The ‘French Disease’ (morbus gallicus) is the most popular name for an apparently new condition that quickly spread throughout Europe in the 1490s. It was perceived as a loathsome and incurable disease consisting of severe aches in the bones and of sores usually beginning in the genitals, but eventually covering the whole body. Like plague and other infectious diseases, it damaged all social strata and ravaged the most humble people, but its wide diffusion among courts and urban patriciate – along with the quantity and expressiveness of surviving historical sources referring to these elites – has promoted an image of the ‘French Disease’ as a condition typical of the privileged social strata.

Latin Galenism, the medical system then dominant among university practitioners who covered the health demands of social elites, was characterized by plural, open, and equivocal views about disease causality. This meant that physicians initially related the French Disease to a range of various kinds of causes (divine punishment, corrupt air, harmful star constellations, and bad life regime, among others), which could be at work either collectively or separately. It did not, however, prevent some of the
earliest university practitioners who coped with the disease from acknowledging that a specific external cause transmissible through contagion by contact—sexual, above all—could also be involved in the spread of this disease. In the works of these earliest practitioners we can detect a rather consistent shift from a pattern of disease prevention, which was then peculiar to the reactions against plague and pestilences, to a new one tending to focus upon coitus. The attention to contagion and coitus also demonstrates that we should rethink the suggestion that the French Disease was not considered venereal until after 1520. A great deal of the earliest medical writers linked the disease to sex in a number of ways.

This paper has two major aims. On the one hand, it is intended to track these new views on disease causality by exploring a number of the earliest medical works on the French Disease. On the other hand, it aims to examine the extent to which these new views determined the prevention measures proposed by the earliest writers on this disease.

The thirteen works from 1496 to 1502 I will examine do not exhaust the extant earliest medical literature on the French Disease, but can be seen as representative. They were written by twelve doctors, most of whom developed their careers in Italy. Five works relate to a courtly disputation on the identity and causes of the new disease held in Ferrara between late March and early April 1497 under the patronage of the local lords, the dukes of Este. They are those written by the three known contenders at the dispute, the medical professors at the university of Ferrara Nicolò Leoniceno (1428–1524) and Sebastiano dall’Aquila (c.1440–c.1510), and the Estense court physician Corradino Gilino (fl.1468–1499), and two provoked by Leoniceno’s work, namely its rebuttal by the Bolognese medical professor Natale Montesauro (fl.1484–1501), and the counter-replication to the latter by Antonio Scanaroli (c.1450–1517), a former pupil of Leoniceno practicing in Modena. Three more treatises arose from the papal court of Alexander VI Borgia. They were written by two of his physicians, both of them Spaniards from Valencia who long resided in Rome, namely Gaspar

---

3For more information on this topic, see Arrizabalaga, Henderson, and French, The Great Pox.
4Leoniceno, Libellus de epidemia quam vulgo morbum gallicum vocant; Dall’Aquila, Interpretatio et cura morbi gallici (written in 1497), fols. 184r–202v; Gilino, De morbo quem gallicum nuncupant. For a facsimile edition of Leoniceno’s and Gilino’s works see pp. 117–182 and 251–260, respectively, in The Earliest Printed Literature on Syphilis.
5Montesauro, De dispositionibus quas vulgares mal franzozo appellant; Scanaroli, Disputatio utilis de morbo gallico. For a facsimile edition of these works see pp. 279–312 and 313–346, respectively, in The Earliest Printed Literature on Syphilis.
Torrella (c. 1452–c. 1520) and Pere Pintor (c. 1423/4–1503). A third Valencian, Joan Almenar (fl. 1502), was the author of another similar work which was first published in Venice in 1502 and appears to have been strongly influenced by Italian university circles. The three remaining works belong to authors from the Germanic area, namely Konrad Schellig (fl. 1496), physician of the elector of the Palatinate and medical professor at Heidelberg university; Johann Widmann (1440–1524), physician of the earl of Württemberg and professor in Tübingen; and Bartholomäus Steber (d. 1506), professor in Vienna. Schellig and Widmann completed parts of their educations in Northern Italian medical faculties – both of them in Padua, and Widmann also in Pavia and Ferrara.

CAUSES OF THE FRENCH DISEASE

Latin Galenist practitioners assumed that disease was essentially the result of a humoural imbalance provoked by a concatenation of external and internal, remote and proximate causes operating according to an open and plural pattern, within a framework of permanent interrelations between macro and microcosmos. According to the Christian ontology – unquestioned in Europe until well into the eighteenth century and also shared by Islam and Judaism, the other two major monotheist religions in the Mediterranean area – God’s will was the first cause of disease, as it was of all things in His Creation. Yet, Christian natural philosophers’ construction of a natural order autonomously ruled by natural laws, save exceptional circumstances (i.e., miracles), meant that theologians kept an intellectual and professional monopoly on the Primum Movers. For their part physicians, charged with the task of attending bodily health and bodily disease, were in charge of the secondary causes that determined the state of their patient’s health or sickness.

Within this causal system, one single cause could provoke multiple diseases and one single disease could be due to multiple causes. Patients

---

6Torrella, Tractatus cum consiliis contra pudendagram seu morbus gallicum. De morbo gallico cum alis, and Dialogus de dolore cum tractatu de ulceribus in pudendagra evenire solitis; Pintor, De morbo foedo et occulto his temporibus affligente. For a facsimile edition of Torrella’s earliest work see pp. 182–232 in The Earliest Printed Literature on Syphilis.

7Almenar, Libellus ad evitandum et expellendum morbum gallicum ut nunquam revertatur.

8Schellig, In pustulas malas morbum quem malum de Francia vulgus appellat; Widmann, Tractatus de pustulis et morbo qui vulgato nomine mal de franzos appellatur; Steber, A malafraonzos morbo gallorum preservatio ac cura. For a facsimile edition of these three works see pp. 1–22, 233–250 (and 347–352), and 261–278, respectively, in The Earliest Printed Literature on Syphilis.
could suffer from ‘composite’ diseases, that is, diseases resulting from a mixture of two or more ‘simple’ ones. The ‘morbid matter’ that was the immediate cause of disease could freely move within a sick body, and this often caused a disease to change its seat during its course. Furthermore, such matter could eventually change in its substance or properties and cause one disease to ‘metamorphose’ into another.

a. Theurgical causes

The initial perplexity of university practitioners towards the nature and causes of the French Disease contributed to emphasize the open, plural, and equivocal character of the causal views of Latin Galenism. In one way or another, almost all practitioners referred to God as its First Cause. Yet, most focused on ‘secondary causes’ – those usually subjected to concern by university physicians – while only some of them gave a central role to the First Cause. In both cases, the alleged barrier between the disease-views of university physicians and lay people was much more permeable than traditionally assumed for medieval and Renaissance Europe. This intercommunication was particularly manifest with regard to views on the theurgical causes of the French Disease.

University practitioners like Johann Widmann, Nicolò Leoniceno, Natale Montesauro, or Antonio Scanaroli emphasized their professional interest as physicians for the immediate causes and declared their incompetence to discuss theurgical causes, which were allegedly a topic of theologians’ exclusive concern.9 Others, like Gaspar Torrella, merely echoed the voice of third persons (alii dicunt) who claimed that this disease was due to God’s punishment.10 In both cases, the theurgical causes played no role at all in the battery of preventive or therapeutic measures except for occasional standard pious invocations to the Greatest Healer.

A third group of practitioners attached the new disease directly to a divine origin, although not even this was entirely determinant upon their preventive or therapeutic advice. Following the Aristotelian pattern of causality, Joan Almenar stated that knowledge of material, formal, and efficient causes was the competence of the ‘bodily physician’ (medicus corporalis), while that of the final cause belonged to the ‘spiritual physician’ (medicus spiritualis). According to the latter, diseases and other calamities

---

9Widmann, Tractatus de pustulis et morbo qui vulgato nomine mal de franzos appellatur, fols. 1r–1v; Leoniceno, Libellus de epidemia quam vulgo morbus gallicum vocant, sign. c8v–d1r; Montesauro, De dispositionibus quas vulgares mal franzoso appellant, fols. 4v–5r; Scanaroli, Disputatio utilis de morbo gallico, sign. a2v.

10Torrella, Tractatus cum consiliis contra pudendagram, sign. a3v.
befell humans as a punishment for their sins; some diseases were specifically related to mortal sins – quotidian fever to pride, podagra to laziness, and leprosy to lust. Since the French Disease was akin to leprosy, Almenar claimed, it should be related to lust. Thus, those wishing to preserve themselves from it or to recover their health should avoid lust.\footnote{Almenar, Libellus ad evitandum et expellendum morbum gallicum, sig. A4r–A4v, D1v. Yet, this did not prevent Almenar from dedicating two complete chapters to medical remedies for treatment and safe prevention of the disease.\footnote{Almenar, Libellus ad evitandum et expellendum morbum gallicum, sig. B3v–D1v (treatment), D1v–D2v (prevention).}

Finally, the Ferrarese court physician Corradino Gilino claimed that the outbreak of the French Disease resulted from the apocalyptic punishment that God sent upon the Italian people for their many and grave sins. This peculiar view, which did not prevent Gilino from writing an otherwise standard medical treatise on this disease, was strongly influenced by the apocalyptic atmosphere pervading late fifteenth-century Italy and very influential at the Estense court of Ferrara, which the prophetic activism of the Dominican friar Girolamo Savonarola fuelled from Florence.\footnote{Gilino, De morbo quem gallicum nuncupant, fol. 1v.} Gilino’s theurgical views fit into a widespread pattern of collective disease in the Old Testament, namely that of the countless and terrible plagues that scourged the Israelites or their enemies. Alternatively, the identification of the French Disease with that of the Biblical patriarch Job was also influential in late fifteenth-century northern Italy among lay people, including medical circles like that of the Estense court. This new identity was by no means surprising since both diseases were perceived as unknown, inexplicable, incurable, and afflicting victims who appeared deformed and loathsome. The dilemma of whether Job’s disease and other troubles were divine punishment for sin or undeserved calamities sent upon innocents to prove the sincerity of faith was at work in the contemporary perceptions of the French Disease.\footnote{Arrizabalaga, Henderson, and French, The Great Pox, pp. 44–45, 52–55.}

\subsection*{b. Natural Causes: Epidemic Versus Contagion?}
All of this did not prevent most early medical writers on the French Disease from concentrating most of their attention on the natural causes of this disease, particularly those ‘inferior’ or ‘proximate’ ones. A major discussion revolved around whether it was an epidemic scourge or merely a contagious disease. Latin Galenist physicians assumed that every epidemic disease was also contagious, but the opposite was not true. On the other hand,
while epidemics were allegedly provoked by universal causes, contagia did not require the concurrence of this kind of causes for their outbreak and spread.

Thus, a number of writers understood the French Disease as provoked by a causal chain similar to that typical of the late medieval pestilences: that is, from the ‘First Cause’ (divine punishment) to that unleashing the epidemic (a corruption of the air) through one or more astral causes (usually, ominous planetary conjunctions). Yet, each medical writer emphasized different links in this chain. Some underlined the role of celestial influences, in consonance with the flourishing of astrological medical views in contemporary Europe.\(^{15}\) This was the case of Gilino and Almenar,\(^{16}\) who showed themselves well aware of the theurgical cause, as well as of Konrad Schellig and Bartholomäus Steber, neither of whom discussed theurgy explicitly.\(^{17}\) Others, like the German Widmann and the Italians Leoniceno, Montesauro and Scanaroli, claimed that, as physicians, they should limit themselves to study the proximate natural causes beginning with the air corruption and leave to theologians and astrologers the discussions of superior causes.\(^{18}\) Let us take Leoniceno’s views as an example. To him the French Disease should be reckoned within the chapter of ‘epidemics’ – in the Hippocratic meaning of this term, i.e., collective diseases wandering from one place to another. It derived from a warm and humid ‘intemperance’ of the air, frequently but not exclusively in the summer. He claimed that the French Disease had broken out in Italy during the 1496 summer after an excessive humidity had lasted for over a year and he identified it with Hippocrates’ description in *Epidemics*, book 3. This disease was only one of the multiple effects of this peculiar qualitative change of the air, which he considered to be the ‘mother of every putrefaction,’ in keeping

---


\(^{16}\)Gilino, *De morbo quem gallicum nuncupant*, fol. [1r]; Almenar, *Libellus ad evitandum et expellendum morbum gallicum*, sign. A3\(^{\text{v}}\)–A4\(^{\text{v}}\).

\(^{17}\)Schellig, *In pustulas malas morbum quem malum de Francia vulgus appellat*, sign. a2\(^{\text{v}}\); Steber, *A malafranczos morbo gallorum preservatio ac cura*, sign. 5\(^{\text{v}}\)–6\(^{\text{r}}\). Schellig was not explicit as to the role of the theurgic cause on the French Disease, but Jacob Wimpheling was in the letter preceding the former’s work. At its beginning Wimpheling stated: ‘iusta Dei severitas sive propiter horrendam et olim inauditam blasphemiam sive propiter spurcissimum (quod invaluit) adulterium aut cetera peccata, per syderum fluxus aliasque causas morbum quendam quem nostra tempestate insubres in patriam suam Gallos invexisse lamentantur...’ (sign. a1\(^{\text{v}}\)).

\(^{18}\)See note 8, above.
with Aristotelian natural philosophy. To Leoniceno the French Pox was a
generic disease which could manifest itself under several species according
to the nature of the pathological humour(s) involved in each case.\textsuperscript{19}

A third group including Sebastiano dall’Aquila, Pere Pintor and
Almenar himself claimed that the French Disease was sometimes an
epidemic scourge, sometimes merely a contagious disease. To Dall’Aquila,
who identified it with Galen’s \textit{elephantiasis}, the French Disease could spread
through an ‘air infection’ or, more often, through ‘what physicians call
contagion,’ particularly that linked to touch. Dall’Aquila underlined three
forms of contagion through touch, namely coitus, assiduous sleeping, and
nursing. At a secondary level, Dall’Aquila admitted, in agreement with
Leoniceno, that ‘some air infection’ caused by moist weather had contrib-
tuted to the outbreak of the French Disease, but he denied any role to the
immoderate heat that Leoniceno believed had also been involved.\textsuperscript{20}

Pintor, on the other hand, qualified the French Disease as a ‘dreadful
and hidden’ (\textit{foedus et occultus}) epidemic disease. He identified it with a third
and obscure species of the \textit{variola} kind of disease called \textit{aluhumata} that had
been previously described by Avicenna and Rhazes.\textsuperscript{21} Like the alleged two
other \textit{variola} species, it resulted from a ‘corruptive’ boiling (as opposite to
‘perfective’ boiling) of the blood. This blood could originate from the
remains of menstrual blood which, according to Galenic assumptions, fed
the foetus during pregnancy. These remains could stay for one’s whole life
after birth or, less often, generate from the consumption of harmful foods
and other regime disorders. The kind of blood involved in the French
Disease was melancholic, which contemporaries believed could hardly
boil. Thus, the risk of suffering from the French Disease was higher in
individuals with a melancholy complexion.\textsuperscript{22}

Such infected menstrual blood could remain dormant for long periods
or even for one’s whole life. But at any stage it could also become the
material cause of the French Disease as a result of certain ‘external causes,’
particularly the ‘pestilential, corrupted air.’\textsuperscript{23} This required enough addi-
tional heat to cause this peculiar boiling. Such heat could come from
lengthy exposure to the sun, an overly hot and moist spring, or the shaking
of the blood itself when nature tried to expel it from the body.\textsuperscript{24} Beyond

\textsuperscript{19}Leoniceno, \textit{Libellus de epidemia quam vulgo morbum gallicum vocant}, sign. d1\textsuperscript{v}–d3\textsuperscript{f}.
\textsuperscript{20}Dall’Aquila, \textit{Interpretatio et cura morbi gallici}, fols. 196\textsuperscript{r}–v.
\textsuperscript{21}Pintor, \textit{De morbo foedo et occulto his temporibus affligente}, sign. a\textsuperscript{v}, a1\textsuperscript{v}, a7\textsuperscript{v}, d7\textsuperscript{v}, f3\textsuperscript{v}–f4\textsuperscript{f}.
\textsuperscript{22}Pintor, \textit{De morbo foedo et occulto his temporibus affligente}, sign. a4\textsuperscript{f}, a6\textsuperscript{v}, a7\textsuperscript{v}, b2\textsuperscript{f}, c7\textsuperscript{v}–d7\textsuperscript{f}.
\textsuperscript{23}Pintor, \textit{De morbo foedo et occulto his temporibus affligente}, sign. a4\textsuperscript{f}–a5\textsuperscript{f}.
\textsuperscript{24}Pintor, \textit{De morbo foedo et occulto his temporibus affligente}, sign. a6\textsuperscript{v}–a7\textsuperscript{v}.
these external causes, Pintor also judged that there was ‘a certain hidden influence or property’ arising from some peculiar star constellations lasting from 1483 – the alleged year for the beginning of the epidemic – to 1500 – the date for its end according to his prognosis. As a way of noticeable proof (sensuale iuditium) of these astral influences, Pintor argued that prisoners, enclosed monks and nuns, and those living in marshy areas where thick air hung, had not suffered from the French Disease. Yet, Pintor admitted that sometimes the aluhumata could also be provoked by a merely inferior cause.

Pintor admitted that the French Disease was always contagious. So sufferers could infect the air of a room, as well as those people accompanying, conversing, eating, or sleeping with them. In passing from one house to another, this ‘harmful air’ could easily spread over all the city and infect many other people. People’s risk of infection grew in proportion to the proximity and length of their contact with a sufferer. Thus, Pintor underlined, the French Disease was extremely contagious when a man has copulated with a woman suffering from it, particularly if he lived with her. Pintor claimed that men were much more receptive to sexual contagion than women and explained this through reasons identical to those used by Torrella in 1497, to which I will refer below.

The Valencian Almenar claimed that the French Disease was a ‘harmful epidemic condition’ which could even infect through a ‘pure influence or corruption of air,’ although it worked more often by contagion in the context of social intercourse (conversatio). Almenar piously asserted that the clergy (religiosi) caught the disease by means of breathing corrupted air, while contagion was the mode of infection for children and adults, the former through being kissed or suckled, the latter through coitus. Yet, Almenar admitted that some individuals could manage to avoid catching the French Disease, despite being inclined to melancholic diseases, following an inadequate life regime, or of having sex with infected people. To explain this surprising feature he argued that their bodies had greater thickness or some peculiar ‘individual property’ that protected them against the ‘impressions’ of this disease.

Finally, the views held by the papal physician Gaspar Torrella expressively illustrate the case of those who claimed that the French Disease was

---

26Pintor, *De morbo foedo et occulto his temporibus affligente*, sign. a⁷–b², b⁶, b⁷.
27Pintor, *De morbo foedo et occulto his temporibus affligente*, sign. d⁶–d⁹.
not epidemic, but merely a contagious disease. After having quickly revised the theurgical and astral causes (the latter of which he openly disqualified in his work of 1500), he stated that this disease was usually transmitted through contagion by individual contact, although it could be also developed as a result of an inadequate life regime. While the disease might occasionally be transmitted when someone came into contact with the infectious ‘halo’ which supposedly surrounded the ill, contagion was predominantly through sexual contact.\(^{30}\)

In 1497 Torrella intended to prove his professional competence in the face of the French Disease with five medical reports (\textit{consilia}). Three of them illustrated his views on its contagion, although only one of them (the first \textit{consilium}) appears to be a case of direct sexual transmission, allegedly through the corrupt vapours from the uterus entering pores in the member of his patient ‘Nicholas the Young’ – a pseudonym for Caesar Borgia according to Sudhoff’s suggestion.\(^{31}\) In his male-centred account Torrella asserted that men suffered more from the French Disease than women because on the one hand men had a hotter complexion and on the other the uterus encouraged the corruption of vapours within infected women. It was of first importance, therefore, that men should avoid infected women. However, the reverse was not true according to Torrella. Since the uterus was cold, dry, and dense, it did not suffer damage very easily and it was only after repeated sexual contact with infected men that women became infected.\(^{32}\) The fourth \textit{consilium} might have been a case of non-sexual contagion, given that it concerns a mature man who caught the pox by sleeping in the same bed as his infected brother.\(^{33}\) As for the last case (the third \textit{consilium}), Torrella simply speaks of a 30-year old Lombard man who was infected through ‘contagion.’\(^{34}\)

There were also other (albeit less usual) ways to transmit the French Disease according Torrella. The paradigm of this alternative view revolved around an inappropriate life regime in the ‘six non–naturals’ (\textit{sex res non naturales}) that could equally cause the pox. This was particularly the case in people whose complexions inclined towards the humoural dyscrasia, which supposedly unleashed this disease. Torrella warned consistently that those are liable to the French Disease who indulge in anger or melancholy, who ‘make use of salted, sharp, and bitter foods or drink ...; who do not

\(^{30}\)Torrella, \textit{Tractatus cum consiliis contra pudendagram}, sign. a4\(^{v}\)–b1\(^{r}\).

\(^{31}\)The Earliest Printed Literature on Syphilis, p. xxxiii.

\(^{32}\)Torrella, \textit{Tractatus cum consiliis contra pudendagram}, sign. c4\(^{v}\)–d1\(^{r}\) (\textit{consilium I}).

\(^{33}\)Torrella, \textit{Tractatus cum consiliis contra pudendagram}, sign. e1\(^{r}\) (\textit{consilium III}).

\(^{34}\)Torrella, \textit{Tractatus cum consiliis contra pudendagram}, sign. e2\(^{r}\) (\textit{consilium IV}).
take baths as they used to do; who do not change their clothes; who do not take exercise or massage; who take meals or medicines that bring matter to the skin; who drink sharp and old wines or those sweet and heated too long.' He illustrated this alternative mode of infection by providing three examples of what could happen to any individual in absence of his advice. The first was the case of a Catalan university-trained physician who got the disease as a result of having consumed the wrong food and drink during a sea voyage. The second case also involved a sea-voyager who exposed himself excessively to the sun and fell into ‘some other inappropriate regime’ during the course of his trip. The final case was that of a priest with dyscrased complexion and liver.

**WHY DOES THE FRENCH DISEASE BEGIN IN THE GENITALS?**

There was thus a wide plurality of views on the French Disease and causation, which demonstrates the extreme openness of Latin Galenism. The multiple variables required to determine causation assured that the cause-effect relationship was highly indeterminant and hardly resolved in the first decade that followed 1494. This should warn us against hastily applying our own conceptual framework onto theirs. Sexual transmission was clearly one topic in the debate, but it was far from alone. Indeed, the breadth of the dissimilar responses to a central question – why does the disease usually begin in the genitals? – offers a splendid topic to display this.

For some, especially those who, like Almenar and Pintor, directly addressed superior causes, astrology played an important role in linking the disease to the sex organs. Some contemporary university practitioners explained that the French Disease located itself in different parts of the body as a result of the influence of peculiar celestial phenomena, such as planetary conjunctions or oppositions, zodiac projections, and lunar eclipses. The assumption that the zodiac sign of Scorpio was projected upon the anatomy and diseases of the genitals was explicit or implicitly at work in the Valencian Almenar and Pintor, among others. Almenar believed that the French Disease tended to begin in the genitals because there was a ‘conformity’ between these parts and the quality of the new disease.

---

35Torrella, *Tractatus cum consiliis contra pudendagram*, sign. b1r.
36Torrella, *Tractatus cum consiliis contra pudendagram*, sign. b1r (consilium II).
37Torrella, *Tractatus cum consiliis contra pudendagram*, sign. d2v (consilium II).
38Torrella, *Tractatus cum consiliis contra pudendagram*, sign. e3r (consilium V).
resulting from the entrance of Saturn in the sign of Aries and other corresponding celestial dispositions that he did not specify. On the other hand, Pintor assigned the signs of the French Disease to melancholic parts (with no care to their chronology) because of the identity of the planets involved in the conjunctions that he associated with the disease’s outbreak and spread. Simply put, he located symptoms in the genitals based on the assumption that the conjunction of 1483 – which allegedly marked the disease’s beginning – happened under the sign of Scorpio. Curiously enough, not all writers who assigned an important role to astrology in their causal views resorted to similar kinds of interpretations when trying to explain the initial genital manifestations of the French Disease. Steber, for instance, explained this feature from the anatomical peculiarities of these parts, while Gilino attributed it to the peculiar tropism of the disease matter as a result of its qualities.

For those like Leoniceno, Montesauro, Scnaroli, and Torrella, all of whom had left the consideration of superior causes to theologians and astrologers, the initial genital location of the French Disease resulted from more ‘immediate’ causes. Consistent with his causal views and relying on Galen’s authority, Leoniceno argued that the disease frequently first appeared in the genitals because these parts were more exposed to putrefaction due to their primary qualities (their natural heat and humidity), to the extent that even the slightest changes in the air could affect them. Dall’Aquila endorsed this idea, but Almenar radically rejected it arguing that, if this were the case, every disease would begin in the genitals. By contrast, Montesauro claimed that the pox first struck the genitals only when it had been transmitted ‘by contagion during coitus.’ In other cases the disease began in the head, much like the Avicennan asaphati with which he identified it. He explained this differential feature by arguing – always according to Avicenna’s authority – that genitals became infected during coitus more than other bodily parts, for ‘they are protected from air, tend

40Almenar, Libellus ad evitandum et expellendum morbum gallicum, sign. D2v.
41Pintor, De morbo foedo et occulto his temporibus affligente, sign. b5.
42Steber, A malafranczos morbo gallorum preservatio ac cura, sign. 5v.
43By echoing Galen’s and Avicenna’s authority as to ‘cancer,’ Gilino stated that as thicker and hotter the morbific matter was (as it was the case of the French Disease), as more often and quickly it tended to go to the sparse and soft members like the pudenda (i.e., ‘testicles, vulva, penis and anus’). See Gilino, De morbo quem gallicum nuncupant, fol. 2v–3r.
44Leoniceno, Libellus de epidemia quam vulgo morbum gallicum vocant, sign. d2v.
45Dall’Aquila, Interpretatio et cura morbi gallici, fol. 196v–197r.
46Almenar, Libellus ad evitandum et expellendum morbum gallicum, sign. D2v.
towards heat and humidity,’ and are placed close to the ways of evacuation for ‘superfluous humours.’

Scanaroli shared the ideas of his master Leoniceno whose authority he intended to defend from Montesauro’s attack. Thus, he claimed that the French Disease first appeared in parts other than genitals in just two or three per cent of cases. He counterattacked that it was (allegedly) well known that the disease began in the genitals even in ‘many virgin children as well as old people who had never tried to copulate.’ So the disease was linked to the sexual organs, but not necessarily linked to sexual intercourse. To reinforce these claims, Scanaroli had no qualms about relying on Torrella’s authority, despite the clear differences in their interpretations of this question. Indeed, in 1497 Caesar Borgia’s doctor had asserted that the genitals, in particular the male penis, were most usually the initial site of the French Disease whether it was caught through contagion – as in the case of the young man in consilium I who got the French Disease after having an affair with an infected woman – or through a bad life regime – like the patient in consilium II who got sick as a result of an excessive sun irradiation. Indeed, in his new work of 1500 – two years after Scanaroli’s – Torrella continued to situate the most common beginning of the disease in the genitals. Now, however, he compared the French Disease with scabies so that he gave to this feature an explanation entirely based on the idea of infection. Although ‘the genitals become infected first, and then the remaining members,’ the infection always began from the member that first came into contact with the disease sores, for ‘all that touches the putrid, decays immediately.’ Thus, the French Disease could also be spread contagiously to an infant from the breasts, mouth, or face of a wet nurse and, conversely, to another nurse from the mouth or face of the infected infant on the assumption that ‘wet nurses often kiss infants.’

---

47Montesauro, De dispositionibus quas vulgares mal franzoso appellet, fol. 3v; Avicenna, Liber Canonis Medicine, lib. III, fen XX, trat. ii, cap. xx: ‘Cum ulcera accidunt in istis locis, sunt mala ambulativa quoniam membra ista sunt secundum formam ad quorum partes festinat putrefactio, quoniam sunt protecta ab aere, et declivia ad caliditatem et humiditatem, et approximant meatibus superfluitatum et assimilantur quodammodo ulceribus viscerum et oris. Et eorum deteriora sunt illa que fiunt in lacerto qui est in radice virge, et in ano; et illud immo quoniam indigent exsiccatione forti, et sensus eorum cum hoc est vehemens. Et fortasse necessarium est absindere virgam ipsam, quam super ipsam putrefiunt ulcera, et perambulant’ (Venice, Luca Antonio Junta, 1527, fol. 285v).

48Scanaroli, Disputatio utilis de morbo gallico, sign. a4v–a5v.

49Torrella, Tractatus cum consiliis contra pudendagram, sign. c4v, d2v.

50Torrella, Dialogus de dolore cum tractatu de ulceribus in pudendagra evenire solitis, sign. a6v.
Although all writers linked the genitals to the disease within their discussions of symptoms, they gave a wide range of explanations for this connection. For some, the clear genital manifestations of the French Disease pointed to a link with sexual intercourse. However, the issue remained unresolved and some of the earliest writers remained hesitant to conclude that the French Disease was primarily sexually transmitted. The open, equivocal, and varied belief system that was Latin Galenism allowed for a multiplicity of explanatory reactions to the new disease and left the question of the sexual nature of the new disease quite unsettled.

**Preventive Measures**

If causality and prevention might be considered two sides of a coin, a close relationship between the causal views of and the preventive measures against the French Disease held by university practitioners at the turn of the sixteenth century should hardly surprise us. But, here again, some discrepancies can be detected among these writers concerning not only their explanations for why the disease struck, but also what patients should do about it.

Invocations to God seeking protection against the French Disease were commonplace for most authors. However, the emphasis fluctuated in relation to their views on the role of the theurgical cause. Indeed, those like Pintor and Almenar who stressed superior causes explicitly claimed that this was the starting point for any medical intervention whether preventive or therapeutic. By contrast, others, like Schellig and Torrella, for whom superior causality played a less central role, restricted themselves merely to introducing a prayer somewhere in their works, preferably at their beginning and/or end.

Otherwise, the core preventive measures involved the prescription of a regimen appropriate to the patient’s complexion in order to maintain an appropriate humoural balance. This regime, which relied on adequate use of the ‘six non–naturals’ (*sex res non naturales*) – prescribing those beneficial and proscribing those harmful – was usually reinforced by phlebotomy and pharmacy. Unsurprisingly, physicians to whom the French Disease was an ‘epidemic’ emphasized preventive measures concerning the first ‘non–natural’ (i.e., air and environment). Apart from this detail, the proposed remaining preventive measures were generally traditional. However, their views on the regulation of coitus are very relevant in calibrating the extent to which they constructed the French Disease as venereal at the turn of the sixteenth century.

It is well known that Latin Galenists placed coitus among the ‘non-naturals.’ However, there were discrepancies among medical writers about where to put it within that schema. Some relied on Ali Abbas’s *Pantegni* and
Avicenna’s *Canon* and placed coitus within the fifth *necessary* ‘non-natural’ (inanition and repletion). Others, basing their claims on Joannitius’ *Isagoge*, asserted that sexual intercourse was merely one of the unnecessary ‘non-naturals’ which – like baths – were linked to the third ‘non-natural’ (exercise and rest) and helped the evacuating action of exercise. Still further, Arnau de Vilanova gave to coitus an independent status as a part of the so-called secondary non-naturals and argued that it was linked at once to three separate non-naturals, namely the third (exercise and rest), the fifth (inanition and repletion), and the sixth (accidents of the soul). For, firstly, coitus was a way to evacuate a product of the third digestion, i.e., the semen produced by both the male testicles and the female ovaries; secondly, it was closely connected to a man’s emotional life; and thirdly, its implementation implied bodily agitation and physical movement. Thus, sex played a central role in the six non-naturals, but that role was far from clear.

Latin Galenist practitioners were closely dependent on Arabic medical sources and in their male-centred *regimina sanitatis* they not only agreed that sex was necessary for keeping oneself healthy, but also claimed that a healthy life was impossible without the frequent practice of coitus. In fact, their unanimously positive view of coitus led university practitioners to recommend it as an actual therapeutic remedy for certain diseases, including the French Disease. The evacuating action promoted by coitus, on the one hand, dried and cooled the body and reduced the natural faculties (*virtutes*), while on the other hand, it prevented the natural heat from being extinguished by humoural repletion. Coitus was also supposed to bring general benefits such as body relief, male’s delight, comfort, and confidence, as well as local effects such as relief of the head and senses, ejection of spermatic vapours congregated in the brain and heart, relief of pain in kidneys full of superfluities, and the elimination of matter from the apostemes placed at the groins and testicles. Physicians recommended that patients copulate at the end of the gastric and hepatic digestions and the middle of the third digestion, provided that the superfluities from the first and second digestions had been eliminated and that the body was temperate. According to these assumptions, the therapeutic benefits of copulating were greatest in the morning, after having slept, although some extended the timetable from midnight to daybreak and others also recommended it at sunset.

---

52For the case of coitus and plague, see Cohn, Jr., *The Black Death Transformed*, p. 242.
Coitus was prescribed for the young and proscribed for the elderly. Physicians advised strong and stout, sanguine complexioned, reddish and hairy men that they could copulate more assiduously; choleric and melancholic, dry complexioned, very thin and convalescent men should instead practice it less often. Coitus should be avoided whenever vital faculties were weak, for instance, in those of very hot or cold complexions, the starving, those who had eaten or drunk excessively, over-worked or exercised, who had taken baths, were suffering from emotional shocks, or had evacuated (e.g. by blood-letting, purging, vomiting, sweating). Medical authorities believed that sex implied the consumption of the *humidum radicale*, the wasting of the natural heat and wearing of the natural faculties. Thus all the therapeutic benefits of moderate coitus could turn harmful if practiced too frequently or for too long. If the body was heated with an unnatural heat, the main bodily members (brain, heart, liver, lungs and stomach, among others) were damaged; harmful and stinking humours invaded the body and were given off through skin, above all at the genitals, damaging the sight, joints, and nerves, drying the complexion, and bringing premature ageing. Therefore, physicians drastically proscribed excessive coitus, particularly when the air was corrupted.\(^{54}\)

All the university practitioners here studied (except for Leoniceno and Scanaroli) considered the regulation of coitus among measures useful for the prevention of the French Disease. They all agreed that its immoderate practice should always be counter-indicated, while its moderate practice might be permissible to some people. Only Dall’Aquila warned every man, whether ill or healthy, against copulating at all.\(^{55}\) Schellig strongly advised against ‘excessive and violent’ coitus, claiming that it generated stink in the body, mouth, and gums, and increased itch and scabies by pushing out corrupted matter and stimulating the outlet for hot and putrid vapours to the skin surface.\(^{56}\)

Among the men who could enjoy moderate coitus without major risk, Schellig, Widmann and Montesauro listed those accustomed to the pleasures of Venus, young or early mature men, healthy, well-nourished, idle, and married.\(^{57}\) Gilino added that the well-complexioned, the young, and

\(^{54}\)Gil-Sotres with Paniagua and García-Ballester, ‘Introducción,’ pp. 766–767; Schellig himself recalled these rules before referring to those concerning the French Disease.

\(^{55}\)Dall’Aquila, *Interpretatio et cura morbi gallici*, fols. 197v, 200r.

\(^{56}\)Schellig, *In pustulas malas morbum quem malum de Francia vulgus appellat*, sign. b1v.

\(^{57}\)Schellig, *In pustulas malas morbum quem malum de Francia vulgus appellat*, sign. b1v–v; Widmann, *Tractus de pustulis et morbo qui vulgato nomine mal de franzos appellatur*, fols. 3v–4v; Montesauro, *De dispositionibus quas vulgares mal franzoso appellant*, fol. 8v.
those accustomed to coitus could practice it even when they were ill.\textsuperscript{58} Furthermore, Montesauro warned those accustomed to regular sex not to stop it altogether, for their retained sperm could turn into poison and rot the complexion of the principal members.\textsuperscript{59} Finally, Schellig advised that intrinsic causes – i.e., those applying only to healthy and married men –, and not merely extrinsic ones, had to incite these individuals’ nature to coitus; and that they might practice it preferably after the first and second digestions, that is at dawn, taking care to rest and sleep later.\textsuperscript{60} So, for some early writers maintaining an active sex life, even if regulated, formed a core component of their therapeutic regimen for the French Disease. Instead of advising patients to cease having sex once infected, many doctors prescribed it.

However, other writers, such as Gilino, Almenar, Dall’Aquila, Torrella and Widmann were somewhat more cautious and emphasized the risk of catching the French Disease by contagion (especially during coitus.) For this reason, the Ferrarese court doctor Gilino advised men not to enjoy social gatherings attended by infected men or women, and especially to avoid sex with them. Indeed, he claimed to have witnessed ‘the greatest torments [of] those infected by this way.’\textsuperscript{61} To Almenar gatherings that promoted excessive social ‘intercourse’ with people infected with the French Disease or with those generating harmful humours (melancholic, above all) also posed a risk. However, sex with an infected woman carried the highest risk of all.\textsuperscript{62} Indeed, Dall’Aquila recommended that healthy individuals – as well as sufferers from the French Disease – should avoid sexual intercourse entirely. He particularly urged them not to engage in it with those known to be infected with the disease. He argued that the over-heating of the womb resulting from the motion of copulation added more humidity to an already extremely humid organ. This humidity, he concluded, quickly became corrupt, and its ‘corrupted vapours’ rapidly rose from the womb and penetrated through the pores open on the penis.\textsuperscript{63} Torrella similarly urged men to avoid sex with infected women because men, he argued, contracted the French Disease by contagion much more readily than women. He must have held strongly the conviction that men caught the disease easily while women resisted it, for it seems to have influenced his

\textsuperscript{58}Gilino, \textit{De morbo quem gallicum nuncupant}, fol. 4r.
\textsuperscript{59}Montesauro, \textit{De dispositionibus quas vulgares mal franzoso appellant}, fol. 8r.
\textsuperscript{60}Schellig, \textit{In pustulas malas morbum quem malum de Francia vulgus appellat}, sign. b1r–v.
\textsuperscript{61}Gilino, \textit{De morbo quem gallicum nuncupant}, fol. 3r.
\textsuperscript{62}Almenar, \textit{Libellus ad evitandum et expellendum morbum gallicum}, sign. D2r–D2v.
\textsuperscript{63}Dall’Aquila, \textit{Interpretatio et cura morbi gallici}, fols. 197r, 200r.
therapeutic advice to male patients. He recommended that one of his patients, who allegedly got the disease as a result of a bad regime, avoid coitus as long as possible. However, if the patient found he could not refrain, Torrella advised him to have sex only after his digestion was concluded and, more interestingly, that he should seek out a non-infected woman for his partner. The therapeutic benefit of coitus to his male patient seems here to outweigh the risk of contagion to the woman. Finally, Widmann confined himself to warn men against having sex with ‘women covered with sores,’ healthy women who had recently copulated with ‘men covered with sores,’ or prostitutes.

In the face of any damage (*nocumentum*) to the male member after coitus, Almenar recommended his patients to wash their genitals with a compound specific to this aim and then, to apply an abstersive powder. As a general precautionary measure Almenar also advised men and women to clean their genitals thoroughly after sex with a ‘clean linen shirt or cloth’ – never with the clothes of infected women for they were also infected – and later to wash these parts with hot water or white wine.

In 1500, two years before this prophylactic advice by Almenar, prostitutes eventually became the target of the earliest measures for collective prevention against the French Disease ever proposed by any medical practitioner. It was Torrella who postulated them. In order to eradicate the disease from the world he suggested that prostitutes who suffered from this disease should be identified and confined. Although Torrella complained that no authority (pope, emperor, king, prince or lord) had paid attention to his proposals, he assured readers that the pox could be entirely eradicated if city authorities would empower matrons, with the support of secular officials, to examine prostitutes and commit those found infected to a special institution with its own doctor until they could recover their health. Given the long existing legal tradition in medieval Europe of repressive measures against prostitution, it may be worth remarking that Torrella’s measures appear to have been intended for strictly sanitary purposes however much they targeted a historically conspicuous scapegoat for social anxieties.

---

64Torrella, *Tractatus cum consiliis contra pudendagram*, sign. c4–d1f, d3f.
65Widmann, *Tractatus de pustulis et morbo qui vulgato nomine mal de franzos appellatur*, fol. 4f.
67Torrella, *Tractatus cum consiliis contra pudendagram*, sign. c4–d1f; Torrella, *Dialogus de dolore cum tractatu de ulceribus in pudendagra evenire solitis*, sign. d4v, e6v.
Towards a Conclusion

Vivian Nutton has proved that the notion of contagion was not foreign either to Galen or to Renaissance university medicine, and that Fracastoro’s merit consisted not in the alleged originality of his theory, but in his ability at systematizing the ideas on contagion contained in Galenic texts and reformulating them in the framework of sixteenth-century Galenism.\(^{68}\) Thus, a certain conception of causal specificity tied to the notion of contagion was already present in university medical tradition from at least the mid fourteenth century. Put plainly, debates on whether some infectious diseases were the result not merely of a humoural imbalance but of a specific external cause can already be detected in some medical works on the occasion of the Black Death of 1348.

To illustrate the issue, let us take the views by Gentile da Foligno, professor in the medical faculty of Perugia when plague fell on that Italian city and the reply by his colleague at the University of Naples, Giovanni della Penna (fl. 1344–1387).\(^{69}\) In the *Consilium contra pestilentiam* written by Gentile in mid June 1348, just before his death, ironically as a result of plague, he claimed that the substantial air corruption of which plague consisted, became apparent through ‘perceptible corruptions’ (*corruptiones sensibles*) which could enter human bodies in contact with this air through two main ways; first via the air inhaled, and second via the air absorbed through the pores of the skin. While some bodies could resist the attack of this corruption, others could not (these individual differences, which were interpreted through the Galenic theory of the constitution, unanimously recognized among late-medieval university physicians).\(^{70}\) When the ‘perceptible corruptions’ entered a susceptible body, a ‘poisonous matter’ was generated near the heart and the lungs. This matter did not act by means of its qualities, but through its poisonous-ness – that is, through

\(^{68}\)Girolamo Fracastoro was merely an exponent of this new tendency. Most of his supposed achievements were actually a historical artefact created by the bacteriologists of the ‘heroic era.’ They actually took him as the beginning of a genealogy they constructed to legitimate their role in late nineteenth- and early twentieth-century medicine. See Nutton, ‘The Seeds of Disease’ and ‘The Reception of Fracastoro’s Theory of Contagion’; and Cunningham, ‘Transforming Plague: the Laboratory and the Identity of Infectious Disease.’

\(^{69}\)Arrizabalaga, ‘Facing the Black Death,’ pp. 259–264.

\(^{70}\)To these individual peculiarities which made some bodies resistant to the corruption and others liable to suffer damage Gentile dedicated five different *dubiae* (nos. 5, 6, 10, 11, 12) plus one more (no. 9) to show ‘why men die from the pestilence while oxen and other beasts do not.’ See Gentile da Foligno, *Consilium contra pestilentiam*, sign. c1\(^{-}\)r–c2\(^{v}\), c3\(^{r}\)–c4\(^{r}\).
its specific property of being poisonous (*per proprietatem venenositatis*). Through the theory of the multiplication of species Gentile explained how this ‘poisonous matter,’ even in small amounts, could spread into and eventually infect the entire body.71 He stressed the power of self-multiplication of this ‘poison’ which, when in contact with the ‘humidities of our body,’ acted in the same way as other poisons, turning whatever it touched into its likeness so that it spread by continuity throughout the body. When the poison reached and touched the heart, it turned it into poison, so that the vital spirit lying in the heart yielded to the poisonous form and abandoned it, leaving the heart and the body without movement – that is, dead.72 Gentile explained how the ‘poisonous vapours’ shed by an infected body communicated themselves to others through the breath or the skin. As a result, the ‘pestilence’ spread rapidly by means of contagion (*per contagionem*), passing from person to person and from place to place.73 At this point Gentile echoed two significant Galenic paragraphs taken from *De differentiis februm*: the first referred to ‘certain seeds of the pestilence’ which were thrown from the pestilent body to the surrounding air through the two above-mentioned routes; the second talked about the ‘remains of warmth’ present in the air long after the ‘pestilence’ had gone that infected like a ‘ferment’ in a bread oven.74 Far from being accepted at the time, Gentile’s ideas implying a vague notion of causal specificity were ignored by most contemporary university practitioners and even denied by some. Giovanni della Penna, for instance, claimed that the ‘pestilence’ affected only those individuals whose choleric matter had become overly heated and corrupted so that it was their personal constitution that eventually made it possible for the ‘pestilence’ to take root in their ‘choleric matter.’75

While it was not immediately accepted, the influence of the notion that a sort of specific poisonous matter transmissible through contagion by contact (or otherwise) might be involved in the spread of plague and other pestilences steadily grew among European university medical practitioners during the two hundred years after the Black Death of 1348. Thus, they

---


72 Gentile da Foligno, *Consilium contra pestilentiam*, sign. c4r–c4v.

73 Gentile da Foligno, *Consilium contra pestilentiam*, sign. a2r.

74 Gentile da Foligno, *Consilium contra pestilentiam*, sign. a3v: ‘Inquit [Galenus] enim [?] circundantem nos aerem inferri quedam pestilentie semina’; and sign. a3v: ‘Manent enim relique caliditatis, ut in clibano, que velut fermentum inficiunt, ...’.

gradually accepted that individuals could get ill from epidemic diseases, not just because of corrupted air disrupting the humoral balance of those leading a bad life regime, but also as a consequence of the direct action on their bodies by external poisonous matter.

The French Disease significantly contributed to the spreading of this idea. When the disease broke out in the 1490s, it was associated with various kinds of causes – external and internal, remote and proximate – which theoretically could be at work either collectively or independently. None of this, however, prevented physicians from relating this ‘new’ condition – from the very beginning, and increasingly as time went on – to contact with the poisonous matter specific to it. Whether applied to the plague, to the French pox, or to other ‘contagious’ diseases – among which Fracastoro distinguished variolae, morbilli, sweating fever, puncticulae, phthisis, rabies, elephantia, lepra and scabies – the idea that individuals got ill only from an infectious disease when they entered into contact with its peculiar poisonous matter won many supporters among European university medical practitioners from the mid sixteenth century onwards. Individual contagion became to them a necessary condition for the outbreak and spread of infectious disease, however much it also continued to require the concurrence of other causes peculiar to the Galenist causal system. Thus, infectious diseases were perceived more and more as natural species that were born, grew, got old, and died, and which were gradually framed according to ‘ontological’ parameters instead of the ‘physiological’ ones traditional to Galenism.

As I have intended to show in this study, the earliest medical writers on the French Disease admitted several modes of contagion by contact, but all of them agreed that coitus was the easiest and most frequent way to contract this condition. Consistently, they also show a path of disease prevention measures that was gradually changing from a pattern peculiar to the reactions against plague and pestilences to a new one tending to focus upon coitus. This necessarily implied a shift between two patterns of blaming disease victims, namely from the traditional response against epidemics which related disease with collective and generic faults, to a new one tending to individualize responsibilities insofar as individual behaviour became perceived as the main determinant of health and disease. Although the identification of the French Disease with the disease of Job in late fifteenth-century northern Italy might point in this direction, it was only from the sixteenth century onward that these new perceptions became clear and openly influential on European university medicine. On that score, the sixteenth-century movements for religious Reformation played a major role in the Protestant as in the Catholic side of Europe.

While it did not take three decades to forge a link between the French Disease and sexuality, as is sometimes thought, there was no consensus on
the issue. The ways in which university doctors linked the disease to sex frequently stemmed from their underlying views on the nature of the disease itself, whether it was an epidemic or a contagious distemper, and whether they addressed superior causes or merely immediate causes. Moreover, they also failed to find consensus on the role of sex within a healthy life regimen relative to the six non-naturals. These various strains of early thinking on the French Disease resulted in a revealing range of preventative and therapeutic advice found in early medical writings. The recognition of contagion by contact spurred some writers to warn explicitly against having sex with people known, or in some cases suspected, of being infected. But assumptions about the importance of maintaining an active sex life led others to advise patients with the French Disease to continue having (moderate) sex. Such advice tended to be phrased specifically for male patients. Moreover, assumptions that male physiology was more vulnerable to infection, while women’s bodies were infected with greater difficulty, led some physicians to advise infected men to seek out non-infected women for sex as part of their therapeutic regimen of recovery. Doctors clearly linked the disease to sex from the earliest date, but the conclusions they drew from that connection led to a range of conflicting and questionable medical advice.

Among the earliest university practitioners who dealt with the French Disease, Torrella was the one who went furthest in developing new views as to both the causality and the prevention of this condition. In 1497 he argued that the French Disease was usually contracted through contagion by contact (mostly venereal) and, less frequently, as a result of a bad regime, the concurrence of a universal cause such as general air corruption being required for the disease spreading in none of these alternative ways. Yet, three years later (1500), he openly claimed the French Disease to be a contagious disease like scabies, its corrupted matter, even just a small amount, multiplied itself and was attracted by bodily members which were eventually turned into its nature and corrupted. Finally, when the digestive virtus of liver and veins failed and generated bad blood, the matter multiplied everywhere and the disease affected the entire body. Therefore, little wonder that he emphasized in 1497 the need to avoid coitus with people infected by the French Disease. By 1500 he was the only one proposing a rigorous sanitary control of prostitutes as the best way not only to avoid disease spread but also to eradicate it entirely.

76 Torrella, Dialogus de dolore cum tractatu de ulceribus in pudendagra evenire solitis, sign. a6v–a7r.
CITED WORKS


Dall’Aquila, Sebastiano. Interpretatio et cura morbi gallici, fols. 184r–202r in Gatinaria, Marco et al., De curis egritudinum particularium noni Almansoriz practica uberrima ... Pavia: Jacob de Burgofranco, 1509.


Torrella, Gaspar. Dialogus de dolore cum tractatu de ulceribus in pudendagra evenire solitis. Rome: Johannes Besicken & Martinus de Amsterdam, 1500.