

POCKY WENCHES VERSUS *LA PAUVRE FEMME*: MEDICAL PERCEPTIONS OF
VENEREAL DISEASE IN SEVENTEENTH-CENTURY ENGLAND AND FRANCE

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In early modern Europe, syphilis tormented individuals regardless of social standing. The various stages of infection rendered individuals with visible chancres or “pocky” marks throughout their body. The tertiary stage signaled the spreading of the disease from the infected parts into the brain and cardiovascular system, eventually leading to dementia and a painful death. Beginning with the initial medical responses to venereal disease in the sixteenth century and throughout the early modern period, medical practitioners attempted to identify the cause of syphilis. During the seventeenth century, English practitioners maintained that women were primarily responsible for both the creation and transmission of syphilis. In England, venereal disease became the physical manifestation of illicit sexual behavior and therefore women with syphilis demonstrated their sexual immorality. Contrastingly, French medical practitioners refrained from placing blame on women for venereal infection. The historiography of early modern discourse on venereal disease fails to account for this discrepancy between English and French perceptions of syphilis in the seventeenth century. This thesis seeks to fill the gap in this historiography and suggest why French practitioners abstained from singling out women as the primary source of venereal infection by suggesting the importance that cultural influences and religious practices had toward shaping medical perceptions. The cultural impact of the *querelle des femmes* and Catholic practices in France plausibly influenced the better portrayal of women within the medical treatises of seventeenth-century France when compared to Protestant England.

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CHAPTER 1

INTRODUCTION

Regardless of what early modern practitioners termed venereal disease—*morbus gallicus*, *lues venerea*, the French disease, *la mal de Naples*, *la chaude-pisse*, the foul disease, *la grande vérole*, *la maladie vénérienne*, or the pox—it had one common characteristic: syphilis ravaged early modern individuals across all social strata in early modern Europe. The effects of the disease were particularly debilitating—“pustules developed into ulcers that dissolved skin, bone, palate, and tonsils—even lips, noses, eyes, and genital organs.”¹ Violent pains throughout their body tormented infected individuals during three stages of infection. The first symptoms included the development of chancres on the mouth, genitalia, or buttocks. Chancres or ulcers often disappeared, rendering the infected individuals to believe they were disease free. The secondary stage generally appeared following months after the initial symptoms disappeared. This stage also signaled the ability of syphilis to travel from the initial point of infection to other areas of the body with the body often developing buboes, fevers, and general pain throughout the body. If an individual developed the tertiary stage of syphilis, the infection would have spread to the brain and cardiovascular system, which led to dementia and a painful death.² As Laura Gowing comments, early modern Londoners viewed the gross effects of venereal disease as the physical manifestation of illicit sexual behavior and shame, particularly among women.³

Early modern medical authorities struggled in identifying the origin of syphilis. Common belief suggested syphilis reached Europe in 1493 with the sailors who returned with Columbus.

¹ Peter Allen, *The Wages of Sin: Sex and Disease, Past and Present* (Chicago: University of Chicago Press, 2007), 41.

² Linda Merians, ed., *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Lexington: The University Press of Kentucky, 1996), 8-9.

³ Laura Gowing, *Domestic Dangers: Women, Words, and Sex in Early Modern London* (New York: Oxford University Press, 1998), 89.

Others, such as English practitioner William Clowes, cited the siege of Naples by the army of King Charles VIII of France in 1494-95. It is now generally agreed by scholars that the campaign of Charles VIII of France and his marching army through Italy in 1493-94 caused the venereal disease to spread throughout Europe.⁴ Prior to the seventeenth century, medical practitioners relied on the role of divine causation for venereal disease. Medical authors depicted syphilis as a punishment for moral sin and decay. By the beginning of the seventeenth century however, medical authors moved away from associating the cause of the disease with divine punishment and moved toward reasoning and experimentation in their search for the cause of syphilis.⁵

The medical marketplace responded to the increasing needs of infected individuals in both England and France. Irregular practitioners or medical quacks (non-university trained or sanctioned physicians) often treated venereal patients who could not afford professional treatment.⁶ Most authors sold their venereal treatises and services at a relatively low cost. Elizabeth Furdell's *Publishing and Medicine in Early Modern England* documents the popularity of medical treatises as well as their affordability among the masses.⁷ In regards to readership, Furdell explains that these medical publications were often plastered to the walls at busy intersections, such as the list of miscellaneous cures affixed at "the Sign of the Angell, near the

⁴ Merians, *The Secret Malady*, 5.

⁵ For the change in medical thought see: Roger French and Andrew Wear, eds., *The Medical Revolution of the Seventeenth Century* (Cambridge: Cambridge University Press, 1989).

⁶ For a discussion of the tension between "professional" practitioners and quack doctors in England see: Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners 1550-1640* (Oxford: Clarendon Press, 2003). Pelling argues convincingly that in London, physicians attempted to control a monopoly of medical treatment with limited success. For a discussion of irregular practitioners in France see: Alison Klairmont Lingo, "Empirics and Charlatans in Early Modern France: The Genesis of the Classification of the "Other" in Medical Practice," *Journal of Social History* 19, no. 4 (Summer 1986): 585-603. Christi Sumich's recent dissertation, "Soul-Sick Stomachs, Distempered Bodies, and Divine Physicians: Morality and the Growth of the English Medical Professional" (PhD diss., Tulane University, 2008), 1-350 emphasizes the development of the medical professional in England by the end of the eighteenth century. Similar to London, Paris physicians equated charlatans as ruinous to the republic and dangerous to preserving proper medical care.

⁷ Elizabeth Furdell, *Publishing and Medicine in Early Modern London* (Rochester: University of Rochester Press, 2002), 136.

Great Conduit in Cheapside.”⁸ Sheets with additional material were affixed and given to venues, particularly coffeehouses or pubs, where they were meant to be read aloud for those who could not read themselves. Thus, printed medical publications allowed medical ideas to be easily transmitted for further discussion among those that were literate as well as those that were illiterate throughout the country.⁹ Although focusing on England, the same method of implementation of medical treatises occurred in France’s printing press.

Medical publications on venereal disease differed significantly between England and France during the seventeenth century. In England, medical practitioners continually reiterated the association of venereal disease with women, often of the lower class. French physicians refrained from placing the blame for venereal transmission on women and instead evaluated the disease without a gender bias. Although scholars have devoted a significant amount of attention toward the discourse on syphilis in England throughout the early modern period, France has received much less attention regarding perceptions of venereal disease in the seventeenth century. This thesis highlights the discrepancies between medical perceptions regarding venereal disease in seventeenth-century England and France and explores the influence that cultural attitudes had toward shaping the distinctive opinions of French medical physicians.

Historiography

Since the 1990s, scholars have increasingly directed their research toward early modern medicine.¹⁰ There is a similar plethora of discussion regarding medicine in early modern

⁸ Furdell, *Publishing and Medicine*, 146.

⁹ Furdell, *Publishing and Medicine*, 194.

¹⁰ For a discussion of medicine in early modern Europe see: Roger French et al., *Medicine From the Black Death to the French Disease* (Brookfield, VT: Ashgate Publishing, 1998); Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999); Roger French, *Medicine Before Science* (Cambridge: Cambridge University Press, 2002); Kathleen Long, *Gender and Scientific Discourse in Early Modern Culture* (Burlington, VT: Ashgate Publishing, 2010); Michael Stolberg, *Experiencing Illness and the Sick Body in Early Modern Europe* (New York: Palgrave Macmillan, 2011).

England but there has been much less emphasis on the medical world of early modern France.¹¹

The vast historiography of medicine in England and the lack thereof in France is similarly reflective in analyses regarding venereal disease during the early modern era. These general works on medicine often include some discussion of venereal disease, but are not extensive in their analyses of perceptions of the disease itself.

Claude Quétel's 1986 *History of Syphilis*, translated into English in 1990, was a groundbreaking work that renewed scholarly interest in venereal disease. Quétel analyzes syphilis from its very inception in the fifteenth century through the twenty-first century.¹² By identifying the disputed origin of the disease and the various understandings of venereal infection, his work marked a major starting point for scholars interested in the history of venereal disease. Quétel also draws comparisons between syphilis and campaigns against AIDS, a connection that successive scholars of venereal disease also emphasized.¹³ Although providing an extensive analysis of syphilis, Quétel devotes little attention to the development of ideologies during the seventeenth century or the connection between the disease and women.¹⁴

¹¹ For general analyses of medicine in early modern England see: Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford, CA: Stanford University Press, 1989); Roy Porter, *Disease, Medicine, and Society in England, 1550-1860* (Cambridge: Cambridge University Press, 1995); Jonathan Gil Harris, *Foreign Bodies and the Body Politic: Discourses of Social Pathology in Early Modern England* (Cambridge: Cambridge University Press, 1998); Andrew Wear, *Knowledge and Practice in Early Modern English Medicine* (New York: Cambridge University Press, 2000); Roy Porter, *Bodies Politic: Disease, Death and Doctors in Britain 1650-1900* (London: Reaktion Books, 2003); Jennifer C. Vaught, *Rhetorics of Bodily Disease and Health in Medieval and Early Modern England* (Farnham, Surrey: Ashgate Publishing, 2010). The most highly cited and used analysis of early modern French medicine is Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997). More analysis of specific subjects within early modern French medicine include: Robert Forster and Orest Ranum eds., *Medicine and Society in France: Selections from the Annales Economies, Sociétés, Civilisations* Vol. 6 (Baltimore: The Johns Hopkins University Press, 1980); Allen G. Debus, *The French Paracelsians: the Chemical Challenge to Medical and Scientific Tradition in Early Modern France* (Cambridge: Cambridge University Press, 1991) and Kirk D. Read, *Birthing Bodies in Early Modern France: Stories of Gender and Reproduction* (Farnham, Surrey: Ashgate Publishing, 2011).

¹² Claude Quétel, *History of Syphilis* (Seghers, Paris: Polity Press, 1986).

¹³ Quétel, 273-279.

¹⁴ Quétel does mention the association of venereal disease with prostitution but applies it to the prostitute of the modern age.

Published the same year as Quétel's English translation, Bruce Thomas Boehrer's article on syphilis emphasizes the extent that early modern practitioners used venereal disease as a political tool to enforce social norms.¹⁵ Relying heavily on explanations of venereal disease by fifteenth-century German physician Joseph Grünpeck and late sixteenth-century English physician William Clowes, Boehrer argues that early modern practitioners, at least in England and Germany, reinforced ideas regarding the untreatable, diseased and unclean, lower classes from venereal infection.¹⁶ Furthermore Boehrer states, "when identified with the poor and socially undistinguished, the disease almost ceases to be a disease at all; instead it emerges in its concomitant character as an instrument of discipline and punishment—that is, as an appendage of government itself."¹⁷ For Boehrer, the works of Grünpeck and Clowes became possible only because of the need to "consolidate and to justify" class-specific notions of medical practice. Successive historians, for example Kevin Siena, expanded on this relationship between class boundaries and venereal disease.

By 1997, the collective authors Jon Arrizabalaga, John Henderson, and Roger French took the general model developed by Quétel and Boehrer and applied it to Renaissance Europe with a strong focus on Italy and Germany through the beginning of the seventeenth century. Although extensive, the study is limited in geography and is less helpful for an understanding of

¹⁵ Bruce Thomas Boehrer, "Early Modern Syphilis," *Journal of the History of Sexuality* 1, no. 2 (Oct. 1990): 197-214.

¹⁶ The idea that dirt or contagion was used by societies in order to establish and reinforce social rules was first described by Mary Douglas in her work *Purity and Danger* (London: Routledge, 1966). Scholars often use Douglas' work in order to describe understandings of venereal disease, particularly Kevin Siena, "Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger," *Journal of the History of Sexuality* 8, no. 4 (Apr., 1998): 553-574. More recent scholars have made the connection between Douglas' work and venereal disease more explicitly including, Louis Qualtiere and William Slights, "Contagion and Blame in Early Modern England: the Case of the French Pox," *Literature and Medicine* 22, no. 1 (Spring 2003): 1-24 and Claire Carlin, *Imagining Contagion in Early Modern Europe* (Basingstoke, England: Palgrave Macmillan, 2005).

¹⁷ Boehrer, "Early Modern Syphilis," 209.

the disease following the end of the sixteenth century.¹⁸ Other scholars have focused on specific European nations, including Margaret Healy's work on early modern England, Claudia Stein's discussion of venereal disease in Germany, and Laura McGough's evaluation of syphilis in early modern Venice. Although these works are helpful for understanding early-modern syphilis, the authors fail to compare the perceptions of venereal disease in these societies with France.¹⁹ As Kevin Siena comments, "comparative work involving multiple contexts marks one of our most pressing needs" and this is certainly the case for comparing seventeenth-century European societies and their perceptions of venereal disease.²⁰

While much of the historiography discusses venereal disease in general, less scholarly attention devotes itself entirely to the association of venereal disease with women. Mary Spongberg's illuminating 1997 work, *Feminizing Venereal Disease: the Body of the Prostitute in Nineteenth-Century Medical Discourse*, explains how Victorian medical discourses linked the ways that "pathologization" of female promiscuity was essentially related to ideas regarding race and class. While an informative contribution to the historiography of venereal disease, Spongberg's work mentions little of the time period prior to the nineteenth century. Similarly, Linda Merians's *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* is highly edifying, yet limits the scope of the comparison between England and France to the eighteenth century, with no discussion of the seventeenth century.²¹

¹⁸ Jon Arrizabalaga, John Henderson, and Roger French, *The Great Pox: The French Disease in Renaissance Europe* (New Haven: Yale University Press, 1997).

¹⁹ Although not an extensive list of all works on venereal disease in Europe, some of the best include: Margaret Healy, *Fictions of Disease in Early Modern England: Bodies, Plagues and Politics* (New York: Palgrave, 2001); Claudia Stein, *Negotiating the French Pox in Early Modern Germany* (Burlington, VT: Ashgate Publishing, 2009); and Laura McGough, *Gender, Sexuality, and Syphilis in Early Modern Venice: the Disease that came to stay* (New York: Palgrave Macmillan, 2011).

²⁰ Kevin Siena, ed., *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe* (Toronto: Centre for Reformation and Renaissance Studies, 2005): 24.

²¹ Linda Merians, ed., *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Kentucky: University Press of Kentucky, 1996).

Siena comes closest to connecting European perceptions of venereal disease with women in early modern medical treatises. As a historian whose research interest is primarily medicine in early modern England, however, he too often uses the English understanding of medicine as representative of all of early modern European practitioners. Siena's 1998 article regarding promiscuity and the pox correctly makes the association between women and venereal disease in early modern England.²² Siena applies this connection to France by relying on the treatise of a late seventeenth-century French physician, Nicholas de Blegny, in order to demonstrate the similarities between English and French medical perceptions regarding venereal disease. However, Blegny's treatise must be understood in the context of prevailing seventeenth-century medical views. I believe that Siena overemphasizes Blegny's treatise as representative of French perceptions of venereal disease by trying to establish similarities between French and English practitioners, rather than highlighting the discrepancies that existed between the medical treatises of both societies. Medical perceptions in seventeenth-century France differed drastically from medical opinions in seventeenth-century England; relying on one French practitioner towards the end of the seventeenth century dismisses the continuity of medical perceptions in seventeenth-century France. A further example of his failure to incorporate the difference of medical thought in seventeenth-century France is demonstrated in his most recent work (a collection of essays on venereal disease in Europe), which limits its discussion mainly to Italy and England, leaving out any evaluation of venereal disease in early modern France.²³

Brockliss and Jones comment on the emphasis historians place on early modern medicine in England and the problems of overgeneralizing:

²² Kevin Siena, "Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Dangers" *Journal of the History of Sexuality* 8, no. 4 (Apr., 1998): 553-574.

²³ Siena, *Sins of the Flesh*: Of the ten chapters in this collection, England unsurprisingly receives the most attention, followed by Italy.

Suffice it to say that, from a Continental perspective, the fecundity and brilliance of research on England has helped both to enlighten but also to obscure our understanding of early modern medicine *tout court*. The English case has frequently been taken as representative of European developments despite the fact that many of English society's most impressive features—its precocious institutional homogeneity, lightness of corporative constraints, economic dynamism, and representative political system—were only partially or distortedly reproduced on the Continent. There is, in sum, a need for an account of a non-English medical system which is not taken to be a replication of the English model...we seek to provide an account of an early modern medical system to place alongside the well-documented English example, and to measure, at least provisionally, convergences and divergences from the English paradigm.²⁴

But even these authors agree that because their work covers a large time frame and encompasses various aspects of early modern medicine, more attention needs to be devoted to specific diseases, such as venereal disease, and particularly in seventeenth-century France.

This thesis attempts to bridge the gap in historiography regarding early modern venereal disease, mainly the lack of attention devoted to seventeenth-century French medicine and the differences that existed in the medical perceptions regarding venereal disease in seventeenth-century England and France. Because there is a lack of scholarly discussion on these differences, there is likewise an absence of evaluating why French medical perceptions differed so greatly from seventeenth-century English perceptions. The first half of this thesis demonstrates the inconsistency that existed between English and French medical practitioners during the seventeenth century. In England, practitioners blamed women for both the creation and transmission of venereal disease, unlike medical contemporaries in France who refrained from identifying women as the source for venereal infection. The second half of the thesis shows that the differences between the medical perceptions of England and France were intimately tied to cultural influences. In France, the woman question, or the *querelle des femmes*, encompassed a debate over the nature of the sexes. The abundance of *querelle* texts in seventeenth-century France, and diminished misogynist literature, promoted relative gender equality in the literary

²⁴ Brockliss and Jones, *Medical World of Early Modern France*, 6; 8.

world and arguably influenced the construction of French medical treatises. Furthermore, religious practices of Protestant England and Catholic France shaped attitudes towards women and class and therefore arguably shaped the opinions of medical authors. The divergence between these cultural attitudes reflected the differences in medical perceptions of venereal disease in seventeenth-century England and France.

CHAPTER 2

SEVENTEENTH-CENTURY ENGLAND: WOMEN AS THE SOURCE OF VENEREAL DISEASE

English medical practitioners in the seventeenth century sought to link sexual dangers with social dangers. Early modern English medical discourses and their practice of medicine constructed the perception of the woman's body as in a constant state of flux. The mysterious nature of fetal nourishment, milk, and menstrual discharges left medical authors confused about their properties and interconnections. Popular theorists and medical practitioners described women's bodies as possessing dangerous and unstable qualities, furthering the idea of distrust towards women. Because practitioners lacked the understanding of how a woman's body worked, authors stressed the need for individuals to be wary of sexual contact with women. These medical theorists proposed that women, unlike men, were created simply for man's convenience and the gestation of children. Medical theorists undoubtedly influenced the perceptions of men toward women, and how women perceived themselves.¹ Practitioners placing the blame for venereal infection on women's immorality deepened the distrust of women and their mysterious composition. In singling out women as the primary cause of the disease, medical theorists reinforced the inferior, or secondary, position of women in relation to men. Kevin Siena claims that by the end of the seventeenth century in England, the creation of the "putrefaction theory" by Thomas Sydenham marked the association between female sexuality and venereal disease, resulting in the emergence of a female gendered disease.² However, this chapter suggests that the roots of gendering syphilis took place well before Thomas Sydenham's 1690

¹ Sara Mendelson and Patricia Crawford, *Women in Early Modern England 1550-1720* (Oxford: Clarendon Press, 1998), 30.

² Kevin Siena, "Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger," *Journal of the History of Sexuality* 8, no. 4 (1998): 567.

treatise and argues that the seventeenth century in England represented a continued promulgation of female blame for venereal infection that gained further pronouncement by the end of the seventeenth century.

William Clowes's Treatise: Setting the Stage for Seventeenth-Century Venereal Treatises in England

In the early sixteenth century, medical texts in London suggested two theories of origin of syphilis: the arrival of pox as divine punishment or from astrological misfortune. Toward the end of the century, theorists changed their opinion to incorporate transmission through intercourse, as proposed by William Clowes in 1596. The moment pox became irrevocably connected to sexual encounters it likewise became linked to women.³ Siena suggests that early modern venereological literature showed an overwhelming tendency to present women as causal agents, to identify contagion almost solely in terms of male victims, and present images of women as deceptive and dangerous, regarding "female biology as pathological and dirty."⁴ This idea reflects the connection that Mary Douglas observes in all cultures, societies used beliefs regarding dirt and contagion to uphold moral beliefs and implement social rules.⁵ These perceptions began with the venereal treatise of Clowes and continued to flourish throughout seventeenth-century London.

William Clowes produced one of the earliest venereal tracts in England during the last decade of the sixteenth century. His treatise established some of the main elements for demarcating women as sources for venereal transmission that remained within venereal tracts throughout the seventeenth century. These recurrent ideas included: male contagion through

³ Siena, "Pollution," 557.

⁴ Ibid.

⁵ Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (New York: Routledge, 2002).

copulation with impure females (often prostitutes), the danger of infected wet nurses, and the inability to treat lower class members of society.⁶ The beginning of Clowes's treatise concerned the manner of obtaining "the sickness" and the initial causes of the disease. He claimed that the "sickness is said first to be ingendred by the unlawful copulation and accompanying with uncleane women, or common harlots."⁷ Clowes explained that although this cause of origin is largely true, there were general exceptions to the rule. However, his sentiment that copulating with unclean women was the main cause for the spreading of the disease reiterated the idea that "common women," or prostitutes, were identified as the main causes of venereal infection. Clowes stated that he witnessed both men and women grievously infected with syphilis, having obtained the disease from other means. Clowes expressed his own treatment of "three good and honest Midwives" infected with the disease by bringing "abed three infected women, [and] three infected children."⁸ In declaring his experience, Clowes shifted the blame not simply from prostitutes, but also to women in general, and warned of the danger of taking in unknown and suspicious women into one's home.

Continuing the unflattering association of women with syphilis, Clowes commented that the infection presented itself in women of various ages and he noted a particular case of "a certaine wench, the daughter of one Sare, of twelve years of age, which [he] cured, in the yeere of our Lord 1567."⁹ In order to identify the cause of origin for the disease, Clowes suggested that the girl received the infection from the mother, or from "sucking the corrupt milke of some infected nurse."¹⁰ Furthermore, Clowes warned the reader of these particularly "lewde and filthie

⁶ For a more detailed discussion of venereal treatises reinforcing class boundaries see Chapter 4 below.

⁷ William Clowes, *A Brief and Necessary Treatise, touching the cure of the disease now usually called Lues Venera, by unctions and other approved ways of curing: newly corrected and augmented in the year of our Lord* (London, 1596), 151.

⁸ Clowes, *A Brief and Necessary Treatise*, 151.

⁹ *Ibid.*

¹⁰ *Ibid.*

nurses” which infect children by their wicked and filthy ways.¹¹ The author continued to remark on specific cases of nurses infecting children and suggested that the reader shun these diseased women at all cost.

Within Clowes’s treatise, the root of the disease was firmly planted with women, either as prostitutes or as filthy nurses.¹² Medical treatises that focused on venereal disease did not appear for another half of a century following Clowes’s work. Many of these subsequent authors furthered the idea of impure women and infected nurses as major perpetrators of the disease. Successive medical authors in England were much more explicit in their delegation of female blame for the disease; many of these treatises contained the same elements of association of women with syphilis, whether they referred to wet nurses or “common” women. Medical authors are analyzed thematically, with emphasis placed on the publications of the anonymous medical practitioner L. S., and Thomas Sydenham. Thus, by the end of the seventeenth century, ideas concerning female responsibility for creation and transmission of syphilis were further solidified.

Infection through “Whores” and “Pocky Nurses”

The idea of venereal infection by common women, “whores,” or “pocky nurses” reflected the influence of Clowes’s venereal treatise and the continuation of associating lower class women with the disease. Regarding the transmission of the disease, collective authors Abdiah Cole, Daniel Sennert, and Nicholas Culpeper commented that “whores” infected their male

¹¹ Clowes, *A Brief and Necessary Treatise*, 151.

¹² Both prostitutes and wet-nurses were women from the lower classes. Discussed in Chapter 4 below is the association between perceptions of the diseased lower class as opposed to the “cleanliness” of the upper classes. Clowes’s treatise had a moralistic tone and attempted to reinforce social rules, for example his support of the rhetoric associating wet-nurses and venereal disease as part of the Calvinist anti-wet nurse campaign for promoting family morals.

partners often through engaging in “whorish copulation.”¹³ The authors further addressed the idea of “whores” as precipitators of the disease when they discussed modes of prevention. According to the authors, some ancient writers wrote of ways to preserve men from infected women, which included “medicines [that guard men] as with a Buckler” in order that the men “may enter the most infected whores, and freely ramble all the world over.”¹⁴ Cole, Sennert, and Culpeper instead advised: “The safest way therefore to avoid the disease is to abstain from Whores, and to remember that Whoremongers and Adulterers the Lord will judge, who yet is wont also to punish them in this Life, with that most filthy disease.”¹⁵ The association of lower class women with disease and impurity gained further momentum under Harvey Gideon.

Writing a decade later, English practitioner Gideon published *Little Venus Unmask'd* which further solidified the assignment of blame toward women for venereal infection. Gideon made continual reference to the danger that “pocky” nurses posed to the family and suggested that these “filthie” women often destroyed entire households.¹⁶ Gideon believed he had very simply unfolded the mysterious nature of the pox, but his cause of origin seemed only to isolate women’s internal constitution as the major factor in the disease. The author stated:

Suppose a Frenchman, that is troubled with an extreme fiery itching manginess, by reason of the fieriness of his blood...[copulated] with a fretted Neapolitan Whore, that’s troubled with a deep fiery scurvy, the very essence of this Salt, fiery, and itching blood flyeth out in steems into the body of the Neapolitan Whore, where meeting with the stems of her fiery gnawing scorbutick blood, do unite and knit together into perfect little steemy bodies [syphilis] or atoms, which you must necessarily conceive to be very malignant, ulcering, gnawing and fiery, so that the next that converses with this Whore ...draw[s] these ulcering steems into his body, where through their gnawing malignant and ulcerous quality, they cause [symptoms of venereal disease].¹⁷

¹³ Abdiah Cole, Daniel Sennert, and Nicholas Culpeper, *Practical Physick, or, Five distinct treatises of the most predominant disease of these times the first of the scurvy, the second of the dropsie, the third of feavers and agues of all sort, the fourth of the French Pox, and the Fifth of the Gout* (London, 1660), 45.

¹⁴ Cole, Sennert, and Culpeper, *Practical Physick*, 73.

¹⁵ *Ibid.*, 74.

¹⁶ Harvey Gideon, *Little Venus Unmask'd: Or, a perfect discovery of the French Pox* (London, 1670), 1.

¹⁷ Gideon, *Little Venus*, 2.

This passage contained many negative connections between women, mainly “whores,” and the disease. Gideon used the term “Neapolitan whore” probably due to the fact that many early modern authors believed the disease originated at the Siege of Naples. The Frenchman is apparently infected with some sort of disease, but it is only through copulating with a woman troubled with scurvy that the disease manifested itself. English practitioners often referred to the association of syphilis with the French, and likewise made the term syphilis synonymous with the “French pox” or the “French disease.” This deferment of blame, from one nation to another, finds frequent mention throughout most early modern medical treatises.¹⁸ Furthermore, the woman’s blood is described as “fiery, gnawing [and] scorbutick,” and a key component for the development of syphilis.

With regards to how the disease transferred from one host to another, Gideon declared that ulcers or pains only appear after “a man hath had to do with a common woman.”¹⁹ There is no reference in the treatise regarding how the woman became infected; rather, the sentiment remained with the woman as the cause for giving mankind the disease. Prior to listing the signs and symptoms of the pox, Gideon first expressed the predicament that men often faced. Gideon commented, “what a pickle a man finds himself in presently after he has convers’d with a pocky wench.”²⁰ Again, the language suggested that a “whore” or “wench” was synonymous with venereal disease.

Gideon attempted to answer what he believed were the mysteries of the disease. One of his questions addressed the dilemma of why some men escape the infection, after multiple men “successively mount a pocky [woman.]”²¹ Gideon responded that in some women of a cold

¹⁸ Claude Quétel, *History of Syphilis* (Baltimore: Johns Hopkins University Press, 1990), 16.

¹⁹ Gideon, *Little Venus*, 3.

²⁰ *Ibid.*

²¹ *Ibid.*

complexion the venereal venom lies deep, “and therefore the first not heating his Whore enough to extract the venom comes off clean, leaving the second to keep the Iron hot, who carries away the pocky prize.”²² But, if the “pocky Wench be of a hot complexion” then the first is the only one in danger, “leaving her in a colder temper to deal with his comrads, who therefore come off without any damage.”²³ Gideon constantly referred to the temperature of the woman’s inner composition as the deciding factor of whether or not the disease would take root in the man. In his opinion, the best course of action entailed the avoidance of women of hot disposition. In making this declaration, Gideon posited that women were predisposed to the disease, often harboring the venereal contaminant and keeping it hidden for years, while spreading the infection to unknowing men.²⁴ Gideon’s treatise clearly identified women as the source for the disease. The manner of infection found in all of Gideon’s various cases placed the blame on infected women, particularly “whores” and “wenches,” and women of hot and “pocky” constitutions. These associations continued throughout the remainder of the century.

Women, more specifically those deemed prostitutes or whores were blamed for the transmission of syphilis. The authors of seventeenth-century medical treatises in London rarely placed responsibility on anyone other than lower-class women. The reason for this association is complex, but as Siena comments, the connection between prostitution and venereal disease emerged once the malady came to be considered sexually communicable.²⁵ In London, Clowes established this connection at the end of the sixteenth century and it gained strength during the

²² Ibid.

²³ Following the Galenic understanding of the humors, qualities of hot and cold were sex-related, with men generally considered hotter and drier and women colder and wetter. As explained by Merry Wiesner-Hanks, “men, being hot and dry, were more rational and creative; women, being cold and wet, were more like the earth...Men’s greater heat also meant they more often possessed qualities associated with heat – courage, honesty, reason, and physical and moral strength.” Merry Wiesner-Hanks, *Women and Gender in Early Modern Europe* (Cambridge: Cambridge University Press, 2008), 36-37. When a female displayed a “hot” disposition, they were considered abnormal and instead demonstrated a dangerous hyper-sexuality.

²⁴ Gideon, *Little Venus*, 4.

²⁵ Siena, “Pollution,” 559. For further evidence of the connection to class and religion, refer to chapter 5.

latter half of the seventeenth century. This association of prostitutes with venereal disease supported the cultural fears regarding undomesticated female sexual activity. The only acceptable sphere for female sexuality was within a monogamous marriage. Commenting on seventeenth-century England, Felicity Nussbaum argues that satires rarely offered any alternatives to the fallen women they present. Instead, “the satiric myth defines women by their very nature as whores,” as women were held responsible for Adam’s recognition of their sexuality and his loss of innocence²⁶ Nussbaum argues that the “satiric myth of the whore confirmed male superiority and patriarchal attitudes; men could generalize that unlike men, all women personified lust.” Furthermore, the myth “created an acceptable way to deal with...larger social anxiety.”²⁷ By blaming prostitutes and women, medical practitioners exonerated men from any blame for an infection that was sexually communicable; only women could potentially spread disease in a sexual manner. As well, prostitutes embodied unbridled lust—venereal disease “was imagined as the visible evidence of illicit sex.”²⁸ Associating prostitutes with venereal disease reinforced the danger of uncontrolled female sexual activity and the threat of sexually active females outside of the acceptable sphere of a monogamous marriage.

Female Composition: Women’s Predisposition to Infect

Women and venereal disease had an unmistakable relationship in early modern England. The perception of the woman’s body provided reason for this connection. As Laura Gowing comments, men considered women’s composition in early modern London as unstable vessels,

²⁶ Felicity Nussbaum, *The Brink of All We Hate* (Lexington, KY: The University of Kentucky Press, 1984), 20. Nussbaum comments that these satires fit well into seventeenth-century England, as these satires reflected common attitudes in “medieval misogynist clichés, for example, describe women as lascivious, adulterous, faithless, malevolent, and vain.” 20.

²⁷ Nussbaum, *The Brink*, 15.

²⁸ Laura Gowing, *Domestic Dangers: Women, Words, and Sex in Early Modern London* (Oxford: Clarendon Press, 1996), 89.

containing dangerous, leaking orifices.²⁹ In regards to reproductive systems, men appeared as solid beings with genitals that appealed to women. In contrast, women's privates were figured quite differently. The images of the corruptive nature of syphilis combined with more general suggestions of decay and degeneration, and likewise "made women's parts grotesque in a way men's members never were."³⁰ Men's members lacked this negative connotation; even if they were lost (due to syphilis or other means) they were not grossly infected, as early modern society believed women's bodies to be. The difference articulated between man and woman depicted men's genitals as objects of desire and women's as objects of repulsion. This "interplay of desire, blame and shame when sex was talked about, was shaped, fundamentally, by gender."³¹ Early modern English society distributed the effects of sexual immorality on women's and men's bodies in the same manner as sexual blame.³² In the opinion of medical authors, women's sexual immorality created damaging effects on the male populace. Siena comments that these medical writings about sex reflected cultural beliefs about maleness and femaleness. These treatises helped establish and support "proscriptive attitudes toward female promiscuity and miscegenation" particularly among lower class women.³³

The Poisonous Womb

Medical authors associated the very makeup of the woman as the source of the disease. The woman's womb became the seed of corruption that allowed (and often deemed easily received) syphilis to fester until it released its venom onto unsuspecting mankind. According to seventeenth-century medical adaptations of the Galenic "one-sex" model, the woman's anatomy

²⁹ Gowing, *Domestic Dangers*, 82.

³⁰ *Ibid.*, 81.

³¹ *Ibid.*, 82.

³² *Ibid.*, 90.

³³ Kevin Siena, "Pollution," 555.

was an imperfect, reversed version of the man's.³⁴ With little comprehension of its purpose, male authors associated the womb's mysterious qualities with the creation of a disease with an equally unknown cause. Practitioners however, placed emphasis on the difference between the penis and womb, rather than suggesting any kind of similarities. As early as 1660, medical practitioners described the favorable conditions of the womb that allowed the venereal infection to ferment. According to the collective authors Cole, Sennert, and Culpeper: "men contract this evil from Women that are infected, because in the act by reason of the concourse of spirits, and the motion, the womb being heated, vapors are raised from the malignant humors in the womb, which are sucked in by the mans yard being of a porous constitution, and are received into the veins."³⁵ In this medical theory, the womb contained malignant humors that become activated by the heat created through coition. Following this thought, the man is therefore infected when his "yard" which is of a porous nature, absorbs the activated humors found within the woman's womb. The authors also clarified that even though a man may infect a "sound woman" his seed does not always become fully corrupted. Rather, the man's seed becomes altered from when he had contracted the evil from the woman.³⁶

The idea of women and their poisonous nature gained further support in the works of Thomas Whitaker the following year. Whitaker believed syphilis manifested itself during the woman's menstrual cycle. According to the author in 1661, women had a "venomous quality in their blood" which helped to ferment the disease.³⁷ Whitaker placed special blame on the action of intercourse with women during their "courses" and stated the destructive nature of doing so:

³⁴ Since Walter Laqueur's *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass.: Harvard University Press, 1990) the one-sex model has been disputed. But prior to the eighteenth century, early modern individuals agreed with the one-sex model.

³⁵ Cole, Sennert, and Culpeper, *Practical Physick*, 45.

³⁶ *Ibid.*

³⁷ Thomas Whitaker, *An Elechus of Opinions Concerning the Cure of the Small Pox, Together with Problematicall Questions Concerning the Cure of the French Pest* (London, 1661), 93.

“and upon any impure congression with women at such time, are received mortall and incurable diseases...so odious to mankind.”³⁸ In this treatise, the author linked menstruation with a poisonous quality and suggested that intercourse during the cycle easily created the scourging diseases known to man. Within his publication, the author posed and answered various questions that he believed would arise from the public having read his work. Whitaker addressed the question of how a woman lacking the venereal infection could still infect men. His response reiterated the ideas proposed by Cole, Sennert and Culpeper: “[The disease existed even] without any sensible discover, till a masculine agitation shall make it effectually and visible in those that upon such motion receive the contamination; and such [inquinat[i]on?] or pollution is many times received from women who have no symptoms of infection perceptible in themselves.”³⁹ Whitaker commented that although it may seem that women do not have the disease, in reality women simply have not revealed any symptoms. When a “masculine agitation” during the act of copulation took place, the disease became contagious within the woman. This idea suggested that women innately harbored the disease within the womb. Whitaker continued this thought and suggested:

Therefore I conceive it to be their own proper venene temper contingent in [women], as in Scorpions and Asps and such other venomous creatures’ or else contracted, and from venene ailment; the use whereof hath made it a natural nourishment to themselves and poison to others.⁴⁰

The phrase “venene temper” takes on an occult and mysterious nature, a quality that is specific to the poison within the women themselves. Whitaker draws the comparison of poisonous creatures, such as scorpions and snakes, in order to demonstrate the female capability to live with this poison as well as use their venom in order to infect men. The author warned that “every man

³⁸ Whitaker, *An Elechus of Opinions*, 97.

³⁹ *Ibid.*, 110.

⁴⁰ *Ibid.*, 111.

doth receive the infection of this disease, that hath coition with a woman of such venene temper...and this is the reason why some such constituted women do abbreviate the lives of all men.”⁴¹ Whitaker not only portrayed women as innately poisonous in nature, but identified women as the sole transgressors of this disease and responsible for abruptly ending the lives of men. Whitaker refrained from singling out prostitutes as the sole harbingers of the disease, leaving women in general as sources for transmission and potentially venomous beasts.

Medical practitioners continued to associate the negative qualities of female composition with venereal disease throughout the remainder of the seventeenth century. In 1674, an author identified by the initials A. B. wrote *The Sick-man’s Rare Jewel*. He discussed how a tiny microcosm in women besieged the body of man.⁴² In his opinion, women infected men with the disease, “[whom] are for a long time distempered, and hardly discover it till approaching death.”⁴³ For the author, the disease primarily propagated itself into mankind through venereal copulation, and once the woman bestowed the evil, “the cruel symptoms [attacked] the whole body, the mind is sad, [and] the body is weary and heavy.”⁴⁴ Peter Charles continued to emphasize the corrupt nature of the womb. He wrote in 1678 that via copulation, a man received “an infected vapour” from the woman into the pores of his skin. Charles explained the only way infection occurred was through the woman having either “a gonorrhoea, or else an ulcer from the latter of which [he had] known to proceed so virulent [an effect.]”⁴⁵ For these medical authors, transmission of syphilis only resulted by male penetration into the diseased womb. Stephen Blankard’s treatise in 1689 contained similar sentiments regarding contagion. Blankard agreed

⁴¹ Whitaker, *An Elechus of Opinions*, 112.

⁴² A. B., *The Sick-man’s Rare Jewel* (London, 1674), Intro A2.

⁴³ *Ibid.*, A3.

⁴⁴ *Ibid.*, A3-A4.

⁴⁵ Peter Charles, *Description of the Venereal Disease: Declaring the causes, signs, effects, and Cure thereof. With a Discourse of the most Wonderful Antivenereal Pill* (London, 1679), 5.

with A. B. and Peter Charles that copulation with an unclean person resulted in the spreading of infection. For Blankard, the man's "yard" obtained the infection in the process of "lodging" into the woman's womb. The author commented: "[The] venereal ulcer[s] or [blisters]...either of which lurking inwardly...the women may nevertheless seem to be sound, the poison either detained by the Urine, and others expelled by the menstrual purgations."⁴⁶ Blankard believed that women inherently carried the disease and men that copulated with women eventually became infected because women's bodies "[are] more or less disposed to receive the corruption."⁴⁷ In the author's opinion, the venereal infection embedded itself within the female's womb and only required copulation in order for the malignant ulcers to become activated. Writing toward the end of the century, Richard Wiseman wrote that women were more susceptible to spreading the disease, and the infection was much more active in women.⁴⁸ He reasoned that the female ability to harbor the disease and actively propagate it was due to the tenderness of their body that make women "liable to very quick impressions."⁴⁹ Again, Wiseman agreed with his predecessors that the friction applied to the virulent humor in the female's womb produced the venereal infection in the man through copulation. While these medical practitioners remained resolute in their declaration regarding women's natural disposition to harbor the disease, none suggested a solution to deal with this "threat" to mankind. In 1673, medical practitioner L. S. proposed a drastic solution to deal with diseased women and protect the English nation.

⁴⁶ Stephen Blankard, *Practice Relating to the Venereal Distemper* (London, 1689), 224-5.

⁴⁷ *Ibid.*, 225.

⁴⁸ Richard Wiseman, *Eight Chirurgical Treatises on these Following Heads: Viz. I. Of Tumours. Ii. Of Ulcers. Iii. Of Diseases of the Anus. Iv. Of the King's Evil. V. Of Wounds. Vi. Of gun-shot wounds. Vii. Of fractures and luxations. Viii Of the Lues Venerea, Volume 1* (London, 1696), 487.

⁴⁹ *Ibid.*

Solution of Eradication to Eliminate Venereal Infections

Although medical authors in London prior to 1673 discussed the relationship of venereal disease with “common women,” the idea is most profoundly announced by the author with only the mysterious initials of L. S. Part of his title alone, *With Excellent Remedies to Preserve Mankind from the Infection of Pocky Women*, set the tone for his association of women with the disease and as destroyers of mankind. Throughout his treatise, the author commonly praised mankind and appeared distressed at the thought of women spreading the disease to his fellow man. He explained that women transfer the “foul disease [which] is a complicate evil, and as it were a combination of the worst of diseases, advanc’d to a strange degree of malignity.”⁵⁰ The author lamented the miseries of man and stated:

But when I consider the imperious and charming power of a good face, the bewitching artifices of women, and man’s natural propension to Venus...and rapid violence of his passion, it draws me from admiration to commiseration. For we are all subject to the same passions, to the same propensions and inclinations of nature.⁵¹

In making this declaration, the author dismissed men of any wrongdoing in obtaining the disease. Instead, the blame deferred to the “bewitching artifices of women” and, because men are naturally inclined to carnal relations with these diseased women, the author suggested that the unfortunate infection was simply a consequence of human nature. Furthermore, L. S. claimed that he did not design the treatise to judge the lusts of men, but “merely for the good of their persons, for the safety and security...of mankind and for the honour of the English name.”⁵² The author may not judge the lustful actions of men throughout this work, but found no issue with

⁵⁰ L. S., *Prothylantinon Or, Some Considerations of a Notable Expedient to root out the French Pox From the English Nation, With Excellent Remedies to Preserve Mankind from the Infection of Pocky Women* (London, 1673), Intro A4. The author termed himself “Dr. of Physick” and according to Siena, he was likely a physician as his knowledge of Greek and Latin points to his education. Further, he was acquaintances of Harvey Gideon, whom he identified as H. G. He probably belonged to the Royal College of Physicians.

⁵¹ *Ibid.*, 15.

⁵² *Ibid.*, 17.

attacking the offensive nature of women in the public sphere, that endanger the safety of the English nation.

L. S. compared women, specifically courtesans, as ten times “more venomous than the serpents of Lybia.”⁵³ This association resembled Thomas Whitaker’s parallel of women with scorpions or asps. This context is important for understanding the remainder of the treatise. The author lamented the misery of “debauch’d” husbands, infected from their wives, and “innocent babes who get [syphilis] from wicked Nurses.”⁵⁴ Although L. S. suggested that some women may be unaware of their infectious nature, he constantly remarked that the innocent are often corrupted and vile wives frequently infected their innocent husbands.

With regards to the author’s suggestion of preventative measures, L. S. explained that the first defensive remedy is to secure particular persons from “receiving infection from Pockie Women.” His second step included the seclusion of infected courtesans from all public converses, which he believed would not only secure the nation from infection but also act as a charity for the prostitutes themselves.⁵⁵ Before addressing the matter, L. S. considered three factors: first, what kind of pocky women are considered most dangerous and highly infected, what men were most apt to receive the infection, and lastly, what manner of infection is at work. Similar to Gideon, the author believed that young women were more infectious than older, because women of a young age are “of a sanguine, hot, and moist complexion.”⁵⁶ The idea of the woman’s temperature as a factor in dictating her capability to infect mankind is reiterated throughout the treatise. In the author’s opinion, “young women are more hot and moist than old, and by consequence, the Venom in such bodies...needs [to] be more diffusive of itself, than ‘tis

⁵³ L. S., *Prothylantion*, 18.

⁵⁴ *Ibid.*, 22.

⁵⁵ *Ibid.*, 43.

⁵⁶ *Ibid.*, 44.

in an old, dry, and cold body.”⁵⁷ Under this description, women of a hot composition are so full of the venereal distemper that it necessitated the need to release the venom unto unsuspecting men. Furthermore, in a warm female body, the “venom is active, spirituous, and quick, because heat and moisture increase [the] putrefaction and corruption of [men’s] humours.”⁵⁸

Although the author places the highest mode of infection through young and hot bodied women, he does not excuse older women of colder constitutions, from transmitting the disease. For an older woman who is “dull, sluggish, and of a pnegmatique, gross, cold constitution...does not quickly communicate the Pox...[to] the first that converses with her.”⁵⁹ But the same woman infects subsequent men through copulation because her body is heated, “the Venom agitated and stirr’d” and the male thus receives the pox.⁶⁰ L. S. believed these women were most infectious when their bodies became agitated and heated with “wine, heating drinks, and burning lust...for all these things heat the body, agitate the infectious humours, and diffuse the Venom.”⁶¹ The author stressed the importance of avoiding menstruating women at all costs, for “at that time nature mightily endeavours to discharge all the Venom and impurities of the whole Body that way” and these women “must be exceeding pernicious at such time.”⁶² If the author regarded young and old women as capable of infecting others, and menstruating women as the most dangerous, it appeared that no female could escape the blame of infection associated with their gender.

In addressing the female capability to infect the male, L. S. commented that when a man received the disease from a woman, “the contagion insinuate[ed] into the Glans from the Uterin

⁵⁷ L. S., *Prothylantinon*, 44.

⁵⁸ *Ibid.*, 45.

⁵⁹ *Ibid.*

⁶⁰ *Ibid.*, 46.

⁶¹ *Ibid.*, 46.

⁶² *Ibid.*, 47.

Passage, which is commonly full of Pockie Ulcers.”⁶³ As well, L. S. warned men to be wary of women lacking venereal symptoms, as she may “in coition give the pox to her Gallant.”⁶⁴ L. S. identified the female organs as predisposed to, and full of, venereal matter. Even women who were free from the disease had the ability to spread the infection to their partner, as the womb or “uterin passage” contained multitudes of hidden ulcers. The author spent the next few chapters addressing the means for mankind to obtain cures, for men “seeing a beautiful Siren, and conversing with her, although she be infected, may yet be secur’d from the Pox.”⁶⁵ The methods implemented by L. S. were not revolutionary; many of his proposed remedies followed the examples of prior practitioners. These remedies specified their effectiveness only for men, and left treatment for women out of the equation.

Perhaps L. S. avoided the reason for the exclusion of treatments directed toward women in order to support the extreme solution he proposed toward the end of his treatise. The author stated:

I have furnish’d [the men of English society] with Defensive [measures]. You [men] are now your own Doctors; you have Excellent Medicines both to prevent and cure the Pox. It only remains now that we consider of some Expedient to root out this disease...The only way to effect this, will be to remove from this City those pernicious animals, common pockie and incurable prostitutes.⁶⁶

The author’s language vividly expressed his disgust at the women he believed responsible for the disease. “Pernicious animals, common pockie and incurable prostitutes” equated these women with the worst segments of society. This statement depicted women as evil and malicious, often so far diseased that treatment was not an option. The only solution that L. S. advised was the removal of these women from English society. He proposed that all of the infected prostitutes be

⁶³ L. S., *Prothylantinon*, 49.

⁶⁴ *Ibid.*, 50.

⁶⁵ *Ibid.*, 56.

⁶⁶ *Ibid.*, 81-2.

“transport[ed] to Jamaica and Barbados...for, it [would] be a marvelous contentment to all, to see this huge city clear’d of these pestilent Creatures.”⁶⁷ Further he declared, “I am sure as the case stands now, many substantial citizens are daily ruin’d by these women...often by the debauchery of their prentices.”⁶⁸ For some reason, the author remained convinced that infected women could not be cured from their disease, as the venom remained far within their internal organs. By expunging the culprits of the disease from English society, L. S. believed that he and fellow practitioners could cure male patients and finally rid London of the wretchedness.

L. S. reasoned that transporting the prostitutes demonstrated an act of charity on their behalf. First, the transport would somehow be advantageous to His Majesty’s Plantations that required workers and could therefore offer these “wretched creatures” employment. As well, the prostitutes themselves would benefit from the move, “for this [was] the only way for them to attain a speedy and perfect cure.”⁶⁹ The author felt that the cool climate of London made it impossible for surgeons to treat these women with “the Pox...so profoundly rooted in their bones.”⁷⁰ According to L. S., in these hot climates, practitioners apparently succeeded in curing even the most infected of these women. It is interesting that the author suggested the most dangerous women for infecting the male populace had hot tempered dispositions. The method of cure by hot climate, which would promote the body’s heat, seems to negate the author’s explanation. In following with the author’s thought, heat manifested the disease further, and the author warned of the particular danger of infectious and hot distempered women. The reasoning behind curing a distempered woman in a hot climate is left undisclosed, perhaps because it lent less credence to L. S.’s suggestion of uprooting these prostitutes out of the English nation.

⁶⁷ L. S., *Prothylantion* , 83.

⁶⁸ Ibid.

⁶⁹ Ibid., 84.

⁷⁰ Ibid.

The author commented on a final explanation in deeming the transportation of prostitutes necessary; transportation could act as a deterrent against all women. He remarked, “the very thoughts of transportation will hereafter be a terror to luxurious women, that ‘twill fright them into better manners; and probably may have greater influence upon that numerous party than any other menaces or restrictive laws whatsoever.”⁷¹ L. S. refrained from placing the blame of infection solely on prostitutes, in order to suggest that “luxurious women” had questionable manners. The term “luxurious” is open to speculation, but the overall sentiment identified the need to deter women in general from following immoral paths. If the author understood the term as wealthy, than the author seemed concerned with maintaining the morality of the upper class as well as commoners. By expanding his argument to include upper class women, L. S. identified the need to deter women as a collective from immoral paths, as opposed to the lower class women as sole transgressors of the disease.

L. S. also struggled with the contradicting regulations regarding lepers and prostitutes. For the author, both lepers and prostitutes were rife with disease and endangered the nation. The differing restrictions that applied to lepers and prostitutes led him to question why society expelled lepers from “civil nations,” and questioned why whores remained part of the city:

Why then should Pockie Strumpets be permitted the freedome of Publique Converses, or have liberty to infect mankind? [Why] permit these Common Scorts (so profoundly poxt and beyond a possibility of Cure) to ruin thousands, and infect whole Families, Cities, and Kingdoms?⁷²

By equating prostitutes with lepers, L. S. relied on the authority of the Bible. He explained that if the laws of God prohibited the diseased from society then prostitutes required the same treatment. In his opinion, there was no place for prostitutes at all—regardless of their alleged

⁷¹ L. S., *Prothylantinon*, 85.

⁷² *Ibid.*, 86.

infection. The author ended his treatise beseeching men, by “their good doctrine and exemplary lives” to institute “these extravagants in the ways of Continenence and Temperence.”⁷³

The treatise authored by L. S. in 1673, contained several significant elements. Prior to this year, medical treatises concerned with treating the venereal distemper mentioned the association of the disease with unclean women or prostitutes. However, none of the prior publications focused entirely on the dangers of these women. In over eighty-five pages, L. S. continually stressed that the disease spread through the actions of any woman. As well, L. S. proposed an extreme stance of removing infected women from society altogether. The author seemed assured that rooting out syphilis from English society depended on transporting these women to Jamaica. L. S., either oblivious or ignorant, made no suggestion that men could still spread the disease in society. Furthermore, L. S. assured his male readers of the guarantee of his methods of cure and simply dismissed the capability of the same solution for women. Instead, L. S. regarded women, particularly prostitutes, as so full of the venereal venom that even the best treatments had no effect on removing their infection. Although L. S. spent the majority of his treatise blaming prostitutes, he also commented that transportation deterred “luxurious women” from immoral actions. By proposing this sentiment, the author implied that women required deterrence from their immoral actions. This implication suggested the disease engendered all women, not simply prostitutes, and every man needed to be wary of this fact.

Thomas Sydenham: Putrefaction/Multiple Seed Theory

While A. B., Peter Charles, Stephen Blankard, and Richard Wiseman all held similar notions of infection through copulation and disease embedded in the woman’s womb, none of the authors provided any further explanation for the infection. Many of their sentiments pertained

⁷³ L. S., *Prothylantinon*, 86.

specifically to prostitutes or nurses, but they also established a general consensus that the disease naturally inhabited within women, regardless of whether they displayed symptoms. By 1690, Thomas Sydenham combined a variety of these ideas in order to produce his *New Method of Curing the French Pox*. By the last decade of the seventeenth century, there appeared to be a general association of women, especially prostitutes, with syphilis. Furthermore, as Wiseman has noted, practitioners understood women's bodies as naturally disposed to produce and receive the venereal ferment. Sydenham's lengthy treatise produced a relatively new theory regarding the disease; a theory that strengthened the claim that prostitutes, or any woman with multiple partners, created syphilis within their inner bodies.

Sydenham agreed with his fellow practitioners that the pox transmitted itself through the impure "conversation of men, with common and debauched women."⁷⁴ The author even dismissed virgins from being free of this association; in his opinion, if a virgin that was perfectly sound, kept company with half a dozen young men as sound as herself, she would eventually give them the Pox by repeated venereal acts.⁷⁵ The author elaborated on this example in order to identify his theory of contagion. Sydenham believed that the pox was contagious upon the touch, which appeared from the "corruption of the Seeds of divers persons received and retained in the wombs of common women."⁷⁶ This theory will be referred to as "the multiple seed theory" in order to avoid confusion. If an infected man copulated with a woman, his seed "insinuate[d] it self into those parts which [were] naturally disposed to receive it."⁷⁷ Although the man plausibly infected the woman, the author remained convinced that it was the woman's womb that allowed for infection to ensue, and that women often propagated the disease within. As the author further

⁷⁴ Thomas Sydenham, *A New Method of Curing the French Pox* (London, 1690), 2.

⁷⁵ *Ibid.*, 3.

⁷⁶ *Ibid.*, 7.

⁷⁷ *Ibid.*, 14.

remarked, the glands within the womb became “easily imbibe[d] [with] the Venereal Ferment, which, in them, is further corrupted.”⁷⁸ The statement implied that the woman already contained the venereal elements, and these glands only became more corrupted by copulating with men.

Expanding on his multiple seed theory, Sydenham commented that a woman whom did not appear infected had a strong capability to spread the disease. If a “common woman...[held] particular conversation with many men, the mixture of so many seeds...occasion[ed] such a corruption in the passage of her matrix, that degenerate[ed] into a proper virulent ferment.”⁷⁹ In his opinion, the venereal poison that already existed in the female’s womb became more corrupted when the seeds of multiple men entered the woman. He expanded on this idea, and commented:

When a common woman has kept company with many men...their seeds (which are of different and often times opposite qualities) being mixed in that womans womb (which is naturally fitted to preserve the seeds with all their spirits) do forcibly justle against one another...but in this combat, some spirits...shall vanish or be destroyed...[and] the rest of the Spirits are entangled therein, whence there proceeds a mixture of Principles, and so great an Agitation and Attenuation of Parts...and therefore this compound of several seeds becomes a Ferment which is capable of corrupting other Seeds, and all Parts of the Body.⁸⁰

Women, therefore, propagated and created the disease by receiving multiple seeds into their wombs. Sydenham also warned that men should fear women on their monthly courses, as they produced a “more vigorous effect...which therefore becomes the more malignant” and more infective for the male.⁸¹ The author deemed women responsible for creating the venereal ferment, particularly through their sexual immorality, and the multiple seed theory proposed by Thomas Sydenham only fostered this thought further. For Sydenham, any woman infected by

⁷⁸ Sydenham, *A New Method of Curing*, 14-5.

⁷⁹ *Ibid.*, 20.

⁸⁰ *Ibid.*, 29-3.

⁸¹ *Ibid.*, 116-17.

syphilis became equated to an immoral sexual individual, whose inability to control her sexuality endangered the lives of men and of families.

Siena believes this the theory gained prominence because it reinforced ideas about female sexuality. These traditions regarded female reproductive organs as unclean and frequently centered on the process of menstruation.⁸² According to Siena, this marked association between female sexuality and disease formed the basis for a connection between women and pox. Further, the putrefaction theory implied that promiscuous women produced a deadly disease. This implication supported the “strong cultural fears about undomesticated female sexual activity.”⁸³ Siena’s assessment appears more plausible when understood as the culmination of medical thoughts regarding the association of women with syphilis throughout the seventeenth century.

Conclusion

By the end of the seventeenth century, various medical practitioners had established the idea that women were responsible for venereal disease. It is problematic to say that these authors were only referring to prostitutes, as the definition of the term was not static during the late medieval and early modern period. As Ruth Karras has commented, a prostitute did not necessarily exact payment for services.⁸⁴ The use of “common women,” “whores,” “prostitutes,” and “unclean persons,” among the other descriptions of infected women, carried the connotation of sexual immorality and associated the terms with any woman engaging in sexual activity with more than one partner. Medical treatises regarding syphilis in seventeenth-century London focused on gendering the disease with women. In identifying women with the disease, particularly through the putrefaction or multiple seed theory, early modern English society

⁸²Siena, “Pollution,” 567.

⁸³ Ibid.

⁸⁴ Ruth Mazo Karra, *Common Women: Prostitution and Sexuality in Medieval England* (New York: Oxford University Press, 1996), 3.

attempted to contain their cultural fears regarding promiscuous women. These sentiments continued well into the eighteenth century and, using the reactions of “common women,” I will suggest that these women were well aware of their depictions with the disease.

There is little doubt that prostitutes were aware that they were being connected to syphilis. Two accounts from the eighteenth century provide evidence for this association. In 1725, Bernard Mandeville published a document titled *A Modest Defence of Publick Stews: or an Essay upon Whoring*. Although not written by a prostitute, the publication suggested that the author was well informed of the issues that common women faced in regards to the disease. He commented that the “most sensible blow [common women] ever felt, was the invasion of the French-Pox.”⁸⁵ The author mentioned that all stews were required to expel such diseased women under the reign of Henry VII. Mandeville believed that the reformation of the stews proposed by Henry VII and Henry VIII simply increased the accusations of these women as infected. According to the author, “whoring is attack’d on all hands without mercy...that hardly one Batchelor in the kingdom will lye with a Woman, if he is sure that she’s not sound.”⁸⁶ Furthermore, Mandeville agreed with his contemporaries that common women spread the disease. However, for the author, the cause of the spreading resulted from the neglect that practitioners provided to these women for obtaining a cure.⁸⁷ His sentiments reflected the general suspicion that prostitutes propagated the disease throughout society.

In May 1726, a letter to the editor of the *Weekly Journal* addressed the issue of women and venereal disease. Written by the Drury Lane Ladies, or prostitutes, the main argument complained that men turned away from their regular visits with these women because of their

⁸⁵ Bernard Mandeville, “A Modest Defence of Publick Stews: Or, An Essay Upon Whoring, As it is now practis’d in these Kingdoms,” in *Whore Biographies 1700-1825* ed. Julie Peakman (London: Pickering & Chatto Publishers, 2006), 284.

⁸⁶ *Ibid.*, 285.

⁸⁷ *Ibid.*, 244.

ties to syphilis. The author identified women as the “greatest sufferers” of the disease and various clients instructed these women to take “elixirs, Bolusses and Turpentine pills” regardless of their infection, as a precautionary measure.⁸⁸ The female author’s issue was not with the disease itself, but rather that men turned away from their business due to the fear of contracting venereal disease. Moreover, these men were not simply turning away from the women, but turning toward men in the form of sodomy. Their anger was rooted in the fact that these men have turned away from women due to a possible contraction, and “t’abandon[ed] women for so vile a sin.”⁸⁹ Perhaps this was not simply an attack on sodomy, but rather a way for women, prostitutes or not, to deflect attention away from the associations of women with venereal disease and instead to counter-attack men. This suggestion could allow women a type of leverage for alleviating the stigmatization of disease-ridden women and encourage society to instead recognize the “vile sins of mankind” portrayed in this document.

Whether the mode of infection was from “pocky” or “filthie” nurses, women with hot dispositions, impure copulation with women hiding the infection, or from the multiple seed theory, there undoubtedly existed a unanimous consensus among medical practitioners in early modern London that linked women and venereal infection. Early medical publications of seventeenth-century London generally mentioned filthy nurses or “whorish copulation” as the main triggers for venereal infection. Early seventeenth-century medical authors acknowledged that the disease sprouted within these women, but did little to instruct men’s proper course of action other than suggesting he refrain from intercourse with “common women.” By 1673, L. S.

⁸⁸ Rictor Norton ed., "A Letter from the Drury Lane Ladies, 1726," *Homosexuality in Eighteenth-Century England: A Sourcebook*, accessed 22 April 2012, last modified 20 June 2008
<<http://www.rictornorton.co.uk/eighteen/1726drur.htm>>.

⁸⁹ Ibid.

suggested ridding English society entirely of these infected women. He maintained that infected women destroyed the lives of all mankind.

For the remainder of the century, the identification of women and venereal disease gained strength, as medical authors identified the female's inner composition as harboring the venereal ferment. By the final decade of the seventeenth century, Thomas Sydenham helped fortify the blame placed on women by suggesting that the only way women spread the infection was through their sexual immorality. The multiple seed theory postulated that the experience of women having multiple successive partners created the venereal ferment and suggested that women often kept the disease hidden until it revealed itself through impure coition. A clearly defined correlation existed between the suggested immorality of women and the propagation of venereal disease. Although these ideas became commonplace among medical treatises in seventeenth-century London, early modern practitioners in France held a much different perspective regarding the cause of syphilis.

CHAPTER 3
SEVENTEENTH-CENTURY FRENCH MEDICAL DISCOURSES ON VENEREAL
DISEASE

The previous chapter established the association of blame for venereal transmission with women in seventeenth-century England. French medical practitioners displayed a dramatically different understanding of venereal transmission that removed women as the source for infection. Similar to England, the fundamental principles of medicine implemented during the early modern period in France revolved around the works of the second-century physician Galen. According to Galen, the perfect specimen was the adult male and the understanding of female genitalia represented the inverted form of the male organs—the vagina as penis, labia as the foreskin, uterus as scrotum, ovaries as the testicles. In the sixteenth and seventeenth centuries, both trained and untrained practitioners followed this shared medical discourse.¹ Using this model, English practitioners emphasized the fundamental differences between the compositions of both sexes, particularly the destructive nature of the womb in producing and transmitting venereal infection. Unlike English medical professionals, French practitioners did not appear to view the female body as monstrous, but rather as an equated “other.” French practitioners placed women in the same contextual level of existence as men, rather than viewing them as radically different.² The practicality of this thinking led French medical authors to refrain from gendering venereal disease female, and instead allowed them to observe the transmission and cause of the disease as apparent in both sexes. Sometimes, practitioners blamed the immorality of men as

¹ Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 17.

² *Ibid.*, 110.

cause for venereal infection. Although this distinction was markedly different from associations of women and disease in England, scholars have devoted little attention to it.³

Scholars often depict seventeenth-century French medical thought as reflective of a general European ideology surrounding venereal disease. For example Siena comments that “tract after tract, early modern venereologists supported their discussions of transmission with cases of men infected by women.” Furthermore, he states that the more European doctors “looked away from extranatural theories of causation, the more they looked to women” throughout the early modern period.⁴ Although this statement reflects attitudes prevalent among English practitioners, it does not apply to Europe in general and certainly not in the medical treatises of seventeenth-century France. For example, Jean Fernel and other French practitioners avoided placing the blame of transmission or creation on men or women and instead suggested occult principles for the cause. Although seventeenth-century France does not have the plethora of medical discourses on syphilis that England had, the treatises that existed present a significantly different depiction of venereal disease than treatises in England. In France, medical authors refrained from emphasizing that the cause of the disease lay with women and thereby avoided the gendering of syphilis. By the end of the century, French medical practitioners voiced their disapproval of theories, such as English practitioner Thomas Sydenham’s putrefaction theory, and thereby validated their century-long belief that women themselves were not the sole transmitters of venereal disease.

³ See for example the above noted for general works on syphilis. There is little mention of French medical perceptions of women regarding venereal infection. Recalling chapter 2, English physicians linked venereal disease to women, particularly prostitutes of the lower class. In doing so, medical treatises helped enforce social boundaries. The various aspects of English treatises, for example women and disease, purity and danger, and enforcing social rules, have permitted a vast discussion from scholars. Perhaps the lack of discussing venereal infection and the association with women in French medical literature has eliminated some of this scholarly attention.

⁴ Siena, “Pollution,” 558, 574.

Early Seventeenth-Century Treatises

Dr. André Du Laurens, an early practitioner who avoided associating venereal disease with women, published one of the earliest seventeenth-century medical treatises concerning venereal disease in France. He was a famous anatomist in France, and eventually the premier physician to the king Henry IV.⁵ Laurens posited that there were two primary causes of the pox: the efficient cause (being the external or internal) and the receiving cause (through the touch of an infected body).⁶ He suggested that the infection first took place in the part it touched, spreading throughout the body and corrupting the entire system of the communicated parts. Laurens explained that the infection spread when an infected body contacted an uninfected body, rather than suggesting that females infected males. When the two bodies touched the transmission of the disease occurred instantly.⁷ Moreover, the author dismissed the idea that infection spread through vapors: in his opinion, vapors alone were not sufficient in causing the pox.⁸ The author believed that touch was the primary and only mode required for communicating the disease. Although this was not an extensive treatise on venereal disease (as it was part of a collection of all Laurens medical works), it represented an early identification of the cause of contagion. Laurens, like many of his fellow practitioners, did not associate the spread of the disease with women. Laurens does not mention or suggest a connection between women and the cause of the disease. Publications concerning venereal disease following Laurens's 1621 treatise continued to investigate the actual cause of contagion, rather than pointing to women as the main source. Many of the subsequent treatises explored the common misconception of the disease and

⁵ Brockliss and Jones, *Medical World of Early Modern France*, 100; 286.

⁶ André Du Laurens, *Toutes les Oeuvres de M'Andre Du Laurens* (Paris, 1621), 24. Translations are my own, unless otherwise noted. For discrepancy with vocabulary translation, I consulted Guy Miege's early modern dictionary: Guy Miege, *A Short Dictionary English and French, With another French and English. According to the present Use, and Modern Orthography* (London, 1684).

⁷ Laurens, 24.

⁸ *Ibid.*, 25.

its association with women, and set out to reevaluate what these authors termed “falsities” regarding contraction of syphilis.

Just over a decade later, Dr. Jean Fernel published his treatise concerning his method for curing venereal maladies. Although he had written treatises earlier than Laurens, his work on venereal disease received a later publication. Fernel was a member of the Paris faculty and attained the position of royal physician.⁹ Fernel was a key figure for his approach to Galenism: he was dependent on its classical ideas but was not a slave to them; he often implemented new ideas and discoveries. Regarding venereal disease, Fernel maintained that the pox, along with the plague, had connections to occult causes and not natural ones, avoiding labeling women as transmitters.

Like Laurens, Fernel established that the disease consisted of mysterious and supernatural qualities that corrupted the entire body and was transmitted to the individual by an external infection through touch.¹⁰ In order to make his case, Fernel first identified and attacked common beliefs that surrounded the disease. Common beliefs about the spread of infection included punishment for lewd behavior, bad weather, ingesting bad food, and the spread of corruption and impurity by women throughout Europe.¹¹ These women allegedly “shed their venom” across Europe, Africa, and Asia. Fernel denounced the idea that the disease resulted from lewd punishment (a divine penance for improper sexual behavior), and claimed that all diseases have a beginning and an end. By making this declaration, Fernel solidified his ability to cure any individual infected by venereal disease, regardless of gender or social standing.

⁹ Brockliss and Jones, *Medical World of Early Modern France*, 91.

¹⁰ Jean Fernel, *Traité De Mre Jean Fernel, Conseiller et premier Medecin du Roy, De la Parfaite Cure de la Maladie Venerienne* (Paris, 1633), 1, 4, 13.

¹¹ Fernel, 17-8.

Furthermore, Fernel questioned how the disease developed from this form of punishment if women obtained the disease without ever having the company of a man.¹² Fernel dismissed the spread of the disease through bad food, and explained that the infection had nothing to do with eating poorly, as men ate meat since the dawn of time without incurring the disease.¹³ Finally, Fernel addressed the issue of the disease resulting from the corruption of women. Rather than leaving this idea unchallenged, he claimed that the disease affected the vast majority of men, due to their tempered lust, and not because of the woman's temperament.¹⁴ Fernel's assertion was significant in denouncing the theories that made women the transmitters of the disease and consequently portrayed a very different scenario than that depicted in English medical treatises. In addition, Fernel commented on the frequency of which the evil multiplied in men. For the author, the high rate of infection in males attributed to the "spilling of [his] wickedness throughout earth."¹⁵ By making this claim, Fernel displaced the blame of infection from women and placed the spread of syphilis on the immorality of men. This sentiment varied greatly from practitioners in England who believed that the root of the disease derived from the actions of women.

Jean Fernel's treatise shaped subsequent French medical publications, particularly about treating the disease on equal ground, rather than associating the disease primarily with women. In 1652, Dr. Ambroise Paré published his thoughts concerning venereal disorders within a collection of his medical works. Paré, a self-publicized Parisian Calvinist, gained popularity for his skills as a surgeon, as well being the individual that introduced innovative instruments and

¹² Fernel, *Traité De Mre Jean Fernel*, 19.

¹³ *Ibid.*, 20.

¹⁴ *Ibid.*, 22-3.

¹⁵ *Ibid.*, 36.

techniques to the public.¹⁶ He identified himself as the premiere councilor and surgeon of the King of France. Paré agreed with Fernel that two causes of syphilis existed: the first was specific or occult and the second stemmed from sharing the company of men or women with the disease.¹⁷ Again, the fact that Fernel suggested that either a man or a woman could spread venereal disease displaced the idea of the woman as the sole vector. Similar to Fernel, Paré refrained from suggesting that the impurity transferred primarily from the woman to the man. As previously stated, seventeenth-century English treatises suggested that men obtained the disease through the “copulation with impure women.” The reinterpretation of infection lessened the association of the disease with women. By claiming that an individual acquired the infection through the company of an infected party, the author provided the grounds for treating the disease on equal terms.

As well as not placing the blame for transmission with women, Paré also cautioned women about the dangers of receiving the infection. This comment possibly suggests that he believed women contracted the disease more easily than their male counterparts did. However, in the context of the treatise, Paré recognized the danger that families faced when one or more parents became infected. Rather than identifying women as transmitters of the disease, Paré’s concern about women emphasized the inevitable danger that ensued following venereal infection of a parent. Likewise, it appeared more dangerous to the author for the mother to contract the venom because it endangered infants through breastfeeding. Furthermore, the author refrained from mentioning how the mother contracted the infection. The lack of discussion on the mother gaining infection through immoral means suggested that the author did not believe women’s sexual behavior constituted the primary cause for infection. The medical publications during the

¹⁶ Brockliss and Jones, *Medical World of Early Modern France*, 106.

¹⁷ Ambroise Paré, *Les Oeuvres D’Ambroise Pare Conseillier et Premier Chirugien du Roy* (Lyon, 1652), 440.

second half of the seventeenth century in France continued a non-female gendered assessment of syphilis.

Francois Mauriceau: Extending Venereal Treatment to all Women

In 1668, Francois Mauriceau published a treatise that specifically concerned the maladies suffered by pregnant women. Works directed at diseases of pregnant women, especially venereal disease, lacked a presence in the treatises of early modern England. The extensive volume of over 432 pages described the various diseases pregnant women potentially encountered, which included gonorrhea and syphilis. The author remained equal in evaluating the disease, and identified both fathers and mothers as potential victims of the disease.¹⁸ Throughout the treatises of early modern England, a common depiction consisted of mothers infecting their children malevolently. Although the author commented that the venereal infection spread from the mother to the child (via the blood and nourishment of the womb), Mauriceau refrained from blaming the evil of the mother for the cause of the infection.

Unlike English practitioners, such as L. S., Mauriceau contended that it was possible to treat and cure women with venereal infections. He believed practitioners could treat women just as effectively as they could treat men. The author commented on the extreme danger that syphilis posed to pregnant women, especially due to the plausibility of infecting the child.¹⁹ For Mauriceau, the treatment methods implemented for the cure created particularly dangerous situations for the mother. He recognized that women should avoid purging, as it could prove fatal for the child.²⁰ The author extensively addressed safer measures for pregnant women to obtain treatment. Mauriceau had no doubt about the success of these treatments and claimed that a cure

¹⁸ Francois Mauriceau, *Traité des Maladies des Femmes Grosses* (Paris, 1668), 150.

¹⁹ *Ibid.*, 151.

²⁰ *Ibid.*

was possible for a pregnant woman, especially to prevent the exposure of the disease to the unborn child.²¹ The treatise ended with several examples of women cured of their distemper and the subsequent birth of their healthy child. This medical publication had the potential for alleviating the fear pregnant women may have had concerning venereal disease. Unlike in England, where authors associated venereal disease with women and did not believe a cure in women possible, French practitioners regarded women on equal grounds with men and had various options for treatment and cure available.

The lack of negative depictions of women and venereal disease continued in the works of Louis Guyon Dolois in 1678. Similar to previous French practitioners, Dolois maintained that the transference of the disease occurred through copulation with an infected person, male or female.²² Again, the author does not mention that the sex of the infected person was female. Dolois commented that the association between the disease and women often existed among other medical practitioners. However, he claimed that a man could indeed infect the woman, often with the female free of any blame.²³ The author does not dismiss the ability of a female to infect a male but believed that identifying females as the main propagators gave a false sense of the contagion's cause. For Dolois, no practitioner had the ability to assign a cause for the unknown.²⁴

Medical treatises in France, similar to those in England, commonly provided examples of case studies in order to strengthen the author's argument. Toward the end of his treatise, Dolois mentioned a specific case of an infected male who was successfully treated by a well-known surgeon. This "gentleman" of his neighborhood fell in love with a lady "of a good family."

²¹ Ibid., 152.

²² Louis Guyon Dolois, *Le Cours de Medecine, Theorique et Practique Divisé en deux Tomes* (Lyon, 1678), 15.

²³ Ibid.

²⁴ Ibid.

Unfortunately for the man, he suffered from a terrible case of syphilis. The nameless man feared infecting his future bride with the disease and sought out a famous surgeon who treated him with the guajac root.²⁵ What is significant about this brief anecdote was the male's fear of infecting his future bride. In this case, the man's venereal infection had the potential of ruining his future marriage plans. The man had become overwhelmed with feelings of shame and worry of possibly spreading the disease to the innocent woman. In France, these treatises often described women as victims of the disease, infected by various males. English practitioners consistently referred to male infections by "pocky women" or "whores." The depiction of women in France as victims of venereal infection further supports the idea that medical authors did not associate the disease with the female sex in the same way that their medical counterparts in England asserted.

Nicholas de Blegny and the Multiple Seed/Putrefaction Theory

In 1676, Walter Harris published his translation of a French venereal treatise written by Nicholas Blegny.²⁶ As one of His Majesty's surgeons, Blegny's influence was considerable and influenced successive practitioners. According to Kevin Siena, the theological understandings of venereal disease changed by the last decade of the seventeenth century with the advent of iatrochemical principles—that is, the rise of practitioners who treated disease based on chemistry. Siena uses Blegny as one of the earliest proponents of the implementation of

²⁵ Dolois, *Le Cours de Medecine*, 21.

²⁶ Walter Harris was a physician from Gloucester. He moved to London in 1676 and devoted his attention to translating French medical treatises, beginning with Nicholas De Blegny in 1676. Siena relies on the use of this English translation as reflective of Blegny himself. This is probably due to the non-existence of Blegny's original. The use of the translated version is problematic and must be used cautiously as a medical treatise representative of seventeenth-century France.

iatrochemical principles, for his earliest expression of the putrefaction theory.²⁷ Blegny's support of this theory set him apart from the works of previous practitioners in France in the seventeenth century. Although he was a proponent of the multiple seed theory, it seems more likely that Blegny was expressing venereal disease within an iatrochemical framework and not necessarily as a reflection of the negative association of women with the disease. Furthermore, it is important to understand his treatise within the context of seventeenth-century medical writings; before and after Blegny's publication, practitioners in France remained staunch opponents of the putrefaction theory. With a brief discussion of LeMonnier and Jean Astruc, it becomes clear that the multiple seed theory, whereby a woman no longer just transmits the disease but actually ferments it herself, did not gain the support it had in England.

Walter Harris's preface clearly demonstrated the translator's opinion regarding the cause of venereal disease and the influence of Blegny:

The Confusion degenerates into so high a malignaney, when the Seed of many different persons do meet together in the Womb, are there cherished by the natural heat, and at length exert their activities in this heterogenous Fermentation, and we may the easier conceive the truth of this, if we consider what strange and dismall effects, how numerous and dreadful Diseases the Womb is often the Mother of, by Corruption of the Seed in one Woman alone; how much more exalted then must the putrefaction be [present]...²⁸

The translator's ideas regarding the fermentation of venereal disease is very close to Blegny's thoughts regarding the putrefaction theory. Blegny defined the pox within the text as:

A contagious Distemper occasioned by contact and by divers persons received and contained in the wombs of publick women; by which all liquid substances wherein it mixes do thicken and corrupt the nerves, skin and in general the flesh which it adheres, becomes prick't, gnawed and dry, and lastly the bones and cartilage's that it penetrates do rise up, rot and corrupt...Nevertheless as there have been at all times debauched Women,

²⁷ Siena, "Pollution," 562. Also, it is noteworthy again to address the fact that Thomas Sydenham proposed this theory in 1690 in England. By identifying Blegny as the original theorist, Siena believes that his theory probably influenced Sydenham's 1690 work.

²⁸ Walter Harris, translation of Nicholas Blegny's *New and curious observations on the art of curing the venereal disease and the accidents that it produces explicated by natural and mechanical principles with the motions, actions: written in French by Monsieur De Blegny; Englished by Walter Harris* (London, 1676), preface.

who have prostituted themselves indifferently to all sorts of Men, it may here be observed by way of provision that the Pox is almost as ancient as the World.²⁹

Furthermore, Blegny stated: “[He] shall consider but only two Causes of the Pox; to wit, that of its Generation, which consists in the Mixture and Corruption of the Seeds of divers persons, received and retained in the Same Womb; And that of its Communication, which consists in the contact of impure Persons.”³⁰ It is clear that Blegny supported this new iatrochemical ideal surrounding the creation of the disease within the woman’s womb—a major detraction from his predecessors. For Blegny, the combinations of different seeds created an irregular fermentation, filling the womb with contrary and opposite particles.³¹ The author claimed that the womb was naturally disposed to receive the seed and conserve all parts of it—including the venereal ferment created through “numerous agitations” from multiple partners.

Although Blegny appeared to support the putrefaction theory, he refrained from placing women to blame for the transmission of the disease. Furthermore, his anecdote suggested that there was also room for error within this theory. Blegny referred to a case of a young girl, aged fourteen or fifteen, who fled from the physical abuses of her mother into the arms of a dangerous man. The older man raped the young girl and kept her in his home while his other comrades “made use of her.”³² Following the discovery of infection, the man sent the young girl back home to her mother to try and obtain a cure. The surgeon told Blegny that although the young girl acquired the infection, “he had never found any Venereal Distemper among any of them, though ‘tis now twelve years since it hapned.”³³ Blegny further stated that although he thought the putrefaction theory remained plausible, “[he did not] pretend to make it pass for a thing

²⁹ Ibid., 3, 7.

³⁰ Harris translation of Blegny, *New and curious observations*, 13.

³¹ Ibid., 13. Note the use of the word “opposite particle.” This suggests the encompassing ideal of the iatrochemical principles throughout this treatise.

³² Ibid., 16.

³³ Ibid., 17.

altogether unquestionable.”³⁴ Blegny did not spend a significant amount discussing this idea further probably because he dedicated most of the treatise to the cure of the disease. He ended his discussion on causes by explaining that other practitioners should rely on their own ideas or observations in order to explain the proper cause of the disease.

As a proponent of the putrefaction theory, it is significant that Blegny does not associate the creation of the disease with impurity or impure women. Like the example above, Blegny regarded many women infected with venereal disease as victims rather than the cause. The author provided a further example of this idea: “A Woman with Child, who in the Company of one that hath the Pox, shall attract into her Womb, the corrupted Seed that Shall be there ejaculated, will catch the Pox immediately, by reason of the Coition and Contact that preceded; and the Infant that shall be in her Womb, will be also infected.”³⁵ In this scenario, the woman gained infection from a man and therefore both the mother and her child become the innocent victims. For the author, the source of infection remained with men infecting women.

Although Blegny supported the creation of syphilis within the womb, he did not hold women as primarily responsible for the fermentation. These two anecdotes removed the blame of transmission from the woman, and instead placed women as victims of the disease. Even though this does not displace Blegny’s thoughts on the creation of the disease, it does mark a shift from English practitioner’s relation of the putrefaction theory with impure women, often prostitutes. Furthermore, the doubts Blegny expressed regarding the putrefaction theory implied that the author did not absolutely support the theory unquestionably. Instead, Blegny seemed to be incorporating the new ideas exemplified in the iatrochemical principles rather than representing himself as a staunch supporter of the putrefaction theory. Medical authors, following Blegny’s

³⁴ Ibid.

³⁵ Harris translation of Blegny, *New and curious observations*, 18.

publication of 1676, denounced the putrefaction theory and their ideas remained consistent with previous seventeenth-century thoughts regarding venereal disease in France.

Louis LeMonnier and “la Pauvre Femme”

Medical authors in seventeenth-century England displayed their negative association of women and syphilis. Contrarily, the last decade of the century in France reinforced women’s innocence from being the source of the disease and practitioners refuted the putrefaction theory. In 1689, Louis LeMonnier published his treatise on the venereal malady. He stated in his introduction that he provided the book to the public in order to increase their awareness of the subject matter.³⁶ Like other early-modern medical authors, LeMonnier debated the origin of the disease. He explained that theologians placed the blame of contagion on prostitutes who accompanied numerous worldly voyages. The author disagreed and suggested he believed better, stating that the dissolution of men had nothing to do with lustful women prostitutes or their occasional relations with voyagers in new regions.³⁷ Regarding contagion, LeMonnier stated that an infected individual rarely failed to imprison their venom in parties through copulation.³⁸ He believed that the process, created by fermentation and decay, changed the arrangement of prior principles in the body. Furthermore, LeMonnier asserted that contracting the contagion occurred in several ways, but particularly through the copulation of an infected man or woman. Similar to other French medical authors, LeMonnier refrained from associating the female gender as the only infected party, unlike his English contemporaries.

LeMonnier commented on the contagion from mother to child. He stated that by the infected milk of its nurse or through the nutrients in the mother’s womb, an innocent child could

³⁶ Louis LeMonnier, *Nouveau Traité de la Maladie Venerienne, et de Tous Les Accidens qui la precedent et qui l’accompagnent avec la plus seure et la plus facile method de les guerir* (Paris, 1689), preface ii.

³⁷ *Ibid.*, 3.

³⁸ *Ibid.*, 22.

procure the disease. He regarded the latter with sympathy, and stated that in the situation of a mother passing the infection to an unborn child, the mother was equated to a criminal.³⁹ The structure of LeMonnier's chapter (a discussion of the innocent child followed by the mother viewed as a criminal) suggested that the author did not assess infected mothers in such a way. Instead, he appeared to organize the accusations in order to suggest the connection between the child's innocence and the mother's innocence, avoiding her identification with the intent and malicious nature of a criminal.

In continuing his reevaluation of common opinions regarding contagion (particularly Blegny's 1676 treatise), LeMonnier addressed the familiar multiple seed theory, also discussed by English practitioner Thomas Sydenham in 1690. LeMonnier noted that according to the sentiment of many, if a woman, healthy or unaware of infection, had intercourse with several men, the different qualities of the different seeds she received created a venereal distemper.⁴⁰ He explained that these various authors suggested that the moist and hot nature of the womb, and the continuation of friction and motion, created an irritation that quickly fermented and corrupted, which resulted in syphilis.⁴¹ Although LeMonnier refrained from going into depth, he denied that this theory provided evidence for the root cause of the disease, particularly if one of the males escaped the malignity after having carnal pleasures with the woman.⁴² The author argued that if one of these men escaped infection, the female's womb would not have retained the distemper within her. Finally, LeMonnier addressed the association of the disease predominantly with prostitutes. He claimed that a common assumption was that a prostitute could give the venereal disease to men, simply through touch. These men often escaped infection, as they

³⁹ LeMonnier, *Nouveau Traité*, 18.

⁴⁰ *Ibid.*, 19.

⁴¹ *Ibid.*

⁴² *Ibid.*, 20.

believed it was due to their “goodness or [good] temperament.”⁴³ However, LeMonnier suggested that the woman either lacked the infection or did not engage in copulation, rather than considering all prostitutes as diseased, and “good” men as simply fortunate in avoiding infection.

LeMonnier believed that the disease attacked men more often than women, particularly due to the different composition of their reproductive organs.⁴⁴ Although this idea potentially suggested that women infected men more easily, the case study LeMonnier included in his treatise suggested the opposite. Under the chapter heading *Remarks Related to the Preceding Disease*, LeMonnier described his treatment for a husband and wife.⁴⁵ The tale revolved around the man’s infidelity and his subsequent hiding of his affair (and infection) from his wife. The author described “la pauvre femme” or the poor woman, who began having symptoms of venereal infection, while the husband remained asymptomatic.⁴⁶ The husband pledged his fidelity and promised his wife that he had not acquired an infection through adultery.⁴⁷ LeMonnier commented that the man never imagined he could have caused his wife’s infection due to his lack of physical symptoms. After the husband consulted with LeMonnier, he discovered that he could in fact infect his wife, as the symptoms often remained dormant for certain amounts of time. Six weeks later, while the husband continued to deny his role in infecting his wife, the husband displayed symptoms of the disease and could not conceal his pain. In his revelation, the husband concluded that “his was the seed of contagion” and the husband declared his disgrace to his wife.⁴⁸

⁴³ LeMonnier, *Nouveau Traité*, 21.

⁴⁴ *Ibid.*, 40.

⁴⁵ *Ibid.*, 214.

⁴⁶ *Ibid.*, 217.

⁴⁷ *Ibid.*, 219.

⁴⁸ *Ibid.*, 220.

The author's inclusion of this case study highlighted two important factors: first, the husband infected his wife through his infidelity and second, the story suggested the dangers exposed to families in the event that the disease remained hidden for certain periods of time. LeMonnier described another story of two young men venturing off into different parts of Paris. He claimed that their "sexual adventures" fostered the men's infection with venereal disease.⁴⁹ LeMonnier advised the men to follow a specific regimen for cure, and abstain from engaging in the pleasures of the flesh. Similar to the previous case study, the mode of infection appeared intrinsically linked to the male's desire for sexual activity. Before ending his remarks, LeMonnier stated that he had plenty of stories of the dangers of the "libidinous inclinations" of men that caused the disorder to fester.⁵⁰ Although the author does not remark that women always remained free from blame, he suggested that men required greater restraint of their sexual promiscuity to reduce chances of infection.

Persisting Medical Opinions: Jean Astruc and the Beginning of the Eighteenth Century

Like the previous medical authors, LeMonnier's treatise represented the continual abstention from placing women to blame in the spread and creation of the disease. Writing in the early to mid-eighteenth century, medical practitioner Jean Astruc also adhered to the avoidance of using the putrefaction theory, although in a different manner, for explaining venereal disease. Astruc explained that the male's sperm somehow becomes corrupted and the virus spreads through various physical contacts, rather than supporting Blegny's theory.⁵¹ Although Astruc did not place French women to blame for the disease, he blamed promiscuous Native American women for transmitting syphilis. However, Astruc's deferment of blame toward Native

⁴⁹ LeMonnier, *Nouveau Traité*, 213-215.

⁵⁰ *Ibid.*, 235.

⁵¹ Jean Astruc, *Traité des Maladies Veneriennes* (Paris, 1755), 23-24.

American women represented the commonality of blaming other nations for disease among early modern treatises, rather than simply toward other women. For Siena, the only real contemporary opponents of the putrefaction theory were those practitioners that opposed it because they had differing opinions on the American origin.⁵² It is much more plausible to view Astruc's dismissal of Blegny's theory as a logical continuation of the ideologies of his predecessors that removed women as the source of venereal infection. Astruc's treatise demonstrated that the medical perceptions of seventeenth-century France continued into the eighteenth century.

Conclusion

Seventeenth-century medical practitioners generally did not associate venereal disease with women, with the exception of the putrefaction theory suggested by Nicholas De Blegny in 1676. Although a proponent of the theory, Blegny did not believe in its universal applicability for suggesting the creation of the disease and instead suggested that women were often the victims of the disease. Blegny's detraction from his predecessors suggests a lack of a unified understanding of women and disease in early modern France. Historian Lindsay Wilson comments that during the eighteenth century in France, medical authorities sometimes viewed women as both inferior and disposed toward sickness. However, medical men never presented a united front when evaluating the various diseases supposedly associated with women.⁵³ Although this work deals with the eighteenth century, Wilson's conclusion reflects the evaluation of venereal disease in seventeenth-century France. Practitioners struggled with the cause of venereal disease, ranging from the occult and mystical to the putrefaction theory.

⁵² Siena, "Pollution," 569.

⁵³ Lindsay Wilson, *Women and Medicine in the French Enlightenment. The Debate over Maladies des Femmes* (Baltimore/London: John Hopkins University Press, 1993). Venereal diseases receive less attention in this work (with the exception of the dangers of infected wet nurses), but Wilson does cover in detail women, mesmerism and convulsions.

However, these practitioners seem to agree that women were certainly not the only agents of the disease.

The lack of association of women and venereal disease—from prostitutes, whores, or women in general—becomes evident when one analyzes the medical treatises of seventeenth-century France. Although the lack of identifying women with syphilis marks a strong contrast to medical treatises in England, few scholars have addressed the importance of this absence in French medical literature. Kathryn Norberg, discussing venereal disease in France during the eighteenth century, acknowledges that royal officials, men of letters, and physicians did not regard prostitutes as the “sole vector” of the disease, nor its only victims. In fact, she argues that these “enlightenment syphilologists had nothing to say about whores.”⁵⁴ Citing Jean Astruc, Norberg states he says virtually nothing about impure women and instead focuses a great deal of his treatise discussing respectable men and women.⁵⁵ Siena, who believes Astruc’s only reason for not condoning the putrefaction theory lay with the shifting of blame toward Native American women, does not seem to incorporate the overarching tendency to avoid attributing venereal disease with women in seventeenth-century France.

Medical treatises describing diseases were not the only literature that avoided the link between women and venereal disease. According to Norberg, prostitutes in eighteenth-century French literature remained free from the association of venereal disease. Citing one of the most famous prostitutes of eighteenth-century French literature, Norberg explains that even Manon Lescaut did not carry any quality of disease. The only place Norberg finds diseased “whores” is within pornographic or libertine novels.⁵⁶ However, even within these novels, the physician is

⁵⁴ Kathryn Norberg, “From Courtesan to Prostitute: Mercenary Sex and Venereal Disease 1730-1802,” in *The Secret Malady*, ed. Linda Merians (Lexington, KY: The University Press of Kentucky, 1996), 36.

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*, 37.

able to cure the woman of the pox, and the physicians never consider the women untreatable, as proposed by many English medical authors. By the end of the eighteenth century, attitudes in France change toward women and disease as evidenced by the heightened regulations placed on prostitution. However, this change was not evident in the seventeenth century and authors were less likely to affiliate women as syphilitic in medical literature, neither as creators nor transgressors of the disease.

Many of these French practitioners often referred to women as the victims of men's sexual immorality. The idea that responsible party of infection was a man did not exist in seventeenth-century England. As mentioned in Chapter 2 above, medical theorists influenced the perceptions of men toward women, as well as how women perceived themselves.⁵⁷ If French medical practitioners promoted gender-free discourse on venereal disease, it becomes probable that women did not perceive themselves as agents of this disease to the extent that they may have in England. The stark contrast between English and French medical discourse regarding venereal disease is apparent, as few historians such as Norberg have noted. However, scholars have not suggested why these treatises differ so gravely from one another. The following chapter suggests that the *querelle des femmes* or debate over the sexes, beginning in the fourteenth century and continuing throughout the seventeenth century, had a lasting influence in France and were less prevalent in England. These *querelle* texts and the ideas represented within them plausibly influenced the writings of male practitioners, implementing a much less gendered idea of venereal disease than in English medical discourse.

⁵⁷ Norberg, "From Courtesan to Prostitute," 37.

CHAPTER 4

THE LASTING INFLUENCE OF THE *QUERELLES DES FEMMES* IN SEVENTEENTH-CENTURY FRANCE

As the previous chapters have established, a strong disparity existed between the opinions of English and French medical practitioners regarding the transmission of syphilis. Recent scholarship highlights the association of syphilis with women in early modern Europe. This scholarship, however, does not account for the discrepancy that existed between England and France regarding the source of venereal transmission. For example, Siena claims early modern English medical authors believed transmission a result of women infecting men, thereby making women in Europe the scapegoat for the disease.¹ This overgeneralization of disease transmission fails to account for the differentiation of medical opinions found within French treatises. There was no consistency in the definition of diseases specific to women by French medical authors.²

With a lack of scholarly discourse regarding the wide range of medical opinions in France, scholars have not addressed why French medical authors differed so greatly from their English contemporaries. This chapter traces the influence that the *querelle des femmes*, or debate over the sexes, had on French medical perceptions regarding venereal disease. The ideas presented throughout the *querelle* pertaining to the equality of the sexes had not diminished centuries after early Renaissance writers began voicing their discontent regarding gender

¹ Kevin Siena, "Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger" *Journal of the History of Sexuality* 8, No. 4 (April, 1998): 553-574.

² See for example Lindsay Wilson, *Women and Medicine in the French Enlightenment. The Debate over Maladies des Femmes* (Baltimore/London: Johns Hopkins University Press, 1993). Although not specifically referring to venereal disease, Wilson evaluates the varied opinions of medical professional in France during the early modern period. She explains that disputes regarding women as diseased-ridden or simply unfortunate victims were never resolved. There was no unified or coherent authority on the topic of women and disease in early modern France.

inequality. The prevalence of these moral discourses on the equality of the sexes had a probable link to the more equalized treatment of the sexes found within French medical treatises. In England, where the *querelle* had less of an impact, medical authors continued to blame women for creation and transmission of venereal disease.³ Within an atmosphere surrounded by pro-equality works and few misogynist writings, it would seem highly feasible that medical professionals in France implemented the same ideas within their treatises as the *querelle* authors before them.

The Querelle des Femmes: Renaissance Writers

The gender debate known as the *querelle des femmes*, began in the fourteenth century and occupied the minds of Renaissance thinkers and booksellers, with particular vigor in France. According to Lyndan Warner, these debate texts spurred numerous bestsellers in Paris and Lyon throughout the sixteenth century.⁴ Warner's study highlights various Parisian households that contained wide varieties of the *querelle* texts, suggesting the popularity of these books for the literate. Among its wide readership were lawyers who collected various *querelle* texts and tales of virtuous ladies or heroic men. By collecting and deploying these tales of virtue and vice in disputes about inheritance or parental authority, lawyers defended the male or female client.⁵ If lawyers and other professionals accessed these texts, it appears likely that medical professionals consulted the same. For example, French lawyers used *querelle* texts in order to defend their respective male or female client by highlighting the virtues of the defended sex. By not restricting the defense to one sex, lawyers allowed for an expansive clientele. For medical professionals in France, the elimination of gendered causation for venereal disease lessened the

³ This is not to say there were no late Renaissance or early modern writers defending the female sex in England, but they were not received as well as they were in France.

⁴ Lyndan Warner, *The Ideas of Man and Woman in Renaissance France: Print, Rhetoric, and Law* (Surrey, England: Ashgate Press, 2001).

⁵ *Ibid.*, 20.

fear for women seeking medical advice. The main idea, however, is that *querelle* texts were widely available to the public and purchased frequently throughout Paris. Booksellers had a market and a demand for these texts and reprinted the works of early Renaissance writers, such as Christine de Pizan and Martin Le Franc, throughout the sixteenth century, reflecting the popularity of debate texts.⁶

Early Writers

Examples of these popular *querelle* texts in Renaissance France included the works of Christine de Pizan and Martin Le Franc. Both authors continued to influence various *querelle* authors into the seventeenth century. Although there were other *querelle* authors during the fifteenth century, both Pizan and le Franc created literary traditions implemented by successive authors. Women discussed in the *querelle des femmes* often aired anxieties of women, particularly their roles as wives and mothers.⁷ Pizan's groundbreaking work, *The Book of the City of Ladies*, set the tone for subsequent French authors concerning the gender debate and influenced the momentum of the *querelle*.⁸ Pizan was the daughter and granddaughter of university-educated men and she spent her youth at the French court of Charles V, eventually becoming a court poet.⁹ Widowed when she was twenty-five, Pizan was very familiar with the problems of widowhood and the constant complications faced by women and marriage. The publication of the *City of Ladies* responded to misogynist criticisms of women, most notably in Jean de Meung's *Romance of the Rose*. For Pizan, Meung focused on the malicious qualities of womankind—qualities that opposed the modest, chaste, and humble characteristics she witnessed

⁶ Warner mentions a variety of Parisian libraries that contained *querelle* literature with many owners of the middle class, particularly emphasizing women that purchased and read these texts.

⁷ Evelyne Berriot-Salvadore, *Les Femmes dans la Société Française de la Renaissance* (Geneva: Librairie Droz, 1990), 15-36.

⁸ Warner, *The Ideas*, 93.

⁹ Charity Cannon Willard, *The Writings of Christine de Pizan* (New York: Persea Books, 1994), x.

at the French court.¹⁰ With this opposition in mind, Pizan structured her work using three female characters, Reason, Rectitude, and Justice, and compiled examples of illustrious women in order to combat misogynist claims. The underlying theme of Pizan's work reflected her opinion that women were equal in morality to their male counterparts.

Of further importance in Pizan's work was her claim that women should come to their own conclusions and interpretations of misogynist writings. She explained, "[women] think that all the words of the philosophers are articles of faith, that they could never be wrong" and urged women to "profit from their works and to interpret them in the manner in which they are intended in those passages where they attack women."¹¹ Pizan stressed that women needed to question male authorities regarding the inequality of the female sex and, furthermore, stated the necessity for male authors to address subjects with more equality. Martin Le Franc utilized the same sentiment of urging equality upon both reader and writer.

Following the same trend of thought, Martin Le Franc produced his treatise on the defense of women in his 1440 publication *Champion of Ladies*. Highly influenced by Pizan's writings, Le Franc employed similar methods of argumentation as Pizan had done before him. His work takes the form of a poetic dialogue, and similarly draws upon classical, early medieval, and contemporary sources to defend women's position relative to men's. His dialogue involved two entities: Free Will (the Champion) and Slow Wit (the adversary) whose dialogue debated the meritorious nature of women. His discussion ended with Free Will exploring the moral character of women and associated this morality with female saints.¹² Le Franc also managed to

¹⁰ Warner, *The Ideas*, 93.

¹¹ Christine de Pizan, *The Book of the City of Ladies* (Paris, 1404-5) as quoted in Willard, *The Writings*, 174.

¹² Martin Le Franc, *Trial of Womankind* as quoted in *The Trial of Womankind: a Rhyming Translation of Book IV of the Fifteenth-Century Le Champion des Dames* trans. Steven Millen Taylor (Jefferson, N.C.: McFarland, 2005).

rehabilitate several notorious women, including prostitutes, in order to show his adversary that men unfairly depicted women.

Gender roles and equality formed the base and recurring theme in the *Champion of Ladies*. Le Franc voiced his concern through Free Will's diatribe regarding men's speech as "not only garrulous, but licentious, slanderous, treacherous, and blasphemous."¹³ Furthermore, Le Franc blamed the failings of women on men and their sexual immorality as Free Will stated, "Women would be like milk the same, Pure and white, if man had not existed."¹⁴ The concerns of Le Franc were reminiscent of Pizan—the dialogues placed emphasis on the slander found within the works of male authors regarding females.

Both Pizan and Le Franc urged women to reinterpret male writings and called for equality in depiction of the sexes. There existed an important link between these two early proponents of heightened gender equality—the emphasis placed on the "language of abuse" that male authors implemented in order to strengthen their misogynist claims. Successive *querelle* authors criticized the same male authors throughout the sixteenth century and continued into the seventeenth century. With literature emphasizing the equality of the sexes, the need to reform male misogynist writings, and the popularity of these texts, it seems evident that there existed a correlation between *querelle* texts and French medical discourse. Rather than employing "language of abuse" in medical treatises, as those in England, French medical authors presented treatises that remained relatively free from gender inequality. With the debate of the sexes continuing into the seventeenth century, as well as the lack of many misogynist writings of the sixteenth century, French medical authors continued the literary trend of absolving women as the cause of venereal disease.

¹³ Franc, *Trial of Womankind*, octave 643-655.

¹⁴ *Ibid*, 424.3391-3392.

Sixteenth-century France: Querelle Authors and the Trend of Female Superiority

French printers republished Christine de Pizan and Martin Le Franc's works into the sixteenth century, along with a French translation of fourteenth-century Giovanni Boccaccio's treatise of illustrious women. As Warner comments, new contributions to the *querelle* also appeared in France during the sixteenth century. These works included Henricus Cornelius Agrippa's 1509 work *On The Nobility and Pre-Excellence of the Feminine Sex* and Pierre de Lesnauderie's 1523 *Praise of Marriage and Collection of Stories of Good, Virtuous and Illustrious Women*.¹⁵ Both treatises reiterated the ideas presented by Pizan and Le Franc. By 1550, Marie de Romieu's *Brief Discourse that the Excellence of Woman Surpasses that of Man* gained popularity in Parisian bookstores and, three years later, booksellers sold Charles Estienne's declamation of the female sex as more divine than that of males.¹⁶ Other *querelle* authors continued to pen their works in the sixteenth century, but all had the common theme of women's innate superiority of character over that of men. The sixteenth-century trend of placing women above men did not change until early seventeenth-century treatises on the equality of the sexes.

While these *querelle* texts flourished in France during the sixteenth century, very few misogynist tracts circulated. Among these publications was Gratien Dupont's *Controversies of the Masculine and Feminine Sexes* in 1533. Because of his strong stance regarding the vices of women, he sought publication anonymously, reiterating the idea that misogynist attacks on women lacked their place in sixteenth-century French society.¹⁷ Dupont's writings sparked harsh criticisms from contemporary proponents of the *querelle*; Étienne Dolet wrote six odes attacking

¹⁵ Warner, *The Ideas*, 94.

¹⁶ *Ibid.*, 102. Charles Estienne argued that women maintained the virtues of courage, spirit, 'magnificance', and honour more so than men in his tract "Pour les Femmes: Declamation XXIII. Que l'excellence de la femme est plus grande que celles de l'homme" in *Paradoxes*, (Paris, 1553): 177-8 quoted in Warner, 102.

¹⁷ Warner, *The Ideas*, 105.

Dupont, even suggesting that the *Controversies* made better use as toilet paper.¹⁸ Although other authors criticized Dupont's work, they all maintained that misogynist writing such as his was no longer acceptable in print.

With continued proto-feminist writings and the diminishing of misogynist tracts, it appeared that the *querelle* had certainly taken hold in France. In an atmosphere that promoted heightened female morality, it becomes clear that medical professionals also needed to abide by the unwritten literary rule of unbiased discourse. The few attacks male writers had against female superiority were met with demise—Renaissance writers used the *querelle* in order to promote the essential social roles of women as wives and mothers and, subsequently, there was no room for misogynist works.¹⁹ These early *querelle* authors focused on the superiority of women over men, but this trend changed in the seventeenth century with the writings of Marie de Gournay and later with Gabrielle Suchon. Gournay's treatise on the equality of the sexes resounded among seventeenth-century medical professionals who analyzed venereal disease without a gendered lens.

Seventeenth-Century Female Authors: Marie de Gournay and Gabrielle Suchon

Authors continued to defend the female sex in France well into the seventeenth century. Two female authors, Marie de Gournay and Gabrielle Suchon, produced treatises on equality; to suggest that males and females were essentially equal was a break from past *querelle* authors that argued for female superiority. There are two reasons for the discussion of the works of Gournay and Suchon within this chapter. First, although having different backgrounds, Gournay and Suchon expressed common predicaments faced by seventeenth-century French women, namely

¹⁸ Ibid., 106. Warner uses more examples of contemporary responses against Dupont—but it would suffice to say that Dupont became the main source of contempt among *querelle* authors.

¹⁹ Warner, *The Ideas*, 20.

the problems of marriage (especially in regards to the dowry system), and the dilemmas faced by women trying to pursue an intellectual life. Unlike the male authors of the *querelle*, these two women wrote within the disadvantaged position they deplored. Second, their works demonstrate the continuity of the ideas presented in the debate of the sexes that continued to permeate seventeenth-century France.

During the end of the sixteenth century and well into the seventeenth century, Marie de Gournay published a wide variety of works.²⁰ Although her *querelle* publications represented a small portion of these works, they were arguably some of the most important texts for the development of the debate of the sexes. Following the death of both parents by 1591, Gournay found herself in the difficult position of managing the affairs of her younger siblings, including four sisters. The death of her parents resulted in financial strain that lasted her entire life.²¹ With an increasing dowry in seventeenth-century Europe, fathers either found the means to support the daughter's dowry or forced the daughter into a convent.²² Fathers could also place their daughters in the convent if they did not want to pay a high dowry for their daughters. For Gournay, women refusing marriage had two options: either pursue a life of the intellectual (as she herself attested to) or choose the religious life. Although her sister chose the religious life, Gournay believed the only path for her lay within the pursuit of independent learning. Through

²⁰ For the wide variety of Gournay's writing see Richard Hillman and Colette Quesnel, *Marie le Jars de Gournay: Apology for the Woman Writing and Other Works* (Chicago/London: University of Chicago Press, 2002), 3: "...her contribution covered a wide variety of genres: Gournay was by turns an editor, a translator, an activist on behalf of (and against) controversial literary movements and ideas; as a producer of texts in her own right she was formidably prolific, publishing one novel, a substantial corpus of poetry, and, especially, numerous essays on a broad gamut of subjects." Future references to Gournay's works are taken from the Hillman and Quesnel edition.

²¹ Hillman and Quesnel, 5.

²² For a discussion on the increase in dowry sizes influencing parental controls over marriage in France and Italy see: Jutta Sperling, "Marriage at the Time of the Council of Trent (1560-70): Clandestine Marriages, Kinship Prohibitions, and Dowry Exchange in European Comparison," *Journal of Early Modern History* 8 no. 1-2 (2004): 67-108.

her modestly noble birth, Gournay did have some access to education and continued to foster her scholarly endeavors.

Gournay used her noble position to intermingle with various intellectual circles, and gained the respect of intellectual men, during the decade of 1605-1615 and continued to enhance her capacity for learning by educating herself and teaching herself Latin.²³ She eventually gained the attention and admiration of essayist Michel de Montaigne and he informally adopted her. Gournay's connection to Montaigne helped validate and promote her various writings within the intellectual community. By her sixties, Gournay directed her writing toward defending the position of women relative to that of men.

The main grievances voiced by Gournay in her 1622 *The Equality of Men and Women* and 1626 *The Ladies Complaint* revolved around the innate parity between the sexes and the lack of educational opportunity for women (and subsequent harsh treatment of female intellectuals by male counterparts). In the *Equality*, Gournay contended that men and women were emphatically equal, not one superior over the other, as was the case for earlier *querelle* authors.²⁴ The only tangible difference between the two sexes centered on the fact that women simply lacked the chance to better their education or their lives. Few educational opportunities existed for women in early modern France beyond some community schools or private tutors.²⁵ Therefore, Gournay's ability to teach herself, despite a lack of educational avenues, was quite a feat and she used her self-education to encourage other women to do the same.

²³ Hillman and Quesnel, 6; 9. Gournay frequented the literary "salons" of Queen Marguerite and had friends at court. Louis XIII later granted her a modest pension as well as cardinal Richelieu.

²⁴ Gournay, *The Equality* (1622), as quoted in Hillman and Quesnel, *Marie le Jars*, 70.

²⁵ Warner, *The Ideas*, 117.

Gournay argued that women, given the same level of education and direction as men, could equal the intellectual capacity of their male counterparts.²⁶ With an equal aptitude for knowledge, Gournay believed that women could perform religious, as well as secular, tasks designated for men. For the author, women had an inherent right to administer religious sacraments and preach the word of God, just as Mary Magdalene and Catherine of Siena.²⁷ Again, Gournay refrained from suggesting that only women could fulfill various duties—instead, her argument conformed to her ideology of innate equality between the sexes in regards to both secular and religious tasks.

Gournay's final grievance in the *Equality* surrounded male misinterpretations of Scripture's declaration regarding the subordination of wife to husband, rooted in the punishment of Eve for Adam's fall. For the author, this was the greatest folly male authors committed. Gournay cited various biblical references and concluded that the example of Adam and Eve hardly constituted a "decisive pronouncement in favor of the supposed superior worth of men."²⁸ Gournay claimed that women, created in the image of the Creator just as men, were "worthy of the holy Eucharist, of the mysteries of the redemption, of paradise, and of the sight of God" and therefore "worthy of the advantages and privileges of man."²⁹ *The Equality of Men and Women* continually reiterated the equal place of women with their male counterpart. In doing so, Gournay refrained from over moralizing, or making superior, the female sex. Her second *querelle* work, *The Complaint*, continued to develop Marie de Gournay's position on the equality of the sexes.

²⁶ Gournay, *The Equality* (1622), 75.

²⁷ *Ibid.*, 91.

²⁸ Gournay, *The Equality* (1622), 95.

²⁹ *Ibid.*, 95.

Four years following publication of *The Equality*, Gournay produced two treatises regarding the innate parity of the sexes. Both the *Ladies Complaint* and the *Apology for the Woman Writing* challenged the accepted patriarchal attitudes and structure of France and reflected Gournay's own struggle as an independent unmarried woman with intellectual ambitions.³⁰ *The Complaint's* preface reflected the more serious tone of Gournay's writings, playing on the words of the Christian beatitudes:

Blessed art thou, Reader, if you are not of that sex to which one forbids everything of value, thereby depriving it of liberty; indeed, to which one also forbids almost all the virtues, removing from it public duties, responsibilities, and functions—in a word, cutting it off from power, by the moderate exercise of which most of the virtues are formed.³¹

Gournay's disillusionment with male intellectuals who refused to take women's writing seriously, appeared evident. She declared that men held the works of women in contempt, without ever reading them to know what "stuff they were made of, or to accept opinions or advice that they might encounter in them."³² Gournay directed this attack toward male authors that dismissed female intellectual works and not simply towards males in general. Gournay maintained her stance on the equality of the sexes.

Although Gournay's other works caused "worldly criticism," her *querelle* contributions escaped disapproval. As Hillman and Quesnel comment, the reason that Gournay's equality tracts received less negative attention was due to the long-standing tradition of the *querelle des femmes*, and the accepted literary notions of equality.³³ With this literary tradition in mind, it appears plausible that seventeenth-century medical authors implemented the same techniques of equality that *querelle* authors such as Marie de Gournay relied on. As an independent intellectual, Gournay directed her contempt toward male slanders of her *own* work that

³⁰ Hillman and Quesnel, 107.

³¹ Gournay, *The Ladies Complaint* (1626), 101.

³² *Ibid.*, 103.

³³ Hillman and Quesnel, 15.

endangered her reputation and her livelihood, yet firmly placed her *querelle* contributions within a society that fostered equality of the sexes in literature.³⁴

Gabrielle Suchon continued the literary trend of defending the equality of the sexes as her predecessor Marie de Gournay had done. Distinct from Gournay, Suchon devoted her entire work to defending women in two massive treatises: *Treatise on Ethics and Politics* (1693) and *On the Celibate Life Freely Chosen, or Life Without Commitments* (1700). Unlike Gournay, who had been able to remain an independent intellectual, the death of Suchon's father in 1648 forced her into the convent life. Although the duration Suchon spent in the convent is unclear, she eventually left the nunnery to pursue her studies.³⁵ Some of the ideas presented in Suchon's work reflected continuity with Gournay's writings, as well as her own perspective of the convent life, and demonstrated the continued prevalence of the *querelle des femmes* by the end of the seventeenth century.

Suchon used a wide range of examples of illustrious women over various periods in order to defend the innate intellectual capabilities of the female sex. She declared that women inherently possessed freedom, knowledge, and authority even though deprived of these qualities in the seventeenth century.³⁶ The various constraints placed on women by men made these intrinsic abilities difficult to obtain. In regard to freedom, Suchon expressed how men denied women freedom by removing their choice in decisions of marriage or the convent life, "to show the wrong done to persons of the female sex, who for lack of enlightenment, strength, and

³⁴ Ibid., 107; 70. Regarding her success as an independent intellectual Hillman and Quesel comment: "In a milieu where literary pursuits were largely the privilege of those with independent means, where making a living from writing depended on patronage, where the intellectual education of women was hardly a priority, and where women of even modest standing in "society" were excluded from remunerative labor altogether, Gournay succeeded in fashioning something like what we would term a "career" as an independent intellectual," 3.

³⁵ Domna C. Stanton and Rebecca M. Wilkin eds., *Gabrielle Suchon: A Woman who Defends all the Persons of her Sex: Selected Philosophical Writings* (Chicago: University of Chicago Press, 2010), 3. All future references to the works of Suchon will be taken from this edition.

³⁶ Suchon, *Treatise on Ethics and Politics* (1693) in *Gabrielle Suchon*, eds. Stanton and Wilkin, 87-130.

resolve commit to ways of life they cannot withstand.”³⁷ The attainment of freedom was an especially personal issue for Suchon who experienced a forced religious life. Furthermore, she explained how the female sex, although deprived of knowledge, did not lack the necessary qualities to gain knowledge. In order to defend women as capable of learning, Suchon drew upon the creation story of Eve from Adam and questioned, “Who could then doubt the competence and ability of the sex, whose bodies and souls have the same origin as those of men? Equal to men in their inherent dignity, women have as much right to cultivate the finer areas of understanding as the first sex.”³⁸ Suchon’s final complaint in the treatise discussed women’s lack of the privileges of authority due to established customs, rather than a result of women’s inability to perform authoritative tasks. Suchon was not advocating complete gender role reversal as evinced in her declaration, “Despite my many arguments in favor of women, it is not my intention to persuade [women] that they should aspire to govern or to usurp the dignities men possess.”³⁹ Although Suchon acted as a champion for women, she maintained that women needed to remain subordinate to men while pursuing freedom, knowledge, and authority—a minor detraction from Gournay’s emphasis of equality between the sexes.

Although Joan Kelly is correct in describing the four-century-long debate of the *querelle des femmes* as a continuity of thought, Suchon differed from Gournay in her reiteration of female subordination to men.⁴⁰ While Suchon proposed that the innate quality of the sexes were equal, she believed women could only foster these abilities by remaining within the patriarchal model—a testament to her Catholic background. Furthermore, she continually emphasized the aim of her work: to demonstrate women’s capacity for freedom, knowledge, and authority and

³⁷ Ibid., 87.

³⁸ Ibid., 157.

³⁹ Suchon, *Treatise on Ethics and Politics* (1693), 157.

⁴⁰ For her discussion on the continuity of thought throughout the *Querelle des Femmes* see Joan Kelly, “Early Feminist Theory and the “Querelle des Femmes” 1400-1789,” *Signs* 8 No. 1 (Autumn, 1982): 4-28.

thereby stimulate women to act on their own behalf. She stated, “My sole intention in this entire treatise has been to inspire generosity and magnanimity in persons of the sex so that they can protect themselves against servile constraint, stupid ignorance, and base and degrading dependence.”⁴¹ No other *querelle* author explicitly defined their targeted female audience or reiterated their ultimate goal of helping women as vehemently as Gabrielle Suchon.

Gournay and Suchon furthered the discussion of the debate of the sexes into the seventeenth century, and highlighted the various problems females faced in a male dominated intellectual sphere as well as the restrictions of married life. By the end of the seventeenth century in France, *querelle* authors solidified the argument for the innate equality between the sexes. François Poullain de la Barre also championed equality of the sexes in his declaration that the “mind has no sex” and that both sexes had the capacity for learning.⁴² The literary tradition of defending equality of the sexes also presented itself within the medical literature of the seventeenth century: medical authors refrained from placing blame on the female sex for creation and transmission of venereal disease. As there was no toleration for misogynist attacks in print, there was also no allowance within the medical treatises for perceptions of the female as disease-ridden, as English medical authors professed. The debate of the sexes extended beyond just the literary world; the woman question preoccupied the mind of French playwright Jean Baptiste Poquelin, more popularly known as Molière, of the seventeenth century. The permeation of the central theme of equality among the sexes demonstrated that the *querelle* was not simply a literary trend, but instead represented the pervasiveness of the debate within French society.

⁴¹ Suchon, *Treatise on Ethics and Politics* (1693), 84.

⁴² François Poullain de la Barre, *On the Equality of the Two Sexes* trans. Vivien Bosley ed. Marcelle Maistre Welch. (Chicago/London: The University of Chicago Press, 2002.) Poullain de la Barre wanted to bring awareness of gender inequality to his readers and give women confidence to pursue their own intellectual freedom that he believed women were as well equipped for learning as men. His ideas resembled the arguments found in Gournay’s writings, and probably influenced Suchon’s writings two decades later.

Molière and Defense of the Female Sex

As a theatrical satirist of seventeenth-century France, Molière revealed the continual presence of the debate of the sexes. Scholars continue to debate Molière's position on the *querelle des femmes* as either pro-feminist or anti-feminist, or a blend of both. This current analysis tends to view Molière as a product of the three-century-long debate of the sexes and defender of women. Molière stated, "The purpose of comedy is to represent all the defects of men and particularly those of the present age."⁴³ Molière included in these defects men's fear of learned women, pretentious upper-class women, marital absolutism, the problem of artificiality in speech and manner, and the effects of avarice on man. In addition to addressing these failings, Molière also declared his disdain for medical professionals that he believed inadequate in their reliance on medieval treatments for disease. Judging by Molière's plays, *Les Précieuses ridicules*, *L'Ecole des Femmes*, and *Les Femmes Savantes*, it appears evident that Molière used these comedies to reinforce his stance on the women question. These satires highlighted the follies of men, rather than the inadequacies of women—evidence of the continuing presence of the gender debate.

Leon Bernard comments that few authors of seventeenth-century France were better qualified to portray their society than Molière. According to Bernard, Molière had come into close contact with all segments of French society.⁴⁴ Molière's family background was of the Parisian bourgeoisie and his father was a royal upholsterer who performed various tasks for the king. By 1643, Molière decided to abandon his inheritable right to this office and joined a travelling theatrical group. During 1643 to 1658, Molière visited different provinces and came to

⁴³ Molière, *L'Improptu de Versailles*, Sc. 4 as quoted in Leon Bernard, "Moliere and the Historian of French Society," *The Review of Politics* 17, No. 4 (October 1955): 531.

⁴⁴ L. Leon Bernard, "Moliere and the Historian of French Society," *The Review of Politics* 17, no. 4 (October 1955): 532.

know provincial life—particularly the peasants, the provincial bourgeoisie, and the impoverished country nobility.⁴⁵ His various travels provided Molière with an intimate knowledge of the society he depicted, as well as the subjects of the satires in his comedies.

Les Précieuses Ridicules was the first of Molière's plays that addressed the woman question. Produced in 1659, the play was a mixture of satire and farce that mocked the *précieuses/salonnieres*, or the affected pretentious society women.⁴⁶ According to Marcel Gutwirth, preciosity was the name given to the “unique symbiosis” of the world of letters with the world of fashion, that led society to a “husk of literary expression...[which] profited neither literature nor society.”⁴⁷ The play centered on two young provincial girls, Cathos and Magdelon, and their prospects for marriage. These girls imitated the preciosity of Parisian sophistication—for Cathos and Magdelon, their superfluous language and obsession with fashion provided the ideal preoccupations of perfect women.⁴⁸ The ideal suitors for the women were men of the same standards, such as the marquis de Mascarille—highly fashionable and endowed with fine speech. However, “plain” suitors return to the plot and the girls contemplate on their disappointed suitors, who lack the fine speech, feathers, and notions of the marquis de Mascarille.

Although some could argue that Molière directed his satire solely toward the pretentious language and attitudes of the *salonnieres*, it is also worthwhile to understand the play in relation

⁴⁵ Ibid., 532.

⁴⁶ The notion of preciosity is problematic. See for example Domna C. Stanton's “The Fiction of Préciosité and the Fear of Women,” *Yale French Studies* 62, (Fall 1981). Stanton argues that the *précieuse* was no more than a figment of the patriarchal imagination. This notion is debated by Marcel Gutwirth “Molière and the Woman Question: *Les Précieuses Ridicules, des femmes, L'Ecole Les Femmes Savantes*,” *Theatre Journal* 34, No. 3 (October 1982): 346. Gutwirth states “satire may distort, it cannot create its own object. To make us laugh in good conscience, Molière had to catch a recognizable manner...” 346.

⁴⁷ Marcel Gutwirth “Molière and the Woman Question: *Les Précieuses Ridicules, des femmes, L'Ecole Les Femmes Savantes*,” *Theatre Journal* 34, No. 3 (October 1982): 346-7.

⁴⁸ Molière championed female education but ridiculed the pretentious and often unintelligible language that the *précieuses* or *salonnieres* used both at court and at the salons. Molière repeated his disdain for the *précieuses* in *Les Femmes Savantes*. For an explanation of the hold that females had on language at the court of Louis XIV see Maryann Tebban, “Speaking of Women: Molière and Conversation at the Court of Louis XIV,” *Modern Language Studies* 29, No. 2 (Autumn, 1999): 189-207.

to Molière's observations on the lack of freedom for women in marriage. The young women have no real desire to rush into a marriage contract and instead debate among each other regarding various prospects. According to Gutwirth, marriage spelt the end of preciosity, the end of flattery, and the disappointing culmination of desire.⁴⁹ Furthermore, "the married state presided over an unlovely metamorphosis: lover-in-chains to husband and master, idolized mistress to wife and chattel."⁵⁰ With this state in mind, Gutwirth's conclusion that the *précieuses* sought to hang on to their freedom rather than rush into a marriage with any type of suitor is very plausible, as Molière revisited his perceived problems of females lacking freedom in marriage throughout his successive plays.

Molière continued to express his disdain toward the disunion of the sexes in his *L'Ecole des Femmes*, or *School of Women*. Molière used this play to satirize men's fear of learned women and commented on women's lack of freedom regarding marriage. The plot revolved around a middle-class man named Arnolphe who decided to marry. Arnolphe detested the institution of marriage because he believed that wives made fools of their husbands. Explaining the superiority of the male sex, Arnolphe proclaimed, "Your sex exists to be meek and subordinate,/ Us men, who wear the beards, are here to dominate."⁵¹ His solution to a foolproof marriage involved a plan to purchase a penniless orphan, Agnès, and keep her shut off from the world in a convent, remaining as naïve and innocent as possible, until she was of a marriageable age. In an aside, Arnolphe demonstrated his fear of women and power stating: "You modern heroines, you clever women, who/ Make such a show of feeling and of sentiment,/ I here defy your learning—every document/ Your letters, novels, verse, all your intelligence—to match her

⁴⁹ Gutwirth, "Molière and the Woman Question," 349.

⁵⁰ Ibid.

⁵¹ Molière, *L'Ecole des Femmes*, trans. Maya Slater. (Oxford: Oxford University Press, 2001) III.II.699-700. References are to act, scene, and line.

in her honest, blushing ignorance.”⁵² Although Arnolphe believed the plan perfect, it soon unraveled as Agnès met a young man named Horace by chance and left Arnolphe to a life of solitude.

Arnolphe’s extreme stance against women’s learning provided the perfect example for Molière’s satire—not only does the character believe that wives should remain uneducated but also that ignorant and naïve women lacked the capacity for wit or intelligence. Agnès, an untutored mind with natural logic, portrayed the opposite of ignorance by the end of the play. She learned to write in order to correspond with Horace, angering Arnolphe who stated, “You minx, you learnt to write, and see what use you make/ Of it. I knew that teaching you was a mistake.”⁵³ Arnolphe’s ridiculous inclinations become his undoing, and Agnès demonstrated her wit by manipulating her way out of marrying Arnolphe and toward her freedom with Horace. *L’Ecole* reflected Molière’s position as a defender of women’s education as well as freedom in choosing her husband.

By providing Agnès with a choice, Molière attacked French society that placed parental authority over marriage decisions. As well, Molière used the ridiculous character of Arnolphe to declare the subordination of the wife to her husband in order to satirize men’s attitudes of superiority in marriage. Leon Bernard best describes these satires:

There could be nothing further from the truth than that Molière championed the causes of bourgeois marriage institutions. The sympathetic female characters are always in rebellion against parental authority, and love always emerges triumphant. So great a drubbing does parental authority take that that great eighteenth-century defender of family institutions, Jean-Jacques Rousseau, condemned Molière for deriding the legitimate rights of fathers over their daughters. Not only did Molière advocate the rights of women to choose their own husbands, he was also apparently in favor of complete freedom and equality after marriage.⁵⁴

⁵² Ibid., I.III.244-248.

⁵³ *L’Ecole des Femmes*, IV.II.47-49.

⁵⁴ Bernard, “Molière and the Historian,” 540.

Molière's *L'Ecole des Femmes* fit perfectly into the debate of the sexes and earned Molière a royal pension, suggesting admiration from the court. The play reflected many of the ideas presented by other champions of the female sex, particularly echoing Marie de Gournay's desire for female education and equality in marriage.

Although literary scholars praise *L'Ecole des Femmes* as a pro-feminist work, some scholars criticize Molière's later plays as ideological detractions from his earlier works.⁵⁵ For example, *Les Femmes Savantes*, or *The Learned Women*, echoed the satirical voice directed toward the *salonnières* in *Les Précieuses Ridicules*. Again, the play satirized the superfluous language of women at court and at salons, not specifically educated women. Two of his female characters in the play represented the extremes of female vocation: Henriette, the ignorant, naïve soon-to-be wife and Armande, the overly educated, embittered *salonnière*. Henriette, who objects to learning and believes her entire life should revolve around marriage and pleasing her husband, questions her sister Armande: "What better thing has one to do at my age/ Than to link oneself, with the title "husband"/ A man who loves you, and is loved by you...?"⁵⁶ Armande, in response, implored Henriette to forego marriage and instead dedicate her life to the pursuit of knowledge, "Don't be a husband's slave—reject the marriage vow—/Instead take up philosophy, and do it now./ You'll see you'll rise above the common human race."⁵⁷ Molière used Henriette and Armande's mother, Philaminte, as an acceptable blend of these two extremes: a learned wife and mother.

⁵⁵ For example see Patricia Francis Cholakian, "The Woman Question in Molière's *Misanthrope*" *The French Review* 58, No. 4 (March 1985): 524-532. Cholakian paints a rather dim picture of women, stating that the female characters based their pleasure on the admiration of men and ultimately lacked autonomous identities. Other scholars view *Les Femmes Savantes* as anti-feminist and a complete reversal of Molière's argument for women's freedom. See Maya Slater's introduction to Molière's plays: Maya Slater, *Molière: The Misanthrope, Tartuffe and Other Plays* (Oxford: Oxford University Press, 2001), xxiii.

⁵⁶ Molière, *Les Femmes Savantes*, trans. Maya Slater. (Oxford: Oxford University Press, 2001), I.I.20-24.

⁵⁷ *Ibid.*, I.II.43-45

Molière was not opposed to women's education. Rather, he championed the female pursuit of knowledge as long as it remained within acceptable intellectual discourse. The *salonnières*, or educated women who openly and pretentiously displayed their knowledge, fell outside of Molière's vision of educated women.⁵⁸ Although Philaminte sometimes displayed the characteristics of the *savantes*, for example forcing her servant to speak perfect French, she is also able to admit to her error—a key quality lacking in the *salonnières* whom insist on having impeccable knowledge. Furthermore, Molière encouraged women to support female education. Philaminte demonstrates this idea when she tries to educate her daughter Henriette, but Henriette responds, “It is too much work to be intelligent/ I don't have that goal in mind/ I am quite content, mother, to stay ignorant...”⁵⁹ The stark contrast between Armande and Henriette, the former an example of a pretentious *salonnière* and the latter of ignorance, reflected Molière's satirical attitude. He championed female education, encouraged women to break away from ignorance, and dismissed the unnecessary superfluous language of the *savantes*.

In addition to satirizing men's attitude toward female education and the pretentious *salonnières*, Molière criticized his contemporary medical professionals mainly due to their lack of ingenuity regarding medical treatments and philosophies.⁶⁰ The medicine Molière encountered throughout his life, both first hand and at the court of Louis XIV, was more authoritarian than empirical. According to H.G. Hall, French medical professionals followed these formalistic methods to the detriment of the patient's health. Furthermore, “ignorance masked by pretentious jargon and unhelpful Latin is satirized from beginning to end of his

⁵⁸ On this precise definition of *savantes* see Tebban, “Speaking of Women,” 200.

⁵⁹ Molière, *Les Femmes Savantes*, III.IV.615.

⁶⁰ For his plays that attacked the medical profession see *Le Médecin Volant* 1645 (The Flying Doctor), *Le Docteur amoureux* 1658 (The Doctor in Love) and *Le Malade Imaginaire* 1673 (The Imaginary Invalid) among others. For a complete discussion of Molière and his experiences with the medical profession, see Alexander Menzies Brown, *Molière and his Medical Associations* (London: The Cotton Press, 1897).

comedies.”⁶¹ Molière’s attack on pretentious jargon was not limited to doctors, as mentioned above in the *précieuses* and *femmes savantes*, but also toward notaries, lawyers, and scholars. If Molière satirized seventeenth-century French society—specifically men’s attitudes towards women’s education and women and medical professionals using pretentious, illogical language in order to appear more scholarly, it is significant that the playwright does not mention medical attitudes towards women. The lack of a discussion regarding medical perceptions of women strongly indicates that the medical profession of seventeenth-century France did not exclusively identify women as casual agents of disease transmission.

Conclusion

The debate of the sexes, the *querelle des femmes*, penetrated different aspects of French society and was not limited to print but also expanded into the world of theatrical performance.⁶² The ideas for equality of the sexes presented by the *querelle* authors consisted of over three centuries of development, beginning with Christine de Pizan at the end of the fourteenth century. While these authors, including Molière, addressed misogynist attitudes of men toward women, none discussed negative medical perceptions towards women, suggesting that it simply was not an issue of contempt. The success of these *querelle* authors, or heightened interest in defending the female sex, resulted in the decline of misogyny tracts in sixteenth and seventeenth-century France. As French authors diminished their attacks on women, English authors maintained the idea of female inferiority in their writings.⁶³ Some English contemporaries attempted to address

⁶¹ H G Hall, “Molière Satirist of Seventeenth-Century French Medicine: Fact and Fantasy,” *Journal of the Royal Society of Medicine* 70, No. 6 (June 1977): 426.

⁶² Elizabeth Berg comments: “The Querelle then, is not only a literary debate, but also the manifestation of a political position regarding the status of women and their right to participate in the culture of their society.” Quoted from Elizabeth Berg, “Recognizing Differences: Perrault’s Modernist Esthetic in Parallèles des Anciens et dest Modernes,” *Papers on French Seventeenth-Century Literature* 18 (1983), 137.

⁶³ For a comprehensive list of misogynistic writings in England during the seventeenth century, see Katherine Usher Henderson and Barbara F McManus, *Half Humankind: Contexts and Texts of the Controversy*

woman's position in a man's world, but their ideas did not appear to take hold quite as effectively as they did in France, particularly with the plethora of misogynist publications in England during the seventeenth century.⁶⁴ These authors catalogued the vices of women, portraying them as lustful, domineering, deceitful, and selfish. As Suzanne Hull comments, reading material regarding women in the English Renaissance reinforced the prevailing doctrine of female subordination. Hull observes, "Women were told over and over and over that they were inferior, that they had lesser minds, that they were unable to handle their own affairs...women heard no other side of the story, except through farce or fiction."⁶⁵ English medical professionals regurgitated these same ideas of inferiority within their medical tracts, as opposed to French treatises. Warner comments that the *querelle* texts helped establish acceptable literary equality between the sexes:

Female inferiority may have had a long tradition in areas of French law, in the biblical tradition and among Catholic clergy, in a society where the bulk of witchcraft accusations were against women, but in the bookselling circles...in the sixteenth century we cannot assume that devaluing woman or demeaning her everyday roles as a wife and mother was acceptable opinion in print.⁶⁶

If it was no longer acceptable to debase women in literature, it was arguably the same in French medical discourse.

French medical tracts refrained from placing sole blame of disease causation on women and delegated responsibility for the spread of syphilis between the two sexes. While French physicians maintained this equality in regards to disease, English practitioners, on the other hand,

about Women in England, 1540-1640 (Urbana/Chicago: University of Illinois Press, 1985). For misogyny in Molière's English contemporary William Wycherley, and particularly his play *The Country Wife*, see Claudia Wipprecht's *The Perception of Men and Women and the Aspect of Misogyny in William Wycherley's "The Country Wife"* (Norderstedt, Germany: University of Erfurt, 2006).

⁶⁴ See above note 62. One notable example is Mary Astell, writing in the late seventeenth and early eighteenth century, who made critical observations about marriage and male authority. However, she saw no prospect of change and viewed women as complicit in their subordination.

⁶⁵ Margaret Hull, *Chaste, Silent and Obedient: English Books for Women, 1475-1640* (San Marino, California: The Huntington Library, 1982), 140.

⁶⁶ Warner, *The Ideas*, 101.

continued to blame women for the creation and spread of syphilis into the eighteenth century. This chapter suggests that French *querelle* authors arguing for innate equality between the sexes, influenced how French medical authors constructed their treatises. The lack of popularity of the debate of the sexes in England and the continued availability of misogyny tracts reiterated the ideas of male superiority found in English medical literature. However, the *querelle des femmes* alone is not sufficient in hypothesizing about the disparity between the medical perceptions of women in England and France. Religious practices shaped attitudes toward class and women which intimately affected medical perceptions of disease and women.

CHAPTER 5

THE INFLUENCES OF CLASS AND RELIGION ON MEDICAL PERCEPTIONS

The previous chapter established the correlation between the long-standing tradition of *querelle des femmes* that promoted the equality of the sexes and the avoidance of gender bias in medical discourse in France during the seventeenth century. With the plethora of literature promoting equality, including works by Marie de Gournay and Poullain de la Barre, and satires against outdated ideas of male dominance and female submission in marriage, most notably presented by Molière, it appeared that attitudes toward women in seventeenth-century France were improving. Carolyn Lougee's research supports this assessment and emphasizes the theoretical rehabilitation of women in France during the seventeenth century.¹ Although medical literature in France reflected this rehabilitation, English medical practitioners specifically blamed women for creation and transmission of venereal diseases. While the abundance of writing regarding the equality of the sexes feasibly influenced French medical doctrine, the *querelle* alone is not sufficient in accounting for the discrepancies in the perceptions of women found in the medical literature of England and France. A more complete evaluation must incorporate attitudes regarding both class and religion, often blending together, which inherently impacted how society perceived women. As I will argue in this chapter, medical authors in England and France framed their treatises around the existing religious practices, particularly in regards to ideas regarding class and women.

¹ Carolyn Lougee, *Le Paradis des Femmes: Women, Salons, and Social Stratification in Seventeenth-Century France* (Princeton: Princeton University Press, 1976), chap. 1.

Class Attitudes

In both England and France, elite members of society attempted to establish and strengthen boundaries between the upper and lower classes. This section focuses less on the different aspects of class organization and instead emphasizes the attitudes directed toward the lower classes and toward perceptions of disease.² In England, attitudes toward class are very evident in medical literature. Contrastingly, French medical practitioners refrained from discussing class in regards to disease or treatment of disease. Although non-existent in French medical tracts, morality and civility literature of seventeenth-century France accentuated class awareness. Ideas regarding class affected perceptions of disease in England and France; while English practitioners stressed the immoral and untreatable lower classes, French treatises maintained the ability of the physician to treat any individual.

England, Disease, and Class Distinctions

Authors of early-modern medical discourse in England enforced class separation within their treatises and established social rules in order to control the lower classes. From William Clowes's initial treatise on venereal disease until the end of the seventeenth century, English medical authors reiterated the immorality of the lower classes. This section highlights the main ideas that authors used in order to solidify class separation within English medical literature. Bruce Thomas Boehrer and Kevin Siena discuss the connection between English medical treatises regarding venereal disease and the medical authors' underlying goal of defining class

² For a general discussion of class in early modern Europe see: Merry E. Wiesner-Hanks, *Early Modern Europe, 1450-1789* (Cambridge: Cambridge University Press, 2006); for class and gender in England see: Susan Dwyer Amussen, *An Ordered Society: Gender and Class in Early Modern England* (Oxford/New York: Blackwell Publishing, 1988); for one of the most comprehensive analyses of society in early modern France see: William Beik, *A Social and Cultural History of Early Modern France* (Cambridge: Cambridge University Press, 2009).

boundaries.³ However, these scholars fail to address the importance of religion in framing these treatises. English medical authors stressed the untreatable nature of disease among the lower classes as well as the social and biological danger that these lower class individuals engendered. In making these declarations, English medical authors completely detracted from French practitioners that continued to maintain an idea of universal treatment, regardless of social status.

Disease-Ridden Lower Classes

From the first English treatise on venereal disease until the end of the seventeenth century in England, medical practitioners continuously reiterated the impurity of the lower classes and the subsequent inability of medical professionals to treat such hopeless cases. Venereal disease became a useful symbol for the upper echelon of society to “buttress their moral stance.”⁴ Beginning with William Clowes’s venereal treatise of 1596, the association of the lower class with venereal disease was particularly evident and continued to appear throughout the seventeenth century. Although Clowes declared his treatise a universal self-help book to all the “good poore people” infected with the disease, it was clear that Clowes’s did not direct his treatment for the lowest members of society. Clowes’s treatise was not for the:

Great number of rogues, and vagabondes: The...lewd and idell persons, both men and women, about the citye of London, and the great number of lewd alehouses, which are the very nests and harborers of such filthy creatures: By meanes of which disordered persons, some other of better disposition are many tymes infected.⁵

³³ See Bruce Thomas Boehrer, “Early Modern Syphilis,” *Journal of the History of Sexuality* 1, No. 2 (October 1990): 197-214 and Kevin Siena, “Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger,” *Journal of the History of Sexuality* 8, No. 4 (April 1998): 553-574.

⁴ Kevin Siena, “Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger,” *Journal of the History of Sexuality* 8, no. 4 (April 1998): 572.

⁵ William Clowes, *A Brief and Necessary Treatise, touching the cure of the disease now usually called lues venerea...* (London, 1596), 150.

Individuals in the lower class are therefore depicted as unsalvageable, particularly because of their lack of morality. Instead, his ideal patient was a male between the upper and emergent middle classes, not a member of the oppressed masses.⁶

Medical authors portrayed lower class women, particularly prostitutes, as similarly beyond the capacity for cure. Medical literature following Clowes's treatise helped establish and support proscriptive attitudes regarding female promiscuity of the lower classes. According to Siena, the connection between prostitution and venereal disease emerged once the malady came to be considered sexually communicable.⁷ The association of prostitutes with venereal disease supported the cultural fears regarding undomesticated female sexual activity. The only acceptable sphere for female sexuality was within a monogamous marriage. Therefore, medical professionals in England restricted the audience for their treatises to men of the middle to upper classes, believed to be the only members of society considered redeemable. Physician L. S. best described the idea of eliminating prostitutes as potential treatable patients of these doctors when he declared prostitutes as "pernicious animals, common pockie and incurable."⁸ For this physician, prostitutes in London were beyond the scope for venereal treatment. The only viable solution to solve the problem of the French Pox was to rid the city of all prostitutes and transport them to the West Indies, where the disease could be "more properly" cured in a tropical climate.⁹ Although L. S. declared that the reason treatment would be successful in the West Indies was because venereal disease originated there, it seems more plausible that the author sought to remove prostitutes from society and eliminate the possibility of these women seeking medical

⁶ Boehrer claims: "For the oppressed masses whom Clowes is liberating in fact turn out to be the very people who need his help least—not prostitutes, not women, not vagabonds, not the unemployed, not the poor in any material sense of the word, but instead something like a coalition between the (male) upper and emergent middle classes." Boehrer, "Early Modern Syphilis," 199.

⁷ Siena, "Pollution," 559.

⁸ L. S. *Profulacticon: Or some Considerations of a Notable Expedient To root out the French Pox From the English Nation* (London, 1676).

⁹ L. S., 82-86.

attention for their maladies. Reiterated in this treatise was the idea that lower class women were beyond redemption and therefore beyond treatment.

As Boehrer comments, the moment venereal disease became associated with the lower classes in England it almost ceased to be a disease at all and instead became understood as a characteristic of the poor.¹⁰ For the upper classes, syphilis was only treatable when associated with individuals at the center of the political and social order. When identified with the poor and socially undistinguished, “it emerges in its concomitant character as an instrument of discipline and punishment—that is, as an appendage of government itself.”¹¹ Clowes’s treatise, and the subsequent medical writings of the seventeenth century, reflected this need to consolidate and justify these class-specific notions in medical practice. By declaring lower class individuals as unworthy of treatment, English venereal discourse brought “governor and governed closer together at the same time it distinguished more fully between them.”¹² By bringing the two groups together, English medical authors were able to maintain a close eye on the lower classes while at the same time establishing the innate moral differences among them and strengthening the social boundaries between the classes.

Venereal Disease Treatises as a Class Warning

English medical authors established a direct correlation between the lower classes and venereal diseases. In addition to using venereal disease to reinforce class boundaries, medical authors also implemented the idea of the disease in order to address the threat to class distinctions. Specifically, these authors warned upper class members of society to remain disease-free lest they be identified with the characteristic of disease and immoral behavior of the

¹⁰ Boehrer, “Early Modern Syphilis,” 209.

¹¹ Ibid.

¹² Ibid., 212.

poor. Medical author L. S. made this idea abundantly clear in his treatise. Recalling his method for ridding the English nation of the French Pox, L. S. believed that transporting all prostitutes out of the nation was the only way to secure the health of mankind.¹³ The author stressed that this mode of transportation acted as a deterrent against all women and particularly upper class women from improper behavior, as quoted in Chapter 2 above. As English authors believed venereal disease a characteristic of the immoral poor, it appeared evident that medical writings sought to warn the upper classes against emulating the impurity of the lower classes. L. S. promoted the use of “fear of transportation” in order to prevent the upper classes from embodying the characteristics of disease and improper “elite” behavior.

Roze Hentschell comments on a further use of venereal treatises in defining class boundaries. She argues, “England’s social ills—especially vanity and lechery—are deflected onto other nations, particularly France” and became associated with diseases of the lower classes. Furthermore, Hentschell states that the pox was seen both as a metaphor for and an indicator of a larger breakdown of morals, “a symptom of the deadly sins that infected the nation with increased contact with the French.”¹⁴ Many English venereal tracts connected the transmission of the disease through the touch of infected cloth.¹⁵ There existed a link between the idea of venereal transmission through cloth and English perceptions of French vanity and lechery—individuals’ obsession with foreign fashion became equated to promulgating venereal disease. According to Hentschell, the Englishman had forsaken his proper national identity by wearing French garments. As well, the gentry were often the victims of satirists who linked the

¹³ L. S., *Profulacticon*, 84.

¹⁴ Roze Hentschell, “Luxury and Lechery: Hunting the French Pox in Early Modern England,” in Kevin Siena’s *Sins of the Flesh: Responding to Sexual Desire in Early Modern Europe* (Toronto: University of Toronto, 2005): 133-135.

¹⁵ For examples of how English practitioners believed cloths could transmit syphilis see: William Clowes, *A Brief and Necessary Treatise, touching the cure of the disease now usually called Lues Venera* (London, 1596) and Harvey Gideon, *Little Venus Unmask’d: Or a Perfect Discovery of the French Pox* (London, 1670).

pox with luxury clothing, often due to their class aspirations. For these individuals, wearing foreign attire invited physical infection and evil into England, as quoted by seventeenth-century English satirist John Marston:

Seest thou yon gallant in the sumptuous clothes,
How brisk, how spruce, how gorgeously he showes,
Note his French-herring bones, but note no more,
Unlesse thou spy his fayre appendant whore
Is this a Man? Nay an incarnate devill,
That struts in vice, and glorieth in evill.¹⁶

Here, the foppish man's choice of clothing as well as his accompanying prostitute suggests venereal infection. According to Hentshell, if the gentry sought to climb the social ladder, they needed to remain free from the characteristics of venereal disease and the lower class.¹⁷ In Marston's satirical piece, the prostitute represented both the lower class and venereal disease—two unacceptable elements for class elevation.

Establishing Social Rules and Biological Dangers

In addition to creating and maintaining class boundaries, English medical authors used the idea of venereal infection in order to establish and strengthen social rules and biological dangers. The most prominent social rule found throughout seventeenth-century medical treatises in England dealt with the anti-wet nurse campaign.¹⁸ According to Siena, this campaign started with the Calvinists in the seventeenth century who sought to save the family from the corruption of "wicked" lower class nurses. Calvinists believed that the nurses corrupted the morality of the

¹⁶ John Marston, "A Cynick Satyre" in *The Scourge of Villanie* (London, 1598) as quoted in Hentshell, "Luxury and Lechery," 147.

¹⁷ Hentshell, "Luxury and Lechery," 147. Hentshell's identification of the gentry in this satire is somewhat problematic; John Marston may have been describing the commercial class rather than the gentry. In either case, the association of men donning French attire and the invitation of venereal infection and evil into England remained the theme of the satire.

¹⁸ For the variety of English medical authors that comment on the vile nature of wet-nurses, see chapter 2.

child and weakened familial bonds.¹⁹ Medical authorities supported these religious moralists and denounced wet-nurses by confirming their infectious nature. For example, physician Walter Harris highlighted class anxiety when he warned that children would take on poorer nurses' "natural inclinations,...passions,...manners and disposition."²⁰ By establishing the danger of lower class wet nurses, medical authors reinforced the idea of disease among the lower classes as well as promoting and establishing social ordinances such as the anti-wet nurse campaign.

Siena and Boerher are correct in explaining the use of medical authors to define social boundaries as well as to support existing ideologies of the diseased poor in England. However, these authors overlook the impact religion had on medical discourse. An analysis of attitudes toward class structure needs to be accompanied by an understanding of prevailing religious thought. For example, Protestant English medical treatises were very different than Catholic French medical tracts. Catholic medical professionals deployed many ideologies of the Catholic faith in constructing treatises that did not place the entirety of blame for venereal infection on women, as was the case in England. Unlike in England, French medical treatises on venereal disease failed to label the lower class as diseased and unworthy of treatment.

France: Medical Literature and Class Distinctions?

In contrast to the extensive scholarly attention devoted toward class and venereal disease in England, I could find no scholarly studies regarding venereal disease and class in seventeenth-century France, although there has been some attention devoted to poor relief in France.²¹ Siena

¹⁹ Siena, "Pollution," 561. Mary Wiesner-Hanks mentions that Protestants did not want Catholic wet nurses, and Catholics did not want Protestant wet nurses in *Women and Gender in Early Modern Europe*, 92.

²⁰ Water Harris, *A Treatise on the Acute Diseases of Children* trans. John Martyn (London, 1742), p. 3 as quoted in Siena, "Pollution," 561.

²¹ For a detailed discussion of the historiography of poor relief in France, see Tim McHugh, *Hospital Politics in Seventeenth-Century France: the Crown, Urban Elites, and the Poor* (Hampshire, England: Ashgate Publishing Limited, 2007), 1-6. For poor relief in England see Margaret Pelling, *The Common Lot: Sickness, Medical Occupations, and the Urban Poor in Early Modern England: essays* (London: Longman, 1998).

comments, “unsurprisingly, prostitutes are found in most English venereological tracts” in the early modern era.²² If English medical authors remained concerned with creating and establishing class boundaries, then the appearance of diseased prostitutes within English medical tracts seems logical. Perhaps the lack of attention in France is due to the absence of identifying the lower classes, particularly prostitutes, as disease-ridden or untreatable.²³ Within these medical tracts, authors maintained that every individual infected with venereal disease, regardless of class association, could be treated as efficiently as any other, unlike their contemporaries in England. Even though French medical authors seemed unconcerned with class boundaries, moralistic literature in seventeenth-century France encouraged lower and upper class women to abide by class distinction and awareness.

Moralistic Literature for Reinforcing Class Distinctions

French medical treatises avoided identifying the lower class as diseased but other literature emphasized the importance of remaining within one’s social class. Seventeenth-century moralistic and civility writers during the Catholic Reformation used ideas surrounding “purity, discipline, and hierarchy” in order to mark and distinguish boundaries. According to James Farr, moralistic literature focused much of its attention on class.²⁴ These civility manuals dictated proper modes of dress, language, and behavior of aristocratic men and women with the intent of signaling social distinction. Farr comments that early modern France witnessed increased methods for class differentiation and these civility manuals, in addition to a massive increase in sumptuary legislation, reflected “a growing concern on the part of society’s upper classes in the

²² Siena, “Pollution,” 559.

²³ For the absence of prostitutes in eighteenth-century French medical writing see Kathryn Norberg, “From Courtesan to Prostitute: Mercenary Sex and Venereal Disease, 1730-1802,” in *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* ed. Linda Merians (Lexington: University Press of Kentucky, 1996), 36.

²⁴ James R. Farr, “The Pure and Disciplined Body: Hierarchy, Morality, and Symbolism in France during the Catholic Reformation,” *The Journal of Interdisciplinary History* 21, no. 3 (Winter 1991), 392.

seventeenth century to set them apart—to erect visible boundaries within the body social.”²⁵

Moreover, these manuals emphasized the purity of the physical body as a possession of honor—a distinction apparently lacking in the lower classes.²⁶

One of the most popular authors of seventeenth-century civility manuals was Nicolas Faret. Faret associated proper upper class behavior with Christian morality. Similar to his other lay contemporaries, “working for one’s salvation” was synonymous with increasing one’s reputation.²⁷ Under these pretenses then, lower class individuals could hope to emulate their “superiors” by enhancing their own Christian morals. Farr comments that by the eighteenth century, civility manuals became much more concerned with “keeping the socially inferior distinct from the superior.”²⁸ Commenting on an eighteenth-century civility author, Farr claims:

[LaSalle] instructed his readers to “pay attention to the social rank” of those whom they interacted. If the readers were inferior, they should treat their superiors “in such a way as their status demands,” that is, by obedience and submission. LaSalle’s book was a guide to this proper behavior, and he united the social ideology of disciplined hierarchy with the moralistic concerns of reformed Christianity.²⁹

What Farr seems to neglect is the difference in the nature of these morality manuals from the seventeenth to the eighteenth centuries. These moralistic authors may have emphasized strict class boundaries by the end of the eighteenth century, but even the civility literature of the seventeenth century appeared lax in regards to social distinction. Furthermore, the emphasis on bettering one’s self through moral and spiritual rehabilitation is reflective of seventeenth-century French ideas regarding poor relief.

²⁵ Farr, “The Pure and Disciplined Body,” 394.

²⁶ See Mary Douglas, *Purity and Danger*, on the marking of social boundaries by “gestures of separation, classifying and cleansing,” 41.

²⁷ Nicolas Faret, *L’Honneste Home, ou, l’art de Plaire a la court* (Paris, 1636), as quoted in James Farr “The Pure and Disciplined Body,” 91-93.

²⁸ Farr, 396.

²⁹ *Ibid.*

Regarding the unequal relation between the sexes, some individuals did not accept moralistic literature in France during the seventeenth and eighteenth centuries. For example, women of the salons and some provincial women challenged these ideologies—which is far from surprising due to the plethora of *querelle-des-femmes* texts promoting equality as discussed in the previous chapter. These civility manuals appear to reflect a growing concern for increasing one’s morality rather than representing a strict adherence to social structures, at least in the seventeenth century. Perhaps this lax attitude regarding class, also evidenced in the non-existence of a diseased lower class in French medical literature, had more to do with Christian ideas of poor relief rather than one of segregating one group of individuals from another.

Medical Treatment for Venereal Disease: Available across Social Classes

Unlike the perceptions of medical authors in seventeenth-century England, French medical practitioners maintained the premise that all individuals inflicted with the venereal malady were curable. As mentioned earlier in this chapter, English practitioner William Clowes believed the “good poore people” as the only members of society that could effectively be treated from venereal disease. Those treated excluded members of the lower classes including prostitutes and vagabonds. Clowes alleged that these individuals were beyond cure as they were too “filthy” and immoral to be saved.³⁰ Medical author L. S. continued this sentiment by declaring prostitutes incurable and untreatable as the disease had spread too deep within their constitutions to be affected by medical treatment.³¹ These types of perceptions lacked their place in the medical writings of seventeenth-century France. In France, medical authors emphasized their abilities to treat venereal disease even among the most ravaged individual. The discrepancy between these two ideologies appears two-fold; first, France did not associate venereal disease

³⁰ Clowes, *A Brief and Necessary Treatise*, 150.

³¹ L. S., *Profulacticon*, 83-85.

primarily with the lower classes and second, there existed a different set of philosophies regarding poor relief in Catholic France compared to Protestant England.

Recalling the French medical authors found in Chapter 3, many of the medical practitioners in France did not identify a specific class, or even a specific gender, for the transmission of venereal disease. For example, Francois Mauriceau in 1668 declared practitioners could treat any women, including prostitutes, as effectively as they could treat men.³² Writing over two decades later, Louis LeMonnier denounced the association of venereal disease with prostitutes, commonly assumed by English practitioners. Instead, LeMonnier contended that this assumption was often over-presumptuous and that it did not incorporate the idea of men infecting women.³³ These French medical treatises were not the only literature that avoided the link between venereal disease and members of the lower classes. According to Kathryn Norberg, prostitutes in French literature did not carry any qualities of disease. The only place Norberg finds diseased “whores” is within pornographic or libertine novels and physicians never considered these women untreatable.³⁴ The stark contrast between English and French perceptions of venereal disease reflected their distinct attitudes toward religion as well as how each handled poor relief.

Poor Relief in France: The Paternal Approach

As the analysis of medical treatises in France demonstrated, medical practitioners declined to label members of the lower class as untreatable. Part of the reason for the development of this attitude dealt with perceptions of the poor and the necessity of addressing poor relief in seventeenth-century France. Although the historiography of poor relief in France is

³² Francois Mauriceau, *Traité des Maladies des Femmes Grosses* (Paris, 1668), 150.

³³ Louis LeMonnier, *Nouveau Traité de la Maladie Venerienne, et de Tous Les Accidens qui la precedent et qui l'accompagnent avec la plus seure et la plus facile method de les guerir* (Paris, 1689), preface ii.

³⁴ Kathryn Norberg, “From Courtesan to Prostitute: Mercenary Sex and Venereal Disease 1730-1802” in *The Secret Malady* ed. Linda Merians (Kentucky, KY: The University Press of Kentucky, 1996), 36.

vast, the treatment of venereal disease within the schemata of poor relief is lacking. Despite this omission, responses to poor relief seem to incorporate attitudes toward disease in general and are therefore applicable to venereal infected poor. This current examination of poor relief in France agrees with the conclusions of historian Emanuel Chill; the motivation behind seventeenth-century poor relief in France was the desire to cure the poor, and not to cure the causes of poverty.³⁵ Chill's evaluation takes into account the massive influence that the new Catholic religiosity had regarding treatment of the poor.

During the seventeenth century, various hospitals developed throughout France with the intention of providing assistance to the poor.³⁶ French theorists regarded poverty as the result of the faults of the individual. Poverty, and therefore disease, could be cured through methods of confinement and monitoring in order to rehabilitate the poor to become productive and moral individuals.³⁷ These ideas of seventeenth-century theorists found their roots in the works of humanist authors such as Jean Bodin. Bodin emphasized the duty of authorities to provide local care for the poor and demonstrated the need for a paternalist approach to help the poor. He argued that the rich owed their position to the labor of those beneath them and in return, the poor deserved the help of the rich. For Bodin, the abdication of the duties of the rich towards the poor resulted in the problems created for sixteenth-century France.³⁸ Furthermore, Bodin emphasized the need to acknowledge a certain degree of equity among all subjects of the French kingdom. The ideas proposed by Bodin have a strong resemblance to the attitudes of medical

³⁵ Emanuel Chill, "Religion and Mendicity in Seventeenth-Century France," *International Review of Social History* 7, 400-24 as quoted in McHugh, *Hospital Politics in Seventeenth-Century France: the Crown, Urban Elites, and the Poor* (Hampshire, England: Ashgate Publishing Limited, 2007), 4.

³⁶ McHugh, 11. These hospitals included *hotels dieu* for caring for the sick poor, or the *hôpitaux généraux* for confining able-bodied poor.

³⁷ Ibid.

³⁸ Jean Bodin, *Les six livres de la Republique* (Paris, 1576), 543 as quoted in McHugh, 13.

professionals—practitioners relied on patients for business and treated all patients on equal grounds regardless of their class association.

Jean Bodin's theories on poor relief impacted how the nobility of seventeenth-century France viewed their roles as paternalistic protectors regarding the poor. According to Tim McHugh, the nobility underwent a period of redefinition during the seventeenth century. Although the most powerful group in France, the nobility feared the rise of individuals from newer noble families within the royal administration attaining higher places in the social hierarchy than the old nobility themselves.³⁹ By abiding by a paternalist approach, the nobility saw their obligation to the poor as another way to separate the true nobility from the self-interested rich. A true noble recognized his duty to those beneath him and refrained from placing blame on the peasantry. It therefore became the responsibility of the elite to provide aid to the poor regardless of how he or she was reduced to their state—it was not important what caused poverty or disease, but it was necessary to help alleviate their suffering.⁴⁰ The paternalistic approach appears reminiscent of the attitudes of French medical professionals. Although species of paternalism existed in Stuart England, there was a marked difference in how each society handled poor relief and diseased-poor in hospitals. Ragnhild Hatton argues that although early Stuart kings were believed to be somewhat paternalistic, their policies were often ineffective concerning the poor or treating disease among them.⁴¹ French society appeared less concerned with how members of the poor became diseased and more concerned with how to cure their afflictions.

³⁹ Jean Bodin, as quoted in McHugh, 27.

⁴⁰ McHugh, 30.

⁴¹ Ragnhild Hatton ed., *Louis XIV and Absolutism* (Columbus: Ohio State University Press, 1976), 9.

Hospitals and Poor Relief in Seventeenth-Century France and England

As mentioned earlier, general hospitals developed during the seventeenth century in France in order to provide assistance to the poor. The ultimate goal of the *hotel dieu* and the *Hôpital Général* of Paris were to rehabilitate the diseased poor through a policy of *enfermement*. This policy of confinement was very different from the policies adopted by England, discussed shortly. The idea of *enfermement* detailed the confining of the poor in hospitals in order to allow the diseased individuals to undertake moral and religious reform.⁴² Again, these facilities emphasized the idea of rehabilitating the individual rather than declaring him or her an outcast or underserving of treatment. These sentiments of rehabilitating the diseased poor also found representation in the Magdalene Hospitals, developed throughout the early modern period in France. These institutions provided an alternative for prostitutes to seek both physical and spiritual treatment. These convent-like facilities existed to treat repentant prostitutes, to protect young girls in danger of being betrayed into whoredom by her parents, and to act as a safe halfway house for dishonored women to evaluate their lives and consider their future.⁴³ These charitable hospitals in France treated the poor by focusing on rehabilitating the individual's morality. Disease, like an individual's moral failings, could be cured but only through proper religious training within confined hospitals.

Unlike the use of confinement to rehabilitate individuals, seventeenth-century England relied on the policy of segregating venereal patients from the general population. Siena comments on the development of two continental hospitals in sixteenth-century London that followed such a policy, St. Bartholomew's and St. Thomas. These hospitals treated poor

⁴² McHugh, 36. By the latter part of the eighteenth century, the *hotel dieu* sometimes turned away syphilitic patients. But for the seventeenth century, this was not the case. This is addressed in Peter Lewis Allen, *The Wages of Sin: Sex and Disease, Past and Present* (Chicago: University of Chicago Press, 2000), 42.

⁴³ Brian Pullan, "Catholics, Protestants, and the Poor in Early Modern Europe," *The Journal of Interdisciplinary History* 35, no. 3 (Winter 2005): 452.

individuals who could not take advantage of the discretion provided by private practitioners. St. Thomas built isolated venereal wards within the hospital grounds and enforced the segregation of venereal patients vigilantly.⁴⁴ Any venereal poor that broke quarantine in St. Thomas faced expulsion from the hospital:

That if hereafter any happen to be admitted into this house that have the Foul Disease they shall not goe out of their ward nor come into the house to fetch any thing nor within the chappell nor sitt upon the seats in the court yards upon pain of expulsion.⁴⁵

Unlike St. Thomas hospital, St. Bartholomew's converted leper hospitals into "outhouses" for the infected poor in order to treat these individuals off-site. By the early seventeenth century, all poxed men were shipped to the Lock Hospital in Southwark and all poxed women went north to Kingsland.⁴⁶ According to Siena, these areas were already known as centers of vice and therefore Londoners were more comfortable sending the foul to these parts of the city. Practitioners considered patients that returned to the hospitals a second time as "foul" as they believed reinfection a sign of returning to a life a vice. As a result, hospitals refused readmission to foul patients.⁴⁷

Those individuals deemed 'foul' faced further reprimand for leading 'lewd' lives.

Beginning in 1599, St. Thomas started the practice of publicly shaming venereal patients:

Therefore it is ordered that from henceforth such of the same people as shall be noted and known as notorious and lewde livers shall, after they be cured, have some punishment inflicted upon them at the cross before they be suffered to pass away. That by the terror thereof others may be admonished from falling into the like vice.⁴⁸

⁴⁴ Kevin Siena, "The Clean and the Foul: Paupers and the Pox in London Hospitals, c. 1550-c.1770," in Kevin Siena ed., *Sins of the Flesh: Responding to Sexual Disease in Early Modern Europe* (Toronto: Center for Reformation and Renaissance Studies, 2005): 264. For his full discussion of venereal hospitals and the poor in London see: Kevin Siena, *Venereal Disease, Hospitals and the Urban Poor: London's "Foul Wards," 1600-1800* (Rochester: University of Rochester Press, 2004).

⁴⁵ Regulations of St. Thomas hospital, quoted in Siena, "The Clean," 264.

⁴⁶ Siena, "The Clean," 265.

⁴⁷ *Ibid.*, 273.

⁴⁸ Regulations of St. Thomas hospital, quoted in Siena, "The Clean," 276.

Siena states that this form of public whipping was intended to send a message to others—it reflected the shaming of the venereal poor in order to preserve the social order.⁴⁹ English medical practitioner L. S. expressed the same sentiment in 1676, claiming that the fear of transporting diseased prostitutes to the East Indies would act as a reminder for upper class women to maintain their high morals lest they be deemed diseased like the lower classes. English medical practitioners relied on the policies of removing the diseased poor or “foul” from society, unlike the French medical practice of rehabilitating both the physical and spiritual elements of the individual, regardless of class.

It is necessary to keep religion in mind when evaluating medical opinions, particularly regarding the lack of blaming women for venereal infection as well as identifying the poor infected as “foul.” Both England and France maintained a focus of class separation though in different ways. England exemplified attitudes toward class in medical literature while France refrained from marking the lower classes as diseased and unworthy of treatment. Yet, France promoted some class awareness through moral literature. The nobility in France believed it was their duty to protect and provide assistance to the poor, instead of viewing the lower classes as “foul.” During the seventeenth century, there existed an innate link between religious and medical opinions and this relationship reflected how medical authors constructed their works.

Religion

Religion was intimately tied to ideas of poor relief as well as general opinions regarding the poor. Although England and France were not completely homogenous with regards to Protestantism and Catholicism, they both had established religions. The differences in these ideas regarding the poor and disease can be examined within the context of two differing orthodoxies.

⁴⁹ Siena, “The Clean,” 277.

Although there is a vast historiography of religion in early modern Europe, this section focuses on the connection between religion, perceptions of disease, and attitudes towards women.⁵⁰ By analyzing the different ways religion impacted opinions regarding poor relief, England's use of anti-Catholic rhetoric, and the influence of religion regarding the perceptions of women, it becomes clear that ideas pertaining to religion affected how medical practitioners perceived venereal disease in the seventeenth century.

Brian Pullan's Model of Catholic/Protestant Ideals Regarding Poor Relief

Brian Pullan comments that many historians have interpreted responses to poor relief "as religiously neutral administrative responses to such economic process...[including] the great venereal pox."⁵¹ For Pullan, it is essential to understand the connection between religious ideas in connection to poor relief, as the difference between Catholic and Protestant ideologies presents a markedly different approach to handling the poor. According to Pullan, Catholics generally shared certain essential beliefs between the late Middle Ages and the eighteenth century that were absent in Protestant nations. Regarding poor relief, Catholics emphasized the importance of good deeds and merciful acts in order to guarantee the individual's place in heaven. Protestant theologians rejected this notion, believing that redemption could only come from the sacrifice of Christ and merciful acts were simply a way of carrying out God's will.⁵² This differentiation seems to reflect the determination of French administrators and nobility to

⁵⁰ General works on religion in early modern society include: Kaspar von Greyerz and Thomas Dunlap, *Religion and Culture in Early Modern Europe, 1500-1800* (Oxford: Oxford University Press, 2009); Martin D W Jones, *The Counter Reformation: Religion and Society in Early Modern Europe* (Cambridge/New York: Cambridge University Press, 1995); for women and religion: Sylvia Monica Brown, *Women, Gender, and Radical Religion in Early Modern Europe* (Boston: Brill, 2007); Merry E. Wiesner, *Women and Gender in Early Modern Europe* (Cambridge/New York: Cambridge University Press, 1993).

⁵¹ Pullan, "Catholics, Protestants, and the Poor," 441.

⁵² *Ibid.*, 447.

take care and rehabilitate the poor as opposed to England's segregation of the diseased poor from society.

Pullan furthers his claim by explaining the four groups of poor in both Catholic and Protestant nations: "poor of Christ," "shamefaced poor," "working poor," and "outcast poor." The outcast poor included the vagrants, fraudulent beggars, and diseased harlots.⁵³ Again, the distinguishing factor for Catholic societies was the claim that the outcast poor were never beyond redemption; their reconciliation with God depended on rigorous penance and rehabilitation. As we have seen in France, any diseased individual was worthy of treatment unlike the refusal to treat "lewd" and diseased poor in England. Furthermore, these groups of outcasts, especially Jews and prostitutes, were "ambivalently regarded as useful to society because of their "evil" specialties in usury and fornication. Such outcasts existed to commit unavoidable sins on behalf of the rest of the population and to prevent grosser forms of evil from permeating the whole social order."⁵⁴ This Catholic ideology of accepting a lesser evil for the common good in order to avoid a greater one, "would have repelled Protestants—who were striving to establish integrated Christian communities founded on "evangelical civic righteousness."⁵⁵

Protestant societies tended to deal with these universal problems in drastically different ways, for example attempting to remove the diseased individuals from society all together. It was not until the eighteenth century that institutions similar to those in Catholic Europe for helping the poor were established in London, including Thomas Coram's home for foundlings and William Dodd's Magdalen Hospital.⁵⁶ As well, Protestant societies attempted to remove unsavory individuals from society in order to eliminate the problem of sin. This included the

⁵³ Pullan, "Catholics, Protestants, and the Poor," 445.

⁵⁴ *Ibid.*, 443.

⁵⁵ *Ibid.*, 452.

⁵⁶ *Ibid.*, 455.

closing of municipal brothels and strict regulations against the perceived problems of society. Unlike France, England ended any toleration for prostitution in 1546 under Henry VIII by banning public “stews” or brothels. This lack of toleration was further reflected in the removal of venereal patients from society and the refusal to treat “foul” patients in England.

Pullan’s model reflected the prevailing attitudes of medical practitioners in England and France. Because these practitioners came from their respective Catholic/Protestant medical institutions, it is clear that their treatises reflected the respective notions regarding the poor. As Brockliss and Jones comment, “the practice of medicine [in seventeenth-century France] remained umbilically linked to the discipline of theology whence it had sprung in the middle ages...physicians trained at universities under the aegis of the Church had ingested the theology as well as the physiology of *le mal*.”⁵⁷ Physicians worked alongside clerics and Catholic theology to treat both the physical and spiritual nature of the individual. French medical practitioners understood the connection between priest and physician, as one seventeenth-century French physician commented:

They both work to conserve health, one of the soul, the other of the body; their principles are obscure mysteries which can only be penetrated by those who devote themselves ardently to their quest; both...prescribe things which are painful, namely work, patience, abstinence, sobriety, and temperance; both make men reflect upon their weakness and their death; and both make themselves equally hateful to the sensual and lovable to the wise...⁵⁸

The connection of treating the spiritual as well as the physical nature of the individual reflected the French attitude toward rehabilitating the diseased poor of society. The link between Catholic theology and medical practice remained evident throughout the seventeenth century in France.

⁵⁷ Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Oxford University Press, 1997), 78.

⁵⁸ G. de Bezancon, *Les Médecins à la censure ou Entretiens sur la médecine* (Paris, 1677) as quoted in Brockliss and Jones, *The Medical World of Early Modern France*, 80.

England: anti-Catholic Rhetoric and Venereal Disease

A further example of the influence of religious ideologies on perceptions of disease is found within the anti-Catholic/anti-Popish rhetoric published in England during the latter half of the seventeenth century. These publications often described secret plots involving Catholics, the corrupt doctrines of the church and the Pope, and determined true Christians (Protestants) from anti-Christians.⁵⁹ Protestant England perceived Catholics as threats to the accepted social order.⁶⁰ Although not written by a medical practitioner, the 1680 anonymous publication titled *The Whore of Babylon's Pockey Priest* took these pieces of rhetoric even further; the religiously motivated tract linked the “villanies of [Catholic] priests” to venereal infection.⁶¹ This tract described how a Catholic priest arrested in London sought treatment for venereal infection in various apothecaries. The author believed the infection of a “*swinging clap*” a result of the Catholic priest’s “abominable whoredoms, and lascivious debaucheries.”⁶² The ultimate goal of the author was to:

...awaken fully Romanists from such doting reverence and vain opinion of their priests and ghostly fathers, as if they were angels of purity, when indeed they are only swine...as on the other side to confirm all good Protestants in a deserved detestation of the impieties of the Roman Church and Priesthood, and admonish them, both to be thankful to

⁵⁹ Examples of these seventeenth-century publications include: Anonymous, *The Popes Eschucheon, or coate of armes. In a field sable he beareth tripartite, three furies, heresie, frenzy and hypocrisy* (London, 1606); Anonymous, *The friendly conference: or, An hue and cry after the Popes Holiness Discovering the corrupt doctrines of the church, and abominable practises of the court and clergy of Rome* (London, 1673); Anonymous, *An exclamation against the whore of Babylon the mother of harlots setting forth the true and false church with their heads, members, parts, and properties...* (London, 1679).

⁶⁰ Anti-Catholic sentiment was a constant factor in seventeenth-century England, particularly following the Thirty Years War (1618-1648.) As well, the policies of Charles I were often seen as Pro-Catholic and assumed influenced by his Catholic Queen Henrietta of France. England blamed the Catholics for various disasters such as the Great Plague (1656) and the Great Fire (1666) during the reign of Charles II. When he married Catholic princess Catherine of Portugal and his brother James embraced Catholicism, tension rose. The result of these growing tensions was a heightened fear among Protestants of Catholic influence in England.

⁶¹ Anonymous, *The Whore of Babilons Pockey Priest Or, a true Narrative of the Apprehension of William Geldon alias Bacon a Secular Priest of the Church of Rome, now Prisoner in Newgate. Who had just before been above two months in cure for the French Pox; wherein is inserted a true copy of the apothecaries bill found in his chamber, containing the whole process of that reverend fathers venereal cure. With several other remarkable relations and proofs of the debaucheries and villanies of the Popish Clergy in general* (London, 1680).

⁶² *The Whore of Babilons Pockey Priest*, 1.

Almighty God for their deliverance and preservation from such blind destructive guides and their tyranny and superstitions, and also to be zealous, active and courageous in their several places and stations, to preserve the Protestant religion, and oppose the increase of Popery, and the swarming of such *locusts* and *filthy vermine* amongst us.⁶³

The author of this anonymous tract demonized Catholic priests and their impious ways in order to emphasize the proper behavior and piety of the Protestant religion. Similar to the language used to describe infected women within English medical treatises, the author implemented ideas of “locusts” and “filthy vermine” in describing infected priests.⁶⁴ The only way to protect the “English nation” was to rid it of these pests, similar to the solution of removing diseased prostitutes proposed by L. S. Venereal disease became linked not only to the diseased poor, but also to Catholics by the end of the seventeenth century. As Kevin Siena comments, the author’s combination of anti-Catholic rhetoric and venereal infection demonstrated attempts to demonize threats to the social order.⁶⁵

Rehabilitating the Perceptions of Women: Role of the Church

Catholic France and Protestant England developed different attitudes toward women that impacted how society perceived women. Natalie Davis argues:

Women suffered for their powerlessness in both Catholic and Protestant lands in the late sixteenth to eighteenth centuries as changes in marriage laws restricted the freedom of wives even further, as female guilds dwindled, as the female role in middle-level commerce and farm direction contracted, and as the differential between male and female wages increased.⁶⁶

Davis is correct in highlighting the restrictions placed on women during the early modern period but opportunities for women were different in Catholic France than they were in Protestant

⁶³ *The Whore of Babylons Pockey Priest*, 2.

⁶⁴ Recall English medical practitioners in chapter 2. Thomas Whitaker referred to venereal infected women as “venomous creatures” in 1661 and L. S. called incurable prostitutes “pestilent creatures” and “pernicious animals” in 1673.

⁶⁵ Siena, “Pollution,” 553.

⁶⁶ Natalie Zemon Davis, “City Women and Religious Change,” *Society and Culture in Early-Modern France* (Stanford, 1975): 94.

England. Differing theologies between Catholics and Protestants affected how both societies perceived the proper roles of women. Furthermore, the existence of convents in Roman Catholic Europe provided women with opportunities that were unavailable to their contemporaries in England. Both the difference in theologies and the existence of convents created different avenues for women that fostered the rehabilitation of women in France. The lack of stigmatizing women with venereal disease in France was plausibly influenced by the heightened opinion of women in France, particularly due to the veneration of the Virgin Mary, female saints, and Mary Magdelene.

Differing Ideologies: Protestant and Catholic Views of Women

Catholic ideologies concerning the veneration of the Virgin Mary and the cult of the saints enhanced perceptions of women in Catholic Europe and encouraged women's capability as spiritual leaders. As mentioned earlier, the cult of Mary Magdelene, especially during the seventeenth century, promoted the rehabilitation of women, particularly prostitutes, in France. Lacking the "feminizing aura" of the Virgin Mary, Protestant societies focused more on male spiritual leadership than on the roles of women within the church. According to Sara Mendleson and Patricia Crawford the "doctrine of equal souls [in Protestantism] did not entitle women to equal participation in the Church's temporal hierarchy." Furthermore, men monopolized the institution of religion in Protestant England, which helped formulate "disseminating religious information about gender issues."⁶⁷ Protestant theology emphasized women's subordination to men and identified wifedom as the only important vocation for women. This "was the archetype of the good woman in post-reformation Protestant England...[men] defined the ideal state for a woman as marriage and motherhood, under the governance of a husband." In Protestant England,

⁶⁷ Sara Mendelson and Patricia Crawford, *Women in Early Modern England 1550-1720* (Oxford: Oxford University Press, 1998), 32.

the woman's body "was designed for domesticity," and generally restricted women's roles to maternal roles. Protestant England provided no real avenue for women to become spiritual leaders, unlike in France.⁶⁸

Protestant ideals concerning domesticity did not go unopposed in England.⁶⁹ There were some Protestant dissenters, including women, who sought religious and individual freedom. These small nonconforming Protestants—Presbyterians, Independents, Baptists, and Quakers—constituted a small minority of the English population, yet still provided some opportunities for women. Many of these sectarian groups "placed a heavy emphasis on the spiritual equality of men and women and were receptive to women preachers, missionaries and prophets."⁷⁰ William Kolbrener and Michal Michelson comment that during the mid-century crisis and early Restoration, "many dissenting women garnered considerable publicity through their prophesying, their spectacle stunts, such as going into trances...or, for Quakers, "going naked as a sign" of their faith."⁷¹ Although these dissenting sects may have opened some opportunities for women within a religious sphere, these women were highly criticized by English society and most vividly by Mary Astell.

Astell continually voiced her concern regarding Protestant dissenters through the late-seventeenth and early-eighteenth century in England. As a staunch Tory, Astell believed that the most pressing concern was the preservation of the traditional order of England. According to Astell, the problem confronting this preservation was dissent—which was a combination of Protestant nonconformity and Whig politics, both of which Astell viewed as a veil for lust,

⁶⁸ Mendelson and Crawford, 67; For a discussion of the rationale behind women's subordinate status in the Protestant Church see p. 32.

⁶⁹ For information on dissenting Puritan women in seventeenth-century England see: Katherine Gillespie, *Domesticity and Dissent in the Seventeenth-Century: English Women's Writings and the Public Sphere* (Cambridge: Cambridge University Press, 2004).

⁷⁰ William Kolbrener and Michal Michelson, *Mary Astell: Reason, Gender, Faith* (Burlington, VT: Ashgate, 2007), 108.

⁷¹ *Ibid.*

greed, and self-interest.⁷² Astell argued that Protestant nonconformists including “the Presbyterians or Whiggs” were “all of the same Original, they [acted] upon the same Principles and Motives, and [tended] to the same End” which was ultimately a threat to the established social structure of English society.⁷³

While Astell’s 1694 *Serious Proposal to the Ladies* challenged the traditional subordination of women, it did not promote the complete liberation of women and did not apply to religious dissenting women. The activism of nonconformist women was problematic for Astell, who struggled to understand why these women meddled in the affairs of state or in the established religion. As Kolbrener and Michelson comment, “[Astell] could not fathom why these women crossed the boundaries of traditional female decorum and voiced their opinions.”⁷⁴ Astell believed the only motive behind dissenting women was self-interest and had nothing to do with their devotion. Instead, these women and their public displays of Protestant nonconformity sought to undermine the “obedience, order, and uniformity, the peace and safety of the Church.”⁷⁵ For Astell, and the majority of other proponents for preserving the traditional order, dissenting women had no place in seventeenth-century London. While dissenting sects created some opportunities for women in England, these women had their opponents. Furthermore, these sects made up a small portion of the population and did not provide as many avenues for women in religious roles as compared to seventeenth-century France.

Dissenting sects were also viewed as particularly threatening to the established social order. As Kolbrener and Michelson comment, the emphasis sectarians placed on liberty of conscience, individual inspiration, and prominence of active women within English society

⁷² Kolbrener and Michelson, 101.

⁷³ Mary Astell, *Impartial Enquiry into the Causes of the Civil War* (London, 1704) as quoted in *Mary Astell: Reason, Gender, Faith* Kolbrener and Michelson, 101.

⁷⁴ Kolbrener and Michelson, 111.

⁷⁵ Mary Astell, *Moderation Truly Stated* (London, 1704), 4; 13 as quoted in Kolbrener and Michelson, 113.

frightened High Anglicans and loyalists.⁷⁶ This fear was rooted in the popularity of sectarian groups among the mercantile, middling, and lower classes. For loyalists and individuals like Astell, the empowerment that these groups provided to the merchants, tradesmen, and farmers meant a complete reversal of the accepted social order.⁷⁷ Astell believed that London's middling and lower classes succumbed to the hypnotic trances of the dissenters. As a Tory and traditionalist, Astell was also highly critical of social disorder and inappropriate class behavior reminiscent of the periods during the Civil Wars and Interregnum.⁷⁸ During 1680s and 1690s, London merchants and tradesmen attempted to improve their social status and assert themselves in the domain of their betters. Astell maintained that the reason the idea of social improvement was planted in the minds of the middling and lower class was due to Protestant nonconformity. She stated that "little Londoners" were manipulated by the "pretended saints," who use ambiguous languages of dissent in order to "corrupt the people and fire the Mob."⁷⁹ The association of dissenters with social disruption reflected prevailing attitudes in seventeenth-century England. First, this connection exemplified England's preoccupation with class distinction. Second, these women in the dissenting groups disrupted social order by acting outside of their accepted domestic roles. By doing so, society regarded these women as threatening to the social patriarchy.

In Catholic France, opportunities existed for women to proclaim their piety in three ways: by becoming nuns, joining sisterhoods, and by actively practicing the Christian faith, particularly

⁷⁶ Kolbrener and Michelson, 101.

⁷⁷ Ibid., 101.

⁷⁸ Ibid., 105.

⁷⁹ Mary Astell, *A Fair Way with Dissenters and their Patrons* (London, 1704) as quoted in Kolbrener and Michelson, 111.

through charity.⁸⁰ In Western Europe, the Roman Catholic Church offered an alternative to woman's career as wife and mother—a woman could enter a convent. After 1520, the convent remained a viable option for women only within Roman Catholic territories such as France while Protestantism promoted the ideal of marriage as a heroic endeavor.⁸¹ The convents offered training in Latin, allowing some women to become considerable scholars, such as Gabrielle Suchon mentioned in the previous chapter. The dissolution of the monasteries in England by Henry VIII in 1536 and 1541 eliminated the opportunity for women's education within convents as well as their vocations as spiritual leaders. As Olwen Hufton explains:

The Protestant reform did not offer women any alternative to matrimony, as did the Catholic reform by the quasi-professional institutional life of the religious congregations, nor did it provide solace and succor in quite the same way as the panoply of saints and cults enriched by the Counter-Reformation.⁸²

As the above quotation insinuates, women were increasingly restricted in Protestant societies. However, Catholic France provided women with the alternative vocations as both a spiritual leader and scholar not available to them in England.

This discussion of religious ideologies concerning women is very limited in scope regarding such a vast subject. But what can be determined are that differing ideologies as well as the existence of convents in France, reinforced ideas surrounding the ideal vocations and roles of women in both societies. The opportunities for women in France as spiritual leaders as well as scholars provides further evidence for Carolyn Lougee's claim of the theoretical rehabilitation of women in France during the seventeenth century. With the connection between the church and

⁸⁰ Wendy Gibson, *Women in Seventeenth-Century France* (New York: St. Martin's Press, 1989), 209. For a detailed discussion of how women involved in charitable works penetrated the public sphere as *dévotés* see Brockliss and Jones, 405.

⁸¹ Domna C. Stanton and Rebecca M. Wilkin eds., *Gabrielle Suchon: A Woman who Defends all the Persons of her Sex* (Chicago: University of Chicago Press, 2010), Xvii.

⁸² Olwen Hufton, *The Prospect Before Her: a History of Women in Western Europe* (New York: Random House, 1995), 422.

medicine in France, there appears a correlation between the veneration of women and the refraining of French medical authors from placing women to blame for venereal infection.

Conclusion

Attitudes regarding class and religion in seventeenth-century England and France were often intertwined. Both England and France maintained the need for class distinction although in different ways. English medical treatises emphasized the need to separate the classes in order to segregate the diseased and immoral lower classes from the upper classes. The need to define class boundaries reflected England's attitude toward poor relief, particularly the removal of venereal patients from society in order to protect the social order. French medical authors refrained from accentuating class separation regarding treatment in order to stress the ability of every individual, regardless of class, as worthy of treatment. Pullan's observations concerning poor relief reflected these different approaches of both Protestant and Catholic societies. Catholic France promoted the rehabilitation of diseased individuals that required both spiritual and physical treatment. Protestant societies often tried to outlaw immoral behavior, with limited success, and focused more on condemning the diseased poor than providing aid. Finally, France provided women with the vocation of spiritual leader that was not available in England. Although some women were involved in dissenting sects, such as the Quakers, Protestantism was predominantly restrictive for women. Women that were involved with the dissenting facts in England received significant opposition from society. Convents in Roman Catholic Europe provided women the opportunity of learning, becoming a scholar or spiritual leader, as well as providing women with an avenue for obtaining an elevated position of respect. Ideologies surrounding class and religion shaped the way medical practitioners formulated their medical treatises, particularly in regards to the poor and in their perceptions of women.

CHAPTER 6

CONCLUSION

Medical treatises shaped how men regarded women and, in turn, how women thought about themselves. In seventeenth-century England, medical publications reflected the largely misogynist attitude of men toward women. As Merians's comments, "it would not be engaging in overstatement to say that venereal disease must have played a significant role in raising the level of misogyny during the eighteenth century" in England.¹ Although Merians's study focused on the eighteenth century, my research has shown that the same principles can be found in seventeenth-century England. English physicians described syphilis in terms of its relationship to women; venereal disease was not only created within the woman but also transmitted by her. As I have shown in Chapter 2 above, there was a continuation of these ideologies throughout the seventeenth century in England that became more pronounced by the end of the century. Contrastingly, French medical perceptions continued the "rehabilitation" of women during the seventeenth century. The third chapter identified how French practitioners viewed the association of venereal disease and women rather differently than in England. In France, physicians regarded both men and women as equally responsible for the causation and transmission of syphilis. Women were often described as victims of the disease in France, rather than the primary cause of the transmission in England.

This thesis has demonstrated that the equal treatment of the sexes with regards to venereal disease in France was the result of different cultural traditions as well as the impact that religious practices had toward shaping perceptions of women and class. The debate over the sexes helped foster the publications of literature promoting equality, such as those by Marie de

¹ Linda Merians, ed. *The Secret Malady: Venereal Disease in Eighteenth-Century Britain and France* (Lexington: University Press of Kentucky, 1996), 7.

Gournay and Gabrielle Suchon, and in turn limited misogynist writings against women in France. Others, such as Molière, satirized outdated ideas of male dominance and female submission in order to encourage better relations between the sexes. Medical publications appear as a reflection of these influences and furthered what Carolyn Lougee called the theoretical rehabilitation of women in France during the seventeenth century.²

Medical treatises in England also reflected societal concerns and supported social rules. By claiming the lower classes immoral and unworthy of treatment, English physicians emphasized the need to segregate the diseased lower class from the “cleanliness” of the upper class. The use of these medical publications for enforcing social regulations reflects the claim proposed by Mary Douglas: all cultures use ideas of dirt and contagion in order to uphold moral beliefs and impose social rules.³ On the other hand, France maintained the physician’s ability to treat all individuals, regardless of gender or social standing. The distinctiveness between the two approaches is similarly reflected in the differences of religious practices in England and France that ultimately shaped perceptions of women and class. Catholic France promoted the idea of rehabilitating any “diseased” individual through a rigorous process of spiritual and physical treatment.⁴ Protestant England attempted to segregate and remove unwanted members of society, and focused on condemning the diseased poor as beyond the capacity for healing. Catholic France venerated women and allowed women access to the convents and education that were limited in Protestant societies in the seventeenth century. When dissenting women attempted to

² Carolyn Lougee, *Le Paradis des Femmes: Women, salons, and social stratification in seventeenth-century France* (Princeton, New Jersey: Princeton University Press, 1976), chap. 1.

³ Mary Douglas, *Purity and Danger: an Analysis of Concepts of Pollution and Taboo* (New York: Routledge, 2005).

⁴ Although I have not done extensive research on other Catholic societies, David Gentilcore’s “Charlatans, the Regulated Marketplace and the Treatment of Venereal Disease in Italy” in *Sins of the Flesh*, ed. Kevin Siena, 57-81, supports my claim that Catholic practitioners maintained that no individual was beyond treatment. Gentilcore cites various early-modern practitioners in Italy who boasted of their ability to treat “well-known” Venetian prostitutes. These Catholic physicians underlined the fact that both men and women could suffer the scourge; it was not simply a matter of women infecting men.

surpass their domestic roles they were met with opposition, particularly from English individuals concerned with maintaining traditional order. Nonconforming-women became associated with inappropriate class behavior and viewed as threats to the established patriarchy. With the connection between the church and the medical facilities, it is highly probable that the “rehabilitation” or veneration of women influenced the more positive portrayals of women in French medical treatises.

This current analysis does not suggest that women in seventeenth-century France lived lives free from misogyny or lives relatively better than their female contemporaries in England. Although women in both societies faced various degrees of subjugation under patriarchal authorities, French women in the seventeenth century had one less thing to worry about; under medical authority, French women were not the source of venereal infection. Perceptions regarding the lower class and disease would change in both societies by the end of the eighteenth century, but for the seventeenth century, the opinions of medical professionals remained staunch in their declarations regarding venereal disease and women.

The moment disease is linked to a particular group, the more stigmatized that group becomes within a society. Scholars comment on the connection of early modern syphilis to modern-day AIDS. Claude Quézel suggests how AIDS has taken over syphilis’s role as the “terror of the masses.”⁵ AIDS, like syphilis, is a disease that incorporates shame and blame; authorities wishing to contain perceived threats to social stability emphasize ideas of fear, contagion, and immorality. Richard Davenport-Hines explains further the connection between AIDS and syphilis by drawing comparisons between perceptions of sexual diseases with the fear

⁵ Claude Quézel, *History of Syphilis* (Seghers, Paris: Polity Press, 1986), 273.

of homosexuality in the 1990's.⁶ Both responses to the early history of these diseases evaluated contagion in terms of gender; seventeenth-century England connected women, especially prostitutes, with creation and transmission of syphilis, and HIV became identified as a homosexual disease.

Although a full discussion of the church's role must be limited in this analysis, there are some striking similarities to the church's response to the initial onset of AIDS with the arrival of syphilis in early modern Europe. Officially, both the Protestant and Catholic churches denounced homosexual behavior in the twentieth century and yet provided different opinions regarding the infected individual. During the AIDS scare of the 1980s, John-Manuel Androite interviewed a Roman Catholic nun working for St. Vincent's hospital in New York in 1986. He was curious to find out whether gay men were welcome in the hospital in spite of the church's official condemnation of homosexuality by the Vatican the same year. Sister Patrice Murphy assured Androite that gay men were very welcome and had in fact always been part of the scene at the hospital. Regarding her treatment of gay men with aids, Murphy responded "my role here is a nurse, a caregiver. I'm not here as a moralist or a judge." She also explained that one of the most important issues that confronted gay men dying of AIDS was religion and a need for spiritual comfort.⁷ The idea of providing spiritual comfort in addition to physical treatment was absent in the declaration made by Evangelical Southern Baptist Jerry Falwell that AIDS was divine retribution for homosexuality. Although Falwell is an extreme example and not necessarily representative of the attitudes of non-Catholic denominations, he does provide evidence of the initial response of stigmatizing homosexuals with AIDS. Ted G. Jelen interviewed 18 Protestant

⁶ Richard Davenport-Hines, *Sex, Death and Punishment: Attitudes to Sex and Sexuality in Britain Since the Renaissance* (London: Collins, 1990). On his treatment of syphilis: pp. 16-54.

⁷ John-Manuel Androite, *Victory Deferred: How AIDS Changed Gay Life in America* (Self Published, 2011), 318.

clergy members in 1994 concerning their self-images as political leaders. When Jelen asked the clergy members to respond to Falwell's statement regarding AIDS as a divine punishment for homosexuality they unanimously declined to view the arrival of AIDS as God's punishment. Even though the clergy members denied the association, they provided ambiguous responses. One Protestant minister stated:

Well, I think we ought to call it [homosexuality] by its right name; it's a sin, and the Bible says it's an abomination...God created Adam and Eve, not Adam and Steve...No, I don't think it's a plague that God has visited on us, but it's like other abuses of the body. (Examples?) Well, if you don't exercise, and eat unhealthy foods, you're more likely to have a heart attack. Now, God didn't give you that heart attack, but it's a consequence of failing to take care of your body.⁸

Jelen believes the response reinforces individual responsibility or individual culpability for one's health. However, I believe that there was more to the statement than simply identifying the individual's responsibility with becoming infected by AIDS. By first addressing homosexuality as a sin and then comparing an individual's poor life choices to becoming sick, the clergy member seems only to be reiterating Falwell's declaration of AIDS as a punishment for immoral behavior. Both examples of the Catholic nun and the Protestant clergy member do not encompass all of the varied opinions of the churches on the association of AIDS and homosexuality. Yet they do offer a glimpse into the drastic differences between theological thoughts regarding AIDS during its initial inception into America.

More recently, various religious organizations have taken action in providing support for individuals infected with AIDS. This gradual change in lessening the stigmatization of homosexuals with AIDS is partially the result of better understandings of the disease as transmittable by both sexes and by any sexual orientation. Similar to the arrival of syphilis in

⁸ Ted G. Jelen, "Protestant Clergy as Political Leaders: Theological Limitations," *Review of Religious Research* 36, no. 1 (Sept., 1994): 30.

early modern Europe, some attitudes toward venereal disease gradually changed. For example, by the middle of the eighteenth century, England developed Magdalene hospitals for prostitutes that France had established a century earlier. However, not all stigmatization has completely disappeared for either syphilis or AIDS, as both prostitutes and homosexuals are still branded with associations of sexually transmitted diseases. Furthermore, the opinions and attitudes of the church, both in early modern and modern times, shaped society's perception of disease and the individuals plagued by it.

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