nuovi documenti per la storia delle malattie veneree in Italia della fine del '400 alla metà del '500," *Rendiconti*, vol. 4, fascs. 14 and 15 (Milan, 1871), pp. 22–23.

manpower and for resources, Sanuto focused on the immediate concerns: who was sick, and what impact that had on Venice's military strength. It is unclear from these early reports whether the disease had spread to the city itself or remained contained within the navy, the army, and the sexual partners of these men.

By the early sixteenth century, however, the French disease had become a civilian concern as well as a military one. The disease was widely regarded as endemic throughout the Italian peninsula and became associated with sexual activity.²² In 1521 the Venetian public health office, the Sanità, officially responded to the problem of the French disease because it had become a crisis: the numbers of sufferers begging for alms on the streets and in San Marco and the Rialto caused concern for the sick themselves and for the potential of contagion to others.²³ One of the major motivations for the establishment of *incurabili* hospitals, which primarily treated French disease patients (in addition to patients with other skin conditions), was to remove the impoverished sick from public sight because their numbers had grown during the early sixteenth century. These hospitals were established throughout the Italian peninsula, including the cities of Rome, Ferrara, Bologna, Genoa, Florence, Naples, Padua, and Venice.²⁴

In addition to doctors' testimony and the founding of hospitals primarily for French disease patients, mortality records provide another indication of how widespread the disease was. It is important to recognize the limitations of this source, however, since early modern doctors relied on external signs on the body in determining the cause of death.²⁵ Determining the cause of death was an imprecise art, and therefore it is best

22. The French disease was one of the most common ailments treated by Girolamo Cardano during the 1530s; most of his patients were from Milan, but he had also practiced in Venice, Sacco, Pavia, Bologna, and Rome: see Nancy G. Siraisi, *The Clock and the Mirror: Girolamo Cardano and Renaissance Medicine* (Princeton: Princeton University Press, 1997), p. 34. On how physicians and the public responded to the French disease, see the citations from n. 1 above.

23. ASV, Sanità, busta 2, fol. 31^r, 12 February 1521.

24. Arrizabalaga, Henderson, and French, *Great Pox* (n. 1), pp. 280, 145–70.

25. On doctors who worked for the Sanità, see Ann Carmichael, "Epidemics and State Medicine in Fifteenth-Century Milan," in *Medicine from the Black Death to the French Disease*, ed. Roger French et al. (Brookfield, Vt.: Ashgate, 1998), pp. 221–47; Carlo Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge: Cambridge University Press, 1976); Cipolla, "I libri dei morti," in *Le fonti della demografia storica in Italia: atti del Seminario di demografia storica, 1971–1972* (Rome: Comitato italiano per lo studio della demografia storica, 1974?), vol. 1, part 2, pp. 851–66. For the relationship between doctors and the state in Venice, see Guido Ruggiero, "The Cooperation of Physicians and the State in the Control of Violence in Renaissance Venice," *J. Hist. Med.*, 1978, 33: 156–84.

to regard mortality data as simply providing clues about the distribution of disease in a population, rather than as an accurate representation of mortality or morbidity rates in early modern Venice. Because the disease became associated with shame during the sixteenth century,²⁶ families may have exerted pressure not to have deaths attributed to the French disease; the data provide clues, not definitive answers.

In order to cover the same period of time as the Inquisition trials studied (1580–1650), I collected mortality records for twenty-four non-plague years (1582–91, 1606–10, 1619, 1621, 1623–25, 1636–38, 1641), since during plague years the Health Office's capacity to do anything besides identify plague was severely constrained.²⁷ Deaths attributed to the French disease always remained low, approximately fifteen cases per year, because the disease was regarded as curable and seldom fatal; again, mortality records do not provide a good statistical estimate of the overall disease morbidity attributed to the French disease. Although the records theoretically cover all parishes, they should not be regarded as complete: undercounting was probably a problem.²⁸ Instead, mortality records provide different kinds of clues about morbidity patterns: whether the disease was concentrated in certain populations, neighborhoods, social classes, or occupations, or was more heavily concentrated among men or women.

The number of men and women whose deaths were attributed to the French disease is about equal: of the 325 deaths, 157 were women (48.3%) and 168 were men (51.7%). The public health office often recorded family status in the case of women, and occupation in the case of men. Of the women whose family status was recorded, the majority of deaths (51.6%) attributed to the French disease were either wives or widows; wives outnumbered widows, but only slightly: 43 (27.4%) were wives, while 38 (24.2%) were widows. The high proportion of married women and widows among the deaths suggests that the French disease was endemic, rather than confined to certain subpopulations. Women's occupations were recorded only in the case of servants, of whom there

26. McGough, "Quarantining Beauty" (n. 1); Kevin Siena, *Venereal Disease, Hospitals and the Urban Poor: London's "Foul Wards," 1600–1800* (Rochester: University of Rochester Press, 2004), pp. 30–61.

27. *Necrologi* (n. 5).

28. Citywide population surveys in Venice typically do not include as many births and deaths as do parish records, but not all parish records have survived. For the limitations on the study of Venetian demography, see Giovanni Favero, Maria Moro, Pierpaolo Spinelli, Francesca Trivellato, and Francesco Vianello, "Le anime dei demografi: Fonti per la rivelazione dello stato della popolazione di Venezia nei secoli XVI e XVII," *Bolletino di demografia storica*, 1991, 15: 23–110.

were three. Two females were infants under one year of age; the rest were adult women. The youngest adult woman whose death was attributed to the French disease was twenty years old, and the oldest was seventy-three; most women died in their thirties or forties.²⁹

Death records for men indicate that the French disease had infected workers in virtually every sector of the Venetian economy. Fifty-two different occupations are listed, spanning Venice's social hierarchy: they range from noblemen (two) to merchants (of wine and wool), to highly skilled artisans (such as silk weavers and printers), to workers for Venice's various government magistracies, including the *Giustizia Vecchia* and the *Avogaria di Comun*, to servants and laborers (see Table 1). The list of occupations provides a rich portrait of the diversity of Venice's economy during the period. No fishermen appear on the list, but it is not possible to conclude that this occupation was untouched by the French disease because the sample size is too small.³⁰

Mortality data also show that cases of the French disease were spread throughout the city, not just concentrated in one area. Venice was divided into six large administrative districts, called *sestieri*, which were subdivided into a total of seventy parishes. Fifty of the parishes reported at least one death attributed to the French disease during the years studied, and each of the city's six districts had parishes reporting at least one such death (see Table 2).

The city's wealthier districts (S. Polo, S. Marco) had fewer parishes reporting at least one death due to the French disease than the city's poorer districts (Cannaregio, Castello), but it is difficult to determine whether that reflects a real difference in distribution of the disease. The wealthier districts may have had fewer inhabitants, and therefore the same proportion of disease; or Health Office officials and parish priests may have been more reluctant to report a death due to the French disease among the city's elite than among the city's poor. Alternatively, the disease may have been more heavily concentrated among the poor, especially if prostitutes were more likely to live in poor neighborhoods; or the poor may have been more likely to die from the disease, due to inadequate nutrition or lack of access to health care. Although death records do not provide precise estimates of morbidity or even mortality rates due to the French disease in early modern Venice, they do nonetheless provide a broad portrait. The disease was evenly distributed between men and women; it was broadly distributed across the social hierarchy and among a variety

29. *Necrologi* (n. 5).

30. *Ibid.*

Table 1. Deaths in Venice attributed to the French disease in the nonplague years, by occupation

Occupation	Number of deaths	Occupation	Number of deaths
Sailor	5	Shoe repairman	1
Galley oarsman	5	Basket maker	1
Tailor	4	Barrel maker	1
Silk weaver	4	Stonecutter	1
Silk broker	4	Baker	1
Gondolier	4	Furrier	1
Carpenter	4	Priest	1
Wool carder	4	Mason	1
Shoemaker	3	Porter	1
Caulker in the Arsenal	3	Master shipbuilder	1
Servant	3	Tub maker	1
Wool worker	3	Bombardier	1
Dish and pan salesman	4	Sword maker	1
Cloth weaver	2	Fruit vendor	1
Nobleman	2	Prison guard	1
Barber	2	Boot maker	1
Mirror maker	2	Gold refiner	1
Broker	2	Soap maker	1
Shipbuilder at the Arsenal	2	Wool merchant	1
Wine merchant	2	Used-clothing salesman	1
Soldier	2	Cheese seller	1
Printer	1		

Source: Compiled from ASV, Provedditori alla Sanità, busta numbers 814–23, 834–41, 850–54, 867–70.

of occupations, with perhaps a heavier concentration among the poor, laborers, and artisans; and it could be found in the majority of Venetian neighborhoods and parishes.

Physicians, popular healers, and charlatans all responded to this diverse group of patients by offering a variety of “cures” in different price ranges. Little wonder that patients thought the disease was curable, since they could hardly navigate the city without encountering a vendor of medicines for a wide range of ailments, including the French disease. University-trained physicians and popular healers sold their remedies as well as recipes for how to make them. Highly popular books of scientific secrets included practical information on how to cure the French disease’s ef-

Table 2. Geographic distribution of deaths in Venice from the French disease in the nonplague years

<i>Sestiere</i>	Number of parishes reporting at least one death	Total number of parishes
Cannaregio	10	12
Castello	12	13
S. Croce	6	9
S. Polo	4	9
S. Marco	8	16
Dorsoduro	10	11

Source: Compiled from ASV, Provedditori alla Sanità, busta numbers 814–23, 834–41, 850–54, 867–70.

fects on various body parts.³¹ Recipes included a variety of everyday herbs and substances, such as incense, chamomile, earthworms, and chicken fat, along with an occasional exotic ingredient, such as *Artemisia dracunculus* or tarragon.³² As early as 1530, popular books of recipes aimed at a wide readership included descriptions of how to cure the French disease.³³ One of the most commercially successful popular medical writers of the late sixteenth century, Leonardo Fioravanti, described the French disease as the major cause of pains in various parts of the body in patients he treated.³⁴

The existence of these vernacular books provides evidence simultaneously of how common and how stigmatizing the disease was, especially for affluent women. The books targeted female readers who might be too ashamed to seek medical treatment from a physician. In one book of secrets, alongside advice on soaps to make hands soft and beautiful, and oils to preserve youthful freshness and beauty, Isabella Cortese also dispensed advice on how to deal with unsightly sores on the hands and mouth created by the French disease. While waiting for her cure to take effect, she told readers, they should hide the sores on their hands by wearing

31. On books of secrets, see William Eamon, *Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture* (Princeton: Princeton University Press, 1994).

32. *Secreti diversi & miracolosi* (Venice: Alessandro Gardano, 1578), pp. 28–43.

33. *Opera nova intitolata dificio de ricette nella quale si contengono tre utilissimi recettari* (Venice, 1530), p. 17.

34. Leonardo Fioravanti, *Compendio de' secreti rationali* (1564; reprint, Venice, 1675). On Fioravanti, see Eamon, *Science and the Secrets of Nature* (n. 31), pp. 168–93.

gloves.³⁵ University-trained physicians also tried to reach this potentially lucrative market of well-to-do female patients. Niccolò Massa, who was trained at the prestigious University of Padua, translated his book on the French disease from Latin into Italian specifically to enable women to read it as well.³⁶ In London as well as in Venice, respectable women with reputations to protect helped fuel a large market in French-disease cures that could be purchased privately.³⁷

Patients in Venice could also turn to popular healers for cures. A few healers specialized in the French disease, such as Maddalena the Greek and her husband Ottavio da Rossi, a surgeon from Genoa. For them, treating the French disease brought risks as well as income: they were denounced to the Holy Office on charges of practicing sorcery. As Ottavio told the Inquisitors when asked why people thought he practiced sorcery: “I must explain that when one medicates someone who has the French disease, (people) believe that one medicates by bewitchment”; his wife Maddalena, however, was quick to point to her status as a foreigner to explain why she was denounced as a witch: “Because I’m Greek, that’s why they call me a witch, also because I medicate the sick.”³⁸ As previously discussed, learned writers often defended the public’s belief that healers could cause illness if they allied themselves with the devil. One popular treatise on exorcism, for example, warned readers that those who practiced sorcery and witchcraft often pretended to heal illnesses with natural remedies in order to hide their evil acts.³⁹

The French disease was a common enough complaint for popular healers to know whether they had the gift for curing it or not. Another popular healer, Helen la Draga, included the French disease among the list of her specialties, including fever, backaches, and headaches.⁴⁰ But

35. Isabella Cortese, *I segreti della Signora Isabella Cortese* (Venice, 1588), pp. 13–16.

36. Niccolò Massa, *Il libro del mal francese* (Venice, 1566), p. iiiii. The same was true in seventeenth-century London, where medical advertisements for the French disease were common and female healers treated women who were too ashamed to consult with male doctors. See Kevin P. Siena, “The ‘Foul Disease’ and Privacy: The Effects of Venereal Disease and Patient Demand on the Medical Marketplace in Early Modern London,” *Bull. Hist. Med.*, 2001, 75: 199–224.

37. Siena, *Venereal Disease* (n. 26), pp. 30–61.

38. ASV, Sant’Uffizio, busta 70, fasc. Maddalena Greca et Ottavio de Rossi, testimony of 2 June and 30 July 1615.

39. “Il che per dar ad intendere al volgo, & cavarne danari, fingono questi Malefici d’applicargli certi remedi naturali, quale niente giouana se non per coprire le loro sceleratezze” (Girolamo Menghi, *Compendio dell’arte essorcista* [1576; Venice, 1605], p. 230).

40. ASV, Sant’Uffizio, busta 30, fasc. 31 Helen La Draga, testimony of 14 August 1571.

Zanetta Compiliti explained that she had tried to cure the French disease and been unable to do so: when called to visit a sick patient, she said, “I go and see if the illness responds to me, because the French disease does not respond to me.”⁴¹ Compiliti’s statement illustrates how medical practitioners operated within a world where healing took a broad variety of forms: charisma, a particular gift from God for healing, was important in choosing a healer. Religious and secular approaches to healing overlapped, as patients sought spiritual, herbal, and medical advice, often (but not always) from the same healer.⁴²

Sacred and Secular Systems of Cures: The Importance of Diagnosis

Healers’ use of both natural and spiritual remedies reinforced the idea that illness could have natural or spiritual (or both) causes. In order to work effectively, the appropriate remedy depended on how the illness had come about—that is, through natural or supernatural means. Ultimately, of course, disease came from God. The second level of causation, however, was a natural process through which the “poison” that caused disease developed and affected human beings. During the late fifteenth and early sixteenth centuries, before the French disease was consistently associated with sexual activity, the disease was regarded as sent from God to punish sin; the Emperor Maximilian suggested in 1497 that the sin was blasphemy. Paintings represented the Christ child on his mother’s lap sending disease to sinners, who literally bore the mark of Christ’s judgment—the stigma—in the physical disfigurement of disease.⁴³ By the mid-sixteenth century, the idea that the French disease was a punishment from God came under attack. As Pietro Rostinio wrote in a vernacular treatise on the disease in 1559, if God sent this disease to punish lasciviousness, then “why did the Lord not also send worse diseases among those who are big thieves, killers, and murderers?”⁴⁴ Rostinio would not have needed to criticize this argument if no one believed it any longer. As the seventeenth-century witchcraft cases

41. ASV, Sant’Uffizio, busta 97, fasc. Compiliti, Giovanna, testimony of 10 September 1641. “Zanetta” is the Venetian version of “Giovanna.”

42. One of the best descriptions of the variety of healing practices is David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester, 1998).

43. Andrew Cunningham and Ole Peter Grell, *The Four Horsemen of the Apocalypse: Religion, War, Famine and Death in Reformation Europe* (New York: Cambridge University Press, 2000), p. 253.

44. Pietro Rostinio, *Trattato del mal francese* (Venice, 1559), fol. 22r.

show, the idea that the French disease was sent by God to punish sins was still alive.

The complex system of sacred and secular cures was regulated by both church and state. The Venetian government regulated the vast marketplace in French-disease cures in two ways: first, by requiring that vendors of medications obtain a license from the Health Board; and second, by allowing patients to demand their money back if a particular medication failed to produce a cure. When a practitioner applied for a license to sell medications from a “secret recipe,” the Health Board required that the healer produce some evidence that the medication was effective by supplying the names of patients willing to testify that they had been cured, and the board routinely approved such applications.⁴⁵ The applicants may have specialized in the French disease alone, or they may have treated a variety of illnesses—such as the lone female applicant for a license to treat the French disease, Anzola del Sala, a married woman, who treated “ulcers in the mouth, continuous fever,” the French disease, and other “similar illnesses.”⁴⁶

It apparently did not seem a contradiction to the Health Board officers that the disease continued to afflict so many Venetians in spite of the proliferation of medications. On 14 March 1602, for example, the board approved Davit Tribulone’s application for a license on the grounds that his medications would cure “those who will be oppressed from the French disease, as much the new [cases] as the old in the present city of Venice.”⁴⁷ Two brothers claimed that they needed to renew their deceased father’s license for a cure for the disease because they owed their entire income to this powder, which “brought miraculous health effects to miserable sick people.”⁴⁸ These records with their morally neutral tone suggest that the French disease was common, and that stigma did not necessarily fall on the first-time sufferer who was readily cured.

45. ASV, Sanità, busta 736: 8 January 1590 m.v., 15 February 1590 m.v., undated application for *mal francese*, fols. 50^r–51^r, 19 June 1595; busta 737: 14 July 1597, 3 February 1600 m.v., 14 March 1602, 18 April 1603, 8 July 1603, 30 July 1603, 8 August 1603, 5 March 1607. On the Sanità and secret recipes, see Michelle Laughran, “The Body, Public Health, and Social Control in Sixteenth-Century Venice” (Ph.D. diss., University of Connecticut, 1998), p. 170 n. 123. The Sanità also advised the College of Physicians in 1579 about a secret powder said to be miraculous in the cure of the French disease: see Richard Palmer, *The Studio of Venice and Its Graduates in the Sixteenth Century* (Padua: Center for the History of the University of Padua, 1983), p. 11 n. 38.

46. ASV, Sanità, busta 736, undated application for *mal francese*, fols. 50^r–51^r.

47. ASV, Sanità, busta 737, 14 March 1602.

48. *Ibid.*, 18 April 1603, fol. 139^v. The Health Board approved this request on 19 April.

Failure with one cure did not seem to dampen patients' enthusiasm for trying another cure. One vendor of secret medicines flattered potential patients by claiming that his unguent worked on persons of "quality"; having obtained his secrets from the renowned physician Falloppio himself, this writer claimed, he had cured one hundred patients who had tried the traditional remedy of guaiacum three or even four times without success.⁴⁹ The more stubborn the disease, the more exotic (and expensive) the ingredients became: instead of just simple chicken fat, this writer recommended the fat of a badger, bear, and goose, along with the blood of a male pig, to cure the French disease.⁵⁰ Only persons of "quality" would have been able to afford these expensive ingredients.

The secular system of cures offered affluent patients several options, including legal recourse. If patients showed no signs of improvement after signing a contract for a cure and taking the prescribed medication, they could bring their complaint before the *Giustizia Vecchia*, the magistracy in charge of disputes with guild members and workers.⁵¹ The patient Triffon da Perastro, for example, brought charges against Signor Basselli for selling him a medication that was supposed to cure his case of French disease in a mere eight days, but failed to do so. After taking the medication, Triffon claimed, his illness never went away, since the pains in his legs returned after several days.⁵² The existence of these contracts for cures, potentially enforceable through the legal system, reinforced the perception that the French disease was readily curable through purchase of the right medications. If the disease persisted after natural remedies had been tried, then the patient, his family, and his doctor might suspect that witchcraft was the real root of his problem. In these cases, the patient had at least two possible recourses: to consult an exorcist, or to make a denunciation to the Holy Office.

An exorcist had to determine whether the illness was caused by *maleficia* before he could proceed with the exorcism.⁵³ (French-disease patients who

49. *Secreti diversi* (n. 32), p. 43. Guaiacum was a wood from the West Indies widely used as a cure for the French disease. The wood was supposed to be ground to sawdust, then soaked in water in a ratio of eight parts water to one part wood. The water was to be boiled until reduced to half its original volume, and the foam produced during the boiling was then to be dried and used as a medicine. See Arrizabalaga, Henderson, and French, *Great Pox* (n. 1), pp. 100–102.

50. *Secreti Diversi* (n. 32), p. 43.

51. For the case of Bologna, see Gianna Pomata, *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore: Johns Hopkins University Press, 1998).

52. ASV, *Giustizia Vecchia*, busta 74, reg. 94, 3 December, 4 December, 11 December 1624; 5 March, 28 April 1625. Thanks to James Shaw for pointing out this case to me.

53. On exorcism and healing, see O'Neil, "*Sacerdote ovvero strione*" (n. 13).

suspected witchcraft and turned to exorcists did not leave a paper trail for future historians, so we have no way of knowing how many tried this remedy.) If the illness was of diabolical origin, the exorcist did not need to know the name of the suspected witch in order to proceed—but some patients and families feared that the diabolical activities could continue if the witch were not caught and punished. If the patient or his family suspected a particular person of witchcraft, they could turn to the Holy Office to denounce the suspected witch and prompt an investigation. What the patient was seeking was a cure, which the patient believed could not be achieved until the witchcraft was stopped. Finding a cure was Domenico Querini's motive, for example, in approaching the Inquisition for an end to his suffering, which he believed was caused by witchcraft.

In 1642, forty-year-old gondolier Domenico Querini refused to believe his doctor's diagnosis that he suffered from the French disease: "I was medicated only by a doctor for about fifteen days and he came everyday, and he told me that I have the French disease, and I assured him that I did not."⁵⁴ It is not clear why Domenico believed he did not have the French disease: because the disease had been cured, or because he had never contracted it. Despite his disagreement with the doctor's diagnosis, he continued to be treated by him for pain in his shoulder. When his shoulder did not improve, the doctor suggested that perhaps he had been bewitched and should consult a priest. Domenico was suspicious of a certain laundress named Mattea who had access to his clothing and therefore the means by which to bewitch him; although the Inquisitors found his case sufficiently convincing to try to track down Mattea, the case nonetheless ended abruptly, with Mattea never appearing in court. By implicating witchcraft, physicians and patients had an explanation for why treatment failed.

The four French-disease cases investigated by the Holy Office involved four strikingly different situations: (1) the story related at the beginning of this article of an impoverished woman, ultimately convicted of witchcraft, who stood accused of having afflicted Angela Castellana, a prostitute, with the disease; (2) the man described above who rejected his doctor's diagnosis of the French disease in favor of witchcraft; (3) a nobleman, gravely ill with the French disease, whose family accused his former lover of infecting him through diabolical, not natural, means; and (4) a married woman whose mysterious death was attributed to naturally caused French disease by a lay witness. The cases cluster chronologically in the years between 1615 and 1625, perhaps as a result of Paolo Sarpi's codification of

54. ASV, Sant'Uffizio, busta 98, fasc. Mattea Lavandria, 8 May–12 August 1642, quotation from 8 May 1642.

Inquisition laws in 1613.⁵⁵ The defendants, all female, included one citizen (citizens formed part of the city's hereditary elite, immediately below the rank of nobility); the other defendants all came from Venice's lower social order, known as the *popolani*. The background of the accusers and the sick was even more diverse, from prostitute to nobleman. The charge of infecting a prostitute with the French disease via witchcraft in the case of Angela Castellana did not stand, but far more interesting is how the inquisitorial court worked when the sick person was of high social standing, such as the nobleman Andrea Marcello, discussed below.

Andrea Marcello: Stigma and the Irregular Life of a Nobleman

After a lifetime of successfully controlling convulsions, the forty-year-old Venetian nobleman Andrea Marcello fell gravely ill in 1624 and did not respond to treatment. His "incurable" illness led his family to suspect witchcraft as the ultimate source of his sufferings; the most likely culprit, they thought, was his former lover, Camilla Savioni. As the daughter of Venetian citizen Marco Savioni and the widow of Leonardo de Foro, thirty-three-year-old Savioni occupied a social niche one or two steps below that of her noble former lover; when her relationship with Andrea of some ten or eleven years' duration foundered, his family denounced her to the Holy Office on charges that she had practiced witchcraft by making Andrea ill.

Andrea certainly was ill and dying in the summer of 1624. His younger brother Girolamo blamed Camilla for his brother's sufferings, which, according to Girolamo, began after he wrote a will leaving one thousand ducats to Camilla; before then, his convulsions had been controlled through the consumption of holy water. After the will was written, Girolamo said, the convulsions and continuous movements of Andrea's left leg would cease after he consumed holy water, only to return later at night with strong heart palpitations ("con gran battimento di cuore") and heavy perspiration ("che grave stià perspirazione") that endured approximately one hour; this apparently temporary efficacy of holy water fueled Girolamo's suspicions that Camilla was practicing witchcraft in hopes of acquiring an inheritance more quickly.⁵⁶ Furthermore, Girolamo

55. It is unclear whether Sarpi's codification of laws would have resulted in greater administrative attention to recording and preserving trial records, or greater confidence in pursuing these cases, or greater assertiveness by the Venetian Inquisition in asserting its prerogatives. See Schutte, *Aspiring Saints* (n. 17), pp. 33–34, 97.

56. ASV, Sant'Uffizio, busta 79, fasc. Savioni, Camilla (henceforth Savioni case), denunciation made by Girolamo Marcello on 21 February 1624.

described her as old and ugly (*vecchia brutta*), further evidence that she had captured his brother's affection through witchcraft rather than her natural attributes.⁵⁷ In this and other witchcraft cases in early modern Europe, close relatives such as Girolamo may have diminished their anxieties in the face of incurable illness by blaming a familiar person, who could be punished.⁵⁸

Six different doctors testified during the course of the trial, at least three of whom stated that they had treated Andrea prior to the trial. They thought that he suffered from the French disease and epilepsy, of natural origins, but not all of them were willing to swear that the illnesses had no supernatural origins as well. Curtius Marinellus, a sixty-four-year-old doctor of Venetian origin, stated: "I would not swear that his illness does not proceed also from supernatural evil, because the devil can deceive even doctors."⁵⁹ Another physician, fifty-year-old Albertus Cerchianius, concurred with Marinellus about the possibility of supernatural causes. Although Andrea's epilepsy proceeded from natural causes, he also suffered from an "old" French disease that brought about two rubber-like boils (*gomme*) on his head: "And we, seeing the persistence of these illnesses and the variety of them, and some also extraordinary and infrequent," considered that there could have been injury from witchcraft, although there were no demonstrative signs of witchcraft.⁶⁰ These two physicians aligned themselves with the side of the debate that defended belief in the devil's capacity to cause illness. Nearly fifty years earlier, Fra Girolamo Menghi had argued in his *Compendio dell'arte essorcista* (1576) that skeptics who traced illness to natural causes alone failed to see the real effects of the devil on the world. For Menghi, the skeptics "served as tools of a carefully planned diabolical ploy to achieve the unilateral disarmament of the human race."⁶¹

Other physicians who testified at the trial disagreed with Marinellus's and Cerchianius's analysis. Factors other than witchcraft could explain Andrea's persistent, incurable illness: his own failings as a patient, as well as his failings as a moral being. For the physicians who had treated Andrea, diagnosis, prognosis, and patient history were all linked. Giovanni

57. Ibid.

58. MacDonald, *Mystical Bedlam* (n. 7), p. 210.

59. "Io non giurarei che il suo male non procedesse anco da male soprannaturale, perche il diavolo pot. decipere et. medicos" (Savioni case, testimony of 17 August 1624).

60. "Et vedendo moi la pertinaccia dei mali et la varietà di essi, et alcuno anco straord. rio et non frequente, alcuni anco medici entrono in che vi potesse esser qualche lesion de fatture, ma però non vi erano segni dimostrativi" (ibid.).

61. O'Neil, "Sacerdote ovvero strione" (n. 13), p. 54.

Benedetto (“Jo.es Benedictus”), a fifty-two-year-old physician from Verona, testified on 9 May that a year and a half earlier Andrea had arrived at his house and “showed me his member that was completely full of hardened and ugly ulcers,” which he treated; on subsequent visits to Andrea’s house, Benedetto continued to treat his ulcers, as well as a tumor on his head, and warned him to attend to these sores, otherwise his case would become a “horrible French disease.”⁶² Once the ulcers on his member got better, however, Andrea no longer stayed at home; Benedetto resigned himself to the situation and no longer saw Andrea. Benedetto thereby identified a natural cause of the illness, specifically the French disease, and explained Andrea’s failure to respond to treatment as the result of his failure to attend properly to his health.

By July, Andrea had completely “lost all of his senses,” according to his brother.⁶³ Girolamo was frantic. He complained that the trial was proceeding too slowly against Camilla, who had to be stopped before his brother died. Camilla had been kept locked up in the Casa del Soccorso, a temporary refuge for “fallen women,” since the first of March, shortly after she was denounced to the Inquisition.⁶⁴ At first she had denied practicing any magic at all. The Inquisitors kept pressing her for information: they claimed they had heard from neighborhood gossip that she had been to visit a certain Agnesina, who practiced witchcraft, in order to get Andrea to return to her. Agnesina, a thirty-year-old Greek woman, had herself been kept by a nobleman; after he abandoned her, she learned to practice love magic to try to make him return.⁶⁵ Before the end of her first interrogation, Camilla had admitted to having “thrown the rope” several times, the most common form of love magic.⁶⁶ Camilla’s confession to minor witchcraft charges may have increased Girolamo’s suspicions of more serious activities.

Perhaps because she had confessed, the trial did not turn out poorly for Camilla, despite the pressures that Andrea’s family placed on the Inquisitors. In addition, she benefited from the patronage of a physician:

62. Savioni case, testimony of 9 May 1624.

63. *Ibid.*, testimony of 4 July 1624.

64. On the Soccorso, see Margaret Rosenthal, *The Honest Courtesan: Veronica Franco, Citizen and Writer in Sixteenth-Century Venice* (Chicago: University of Chicago Press, 1992), on pp. 131–32; Brian Pullan, *Rich and Poor in Renaissance Venice: The Social Institutions of a Catholic State, to 1620* (Cambridge: Harvard University Press, 1971).

65. Savioni case, testimony of 24 February 1624.

66. *Ibid.*, testimony of 1 March. On love magic, see Guido Ruggiero, *Binding Passions: Tales of Magic, Marriage and Power at the End of the Renaissance* (New York: Oxford University Press, 1993).

on 20 June, a certain Francesco Marcolini, a doctor, paid one hundred ducats to have her released from imprisonment during the remainder of the trial. His relationship to her is unknown; he submitted no testimony during the trial. On 12 September, the Inquisitors finally passed sentence on Camilla: she was allowed to go free. Her sentence reflected in part her having made a confession, but physicians also played an important role in diagnosing the nature of Andrea's illness. Camilla's defense attorneys had brought in four additional doctors to testify that the illness was of natural, not supernatural, origin.

Particularly decisive was the testimony from Vivianus de Vivianus, a fifty-one-year-old doctor from the parish of S. Samuel, who made reference to Andrea's sexual relationship with a certain Cecilia Valiera in addition to other women,⁶⁷ and thereby concluded that the disease was of natural origin. As he explained,

it appears that the infirmity of this Signor Andrea Marcello was believed to be a disease that the doctors call epilepsy, great in itself, but seeing that this gentleman was also infected with *morbo gallico*, and seeing that he led a most irregular life, as regard to witchcraft we do not see the effects that for this illness we could suspect witchcraft. And we conclude that it was the natural illnesses of *morbo gallico* and *mal caduco*.⁶⁸

Andrea's "most irregular life" figured prominently in his diagnosis. Even a woman who admitted that she had sought the advice of a sorceress and thrown the rope several times was not convicted of having made her former lover ill with the French disease through diabolical means. And even a noble family, with resources at their disposal to pursue a witchcraft conviction, were unable to make their allegations stick before the Inquisition.

Less than three weeks after Camilla's sentence, on 29 September, Andrea finally succumbed to his illness. His death was officially recorded as the result of epilepsy alone,⁶⁹ perhaps in order to save his family from the shame of the French disease. No evidence survives of the remainder of Camilla's life.

This case illustrates the process by which physicians and the Holy Office reached a medical diagnosis in seventeenth-century Venice. The possibility of demonic causation was taken seriously, even in the case of the French disease. Physical symptoms were noted and discussed, but the patient's

67. Andrea's relationships with other women had been mentioned earlier in the trial: Savioni case, testimony of 1 March 1624.

68. *Ibid.*, testimony of 27 July 1624.

69. Necrologio (n. 5), busta 853, year 1624, 29 September 1624.

personal history was just as important in reaching a diagnosis. The emphasis on a patient's personal history was part of the tradition of clinical medicine in early modern Italy, especially in the Veneto, where physicians who trained at the University of Padua often practiced. As Jerome Bylebyl has explained, the formal clinical teaching of physicians such as Giovanni Battista da Monte emphasized that external signs on the body and physical symptoms were only part of the process of diagnosis. Grounded in Galenic theory, da Monte looked for causes of diseases; external appearances were important clues to be interpreted, but the ultimate focus was the internal state of the patient. Da Monte's clinical notes for a variety of illnesses included references to one young man's reckless way of life and another patient's "disorderly life," while a third patient earned da Monte's praise as "a prudent man . . . for one of his class."⁷⁰ Physicians' consultations in late Renaissance Italy built on the medieval scholastic practice of bringing several doctors to a patient's bedside to formally argue about a patient's case.⁷¹ This process of formal argumentation over diagnosis was therefore not a unique practice of the inquisitorial court, but a familiar part of clinical medicine as well.

Just as importantly, this case illustrates the role that social stigma played in diagnosis and prognosis. Marcello's elite status did not shield him from allegations of an immoral life. Immorality could explain why the French disease, regarded as cured by doctors and patients alike, still claimed lives. But what about people who had led moral lives? Could they also die of the French disease? The final case, that of a faithful wife, sheds some light on this issue.

The Doctor's Faithful Wife

In 1617, Margarita Marcellini died after an illness that had endured for almost the entirety of her four-year marriage.⁷² Her husband, a physician, had treated her with a number of medications to alleviate the suffering from her headaches, fevers, and open running sores, but her illness proved intractable and unresponsive to natural remedies. He finally called in an eighty-two-year-old priest, Ottavio Rati, in the belief that his wife was the victim of witchcraft. Rati found evidence of the practice of witchcraft

70. Jerome Bylebyl, "The Manifest and the Hidden in the Renaissance Clinic," in *Medicine and the Five Senses*, ed. W. F. Bynum and Roy Porter (Cambridge: Cambridge University Press, 1993), pp. 40–60, on pp. 52, 59–60.

71. *Ibid.*, p. 49.

72. ASV, Sant'Uffizio, busta 72, fasc. Domeniga cameriera della Signora Margarita.

in her bed: “quills of feathers wrapped up together, beans, grains of millet, some nails, and other things that I don’t remember.”⁷³ These items were common elements in the practice of witchcraft, so Rati had them removed from her bed and burned—but her illness persisted. Eight days later, her bed was searched again, and more items were discovered. A motive and a possible witch were discovered as well: a jealous sister who wanted Margarita’s money, and a maid who knew how to practice magic.

One of Margarita’s nieces, however, had a different explanation:

I do not know that she was bewitched. I know very well that they were saying that in her house, but they did not know it. . . . And as far as I’m concerned, I believe that it was that doctor, her husband, who was the cause of her death. He filled her up with the mal francese [syphilis]. He did it just like he did to that other woman, that is, his first wife, who died of it also.⁷⁴

The Inquisitors left no evidence of how they made their decision, but the suspected witch received no sentence and the final verdict was *nihil probatum*, “nothing proven.”⁷⁵ The natural illness of the French disease provided a likely cause of death.

As Guido Ruggiero has argued in his careful study of this case, the testimony of Margarita’s niece provides evidence that the body was already beginning to be explained in terms of physical propositions by common people during the seventeenth century. For Ruggiero, the case therefore provides evidence of the process of disenchantment.⁷⁶ Read in the context of other French-disease cases, however, other interpretations are possible. The doctor may have wanted to deflect attention—and social stigma—from himself. The testimony of Margarita’s niece also provides clues about the doctor’s reputation in the family, and her judgment about who was to blame for Margarita’s death. As David Harley has argued in the case of seventeenth-century England, the ascription of guilt was an important part of the process of diagnosis and healing, especially among popular healers.⁷⁷

Early modern physicians repeatedly warned that common people too quickly assumed that diseases were caused by witchcraft rather than natural means. Exorcists and popular healers were partly to blame, according to Laurence Joubert, the chancellor of the Faculty of Medicine at Montpellier, who in 1578 published the first volume of a book titled

73. Quoted by Ruggiero, “Strange Death” (n. 8), p. 1147.

74. *Ibid.*, pp. 1156–57.

75. *Ibid.*, p. 1158.

76. *Ibid.*, pp. 1157–58.

77. Harley, “Mental Illness” (n. 9), p. 143.

Erreurs populaires; in Italy, his work influenced the Roman physician Scipione Mercurio, author of the frequently reprinted book *Degli errori popolari d'Italia* (first published in 1603).⁷⁸ In criticizing ordinary Italians for visiting popular healers and witches for all types of illnesses, Mercurio distinguished the French disease as being a particularly striking example of the ignorance and superstition of the common people. As he explained: “almost everyone for every headache, and for any other illness, first goes to find the *malefica*, or witch [*strega*], to be signed, and [only] afterward to the doctor, and for childbirth ailments, for tertiary or quartan fevers, for wounds or dislocations, and even for the French disease, they go to be signed by these [who are] really witches”⁷⁹—the French disease was the only disease singled out here with the qualifier “even” (*infino*) to suggest that turning to witchcraft for a cure was more ridiculous with this disease than with others.

In fact, Mercurio could explain incurable cases of the French disease in a variety of ways, none of them depending on supernatural causation. Since God often used illness in order to convert sinners to repentance, and to inspire them not to drink too much, eat too much, or have too much sexual intercourse (*tropo uso di Venere*), incurable cases of a given illness could be explained by the magnitude of a particular patient’s sins. If the patient’s wickedness exceeded the patient’s natural virtue, then a disease could be incurable.⁸⁰ God did make physicians capable of curing cases of the French disease,⁸¹ partly in order to inspire patients to return to God through evidence of his mercy.⁸² But physicians could not remove sin from the patient: if the illness arose from sin, then the patient needed to go to confession, not just see a doctor.⁸³ The real way to free people from the devil’s grasp was not exorcism, but the removal of women from the world, because nearly all major sins are introduced by means of women, or by men who through lasciviousness adopt the

78. Eamon, *Science and the Secrets of Nature* (n. 31), pp. 259–66.

79. “Quasi ciascuno per ogni mal di testa, e per qualunque altra infermità, prima va à ritrovar la malefica, ò strega, che la Segni, e poi il Medico, e per mal di madre, per febre terzane, ò quartane, per piaghe, e sluogamenti, e infino per il mal francese si fanno segnar da queste veramente streghe” (Scipione Mercurio, *Degli errori popolari d'Italia* [Padua, 1658], p. 310). On Mercurio, see Tedeschi, *Prosecution of Heresy* (n. 16), pp. 234, 239; Gentilcore, *Healers and Healing* (n. 42), pp. 59, 80–81; Eamon, *Science and the Secrets of Nature* (n. 31), pp. 190, 261–62.

80. Mercurio, *Degli errori popolari* (n. 79), p. 15.

81. *Ibid.*, p. 51. Mercurio recommended purgatives for the French disease.

82. *Ibid.*, p. 67.

83. *Ibid.*, p. 194.

vanity of women.⁸⁴ The physicians who described the prostitute Angela Castellana's and the nobleman Andrea Marcello's disease seemed to be echoing the words of Mercurio in diagnosing their illness as a result of their immorality. More likely than not, ordinary people such as Margarita Marcellini's niece were aware that the French disease was associated with excess sin. She may have wanted to make sure that her aunt's husband, rather than her aunt herself, bore this stigma, and therefore she claimed that he had infected her with this disease.

Conclusion

The Inquisition cases discussed here are significant primarily for showing us the process by which the French disease was determined to be of natural rather than supernatural origin: that is, by carefully examining the patient's history, as well as the physical symptoms of disease. An "immoral" life provided evidence in favor of natural causes of illness, not diabolical interference. Furthermore, the inquisitorial court found no one guilty of having used diabolical means to sicken someone with the French disease.

These cases do not, however, provide conclusive evidence that witchcraft was rejected as the cause of disease because seventeenth-century physicians and patients no longer accepted demonic or supernatural causation as legitimate. By explaining incurable cases of French disease as the result of immorality, physicians were invoking the idea that the disease was sent as a punishment from God. Instead of interpreting these cases as evidence of long-term change in worldviews toward disenchantment, it may be more useful to think of an ambiguous boundary between natural and supernatural causation that persisted for centuries. Certain illnesses were more likely to produce speculation about supernatural causation, but the French disease was seldom one of those diseases. As in the case of seventeenth-century New England, witchcraft was more likely to be suspected if the illness in question presented unusual symptoms that did not correspond to a known, natural disease; if the onset of symptoms was acute; if the disease was rare; and if the relatives were suspicious of witchcraft.⁸⁵ The French-disease cases studied here provide evidence only of the last criterion, the suspicious relatives. The French disease was commonly, not rarely, diagnosed in early modern Venice; furthermore, treatment failure

84. *Ibid.*, p. 313. To remove women from "the world" usually meant to remove them from worldly life in order to adopt a religious life.

85. Gevitz, "Devil Hath Laughed" (n. 9), pp. 15–16.

could be blamed on the patient's behavior—or at least on the behavior of the patient's sexual partner, as in the case of Margarita Marcellini.

On the one hand, this article has recounted a happy story, rare enough in studies of the Inquisition. For the particular crime of diabolically infecting a person with the French disease, there were few denunciations, and no convictions—regardless of whether the alleged victim was rich or poor, male or female. But, on the other hand, this story is not just about the Inquisition: it is also about the French disease, and this part of the story is far from happy. By describing incurable cases of the French disease as the result of the irregular life of a nobleman, or the inevitable result of a life of prostitution, the medical experts contributed to the process of stigmatizing the disease and ensuring that the patients experienced shame at their diagnosis.⁸⁶ By becoming identified with prostitution and immorality, a diagnosis of French disease not only brought shame on the patient, but also became a weapon in the arsenal of insults that could be used to discredit someone.

By the seventeenth century, the French disease entered civil courtrooms in order to damage reputations. For example, when Menega Bindona, a bead stringer, brought Angelo Lippamano to court in 1633 to sue for lost wages and medical expenses incurred after he had severely beaten her, Lippamano defended himself by claiming that she had been sick with the French disease.⁸⁷ He could not claim that he had not beaten her, because he had already been convicted on that charge and served six months in prison, and he therefore needed to show that her poor health was the result of something other than his abuse. Of the many diseases commonly diagnosed and treated in early modern Venice, from continuous fevers to worms to typhus, Lippamano chose the French disease. Bindona responded by denouncing his words as slanderous (*maledicezze*) and asserting that her reasons for suing him were clear, not to be muddied with his vain accusations; she recognized his defense as an assault on her reputation, not a neutral medical diagnosis. Similarly, in early modern London, many patients diagnosed with the “foul disease” lost their jobs or their housing because of the damage to their reputations. To

86. The groundbreaking work on stigma is Erving Goffman, *Stigma: Notes on the Management of a Spoiled Identity* (New York: Simon & Schuster, 1963). More recent work has emphasized how the development of stigma is embedded in broader power inequalities in society. See R. Parker and P. Aggleton, “HIV and AIDS-Related Stigma and Discrimination: A Conceptual Framework and Implications for Action,” *Soc. Sci. & Med.*, 2003, 57: 15–24; B. G. Link and J. C. Phelan, “Conceptualizing Stigma,” *Ann. Rev. Sociol.*, 2001, 27: 363–85.

87. ASV, Giustizia Vecchia, busta 74, reg. 95, 2 August 1633, fol. 1^r; 9 August 1633, fol. 2^r. Thanks to James Shaw for showing me this case.

avoid the shame associated with this disease, some committed suicide.⁸⁸ As scholars of stigma have argued, the impact of stigma usually falls most heavily on the poor and the marginalized, who seldom have the means to hide their illness.⁸⁹

The practice of interpreting incurable cases of the French disease as the product of natural causes, not diabolical ones, brought mixed results to early modern Venetians. Shame fell squarely on the patient, not easily deflected through an accusation of witchcraft—unlike contemporary South Africa, for example, where accusations of witchcraft are one means of deflecting stigma from patients with HIV/AIDS.⁹⁰ In Venice, although the Inquisition protected the accused witch, no mechanism existed to salvage reputations smeared, whether fairly or unfairly, by association with the French disease.



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88. Siena, *Venereal Disease* (n. 26), pp. 1–61.

89. See n. 85 above.

90. Adam Ashforth, "An Epidemic of Witchcraft? The Implications of AIDS for the Post-Apartheid State," *African Studies*, 2002, 61 (1): 121–43.