

## CONCEPTS OF HEALTH AND ILLNESS IN EARLY MODERN MALTA

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Lay people, as it was popularised in the early modern period, should have easily understood medicine. Disease and illness reflected the material conditions of life so it was not difficult for the common folk to relate health and medicine to their environment and their daily diet. Medicine thus appealed to common sensations and perceptions, it constructed plausible stories to describe pathological events, and even in the case of plague, it gave hope of control over a hostile environment.

In this essay I will make use of a few case studies which may help explain these long lasting ideas on health and illness in early modern Malta. My research is largely derived from the archives of the Hospitaller Order of St John (1530-1798) and the Malta Roman Inquisition Tribunal (1561-1798). The documents pertaining to the Order's government give information on the running of the *Sacra Infermeria* —the Order's hospital in Valletta, include petitions by physicians, barber-surgeons and others for pensions or extra allowances and information on the everyday perceptions of health. The Inquisition documents provide us with indirect information on the way diagnosis was carried out by medical men in the period under study. This is particularly relevant since the Tribunal did not carry out any torture unless the victims were first examined by the Tribunal's physician. There was also the assumption that certain foods prohibited by the Catholic Church during certain liturgical festivals could only be consumed by those who presented a permission signed both by the medical practitioner and the Vicar General of the Maltese diocese. Then there was a large corpus of accusations concerned with magical healing. In fact one gets the impression that official medicine was not popular among the masses whose wisdom was encapsulated in oral and illiterate culture, often coined 'superstition' by the ecclesiastical authorities. Nonetheless, one must remember that the appeal of medical knowledge from classical times to the eighteenth century saw its origins in Greek popular knowledge. Its

correspondence to the material conditions of pre-industrial society and the expectation that it could be applied to the poor all indicate its close relationship to the society that produced it and then believed in it.

Pre-industrial European physicians had recourse to therapies which depended heavily on blood-letting, purges and emetics, therapies which according to modern medical historians, had a deplorable outcome. Indeed C.M. Cipolla explains how experiments conducted in Vienna and Edinburgh in the nineteenth century show that 'the use of phlebotomies, purges and emetics in the treatment of bronchia-pulmonary infections increased mortality by about two-thirds' (Cipolla, 1992: 72) Although medical men usually distinguished between purging and bleeding, both methods allowed the patient to see for himself superfluous humours being removed. If one believed that there was a mass of impurity in the body, what better for the patient than actually to see it leaving? Nonetheless in the course of the sixteenth and seventeenth centuries, doctors had already began to air their objections to the indiscriminate use of blood letting.<sup>1</sup> In his *Avvertimenti sopra la peste* the famous Sicilian based physician Pietro Parisi wrote that 'since there have been so many controversies and differing opinions between the ancients and moderns about the question of blood-letting ... that so many problems have been created that it is impossible to know what to do' (Parisi, 1593: 161).

### *A Precarious Childhood*

Death was a phenomenon which pervaded early modern society. It pervaded the everyday existence of both rich and poor and was central, in both theological and political thinking, among all sectors of society. Furthermore death came prematurely as evinced in the death registers of the Maltese parishes. Infant mortality was high and at times, birth and death were effectively simultaneous.

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1. Benedetto Riguardati had already written against the practice in 1475 (Defenu, G., *Benedetto Riguardati* (Milan, 1955): 63. See: Cipolla, 1992: 88 n.29). By 1546 G. Fracastoro commented on 'the treatment of true pestilential fevers' and stressed his opinion that 'no phlebotomy should be practised in [the treatment of] these fevers'. (Fracastoro, G., *De Contagione et Contagiosis Morbis*, Book 3 ch.3 (Venice, 1546). See: Cipolla 1992: 88 n.29). During the plague of 1630 a doctor wrote to Cardinal Spada in Bologna: 'I must point out that purgatives and blood-letting are extremely dangerous in the plague and are rejected by the greatest doctors because the patient immediately loses strength'. On the other hand Dr Francesco Cavazza, Reader in Medical Practice at the University of Bologna, practised blood-letting of patients 'usque ad animi deliquium' (Brighetti, A., *Bologna e la peste del 1630* (Bologna, 1968): 144, 114. See: Cipolla, 1992: 88 n.29). By the end of the seventeenth century blood-letting became so unpopular among barber-surgeons that A.F. Bertini wrote: 'I know that in Naples it was formerly the practice to do a great deal of blood-letting and in particular for all kinds of inflammation and almost all fevers, whereas today none or very little blood-letting is done and most doctors abhor the practice' (Bertini, A.F., *La medicina difesa dalle calunnie degli uomini volgari e dalle opposizioni dei dotti* (Lucca, 1699): 32. See: Cipolla, 1992: 88).

Early modern Europeans generally believed that plague was the worst disease that could assail a city. Indeed plague dealt a serious check to the demographic growth of the Maltese islands but, less spectacular other epidemics, left an imprint on population growth as the fragmented information from the burial registers indicate. In a study on the burial registers of Birmiftuh, 101 are said to have died of a throat disease in 1632. Children comprised an overwhelming majority of victims. One family hit by the epidemic lost five of its offspring, thirteen families lost three, and another sixteen were bereft of two infants due to the spread of throat disease (Zammit & Muscat, 1973: 124, 127). The disease must have had common recurrence since Gian Francesco Abela —Vice-Chancellor of the Order's state in Malta and known as the Father of Maltese Historiography— writing in 1647, felt the need to explain how in 1453 many people had passed away due to a throat disease which afflicted many inhabitants (Abela, 1647: 427).

Something of a children's epidemic must have occurred in the seven years between 1558-1564 when child mortality, as registered at the Cathedral parish of Malta at Mdina, was particularly high. The total number of burials for this period amounted to 406, out of whom, 128 are listed as adult men, 140 as adult women and 138 as children (*figlioli*) (PA Mdina, Coll. I: 771-804). Nevertheless one has to be cautious over the term *figliolo* since the parish registers include neither the age of the deceased nor the cause of death. Nonetheless the historical demographer R. Mols points out that in Roman Catholic countries, there was no exact or agreed age limit to childhood which could go on until a man left his father's house (Mols, 1974: 48). The same could be said when referring to infants. It is being assumed that infants are children under the age of three which corresponds to the term *creatura* in the Mdina baptism and death records. If this is the case, then there were 528 baptisms between 1558-1564 and 87 infants died on the year of their birth. Of particular interest is the year 1562 when 44 infants were registered in the burial register. Infant mortality at Mdina stood at 165 per 1000 births between 1558-1564 (PA Mdina, Coll. I: 771-804). The data seems to agree with O. Hufton's assertion that, 'small pox, diphtheria, scarlet fever and typhoid were not endemic in communities, but a sudden visitation could decimate whole families'. (Hufton, 1995:205)

Insights into the tragic consequences induced by the common place ailments of early modern times are provided by the existing documentation for the island of Gozo. In a 1620 application for a pension, the patron of a sailing vessel, Blasio Psinga, explained how he had spent years transporting medicines and other victuals to the island of Gozo due to the fact that the island was, for a number of years, ridden with all sorts of ailments (AOM, 663: fol.29). Three years later the sick of Gozo themselves

petitioned for aid from the government of the Order of St John on the assumption that due to their ailments they were unable to work and thus provide for their livelihood (AOM, 664: fol.78v). J. Bezzina reports that forty-eight per cent of children under five died at Sannat, Gozo in 1667 (Bezzina, 1989: 116) while infant mortality was rated to be in the range of 53 to 72 per 1000 births at Naxxar between 1600 and 1650 (Camilleri & Pirota, 1973: 486). Obviously malnutrition and lack of medical knowledge contributed to high mortality among infants. Meanwhile small pox and other diseases seemed to have carried off up to half the children before they reached puberty resulting in depopulation (Mols, 1974: 69-70). At such times, death became a collective experience in a parish.

Women's depositions in witchcraft cases involving children, or mothers, often reflect the anxieties produced by all stages of maternal life. Andrella Rispuolo, a native of Naples and an inhabitant of Senglea, explained how amongst others, she had learned an oration for the healing of women's breasts. Andrella explained that she had practised the ritual on several occasions. The experiment had to be prepared at sunset by filling a bowl with water, recite a *Pater Noster* and *Ave Maria* and insert a string, a needle and a comb in the water while reciting a *historiola*:

'Madonna Santa Maria alla via s'andava scontransi una poverella che forte si lamentava, ci disse nostra Donna che hai che tanto forte vi lamentati Issa ci disse m'è venuto lu lippo alla ciccina non posso allactare ne a me ne a miei vicini, dice nostra Donna piglia l'aco e lo pettine de lo capo e mettiti a cantari li santi ciaghi di Christo cosi non argo et moglia nonnullo mali non ci si accogli con quella, Santo Petro la ditto, Santo Nicola l'ha benedittu ne pungiri ne fare male possa ne a vui ne a lu Christianu' (*AIM Crim.*, 20A case 95: fol. 375-v.; See: Cassar, 1996: 46).<sup>2</sup>

Such evidence confirms G. Romeo's view that Neapolitan women had more faith in the cures provided by women 'experts' than those of the physicians (Romeo, 1990: 204, 220). Thus even those women who cartied their babies satisfactorily through delivery were unusually dependent on the goodwill and assistance of family, friends and neighbours. The expertise of older women was at a premium, whether they were official midwives or not. The mass of the common folk was not inclined to seek medical treatment.

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2. 'Our Lady, Saint Mary on her way she went and met a poor girl who complained bitterly, and Our Lady asked her, "What do you have that makes you complain so bitterly?" The girl told her, "I cannot lactate neither to my child nor to my neighbours' children". Our Lady advised her, "Pick a hair pin and a comb from your head and start singing about the holy wounds of Christ so that you won't hurt and suffer no harm". This has been stated by St Peter and blessed by St Nicholas and it could neither prick nor hurt you, nor any other Christian' (*AIM Crim.* 20A, case 95: fol.375).

First and foremost given the widespread poverty, patients and their families were unable to pay the doctor's fees. Secondly, the physicians inspired feelings of intimidation so that the commoners preferred to consult the local charlatan or wise woman (Cipolla, 1973: 114). Finally the diagnosis of medical practitioners often proved to be either erratic or it consisted of medicaments which were little better than the ones provided by the cunning folk. In 1607, for example, the Sicilian physician from Syracuse Matteo Cimino used oil to heal the head-wound of the Muslim galley-slave Machamet (AOM, 663: fol.63). Likewise in 1637 the Sardinian galley-surgeon Antonio Meline used egg-yolks to heal the wounded in battle (AIM Crim., 54 bis, case 5: fol.37). These remedies were not much different from those used by the common folk. One of the favourite healing methods used by the mid-seventeenth century slave-healer Chag Hali was a potion of different leaves mixed with water with which he bathed his patient (Cassar, 1993: 321). These conditions surely explain why throughout the early modern period, and indeed until the suppression of the Inquisition tribunal in 1798, the number of magic accusations remained so high.

D. Gentilcore points out that the limited efficacy of pre-modern medicine induced the early modern Catholics to resort to any sources of healing that were available to them. Thus he argues that, 'in this medically pluralistic society the intervention of physicians was but one source of relief, and not necessarily the most common'. Apart from the regular medical practitioners there were the cunning folk, exorcists and saints besides the widespread use of domestic medicine. (Gentilcore, 1995: 119). Resort to witchcraft beliefs gained currency when medical knowledge proved inadequate. Hence popular healing practices usually consisted of a mixture of remedies, based on the accumulated experience of nursing combined to the inherited lore, concerning the healing properties of herbs, accompanied by prayers, charms and spells. In 1594 Catherina Debono resorted to a middle-aged woman from Mosta, called Isabella *figlia di Baili*, to heal her young son since she was reputed as a healer specialist of children. Catherina, who was acclaimed as '*la maga della Musta*' (the witch of Mosta) was an expert in the preparation of herbal baths for her patients (AIM Crim., 13 case 55: fol. 190-v). Seven years later Joanna Grima of Luqa took her two year old girl, who suffered from an eye-disease, to an old Sicilian woman called Margarita Fiteni, then living at Tarxien, who was reputed for her ability to heal little children from all illnesses. Margarita thought that she could heal the child by masticating an herb *ciminagro* and putting it on the eyes of the girl. Unfortunately, the mother could see no progress in the girl's eyes (AIM Crim., 23A case 321: fol.323). On another occasion a woman and her sister, the tertiary nun Catherina Bonnichì from Vittoriosa, consulted the midwife Agatha (de Suda?) to diagnose the disease that the woman's daughter was suffering

from. Agatha fumigated some laurel leaves and made signs of the cross on the girl's forehead and lips while reciting the *Pater Noster* and *Ave Maria*. The mixture of popular healing with official Church prayers must have induced the tertiary nun Catherina to confess. Instead of absolving her the confessor ordered Catherina to report the matter at the Holy Office (AIM Crim., 18 case 211: fol.185-v).

The above evidence confirms the view that domestic medicine continued to be a predominantly female field, in part because poor, elderly women were frequently driven to the margins of society and thus depended on their knowledge for their livelihood. At the same time healing and health were considered a natural part of the female domain. It was part of the women's concern for the family's survival and well-being. (Cassar, 1996: 50). Thus Marietta Butigeg of Gudja, who made a self-denunciation in 1602, thought there was nothing wrong when she tried to cure Domenico Vella, her niece's husband, who was in bed suffering from rheumatism. Marietta had heard people say at the village that a herb called *sambuca* could relieve the pain. Therefore Marietta crushed some leaves and cooked them in a pot. Then she massaged the ointment into Vella's knees and legs. Nevertheless her confessor would not absolve her and insisted that she should denounce the matter to the Inquisitor (AIM Crim., 20B case 123: fol.668). Marietta's case shows that there existed a general belief that herbal and collective wisdom could cope with simple maladies. Healing was part of the female sphere, since the relationship with the body —vis-à-vis disease and reproduction— formed part of what was considered the feminine sphere and its responsibilities (Lewis, 1989: 79). Thus it was considered natural for Angelina Rodiota, alias *Pandigliudena*, who went around preparing healing remedies composed of a mixture of wax and lead during the plague of 1592-1593. (AIM Crim., 16A case 43: fol.463v). One may add that women often shared their domestic chores and it was a standard practice for women to help one another in times of need. Lucretia Borg, who was staying at the house of her carnal friend in Gozo, offered to sweep the house of an old woman relative of her male friend who was sick in bed. (AIM Crim., 29B case 35: fol.502).

### *The Medical Practitioner and his Patient*

Death's omnipresence affected the attitudes of people at large. Its imminent presence affected the lives and activities of all classes of the population. The sixteenth century in particular was an age of heroic enterprises, especially remembered in Malta for the Ottoman siege of 1565 and the active part Malta played in sea battles like Prevesa (1538) and Lepanto (1571). Yet, for all their importance, these campaigns were often rushed in planning and preparation. Owing perhaps to the lack of proper means of

communications, much of the human effort of the early modern period suggests a frantic attempt to rush things through before death stepped in to cancel all effects of human endeavour.<sup>3</sup> War could produce famine, and famine left people open to death from endemic and epidemic diseases.

In such circumstances knowledge about health and illness was, in the minds of people at the time, an urgent matter giving hope of survival. It also helped, perhaps, to produce a feeling of personal control over events: by making sense of how illness and death occurred and by providing instructions on how to lead a healthy life and how to avoid infection — concerns which, of course, are still perennial today though kept at a low key. Ideas of health and illness can be viewed as compliments to the pattern of mortality that gripped Western Europe from the times of the Black Death in the fourteenth century to the second part of the eighteenth century. However as C.M. Cipolla remarks, 'by avoiding doctors, poor people unwittingly protected themselves from practices which often more than doubled the probability of a fatal outcome' (Cipolla, 1992: 73). Naturally in Malta, as in Naples and elsewhere, many had no faith in doctors and this must have induced Domenica Muscat to declare, in 1598, that people preferred to resort to healers instead (AIM Crim., 18 case 209: fols.177-180).

One must realise that unlike the modern day physician the early modern medical man 'had no battery of diagnostic technology at his disposal', (which means that he) 'was forced to rely pre-eminently upon the sickness story his patient told...' (taking account of the fact that) '...the pre-modern doctor depended upon advancement very largely upon his capacity to please private patients. He necessarily had to speak their language, even defer to it' (Porter, 1991: 278). Such a view can be confirmed by the poisonous mixtures that were sometimes prescribed. It is evident that the early modern view of the body was that of 'a battleground for differing interpretation of disease: natural, divine and diabolical' (Gentilcore, 1995: 119).

Most attention was devoted to food and drink as they were judged to be the principal causes of disease. Detailed advice was given, therefore, about the goodness or otherwise of different types of food. The surgeon Pietro Paulo Moniza recalled that in 1594 he had medicated Don Bernardino Frances, rector of St Paul's Parish in Valletta, of two swellings for about forty days. The surgeon had advised Don Bernardino to refrain from the consumption of salted foods, legumes and cheeses and to avoid excessive wine drinking. However if he wanted to drink wine then he suggested that Don Bernardino should dilute it (AIM Crim., 14A case 4: fol.159). None the less there existed a tragic

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3. Braudel, 1973, vol.ii, part 3 provides an excellent insight into this attitude for the sixteenth century, (see also Cutajar and Cassar, 1985).

social dichotomy between the wealthy classes and the wretched underclass which is nowhere more apparent than in the quality of food consumed. P. Camporesi is of the opinion that 'the drama of everyday life, in its tough existential reality, escapes historical writing which examines the *longue durée*', where 'the imbalances of the economy reflected harshly on the working population' (Camporesi, 1989: 63, 66). The poor were often induced to consume whatever eatables they came across. This explains why in 1593 the Sicilian physician Pietro Parisi felt compelled to argue that although Sicily served as 'a granary for many parts of the world and a store for all kinds of food' the poor ate anything that was thrown away. Besides many herbs and radishes of dubious nutritional value, their food often included the blood of carcasses of oxen, bulls and cows, horse meat as well as the flesh of dead dogs and cats that were thrown in the gutter and which according to Parisi, resulted in a fetid breath among the poor (Parisi, 1593: 58).

Little effort was put into giving reasons or justifications for advice. When summoned by the Inquisition in 1599 Betta Caloiro explained that in her childhood she developed a distorted nose and spent the next twenty-five years visiting several physicians who could not offer her any remedy. Eventually she was cured by a Sicilian physician from Licata who used a mixture containing a lead content which she then used to cure others. (AIM Crim., 19A case: fols.463v-464). Often there would have been no need as the advice touched upon some very basic ideas of hygiene of the time.

Air was nearly as important as food and drink. Its good and bad effects upon the body were very extensive. It was believed that air was necessary. Thus good air was known qualitatively, subjectively, by one's smell and sight; it should be clear, clean, without any infection and smell. In the days before knowledge of gases and modern chemistry, everyone could be an expert in judging whether air was good. Medical men explained phenomena in terms of stories full of metaphor and incident that abound in descriptions of pathological events and perhaps helped to make explanations of disease causation easier for lay people to understand. In 1600 Don Mariano Briffa asked to be relieved from his morning duties at the Cathedral, where he served as canon, due to ophthalmic problems. Briffa was lucky because he was able to seek the advice of an eminent physician who was then living in Malta B Pietro Parisi. When asked to explain the reason, Parisi asserted that the air at night effected Don Mariano's eye-sight and was thus harmful to him.<sup>4</sup> In his diagnosis of Don Briffa's eye-sight Parisi was putting into practice the suggestions he wrote in his book of 1593. According to Parisi the way to avoid bad air was simple and open to all. In fact he advised his readers

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4. The petition of Don Mariano was sent to the Inquisitor by the Deacon of the Cathedral, Don Antonio Bartholo (AIM Civ., 11: fol.128; 20 May, 1600).



not to live close to the foci of corrupt air, such as dead bodies, marshes, other stagnant waters, sinks sewers, dung-hills, kitchens, and places where flax and hemp were soaked.<sup>5</sup>

None the less it seems that such views were commonly held among physicians at the time. In December 1599 the sick and old looking thirty-five year old Catherina Vultaggio, left Malta for her native city of Messina in order to have a change of air. On her trip Catherina was accompanied by Jacomo Thomasello, presumably a medical man, and her two young daughters.<sup>6</sup> Of course not everyone had the means and ability to avoid bad air if it meant changing house or occupation. Some of the advice to take a 'change of air' if ill would have been too expensive for many. Appeal from everyday experience and the basic association of dirt and bad smells with illness, physicians were able to move analogically to more hidden matters, to the insides of the body, where good air had good refreshing effects and bad air clogged them up.

Concern over health matters was given great importance and lack of interest in sick people was often regarded as a cause of great scandal and shame in the local community. In 1601 Mastro Simone Brunetto thought that he had made a good match for his widowed niece Rosa by marrying her to Percio Piasuelo. However the newly married couple only lived together between Eastertide and Whitsuntide during which time Rosa fell ill. Her new husband soon lost his interest in Rosa and ceased to care for her to such an extent that her father brought Rosa back to his house. Piasuelo even had the cheek to declare that he had lost interest in Rosa. In autumn of that same year Mastro Brunetto learned that he had married another girl (AIM Crim., 19A case 14: fols.167-68).

Yet in Mediterranean courts, allegations by girls who were not kept in close confinement and under supervision of their parents were not taken seriously. Such girls were at risk, their father proving defensively a failure and economically they were potentially worth little (Ruggiero, 1985: 89-108). Paula, wife of Andrea Schembri from Qormi, passed through such an ordeal. Her seventeen-year-old daughter Vincenza was passing through a phase of lethargy and her mother thought her to be sick. Thus she called the medical doctor Martheo Cassia who, after checking her urine twice, stated that her daughter was not sick, but the doctor would not elaborate. Some time

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5. *“Hor questa ariá come cosa mista, non come elemento semplice si corrompe per diversi cagioni ò superiori, come per congiuntioni e aspetti di pianete, influssi, e ecclesiastici: i quali havendo dominio nell'elemento dell'aria. la putrefanno: e così da una secreta qualità de' cieli viene à prodursi nell'aria una nuova qualità nimica, e venenosa: O inferiori come i vapori, che si lievino dall'acqua morta, e putride de stagni, ò da corpi morti, non seppiliti, ò da alcuna essalatione, che esce dalli abissi, ò dalle profonde cavarne della terra, e così ancora dal vitto, che comunamente si usi in alcuna città, ò Regno per necessità. Di che havendosene fatto consuetudine, e habito per lungo tempo, fa che quelli, che usano l'istessa sorte di vitto, incurvano, e siano soggetti alle medesime malattie...”* (Parisì, 1593: 36).

6. The clerk specifies that Catherina's husband, Mastro Gioan Giacobbo Vultaggio, had given her permission to travel to Sicily (NAM, MCC, RP vol.iii; 12 December, 1598).

later she had a visit by the Qormi parish priest, Don Francesco Cassia who was brother of the medical doctor, who told her secretly that her daughter was pregnant. At this point Paula Schembri approached her daughter and asked whether she was really pregnant. Her daughter Vincenza would not admit but Paula Schembri checked her daughter's breasts and confirmed her suspicion that Vincenza was pregnant. At this point Vincenza confessed that she had had carnal relations with Martino Vella. She explained how on one occasion, Martino had visited her while she was working on the weaving loom and sat beside her. At some point they ended up making love.<sup>7</sup> In Galenic medicine the evacuation of evil humours was essential before a sick person could be healed and it was generally believed that such humours were released in the evacuation of bodily waste. This belief was still recurrent in the late seventeenth century as eloquently demonstrated by Molière in his last play *Le Malade imaginaire*. It is evident that both physicians and the sick people shared a need to describe and identify the disease since it was believed that by objectifying the illness and its symptoms the disease, or ailment, could somehow be controlled. Therefore a very important element in the healing process was to talk about the illness and to compare it with previous experiences (Gentilcore, 1995: 127).

Likewise it was also shameful for men to be impotent and they were often reluctant to accept this condition as a long-term problem since it was equated with an absence of manhood. Impotence 'branded them as unnatural "monsters", the product of parental or personal sin' (Hufton, 1995: 280). It appears that, in such circumstances, the woman was somehow excused for her excesses. In July 1583 Jacobo Prosino, a young man aged 23 hailing from Reggio Calabria, had been married to Paschala —the fifteen-year-old daughter of Minica La Bornia from Cospicua— for three years. The knight Commander Fra De Granaro, to whom she had been introduced by her grandmother, had deflowered Paschala. At the time of her deposition she was living in concubinage with a Catalan knight and complained that her husband, who was impotent with her, had wasted her dowry on prostitutes (AIM Crim., 5 case 8: fols.37v-38v).

### *The Diagnosis of Oliverio Chilia*

Undoubtedly the Inquisition records, packed as they are with detailed information, prove to be a first class databank into the mentality and the lifestyle of early modern

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7. The adventure was meant to come to a close when Vella was forced to marry Vincenza by a decision of the Vicar General of the diocese. Yet as soon as they were married, Martino left the marital abode and refused to return even when his wife bore him a daughter. Martino would not even acknowledge the child and declared it to be the natural daughter of his brother. He was therefore willing only to be present at his daughter's baptism as godfather (AIM Crim. 16A case 32: fols.244-45; 13 December, 1598).

Catholic society. Most often the accused were brought to trial for infringing Catholic Church dogma and rules, none the less the witnesses and their scape-goats were often expected to give very detailed descriptions on what they saw and heard. Among the most recurrent accusations in the Inquisition criminal proceedings one comes across the infringement of abstinence during Lent time and on special days of the week when meat, cheese and other milk derivatives could not be consumed. Anyone who transgressed was immediately reported to the Inquisition Tribunal and often condemned. As explained above invalids had to produce two certificates, one from their medical practitioner and another one from the Vicar General, in order to be exempted. However whoever was accused of feigned sickness was promptly reported to the Inquisition and punished. One of those accused of such practices was Oliverio Chilia a thirty-two year old man from Valletta who had been consuming meat and milk derivatives since Lent time of 1593. The value of this particular case-study lies in the fact that besides the usual information on food prohibitions, it even provides valuable information on the way a disease was diagnosed and healing procedures were carried out.

Chilia was brought before the Inquisitor and asked whether he knew why he was arrested and made to appear before the tribunal on 13 March 1599. Chilia replied that he presumed his arrest was due to the rumours which were then circulating in Valletta about his consumption of prohibited foods during Lent time. He then went on to explain that he had first eaten meat during the Lent of 1593 at a time when he was lying in bed and sweating profusely. During this time he used to get out of bed and consume milk derivatives in line with the doctor's prescription whenever his health improved slightly. None the less Chilia insisted that during that time even though he had a written permission he never consumed prohibited foods on Fridays and Saturdays. In order to prove his point Chilia presented two medical certificates which had been prepared by the physicians Saltalla and Parisi and counter-signed by the Vicar General of the diocese of Malta. Chilia further declared that he had continued to suffer from his malady and remained indisposed due to the presence of open wounds. He declared that his doctors could not agree on the nature of his sickness. Some diagnosed it as syphilis (*nial francese*) but others said that it was yet another kind of disease. The latter group ordered their patient to make use of *stufi* (hot baths?) on a regular basis besides taking other medicaments. The patient thus explained that during the previous five years he had spent twenty-two months in bed —eighteen continuous months during the early period of his ailment. Then he decided to get out of bed but soon had to return in bed for another three to four months. Then in 1598 the famous physician Pietro Parisi made him belch four times (*mi fece fare quattro ruttori*) and purged him on several occasions until the day of St Gregory. Chilia declared that since

Parisi had stopped medicating him he had always felt well. However since there were many rumours in the city that he had been suspected of breaking the Lenten fast he asked both Doctor Parisi and the physician of the Holy Infirmiry, the Frenchman Mastro France de Marchelaij to prepare a note certifying his illness. In order to strengthen his point further Chilia claimed that besides Parisi and Marchelaij another physician, Mastro Paulo Macalio, could testify in his favour since the latter had often called at his house and sometimes visited him.

Chilia declared that he had always taken the advice of the medical doctors during his sickness. He recalled that during the first weeks of his sickness, way back in 1593, he was anointed for seven times on alternate days, but since there was no improvement his physicians adopted a different treatment which made him sweat. This second treatment enabled him to get so well that he remained healthy for the next seven to eight months. After that however he began to feel sick again and had to spend long periods in bed. Chilia was convinced that it was thanks to the methods used by the Sicilian physician Parisi, and his medicaments, that he was able to get better.

During his long period of convalescence, Chilia was imprisoned twice: once at the Bishop's prison and on another occasion at the *Castellania* (Grand Master's Law Courts). During these stays in prison Chilia was purged and made to sweat by the physicians who advised him to stay on a diet of biscuit for the first nine days of his slow recovery and after that they prescribed roast chicken. Chilia declared that he had consumed over seventy potions of medicine amongst which he could recall *un decotto di Spagna* (concoction of Spain) which was prescribed on three separate occasions and which had to be consumed over a period of forty days. He added that during his convalescence he was made to stay on a diet of meat in the mornings and cooked lettuce in the evenings. Chilia recalled another medicine in the form of a syrup which was prescribed for fourteen days. Finally Chilia insisted that he had a written permission to consume meat on Fridays and Saturdays none the less when he felt well he refrained from eating meat on similar days.<sup>8</sup>

We can compare Chilia's account of events to that related by the physician who treated him for most of the time, Magnifico Paulo Macalio of Valletta. Macalio's deposition differs in several respects from that of Chilia. Macalio deposed on 17 March and claimed that two days before he was on his way to the Holy Infirmiry and passed by Chilia's house. Chilia saw Macalio from a window, called him and let him into the

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8. No matter how hard he tried to show his good and well-meant intentions the Inquisition ordered Chilia to be imprisoned in his home from where he could not leave, neither at daytime nor at night time, without permission from the Inquisitor against a personal guarantee of 100 scudi. He even had to present himself daily at the Holy office or whenever it pleased the Inquisitor (AIM Crim., 16A case 44: fol.531v-536).

doorway of his home. When asked what he wanted Chilia showed Macalio several *cocchi di rugna* (scab swellings) on his arm and asked whether it was a good idea to bathe his arm and cure it from the scabs. Macalio was well aware that Chilia was on house arrest and refused to enter inside the house and medicate him before he had settled this annoyance. However Macalio advised Chilia that if he really wanted to heal he should refrain from having carnal relations because sex burned his blood and causes a number of ailments. Macalio explained that he gave Chilia this advice on the basis of his knowledge on Chilia's private life. Indeed, Chilia was notoriously reputed to have enjoyed a relationship with a whore called Agnesica. The knight Bailiff of Venosa had told Macalio that on Chilia's house arrest the said whore went to sleep with him. In order to strengthen his point Macalio added that on one occasion Chilia had once told him that if his wife died he would marry his whore. According to Macalio Chilia was impatiently waiting for his wife's death and had even asked Macalio to prepare some opium pills with which he could kill her.

None the less Macalio confirmed that he had medicated Chilia five to four years before. He recalled of having consulted with the physician Saltalla and had Chilia smeared with an ointment against *il mal francese* (syphilis) but since it did not leave the desired effect he changed his treatment and gave Chilia *il decotto del olegno santo* (the concoction of holy oil). Chilia seems to have recovered after that and was so pleased that he sent three or four presents of fish to Macalio. Macalio had learnt that during the last year Chilia had been medicated by the physician Pietro Parisi. This must have irritated Macalio for when Chilia asked him to provide him with a certificate Macalio refused on the assumption that he had forgotten all about the medications he had given Chilia. Macalio went on to explain that when a patient was smeared with an ointment they were ordinarily given permission to eat crushed and liquid foods. However this treatment was expected to weaken the patients. Thus when it was terminated, or when the patients started drinking concoctions they were given permission to eat meat, even on days prohibited by the Church, in order to enable them regain their health (AIM Crim., 16A case 44: fols.542-543).

### *Health and Cleanliness*

Narratives like the one of Oliverio Chilia are given as testimony but they share many characteristics of similar stories told to friends, relatives and neighbours. Yet the hearings were directed and conditioned by the Inquisition tribunal. Besides we are not dealing with the data presented by the witness, but rather as it was taken down by the court clerk. We should thus remember that most of the everyday oral communication

does not reach us through the manuscripts. P. Burke remarks that, 'much of popular culture long went unrecorded in writing, not only because most ordinary people were illiterate, but because the literate were uninterested in popular culture, or ashamed of their interest, or simply unable to transcribe or transpose oral culture in dialect into a written variety of the language' (Burke, 1987: 10). None the less one notices little difference between the jargon used by the sick people and their doctors. Thus although lay knowledge was practical based on personal experience, there existed a substantial convergence between lay and professional medical outlooks and attitudes.

The Maltese physicians were undoubtedly familiar with the manifestations of 'French disease' long before the advent of the Order of St John in 1530. Even members of the Order, who were supposed to remain chaste, contracted the disease. Amongst them one could count Fra Simon Provost, the Master of the Mint, who complained to the Inquisitor that he suffered from the 'French disease' —normally referred to as *mal francese* (in Italian) and as *morbus gallicus* in official documents— which, he said, was very painful, especially while at work in the Dock.<sup>9</sup> 'They knew that the French disease was contracted through sexual intercourse and that the enlargement of inguinal glands could be one of its signs. Indeed many cases of plague at the onset of the epidemic of 1592 were mistaken for venereal disease because of the swollen inguinal glands of the patients' (Parisi, 1603: 59; cf. Cassar, 1964: 225). It seems that the number of persons suffering from venereal disease had risen by 1596 as the question of providing a place for the treatment '*pro laborantis morbo gallico*' was raised at the meeting of the Order's Council on 28th March 1596 (NLM, AOM, 99: fol.69; cf. Cassar, 1964: 225).

Perhaps the association of this virulent disease with sex helped confirm the deep unease felt by the people of Christendom towards sexual pleasures. A tendency to practice some amount of caution in illicit sexual activities became a good deterrent to terminate relationships with notorious prostitutes. After some years of sexual freedom men often tended to prefer giving up a carnal relationship in favour of the legitimate goal —childbirth within marriage, where physical dangers threaten the woman alone. Significantly syphilis was from early on closely associated with prostitutes, who were seen as spreading the disease throughout society. Illicit sex gained an extra reason for being suppressed and led to greater control on the predominantly male pleasures which in turn became more reflective and self-conscious than ever before (Ruggiero, 1993: 20).

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9. On 25<sup>th</sup> March, 1575 Simon Provost was put under torture by order of the Inquisitor and Apostolic Visitor Mgr Pietro Dusina for alleged Lutheran sympathies. Provost begged his torturers to stop inflicting the painful ordeal as he had been ordered by the Grand Master to do some gilding on the galleys. (AIM Crim., 167: fol.7; cf. Cassar, 1988: 53).

Prostitutes rightly saw that their earnings could not only improve their standard of living but also provide them with the means of setting themselves up in some other 'respectable' business at a later stage in life. One may argue that through these accusations of witchcraft, women were continually being reminded of their subordinate status.<sup>10</sup> Furthermore the widespread fear of a new and more virulent strain of syphilis which began to spread across Europe from the end of the fifteenth century must have left a profound impact on the world of illicit sex (Fao, 1990: 26-45; Ruggiero, 1993: 20). Syphilis was probably treated as one of the other endemic ailments of the time although one may surmise that it left a significant impact on male perceptions of sex. No wonder that at the turn of the seventeenth century Betta Caloiro, Margarita Zammit, and another woman healer from Mqabba called Marietta, were all known as *mineichiret* due to the fact that they had a twisted nose —probably the result of venereal disease (Cassar, 1996: 27, fn.52).

The sixteenth —and seventeenth— century were a period in which people were encouraged in prudery with respect to the body, its appearance and its sexuality. This heritage of suspicion and diffidence carried over into the Protestant Reformation and the Catholic Reformation. Attitudes towards the body and sexuality were thus marked by a rejection of the use of water for bodily hygiene, and the promotion of marital sexuality at the expense of all other sexual practices. It was a society in which daily ablutions tended to be extremely sketchy because personal hygiene was considered rather suspect from a moral point. As J.P. Goubert points out the Medical School of Salerno, founded in the seventh century and famous in the twelfth century for its *Regimen Sanitatis Salernitanum*, influenced treatises on cleanliness and civility until the nineteenth century.<sup>11</sup> It appears that the practice of washing one's body was slow to gain widespread social acceptance, even among the higher classes. This reflected that it was still associated with sexual taboos and sin. Only 'women of pleasure' washed and bathed with any frequency (Goubert, 1989: 214).

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10. Weldon, points out that in prostitution, 'the woman feels debased and too depressed to harbour vengeful fantasies against men, as is usually stated. What she really feels is contempt for herself and for her gender, and it is then that she identifies with her male client' (1992: 128).

11. Goubert asserts that 'until the late nineteenth century, the morning toilet, which had been in retreat since the end of the Middle Ages, was restricted among "civilized" people, as indeed among many others, to observing the precepts of the school of Salerno: First wash your hands in clean, fresh water. Splash it on your eyes in order to refresh them. Comb your hair, clean your face, and then brush your teeth' (1989: 214).

### *Conclusion*

Narratives like the above provide useful insights about particular experiences which furnish fundamental underlying meanings which are attributed to the events (Kleinman, 1988: 49-52). Disease is seen to occur not only in the body, but even within the context of lived experience and the historical set-up of the social world (Good, 1994: 133).

Physicians, except for Paracelsians, did not have specific causal agents for disease such as our bacteria or viruses (apart from the special cases of plague and syphilis); what they did was to relate disease to people's everyday activity. Knowledge of what foods were harmful to what types of constitution might be part of elite, academic, medicine and therefore form part of specialised knowledge. However, the bacterium and virus are far more specialised, being invisible to our ordinary senses and requiring expensive instruments to be perceived. On the other hand, the foods and activities seen in the seventeenth century as harming the body were visible to all and were the very stuff of personal experience. Likewise treatment had the same visible element.

Illnesses were viewed in both humoral terms and as specific entities. Some illnesses appear to us as symptoms rather than disease entities. The ambiguity between a symptom and a specific disease entity which we still experience today, like the headache was, I would argue, an indication that medicine at the time was very close to people's perceptions and sensations of illnesses. For many physicians, the pathology of several diseases came from the ill digestion of food and the consequent production of humoral crudities. Diet and regimen caused most diseases. In the case of the poor in particular conditions of life were thought to add to their problems.

### *Early Modern Currency in Malta*

6 piccoli or dinari	=	1 grano
5 grani	=	1 cinquina
2 cinque	=	1 carlino or 10 grani
2 carlini	=	1 tari or 20 grani
30 tari	=	1 oncia or 2 1/2 scudi

### *Abbreviations*

fol./s	folio/s
fn	footnote
v	verso



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AOM – Archives of the Order of Malta  
Mss. 99, 663, 664
2. **National Archives, Mdina Malta**  
MCC – Magna Curia Castellania (The Grand Master's Law Courts)  
RP – Registri Patentarum  
vol.iii 1590-1599, unpaginated
3. **Cathedral Archives of Malta**  
(a) AIM Crim – Archives of the Inquisition of Malta, Criminal Proceedings  
Mss. 5, 13, 14A, 16A, 18, 19A, 20A, 20B, 23A, 29B, 54 bis, 167  
(b) Aim Civ – Archives of the Inquisition of Malta, Civil Proceedings  
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## ABSTRACT

In early modern Malta medicine appealed to common sensations and perceptions and gave hope of control over a hostile environment. Rather than present a traditional view of Malta's medical history, the essay focuses on the medical pluralism available to those suffering from any kind of illness or disease. Therefore it takes into account the point of view of the sick themselves by analysing religious, magical and popular views of disease and its causation and cure. In turn this approach is considered alongside the learned medicine of the properly qualified physicians which was very limited indeed. It was a society that believed that the quality of air, food and drink had extensive effects upon the body's functioning. At the same time bodily hygiene was limited to a minimum and was normally associated with immoral behaviour. Finally the essay shows that there was little difference between the medical jargon used by the largely illiterate sick people and their educated healers pointing to a substantial convergence between lay and professional outlooks and attitudes indicating that there existed interaction, and indeed, competition between overlapping cultural spheres.

## RESUM

La medicina de principis de l'edat moderna a Malta apel·lava a sensacions i percepcions comunes en l'esperança de controlar un medi hostil. Més que no pas presentar una visió tradicional de la història mèdica de Malta, aquest assaig es centra en el pluralisme mèdic al que podien accedir tots aquells que patien qualsevol mena de malaltia o desordre. Per tant, té en compte el punt de vista dels propis malalts mitjançant l'anàlisi de les concepcions religioses, màgiques i populars de la malaltia, de les seves causes i la seva curació. Aquesta perspectiva es tracta juntament amb la de la medicina erudita dels metges adequadament qualificats, una medicina d'abast certament molt limitat. Tractem d'una societat que creia que la qualitat de l'aire, del menjar i de la beguda tenia efectes considerables sobre el funcionament del cos. Al mateix temps, la higiene del cos es limitava a la seva mínima expressió i es relacionava normalment amb el comportament immoral. Finalment, aquest assaig mostra que hi havia molt poca diferència entre la parla mèdica utilitzada pels malalts majoritàriament analfabets i els seus educats sanadors. La qual cosa suggereix una convergència substancial entre les visions dels llegs i les dels professionals, bo i platejant l'existència d'interacció i, fins i tot, competència entre esferes culturals que s'interseccionen.