Order and Meaning from the Chaos of Plague:

Doctors Writing about the Plague in Fifteenth- and Sixteenth-Century Italy

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Chapter I

Introduction, Plague Scholarship and Sources

The Black Death holds an especially terrifying spot in the historical imagination. In recent decades, whenever a new disease has presented itself, be it AIDS or swine flu, historians have looked back to the Black Death and commiserated with the medieval populace that faced a new and unknown disease in 1348. The name “Black Death” was only coined in the eighteenth century with the intention of conveying the horror associated with the epidemic.¹ The “Black Death” is therefore a historiographical term best used to define the study of the medieval plague, rather than as a name for the disease itself. Contemporaries called it simply ‘pest’ or ‘peste’, giving it no specific name, which is why this study endeavours to use the word ‘plague’ when talking of medieval and early modern views of the disease. The iconic image of the Black Death means most people now have an idea of what it was and how it affected society. The death toll estimates of twentieth-century historians vary from 10% to 75% of the population during the initial outbreak in 1348.² What is often less known to non-historians is that the plague did not finish in the late fourteenth century. Instead it

revisited regularly throughout the fifteenth and sixteenth centuries with devastating consequences. The seventeenth and eighteenth centuries still saw a few significant epidemics, notably the Great Plague of London in 1665-1666 and the Great Plague of Marseille in 1722. Moreover, the image of huddled scared masses, ignorant princes, and clueless physicians, all paralysed into inactivity still dominates some popular concepts of the Black Death. The plague was most certainly a source of great fear and anxiety; however, one of the goals of this study is to show that people took an active role in trying to preserve themselves from the plague by seeking medical advice. Furthermore, both civic authorities and doctors firmly believed they could stop, or at least alleviate, the plague through public health measures and most importantly through written advice books.

The purpose of this thesis is to use a sampling of plague writings from the fifteenth and sixteenth centuries to better understand how people of this period thought of the plague. The themes for the thesis arose from the primary sources. Plague tracts were very common in the fifteenth and sixteenth centuries and they were written by all kinds of people from civic, ecclesiastical and medical circles. On the surface they contained medical advice for learned and popular audiences, and overall the advice varied little from tract to tract. Under the surface, however, the tracts were addressing people’s concerns and fears arising from the plague that were not at all medical. The plague tracts used in this thesis serve as a sample of fifteenth- and sixteenth-century thought on the various implications of the plague. These tracts were all written in Italy by Italian doctors, so naturally focus on that geographical region. More importantly

3 The Marseille plague being the last one in Europe, *The Cambridge World History of Human Diseases.*
4 Plague tracts as a genre will be discussed in more detail below, pp 22-37.
5 Colin Jones’s article explored the non-medical aspects of plague tracts in “Plague and Its Metaphors in Early Modern France” in *Representations,* No. 53 (Winter, 1996), pp 97-127
they were written in Italian, instead of Latin, showing that the intended audience was largely non-Latinate. The vernacular tracts had a wider audience than most medical tracts, which were mainly intended for university-trained physicians and other learned people. The vernacular nature of the tracts allows us to presume that the concerns their authors were addressing were common to urban populations in Italy, and addressed the prejudices, fears and anxieties that informed their perceptions of the plague.6

The most important theme of this study is the enduring religious element in medical writing. The plague tracts show great apprehension over the role of the divine in plague. Doctors writing the texts believed that everything humanly possible should be done to prevent and treat the illness, but they were aware that this posed a moral dilemma. If God had sent the plague as a punishment to mankind, could not any action taken to curb the disease be displeasing to God? Of the four doctors, whose plague tracts are discussed in this thesis, particularly the two fifteenth-century authors were compelled to justify their views on the righteousness of medical intervention. These sorts of fatalistic views of the plague were generally more typical for ecclesiastical authorities, who favoured religious processions and prayer as antidotes to the plague. Meanwhile secular authorities favoured physical intervention through quarantines and restrictions. To pose the problem as a dilemma between secular and ecclesiastical authorities is of course a simplification, but generally speaking the plague created tension between civic and religious authorities who tended to differ over the nature of plague prevention.7 Despite the tensions, contemporaries did claim

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6 The readership of vernacular plague tracts will be discussed below in Chapter II, pp 52-58.
that Christian communities responded to plague with medicine more vigorously than their Islamic counterparts, even though religious responses to plague were common.\(^8\) Secondly, another theme that persistently arose from these medical writings was the authors’ need to define the role of doctors in plague times and furthermore in society. There were distinct differences in the roles of the fifteenth- and sixteenth-century doctors, as the status of university trained physicians consolidated over the centuries. The physicians always had an intended hierarchy in mind, where physicians were at the top, surgeons below them and apothecaries and perhaps specialised charlatans on the bottom tier. This order was by no means a reality in the fifteenth century.\(^9\) However, the advertisement provided by plague tracts, and the physicians’ extensive co-operation with civil health authorities, consolidated their power in the medical hierarchy. By the sixteenth century Leonardo Fioravanti, one of our plague tract authors as well as an unusual medical practitioner, could despair over the power wielded by the university physicians, who distrusted him.\(^10\) The physicians represented a secular group, with deep religious concerns, who made concerted efforts to fight the plague, if not in person, at least on paper. The plague influenced the physicians’ position in society, in ways that may not have been foreseen by them. The plague tract was a vehicle through which the influence and position of the physicians as medical authorities consolidated in the minds of their patients.


\(^10\) See below, Chapter I, on Leonardo Fioravanti, pp 31-35.
Finally, the role of doctors was intertwined with the changes and increased complexity of public health policy. The evident didactic intentions of the authors and the ways in which they used writing about the plague to further societal reforms show us glimpses of how the general reading public had reacted to the plague. For example, as discussed above, the authors’ defences of medical intervention suggest that concerns about the godliness of medicine existed during plague epidemics. The didactic purposes of the plague tracts discussed in this thesis varied from moral betterment to adherence to public health measures. Moreover, the attempts by the physician-authors to educate the people exemplify the fears people had about the plague. Obviously, they feared death and the afterlife, a fact not ignored by the authors. However, more importantly they were fearful of their own behaviour during plagues, and how it might endanger their souls. Stories of parents abandoning children and wives not caring for their husbands for fear of the disease were highly prominent in contemporary literature.\(^\text{11}\) Different forms of irresponsible behaviour were addressed, and the authors offered strategies for avoiding the perceived moral decay.

Little evidence exists that appalling disregard for family and friends was at all common. It was a popular literary tool that emphasised the moral decay of society, where men lacked the bravery and constancy to even stand by those who they cared for the most.\(^\text{12}\) In reality, plague tracts discussed caring for the sick as much as prevention of the disease. But people feared contagion and doubted if they would be strong enough to care for a loved one when he or she fell ill. They worried that the

\(^{11}\) See Chapter IV of this thesis for Boccaccio quote, pp 89-90, and Fioravanti’s rhetoric, pp 83-101.

lack of compassion was a symptom of deeper problems within society, or that this perceived callousness was truly the reason God was punishing them with the plague in the first place. Furthermore, people feared what they saw as the causes of corruption in society. Minority religious and cultural groups, like the Jews, were controlled more and more strictly to try and isolate the source of societal corruption. The parallels between isolating the sick from the healthy and the morally dubious from the righteous are obvious particularly in Gioseffo Daciano’s tract.

Looking at the plague as a societal experience has little to do with epidemiology or traditional medical history. The original interest I had in the nature of plague was how people experienced it as a cultural phenomenon rather than as a physical disease. Moreover, the current uncertainty about the true medical facts of the medieval plague means analysing the disease as a medical phenomenon is mostly unfruitful. Plague scholarship over the last fifty years has gone from a certainty that the medieval plague was the bubonic plague, albeit with some unusual characteristics, to a realisation that we have little evidence to support that historical diagnosis. The Black Death may have been bubonic plague, it may have been a very unusual strain of bubonic plague, or it may have been an entirely different infection, even a terrifyingly potent virus.13 Essentially, the only way to do justice to the topic of plague is to presume we simply do not know what disease ravaged Europe in 1348, and then revisited for several centuries. If we begin with the assumption that we do not know, then we allow for the possibility that anything the medieval and Renaissance doctors perceived as a characteristic of the disease may have been an accurate observation. Regardless of the fact that their methods of observation, their theories based on humoural medicine,

13 For summaries of these issues see e.g. introduction to A. Lynn Martin, Plague? Jesuit accounts of epidemic disease in the 16th century, Sixteenth Century Journal Publishers, Kirksville, 1996 and Byrne, Daily Life During the Black Death.
were flawed from the point of view of modern medicine and science, the doctors were attempting to cure something nearly impossible to cure, never doubting their ability to alleviate the suffering in their communities.
Plague Scholarship

In the last two decades a major development in plague history has been the slow realisation that we cannot be sure what disease it actually was. Throughout the 20th century historians generally accepted the concept that the medieval plague was the same disease as the bubonic plague that ravaged especially India and China in the late 19th century. This presumption has had extensive consequences for plague scholarship as the epidemiology and characteristics of the 19th century plague have been widely used in analysing the medieval Black Death. The bubonic plague is primarily a disease of rats that can transfer to humans when it reaches epizootic14 proportions within a rat community. The bubonic plague passes from rats to humans through rat fleas, which are also the primary vector for spreading the disease among the rat population. The particular physiology of the rat fleas causes them to easily become blocked by the plague bacillus (Yersinia Pestis), which interferes with their feeding. When the fleas’ throats become blocked they are particularly hungry, thus biting more frequently, and the blockage causes them to regurgitate back into the wound they are trying to eat through. Traces of the bacillus thus transfer to new hosts. When the disease reaches epizootic proportions among rats, the fleas are forced to look for new sources of food and will bite any animals, including humans, even though they would normally prefer rats and other rodents.15

14 ‘Epizootic’ is for animals what ‘epidemic’ is for humans.
The *Yersinia Pestis* bacillus was only discovered in the late nineteenth century during the battle against the bubonic plague in Asia, sometimes called the Third Pandemic.\(^{16}\) By the early 20th century it was largely presumed that the bubonic plague was the same disease that ravaged Europe in 1348 and revisited European towns and villages regularly for the next three centuries. This presumption was largely based on similarity of symptoms, such as the widely documented buboes which appeared on the groin and under the arms during the course of the disease in both pandemics. However, even early on some differences were noted. For example, the medieval chroniclers and doctors mention that the buboes were generally accompanied by numerous spots and rashes, which have not actually been documented as a symptom of the bubonic plague after the bacillus was identified.\(^{17}\) The most notable difference however, was that medieval authorities consistently presumed that the plague they were dealing with spread through direct contagion from person to person, whereas the complex disease transmission of the bubonic plague involved the large scale presence of rats and rat fleas.

The standard plague studies still used today from the first half of the 20th century all presumed a similarity between the bubonic plague and the medieval plague. Their focus however tended to be on the experience of plague, leaving us with a lot of the traditional tropes of horror and chaos during the 1348 plague.\(^{18}\) Johannes Nohl’s

\(^{16}\) The term implies that the first pandemic was the 6th-century Plague of Justinian and the second the Black Death. Neither of these pandemics are now believed to definitely have been the same disease with each other or with the so called Third Pandemic.


book, for example attempted to capture the atmosphere during plagues by analysing chronicles and other writings about the plague. He took the stories of plague as purely descriptive without taking into account the political or moral rhetoric embedded in descriptions of plague times. Anna Montgomery Campbell’s book was one of the earliest works focussing on plague tracts that appeared shortly after the initial outbreak of plague in 1348. Her work attempted to summarise the basics of plague as understood by early modern doctors, but she tended to omit medical concepts she categorised as superstitious. The Black Death is usually understood to be the initial outbreak of plague that exacted a great death toll in Europe in 1348 – 1353. Because of the relatively short duration of this initial outbreak and the significant death toll the disease had all over Europe, the Black Death has frequently been viewed as a watershed that started new economic trends, instigated social change and altered public policy. This thesis certainly agrees with the idea that the Black Death was a great historical event that changed Europe profoundly. However this study attempts to show that the plague, which contemporaries perceived as new and shocking, did not just effect immediate sudden change. Instead, its influence continued long beyond the initial outbreak, as the revisitations of plague shaped people’s understanding of medicine and disease and the role civic authorities and physicians had in controlling public health.

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One of the first notable works to discuss the medical history of the plague was published in 1953 by Dr L. Fabian Hirst, who traced the epidemiology of the medieval plague based on his extensive experience with the bubonic plague from the late 19th to early 20th century. Dr Hirst's book was and is widely quoted in plague studies which either seek to endorse or refute the theory that the two diseases were in fact one and the same. Hirst acknowledged several differences between the epidemiology of the medieval disease and the modern one, and attempted to explain these. For example, medieval authorities generally asserted that the disease was infectious person-to-person, which was explained by Hirst as a possible predominance of pneumonic plague, which can become air-borne. The main problem with this concept is that, at least in 1953, scientists had not been able to establish how secondary pneumonic complications of bubonic plague could turn into full-blown pneumonic plague epidemics. Hirst also noted that in India, Burma and Ceylon the proportion of people who contracted pneumonic plague was less than 1%. To explain the high mortality rates of the Black Death or the wide perception at the time that it was contagious, pneumonic plague would have to have been far more common. He also noted that the symptoms of bubonic and pneumonic plague are so different that they would be categorised as different diseases, if we did not know that they are caused by the same bacillus. This of course brings to question how medieval observers, who could not identify the bacillus, nor even suspect that such a thing existed, could so easily have accepted the two as the same disease and widely spoken of the plague as one disease for so many centuries. Regardless, the concept of

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23 Ibid. p 35.
24 Ibid. p 28.
pneumonic plague potentially explaining the predominance of contagion theories in medieval plague chronicles and medical texts remains convincing to some historians to this day.25

The long-lasting dominance of humoural medicine and the subsequent rejection of all its basic tenets have made it difficult for scholars to treat the subject of early modern medicine. Especially in the early twentieth century medical history tended to be dominated by modern doctors who studied it as a hobby. Thus medical history was inclined to focus on progress and “correct” observations that past physicians made.26 It is hard to see the value in the actions of past practitioners of an obsolete science. Scholars have had a tendency to try and find even one accurate observation provided by a past physician and blowing it out of proportion. Nowhere is this more evident than in plague scholarship, where historians have tried to find references to rats and mice, in order to prove that their subjects of study were not complete idiots.27 This of course becomes a futile exercise in itself if we admit that rat-fleas were not necessarily the transmitters of the plague and that the historical diagnosis of bubonic plague may be inaccurate for the medieval plague.

As an example, Michele Savonarola’s plague tract mentions that the plague was often preceded by the increased activity of “frogs, mice, bedbugs and similar things.”28 We could conclude from this that Savonarola and his contemporaries had noted an

25 See for example, Benedictow, The Black Death, which doesn’t even reference the controversies apparent at the time of publishing.
26 Lindemann, Medicine and Society in Early Modern Europe, pp 1-4
28 Savonarola, Della peste, p 8, “quando sopra la terra multiplicano le rane, sorce, cimice e somigianti”
increased presence of rats, which often leave their nests in delirium while \textit{Yersinia Pestis} reaches high density - epizootic proportions - within the rat population.\textsuperscript{29} We could also note that the observed increase in bedbugs could be evidence of people sustaining more flea bites during the night, which was a common feature of bubonic plague epidemics of the late nineteenth and early twentieth centuries.\textsuperscript{30} However, if we were to conclude this we would ignore the fact Savonarola is not talking about just rats and fleas, but also frogs and other “similar things”. Moreover, the increase of these animals was only the seventh noteworthy sign out of twelve that he discussed in his chapter on signs of coming plague. The rest of his observations have no relation whatsoever to any modern medical observations about the bubonic plague.

As noted earlier most of the historical interest in the plague, especially from the 1960s onwards focussed on the societal changes brought on by the plague epidemic. Notably the population drop caused by the initial outbreak of plague and subsequent recurrences were believed to have had a great impact on European economies and the availability of labourers.\textsuperscript{31} More recently, the supposedly pan-European economic impact of the Black Death has been questioned.\textsuperscript{32} Historians now tend to focus on local consequences of plague, which reveal that economic changes were not consistent everywhere in Europe.\textsuperscript{33} The horrors of plague continued to be emphasised in the 1960-70s, whenever the societal impact of plague was discussed. For example, the arguably marginal responses of the flagellant movement and the massacring of

\textsuperscript{29} \textcite{Benedictow2021,TheBlackDeath,11-24}.
\textsuperscript{30} \textcite{Ibid.,17-19}.
Jews in the late fourteenth century dominated historical understandings of the emotional responses to plague.\(^{34}\) From the 1960s onwards scholars started to argue that the psychological effects of plague may not have been as devastating as often presumed, since case studies implied that after plague epidemics societies merely picked up where they had left off and life continued.\(^{35}\) Now, most recent studies regarding public health measures or medical responses to early modern plague amply demonstrate that panic was not a universal reaction to plague, but people took rational measures to prevent and combat plague, based on their understanding of how it worked.\(^{36}\)

The 1970s and 1980s saw the first challenges to the presumption that the medieval plague corresponded directly to the bubonic plague. The inconsistencies of the disease patterns of the bubonic plague and the medieval plague puzzled historians, as well as the sudden disappearance of plague from Europe, after it had been a regular visitor throughout the fifteenth and sixteenth centuries.\(^{37}\) Furthermore, theories were offered for the discrepancies between the death rates of the two plagues. Notably, historians suggested the plague was the result of a Malthusian crisis following a population rise during the thirteenth and fourteenth centuries. Theoretically, the population rise created a situation where the environment combined with available technology could


\(^{36}\) See e.g. Cipolla, *Public Health*, Park, *Doctors and Medicine* and Carmichael, *Plague and the Poor in Florence*.

not sustain the population, thus encouraging disease as a form of population control.\textsuperscript{38} The Malthusian crisis theory was used both to try and explain the relationships between nutrition and death rates, and the ultimate disappearance of plague.\textsuperscript{39} Overall these medico-historical studies still maintained the assumption that rats were a key element in the spread of plague unbeknownst to the medieval health officials and doctors. Elsewhere, historians were becoming more interested in social conditions making the epidemiology and spread of the plague less significant.\textsuperscript{40} Carlo M. Cipolla’s work on public health measures, for example, analysed the evolution of the civic organisations responsible for public health, for which plague was more important as a societal event than as an identifiable disease. Historians also took note of the fact that over the fifteenth and sixteenth centuries, contemporaries began to see the plague primarily as a disease of the urban poor.\textsuperscript{41} Nonetheless, the historians’ perception of the nature of the medieval plague had become less certain as the bubonic plague seemed continually less likely to have been solely responsible for the Black Death pandemic. Most notably, David Herlihy was unconvinced that the Black


Death was ever caused by *Yersinia Pestis* and Ann G. Carmichael suggested that, especially in the fifteenth century, many different diseases came to be diagnosed as plague by contemporary doctors and other health authorities, when in fact they were dealing with a myriad of contagious diseases.

Since then many solutions have been suggested for what disease the medieval Black Death truly was. Any conclusive historical truth about the disease remains elusive. Adequate physical data is difficult to obtain although there have recently been projects intended to analyse remains of medieval and early modern plague victims. Going back to the documents, the more historians try to reanalyse medieval medical writings on the plague the more evident it becomes that the methods of diagnosis medieval medical authorities were using were entirely alien to modern science and medicine. This is obvious from the plague tracts used in this study as well. The differences between our scientific medicine and their humoural medicine make the tracts difficult to use as medical evidence.

From a cultural point of view the plague is more easily analysed. The plague and early modern medical interpretations of plague brought forth many attitudes and prejudices held by contemporary people. For example, the religious elements of plague causations compelled them to seek reasons for God’s wrath. As this study will show,

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42 Herlihy, *The Black Death and the Transformation of the West*, (most papers in this work were originally published in the 1980s)
43 Carmichael, *Plague and the Poor*.
45 Byrne, *Daily Life During the Black Death*, p 11.
46 On the difficulties of historical diagnosis see e.g. Carmichael talking of the historical diagnosis of “worms”, *Plague and the Poor*, pp 41-44.
47 Further on humoural medicine see below, Chapter II, pp 39-51.
Jews were particularly targeted in the sixteenth century as corruptive elements to be separated from healthy society. Elsewhere studies have addressed sexual morality and how misogynistic medical ideas dominated in plague times. Immoral sexual behaviour was believed to draw the vengeance of God, so actions against any sexual promiscuity were often more severe in plague times.

This thesis will focus on four plague tracts, two from the fifteenth and two from the sixteenth century. These plague tracts illustrate early modern attitudes towards the plague. Importantly, the authors’ thoughts on disease and health do not merely involve the physical, but also the spiritual and psychological well-being of their patients or audience. Apart from a good humoural balance a healthy person enjoyed a calm reasonable soul unburdened by anxieties despite a world filled with disease. The status of university trained physicians improved significantly over the fifteenth century, and their methods changed in the sixteenth. This study will show that plague tracts were a significant medium through which the authority of doctors was consolidated in the popular mindset. Furthermore, the changes in their methods were connected to the governing roles doctors played in sixteenth century cities. As public health boards’ powers and procedures expanded the doctors who worked with them adopted medical practices more suitable to governing the health of large populations rather than individuals.

49 Ibid.
51 See below, Chapter III, pp 59-82.
52 See below, Chapter V, pp 102-118.
Finally, the advice given and the health measures recommended by the doctors discussed in this thesis reveal how they thought the world ought to be organised. The plague was always a tragic event that was perceived by contemporaries to accentuate and intensify societal problems. Each doctor, according to their own world view and specific didactic agenda offered solutions not only for curing the disease but for the observed spiritual and moral causes of the scourge. The doctors believed their prophylactics against the plague worked as did their treatments and cures, but more importantly they believed they had the answers to how individuals and communities could prevent the plague through their behaviour. Spiritual purification, charitable acts and obedience to authorities are all recommendations provided by these doctors. The evident intentions of the doctors demonstrate they not only treated the bodies of their patients but their minds and souls as well.
Early Modern Doctors and Plague Tracts

The purpose of this section is to give an introduction to the state of the medical profession in the fifteenth and sixteenth centuries. It will also provide an introduction to plague tracts as a genre and introduce the doctors whose tracts are the basis of this study.

Early modern doctors theoretically fell into a straightforward hierarchy where physicians were on top, surgeons below them and apothecaries and some empirics further down. The idea was that a physician would evaluate the patient and prescribe a treatment. If the treatment required the services of a surgeon or apothecary, they would then proceed according to the physician’s instructions. In practice this was never truly the case, but rather an ideal the medical guilds and universities strived for.

To some extent the learned medical authorities succeeded in gaining their top position in the medical hierarchy. Especially during the sixteenth century the physicians’ learnedness and philosophical understanding provided by a university education were widely appreciated.

Physicians were by no means always praised in this period. Many lost faith in them after the plague first struck in the late fourteenth-century when, at least in Florence, the profession became noticeably less distinguished as the most well-regarded citizens

no longer encouraged their children to a career in medicine.\textsuperscript{55} Despite the slow consolidation of the physician’s prestige especially over the fifteenth century, overall Renaissance medicine was marked by “medically promiscuous” patients; patients would see whichever practitioner they were most comfortable with, or whoever was well-recommended by family or friends.\textsuperscript{56} Surgeons were often better regarded than physicians, as the results of their treatment were more easily assessed;\textsuperscript{57} a broken arm set into place was easier to understand than esoteric explanations about how diet could improve a patient’s chronic lung condition. Moreover various kinds of empirics and charlatans were used if their treatments were generally regarded as successful, even though civic medical authorities, guilds and universities attempted to stop them practising medicine.\textsuperscript{58} Empirics did not always work outside guild regulations. Many civic governments licensed them to practice with or without the approval of local physicians. Furthermore, empirics specialising in particularly difficult procedures were approved of and utilised by local physicians.\textsuperscript{59}

The treatment of illness was ultimately a collaborative process between the medical practitioner and the patient, and in this period the authority in the relationship still tended to lie with the patient. Everyone had a basic knowledge of the humoural theory and doctors were reliant on the patient’s description of his or her humoural balance.

\textsuperscript{55} Park, \textit{Doctors and Medicine} and French, “introduction”. Antagonism against doctors was evident, for example in the writings of Petrach, see e.g. Douglas Biow, \textit{Doctors, Ambassadors, Secretaries: Humanism and Professions in Renaissance Italy}, University of Chicago Press, Chicago & London, 2002, p 16.
\textsuperscript{56} Term “medically promiscuous” used to great effect by Lindemann, \textit{Medicine and Society in Early Modern Europe}, p 199.
\textsuperscript{59} See Park, “Stones, Bones and Hernias: Surgical Specialists in Fourteenth- and Fifteenth-Century Italy” and Gentilcore, \textit{Medical Charlatanism}. 
and symptoms. Gianna Pomata has shown that early modern people primarily self-medicated even though they also visited various kinds of medical practitioners. People easily switched doctors if they did not get the results they wanted and they gained knowledge about their condition along the way.\(^{60}\) Another way for people to gain knowledge about self-medication would of course have been medical tracts in the vernacular, of which plague tracts are a prominent example.

The plague tracts in this study were written by physicians. With the exception of Leonardo Fioravanti, who claimed to be a physician but was generally regarded a charlatan, the authors all emphasised the expertise of physicians as opposed to other types of medical practitioners. Physicians were not invariably wealthy nor did they only treat the upper echelons of society. Their class and status of their clientele varied, as did that of their less-educated colleagues.\(^{61}\) The physicians who were at leisure to write plague tracts tended to be better off than their colleagues. Most doctors never published anything or left any notable mark on Renaissance culture, but those who did needed a well-rounded humanist education in addition to their medical expertise. While most doctors could make their living fairly anonymously in cities, towns and villages those who served the great minds and rulers of the Renaissance world needed to be able to impress with their learnedness as much as their healing skill.\(^{62}\) The emphasis on classical education is most evident in the disparity between Marsilio Ficino and Leonardo Fioravanti. Both were well-regarded in different circles, but Ficino was never attacked based on his lack of medical credentials, because he was


otherwise very well educated.\textsuperscript{63} Fioravanti on the other hand was frequently reprimanded for his lack of Latin, despite his substantial experience in the practice of medicine, because this lack implied he had not finished a university degree.\textsuperscript{64} Ultimately popular medical tracts helped make learned university medicine become the most seriously regarded.

Most plague tracts are still only available in archives, although individual tracts have been published.\textsuperscript{65} Apart from a few of the very early plague tracts - like Gentile Foligno’s plague writings from the 1340s and 1350s, which have been widely quoted - very little has been written about the genre as a whole. Part of the problem is that their repetitive nature leaves very little new medico-historical evidence to be discovered. Some of the major plague tracts were studied and partially reproduced by Anna Montgomery Campbell in the 1930s and Karl Sudhoff, the famous German medical historian, attempted to edit and archive all existing plague tracts into printed volumes between 1910 and 1925.\textsuperscript{66} More recently the possibilities of plague tracts have been realised more fully. The authors of plague tracts were repeating ancient medical advice, but facilitating their own interpretations on the spiritual and societal consequences of plague. Moreover, the authors often used the plague tracts to


\textsuperscript{64} On Fioravanti see below, pp 31-35.

\textsuperscript{65} Including the tracts of Michele Savonarola and Marsilio Ficino, which are discussed below in Chapter III.

\textsuperscript{66} Campbell, \textit{The Black Death and Men of Learning}, Many plague studies have used Karl Sudhoff’s transcripts from \textit{Pest-schriften aus dem Ersten Hunderten Jahren}, which form a large archive.
influence moral or communal behaviour or even municipal policy. The purpose behind this thesis is to analyse these aspects of plague tracts rather than the medical evidence.

Plague tracts formed a part of a larger body of instructional, or self-help, texts that became widely available and cheap after the middle of the fifteenth century with the new technology of the printing press. Vernacular plague tracts in particular were broadly distributed and translated into other languages. Plague tracts were also part of the genre of popular science books that became widely available especially during the sixteenth century. As such they offer an opportunity to see how authors addressed the tastes of their audience, when that audience was both large and decidedly non-learned in the finer literary and scientific disciplines. This study particularly focuses on the fears and concerns people had about the plague, which compelled them to obtain and read plague tracts. People were not simply afraid of disease and death, they also worried about caring for the sick, being forced apart from their ill relatives through isolation and quarantines, and having little access to trustworthy medical experts. The existence of the tracts was directly linked to the perceived lack of medical professionals. The authors wrote because they worried that the advice people were getting was wrong or non-existent. Whether the methods of

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68 For example, Ficino’s plague tract was widely translated and distributed. See Moraglia’s introduction to his plague tract, p 6. On transmission of medical knowledge through print and vernacular see Ian MacLean, Logic, Signs and Nature in the Renaissance: the Case of Learned Medicine, Cambridge University Press, Cambridge and New York, 2002, particularly Ch 2, pp 36-67.
70 Michele Savonarola, Della peste p 4, Fioravanti, Regimento, p 18, both mention that the reluctance and unavailability of doctors inspired them to write. Ficino throughout his Consilio sought to correct common notions about the plague.
the university-trained doctors were actually of any use in alleviating the plague is beside the point. People craved their presence, or at least their knowledge, because they believed the doctors could and should help the sick. Their absence was noticed when they fled cities infested with plague, and the plague tracts helped address the resulting lack of access to their expertise.\textsuperscript{71}

\textbf{Michele Savonarola, \textit{Della peste} \textsuperscript{72}}

Michele Savonarola was born towards the end of the fourteenth century to a merchant family active in Padua. He seems to have been the only one of his family to become a scholar and had graduated from university by 1413. He practised medicine in Padua until 1440. He was a member of the faculty at the university but was rarely actually present at meetings, only lecturing towards the end of his Paduan period when he also engaged in some modest political activity. In 1440, when he would already have been an old man, Savonarola moved to Ferrara and became the court physician to the ruling D’Este family. Up until then he had only finished one extensive Latin book on medical practice, \textit{Practica Maior}, whereas after moving to Ferrara Savonarola became an extremely prolific writer, mostly on medical matters, but also writing religious and historical works. Previously his medical practice had kept him too busy to dedicate himself to writing, which he could do once in Ferrara, due to his generous

\textsuperscript{71} See below, Chapter III, pp 59-82.
\textsuperscript{72} Michele Savonarola, \textit{I trattati in volgare della peste e dell’acqua ardente}, edited by Luigi Belloni, 1953. All references throughout the thesis will be to this printed version of his plague tract.
salary and manageable duties with the D’Este family. He passed away some time in 1464.

Savonarola was particularly keen to write in the vernacular in order to spread medical knowledge among the Ferraran people. He was also a very religious man, especially in the last decade of his life, when he also had an influence on his grandson Girolamo Savonarola, who is famous as the fanatical reformer of Florence in the later fifteenth century. Michele Savonarola wrote his plague tract after moving to Ferrara in 1441, most likely between 1444 and 1449. Although Savonarola gave his manuscripts as presents to his patrons the d’Este family none of his works were actually published until after his death. His tract, along with Ficino’s, are examples of fifteenth-century vernacular medical tracts. Their advice is unsurprisingly very similar, but the tracts are particularly interesting in how they intermingled moral and religious advice with medical advice. For these doctors, the health of the soul was inextricably connected to the health of the body.

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75 Luigi Belloni in the introduction to Michele Savonarola’s, *I trattati in volgare*, p 195.

76 Ibid.

77 Ibid. Belloni places the writing in this period, because Savonarola mentions Leonello d’Este’s wife in the plague tract as being alive and Leonello was only married to her from 1444 to her death in 1449. Leonello’s previous wife passed away while Michele was still in Padua.

Marsilio Ficino, *Consilio contro la pestilenzia* 79

Marsilio Ficino wrote his *Consilio contro la pestilenzia* around 1480 in Florence, after a particularly serious bout of plague in Florence. The plague tract was very popular and went through many editions and was still well-known in the eighteenth century. 80 Ficino was a truly diverse renaissance humanist author best known for his translations and commentaries on Plato and Plotinus, and for introducing Neo-Platonism to Italian Renaissance thought. 81 He practised medicine in Florence in the hospital Santa Maria Nuova, but is unlikely ever to have actually qualified as a doctor, despite studying it. 82 Ficino and Savonarola were well-known figures whose success was based on erudition and familiarity with ancient writings, not just their medical knowledge. Ficino is, of course, better known as a philosopher both in his own time and by historians now. He was well acquainted with famous humanist thinkers and a special favourite of the Medici in Florence. He tutored the children of Florentine noble families. 83 It was in fact the Medici and his other Florentine patrons whose support allowed him to become a full time translator and scholar. 84

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79 Marsilio Ficino, *Consilio contro la pestilenzia*, edited by Enrico Musacchio, introduction by Giampaolo Moraglia, 1983. All references throughout the thesis will be to this printed version of his plague tract.
There is some controversy as to whether Ficino’s plague tract was produced in Italian by Ficino himself, or whether it was put together by an editor from a Latin text or under Ficino’s instruction.\textsuperscript{85} The modern editors of the text think it more plausible that the editor of the original put it together and that the initial paragraph came from the editor rather than Ficino.\textsuperscript{86} The text itself, however, is generally believed to be Ficino’s, whether it was translated by him or not. Moreover, no Latin equivalent to his plague tract has survived if it ever existed, which suggests he may have written the tract in vernacular to begin with. After all the revival of vernacular writing was as much a goal to the Florentine humanists as the refinement of their Latin.\textsuperscript{87}

Like Savonarola’s medical writings, Ficino’s were also heavily reliant on translations of the Arab doctors Averroes, Avicenna and Rhazes. Ficino himself claimed to have suffered ill health all his life. He attributed this to an excess of the melancholic humour, which made him sometimes too serious, but also more apt to learn.\textsuperscript{88} As stated above Ficino and Savonarola’s plague tracts are particularly appropriate for showing the close interlinking of religious and medical healing. Ficino’s philosophical ideas also focussed heavily on reconciling ancient Greek and Roman philosophy with Christian thought.

\textsuperscript{85} It is worth noting though that if a Latin version of Ficino’s text once existed it does not survive to our day, and references to Ficino’s plague tract, over the centuries following the Consilio’s publication, always referred to the vernacular tract.
\textsuperscript{86} Musacchio, Nota al testo, in Ficino’s Consilio, p 51
\textsuperscript{88} Mendez de Costa, , “Marsilio Ficino and Medicine”
Leonardo Fioravanti, *Del regimento della peste* 99

Leonardo Fioravanti is perhaps unfairly remembered as a charlatan, although he certainly fit the bill in more ways than one. He was flamboyant in peddling his new medications and his style made him popular in non-academic circles.90 One of the most common criticisms levelled against him by the university physicians was his lack of Latin, which was the basis of all university education.91 Nonetheless, in Italy charlatans were a specific professional group that self-identified as charlatans. The word itself had less negative connotations in Italian than in English, so using it of oneself was not self-derogatory, but a professional label like any other.92 However, Fioravanti did not perceive himself as a charlatan. He always claimed to be a physician, with a degree from the university of his home town Bologna, although evidence does not support his claim. He was embroiled in a dispute over his credential with the Venetian Protomedicato in his fifties. At that time he proved he was a physician to them by asking the University of Bologna to confirm he had a medical degree. Fioravanti had very good relations with the university which readily confirmed that he was a qualified physician. Nonetheless, particularly William Eamon strongly suspects that the Bolognese university granted him the degree because of his good relations and frequent praise of the establishment.93 Charlatan or not, Leonardo Fioravanti was clearly an untraditional doctor. His methods were more violent than those of the university physicians and his way of promoting himself was anything but

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99 Leonardo Fioravanti, *Del regimento della peste, dell’ecelente medico et cirugico M. Leonardo Fioravanti bolognese*, printed by Andrea Revenoldo, Venice1565. Copy of text kindly provided to me by Professor William Eamon.
92 Gentilcore, *Medical Charlatanism in Early Modern Italy*, see introduction.
restrained.\textsuperscript{94} A hundred years earlier Michele Savonarola complained that the empirics looking after plague patients did not understand the subtlety of medical reasoning and thus gave inferior care.\textsuperscript{95} Fioravanti on the other hand was a vocal opponent of the traditional medical institutions, which he thought overemphasised the theory and lacked the experience of the world that made a healer truly effective.\textsuperscript{96}

Leonardo Fioravanti was a popular writer of the so called “books of secrets”. This genre comprised books that profess to reveal esoteric knowledge of various arts so that anyone can take advantage of them. Fioravanti’s chosen art was medicine which meant his books also fell into the genre of popular scientific and medical writing of the sixteenth century.\textsuperscript{97} Fioravanti wrote exclusively in Italian and, in fact, he most likely knew no Latin at all. Certainly enough of his enemies accused him of ignorance of Latin that he would have disputed the charge, if he could. He was, for example, sued on this account in Spain, while practising there. His defence was that since the Greeks wrote in their native language, as well as the Arabs, he should not be reprimanded for doing the same. His defence was apparently successful as he stayed in Spain for several years afterwards. However, as far as we know, he did not dispute the charge directly.\textsuperscript{98} Fioravanti also used the relatively new medium of printed books with great skill. His books were widely distributed in Italy and also widely translated

\textsuperscript{94} Fioravanti, \textit{Regimento}, p 8.
\textsuperscript{95} Savonarola, \textit{Della peste}, p 4.
\textsuperscript{96} See Eamon, “With the Rules of Life and an Enema”. Fioravanti was particularly vocal about his disdain for the physicians in his \textit{Dello specchio della scientia universale}, see Piero Camporesi, \textit{Camminare il mondo: Vita e avventure di Leonardo Fioravanti medico del Cinquecento}, Garzanti, Italy, 1997, pp 60-67. See also Furfaro, \textit{La vita e l’opera di Leonardo Fioravanti}, particularly the introduction.
\textsuperscript{97} On books of secrets and Fioravanti particularly, see Eamon, \textit{Science and the Secrets of Nature}, and on these types of books more generally, Rudolph M. Bell, \textit{How to Do It: Guides to Good Living for Renaissance Italians}, The University of Chicago Press, Chicago & London, 1999.
\textsuperscript{98} Eamon, “With the Rules of Life and an Enema”, p 33.
all around Europe. Considering the fact that literacy increased rapidly during the sixteenth century and that his books were commonly available we can presume a socially diverse readership including craftsmen and artisans of the cities as well as great lords like Cosimo de Medici, with whom he corresponded.

Fioravanti had many followers, although to his disappointment he never enjoyed the patronage of an important lord, unlike Michele Savonarola, in the fifteenth century, whose patrons were the Ferraran rulers, or Marsilio Ficino who was under the patronage of the Medicis in Florence. Part of the problem may have been that Fioravanti was all too common for most of the Italian princes, with his flashy advertising names for his potions and his exaggerated claims for the effectiveness of his various “secrets”. Nonetheless, Fioravanti was widely-remembered as a popular author in Italy and abroad. His book *Tesoro della vita* was semi-autobiographical, leaving behind many details of his life after he started practicing in Sicily in 1548. His own words along with the many polemical accounts from his enemies reveal a rather adventurous life, where he travelled extensively and enjoyed great successes as a healer, but also bitter rivalries with local medical authorities who

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101 Ideal career for humoral doctors to be a court doctor or the doctor of one or several families to facilitate long term care that they were most suited for. Roger French, “Introduction: The ‘Long Fifteenth Century’ of Medical History” in *Medicine from the Black Death to the French Disease*, edited by Roger French, Jon Arrizabalaga, Andrew Cunningham & Luis García-Ballester, Ashgate, Aldershot, 1998, p 2. Moreover, Fioravanti corresponded with many lords and often attempted to gain a courtly position without success. See e.g. Camporesi, *La miniera del mondo*.
102 Fioravanti’s medications had names like “elettuario angelico” and “il Dia aromatico”, see Fioravanti, *Regimento*, p 6, 40, also Eamon, “Alchemy in Popular Culture: Leonardo Fioravanti and the Search for the Philosopher’s Stone” in *Early Science and Medicine*, vol. 5, no. 2, Alchemy and Hermeticism (2000), pp 203, apart from the above Eamon mentions, “siroppo maestrale” and “olio benedetto”.
saw him as a threat. According to Fioravanti he was seen as a threat because of his great skills, whereas the physicians usually claimed he was a danger to the health of his patients.

Fioravanti has occasionally been classified as a follower of Paracelsus the famous Swiss doctor and scientist. Like Paracelsus, Fioravanti believed in chemical remedies, which became more and more common over the sixteenth century. However, although Fioravanti firmly believed in his potions and pills, he never rejected the basics of the humoural theory unlike Paracelsus. Undoubtedly Fioravanti was familiar with the Swiss doctors works, but did not follow his teachings exclusively. Fioravanti was also one of the first doctors who recorded experimenting with animals, when testing his medications. Although he was an untraditional doctor his treatments were not that different from those of his more conventional colleagues, if somewhat less nuanced. He always prescribed purging through vomiting and bloodletting, followed by restoration through medications and diet.

Fioravanti’s plague tract was first published in 1565, and most probably written shortly before then. The dating of his works can be difficult because they were

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104 For example, he was jailed in Milan by the Protomedicato in 1573, see Camporesi, *Camminare il mondo*, p 213.
105 On Fioravanti’s connections to Paracelsianism, see Camporesi, *Camminare il mondo*, pp 13-18 and Eamon, “With the Rules of Life and an Enema”.
published in numerous editions during his lifetime.\textsuperscript{108} When he composed his plague tract, Fioravanti was staying or had recently left Venice, where printing was becoming a thriving business.\textsuperscript{109} His plague tract is a particularly good example of using a seemingly straight-forward medical advice book to actually present a new utopian world order. His plague tract was strongly anti-authoritarian, particularly attacking civic quarantine measures and the inadequate medical experience of most doctors. A lot of Fioravanti’s resentment may have originated from his troubles with medical authorities, but his plague tract also displays Fioravanti’s strong religious sentiment. While he was happy to intervene medically in plague times, he strongly believed that the only authority that could stop the spread of plague was always God.\textsuperscript{110}

**Gioseffo Daciano, Trattato della peste et delle petecche**\textsuperscript{111}

Not much is known about Gioseffo Daciano. His only known work is his plague tract and most of the information about him comes from its pages and some Udinese records. Daciano was a physician who worked for the Udinese Health Board during the plagues of 1556 and 1572 in the province of Friuli, which was a part of the Republic of Venice.\textsuperscript{112} He died some time in 1576 when his plague tract was also

\textsuperscript{108} Moreover, Fioravanti referred to his older works in his new books and also new editions of his old ones obscuring the chronological order for the historian. Furfaro, *La vita e l’opera di Leonardo Fioravanti*, pp 10-12.

\textsuperscript{109} Living in Venice from about 1558 to 1560s, Camporesi, *Camminare il mondo*, p 145. His own dedication also praised Venetian doctors in plague times, see Fioravanti, p 6. On his use of printing see, Eamon, “Court, Academy, and Printing House”.

\textsuperscript{110} See below, Chapter IV, pp 83-101.

\textsuperscript{111} Giuseppe (or Gioseffo) Daciano, Trattato della peste et delle petecche: nel quale s’insegna il vero modo che si deve tenere per preservarsi & curare ciascuno oppresso da tali infirmità : opera singolare & due volte esperimentata nella magnifica città di Vdine gli anni... 1556 & 1572,..., Published by appresso Christoforo Zanetti, 1576, Original from the Complutense University of Madrid, Digitized 17 Aug 2007 (http://books.google.com.au/books?id=SW4E-xkqv4QC). All references throughout the thesis will be to this version of his plague tract

\textsuperscript{112} Daciano, *Della peste et delle petecche*, “Prefazione dell’autore ai lettori”. See also, Cohn, *Cultures of Plague: Medical Thought at the End of the Renaissance*, Oxford University Press, Oxford, 2009, p 35.
published. According to his plague tract, his and his colleagues’ job was to determine whether a given epidemic was plague or another disease, and then to prescribe the appropriate treatments in the community. His plague tract was highly derivative, utilising the ancient authorities like Galen and Hippocrates, as well as Avicenna and modern doctors like Marsilio Ficino. Most notably Daciano showed a strong commitment to the theory of contagion, specifying that the presence of contagion was one of the clearest differentiating factors when identifying between types of plague epidemics. His text was dedicated to the civic health authorities of Udine, the Sette Signori Deputati della Città di Udine, who were responsible for the health of the city and were also Daciano’s patrons. Daciano’s editor mentions in a preface that it was made available in print because it would be of use to the Udinese people.

Daciano’s plague tract is an excellent contrast to the anti-quarantine views provided by Leonardo Fioravanti. Daciano was employed in Udine around the same time that Fioravanti was active in Venice and elsewhere in Northern Italy, so they could have observed the same epidemics. Daciano was a firm proponent of quarantine measures and his plague tract specifically tried to combat the avoidance and breaking of civic plague regulations during epidemics. In his rhetoric he utilised contemporary anti-Jewish sentiment to demonstrate the characteristics of non-compliant plague-spreaders. His utopia was made up of good and obedient Christians who exercised

114 Cohn also noted similarity to Niccolò Massai’s plague tract, in Cultures of Plague: Medical Thought at the End of the Renaissance, Oxford University Press, Oxford, 2009, p 176.
115 Daciano, Della peste et delle petecchie pp 4-13 . This was also noted by Cohn, Cultures of Plague, pp 176-177.
116 Daciano, Della peste et delle petecchie, “Lo stampatore ai lettori”
extreme caution during plague times by avoiding social gatherings and not breaking quarantines rules.\textsuperscript{117}

\textsuperscript{117} See below, Chapter V, pp 102-118.
Chapter II

Humoural Medicine and the Audience of Plague Tracts

This chapter will outline the basics of humoural medicine practised in the early modern period and the associated historiography. It will also consider what kind of readership the authors of plague tracts would have expected in this period. The authors of the plague tracts discussed in this thesis owed their understanding of humoural medicine to Ancient Greek and Roman and medieval Arab natural philosophy and science. These doctors’ use of their sources was highly derivative, but between the fifteenth and sixteenth centuries they, nonetheless, reinterpreted aspects of the medical doctrine. Most notably for this thesis both civic health authorities and physicians became more committed to the idea that plague spread through some form of contagion. The implications of the contagion model changed the way the doctors wrote about the plague. Their goals changed from promoting individual health to taking a stand on civic health regulations. The second part of the chapter, which considers the place of plague tracts in literary culture of the period will show what kind of audience the authors were writing their tracts for. All four physicians discussed in this thesis had an instructive message to distribute, and in all cases their choice to write in the vernacular shows that their ideas were meant to influence a wider range of people than merely other doctors and scholars.
Humoural Medicine

Any modern observer can easily see that many of the treatments prescribed by humoural physicians could seriously harm their patients. The incompatibility of modern science with medieval and early modern science has resulted in medical historians tending to treat medical texts from this period with great distrust.¹ Despite the fact that any doctor in this period was probably as likely to do harm as to help, people placed great confidence in their expertise. Moreover, the doctors themselves believed in their abilities. Modern historians argue this was largely due to the fact early modern people simply had different expectations from medical consultations; the importance of prognostication cannot be emphasised enough, nor the psychological benefits of a learned and knowledgeable doctor.² Furthermore, what the doctors wrote and how they practised could differ significantly.³ Medical writing was ultimately designed to display learnedness and give general advice, whereas medical practice involved the experience of the doctor who could take into account the condition of the patient being treated. Therefore the methods of physicians could have been less damaging when applied to their own patients, even when medical theory called for more drastic measures. For example, bloodletting was rarely mentioned as potentially harmful in medical texts. However, Michele Savonarola specifically warned that excessive blood-letting could further weaken an already weak patient,

¹ As an example of a medical history study that focussed on the progress of medicine and disparaged the medicine of the Renaissance see, Sir William Osler, The Evolution of Modern Medicine: A Series of Lectures Delivered at Yale University on the Silliman Foundation in April 1913, Yale University Press, New Haven, 1921. See also above, Chapter I on plague scholarship, pp 11-22.
showing that different experiences could change a doctor’s opinion on a standard treatment.⁴

The medicine of medieval and early modern Europe was based on Ancient Greek and Roman Medicine. The Ancient tradition survived to the Middle Ages only in fragments and in Arabic commentaries and translations.⁵ The most important sources of medical knowledge for early modern doctors were the writings of Galen.⁶ Galen was a Greek doctor in the Roman Empire, who practised and wrote in the second century A.D. His extensive medical writings established a system of medical practice based on the humoral theory that survived for nearly 1500 years.⁷ During the Middle Ages his works were lost and scattered, but they came back to European attention through Arabic translations. The most important Arab authors for medieval and early modern medicine were Rhazes, Avicenna and Averroes, who all wrote and translated between the tenth and the late twelfth centuries. They translated Galen’s works and provided commentaries or their own medical philosophies which were based on Galen.⁸ The great centres of European medical learning also emerged in the twelfth century in Salerno and Montpellier, which provided the Latin translations of the

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⁴ Michele Savonarola, Della peste, pp 26-27. No such concerns were displayed by either Ficino, Fioravanti or Daciano in their plague tracts.
⁷ For simple biographical details of Galen see The Cambridge World History of Human Disease, p 12
Arabic texts that were available to late medieval and early modern doctors.9

Furthermore, from the twelfth century onwards, as ancient knowledge was reintroduced to the European intellectual circles, medicine was studied together with ancient philosophy, as the Arab physicians had done. This meant that Galenic medicine was intimately linked with Aristotelian natural philosophy.10 The Renaissance period further increased the availability of ancient medical texts as scholars obtained previously unseen texts and translated Greek texts into Latin.11

The doctors discussed in this thesis, with the exception of Fioravanti, referred to all three Arabic authors frequently. Michele Savonarola and Marsilio Ficino were particularly reliant on ancient and Arab authorities, frequently evoking their prestige when recommending treatments or explaining the physics behind plague. Ficino relied on the credibility of three major doctors to confirm this rather confusing medical situation:

And do not wonder that occasionally an animal or a man takes the [plague] vapour but is not themselves afflicted because the open injury inflames and consumes the flinders and the straw and it does not consume him. This happens because of the disposition of the subject who receives [the infection] and the effect comes because of the disposition, according to Aristotle, Galen and Avicenna.12

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12 Ficino, *Consilio*, p 58, Ficino seems to have meant that a person with a specific kind of humoral balance could have an excess that was entirely and quickly consumed by the plague infection leaving the sufferer otherwise unaffected. “Et non ti maravigliare che, qualche volta, la bestia o uomo pigli dacto vapore et non sia offeso da esso et offenda latri, perché il ferro candito inflammat et consuma la stoppa et la paglia, et non si consuma lui. Questo procede per la disposizione del subiecto che riceve, enlla quale consiste la maggiore parte dello effecto, secondo Aristotile, Galieno et Avicenna.”
Savonarola and Ficino both wrote in the fifteenth century, when physicians were very concerned about promoting the stature of university-educated doctors. They did this by emphasising their knowledge of the ancient and Arab authorities who formed the foundation of a university medical education. However, they also emphasised their experience and the experience of modern physicians more generally. Ficino continued his above explanation of selective dispositions by reciting a story of his own:

The other day at our village a two-year-old toddler was confined with a plague-stricken child of seven all day – and many times he ate mouthfuls that the seven-year-old had chewed – and the toddler did not become sick although others did who had been further away.

Furthermore both Ficino and Savonarola were particularly keen to enforce the idea that doctors formed a larger community whose shared university background unified their approach to medicine:

But the first medicine is used by everyone and the modern doctors, and it is true that there is long experience of this medicine and it is the safest.

Of the sixteenth-century doctors discussed in this thesis, Fioravanti had a particularly disparaging view of ancient doctors. Fioravanti believed above all that experience was more valuable than book-learning. In a chapter titled “How our medicine is better than that generally used by the ancients” Fioravanti started by writing:

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13 See above, Chapter I, p 23-27.
14 Ficino, Consilio, p 58 “In modo che in questi giorni in villa nostra, uno bambino d’anni due, tutto uno giorno stette stretto con uno morbato d’anni sette; et molte volte mangiò de’ bocconi che lui masticava: non s’appiccò a lui ma si ad altri che stavano più discosto.”
15 Savonarola, De Peste, p 39-40, “Ma il primo è usitato per tutto e per li medici moderni, si che di quello se ne vede e veduta è longa experientia e è de modo più securo.”
16 See Eamon, “With the Rules of Life and an Enema”. Fioravanti was particularly vocal about his disdain for the physicians in his Dello specchio della scientia universale, see Piero Camporesi, Camminare il mondo: Vita e avventure di Leonardo Fioravanti medico del Cinquecento, Garzanti, Italy, 1997, pp 60-67. See also Furfaro, La vita e l’opera di Leonardo Fioravanti, particularly the introduction.
There is no doubt that our new medicine and surgery are better than that of the ancients, because it heals the sick with greater ease and in shorter time and much more certainly, and this is the truth.¹⁷

No doubt Fioravanti was not merely referring to Aristotle and Galen, but also to his contemporaries who still relied on these authorities for their medical understanding. However, Fioravanti was an unusual practitioner whose polemics against physicians featured in all his medical works.¹⁸ Gioseffo Daciano, who was his contemporary relied heavily on all the same authorities as Ficino and Savonarola, and moreover quoted Ficino directly.¹⁹ Daciano was certainly a better representation of sixteenth-century physicians than Fioravanti. However, as we will see, even he emphasised different aspects of the humoural theory compared to the fifteenth century doctors.

The basics of humoural medicine did not change, however, the plague and other epidemic diseases changed the way doctors treated plague.

The basis of the humoural theory was that the body was composed of four humours. The health of a body depended on the balance of the humours. The four humours were blood, phlegm, black bile (also called melancholy) and yellow bile (also called cholera). The qualities of these were hot, cold, wet and dry. Blood was hot and wet, phlegm cold and wet, melancholy cold and dry and cholera hot and dry.²⁰ A person usually had a dominance of one of the humours which was perceived not just as a physical condition, but was reflected in their personality as well.²¹ A choleric person,

¹⁷ Fioravanti, Regimento, p 6. “Non è dubbio che la nostra nuova medicina & cirugia non sia meglio di quella de gli antichi, perciocche sanna gli infermi con maggior facilità & brevità & molto più sicuramente & che ciò sia il vero.”
¹⁸ See above, fn 16.
¹⁹ Daciano, Della peste e delle petecchie, p 47.
²⁰ Siraisi, Medieval and Early Renaissance Medicine, Ch 4 and Ch 5, pp 78-152. There is a useful table in Raymond Klibansky, Erwin Panofsky and Fritz Saxl, Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion and Art, Thomas Nelson and Sons, London, 1964, p 10.
²¹ See especially, Klibansky, et al, Saturn and Melancholy.
for example, was usually seen to be quick to anger and mean, but also quick-witted.\textsuperscript{22}

Both positive and negative personality features were associated with each humour, and the emphasis chosen depended on the observer. For example, melancholic people were traditionally considered to have an unfortunate humoural balance making them prone to dark moods and sombreness. However, in the early modern period many came to see the melancholic personality most suited to study and philosophy as their naturally pensive nature made them take their studies more seriously and the excess of black bile was associated with activity of the brain.\textsuperscript{23}

Notably, the authors of the plague tracts of this thesis clearly presumed their audience to already know the basics of the humoural theory. A person could use the plague tracts to help them identify their or the patient’s current humoural instability.

Savonarola gave advice on how to identify which humour was corrupted by plague in a person and how to proceed to purge that humour. For example this how he advised on recognising a phlegmatic corruption:

\begin{quote}
When there is phlegmatic material – which you will recognise when the tongue is white, the vomit white and [?], the urine is of little colour but plentiful, the fever is not intense, the pulse is weak but not too quick, cold foods have been used, and the patient is of a phlegmatic complexion, and without thirst, and also his or her stomach aggravates them, and there are other similar cold signs – give them medicine which evacuates phlegm.\textsuperscript{24}
\end{quote}

The reader was clearly meant to easily get the idea of what kind of “cold signs” they were looking for to identify a phlegmatic excess. The reader was also expected to

\textsuperscript{22} Ibid.
\textsuperscript{23} Marsilio Ficino, for example, believed himself a melancholic scholar. He most likely discovered the connection through his studies of ancient philosophy, see Christine Raffini, \textit{Marsilio Ficino, Pietro Bembo, Baldassare Castiglione: Philosophical, Aesthetic and Political Approaches in Renaissance Platonism}, Peter Lang, New York, 1998, pp 12-13, see also Klibansky et al, \textit{Saturn and Melancholy}.
\textsuperscript{24} Savonarola, \textit{Della peste}, pp 30-31, “Dove sarà la materia flegmatica – che conoscerà che la lingua sarà biancha, il vomito biancho e le egestione, la urina pocho tenta (or tincta) ma crosa, la febre non intensa, el polso picolo non tropo spesso, ha usato i cibi fredi, è di complexione flegmatico, e sensza sete, e pur del stomaco molto se agreva, e di somigianti signi freddi – dage medicina che evacue il flegma.”
know if the patient was generally of “a phlegmatic complexion”. The humours were obviously common knowledge among the physicians’ audience. When consulting physicians, patients were active participants in medical treatments as they provided descriptions of their symptoms. People frequently managed their own illness before consulting a physician and moreover they could consult all types of practitioners of medicine from university trained physicians to charlatans.

Fioravanti went as far as to declare that in order to accumulate the experience he so valued in physicians they should talk to the old men and the nursing women in places where disease had visited:

I find that perfect medicine is evenly divided among all the people in the world and that is the truth, one sees that irrational animals have a part of it, another part the peasants, another the women and another the rational doctors.

Furthermore the people accumulated knowledge of their disease from the doctors, which Fioravanti believed could provide a doctor seeking experience an even wider base of knowledge:

The women have plenty of practice with medicines, and they know how to make a great deal of healthy remedies. This is not without reason, as the learned doctors tell them all their secrets when they are treating a sick person, and thus the women who are clever are apt to learn all the strengths of medicines.


Fioravanti, Regimento, p 8, “Nondimeno, la vera, et prefetta medicina, è quella che si cava dalla esperienza, pecioche tutte le cose aprobate da essa esperienza son buone & vere, et così ben fondate che non vi si puo oppore cosa alcuna, & trovo io , che questa medicine è divisa in tra tutte le genti del modo, et che cio sia il vero, si vede che una parte ne hanno gli animali irrationali, una parte, i villani, un altra le done, et un’altra i medici rationali.”

Fioravanti, Regimento, p 8, “Le donne, anno tanta pratica d’i medicamenti, che sanno fare un mondo di rimedij salutiferi, & questo non è senza causa perché i medici rationali li dicono tutti i suoi secreti quando medicano ad aleuno infermo, & così le donne che sono acute d’ingegno, sono atte ad imparare tutte le fort de medicamenti.”
The plague tracts were intended to help people treat themselves, but they also had an agenda of promoting the services of doctors. Ficino and Savonarola were endorsing the professionalism of all modern doctors, while Fioravanti was mostly promoting himself and his own branch of medicine. Even Daciano, despite his commitment to eliciting trust for public health measures, tried to forward his own career with a positive depiction of a plague remedy of his own concoction.²⁹ It has been argued that writing medical texts in the vernacular actually dissipated the power of authoritative doctors, as the shared knowledge became more widely available.³⁰ However, since it can be argued that a lot of the basic knowledge was already available to lay people it seems the writings were in fact meant to increase people’s trust in the abilities of doctors by further explaining their methods. Ficino, Savonarola, Fioravanti and Daciano all agreed that good doctors were always necessary, and only differed on how their skills were best acquired - through scholarly education or experience.

The therapies prescribed by Galenic humoural medicine were based on maintaining a balance of the humours. Humoural balance was obtained through maintaining control of environmental and internal influences on the body. Galen called these the six naturals and the six non-naturals.³¹ Plague writings tended to focus on the non-naturals; air, food and drink, exercise and rest, sleeping and waking, evacuation, and “accidents of the mind”.³² Plague was generally seen as a type of corruption or poisoning by contemporary physicians, so the “non-natural”, or more appropriately external, effects on the body were more relevant in plague prevention. A major difference between the fifteenth- and sixteenth-century plague tracts discussed in this

²⁹ See case studies in this thesis for particular examples, Chapters III-V.
³⁰ See e.g. Douglas Biow, Doctors, ambassadors, secretaries : humanism and professions in Renaissance Italy, The University of Chicago Press, Chicago, 2002, pp 18-19
³¹ See, García- Ballester, Galen and Galenism, esp. Ch IV.
³² See, e.g. Savonarola, Della peste, p 7.
thesis was their attitude towards contagion. The earlier tracts focussed on the idea that plague was a straightforward corruption of the air that had no specific or controllable source. Although Ficino and Savonarola occasionally referred to contagion, they maintained that to successfully avoid the plague one had to fortify one’s resistance by eliminating superfluous humours thus preventing the poisonous air from corrupting them. Daciano on the other hand firmly believed that despite being caused through aerial corruption, the plague could infect goods and people who then spread the plague directly. According to his tract the plague could be successfully controlled by identifying and isolating disease-carriers.

It should be remembered that the early modern medical concept of disease transmission differed greatly from our modern scientific understanding. To begin with until the nineteenth century humanity was ignorant of the existence of the microorganisms, like bacilli or viruses, which cause illness. Although some early modern theories came close to inferring some aspects of disease transmission through microbes and germs, these theories rarely abandoned the humoural theory or the associated understandings of disease transmission. Most notably Girolamo Fracastoro has often been credited with anticipating the germ theory in his work *De contagione et contagionis morbis*, in which he equated contagious disease transmission with putrefying fruit and attributed the phenomenon to invisible “seminaria” or seeds. Since then, Vivian Nutton, for example, has observed that Fracastoro’s theories of

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34 Girolamo Fracastoro, *De contagione et contagionis morbis et eorum curatione, libri III*, translation and notes by Wilmer Cave Wright, G.P. Putnam and Sons, The Knickerbocker Press, New York & London, 1930. See also Hirst’s praise of Fracastoro in Hirst, *The Conquest of Plague*, pp 47-49. Other doctors from the 16th century, who have been written about extensively as they apparently guessed some aspects of modern medicine, include, Ambroise Paré (French anatomist and surgeon), Paracelsus (Swiss doctor who diverged greatly from the humoural theory)
contagion were similar enough to the miasmatic theory to be absorbed into humoural medicine. Furthermore, humoural learned medicine did not see diseases as entities, but as imbalances unique to an individual body. Arguably this concept changed by the sixteenth century because such a view was not satisfactory in explaining epidemic diseases like plague or syphilis, which manifested nearly identically in many individuals at a time.

According to traditional humoural medicine the plague was a type of poison corrupting the environment and consequently the people. The plague was seen to be a type of vapour or miasma, which came into contact with animals and people and proceeded to corrupt people’s humours, thus causing sickness. The plague specifically was a corruption that infected the spirit of vitality, which was one of the three spirits controlling the body. The spirit of vitality was believed to control, among other things, blood flow and heart functions. This meant that most commonly it was thought that the plague infected a person’s blood. As a consequence any symptom that could be seen to come from a corruption of blood, could be categorised as a symptom of plague, provided plague was otherwise present in the area. The plague miasma were usually thought to be released from the earth during earth quakes, thus corrupting the air that then travelled to inhabited areas. Sometimes air

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39 See, e.g. Ficino’s summary of plague causation, Consilio, pp 55-56.
40 Siraisi, Medieval and Early Renaissance Medicine, Ch 4, pp 78-114
41 See e.g. Ficino, Consilio, pp 55-56
could become infected through other means, like coming into contact with corrupted water. These corruptions of the elements in turn, were thought to be caused by astronomical events. Astronomy and astrology were intimately linked with medicine in this period, not only because physicians believed celestial movements affected natural phenomena, but also because astronomical conditions could influence the humoural balances of individuals.

The concept of contagion was problematic because humoural medicine did not perceive diseases as separate ontological entities. Humoural medicine understood disease as an imbalance of the humours, which could be caused by external or internal forces, but was only seen as a disease once it created symptoms in the patient. Although physicians tried to maintain that disease spread through corrupted air, civic authorities generally came to believe the plague was contagious between people, which was a concept supported by their experience. Modern historians have generally believed they were wrong, since if the medieval plague was the bubonic plague it should have spread through contact with rat fleas. Nonetheless, the impression that plague spread through direct contagion was dominant among lay people. The civic authorities based their entire system of fighting the plague on the idea that the sources of contagion could be isolated. Physicians did not outright reject this idea, as humoural medicine allowed for the concept of contagion. In its simplest form physicians could admit that sick people could further increase poisonous vapours in the air and thus severely endanger the humoural balance of others. Therefore, contagion was considered possible because proximity to the sick was thought to

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42 See e.g. Fioravanti, *Regimento*, pp 14-17
43 On the interrelationship of the microcosm and macrocosm see e.g. Lindemann, *Medicine and Society in Early Modern Europe*, p 20.
44 See above, Chapter I, pp 11-12.
increase one’s exposure to diseased miasma. Ultimately this complex miasmatic interpretation of contagion was only an explanation for what was evident from experience: a man sick with plague could cause another man with whom he had contact to become sick. By the sixteenth century, contagion, whether it was perceived as simple man-to-man contagion or a complex effect of miasma, was widely accepted as a feature of the plague.\textsuperscript{45}

Both Daciano’s and Fioravanti’s works demonstrate that applying contagion theory had become dominant when implementing civic plague responses. Fioravanti fervently opposed plague control measures because he believed they incited fear and despair which led to a more sinful world.\textsuperscript{46} The fact that Fioravanti saw the need for such strong opposition demonstrates how common plague regulations had become. Daciano represented the other side of this debate as his employers were the very civic leaders who sought to implement plague controls, like quarantines and trade restrictions. His main concern was the frequent circumvention of unpopular plague controls.\textsuperscript{47} The Italian cities had no doubt they could control the spread and ferocity of plague by controlling the agents of corruption, whether those agents were physically corrupted by plague poisons or morally corrupted marginal groups.

Humoural medicine provided a framework through which the authors of these plague tracts reflected the state of their society. The fifteenth-century doctors, Ficino and Savonarola, used medical theories to instruct their audience on civic and Christian morality. They did not concern themselves with finding scapegoats or plague-spread activities, because they still interpreted the plague to be an environmental

\textsuperscript{45} See e.g. Douglas Biow, \textit{Doctors, Ambassadors, Secretaries}; p 55
\textsuperscript{46} See below, Chapter IV, pp 83-101
\textsuperscript{47} See below, Chapter V, pp 102-118.
corruption with a universal source. While they rejected the religious view that plague could only be curbed through prayer and processions, they evidently believed that improving the morality of their audience would improve their resistance to plague.\textsuperscript{48}

Of the sixteenth-century doctors, Daciano used his understanding of medicine to find the causes of plague and thus the causes of societal corruption. His acceptance of the contagion model allowed for him to believe the Jews were responsible for the plague at a time when Udine in fact expelled the Jews from the town indefinitely.\textsuperscript{49}

Fioravanti’s radical medical ideas resulted in his rejection of the otherwise widespread contagion concept in favour of a religious message, calling for better treatment of plague patients caught in the injustices of civic plague regulations.\textsuperscript{50} All of these four authors pushed Christian agendas that were intended to improve the lives of their fellow-Italians, and they used the plague as an opportunity to voice their message.

\textsuperscript{48} See below, Chapter III, pp 59-82.
\textsuperscript{49} See below Chapter V, pp 102-118.
\textsuperscript{50} See below, Chapter IV, pp 83-101.
Literacy and Readership of Vernacular Medical Works

There are no definitive numbers one can give for levels of literacy in Italy in the fifteenth century. R.A. Houston has listed the most common methods that historians use to estimate levels of literacy. Firstly, one can use indirect measures, like lists of schools, book-sale figures, inventories of people’s possessions or the accounts of contemporary observers. All these indirect measures require further interpretation by the historians. For example, owning books did not automatically mean that the owners read them or if they did that they were the only ones who read them.51 It is also worth noting that contemporary observers were notoriously unreliable. For example, Giovanni Villani’s famous account of Florentine levels of literacy claiming that up to 45% of school-age children were learning to read is now considered highly unlikely.52 Direct measures of estimating literacy levels include studying diaries, library registers and signatures on legal documents.53 The problem with the direct measures is of course the sporadic availability of adequate source material.

Based on census information for school attendance in Venice in the late 16th century most of the urban nobility and merchant classes could read in Latin and vernacular, and most of the girls of the same classes could read at least in the vernacular. People learned to read in various kinds of urban schools and many, especially girls, received the basics of a literary education at home.54 However, on the other hand, it has been noted that the quality of the Latin schoolboys may have learned has been highly

52 Paul F. Grendler, Schooling in Renaissance Italy: Literacy and Learning 1300-1600, The Johns Hopkins University Press, Baltimore & London, pp 71-74. Grendler argues that the number of teachers required, for Villani’s numbers to be accurate in the existing schooling model, would have been too high, for the teachers to leave no sign on any legal or communal records.
53 Houston, Literacy in Early Modern Europe, p 118.
54 Grendler, Schooling in Renaissance Italy, pp 43-49
exaggerated, as their vernacular glosses on text books show that their understanding was very limited.\textsuperscript{55} However, during the fourteenth century it became common to use vernacular in the teaching of Latin. This indicates that anyone who went to school in the following two centuries would have at least learned vernacular reading and writing skills, even if their Latin remained rudimentary.\textsuperscript{56}

Any conclusions about the actual levels of literacy are further obscured by the different early modern meanings of the word “illiterate”, which could mean unable to read at all, unable to read Latin, or unfamiliar with high literature.\textsuperscript{57} Nonetheless, scholars agree that there was a significant increase in levels of literacy in Italy from the 15\textsuperscript{th} century onwards.\textsuperscript{58} The first notable reason for this seems to be the increased need for literate professionals like notaries, secretaries and public officials as Italian society became more urbanised and bureaucratic.\textsuperscript{59} The second was the renewed interest in lay education introduced by the humanist ideals. Even though most people were by no means highly educated, the humanist concept of ‘well-educated man’ equating to ‘good man’ was influential.\textsuperscript{60} The humanists claimed that their education program, heavily emphasising the study of ancient Roman philosophers and statesmen, did not merely create educated men, but better men. They would become

\begin{itemize}
\item\textsuperscript{55} Robert Black, \textit{Humanism and Education in Medieval and Renaissance Italy: Tradition and Innovation in Latin Schools from the Twelfth to the Fifteenth Century}, Cambridge University Press, Cambridge, 2001, pp 25-26
\item\textsuperscript{56} Black, \textit{Humanism and Education}, pp 171-172
\item\textsuperscript{57} Houston, \textit{Literacy in Early Modern Europe}, p 4
\item\textsuperscript{58} Although Grendler, Houston and Black disagree on many aspects of the Renaissance education and the levels of literacy it conferred, they all agree that the number of literate people increased dramatically in the early modern period. For a summary see also, Eamon, \textit{Science and the Secrets of Nature: Books of Secrets in Medieval and Early Modern Culture}, Princeton University Press, Princeton, New Jersey, 1994, pp 122-123.
\item\textsuperscript{59} Grendler, \textit{Schooling in Renaissance Italy}, p 11-12
\item\textsuperscript{60} Hans Baron, \textit{In Search of Florentine Civic Humanism: Essays on the Transition from Medieval to Modern Thought}, vol. 1, Princeton University Press, New Jersey, 1988, particularly Ch 1, pp 3-23 and Ch 2 pp 24-42.
\end{itemize}
moral and sensible through the seriousness conferred by diligent study. In other words, education had become necessary for many civic occupations and also fashionable, because of the current intellectual climate.

The intended audience of Marsilio Ficino’s and Michele Savonarola’s plague tracts is best evaluated through their own statements in their prefaces. Ficino stated at the beginning of his tract that he intended the people of Tuscany to read his work:

My love towards my homeland moves me to write some advice against the plague. And so that every Tuscan person understands the plague and can medicate with this book, I will start with long and subtle disputations and so I will write in the language of Tuscany.

The passage shows the choice of writing in the vernacular was specifically for the purpose of being understood by a wide variety of people. Ficino also demonstrated that his intention was to cater for people of varied economic circumstances. In the chapter recommending prophylactics against the plague, Ficino gave separate advice to the rich and to the poor, recommending an emerald as an amulet against the plague for the rich and horseradish for the poor. Savonarola also recommended different things for the poor and the rich depending on what they could afford. Most strikingly the purpose of these books was to help people medicate themselves.

Michele Savonarola’s plague tract shows a great commitment to catering for a lay audience. Savonarola had moved to Ferrara and wrote several works of a medical nature in the local dialect, to the point that Belloni describes him as a populariser of

61 Ibid.
62 Ficino, Consilio, p 55, “La carità inverso la patria mia mi muove a scrivere qualche consiglio contro la pestilenza. Et accioché ogni persona Toscana la intenda et possi con esso medicare, premetterò le disputazioni sottili et lunghe, et eziamdio scriverò in lingua Toscana.”
63 Ficino, Consilio, p 107.
64 Savonarola, Della peste, p 16
medical knowledge.\(^{65}\) Savonarola started his *Della peste* with a long praise of the virtue of gratitude and the vice of ingratitude, where he thanked his benefactors and dedicated his work to the Ferrarese. Savonarola also stated that he wished for a large number of Ferrarese to be able to read his works which is why he chose to write in the vernacular:

> And because death with its eyes closed takes the days from everyone. I command to do the thing most common and known by all, so that like this I make myself under obligation to everyone, I will write also in the vernacular. And maybe I will be reprimanded for this: but let such people know that a thing that is more common, when it is good, is more divine.\(^{66}\)

At the end of the plague tract Savonarola mentioned that he had written a Latin version of the tract as well, which he thought may have been useful to those with a deeper interest in his subject matter. Here he again mentioned his obligation to write in vernacular for the sake of public health:

> I have here made my arguments in the vernacular, not to dwell on speculations, which the vernacular man would not understand, but to satisfy my debt which I am obliged to settle, recalling these things rather for the health of the Ferrarese people.\(^{67}\)

Throughout, Savonarola’s intent was not to cover every possible aspect of the plague, but to have the tract serve the needs of the common people.\(^{68}\) This, of course did not necessarily imply that the readers would be the lowest and poorest citizens of Ferrara, but that he expected his readers to at least be advising them. His common audience

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\(^{65}\) Luigi Belloni, introduction, to Savonarola’s *Della peste*, p xvi.

\(^{66}\) Savonarola, *Della peste*, p 5, “E il perché la morte con li ochy cliusi trà i dati pur a tutti, imperò per far la cossa più comuna e a tutti nota, che cussì a tuti obligato mi rendo, scrivèrò pur in vulgare. E forsi serrò di ciò ripreso: ma sapiano quelli tali, che la cossa, quanto è più comuna, siando buona, tanto più de divinità participa”

\(^{67}\) Savonarola, *Della peste*, p 40, “Le quale tutte io posto le ho per ordene e ampiamente e claramente nel mio tractato litterale, sì che chi lezer le vole, requira quello: che io ho pur facto questo cussì in vulgare, non per stare su le speculazion, le quale non cape il vulgo, ma per satisfare al debito che son obligato, rimemorando pur le cosse a la sanità dil populo ferarese”

\(^{68}\) Savonarola, *Della peste*, “Qui a scrivere ogni cossa in particolare, seria molto longo e infructuoso, specialiter al populo. E io pur a quello cirandolo de far tale cossa che cum quella aiutare si possa, me redurò su quelle cosse poche e bene fructuose, chel populo tuo me habia ad intendere e che anco liezieramente far possa.”
implied, for example, apothecaries and surgeons, who were not university educated, but official practitioners who should be guided by the physician’s medical expertise.  

Vernacular medical writings created a network of medical practitioners, which is also evident in from the context of Leonardo Fioravanti’s plague tract. His works were widely distributed and he provided recipes and instructions to apothecaries and surgeons around Europe. Notably his contemporary English translator, John Hester, was an apothecary in London who sought to popularise his works on the British Isles:  

\[ \text{The famous Fioravant bothe Doctor and Knight: deserves no small praise, and honor, asvvell for the penning and publishing abroad for the great comfort and commoditie of everyone this vvorthie vvork: as also divers others in the Italian toung.} \]

Similarly all the plague tracts discussed in this thesis were addressed to a general audience, but most likely found their homes in the hands of various colleagues and patrons. Michele Savonarola dedicated and directed his work to all the Ferrarese, but his book was presented to his patron Borso D’Este who was duke of Ferrara at the time of writing. Giosseffo Daciano also evidently originally provided his work to his patrons the civic health officials of Udine, only afterwards making it available in print. In all cases, while the plague tracts were mostly given to those with an occupational interest in medicine or public health, the intention of the authors

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70 Ibid. pp 254-255

71 John Hester, Dedication to Sir James Blunt in his translation of Fioravanti’s tract, *A joyfull iewell Contayning aswell such excellent orders, preservatiues and precious practises for the plague, as also such meruelous medcins for diuers maladies, as hitherto haue not beene published in the English tung. First made and written in the Italian tung by the famous, and learned knight and doctor M. Leonardo Fiorouantie, of his owne ingenious inuentions. And now for the carefull commoditie of his natiae courtrey, translated by John Hester, London, 1579. Available through Early English Books Online, original at the British Library.


73 Daciano, *Della peste e delle pepecche*, introduction and dedication to the Sette Signori.
according to their own words was that the plague tracts would eventually aide the
common people. Either the tracts would be distributed through a medium better
available to lower classes, like printing, or their patrons and colleagues would share
out the knowledge in the tracts to their subjects and patients. Savonarola demonstrated
that he intended his audience not to be limited to those who could actually read the
tract, but he expected people also to use it to advise their friends and acquaintances in
plague times:

To say everything would require the writing of a codex, but instead I hope this
will suffice and be of great help to your people who will also advise each other
with it. To those who understand this advice, it will be of great help.74

Taking the authors’ own presumptions about the nature of their audience, along with
Grendler’s estimations about literacy levels, we can conclude that the immediate
audience of vernacular plague tracts was composed mainly of the higher social classes
of the Italian urban population. The intended audience for Ficino’s, Savonarola’s and
Daciano’s tracts was also primarily local, as the dialects differed greatly in different
regions of Italy. Meanwhile, Fioravanti claimed a global audience, often repeating the
idea that his work would be of use to “the people of the world”75. While obviously an
exaggeration his work was widely translated during his lifetime, ensuring a
surprisingly wide European audience.76 Ficino was also frequently translated, but he
seems to not have anticipated that in his tract.77 The audience of these four doctors
would have certainly included surgeons and apothecaries, and perhaps even empirics

74 Savonarola, Della peste, p 31, “E tutto voler dire, seria scriver un codego; ma pur spero ciò basterà, e
saranno in grandissimo aiuto al populo tuo, che pur uno cum l’altro se consigliarano, e lo intelligenti in
aiuto serà al grosso”
75 Fioravanti, Regimento, e.g. p 10 “le genti del mondo”
76 Eamon, Science and Secrets of Nature.
77 Giampaolo Moraglia in introduction to Marsilio Ficino, Consilio contro la pestilenza, edited by
who could read Italian. The choice to write in the vernacular and the proclamations of
the authors suggest all four plague tracts also expected an audience that was not
limited to wealthy nobles or scholars, but included merchants and literate
professionals, possibly even some artisans. Their audience was also primarily
masculine. Based on vernacular literacy estimates their audience could have included
some women, but it should be noted that even gynaecological works directed at
women rarely actually ended up in their possession.78

As the following case studies will show, all four authors had educational purposes for
writing their plague tracts. In order for their message to be effective they had to
believe their works would reach a significant audience either directly or through
intermediaries. The authors tried to ensure this through their choice of language and
through simple and understandable explanations of the science of plague. Their
attempts to correct what they perceived as common misconceptions about plague and
its prevention demonstrate what those common conceptions were. Furthermore, these
four physicians were ultimately devout people whose attitudes, prejudices and
concerns reveal what they thought of their society and how they thought it could best
be improved.

78 Monica Green, Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern
Chapter III

Self-Control and Moral Improvement: Marsilio Ficino and Michele Savonarola Building the Authority of Physicians

This chapter will show that the early modern concept of health was inextricably connected to the health of the soul. Spiritual purity was as important as physical purity as the authors’ advice on maintaining a good humoral balance required that patients keep their mind on God and their behaviour sinless. This religious message served to consolidate the reputation of physicians as intellectual and pious men who should be the most trusted medical practitioners.\(^1\) Marsilio Ficino\(^2\) and Michele Savonarola\(^3\) were prominent examples of fifteenth-century physicians and their plague tracts are the focus of this chapter. Both their plague tracts were popular and their positions at court enabled them to promote the public standing for learned physicians.\(^4\) Although Ficino’s work in the 1480s and Savonarola’s in the 1460s do not suggest they had any knowledge of each other, they shared the same scholarly and philosophical background and medical understanding. Ficino and Savonarola showed great consistency in tying the humoural theory to spiritual matters, and they both had a deep

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\(^1\) For early modern doctors, see above, Chapter I, pp 22-37.
\(^2\) Marsilio Ficino, *Consilio contro la pestilenza*, edited by Enrico Musacchio, introduction by Giampaolo Moraglia, 1983. All quotes from this text, hereafter referred to as *Consilio*.
\(^3\) Michele Savonarola, *I trattati in volgare della peste e dell’acqua ardente*, edited by Luigi Belloni, 1953. All quotes from this text, hereafter referred to as *Della peste*.
desire to convince their vernacular audiences of the superiority of humoural medicine and the university-trained physicians who practised it. Ficino and Savonarola demonstrated the extent of their knowledge and education by emphasising the connections between the physical and the spiritual, excesses of the body and excesses of the mind and soul. Their plague tracts addressed religious anxieties connected with medical treatment, as well as popular understandings of plague and sought to correct their audience’s attitudes on these matters. The goal of these two authors was to convince the public that physicians were the best equipped to understand the intricacies of humoural medicine for the benefit of their patients’ souls as well as their bodies.

The most common advice for avoiding the plague, given by doctors and other plague tract writers, was always flight. The exhortation “Cito, longe, tardi” – flee quickly, go far, and return late or slowly – appeared in all plague tracts including those by Savonarola and Ficino. Doctors invariably stressed that fleeing the poisonous vapours was the only way to absolutely guarantee staying healthy. Therefore it is not surprising that doctors had a reputation of fleeing plague cities and leaving the sick to fend for themselves. In fact, by the seventeenth century, local health boards introduced laws forbidding doctors from fleeing in times of plague on pain of death or confiscation of property. Whether physicians actually did or were even able to flee plague cities remains uncertain. Doctors were by no means necessarily wealthy: those

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who could flee probably did, but those who could not afford to would have stayed just like any other poorly off city-dweller. However, the popular impression that they fled served to erode trust in doctors among lay people. Leonardo Fioravanti enforced the popular idea in his sixteenth-century plague tract:

The first cause then [why the plague causes such ruin], is that when the people are plague-stricken the doctors do not want to cure them for fear of catching the plague and dying.

If the doctors could not be trusted to be present when they were needed the most, then how could they be respected? In addition, university physicians seemed completely stumped by the plague, and most doctors seemed entirely incapable either of curing it or even of alleviating the suffering of their patients. These two factors together could easily have destroyed any credibility of medical practitioners, however they managed to regain people’s trust and eventually control the publicly endorsed methods of containing and treating the plague.

Savonarola addressed both the concern of absent doctors and their complete confusion very early in his plague tract:

And because talented doctors are dumbfounded and made reluctant by such a visitation [of the plague], and thus the sick often end up in the hands of empirics who do not understand the disease, I will explain the way to cure the plague.

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9 Nancy Siraisi, Medieval and Early Renaissance Medicine: an Introduction to Knowledge and Practice, University of Chicago Press, Chicago, 1990, Chapter 2, pp 17-47
10 Leonardo Fioravanti, Regimento, p 18, “La prima causa adunque, è, che assendo le genti appestate, i medici non li vogliono curare, per paura di non appestarsi, & morire.”
12 Savonarola, Della peste, p 4, “Il perché li medici valenti sbigotiti sono e ritrosi fatti da tal visitazione, e comuniter tal infirmi capitano ne le mane di emperici chel fatto non intendono, imperò ponerò il modo de la cura quando infirmati serano”
The empirics did not understand the plague or how it worked, as far as the physicians were concerned, and the reluctance of doctors to treat the plague meant people were left with inadequate treatment. Savonarola agreed that those who were able should flee the plague, but one of the reasons for writing his plague tract was to produce a guide for those who had to remain in plague-stricken areas:

[I will write] so as to satisfy every one of the people: the rich, the poor, and the middling, and those who are far and those who remain in their land and their homes.13

The intention of the tract was to help compensate for the perceived shortage of doctors by producing a handbook for lay people. Home treatment was always the first resort for everyone but the very wealthy. As discussed above, people often sought the advice of doctors in serious illness, but mostly everyone was treated at home by their families.14 From the fifteenth-century onwards common people, who could read in the vernacular, were increasingly utilising printed advice books to complement their common sense in treating the sick.15 Considering the explicit intentions of both Savonarola and Ficino to cater for a wide vernacular-reading audience, they obviously believed their readers would utilise the advice in their plague tracts to treat themselves.16 Far from diluting the physicians’ authority, this approach exposed the audience to the physicians’ view of the plague and their tireless insistence that their way was in fact the best way to conquer the plague.

13 Savonarola, *Della peste*, p 4, “io in queste due cosse, come medico humano, secundo la parvità del mio inzigno, me asforzarò de scrivere per si factamente per si factamente, che mi creda ad ognuomo del populo tuo satisfare: richi , poveri e mezani, a quelli chi se lontana, e a quelli chi nella terra e in casa starano.”
16 On readership of plague tracts, see above, Chapter II, pp 52-58.
The greatest didactic purpose behind Ficino’s and Savonarola’s plague tracts was to make certain people sought medical advice as soon as they felt sick. One of their greatest concerns was that people would delay in obtaining the medical care they needed during plague epidemics. This sense of urgency was no doubt sincere, as the doctors were concerned about the health of the people, but it also served in a pragmatic sense to promote the services of medical practitioners. There were several reasons why a person might decide to avoid medical treatment and Ficino and Savonarola gave emphasis to those concerns they found most pertinent. Savonarola concentrated in particular on religious concerns while Ficino focussed on overconfidence in one’s humoral balance. Both were trying to correct popular views that they considered to be wrong from their professional perspective.

Savonarola attempted to dispel the idea that disease should be passively endured as a spiritual trial. Medical care could be a cause for concern for a conscientious patient in Renaissance Italy. A devout person could fear that attempting to obtain a cure would interfere with God’s plan. If the plague was sent by God as a punishment for people’s sins, then attempting to cure it could be thwarting his will. The idea that disease and infirmity were to be endured for the betterment of one’s soul was especially typical of monastic medicine, which dominated European medical theory in the Middle Ages.

During the Middle Ages, as monasteries took over medical care, the focus turned from

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the ancient ideal of curing disease and relieving suffering, to helping the sick endure their affliction. The difference was that instead of simply making the sick more comfortable they were encouraged to consider their illness and suffering as a religious experience, which would benefit them spiritually. By the fifteenth century, although medical practice became a more secular discipline, doctors were most definitely still religious and concerned with Christian notions of disease.

In his plague tract Savonarola explicitly addressed the concern that medicine was interfering with divine purpose “There are some who believe that there is no such thing as a remedy, but that it is the work of God alone, when someone is cured” Savonarola insisted that God did not intend for everyone to idly await their death when plague came. He was concerned that people might forgo simple remedies for fear of offending God, which indicates that some people did avoid treatment for spiritual reasons. Many ecclesiastical authorities believed that if God alone could cure the plague, then using medical remedies could further incur his wrath, which was already evident in his afflicting the world with plague. Some also believed that the sexual sins of individuals within the community could result in a visitation of the plague. Bernardino of Siena preached morality in fifteenth-century Italian cities and one of his pet subjects was sexual deviance. He insisted that the common occurrence

Ibid. Also for later early modern example of the endurance of this view, see Thomas Worchester “Plague as Spiritual Medicine and Medicine as Spiritual Metaphor: Three Treatise; s by Etienne Binet, S.J. (1569-1639)” in Piety and Plague: From Byzantium to the Baroque, edited by Franco Mormando and Thomas Worchester, Truman State University Press, Kirksville, Missouri, 2006, pp 224-236

Savonarola, Della peste, p 6, “Suono pur alcuni che credono a tal cosa rimedio non essere, ma che l'Idio solo ziò adopera, quando alguno di ciò guarisse.”

of homosexual behaviour among Florentine men brought on God’s wrath.

Bernardino’s sermons were very popular and resonated with ideas already held by many in Italy.\(^2\) Thus it was believed that the poor moral behaviour of individuals could bring disease to all members of the community even if only some transgressed.\(^3\) Moreover, the tensions between religious and civic authorities in regard to plague safe-guards were already evident, although they have mostly been noted in the sixteenth and seventeenth centuries. Secular authorities in Northern Italian cities would often requisition religious buildings for plague hospitals, but most importantly they placed many restraints on sermons and processions that gathered large crowds. Civic leaders obviously feared the spread of disease in crowds, whereas the clergy believed that the only way to truly placate the wrath of God and to eradicate the disease was to humbly ask for his forgiveness.\(^4\)

Savonarola expressed annoyance at those who blamed God for their disease, when they could have used the tools provided by God to stop the disease:

To this I always have the same response: It is a serious thing to thus accuse glorious God, as if he had not provided us with simple virtues, like herbs, minerals and earth.\(^5\)

Savonarola was determined to encourage everybody to seek medical help, adopting the stance that God would help those who helped themselves. Savonarola admitted that in the case of deadly diseases, like confirmed plague and leprosy, a patient should

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\(^3\) The transgressions of women could also bring plague, Hatty & Hatty, *The disordered body*, pp 102-104, from the 16\(^{th}\) century the presence of socially corrupting elements like prostitutes could also incur God’s displeasure, see e.g. Ann G. Carmichael, *Plague and the Poor in Florence*, Cambridge University Press, Cambridge, 1986, pp 123-125.

\(^4\) These measures were commonplace in the 16\(^{th}\) and 17\(^{th}\) centuries, Carlo M. Cipolla, *Faith, Reason and the Plague*, pp 1-12.

\(^5\) Savonarola, *Della peste*, p 6, “Questo tal dire serebe a ogni effecco chi viene sempre infrangibile risposta; seria apresso accusar Idio glorioso, che a simplici virtute dato non havesse, cuome herbe, minerale et huis: che zio frustratorio serebe stato, se cussí adoperasse”
lose all hope of recovery and lay oneself at God’s mercy. However, plague in its early stages was weak and therefore could be avoided and cured with the tools provided by God.  

Savonarola’s willingness to disbelieve that medicine would interfere with God’s plan most likely stemmed from the fact that plague changed the idea of disease as a personal punishment from God. The plague could not be seen as a direct punishment to an individual because it was so obviously indiscriminate in whom it afflicted. God was considered the original reason for the plague, as he was responsible for the celestial and terrestrial phenomena that were believed to cause plague vapours in the air. However, the high mortality rates made it seem unlikely that He would have picked specific sinners to die of it. Leprosy, which had dominated earlier medieval notions of disease, was selective enough that a stigma of sexual transgression was attached to those afflicted with it. The plague, however, killed en masse and seemed to be more easily transmitted.

Savonarola and Ficino were eager to promote the idea that God would not condemn people trying to prevent it and cure it. The entire purpose of plague literature was to provide treatments for avoiding and curing the plague. To Savonarola medicine was not magical or ungodly, but a science which God had allowed people to take advantage of for their own good. Ficino also emphasised the role of God as a provider of natural cures:

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26 Savonarola, Della peste, p 6
27 The death tolls of the plague are widely debated, but even the lowest estimates for the 15th century suggest 10% of the population perished during plague epidemics. See e.g. Carmichael, Plague and the Poor, pp 61-62 14th century mortality 20%, 15th century mortality, 10%. See also Ole J. Benedictow, “Morbidity in Historical Plague Epidemics” in Population Studies, Vol. 41, No. 3 (Nov., 1987), pp. 401-431.
28 The order of importance for the causes of disease were: 1. God, 2. Heavenly bodies and terrestrial phenomena 3. Corrupt air, 4. Immoderate living. For this summary of the medieval and Renaissance belief on the causes of disease e.g. Hatty & Hatty, Disordered Bodies, p 177.
29 See Hatty & Hatty, The Disordered Body, pp 50-56
To conclude, let us pray to God, the giver of life and the revealer of true and salubrious medicines, that He should reveal sufficient remedies against the plague to us and conserve for us the gift of life. For His praise and glory. Amen.30

God revealed medicines to people so that they could be relieved of suffering and dying, rather than just inflicting disease as a spiritual trial. Whatever the original reason for sending plague to the world may have been, the idea was that people who were good and moderate and sensible enough to follow the advice of doctors, could avoid the plague through their own actions.

While Savonarola was the most worried that people might forgo the treatment of doctors for fear of angering God, Ficino, on the other hand, was particularly worried that people might trust too much in their natural resistance to seek remedies:

> Do not place your hope in the purgation that nature provides, because these are irregular due to indigestion and the fury of the [plague] poison. Nature when oppressed will rather do what it can do, than what it ought to do.31

Ficino was attempting to correct a medical fallacy that he perceived was common in his time. He feared people would simply presume that they were not susceptible because they generally enjoyed good health. Ficino claimed that people frequently failed to identify plague in its early stages. The signs were deceptive and he admitted that both modern and ancient doctors found it hard to diagnose plague early on. However, the fact that he then proceeded to identify the various signs that could be misleading, showed that he believed that physicians were eminently qualified to deal

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31 Ficino, *Consilio*, p 79, “Non sperare in evacuazione che facci la natura, perché sono irregolari per la indigestione et furia del veleno; et la natura oppressa fa più quello che può che quello che debba.”
with this issue.  His advice for his non-expert readers, however, was to simply use all his remedies in plague time, whether they were sure they displayed signs or not:

Therefore, in these times, you must not spend any time scrutinising the signs of the disease, because the signs deceive you, and nature will not wait if you do not immediately resort to the remedies.  

Similarly Savonarola exhibited this sense of urgency in his advice:

And I instruct in these times, when a man feels oneself injured, he should immediately have recourse to medicines, and not later, because in mora est periculum [the danger lies in delaying].

Savonarola and Ficino stressed the pressure to act quickly because they believed prompt intervention provided the best chance of survival. Emphasising the urgency had the added benefit of engaging all their readers equally, whether they thought themselves robust or not. Ficino stressed the concept that even those with a sanguineous humoral balance, which was popularly thought to convey vigorous health, were susceptible to plague. According to Ficino they were especially susceptible as putrefaction would easily attack the hot and moist blood, whereas Savonarola was satisfied with insisting that all humours were greatly susceptible to the plague poison. Either way their advice was to be heeded, because:

Do not rely, however, in saying: “Perhaps I am not predisposed to catching [the plague].” Bear in mind this law of physics, that when the substance is very predisposed, the reacting agent, however weak it is, reacts quickly; like a spark lights a tinder. And conversely, a very strong reacting agent reacts even in material that is not predisposed.

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32 Ficino, Consilio, pp 59-60
33 Ficino, Consilio, p , “Però, non si debba in questi tempi mettere tempo alcuno a disaminare e’ segni del male, perché e’ segni t’ingannano, et la natura non ti aspetta se non corri colli rimedi presto.”
34 Savonarola, Della peste, p 6, “E imperò in questi tali tempi, come l’omo se sente ferito, subito a le medicine se ricorra, e non tarde, il perché in mora est periculum”
35 Ficino, Consilio, p 58, “Non ti fidare però nel dire: “ io non sono forse disposto a ricevere”. Tieni a mente questa regola fisica, che, quando la materia è molto disposta, la cagione agente, per debole che sia, adopera presto; così la favilla accende la stoppa e il zolfo. Et, per contrario, la cagione potentissima adopera nella materia benché non sia disposta.”
This insistence was intended to cajole people to action. Moreover it again placed the
 doctors in an authoritative position from which they could assert their own methods of
treating the plague.

The primary modes of treatment within humoural medical practice were different
forms of purgation. Although medications could be used to dry out putrefying
humours, no remedy was complete without an agent that helped remove the poison,
the excess humour, or the putrefied humour that was causing the disease. All the
remedies suggested by Ficino and Savonarola aimed at expelling and purging the
causes of disease from the bodies of their patients. Conversely, this also included the
purgation of humours generally considered good by lay people. The humour always
considered the most precious was without a doubt blood. Since phlebotomy was a
major form of treatment for humoural doctors, understanding that the blood may have
become tainted by a disease helped people understand the necessity of blood-letting.
Moreover, the people needed to understand that enjoying robust health, consisting of a
humoural balance abundant in blood, the good humour, was no protection against the
plague which specifically attacked blood according to Ficino. His and Savonarola’s
explanations of the necessity of bloodletting were intended to elicit trust in the
physicians, who would undoubtedly prescribe phlebotomy as a treatment.

36 Ficino, Consilio, e.g. p 82. Also, see above, Chapter II, pp 39-51.
37 Importance of blood from ancient Greek medicine, Raymond Klibansky, Erwin Panofsky and Fritz
Saxl, Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion and Art, Thomas
Nelson and Sons, London, 1964, p 13. On cultural importance of blood especially in religion see,
Caroline Walker Bynum, Wonderful Blood: Theology and Practice in Late Medieval Northern
Germany and Beyond, University of Pennsylvania Press, Philadelphia, 2007. Bettina Bildhauer,
38 Ficino, Consilio, pp 56-61. Note that Savonarola did not believe that any humour was particularly
susceptible to plague, but that the plague vapours infected any excess. Ficino’s view was however
generally more commonly held by contemporary doctors.
It is also notable that Ficino emphasised the idea of plague as a type of poisoning. He described the plague as an all-encompassing phenomenon that corrupted the surrounding nature before it attacked the health of individuals. As he explained earlier in the tract, he believed that whenever the vapours were released and began corrupting the air they were not yet poisons, or they would have infected everyone equally. However, “the vapour is of a quality that can easily become poisonous.”

Perceiving the disease as a poison was a method by which Ficino attempted to make the plague more tangible, to those perhaps unfamiliar with the finer points of humoural medicine. He invoked the idea of plague as a poison frequently by using the words “vapore” (vapour or miasma) and “veleno” (poison), the latter especially when discussing the course of the disease within the body. The concept of disease as a poison was not invented by Ficino, but was in keeping with ancient ideas of humoural medicine. However, it was a particularly suitable conceptual model for a disease as ferocious as plague. Miasma or vapours were commonly regarded the method by which diseases spread. The common understanding of miasma included the idea that bad smells indicated the presence of bad vapours. In fact, both Ficino and Savonarola gave extensive examples of how to combat plague by avoiding bad smells and using scents and scented fires to repel them. Their imagery was meant to convey

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39 Ficino, Consilio, pp 55-59, for more on this concept see introduction to the Consilio by Giampaolo Moraglia, pp 9-14.
40 Ficino, Consilio, p 55 “Nota che, per intendere rectamente, quando dico quello vapore essere velenoso, tu non creda sia proprio veleno secondo la forma et tucta natura sua, perché tutti gli uomini infermerebbono.Ma è di qualità da diventare facilmente veleno.”
41 See above, Chapter II, pp 39-51.
43 Ficino, Consilio, e.g. p 64 “Abbiti grande cura da’ venti che vengono da’ stagni o paduli, da acque ove sia erbe marce et lino in macero , et da qualunque male odore.” p 65 “Afumiga la casa spesso con buoni odori. Similmente le veste. Tieni al naso et in bocca (dove più importa) della tiriaca” Savonarola, Della Peste, e.g. p 9 “In mano, nel tempo caldo, portar se debbe la sponga infusa ne l’aceto e l’aqua rosata…” etc. Notably fires and specifically fires made with fragrant woods remained an important way of purifying plague houses especially in the 16th and 17th centuries see e.g. Cipolla, Faith Reason and the Plague, Appendix I, pp 87-90 (17th-century Tuscany cleaning instructions), and Byrne, Daily Life During the Black Death, , p 69 (16th-century Yorkshire cleaning instructions).
that the plague miasma invaded the body similarly to how smells invaded the nose and mouth. The combination of tangible concepts like smells and poisons helped people to visualise and comprehend how the university-educated doctors believed the plague infected them. Explaining the theory behind the practice of humoral medicine served to emphasise the learning of physicians, and more importantly to demonstrate how necessary their deep understanding of the plague was to the populace.

Ficino was thus very concerned that people might think they were safe and go about their business without taking any medical precautions. Savonarola was more worried that people might do without treatment, because they feared angering God. Both authors combined this with medico-spiritual concerns. An excess of blood, generally considered a healthy disposition requiring little medical maintenance, was not only vulnerable to plague, but was starting to be seen as a potentially sinful disposition. The heat in a sanguineous body could predispose a person towards sexual sins. The ambiguity of the comparative virtues of bodily humours ultimately encouraged the preservation of a balance that never let any humour become excessive in the body. Maintaining a healthy balance, where no surplus humours existed and thus no putrefaction could accrue was of course impossible. Such a state could, however, be striven towards which required rigorous self-discipline in both body and mind. Since the plague poisons were in the air, and no man could simply stop breathing, Savonarola advised his readers that:

\[ \text{to preserve oneself from the plague there is no other method but to prepare the humours of the body in a way that they may defend against the poison in the air and the putrid vapours thus acquiring the strong virtue to resist the plague.} \]

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44 See, Klibansky, Panofsky and Saxl, *Saturn and Melancholy*.
45 Savonarola, *Della peste*, p 19, “E inanti che più oltra scriva, vogio che se sepia chel preservare da la peste non è altro che preparar lifi humori del corpo, per modo che se possano defendere dal veneno di l’aere e da li vapori putridi, reddendo cussì la virtù forte a resistere.”
According to the physicians, the most important thing was to not remain idle or passively await the infection, but to actively avoid becoming sick by bettering one’s physical and spiritual condition.

The best way to protect oneself from the plague according to Savonarola was “il ben vivere” – good living. Medicine and Christian values were entwined in his advice on this good living. To Savonarola, making sure one confessed one’s sins often was crucially important. Maintaining a pure soul allowed a person to remain happy and unencumbered as they knew that even if they were to catch the plague and die, God would look after them. Moreover, as worrying upset the humours and made a person more likely to become infected, someone untroubled was less likely to contract the plague.46 Ficino thought on similar lines, as he advised that “joy fortifies the spirit of vitality” which was the spirit which the plague directly attacked according to Ficino’s plague tract.47 The intention here was not to encourage people to live frivolously or too lightly. People were not to merely keep a light heart, but they were to find their relaxed composure through trust in God.

Traditional humoural medicine was ultimately inappropriate for looking after large numbers of people infected with the same illness. Since physicians did not perceive diseases as independent entities each individual could manifest different symptoms based on their humoural balance and complexion.48 Since individual care was not an

46 Savonarola, Della peste, p 5, 15.
47 Ficino, Consilio, p 107 “la letizia fortifica lo spirito vitale”. For an example of 16th-17th century doctor holding similar convictions about joy from the purity of conscience protecting from plague, see Worchester “Plague as Spiritual Medicine” p 231.
option when writing a plague tract and presuming a large and varied audience, Savonarola and Ficino gave general life and health advice that should apply to most people. Both maintained that for proper specific care, the best thing would be to consult an actual physician, rather than a book, as a physician could directly observe a person’s individual balance. Plague tracts were thus intended for emergencies, when no doctors were around, but also to give people a little bit of information while leaving them to consider consulting a physician themselves.

One of the ways that doctors maintained their authority was through dietary advice. Thus, Savonarola and Ficino recommended exercising restraint in food consumption as a prophylactic to plague. Dietary regulation was a major tool doctors employed to gain control of their patients. The concept of control through food would not have been strange to contemporaries, as people were very used to the Church controlling their eating habits through religious fasting periods. Fasting could also be assigned as a penitential exercise.49 During plague times, people were to avoid eating excessively or enjoying foods that were too rich. Gluttonous eating predisposed a person’s body to plague because it created “a body full of impurities and fetid vapours outside and inside, and superfluous foods and humours that are apt to putrefy and become inflamed.”50 Humoural medicine often recommended moderate eating habits to promote patients’ health, but one cannot help noting that it bears similarities to penitential practices.51 Both Ficino and Savonarola gave the same advice on how to eat when trying to ward off plague: eat less than normal and eat less frequently than

50 Ficino, Consilio, p 59. For full quote see below, p 81.
normal, but do not let yourself get overly hungry or thirsty.\(^{52}\) Although restraint was
to be shown in the consumption of food, too little as well as too much could throw the
humours out of balance. Savonarola also advised that one should be sated by just one
type of food, which implies not just medical concerns, but a concern about eating too
opulently.

   Eat moderately and fairly scarcely, and wait eight hours between meals, and
be content with one type of food rather than eating many. \(^{53}\)

However, once a person was actually sick, both authors gave the opposite advice,
telling those caring for the sick try and get the patients to eat as often as possible. A
healthy appetite was a sign that the patient was in fact getting better.\(^{54}\) This
discrepancy illustrates that abstaining from food was not merely a medical concern. If
the potential imbalance caused by excessive eating was not relevant to those already
sick, but only to those who were trying to avoid illness, it meant that diet was also a
spiritual prophylactic. Gluttony was a mortal sin so keeping the soul pure of
gluttonous behaviour helped prevent corruptions of the body as well.

Furthermore, although moderation was good for moral discipline, dietary rules could
also be used to shift the power in the doctor-patient relationship towards the doctor.
Gianna Pomata has convincingly argued that payment for doctors in the late Middle
Ages and early Renaissance was dependent on whether the patient was cured. People
brought numerous cases to the Bolognese medical board with the specific complaint
that they ought not to have to pay if the patient was not cured by the doctor. If the
doctor could show that the patient had failed to adhere to the doctor’s eating rules, he
could be excused and receive or keep his fee. This conditional payment model was

\(^{52}\) Ficino, *Consilio*, p 63 and Savonarola, *Della Peste*, p 15
\(^{53}\) Savonarola, *Della peste*, p 15, “Se die manzar moderatamente e alquanto scarso, e fra pasto e pasto
poner tempo de otto hore e più, contenti de uno cibo e non de diversi”
\(^{54}\) Ficino, *Consilio*, p 85, Savonarola, *Della peste*, pp 24-25.
typical of a stage in medical professionalisation, when the doctors were less powerful than their patients. Patients managed their own illness and doctors were merely a tool they could use.\textsuperscript{55} This notion did not change overnight, and plague tracts in fact relied on their audience having a desire to self-medicate. However, the promotion of the erudition and knowledge of physicians slowly moved the balance so that physicians became the most trusted source of medical care. The plague tracts were one of the tools which encouraged this trust in the physicians’ expertise. Both Ficino and Savonarola gave advice that would have been very similar to any advice given by a scholarly physician. Diet had been a major tool of humoural doctors since ancient times, but it was particularly useful in a period when the authority of doctors needed consolidation.

Further moderation was required in relation to sex and passions of the mind. Both authors asserted that excessive sexual intercourse was very bad for one’s health. Ficino linked this in particular with weakening the heart, which, as already noted, was in his belief the organ most readily attacked by the plague. Ficino encouraged people to avoid having sex, as long as its lack did not make them feel too deprived.

\textit{Forgo coitus and passions of the mind; I mean to avoid coitus in such a measure that you are not feel aggrieved by its absence; rather have in mind the saying of Avicenna in his Libro Terzio delli Animali, that the superfluous evacuation of semen during sex does more harm than if forty times as much blood was purged.}\textsuperscript{56}

Savonarola also discouraged excess in sexual relations, but reminded readers that an excess of sperm remaining in the body could become infected just as any other


\textsuperscript{56} Ficino, \textit{Consilio}, p 63, “Lieva el coito et le passioni dello animo; el coito dico, in quanto non ti senta per l’absenzia di questo molto gravare; pure abbi a memoria il detto d’Avicenna, del Libro Terzio delli Animali, che la superflua evacuazione del seme nel coito nuoce più che se ucissi quaranta volte tanto di sangue.”
superfluous material. So again, while both doctors advised towards moderation, they did not wish for people to entirely give up sex for fear that this could lead to physical or emotional distress, which would dispose them to contracting the plague. This is typical of all Ficino and Savonarola’s moderation advice. They leaned towards ascetic ideals, like simple food and abstinence, but stopped short of suggesting absolute self-denial.

Both physicians also warned against “accidenti d’animo” which included, for example, disproportionate sadness, fear, enjoyment and anger. According to Ficino women and children were especially predisposed to contracting the plague, not only because they had more humidity, but because they lived without “order or sense of proportion”. Those who could control themselves, who Ficino evidently thought were most likely men, should do so in every aspect of their lives. This idea stemmed from the humanist ideal of civic morality. Some historians have claimed that the entire purpose of the humanist educational model was to breed docile dutiful citizens. Guarino Guarini (1374-1460) believed that moral philosophy “enables us to avoid rashness the enemy of reason” and “sets in order the impulses of our souls and reins in our desires so that we do nothing effeminate soft or unworthy”. Ideal lay moral behaviour was made up of rationality, control and masculinity.

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57 Savonarola, *Della peste*, p 15.
58 Savonarola, *Della peste*, p 7, literally “accidenti d’animo” means accidents or shocks of the mind.
60 According to Leon Battista Alberti, humanist moral living included moderation in how much one slept and ate, which have been discussed in this chapter, see, John McManamon, “Continuity and Change in the Ideals of Humanism: The Evidence from Florentine Funeral Oratory” in *Life and death in Fifteenth-Century Florence*, edited by Marcel Tetel, Ronald G. Witt & Rona Gothen, Duke University Press, Durham & London, 1989, pp 68-87
62 Ibid. quoted on p 2.
Apart from Ficino’s suspicion that women of were more susceptible to plague-infection, neither doctor extensively addressed differences in male and female physiology. By extension they never directly discussed the idea that the humoral differences between men and women were considered to make women more disposed towards immorality. Nonetheless, Ficino’s brief comment on women and children and their easily infected complexions betrayed the misogynistic background of humoural medicine. Women were considered physically inferior, as their humoural balance was predominantly wet and cold. This resulted in their inability to properly dispel putrefactions with heat and predisposed them towards fetid humours because of their wetness. This inferior humoural balance made women more disposed towards plague, but also more susceptible to immoral behaviour, which further increased their plague-risk.

Although these ideas are rarely directly discussed by Ficino and Savonarola, their language occasionally showed their cultural readiness to presume that women represented the more sinful, emotional and indulgent aspects of humanity. Ficino’s comment indicated that women’s physical composition was changeable, which also suggested a less constant personality.

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64 On anatomical knowledge and humoural understanding of gender differences, Siraisi, Medieval and Early Renaissance Medicine, Chapter 4, “Physiological and Anatomical Knowledge”, pp 78-114.
65 On the idea that women’s behaviour was partly responsible for their poor humoural balance see e.g. John Henders on, The Renaissance Hospital: Healing the Body and Healing the Soul, Yale University Press, New Haven & London, 2006, p 328. More on women’s medicine and particularly on slandering women through medical imagery, Monica Green, Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology, Oxford University Press, Oxford, 2008.
66 See above, fn 55.
Children and women are very predisposed towards plague because their material easily takes [external influences] and is easily altered.\textsuperscript{67}

Ficino also talked of open pores being a particularly risky condition as the pores could suck in plague poisons from the air.\textsuperscript{68} This emphasis on the openness of pores is reminiscent of the female grotesque image in literature which maintained that women were particularly polluting because of the excessive openness of their bodies.\textsuperscript{69} The moral purity required for a plague-free existence was something the entire community needed to strive for and sexual transgression was one of the greatest risks to communal morality. Women were extremely important to maintaining public morality as male honour was tied with their women’s sexual purity.\textsuperscript{70} Even if women were considered weaker and less rational beings in Renaissance medical and cultural climates, their virtue was essential to the physical and spiritual health of the community and needed to be encouraged. Therefore although, the rationality required to avoid plague was ultimately considered a male trait, this did not mean women should not attempt to control themselves just that they were believed less likely to succeed.

Neither Ficino’s nor Savonarola’s recommendations were explicitly gender specific. This is not surprising as the plague tracts were not intended for an exclusively academic audience, and therefore the readers could be male and female. In fact the

\textsuperscript{67} Ficino, \textit{Consilio}, p 59. For full quote see above, fn 59.
\textsuperscript{68} Ficino, p 59.
\textsuperscript{69} On the female grotesque see e.g., Barbara Spackman, \textit{“Inter musam et ursam moritur: Folengo and the Gaping “Other” Mouth” in Refiguring Woman: Perspectives on Gender and the Italian Renaissance}, edited by Marilyn Migiel and Juliana Schiesari, Cornell University Press, Ithaca & London, 1991, pp 19-34.
\textsuperscript{70} See e.g., Elizabeth S. Cohen, \textit{“No Longer Virgins: Self-Representation by Young Women in Late Renaissance Rome” in Refiguring Woman}, pp 169-191. The article addresses how families were particularly keen to rectify their honour when young women lost their virginity through rape. See also, Guido Ruggiero, \textit{“Marriage Love, Sex, and Renaissance Civic Morality” in Sexuality and Gender in Early Modern Europe: Institutions, Texts, Images}, edited by James Grantham Turner, Cambridge University Press, Cambridge, 1993.
predominance of care advice in the latter halves of both tracts suggests the authors at least presumed a significant female audience. The predominant impression from the plague tracts is that the patients would be cared for, by and large, at home by their families. Thus, those administering for them would primarily be their family members, most often the women.71 Fear of death was ever-present during plague times, and although these authors took care not to trivialise the threat, their main task was to alleviate the terror produced by plague visitations. One interesting stylistic method used by both Ficino and Savonarola is the different persons they direct their advice to in the prophylactic and the treatment sections. The preventative advice was frequently addressed to the second person, like “shun milk and cheese” or “avoid mushrooms and moist herbs”72 or “to whom it is possible, do not sleep during the day” or “avoid sadness, melancholy, heavy thoughts and especially the thought of death and of plague.”73 Once the doctors addressed the cure or the treatment of the sick, they suddenly spoke to the person caring for the plague-struck, rather than the patient themselves “when a man is poisoned it is necessary as soon as possible for the poison to be evacuated”74 or “Do not allow him/her to remain thirsty or to have a dry mouth.”75 More explicitly Savonarola put forward a typical question by a carer “Piero is ill because of this fever, he has no need for blood-letting, but he needs to be purged.

72 Ficino, Consilio, p 62 “scifa el lacte et ricotta” and “fuggi e’funghi et l’erbe umide”
73 Savonarola, Della peste, pp 14-15 “Chi puote, nel zorno non dorma” and “fuze le rixe, tristite, melenconie, I gran pensieri, e specialiter il pensiero di la morte, di la peste”
74 Savonarola, Della peste, p 24 “Il perché za l’omo è venenato, è di bissogno che al più presto che se potte, tal veneno si scazie”
75 Ficino, Consilio, p 85 “Non permectere sostentec la sete o bocca secca, ma, continuo, fa gargarizare con vino bianco bene annacquato”
How will I do this, when I am no doctor?” Savonarola then answered this query by explaining the signs by which the carer could identify the dominant humour in Piero and which humour needed to be purged and how.

The reasons for this approach may have been purely practical. If one was sick with the plague, then it was most likely the instructional booklets were read by those looking after the sick, rather than the sick themselves. However, we can presume that since the intention was for the reader to read the entire book the structure suggested they could expect to succeed in avoiding the plague. If they followed the prophylactic advice they would remain healthy and could later administer to their less fortunate relatives or friends. In fact, Ficino even had a specific chapter on how to preserve those who governed the sick, which mostly summarised and repeated the advice from the prophylactic sections. This approach allowed the reader to placate his or her personal fear of the disease, by giving practical measures for avoiding the disease and implying that after this the reader was more likely to care for the sick than suffer themselves.

This implication that the doctors’ medical advice could save the readers of the tracts was further emphasised in the moral advice. Those following the tracts’ advice were not only likely to stay healthy, but also morally superior. This passage of Ficino’s, which contains a summary of the kind of people most prone to plague infection, suggests strong moral reproach against those who failed to follow medical recommendations:

76 Savonarola, Della peste, p 30 “Piero è cossì da tal febre infirmato, non ha bissogno de cavare sangue, ma da essere purgato. Come farò io che medico non sono?”
77 Ficino, Consilio, pp 104-108.
The plague alights the most, where there are great similarities of nature, and a body full of impurities and fetid vapours outside and inside, and superfluous foods and humours that are apt to putrefy and become inflamed, and where the substance is hot and humid, and the heart is weakened by sex and passions of the mind, and the body is fatigued by heat and is used to bathing without moderation, and the pores are too open.\textsuperscript{78}

Thus, the people most likely to become sick were those who did things without moderation, whether in eating, sex or bathing: in short, people who were too used to comfortable living. Furthermore, Ficino’s language evokes images of flames and fire which cannot be accidental when discussing the hell-bound ways of sinful people.

Medically speaking heat was considered the reason plague poisons putrefied into disease inside the body. Heat could be generated through various immoral behaviours like sexual activity, rash emotionality or excessive bathing. In the passage Ficino chose to focus on those, rather than similarly heat-inducing activities like exercise or working too hard, to evoke the image of an immoral person who failed to look after the health of their body and soul. Invoking again the authority of the ancient medical masters, Aristotle and Galen, Ficino summarised the moral implications of their medical advice:

\begin{quote}
Therefore, Aristotle and Galen say that pure bodies are such that it is nearly impossible for them to get the plague, and in fact, if they do get it, they at least do not perish from it.\textsuperscript{79}
\end{quote}

The meaning of the words “corpi puri” did not seem to be limited to pure of superfluities. It implied a pureness of spirit, of someone willing to exercise strict moderation in their daily life during plague times.

\textsuperscript{78} Ficino, \textit{Consilio}, p 59 “Et accendesi maxime dove t'ruova grande similitudine di natura, et el corpo pieno d'imbratti et di vapori fetidi di fuori et di drento, et cibi et omori superflui et apti ad infiammarsi et putrefarsi, et ove e' materia calda et umida, et el cuore indebolito per coito et passioni d'animo, et corpo affaticato al caldo senza modo usato bagnarsi, e' pori troppo aperti o molto oppilati.”
\textsuperscript{79} Ficino, \textit{Consilio}, p 107, “Però Aristotile et Galieno dicono che e' corpi puri sono tali che quasi e' impossibile sentino peste, et invero, se la sentono, almeno ne ne periscono”
Ficino and Savonarola used their medical and philosophical education to persuade their audience that physicians had the best authority in matters of plague, even if they could not be there in person to treat the plague-stricken. The medical profession built its reputation on institutions, like colleges and guilds, but popular plague tracts were a prominent tool in their professionalisation. By offering the advice of learned physicians they increased people’s trust in physicians generally, which complimented the legitimacy conferred upon the profession by official institutions. Exclusion, stratification and control of the health market allowed medical care to become an organised profession which controlled the quality of its members and standardised what types of treatment were legitimate. The most reputable doctors were not those who actually practised medicine, but those who wrote medical literature, as teaching and writing were considered much more prestigious enterprises than medical practice. Thus, Ficino and Savonarola were in the best position to influence people’s opinions about the medical profession, as the medium of writing provided higher status to their opinions than simple practice could ever have done. Ficino and Savonarola’s plague tracts displayed a great concern for the well-being of the people and their worries extended further than the plague. They promoted self-restraint to the people of their cities, which they believed may have been afflicted with the plague partly because of a lack of moral order. Their intention was to establish an authoritative voice for the medical profession they represented so that control and order could be maintained even during epidemics.

80 Park, Doctors and Medicine in Early Renaissance Florence, p 238.
Chapter IV

Mitigating Fear of Death through Community Support and Love: Leonardo Fioravanti’s Call for Humanity

Leonardo Fioravanti believed that the greatest disruptive power of the plague was the fear and terror it incited. Of the four authors discussed in this thesis, he is the only one to explicitly and extensively discuss the harmful effects of fear and terror in plague times. Fioravanti was by no means a modest man, and thus trusted that he had the means to defeat the disease as well as the fear it caused. He believed he had obtained and invented the best possible remedies for plague in his tireless pursuit of medical knowledge. He travelled extensively and talked to anyone with knowledge of diseases and their treatment and conducted many medical experiments by either treating otherwise hopeless cases or testing his theories on animals. His methods were by our modern standards entirely unscientific, but in his time his works were very popular and also very controversial. It is no surprise then that Fioravanti’s plague tract disputed a lot of the common advice given by physicians and civic health

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1 Leonardo Fioravanti, Del regimento della peste, dell’eccelente medico et cirugico M. Leonardo Fioravanti bolognese, printed by Andrea Revenoldo, Venice 1565. Copy of text kindly provided to me by Professor William Eamon. The translations are my own, but I have used John Hester’s late sixteenth-century English translation for guidance. Hester’s translation can be found as an electronic resource from Early English Books Online, Leonardo Fioravanti, A Joyfull Jewell, translated by John Hester, London, 1579.

authorities. Fioravanti was extremely critical of physicians in many of his writings and his plague tract is no exception. However, the form his disparagement took in the plague tract was different to his usual polemics. Normally he attacked the methods of the physicians, whereas this time he focused on their absence during plagues. This emphasis on their absence served a wider purpose evident in his plague tract, which was to call for love and kindness towards other people. His tract used the plague and the universal image of plague to inspire a more charitable world. The way Fioravanti portrayed plague epidemics was symbolic of something he saw as the collapse of morals and compassion in his world. This chapter examines how he used his plague tract to reveal what he thought were the greatest problems with plague. Firstly, he believed that doctors and loved-ones abandoned the sick for fear of the disease. Secondly, this fear was caused, not by the disease itself, but the civic plague regulations. Thirdly, he envisioned the plague as a purgatory inflicted on the world by God; however, he thought the unnecessary civic measures and the resulting terror in people’s minds meant that the plague being falsely seen as Hell. According to Fioravanti, this failure of the civic authorities led to the plague inciting despair, rather than the intended moral improvement.

In many of his writings Fioravanti slammed physicians for their overemphasis on theory and lack of practical experience. He believed that humankind had lost its ability to medicate itself due to too much civilisation. He argued that animals knew how to heal themselves by eating the right herbs or purging themselves when

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3 Eamon, “With the Rules of Life” and Camporesi Camminare il Mondo.
necessary, and humans should learn from them not ancient medical authorities. His plague tract begins with similar sentiments. Fioravanti devoted an entire chapter to explaining why the ancients were not as knowledgeable as modern doctors about medicine. Fioravanti listed numerous failings of the ancient doctors and attributed most of these to simply not having the knowledge of the miraculous remedies that he had invented and learned from other practitioners. The introductory parts of the plague tracts are truly testimony to Fioravanti’s tireless self-advertisement. He gives elaborate praise to Venetian doctors and their experience, most likely because the plague tract was dedicated to the Venetian health officials and he was seeking their favour. Although, he was undoubtedly working to promote his own career, Fioravanti’s praise of Venetian doctors as well as his description of his own discoveries emphasised his conviction that the only medicine worth learning was based on experience. The only way to gain this experience was to stay in the cities during epidemics or to learn from those who had done so.

For Fioravanti the greatest complaint against physicians during epidemics was simply their absence.

The first cause then [why the plague causes such ruin], is that when the people are plague-stricken the doctors do not want to cure them for fear of catching the plague and dying. When the illness is thus not medicated in short time, it grows with great fury and kills the people suffering of it.

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5 Eamon, “With the Rules of Life and an Enema”.
6 Fioravanti, Regimento, pp 6-7.
7 Fioravanti, Regimento, dedication “Alli clarissimi M.Vincenozo da Molin and M.Antonio Morosini provveditori al dignissimo ofacio della Sanità nella inclita [?]città di Venezia”
8 Fioravanti, Del regimento della peste, “La prima causa adunque, è, che assendo le genti appestate, i medici non li vogliono curare, per paura di non appestarli, & morire, & cosi non essendo medicate in tempo debito, la infermità cresce con gran furia, & amazza le genti che ne patiscono, & questa è la prima & più potente causa che la peste fa tanta ruina”
This concept of course had been touched upon by previous plague writers.\(^9\) Michele Savonarola despaired over the lack of trained physicians in plague times, and in fact mentioned this as one of the reasons he wished to write his treatise.\(^10\) Doctors were sometimes wealthy enough to flee the city when plague struck, and many undoubtedly took advantage of this opportunity. Girolamo Fracastoro wrote a great part of his work on syphilis while staying in the country with his family having fled the plague in Verona in 1510.\(^11\) Fioravanti deeply disapproved of this phenomenon. He even claimed this as the reason why doctors knew nothing of the plague:

One finds very few men who have written the truth concerning the plague. The reason for this is that the wise and learned men with some authority of medicine do not want to practice medicine in plague times so as not to place their lives in mortal danger.\(^12\)

In his opinion if the doctors would not visit the sick they did not truly know the course of the disease or how it could be cured.

Considering the fact Fioravanti wrote extensively against the methods of physicians in other works,\(^13\) it is interesting that in his plague tract Fioravanti focussed his reprimand of the doctors on their absence. He firmly believed that people often died of lack of care, seemingly not minding whether the physicians administering to the sick were as competent as he hoped. Fioravanti did not hesitate to give extensive

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\(^12\) Fioravanti, *Il regimento della peste*, pp 18-19 “Pochi, anzi rarissimi huomini si trovano, che habbino scritto la verità in materia di peste, & le cause di ciò, son queste, cioè, che gli huomini sapienti, e dotti, & di qualche autorità nella medicina, non vogliono medicare in tempo di peste, per non mettere la vita sua in pericolo di morte.”

\(^13\) E.g. Camporesi, *Camminare il mondo*, p 60, Fioravanti’s *Capricci medicinali* contained the most extensive criticism of physicians.
advice to the rulers of cities and the health boards on managing the doctors. Both Ficino and Savonarola avoided any administrative advice focusing on advising individual citizens instead.\textsuperscript{14} Fioravanti perceived his work reaching much wider audiences than Ficino and Savonarola expected. The advice of the two fifteenth-century physicians was envisioned for the use of the citizens of their hometowns and most likely originally presented to their respective patrons.\textsuperscript{15} From the beginning Fioravanti envisioned a global audience, which is evident in his writing:

This book of ours will be of great profit and satisfaction to the people of the world, because in it I will discuss various matters and various professions which will all be of the greatest importance to the world.\textsuperscript{16}

As discussed above while a global audience was an exaggeration, Fioravanti’s works did reach a wide European audience within his lifetime through translations.\textsuperscript{17}

His advice to rulers, “principi”, dealt first and foremost with the unfairness of plague legislation, which will be discussed further below. However, he was particularly keen to have rulers coerce doctors to treat plague-victims if need arose.

The second thing to do is to make the doctors treat the patients, because there is no infirmity so harsh that the doctors could not in short time find a remedy to it.\textsuperscript{18}

Fioravanti’s concerns about the absence of doctors were echoed in plague legislation. “Cito, longe, tardi” – flee quickly, far away and return late - was by Fioravanti’s time a classic of plague literature, so the fact doctors and many citizens took that advice is

\textsuperscript{14} On Marsilio Ficino’s and Michele Savonarola’s plague tracts, see previous Chapter III.
\textsuperscript{15} Ficino was a favourite of the Medici family, whereas Savonarola worked as the court physician for the Ferraran D’Este family. See above Chapter I, pp 27-30.
\textsuperscript{16} Fioravanti, \textit{Il regimento della peste}, p 8 “Et farò si che questo nostro libro sarà di gran profitto & satisfattione alle genti del mondo, perciocche in esso trattarò di diverse materie & di diverse profesioni qual tutte saranno cose di grandissima importanza appresso il mondo.”
\textsuperscript{17} See above, Chapter I, pp 31-35.
\textsuperscript{18} Fioravanti, \textit{Il regimento della peste}, pp 36-37 “La seconda cosa da fare faria il farli medicare da medici, perciocche non si tuvoa così cruda specia d’infermità, che i medici in breve tempo non li tuovino, rimedio salutifero”
not surprising.\textsuperscript{19} The societal consequences of large numbers of townspeople leaving concerned civic authorities as well as Fioravanti. In Italy doctors were often ordered heavy fines or confiscation of goods if they fled plague cities.\textsuperscript{20} There was also legislation attempting to prevent wealthy townspeople from leaving, as it was feared this would cause uprisings among the poor while the plague raged.\textsuperscript{21} Historians have found little evidence that the legislative measures actually worked.\textsuperscript{22} Whether doctors actually ran away during the plague seems to have varied depending on the situation, and perhaps their conscience, since many fled but many also reportedly stayed.\textsuperscript{23} Considering Fioravanti’s major theme of fear and panic during epidemics, it is evident that he saw the value of doctors in their ability to encourage hope as well as give treatment. If the rulers made the doctors visit the sick in their houses this would encourage their recovery:

If this ordinance was declared, that all the doctors were to visit [the plague-stricken] in their houses, and they themselves especially gave the [patients] the medicines, then the plague would have no more force, because immediately a great joy would arise in the hearts of all the people of the city, and thus the plague would be entirely finished.\textsuperscript{24}

Abandonment was of great concern to Fioravanti and if the doctors left plague cities it implied they did not believe in a cure, which further spread the hopelessness Fioravanti associated with plague.

\textsuperscript{19} Used by Ficino and Savonarola, but also numerous others, see for example plague tracts in, Anna Montgomery Campbell’s \textit{The Black Death and Men of Learning}, Columbia University Press, New York, 1931.
\textsuperscript{21} On legislation trying to prevent the rich from leaving the city, because of the concern that only the poor would stay and potentially cause disruption. Ann G. Carmichael, \textit{Plague and the Poor in Florence}, Cambridge University Press, Cambridge, 1986, pp 99-100.
\textsuperscript{22} Ibid. p 116. Although the rich were meant to be fined if they abandoned their homes, Florence actually also posted guards at prominent citizens’ houses, implying the fines were ineffective.
\textsuperscript{23} Primary evidence suggests this, as Fioravanti discussed the efforts of Venetian doctors, Marsilio Ficino spoke of his father who treated plague victims, and Gioseffo Daciano stayed in Udine over at least two plague epidemics.
\textsuperscript{24} Fioravanti, \textit{Del regimento della peste}, pp 20-21 “che tutti i medici andassero a visitarli alle case, & che gli speciali dessero loro le medicine, & fatto questo nuovo ordine la peste non hebbe piu forza, perche subito nacque gran letitia nel cuore alle genti della citta, & cosi la peste fu estinta in tutto”
Apart from doctors abandoning their patients, Fioravanti was concerned about loved-ones forsaking the sick. He was appalled that friends, family, neighbours and servants would all cease to visit the plague-stricken.

The second cause [why the plague causes such ruin] is that when people become plague-stricken, they are separated and abandoned by everyone. This causes them such fear and tremor that even without actually having the plague they die.\textsuperscript{25}

Fioravanti’s firm conviction that not being cared for, and being abandoned, could cause a person to die even in the absence of actual illness is very strong throughout the tract. He envisioned the ties of families and friends breaking down as they fled from the plague-stricken instead of looking after them.

The third cause is that husbands and wives, fathers and sons, mothers and daughters and one relative and another all abandon each other. From this arises such dread and terror that without otherwise being infected, they die of fear.\textsuperscript{26}

The concept of those with a duty to care for the sick fleeing was a particularly resonant with early modern people. The model was frequently used in plague tracts and other literature although it had little basis in reality.\textsuperscript{27} Most notably this image was evoked by Boccaccio already in the fourteenth century in his \textit{Decameron}:

\begin{quote}
It was not merely a question of one citizen avoiding another, and of people almost invariably neglecting their neighbours and rarely or never visiting their relatives, addressing them only form a distance; this scourge had implanted so great a terror in the hearts of men and women that brothers abandoned brothers, uncles their nephews, sisters their brothers, and in many cases wives
\end{quote}

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\textsuperscript{25} Fioravanti, \textit{Il regimnento della peste}, p 18 “La seconda causa è, che essendo le genti appestate, sono separati, & abbandonati da ognuno, si mettono tanta paura, & tremore, che senza esserre appestati si muoiono”
\textsuperscript{26} Fioravanti, \textit{Il regimnento della peste}, p 18 “La terza causa è, che i mariti con le mogli, i padri co i figliuoli, le madri con le figliuole; & l’un parente con l’altro, tutti si abbandonano; & di questo ne nase tanto timore, & terrore, che senza altrimento essere appestati, si muoiono di paura.”
\textsuperscript{27} Lindemann, \textit{Medicine and Society in Early Modern Europe}, pp 39-40, Also see David Gentilecore’s article on miracle narratives which show how integral family presence was to the diseased while medical professionals were optional , “The fear of disease and the disease of fear” in \textit{Fear in Early Modern Society}, p 192. Byrne discusses a husband in 17th-century Barcelona who was upset by his wife’s sisters refusing to visit her when she caught the plague. Notably the woman was obviously not abandoned by her husband, though. See Joseph Byrne, \textit{Daily Life During the Black Death}, Greenwood Press, Daily Life Through History-series. Westport, Connecticut, 2006, p 80.
\end{flushright}
deserted their husbands. But even worse, and almost incredible, was the fact that fathers and mothers refused to nurse and assist their own children, as though they did not belong to them.\textsuperscript{28}

This topos was used for its great emotional impact, rather than its objective truthfulness. It was a literary device with some basis in reality, but most people would not have been able to flee their homes regardless of how terrified they may have been of their sick relatives. Certainly, the examples of fifteenth-century plague tracts discussed in the previous chapter presumed that there would be plenty of relatives or servants to look after the ailing plague victims.\textsuperscript{29} Fioravanti using this recognizable image of familial break-down in times of plague is one of the first signs that his plague tract was not intended to merely give advice on the plague, but to criticise his community for lack of compassion.

The biggest emotional problem death by plague posed to an individual and his mourners was the disruption of ritual that normally accompanied death. People were dying in great numbers, funeral processions were forbidden and from the middle of the sixteenth century onwards a large portion of plague victims died in plague hospitals.\textsuperscript{30} Fioravanti’s goal was to suggest alleviations to the ordinances which would result in a far better society than the dystopian society he believed plague usually revealed:

Princes do not know how to govern, administrators do not understand it [the plague], the doctors are afraid of it, the priests flee, relatives abandon one another, and the people die desperate, like dogs, without a comfort in the


\textsuperscript{29} See above, Chapter III, pp 78-80. The authors presumed that plague victims would have carers, who could read the treatment instructions in their plague tracts.

\textsuperscript{30} Byrne, \textit{Daily Life During the Black Death}, p 81, and Cipolla, \textit{Faith, Reason and the Plague}, pp 3-5.
world. And I, considering all of this, as I have said above, have decided to write this little tract.\textsuperscript{31}

A good death required the sufferer to be prepared for their passing and plague could kill its victim so quickly that there was no time to set one’s affairs in order. The rituals associated with good death in an urban setting required or at least encouraged the involvement of three urban professional groups, doctors, priests and lawyers.\textsuperscript{32} The doctors provided a diagnosis and most importantly a prognosis for the patient. A mortal prognosis allowed the patient to know that they were going to die and thus prepare for it.\textsuperscript{33} Priests, of course, then provided for the patient’s spiritual needs facilitating confession and final rites, whereas lawyers and notaries helped prepare the patient’s final will and testament. The core of a good death consisted of organising one’s affairs, setting right any wrongs the patient had weighing on their conscience, final rites, and the presence of one’s family and friends for reassurance.\textsuperscript{34}

The good death was extremely hard to achieve during a plague epidemic, as the scale of the disease disrupted the required rituals. If a person was isolated in a pest house they did not have the comfort of their family and friends. Often they also went

\textsuperscript{31} Fioravanti, \textit{Il regimento della peste}, p 10, “i Principi non si sanno risolvere al governo; i ministri non la intendono; i Medici, si spaventano; i Preti fuggono; i parenti si abbandonano; & i popoli si muoiono disperati, come cani, senza che sia dato loro un conforto al mondo; & io considerando, come ho detto, sopra di ciò mi son messo a scrivere questo breve trattato”


without the important religious ceremonies, although in Italy especially during the Counter-Reformation, the Church tried to provide last rites to as many people as possible in plague hospitals and isolated houses.\textsuperscript{35} Moreover, those left behind to mourn the dead had little ritual comfort when burial ceremonies and the associated celebrations were suspended, and perhaps most shockingly many of the dead suffered improper burials.\textsuperscript{36} All these disruptions were ultimately caused by the involvement of the authorities rather than plague by itself. Plague did not prevent people from organising funerals, but the rules and regulations that were enacted in plague times did. Fioravanti was blaming the great emotional distresses of plague on human forces, rather than on the ravages of the disease itself.

Fioravanti took a stand against the customary plague controls civic authorities exercised during plague times. By the end of the fifteenth century most major Italian cities had established health boards, the main function of which was to prevent the spread of epidemic diseases. Rural areas had their own health officials who reported to the main health boards in the capitals. The health boards were always advised by local physicians, but consisted primarily of lay people.\textsuperscript{37} Fioravanti felt that a lot of the measures taken by these health authorities were ultimately detrimental to the wellbeing of the community. Modern historians have studied the disruption quarantine measures caused to the normal business in Italian cities. When plague was suspected

\textsuperscript{35} Byrne, \textit{Daily life during the Black Death}, pp 81-82. Also see, Cipolla, \textit{Faith, Reason and the Plague}, in his case study on Monte Lupa in the 1630s Cipolla quotes a letter from Father Giovanni Dragoni who was indignant, when he found that during his absence the patients in the hospitals had not all been administered final rites.


\textsuperscript{37} Cipolla, \textit{Public Health and the Medical Profession} and Carmichael, \textit{Plague and the Poor}. 
in one city other cities would often prevent travellers and goods from infected areas entering. Moreover, when the plague was confirmed a city’s health officials would allow the city to be voluntarily isolated from the outside world to try and stop the spread of plague. Of course, such measures had an enormous negative impact on a city’s economy, as no one could do business outside the city and movement and assembly were restricted within. Essentially all trade tended to die, depending on how successful the authorities were in implementing the plague controls.38

For Fioravanti the particular problem with these ordinances was that they perpetuated a climate of fear. This was mainly an urban problem since the dense living conditions were, according to him, more likely to retain corruption and thus the plague measures were always more fearsome:

Because the cities are more apt to receive the corruption than the villages, which are open, the villages do not suffer such far as the cities, where the strictest laws and ordinances are implemented, like isolating people in their houses, burning their goods, sending them to the pest houses, allowing the gravediggers into the cities and other similar things that incite the terror of Hell for both men and women.39

In this period fear was not universally considered a bad emotion. Fears could both promote and hinder personal and spiritual growth depending on the nature of the fear.40 Fear of death and damnation, especially in art and literature, could be used by religious and lay authorities to encourage people to accept God and to repent of their

39 Fioravanti, Il regimento della peste, p 20 “Perche le città son piu atte a ricevere corrottione, che le ville che sono aperte: & alle ville non hanno tanto spavento come nelle città, dove si offermano stretissime constitutioni, & ordini, come serrarli in casa, abbruciari le robbe, mandarli a i lazareti, far andare i beccamorti per le città, & altre simili cose, che metterebbono terrore nell’inferno, non che a gli huomini, & alle donne.”
40 Anne Scott and Cynthia Kosso, introduction to Fear and Its Representations in the Middle Ages and Renaissance, edited by Anne Scott and Cynthia Kosso, Arizona Studies in the Middle Ages and the Renaissance, Vol 6, Brepols Publishers, Turnhout (Belgium), 2002, especially pp xix-xxiii
While the constant repetition of terrifying images of divine wrath could be indicative of their ineffectiveness, their overwhelming presence prompted some to attempt mitigations of such horrors.  

Certainly Fioravanti’s intent was to alleviate the fear of plague, so that people would act more compassionately and care for their family and visit their friends despite the danger of plague. He obviously saw the fear incited by the plague as a disabling fear inciting despair rather than inspiring hope. The order Fioravanti wished to implement meant “people would not die in such desperation” The plague was certainly a trial, but if people were cared for properly they would be cured or their ability to properly prepare for death would allow for their salvation.

One of the most unpopular quarantine measures implemented by health boards all over Italy was the destruction of potentially infected property. Heirs of those who perished from plague often attempted to circumvent these controls, or even blatantly break the rules.  

Fioravanti was most concerned that the destruction of property would further increase the hopelessness and despair experienced by the patient:

Do not take and burn goods from the people, as is done, but preserve them, without damaging them, for the people. Thus the people will not fear because everyone will believe that they will stay until the end and that they do not have to die.

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42 See for example, Steven Fanning, “Mitigations of the Fear of Hell and Purgatory in the Later Middle Ages: Julian of Norwich and Catherine of Genoa” in Fear and Its Representations, pp 295-310 and “To Fear of not to Fear, That is the Question: Oswald von Wolkenstein Facing Death and Enjoying Life: Fifteenth-Century Mentalitätsgeschichte Reflected in Lyric Poetry” in Fear and Its Representations, pp 274-291.  
43 Fioravanti, Il regimento della peste, p 10 “i popoli non moriranno in tanta disperazione”  
44 A large portion of the legal cases coming to Florentine Public Health officials involved relatives stealing things from their dead family members’ houses, when the goods were intended for burning, Calvi, Histories of the Plague Year, introduction pp 1-18  
45 Fioravanti, Il regimento della peste, p 37 “La quinta & ultima cosa da fare faria il non torli le loro facoltà abbruciandole, come fanno ma conservarle senza danno de’ popoli; ciò facendo non faria chi havesse paura, nè chi la temesse, perché ognuno si crede di restare all’ultimo, & di non dover morire.”
Again the most notable goal in leaving people’s goods intact was to encourage hope of survival. The quarantines would have put many people under financial burdens to the point of starvation. Furthermore, if someone in a household got sick, then they would have been taken to a plague hospital or segregated, which would stop the household from earning an income. If on top of this the patient died, the household would then have been deprived of a great number of household goods, especially linen, causing further financial strain. Despite the fact that contemporary medical authorities believed that porous materials retained plague poisons, Fioravanti firmly denied it:

It is not correct or believable that the plague, which is a contagion that arises in us [people], like I have said before, could remain in infected things, like in houses, or furnishings, or clothes, or other similar things, which are not animate.

He further asserted that if any particles stayed behind then no city would ever be free of the plague as there was no way to destroy every item ever touched by a plague victim and yet cities eventually were always freed from the scourge.

He also objected to plague hospitals as he felt the practice of excluding plague victims further perpetuated the general atmosphere of fear, for those implementing the orders as well as the sick themselves:

Do not put them in such fright and fear, as everyone does in our time, taking them out of their houses frighteningly and sending them out of the area into plague hospitals where there are numerous plague-stricken patients. When this

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46 On the plight especially of cloth workers see, Cipolla, Public Health and the Medical Profession, pp 34-43.


48 Fioravanti, Il regimento della peste, p 37 “Non è cosa ragionevole, né da credere, che la peste, la quale è una contagione fatta in noi, come per avanti ho detto, possa stare nelle cose infestate, come nelle case, o masseritie, o vestimenti, o alter cose simili, le quali non sono animate”
is done, if by luck these poor unfortunate people were not infected, this complete terror is sufficient to kill them.49

Fioravanti’s concerns reflected a society overcome with terror and despair upon a plague visitation. Certainly, a plague epidemic would have put any city in a state of turmoil as unpopular and restrictive quarantine rules were applied and sickness spread through the community. However, the emotional images of fear and chaos were evoked in his plague tract to facilitate Fioravanti’s own suggestions on how to improve the situation.

I see such fear and cruelty that this induces in the people, so I have decided that I want to show to the princes and the governors of cities and the republics a wonderful order, using which would mean the plague would have no force nor maintain such fear in the people, like it otherwise often does, and the people would not die so desperate.50

Therefore, we cannot simply take his suggestions as descriptive of plague-stricken cities, as he would have endeavoured to exaggerate the horror in order to emphasise the goodness of his utopian solutions.

Fioravanti’s greatest concern was that the horrors of plague and plague controls would lead the people to despair. Modern people generally understand despair to mean a deep depression. While this meaning was possible in the early modern period, despair was usually understood as the mortal sin of despairing of God’s mercy that mainly affected the dying. It was particularly concerning because an otherwise devout person

49 Fioravanti, Il regimento della peste, p 36 “La prima delle quali è il non metter loro spavento o paura, come in questa nostra età tutti fanno, cavandoli delle loro case spaventosamente, & mandandoli fuor delle terre a i lazzaretti dove sono infiniti appestati. Per laqual cosa se bene i poveri sfortunati non fossero appestati, quel sol terrore è sufficiente per farli finire presto la vita loro” Note that the translation is unclear: “farli finire presto la vita loro” could be an allusion to suicide among patients. I have used Hester’s translation here “that terror were enough to kill them” which is a common thread in Fioravanti’s tract implying that the state of fear could cause people to become susceptible to plague and thus could infect and kill them more readily, Hester’s translation p 21.

50 Fioravanti, Il regimento della peste, p 10 “Io veggio tanto spavento, & crudeltà, che essa induce ne i popoli, ho proposto intra me di voler mostrate a’ Principi, & governatori Citta, & Repubbliche uno bellissimo ordine, mediante il quale la peste non harà forza nè indurrà tanto spavento ne i popoli come altre volte suol fare & le genti non moriranno così disperati”
could succumb to despair on their death bed, when their fear of death overcame their hope of salvation.\textsuperscript{51} In Fioravanti’s opinion times of plague made people particularly susceptible to despair. This is evident in a number of the preceding examples, like “people die desperate, like dogs, without a comfort in the world”\textsuperscript{52}, “people would not die so desperate.”\textsuperscript{53} The plague with its grotesque physical manifestations and the evident pain it caused to the sick could have been Fioravanti’s primary source of this fear. However, he instead always focussed on the horror experienced through human actions associated with plague ordinances. Terror-inducing segregation, the inability to earn a livelihood and the threat of damage to one’s property, together with a constant worry over disease and death caused people to abandon the sick and lose hope of their own survival. This in turn led to a potential disintegration of the entire state:

\begin{quote}
Many times the plague is a cause for the destruction of a city and the loss of reigns, like experience has shown many times in the past, when riots have occurred in many places in the world.\textsuperscript{54}
\end{quote}

Ann Carmichael has famously argued that plague legislation was so enthusiastically embraced precisely because the elites were trying to implement rules and regulations to help them control the poor population.\textsuperscript{55} If this was in fact the case, then Fioravanti heartily opposed the concept, and thought that the legislation did quite the opposite. It incited rebellion among the population and moreover endangered their well-being as well as their souls.

\textsuperscript{52} See above p 90.
\textsuperscript{53} See above p 96.
\textsuperscript{54} Fioravanti, \textit{Il regimento della peste}, p 11 “Molte volte la peste è causa della distruzione della città, & della perdita de i Regni, come ben per isperienza si è visto molte volte ne i tempi passati esser intravenuti tali disordini in diversi luogi del mondo”
\textsuperscript{55} Carmichael, \textit{Plague and the Poor}.  

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Fioravanti was clearly using the plague as a metaphor for corruption.\textsuperscript{56} He stirred up an image of people’s cruelty and fear in crisis to highlight that society had gone astray. He wished to demonstrate that problems that might not be evident in a city while plague was not present became glaring examples of moral decay when a plague visitation occurred. For Fioravanti, if all had been well in society, a crisis like the plague would not have resulted in the horrors he displayed. The plague was a straightforward allegory for corruption, as the humoral theory conceptualised disease as a corruption of the natural balance of the humours. Disease causing vapours could send the body’s humours into turmoil, or underhandedly increase or decrease certain humours to cause sickness. The complex subtleties of the humoral theory were the avenue of university-trained physicians, but the basic concepts of it were common knowledge to all kinds of healers as well as their patients.\textsuperscript{57} Fioravanti was no exception in placing his understanding of the human body on the humoral theory. He has sometimes been called a follower of Paracelsus, however, despite admiration for the famous doctor and a keen interest in scientific experimentation, Fioravanti did not share in the Paracelsians’ rejection of the humoral theory.\textsuperscript{58} Fioravanti’s methods as a healer were heavily reliant on violent emetics, designed to purge the body of impurities quickly and aggressively.\textsuperscript{59} He asserted in his plague tract that all medicine was based on two things “purgation and restoration.”\textsuperscript{60} In the case of plague the societal problem that required purgation was fear. All his advice centred on the elimination of legislation and practices that Fioravanti thought generated and


\textsuperscript{59} Eamon emphasises the association between corruption of the body and corruption of the body politic, ibid. pp 37-39

\textsuperscript{60} Fioravanti, \textit{Il regimento della peste}, p 8 “le operationi di questa nostra medicine consistono tutte in due cose, cioè, in purgationi, & retaurationi”
maintained a fearful atmosphere in cities. Once these measures were eliminated the world could be restored to health.

Fioravanti’s plague tract served as a parable for moral decay much more than the fifteenth-century tracts of Michele Savonarola and Marsilio Ficino. Although both Savonarola and Ficino believed a god-fearing existence was vital to physical health, their tracts steered clear of political commentary focusing on the health and well-being of individuals. Fioravanti’s mission was more far-reaching. He saw the plague as a warning from God designed to wake people up to the corruption in their society. God was the primary cause of plague:

The principal and most potent cause for the arrival of plague is a motion of the divine kindness, and the truth of this cannot be denied that the Creator of everything Holy God is the true force behind all created things.  

Fioravanti compared the plague to biblical plagues and asserted that there was no other conclusion to be drawn, but that God had sent the plague. Moreover Fioravanti believed he sent the plague to purge people of sin by making them repent:

He sends [the plague] to us to chastise us for our great sins that we continually commit against his divine goodness, like I have said before. And make it so that we return to him with all our hearts purging ourselves of the errors we have committed.

Fioravanti again used the image of purgation to explain God’s reasons for punishing His people. For Fioravanti treating the disease was not as important as it was for Ficino and Savonarola. God did not send the plague so much to kill sinners, as to make them suffer so that they could be cleansed. This idea inherited from medieval monastic medicine was expressed by other authors of the period, who wished to see

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61 Fioravanti, *Il regimento della peste*, p 12 “La principale, & piu potente cagione, per la cui viene la peste, è mossa dalla divina bontà, et che ciò sia il vero, non sì puo negare che il Creatore del tutto Iddio benedetto, non sia lui il vero motore di tutte le cose create.”

62 Fioravanti, *Il regimento della peste*, p 13 “la manda a noi per castigarci de i nostri enormi peccati, che di continuo comettiamo verso la sua divina bontà, come un altra volta ho detto, & per fare che torniamo a lui con tutto il cuore emendandoci dei nostri comessi errori”
the plague as a kind of purgatory, rather than Hell itself. If the plague were seen as Hell, as Fioravanti worried it would, then there was no remedy and no hope of ultimate salvation. Whereas seeing the plague as a warning, or a purging, allowed for hope.

Fioravanti’s plague tract shows that the societal disruption caused by plague was not limited to its death toll. More importantly, the plague itself was not the chief cause of terror and despair, since at its core Fioravanti believed it always came from God. Since God’s only motivation was always to bring people back to Him, He could not be responsible for the fear that gripped people and led them to despair. Fioravanti saw plague as a sign of God’s displeasure and used the event of plague to highlight the sin that most angered God: people’s lack of compassion. Fioravanti also felt that the response that civic authorities took to plague was often detrimental to curbing the disease, since it ultimately fed sinful behaviour rather than encouraging penitence. As a disease the plague was not so horrific since Fioravanti trusted he had the remedies to finish it. The true danger in plague was the terror caused by the economically and socially disruptive regulations its arrival put into place. Fioravanti believed that the reason plagues were so deadly was the fact that people lost hope of survival and their will to live. The plague did not just rob them of their health, but the safety and comfort of knowing they could pass away in the company of their loved ones having settled their earthly and heavenly affairs. Furthermore, Fioravanti felt the restrictions on religious processions prevented people from placating God, whose forgiveness the people ought to seek to stop the plague. As a doctor, Fioravanti transgressed from many norms. In his plague tract he notably went against the common conviction of

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physicians that the plague should be curbed through civic regulation. He attacked all
the civic plague controls that were particularly unpopular, which further enforced his
reputation as a new kind of doctor who took into account not just esoteric ancient
medicine, but common sense and folk medicine as well. Fioravanti’s rant against civic
regulation shows that the increasing control on the populations of cities enacted
through public health ordinances did not go unnoticed or unopposed.
Chapter V

**Fear of the Other: Gioseffo Daciano Fighting Ignorance and Non-Compliance with Bigotry and Prejudice**

Gioseffo Daciano was a doctor working for the town of Udine from the 1550s to the 1570s. His plague tract was very derivative. He cited ancient authorities almost compulsively and his description of “true plague” was nearly word for word the same as Marsilio Ficino’s. Nonetheless, he incorporated a great deal of complexity into plague definition which was not yet present in the fifteenth-century vernacular plague tracts. Daciano also provided many anecdotes of specific aspects of the Udinese plague which demonstrated the societal effects of plague. Most notably Daciano’s opinions of how the plague arrived highlighted great tensions between the health officials and the local Jewish community. Furthermore, Daciano’s plague tract showed the prevalence of isolation as a public health measure, and the important role he and the other Udinese physicians played in deciding on its implementation.¹

Daciano was a civic doctor whose plague tract admirably reflected his duties. He encouraged compliance to plague regulations through his plague tract and sought to explain the reasons behind the most detested plague controls. This chapter will explore his methods for encouraging this compliance. Firstly, Daciano fostered trust

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¹ Giuseppe Daciano, *Trattato della peste et delle petecchie*: nel quale s’insegna il vero modo che si de’ tenere per preservarsi & curare ciascuno oppresso da tali infirmità: opera singolare & due volte esperimentata nella magnifica città di Udine gli anni... 1556 & 1572..., Published by appresso Christoforo Zanetti, 1576, Original from the Complutense University of Madrid, Digitized 17 Aug 2007 (*http://books.google.com.au/books?id=SW4E-xkqv4QC*), note that his name is given as Giuseppe in many references, but he signed himself off as Gioseffo in the dedications.
by stressing the difficulty entailed in recognising plague epidemics and the expertise brought to the task by civic physicians in Udine. He also used himself as a positive example of obedience, while highlighting the detested Jewish population as a negative example. His examples were particularly topical at the time, since the Jews had been permanently expelled from Udine because of their perceived role in bringing the plague there in 1556.

For the Udinese health officials the physicians’ first role was to determine what kind of epidemic the city was dealing with. By this period the diagnosis of plague had become very complex, either because the disease had changed greatly over time or because doctors had more experience with it. Certainly, the physicians were applying more refined methods in determining the course of plague. To decide if the disease they faced was “true plague”, the physicians mostly concentrated on specific signs of plague, which could manifest in conjunction with many other symptoms. As long as clear plague signs were present a disease could be categorised as plague. It is worth noting that from a modern scientific perspective, early modern doctors were never very explicit about what a clear sign of plague was. As this chapter will discuss, Daciano mentioned the speed of the disease as a clear sign of plague, however, the duration of an illness is not a very specific symptom from a modern medical perspective. For Daciano, however, emphasising the speed served a purpose in stressing the importance of swift quarantine measures.

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Daciano spent a great deal of effort categorising the different types of pestilential fevers and under what circumstances pestilential diseases could become or be defined as true plague:

There are many types of ailments and pestilential fevers, which have either more or less malignancy and mortiferous contagiousness. Thus one needs to, based on knowledge of these [ailments and fevers], consider the differences that exist between them. Some of them have greater force with which to kill a man and others have less.³

As his title, Trattato della peste et delle petecchie, suggests he also differentiated between “petecchie” and “Peste” which were considered different diseases requiring different public health measures. Petecchie were a disease and a symptom, describing a rash, some spots or potentially even haemorrhaging under the skin.⁴ According to Daciano, petecchie could occur during a plague epidemic or independent of it.

I find there is great difference between petecchie that appear principally during illnesses in the times of plague and those that come in times when plague is not suspected. Petecchie that appear in the process of diseases when plague is not suspected, I say they are not very contagious, nor do they have in them any sign of pestilence.⁵

His concern about petecchie was related to the medical concept widely popularised by Marsilio Ficino that during plague times any ailment could become pestilential when the air was corrupted by plague poisons.⁶ The doctors looked for the right signs and if they were present, the disease was declared to be plague, regardless of how many differences it displayed compared to previous plague epidemics. By the fifteenth-

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³ Daciano, Della peste e delle petecchie, p 7, “Poi che si ritrovano più specie di maligne, & Pestilenti febbri c’hanno in se più, & meno malignità, & contagione mortifera, però fa bisogno per intelligenza di ciò considerare ancora le differentie, che tra esse sono; per le quali alcune habbiano maggior forza in uccider l’huomo, & altre minore.”
⁵ Daciano, Della peste e delle petecchie, p 23 “Molta differenza io trovo tra le petecchie che vengono nel principio delle egritudini in tempo di morbo, & tra quelle che vengono nel progresso in tempo non sospetto di morbo. Le petecchie che vengono nel progresso dell’egritudini in tempo non sospetto di morbo, dico che non sono molto contagiose, ne hanno in se alcun segno di pestilenza, perciocche se bene sono alle volte favorite da varie cause non buone.” Note that in this context I translated ‘morbo’ as ‘plague’ as Daciano was obviously referring to Ficino’s plague poisons in the air.
⁶ Ficino, Consilio, pp 56-59.
century most Northern Italian cities had existing plague controls that would be implemented once an epidemic was identified. However, because of their disruptive nature, the disease had to be positively identified before these measures would be activated. Daciano’s intent was to describe the difficult task of identifying plague signs in contagious diseases, to foster confidence in a positive plague diagnosis, when one was declared.

The hard task faced by the doctors was to advise the Udinese health authorities on the best course of action when plague was suspected. Most importantly, the decision of the physicians would determine whether the healthy inhabitants of houses where people had died were to be isolated from the rest of the populace:

They [the civic health officials] were uncertain, if those who were dying marked only by petecchie had died of the plague or not, and if therefore the remainder of these houses should consequently be sequestered, like the other plague-stricken ones, although the peasants say that if they died of petecchie, they did not die of plague. Because of these above issues all of us physicians were hired by this magnificent and generous community.

This was a grave responsibility as being isolated could be devastating for the individuals in the house. They could become sick themselves if they had not yet been infected, they would be prevented from doing their daily business, and they would be cut off from their outside social ties. As we have seen in the previous chapter, Leonardo Fioravanti was particularly displeased by the concept of isolation as a means of disease control, arguing that the fear and desperation incited by the

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7 The most notable were quarantining the sick in their houses, burning infected goods, and restricting the import of goods into cities. See above Chapter IV, pp 83-101. Also e.g. Carlo M. Cipolla, *Public Health and the Medical Profession in the Renaissance*, Cambridge University Press, Cambridge, 1976.

8 Daciano, *Della peste e delle petecchie*, p 21, “erano incerti, se quelli che morivano macchiati solamente di petecchie, fussero morti di peste ò nò: & se poi li restanti di quelle case si doveano consequentemente tenere sequestrate, come gli altri appestati, per il vulgo che dicea, se muoiono di petecchie, adunque non di peste. Per tanto sopra ciò füssimo tutti noi Fisici stipendiati di questa Magnifica, & Generosa Comunità chiamati alla presentia di due Magnificientie à consultare insieme.”

9 For effects of quarantine measures see for example, Cipolla, *Public Health and the Medical Profession in the Renaissance*, pp 90-119.
quarantine measures further fuelled the epidemic. Nevertheless, quarantine measures were widely considered the most effective tool in curbing the spread of plague in early modern Italy. The problem was that the social and economic disruptiveness of isolation and quarantines made them unpopular among common people. Quarantine measures were often ignored, dodged, or deliberately sabotaged. The main problem civic health officials faced was non-compliance through ignorance, as people did not understand why they should obey the edicts. This was a universal concern all over Europe. For example in Switzerland, despite various witchcraft-related plague-spreading trials in Lausanne and Geneva in the early sixteenth century, the main concern and presumption by officials was always that plague spread through ignorance rather than maliciousness.

People’s reluctance to comply with quarantine measures was of course understandable. When plague infected houses were quarantined, all the residents had to stay inside, because even the healthy were thought to be able to carry the plague miasma outside. They were essentially told to risk their lives by staying in proximity to the disease vapours for the good of the larger community. Such a request cannot have seemed reasonable to all the healthy people isolated with the sick. Daciano’s descriptions of the process of diagnosis, as well as positive and negative examples of

10 See previous chapter (Chapter IV). See also Ficino and Savonarola warning against strong emotions and distress that could make one susceptible to plague, Chapter III, pp 76-77.
11 See e.g., Cipolla, Public Health and the Medical Profession and Carmichael, Plague and the Poor.
compliance, were intended to inform people of the reasoning behind the implementation of health ordinances.

Daciano firmly believed that contagion was the primary method through which plague spread, although it was not necessarily the way it originally arrived. He thought a disease could only be categorised as true plague when its cause was a universal corruption of the air, but once this criterion was satisfied plague could pass on through contagion.\(^\text{14}\) When plague-like symptoms occurred and were neither caused by a universal corruption nor through rapid contagion, then the pestilential fever was judged to be caused by poor living rather than true plague.\(^\text{15}\) If the symptoms occurred due to poor living, cases would of course have been isolated and scattered, whereas numerous people becoming sick in the city around the same time signified some kind of universal cause. Daciano informed his readers that the best way to identify the presence of plague was to assess the speed with which the disease killed its victims:

The plague, or rather true pestilential fever, usually kills a man more quickly and with more violence in \([\text{only}]\) two, three or four days, rarely in seven. Thus, being a most acute illness - which depends on infinite malignancy and poisonous putrefaction generated in the heart, and extinguishes natural heat and the spirits, similarly to how water puts out a fire - it is a poisonous, pestiferous and contagious fever.\(^\text{16}\)

This emphasis on the rapidity of the contagion would have been one of the best ways to convince the populace of the necessity of isolation. The duration of a person’s illness would not have gone unnoticed by his or her neighbours and it was a diagnostic method easily used by non-experts. For example, fifteenth-century

\(^{14}\) As Ficino’s plague tract also taught, Ficino, Consilio, pp 55-58.
\(^{15}\) Daciano, Della peste e delle petecchie, pp 7-9. Good living was considered the best preservative against plague, see above, Chapter III, p 72.
\(^{16}\) Daciano, Della peste e delle petecchie, p 9 “La Peste, overo la febbre pestilenziale vera piú velocemente, & con piú rabbioso effetto comunemente ammaza l’huomo in due, in tre, ò in quattro giorni, & rade volte arriva alla settima. & ciò perché essendo egritudine acutissima, che dipende da infinita malignita, & velenosa putredine generate nel cuore, estingue il calor naturale, & gli spiriti, non altrimenti che faccia l’acqua il fuoco, & però è una febbre velenosa, pestifera, & contagiosa”
Florentine death records, which inform modern historians of the extent of plague mortality, relied heavily on diagnosis by gravediggers and other non-experts, who were responsible for reporting plague cases to the city officials. Since effective plague control was dependent on the reporting of suspicious illnesses, the quickness of plague was duly emphasised by Daciano.

Another important method Daciano used to get his message across was the use of examples. He used his own isolation during the plague as a positive example of complying with disease controls. According to his account, Daciano was isolated in a plague ridden house when his relative came asking for his help:

I was sequestered in my house for a few days, because a relative of mine, who having come to my house one night (to ask for help as he had been taken ill with petecchie) had died the next morning.

Daciano’s household was isolated presumably after he had dutifully reported the case to his colleagues and the proper authorities. Once quarantined, Daciano proceeded to administer a preservative drug to all the inhabitants of his household:

And nonetheless I, who have accomplished much due to the infinite clemency of God our Lord, who inspired me to use some of my particular antidotes (for two of which I give particular descriptions below), I managed to keep all the others in my house healthy.

Daciano’s intention in this example was to establish the ideal behaviour of an isolated household: He administered the proper remedies to everyone and they all calmly complied with the quarantine rules. As a result, his period of isolation had no ill consequences. The passage, of course, also contained some self-advertisement for

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17 Carmichael, Plague and the Poor.
18 Daciano, Della peste e delle petecchie, p 30, “Io fussi per alquanti giorni in casa sequestrato, per causa di un mio cognato, il quale (come per chieder aiuto essendo ammorbiato di petecchie) venne una sera in casa mia, & nel dimani se ne morì.”
19 Daciano, Della peste e delle petecchie, p 30, “Et nondimeno io che l’havea maneggiato molto, per la infinita clementia d’Iddio Sig. nostro, che inspiratomi a usare alcuni miei particolari Antidoti (delli quali que di sotto darò particolar descrittione) me con tutti li altri di casa mia sani conservai.”
Daciano. The plague tract was dedicated to the health officials, who were Daciano’s employers, so it was not unreasonable that Daciano would advertise his competence.

The consequent publishing of his plague tract was intended to reach a wider audience:

> I have exhausted myself in demonstrating, for universal benefit, the way to preserve oneself from this disease, and if there is need (and God is willing) to quickly be cured of it. For this reason I have wanted to publish the work in the vernacular language of Italian, so that everyone could understand it, and for it to be of benefit to everyone’s health.\(^{20}\)

The purpose of publishing his work in print was to share his knowledge with the populace. Providing preservative medications in his tract was an excellent method by which Daciano promoted calm adherence to isolation rules. After all if isolated people had medications they could believe worked, they would remain hopeful of their personal survival.

Daciano’s story continues with his early release from his house:

> And it happened that although I had been sequestered with great suspicion, nonetheless, the above mentioned magnificent health officials, coerced by the fury and violence of the Plague, had me ride into the city, so that I could try and help not only those who were sick but also those who were still healthy so they would be preserved.\(^{21}\)

Most likely the authorities released him due to a shortage of well-trained doctors in Udine. However, it is yet again notable that Daciano drew attention to the importance of the prophylactic remedy that would preserve the healthy. Both Savonarola and Ficino likewise offered preservatives, but maintained that diet and individual humoural balances should guide an individual’s prophylactic regimen. Although

\(^{20}\) Daciano, *Della peste e delle petecchie*, Author’s preface to the readers, “Onde à mio, & universale beneficio con ogni studio mi son affaticato in dimostrate la via de preservarsi, & da tal male, se occorera il bisognoc(he Iddio no’l voglia) prestamente risanarsi. Per il che ho voluto publicarla in lingua volgare Italian, acciò che da tutti sia intesa, come cosa, ch’a tutti generalmente habbia d’esser di non poco giovamento, & salute”

\(^{21}\) Daciano, *Della peste e delle petecchie*, p 30, “Et avenga che io fussi (come ho ditto) per il gran sospetto sequestrato, nondimeno li sudetti Magnifici Signori Proveditori sforzati dalla furia, & rabbia della Peste, mi sforzarono quasi à dover cavalcare per la Cittade, acciò io procurassi, & dare dovessi aiuto, non solamente a quelli, ch’erano ammorbati, ma anco a quelli, che sani erano per preservarli.”
medications were always a part of humoural medicine, they were not considered as something that could work on all people, with different humoural balances, in the same way. Daciano provided his remedies to the entire city, demonstrating again the slow shift in humoural medicine towards more universal methods of health management. Chemical remedies were advanced by untraditional doctors like Fioravanti and Paracelsus, but because of chemical medicine’s incompatibility with humoural medicine, these universal remedies were more commonly used by charlatans than humoural physicians. Daciano’s willingness to utilise chemical medicine shows that at least those physicians working in a public health context could adopt ideas not yet widely accepted by other university-trained doctors:

But certainly for the Plague - because I have been a doctor of the Health Board, and I have done many well-known trials as is clear to the whole city [...] - I have administered remedies to the plague-stricken by which most of them were cured. I have also with my most divine antidotes preserved many healthy, who had been isolated with great suspicion.

Daciano was trying to inspire confidence in medications, which would preserve the isolated from plague, and thus perhaps encourage them to adhere to health regulations.

Daciano was employed by the health commission for the duration of at least two plagues that occurred in 1556 and 1572. In his plague tract Daciano spent a great deal of time defining the potential natural causes for the Udinese plague in 1556, only to conclude that none of them were the real reason for the plague of that year. Instead,

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23 Daciano, Della peste e delle petecchie, p 27, “Ma si bene per la PESTE perciòche se io son stato il Medico dell’officio alla sanità & fatto in molti segnalate prove si come à tutta la Città è chiaro, & anco notato si vede nell’officio, si per have dato valorosi, & presentanei remedij a gli appestati, mediante i quali la maggior parte risanavano, come anco per hauer con divinissimi Antidoti miei preservato assai assissimi sani, che di grandissimo sospetto sequestrati erano”
Daciano laid the blame on the Jewish community in Udine, who according to him brought infected goods into the town.

Therefore, the only remaining explanation, is that the Udinese plague spread through inferior causes, that is through pure and simple contagion. It came through the treacherous and cursed Jews with their infected goods. The goods had been stolen in Capodistria and they were brought [to Udine] for their Easter celebration, which was on the 26th of March 1556.24

Hostility towards the Jewish community commonly intensified around Easter time and even more so during plague epidemics. The Jews had also been widely accused in Europe of maliciously spreading the plague during the initial outbreak of the Black Death between 1348 and the 1350s.25 There was very little evidence of direct blame in either Michele Savonarola’s or Marsilio Ficino’s plague tracts in the fifteenth century, because they were less convinced of the contagious nature of plague. If the plague was not considered to primarily spread through contagion, a search for plague carriers was futile. Thus, both Savonarola and Ficino blamed the general wickedness of man for the arrival of plague, which was a manifestation of God’s wrath. The increasing acceptance of the contagion theory meant that physicians like Daciano could look for specific sources of infection. Although Daciano mentioned God initially as the principal and original cause of plague, he found the Jews in Udine a much more immediate scapegoat.

24 Daciano, Della peste e delle petecchie, p 19, “Ma di queste cose (per la Dio gratia) in Udine non pur una e seguita. Adunque per sufficiente enumeratione resta, che da cause inferiori, cioe da pura, & semplice contagione la peste Udinese sia proceduta, la quale dalli perfidi, & maladetti Hebrei con le robbe loro ammorbate, & rubbate in Capodistria ne fu portata alle feste della loro Pasqua, che fua lli 26. Marzo MDLVI”

The situation of the Italian Jews in this period was unusual in Europe. By the end of the fifteenth century most Western European countries had forcibly expelled Jews from their lands.\textsuperscript{26} The reasons for these expulsions were manifold and mostly outside the scope of this study. However, accusations of plague-spreading and well-poisoning were among the many concerns, or rather prejudices, people held about the Jews.\textsuperscript{27} Italian city states, however, had a different attitude towards Jewish settlement. Although people generally held the same prejudices in Italy as elsewhere in Europe, Italian leaders saw the presence of the Jews as economically beneficial.\textsuperscript{28} Jews of course famously worked as money-lenders, a profession forbidden to Christians, but as this rule was less recalled by Christians of the sixteenth century, the presence of Jewish merchants with their international connections were equally appreciated.\textsuperscript{29} None of this, however, meant that the Italian people were any less anti-Semitic than their fellow-Christians elsewhere in Europe. Accusations of avarice, ritual murder, profanation of the host, and disease-spreading due to the Jews’ presumed hatred of all Christians, continued to dominate popular Christian perception of Jews also in the Italian cities. Symbolically all the accusations towards Jews represented the ritual repetition of the killing of Christ.\textsuperscript{30} The religious intolerance of Jews was always at a particular high around Easter. Especially the preaching of Franciscan friars could send people on violent rampages against local Jewish communities.\textsuperscript{31}

\begin{itemize}
\item\textsuperscript{26} From Spain 1492, Porgual 1497, France 1306, 1394 and 1498, and from England 1290. Foa, \textit{The Jews of Europe after the Black Death}, p 3.
\item\textsuperscript{27} Ibid, pp 7, 13-16. See also above, fn 25.
\item\textsuperscript{30} Ibid, p 23-25 and Foa, \textit{The Jews of Europe}, pp 16-17.
\item\textsuperscript{31} Bonfil, \textit{Jewish Life in Renaissance Italy}, pp 24-29.
\end{itemize}
During the sixteenth-century Italian cities started to increasingly isolate their Jewry to specific quarters, which became known as ghettos. These were meant to both protect them and to keep their corrupting influence isolated from the Christians. It also allowed for their continued presence, which was desirable for economic reasons, but also some spiritual ones. Isolating the Jews allowed ecclesiastical authorities to enact more concerted attempts at conversion, which was a goal much valued by the Catholic Church. The ghettoising of the Jews in Italy began in Venice 1516, and the process coincided largely with the Counter-Reformation. The phenomenon spread and by the end of the sixteenth century, most urban Jews were living in ghettos, whereas previously they had tended to either live in non-isolated quarters within cities or they had to remain in residence outside the city walls entirely. The isolation of the Jews had parallels with humoral medical ideas. Because they were not Christian believers, the Jews were seen as a potentially morally polluting element in society. Early modern towns became more and more aware of maintaining urban hygiene, but this was not simply limited to keeping smelly garbage off the streets, but also entailed keeping the city clean of morally dubious elements including Jews and prostitutes.

33 Foa, *The Jews of Europe*, p 24 and Bonfil, *Jewish Life in Renaissance Italy*, pp 45-46
Udine was under the administration of Venice in Daciano’s time. The Udinese ghetto had only been established shortly before the 1556 plague epidemic. After the epidemic the Jews were expelled from Udine indefinitely. 

Strict enough justice was not used against these offenders, like they rightly would have deserved. Taking the example of Eternal God - who for their disbelief and wickedness destroyed the kingdom [of the Jews], those banished from the Glory of Heaven - having caused great and incredible harm they were banished from our magnificent city of Udine through the universal consensus of the council. 

The passage shows quite clearly that Daciano’s distrust of the Jews had very little to do with any medical reasons. Kenneth Stow has convincingly argued that Udine expelled its Jewish population because Franciscan preaching had by 1556 predisposed the city council and the Christian population to have a negative opinion of their presence in the city. Daciano claimed that the Jews had through wilful insolence failed to inform the health authorities of a plague death in a timely manner, thus causing the disease to continue spreading:

So that one of these Jews having now died, without having been otherwise visited by the doctors, the plague then showed its presence within a few days in two of these beasts and children of death.

It is evident that the Jewish community distrusted the Udinese officials, if Daciano’s account can be believed. Certainly a number of other sources, regarding the 1556 plague and the subsequent expulsion, suggest that the Jewish man who had allegedly

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36 Mentioned in passing by Foa, The Jews of Europe, p 43 when discussing a political work on the isolation of the Jews written in Udine. 
38 Daciano, Della peste e delle petecchie, p 19, “Contra li quali se bene rigorosa giustitia non è stato usata, come giustamente meritavano, pigliando esempio dal ETERNO IDDIO, il quale per la loro incredulita, & perfidia gli ha destrutti il suo regno, & banditi dalla GLORIA DEL CIELO; pur sono stati per si grande, & incredibili danno perpetualmente dalla nostra Magnificia citta di Udine per universal consenso dal Magnifico conseglio di quella banditi.”
40 Daciano, Della peste e delle petecchie, p 20, “La onde essendo allhora una di queste hebree di parto morta, senza che fusse stata altrimenti visitata da medici, & indi poi a pochi giorni in due di quelle bestie, & figlioli della morta”
brought plague-infected mattresses was then negligent in informing the officials of his family’s illness.\textsuperscript{41} Although the accused man and most of his family all died of the plague, the Udinese nearly took their anger out on the entire Jewish community. The Udinese officials banished their Jewry after they had thwarted a group of rioters who were planning a massacre against them for bringing the plague.\textsuperscript{42}

Daciano was stirring up these negative perceptions of the Jews to encourage the control of marginal groups in society, which was perceived to improve the health of society as well as individuals. The plague often functioned as an excuse to control marginalised societal groups throughout the period of this study. Apart from the Jews, frequently targeted groups included prostitutes and the vagrant poor.\textsuperscript{43} The treatment of prostitutes shared significant parallels with the treatment of Jews. Prostitutes were regularly marked as scapegoats for plague from the fourteenth century onwards. During the initial outbreaks of the fourteenth century prostitutes were noted primarily as a moral liability, whose licentious behaviour brought God’s wrath more readily. In later centuries the reasons for controlling or banishing prostitutes became more secular, as they were accused of spreading the plague through their lack of discrimination between healthy and ill clients. Health officials also complained that the frequency of visitors in prostitutes’ houses allowed many people to be unknowingly exposed to plague vapours that could linger in the prostitutes’ rooms.\textsuperscript{44}

These accusations against prostitutes presumed they were negligent towards health standards. Their immoral behaviour, which allegedly differed from that of the general

\textsuperscript{41} Stow, “The Jew as Alien and the Diffusion of Restriction”, pp 60-63.
\textsuperscript{42} Ibid. pp 63-64.
\textsuperscript{43} See particularly, Carmichael, \textit{Plague and the Poor}.
\textsuperscript{44} Carmichael, \textit{Plague and the Poor}, pp 123-124
population, made them suspect in plague times. Their abnormal practices were a potential source of plague contagion precisely because their behaviour was considered different and moreover ungodly. Like the Jews, prostitutes could be restricted to specific quarters to try and keep their moral corruption from infecting the supposedly pious normal people. Notably in Rome, Pope Pius V tried to implement spatial restrictions on prostitutes from 1566 onwards, going as far as to mention the isolation of the Jews as an example. There were differences of course. Christians saw the Jews as impure because of their rejection of Christ, which meant that they were perforce cursed in the eyes of the Christian God. Prostitutes were a more straightforward temptation whose wanton ways could lure men to sinfully enjoying their services and attract women to the profession. The parallels between the treatment of Jews and prostitutes stemmed from the status of each group as alien and separate from the rest of the community. Although the Jews were a cultural and religious community and the prostitutes a professional group, they would have shared qualities in the eyes of the Udinese majority. Jews and prostitutes were often referred to in the same sentence in the sixteenth century when discussing the establishment of closed quarters or the moral reprimand their presence could incite from God.

Nonetheless, both groups were seen to provide services necessary to society. Prostitutes arguably protected decent women from being harassed by eager men, and Jews provided money-lending services and trade connections that were beneficial to

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46 Foa used the example of why Christians and Jews could not eat together because of purity concerns on either side, The Jews of Europe, p 53.
47 This is particularly noted in the case of Rome, when Pius V was attempting to control the presence of both in the Papal States, see Tessa Storey, Carnal Commerce in Counter-Reformation Rome, Cambridge University Press, Cambridge, 2008, p 75 and Bonfil, Jewish Life in Renaissance Italy, pp 45-47
Italian cities. The logic behind isolating each group from mainstream populace was the same: the corruption their presence created could be contained, if they were restricted to a controlled area. The eventual expulsion of the Jews from Udine shows that despite this logic, they were very vulnerable to becoming scapegoats. Since the plague was frequently depicted as a corruption and its source as divine wrath, it is no surprise that a group like the Jews should become the target of civic leaders and physicians looking for a reason for the epidemic. It is impossible to say if Daciano would have been aware of the symbolic connection between isolating the sick to their houses and isolating the Jews into ghettos. Since he never explicitly referred to the ghetto, the connection probably did not occur to him consciously. The idea that spiritual uncleanness of Jews could pollute Christians was not unlike the medical concept of corrupted vapours causing humoural imbalance and disease in healthy people. The idea that the plague could, however unintentionally, spread from the Jewish community would have been very persuasive in a society already trying to isolate them due to their perceived moral corruption.

Since Daciano’s plague tract had an explicitly educational purpose, playing on the community’s distrust of the Jews was by no means accidental. The Jews worked as an example of non-compliance, whereas Daciano himself was an example of compliance. In his depiction, the morally suspect Jews neglected plague regulations, while the virtuous physician conscientiously reported his relative’s death and illness. The consequences of the Jews’ lack of cooperation resulted in a catastrophe, whereas Daciano’s example of his own adherence to health ordinances was happily resolved with little inconvenience to anyone in his household. People’s tendency to distrust

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unfamiliar and marginal cultures was fuelled by polemical writings and the religious fervour of the Counter-Reformation. Associating the common-place avoidance of quarantines and other plague controls with the generally despised Jews was a way for Daciano to provoke people to consider their actions and accordingly to encourage compliance.

In conclusion, Daciano’s distinctions between types of plague served to better direct public policy, which struggled for a balance between implementing unpopular plague restrictions and keeping the city safe from the disease. Daciano’s plague tract also attempted to elicit compliance to plague regulations from the Udinese people. Although his plague tract was intended for the city officials it was consequently published for the benefit of the entire populace. The intention in making his work available to the general public was to help them understand the necessity of public health measures and to encourage observance of these isolation measures in health crises. In his attempt to do this he evoked the prejudices held by many against the Jewish community. Although, to some extent his observations may have been accurate, Daciano’s own intolerance of Jews led him to believe their ignorance and wilful neglect had caused the most recent plague outbreak. The religious tones of his judgement betray the deep-seated tensions between Christians and Jews in sixteenth-century Italy. Moreover, the way in which he portrays the Jews as villains in his example, shows he presumed potential plague-control violators would have found being compared to Jews particularly distasteful, thus inspiring better adherence to health regulations.
Conclusion

Plague tracts were part of a process by which physicians overcame the problems created by the coming of plague to Europe. Although the type of medicine they practiced was much better suited for individual long-term care, they managed to adapt their advice so it could be applied more generally to the wider populace. Physicians confirmed their place as authorities on the plague and also in the community as a professional group. The primary intention, of all four doctors discussed in this study, was to advise lay people on how to evade and treat the plague. However, each author had the intention of bettering the lives of their audiences by expanding their knowledge about the spiritual aspects of remaining healthy. Even though their focus was always the curing and avoidance of plague, God’s purpose in sending the disease was never far from their minds.

Marsilio Ficino and Michele Savonarola endorsed humanist morality, which they believed would help maintain a healthy humoral balance as well as improve the morals of the community as a whole. Their educated background and their consequent scholarly pursuits influenced their view of the world and their opinions on the plague. Their fifteenth-century plague tracts focussed on individuals. Their advice was designed to improve people’s eating and living habits and to strengthen their bodies.
and their souls against the plague, with little reference to public measures. Ficino and Savonarola sought to improve the moral fibre of their audiences, rather than suggesting policies to civic rulers. The sixteenth century plague tracts of Leonardo Fioravanti and Gioseffo Daciano demonstrate that public health measures had become much more dominant by their time. They both took a stand on plague regulations, particularly on quarantine measures. Fioravanti explicitly argued he was giving advice to civic rulers and princes, so that they could better manage their plague-stricken dominions. Daciano was himself involved with the health board of Udine as he had been hired as a civic doctor by the city. The sixteenth-century doctors discussed in this thesis obviously felt more at home commenting on public policy than their fifteenth-century counterparts. This change in attitude demonstrates that the authority of doctors had substantially improved by the sixteenth century.

Ficino and Savonarola were involved in building the influence of university physicians as the best source of medical advice. They emphasised their reliance on respected ancient and medieval medical authorities, while implying the existence of a consensus among modern physicians. Evidently, their support of physicians as the highest medical authorities was not in vain. Fioravanti had enough trouble during his career from the medical guilds and boards to amply demonstrate the consolidation of the physicians’ authority which rested on their erudition. While Ficino and Savonarola’s tracts showed a need for legitimisation, Fioravanti’s extensive criticism of the theory-driven methods of physicians implies their influence was broad by his time. Furthermore, Daciano’s plague tract shows that physicians had become an inseparable part of the civic health boards, which oversaw all aspects of health management within cities, but particularly the implementation of plague controls.
Daciano’s depiction of the involvement of doctors in the process of plague diagnosis shows how respected the opinion of the learned physicians had become.

There is a significant shift in the medical attitude towards contagion between the fifteenth- and sixteenth-century examples discussed in this study. Ficino and Savonarola’s understanding of contagion was still firmly connected to the ancient medical concept of miasma. They maintained that the plague had no specific source as it was a universal corruption of the environment. A person became sick because he or she breathed the plague vapours, but the miasma only turned into disease if the individual’s personal humoural balance was poor. In comparison, Fioravanti and Daciano believed the plague to transmit through direct contagion. While Daciano used the same ancient sources as his fifteenth-century predecessors, he added that the plague could and did pass directly from man to man. Fioravanti believed the plague originated in living things through divine will and was then passed on from person to person. The idea of plague as a contagion made it ultimately easier to control. The early modern concept of contagion meant that a contagious disease had specific sources, as opposed to the miasmatic idea which maintained that the poison was everywhere and only people’s ability to resist it differed. Daciano believed that the plague could be eliminated through controlling the population’s exposure to those already infected, thus he supported the quarantine and isolation measures in Udine. However, the emergence of a stronger bias towards contagion also meant people could, and did, seek specific scapegoats. In Daciano’s case he believed the Udinese Jews had brought the plague to the city through infected goods. The hunt for scapegoats was precisely the kind of attitude Fioravanti wished to curb. He believed the inordinate fear of contagion led people to avoid the sick. Instead Fioravanti
believed that God wished for people to comfort and care for each other in the hard
times of plague.

The doctors writing these plague tracts generally tried to distance themselves from the
idea that God wanted people to do nothing in the face of plague. They sought to
demonstrate that the existence of remedies and societal controls that curbed the plague
were proof that God wanted people to fight it. However, they always still believed
that the plague was God’s punishment for the sinful. It was not for specific sinners but
all people, as He was disappointed with everyone. The best remedies that they could
prescribe still relied on people behaving in a way that would please God. Each doctor
had different ideas of what this meant in practice. Ficino and Savonarola prescribed
strict life routines that would keep a person healthy and pious, free of superfluities and
corruptions. Fioravanti asked people to do away with plague controls and show
compassion and love to each other, so that they could simultaneously heal each other
and placate God. Daciano tried to demonstrate that the civic rules which were
intended to protect people imposed an order that only the sinful would oppose. Since
they all believed that the plague must come from God, they had all concluded that He
must have had a purpose in inflicting the world with it. Since God could not wish for
the sinful to die in horrible ways without any hope of salvation, these physicians set
out to understand the reasons why they had earned His displeasure. The doctors
derived meaning from the exercise of working out how to cure the disease, but they
also sought to cure the society that had incurred the wrath of God.
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