In his 1596 treatise on venereal disease, the English surgeon William Clowes warned readers to avoid contact with a specific group of people, saying, “It is wonderfull to consider how huge multitudes there be of such as be infected . . . [by] a great number of rogues and vagabonds . . . [in] lewd alehouses.”¹ In the next century an anonymously scribed tract appeared entitled The Whore of Babylon’s Pockey Priest. This antipopish invective reported how a Catholic priest arrested in London was found to be under an apothecary’s care for the French pox. The author warned the public how “goatish” Catholic priests debauched wives and daughters during confession and spread the pox throughout England.² At first glance these two documents appear oddly juxtaposed, since the one is a sixteenth-century medical text and the other a seventeenth-century popular piece of religious rhetoric. However, they share an important feature. Both employ the frightening image of venereal disease to demonize perceived threats to the social order. Sixteenth- and

¹ William Clowes, A short and profitable Treatise touching on the cure of the disease now called Morbus Gallicus (London, 1579), chap. 1, fol. 2 (hereafter cited as A short and profitable treatise).

² Anonymous, The Whore of Babylon’s 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 of 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 Venerable Cure. With some other remarkable relations and proofs of the Debaucheries and Villanies of the Popish Church in general (London, 1680).
seventeenth-century English puritans believed alehouses threatened society because they promoted sin among the lower orders, who defied God's teachings by gambling, drinking, fornicating, skipping church, and neglecting their families. The puritan surgeon Clowes shared his fellow Calvinists' anxiety about the disruptive influence of alehouses, and he used the threat of sexual danger to highlight this social danger. His discussion of alehouse patrons formulates a sort of early modern analog to the now common "high risk groups" to be avoided. He called alehouses themselves "the very nests and harborers of such filthy creatures" where people "of better dispositions than others are many times infected." This rhetoric, which presented the space itself as pathological, seems oddly akin to warnings in the 1980s about bathhouses. Infinitely more frightening than alehouses in early modern England was Catholicism. English historiography now supports that anti-Catholic paranoia was undoubtedly one of the most powerful animating fears in the period, sparking popular disturbances and political clashes throughout the century. Not surprisingly, The Whore of Babylon's Pocky Priest appeared during one of the most intense periods of antipopish paranoia, the Exclusion Crisis. With great rhetorical skill, its author linked the French pox to popery. He metaphorically paralleled the Catholic Mass and mercurial cure to employ the fear of the one to augment the fear of the other.

The fear of alehouses and antipopery are merely two aspects of the larger phenomenon that this article seeks to address, namely, the way in which social dangers were linked to sexual dangers in the early modern

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5 Clowes, A short and profitable treatise, chap. 1, fol. 2.


7 The Whore of Babylon's Pocky Priest includes images like the following: "In the very Sacred Feast of Christmas, when he should have been chaunting his Aves and his Te Deums, then he was spawling and howling under the Tortures of his half putrefied bones, and sharp but necessary discipline of Bolus, Sudorific Julep and Diet-Drink, or thundering out of Anathema's with Bell, Book, and Candle against all unwholesome Whores, and raving at Nauseous Turpentine; But he is not the first priest by a Thousand, that has undergone the Penitential Exercise" (pp. 14–15; original italics).
period. Anthropologists have established how virtually all cultures employ beliefs about dirt and contagion to uphold moral beliefs and enforce social rules.8 This article will explore how medical authorities employed the frightening image of venereal disease to help create and enforce danger beliefs aimed at policing behavior—behavior that was usually, but not always, sexual. Furthermore, it will show how gender and race played a crucial role in this process. Medical writings about sex, by definition, reflect cultural beliefs about maleness and femaleness. Such ideas informed early modern venereological literature at its deepest levels. Likewise, the debate about the origin of the disease incorporated ideas about racial difference. These cultural attitudes affected all aspects of early modern venereology, from scientific understanding of the nature of the disease to treatment strategies. The subsequent medical literature in turn helped establish and support prescriptive attitudes toward female promiscuity and miscegenation. Thus this analysis will demonstrate how taboo behaviors were controlled by employing images of a taboo disease, and simultaneously how these cultural attitudes helped to mold early modern medicine.

When gauging the impact of such cultural beliefs on medical thought, it must be remembered that these doctors were men of science. Therefore, it is crucial that scholars of venereological texts grasp how internal scientific developments affected medicine in this the age of Paracelsus, William Harvey, René Descartes, and Sir Isaac Newton. Until recently, historians of medicine and science were split between internalists (those who charted influence from one thinker to the next) and externalists (those who held that cultural context forms science).9 Historians of medicine must now move beyond this divide and try to incorporate the advantages of both schools. The study of venereal disease—clearly linked to cultural attitudes as well as central to contemporary theoretical debates—offers a unique opportunity to do just that.

I. Women in the Texts: Prostitutes and Wet Nurses

Many scholars believe that syphilis arrived in Europe with the return of the Columbian expedition, but debate continues on two fronts. Paleopathologists continue to differ as to whether syphilis existed in Europe

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prior to 1492. Moreover, a recent contribution to the history of venereology has made the important point that it is anachronistic even to use the term “syphilis” when discussing early modern venereal disease. To do so is to read a modern bacteriological conception backward. When early modern doctors spoke of “The Venereal Disease” or “The French Disease,” this single disease concept subsumed many conditions that we now separate: syphilis, gonorrhea, chancre, and a host of other urethral and genital complaints. This article will accordingly avoid applying the term “syphilis.”

These points aside, surely many contemporaries believed a new disease raged, because it is in the 1490s that we find the first medical texts devoted to Morbus Gallicus, the French disease. Two theories of origin dominated fifteen- and sixteenth-century venereological literature: the pox arose either from divine punishment or from astrological misfortune. Those arguing for providential origin relied on biblical precedents to claim that the Lord sent the scourge upon mankind for sin. Astrological explanations detailed the fatal alignment of Saturn, Jupiter, and Mars that produced poisonous vapors, the breathing of which caused disease. The two explanations were not mutually exclusive, and many medical writers synthesized them, claiming that the fatal celestial realignment was the handiwork of an angry God. In his examination of these earliest tracts, medical historian Jon Arrizabalaga concluded that the idea that the pox came from some “superior cause” was “unanimously shared by all doctors” who relied on the classic causal chain used to interpret medieval epidemics: “Divine Cause, Fatal Conjunction of Stars, Corruption of the Air, Pestilence.”

Experience quickly demonstrated that the new disease was sexually transmitted. However, the belief that the pox arose from evil vapors and its dermatological manifestations much akin to leprosy prompted many to think that it also spread via the shared use of drinking vessels.

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utensils, sheets, clothing, or lavatories. Belief in contamination through such casual contact allowed Clowes to justify the demonization of alehouses in which honorable folk might be unknowingly infected by poxed rogues. But from the moment the pox was linked to sex, it became linked to women. As a result, ideas about women's behavior, women's character, and women's bodies played a central role in early modern venereological literature. Early modern scholars, however, have only recently begun to place these themes at the center of the French disease's history. Previously, medical historians focused primarily on the disease's origin and treatment. Winfried Schleiner's work marks an overdue corrective for the Renaissance, and recent studies have explored the relationship between gender and venereal disease in the eighteenth and nineteenth centuries. It is undeniable that early modern venereological literature showed an overwhelming tendency to present women as causal agents, to discuss contagion almost solely in terms of male victims, and to present images of women as deceptive and dangerous, female biology as pathological and dirty.

An examination of case studies shows this clearly. Venereologists, like all early modern doctors, often employed case studies (whether actual or fictitious we cannot know) to support or illustrate theoretical points. In tract after tract, early modern venereologists supported their discus-


sions of transmission with cases of men infected by women. Moreover, they often took this opportunity to pass moral judgment on female patients. For example, the aforementioned William Clowes told the (common) tale of an infected man who swore to his partner's fidelity. Clowes warned him that “he might easily be deceived, for it is a common and true saying, She that will be a whore with one man, will no doubt be the same with another.” Clowes then continued the narrative:

He went presently to mistris honestie his sweet hart . . . [and told her] that he was infected with the great disease, and he got it by some ill woman, the which to heare caused hir to shed many a dissembling teare. . . . [She begged] that he would not put up such an injurious slander . . . it touched her credit greatly, and she did sweare unto him, but onely for him and hir husband she was as good a maid as she was borne of hir mother. But the gentlemen was wiser than to satisfie the bloody minde of a harlot.17

Such stories are common currency in early modern tracts. This is particularly notable a century later in a treatise by London surgeon John Marten, whose work was notorious for its copious, even titillating detail. Browsing his many cases, one finds a variety of extravagant tales such as the following concerning a young boy infected by an apparently sex-starved woman lodger. Marten stated, “A man of good reputation in this town, happened to suffer a certain (as he thought Modest) Woman to lodge in his house, who for a few nights . . . lay with his son, a very harmless and silly lad, about the Age of eight or nine years; she being very lecherously moved by the spirit of the flesh, in the night drew the child several times to the place of her husband; so that the child used no activity of body, nor in any way enjoy’d himself there.”18 Note the care Marten took to assign complete guilt to the woman by assuring that the boy in no way participated in, nor derived pleasure from, the sexual act. Moreover, this case, like many, stressed the danger infected women posed to the family. The theme of the family, in fact, dominated many early modern venereological discussions, as will be shown below.

Theoretical descriptions of transmission also presented the feminine as agent, the masculine as victim. Often these went on to detail why female biology was particularly suited to transmit the disease. Consider a 1673 translation of Daniel Sennert’s late sixteenth-century description

17Clowes, A Brief and Necessary Treatise, p. 195.
of the womb. He stated, “Truly men contract this evil from women that are infected, because in the [sexual] act . . . the Womb being heated, vapors are raised from the malignant humours in the womb, which are suck’t in by the man’s Yard.”\textsuperscript{19} Similarly descriptive is surgeon Thomas Needham’s warning about the dangers of even nonpenetrative genital contact, which was also founded on the notion of ill vapors of the womb. He cautioned, “[when] people wantonly have been exercising each others privates, though somewhat distant from Carnal Contact, yet not so unneighborly neither . . . that the Pocky Steams of the diseased woman do often evidently imprint their malignity on the genitals of the healthy play-fellow.”\textsuperscript{20} Here Needham neatly assigned the gender roles that dominated early modern venereological literature: “diseased woman” infecting an unfortunate, male, “healthy play-fellow” victim.

Unsurprisingly, prostitutes are found in most English venereological tracts from this era. The connection between prostitution and venereal disease emerged soon after the malady came to be considered sexually communicable. Henry VIII closed the public stews in 1546, and Scottish edicts banishing whores, healthy and infected alike, appeared as early as 1560. Prostitution persisted despite these efforts, and medical commentators responded by issuing warnings about the dangers of brothels. They often lamented that even harsher measures were not taken to police prostitutes. For example, Nicholas Culpepper and his coauthors complained in 1660 that stews were still tolerated. Moreover, the authorities failed to respond to the threat of venereal disease as rigorously as they responded to the threat of plague. These authors reasoned that “if the same diligence and curiosity, which is used in some places in the time of pestilence to exclude the infected and suspected persons from the society of others, were made use of to restrain that rambling whoring, perhaps this disease . . . might be rooted out.”\textsuperscript{21} One medical writer offered a more detailed plan to deal with the problems of prostitutes. An anonymous practitioner with the initials L. S. penned \textit{Profulacticon: Or Some Considerations of a Notable Expedient To root out the French Pox From the English Nation}. In this he argued that the only sure way to rid England of the pox was “to remove . . . those pernicious Animals, Common Pockie and Incurable Prostitutes.” When faced with the problem of what to do with so numerous a group, he offered a solution “commodious to the city, advantageous to his Majesties interest in his plantations, and a

\textsuperscript{20}Thomas Needham, \textit{A Treatise of a Consumption and the Venereal Disease: the signs or symptoms of the Venereal Infection with various methods of cure} (London, 1700), p. 6.
design of charity to the wretches themselves." He proposed they be transported to the West Indies. This draconian measure he rationalized in the name of climate, it being commonly held that the disease was more easily cured in the tropics than in Europe.

The Transportation of these Common and Incurable Courtizans, will be a Work of Signal Charity to the Prostitutes themselves, to remit them and the Pox to the Indies from whence it came. For . . . this is the only way to attain a Speedy and Perfect Cure. Here in this cold Climate all the Art of Man is not able ever to cure them, the Pox is so profoundly rooted in their bones. But in those hot Countries the Pox, which here could not possibly be overcome, has often in a fortnight been thoroughly cur’d as has been experimentally attested by several.

While prostitutes represented the most visible and identifiable group of sexually active women upon whom to pin the new disease, the gendered discussion of transmission was hardly confined to them. Equally prevalent in the medical literature was the wet nurse. Mammalian transmission was unfortunately common, and virtually all venereologists focused great space in the text on the dangers of infectious nurses. These, too, they often supported with case studies. Thomas Johnston’s 1634 English translation of French surgeon Ambrose Pare’s treatise includes one case later retold by English doctors throughout the century: “A certaine very good citizen . . . granted to his wife, being a very chaste woman, that she should nurse her owne childe of which she was lately delivered, shee should have a nurse in the house to ease her of some part of the labour: by ill-hap, the nurse they took was troubled with this disease; wherefore she presently infected the childe, the childe the mother, the mother the husband and hee two of his children who frequently accompanied him to bed and board.”

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22L. S., Profulacticon: Or Some Considerations of a Notable Expedient To root out the French Pox From the English Nation. With Excellent Defensive Remedies to Preserve Mankind from the Infection of Pocky Women (London, 1673), p. 82.


24Ambrose Pare, The workes of that famous chirurgion Ambrose Parey, trans. Thomas Johnston (London, 1634), p. 38. The tale reappears in Gideon Harvey’s Great Venus Unmasked: Or a more exact Discovery of the Venereal Evil or French Disease, comprising the Opinions of most Ancient and Modern Physicians, with the particular sentiment of the Author touching the Rise, Nature, Subject, Causes, Kinds, Progress, Changes, Signs, and Prognosticks of the said Evil. Together with Inculent Problems, Pregnant Observations, and the most Practical cures of the Disease, and Virulent Gonorrhea, or Running of the Reins. Likewise a Tract
fected the infant, but brought destruction to the entire family. This case is archetypal in that it displays all the common features of most passages on nurses: a wholesome family, a deceptive nurse, and a dead infant. The theme of the family dominated these discussions in which nurses penetrated the sanctity of the household and brought destruction by way of venereal infection to its most defenseless member, the newborn. Medical writers again took the opportunity to moralize about these women. Clowes cautioned his readers to stay away from nurses he characterized as “wicked,” “filthie,” and “lewd.” Similarly, Marten called a nurse from one of his cases “exceedingly to blame, and indeed very indiscreet to take the Child to Suckle,” claiming she purposely deceived the parents of her illness and killed the child.

Here again the process of harnessing the image of venereal disease to an existing danger belief becomes clear. Since at least as early as the mid-sixteenth century the common practice of wet nursing had been under attack. As in the anti-alehouse movement, anti-wet nurse campaigners were godly Calvinists. Hoping to save the family from corruption by poor nurses—who they believed would corrupt a child morally and weaken familial bonds by supplanting the mother in the child’s eyes—anti-wet nurse campaigners did all they could to promote maternal feeding throughout the seventeenth and eighteenth centuries. Medical authorities stood alongside religious moralists in denouncing wet nursing. Walter Harris, who wrote on pediatrics, asserted that mothers would likely “suffer a deserved punishment,” finding their children “more cool to them, but warm and affectionate towards the nurse who took them up and performed the duties of a real mother.” He further highlighted class anxiety when he warned that children take on poorer nurses’ “natural inclinations, . . . passions, . . . manners and disposition.”


Clowes, A Brief and Necessary Treatise (n. 14 above), pp. 151–52.

Marten, pp. 10–11.


The early modern venereological presentation of wet nursing must be viewed against its cultural backdrop. By highlighting the danger of wet nurses, early modern venereologists lent strong support to those who sought to eradicate the practice for wholly cultural reasons. The pox provided the smoking gun that moralists needed as they implored mothers to breastfeed their own children. As a result, the discourse on wet nurses further connected women with the spread of venereal disease, and extended the category of dangerous women beyond merely prostitutes.

II. Changes in Venereological Theory

During most of the first century and a half of the pox’s European existence, these gendered images littered case studies, presentations of the means of contagion, and discussions of nurses. However, one subject virtually every venereologist dealt with was apparently resistant to the influence of gendered beliefs, namely, discussions of the origin of the disease. This changed in the seventeenth century. As noted earlier, providential and astrological theories held the high ground in this debate through the sixteenth century. In the late seventeenth century, one theory undermined such ideas. The author of the 1684 English treatise A New Method of Curing the French Pox claimed venereal disease could arise spontaneously in the wombs of women who had “Conversation with many men, the mixture of so many Seeds does occasion such a Corruption of the Passage of the Matrix that it degenerates into a proper virulent Ferment.”29 In fact, this “new” theory was originally published over a decade earlier in France by Nicholas de Blegny, and translated into English by Walter Harris in 1673. Blegny’s theory became quite influential in England and is worth examining. His novel definition of the pox follows: “The Pox is a contagious Distemper occasioned by contact and by means of a Venomous Salt, proceeding from the mixture and corruption of the seeds of 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 to 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.”30 In other

29Quoted in Schleiner (n. 16 above), p. 505.
30Nicholas de Blegny, New and Curious Observations concerning the art of Curing the Venereal Disease, and the accidents it produces . . . Explicated by Natural and Mechanical principles with Motions, Actions and Effects of Mercury, trans. Walter Harris (London, 1676), p. 3. This was originally published in French in 1674. A somewhat similar theory appeared in Latin by a Pauduan physician, Giovanni Tommasso Minadoi (d. 1615). Blegny’s treatise appears to be the earliest vernacular expression of the theory and the first to employ iatrochemical principles.
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words, the pox was the corrupted material resulting from the mixture of
different men's semen. Thus, women who had sex with more than one
man produced the disease. It was not merely that the semen of different
men came in contact, however, but that this took place in the womb.
Blegny clearly stated, “It is easy to conceive how these seeds being mixed
together, may pass from their fermentation to corruption . . . due to the
heat and moisture of the part that contains them.” 31

This discussion of heat and moisture is striking since traditional medi-
cal theory taught that women were cold and wet, while men were hot
and dry. This claim, then, that the heat of female physiology played a
crucial role is puzzling. Yet, heat was central to many discussions of early
modern venereal disease. Venereologists taught that people of a hotter
constitution received infection more readily and transmitted the disease
more effectively, because heat “agitated” the venereal poison. A person's
body heat could also be intensified by spicy diet, wine, or sexual excite-
ment. Contemporary scientific writers on fermentation, such as Thomas
Willis, stressed the role of heat and moisture to putrefaction 32 (the pro-
cess that the above theory claims took place in women's wombs), and
there is extensive evidence that venereologists held that the sexual act
itself heated women's bodies to dangerous, even pathological levels. The
role of heat in venereal infection is evident in the following rather
lengthy passage from a 1673 tract penned by the aforementioned anony-
mous venereologist, L. S. 33 He asked the important question:

What kind of Pockie Women are most dangerous? I answer, that
young Women are more Infectuous than Ancient: so also those
who are of a spare, thin cholorique Constitution of body, and also
such as are of a sanguin, hot, and moist complexion. . . . The rea-
son is manifest; for young women are more hot and moist than old,
and by consequence, the Venom in such bodies must needs be
more diffusive of itself, than 'tis in an old, dry, cold body. The Pox
is very malignant in a cholorique, hot, and dry Constitution; be-
cause by the great heat of the Body the Venom is calcin'd and
advanc'd to a high degree of Malignity. In bodies which are san-
guin, hot and moist, the Venom is active, spiritous and quick, be-

32 Thomas Willis, Of Fermentation or the Inorganical Motion of Natural Bodies in The
remaining medical works of that famous and renowned physician, Dr. Thomas Willis, trans.
33 “L. S.” termed himself “Dr. of Physick.” He was likely a physician; his knowledge of
both Greek and Latin points to his education, and he was a friend and associate of Gideon
Harvey (who he terms G. H.), fellow of the Royal College of Physicians. A perusal of the
college's roll, however, turned up no fellows with the initials L. S.
cause Heat and Moisture increase Putrefaction and Corruption of Humours; and being diffusive qualities soon communicate the Venom.\(^{34}\)

Thus heat played a fundamental role in early modern venereological theory since it agitated the venereal poison, increasing its malignancy and rendering a woman that much more contagious. This logic led to interesting advice to men on how to protect themselves. Put simply, in the seventeenth century safe sex was cold sex. This is clear in L. S.’s continued discussion of which women he considered to be low risk: “But of all women, she who is dull, sluggish and of a phlegmatique, gross, cold Constitution is the least infectuous: for such a woman, . . . does not very quickly communicate the Pox, but many times the first to converse with her, receives no damage at all, but the second, who comes upon her when her body is heated and the Venom agitated and stirr’d, receives the Pox.”\(^{35}\) This notion that a woman’s contagiousness increased as she took on more lovers was common. Physician Gideon Harvey, for instance, shared the same opinion. Ironically, Harvey held that sex with prostitutes was usually safe, because prostitutes were “frigid” by nature and not normally heated by sex. “Nine and forty in fifty make their [safe] evasion,” he claimed. However, he warned, “if perhazard she trades with a handsome fellow she likes, her phansie having the command of her uterin spirits . . . be sure his lot will prove unfortunate.”\(^{36}\) Handsome men beware. Considering all this, then, it follows that by engaging in sex with multiple partners, women’s bodies became a dangerous arena in which two perverse things took place: different men’s semen conjoined, and women’s physiology—normally cold by nature—became unnaturally, dangerously hot.

In one sense Blegny’s theory, which I will call the putrefaction theory, represented the culmination of the long-existing trend to associate women with the disease. But it was more than that. First, it significantly broadened the category of those who were responsible for the spread of the pox. No longer were discussions limited to prostitutes or wet nurses, but now all women could potentially produce and spread the disease. This of course drew upon a long medical tradition that presented female anatomy as pathological. But this theory now attributed actual agency to the womb and relocated power—the destructive power to create a deadly disease—from providence and the movement of celestial bodies to the female reproductive organs.

As odd as this theory may seem to a modern audience, it was quite

\(^{34}\) L. S. (n. 22 above), pp. 44–46; italics are original.
\(^{35}\) Ibid., pp. 46–47.
\(^{36}\) Harvey (n. 24 above), pp. 62–63.
popular in its own time. It quickly became a dominant explanation of the origin of the pox, and one finds the theory itself, or references to it, in virtually every piece of venereological literature for over seventy years. In 1707, for example, empiric William Salmon related the same opinion, while London surgeon Richard Boulton’s version is remarkably similar to Blegny’s own treatise. Four decades after the English translation of Blegny, Boulton wrote, “When by the lasciviousness of a woman she admits of too frequent congress with different persons, the course of nature is quite perverted and the semen . . . is vitiously depraved and too much exhausted by the extraordinary heat of the uterus.” Boulton was a member of the Royal College of Physicians, as was the original translator of Blegny’s treatise, Walter Harris. This indicates that the putrefaction theory was far from England’s medical fringe, but rather embraced by the generally conservative medical establishment. An interesting twist on the putrefaction theme appears even later in the 1738 English translation of a treatise by the important French surgeon Pierre Desault. He contended that the corrupt mixture of semen produced what he termed “venereal worms,” which would infest the genitals, multiply, and spread the disease. What is important is not only that one finds examples of Blegny’s theory as late as the mid-eighteenth century, but that in the fiercely competitive field of venereology there were surprisingly few subsequent practitioners who challenged the theory’s scientific soundness. Even doctor Thomas Needham, who seemed to scoff at the theory he called “merry conceit” and “romantick,” acknowledged that it was based on sound principles when he stated, “That there is a ferment in the remains of mixt seed of several men, I do not in the least doubt.” He did not think the pox was produced this way, but did believe that such a “ferment” could render a woman infertile.

Why was this particular theory so popular? To begin with, because of its linguistic form. This language of putrefaction, fermentation, acidic particles, and salts reflects a larger late seventeenth-century branch of science called iatrochemistry. Essentially, iatrochemistry was medicine’s early attempt to incorporate Paracelsian and Helmontian chemistry and the new science then gaining support at universities. The shift from providential and astrological theories stemmed from the declining influence of these ideas in science at the end of the seventeenth century.

But while the triumph of mechanistic philosophy might seem like a progressive inevitability to modern observers, the adoption of iatrochemistry by the medical sphere had as much to do with social and economic factors as it did with scientific ones. Venereological care was one of the most lucrative practices for early modern city doctors. There was no medical division of labor as physicians, surgeons, and fringe practitioners all competed to theorize about the disease and treat it. Many venereological tracts were self-published advertisements proclaiming the practitioners’ prowess and prominently displaying the address of his office on the title page. Some went to the extent of promising discreet treatment of the taboo disease, and even offered directions to back-door entrances to allow gentlemen the utmost discretion.40 Similarly, the adoption of iatrochemistry has been shown to have served practical economic purposes. In his study of the London College of Physicians, Theodore Brown illustrated how the college responded to the intensely competitive London scene by adopting the new science to solidify its own position of prominence. Iatromechanism and iatrochemistry were suited to this purpose because they allowed doctors to acquire the “forward looking orientation” of the newest scientific trends, while still supporting long-standing practices.41 While the putrefaction theory appears revolutionary, it did not accompany any corresponding revolution in treatment. The only difference was that now while patients suffered through mercury treatment, their doctor might wax philosophic about putrefaction.

III. The Putrefaction Theory and Sexual Danger: Adultery and Miscegenation

The progressive style of the putrefaction theory cannot by itself explain its popularity, for this only explains its vocabulary and not its content. This theory gained prominence because it supported long-standing ideas about female sexuality. A long European tradition associated female sexuality with filth and disease. Such beliefs were already common long before the pox struck in the 1490s. They tended to focus on ideas of female reproductive organs as unclean, and frequently centered around the process of menstruation, which well into the early modern era was held to


be a form of excretion. The Church, for example, forbid menstruating women from handling sacred vessels or entering sacred places for fear of contamination. Menstruating women were frequently prohibited from preparing food due to anxiety about the possibly poisonous results. Further, it was quite commonly held that sex with a menstruating woman would either cause leprosy in the man or produce a child with birth defects. This association between female sexuality and disease in general formed the basis for a connection between women and pox in the popular mentality from an early date. Studies have documented the multitude of gendered associations that appear in popular literary and artistic representations of Morbus Gallicus, which shows that in the minds of many it was, indeed, in Ben Jonson's words, "Pandora's pox."

But the popularity of the putrefaction theory rested on more than popular conceptions of women as inherently polluting. The theory that promiscuous women produced a deadly disease powerfully supported the strong cultural fears about undomesticated female sexual activity. Female sexuality had been relegated to one limited sphere in which it was acceptable: monogamous marriage. The subordinated role of married women was fundamental to the early modern concept of the family and social order. The family represented order on many levels: as the fundamental economic unit in an era of agrarian existence and home workshops, as the center of religious teaching, and as a metaphoric microcosm of the monarchical state itself. Order at all these levels rested on strong patriarchies with children subordinate to parents, and wives subordinate to husbands. Threats to the institution of the family were

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44 Gordon Schochet, Patriarchalism in Political Thought: The Authoritarian Family and Political Speculation and Attitudes, Especially in Seventeenth-Century England (Oxford,
taken seriously, and as we have already seen in both the anti-alehouse, and anti-wet nursing campaigns, the family was an extremely powerful discursive image. Perhaps nothing was as threatening to the family and social order as female promiscuity. Adulterous wives undermined the social order by scarring the public credit of their cuckolded husband and confusing both the legitimacy of his progeny and important related property issues such as inheritance. Moralists, such as the author of *A Treatise concerning Adultery and Divorce* (1700), highlighted these very points when explaining why wives’ infidelity was more despicable than that of husbands.\(^{45}\)

One result of the social danger posed by female adultery was the infusion of accusations of sexual misconduct with powerful cultural currency. The abundance of early modern sexual defamation cases in church courts testifies to this. Studies of these cases show that the majority of litigation involving female plaintiffs concerned women defending themselves against the charge of “whore” or some similar pejorative aimed at their sexual reputation. Women used the courts to defend themselves against such claims, since to be so deemed was to be publicly accused of a dangerous transgression.\(^{46}\) These accusations often coincided with claims of venereal infection, as in the case of a woman colorfully described to “be-ryth feyre [fire] in her ars for every man to light his candyll att.”\(^{47}\) The threat of married female promiscuity found legal expression in the Adultery Act of 1650, which made adultery punishable by death. In practice the courts rarely employed this harsh sentence, and usually preferred punishments based on forms of public humiliation. But the 1650 Adultery Act was nevertheless important because it defined adultery as a specifically female crime. It defined male infidelity separately as “fornication,” a lesser offense.\(^{48}\) The putrefaction theory asserting that female promiscuity represented a biological danger paralleled the belief that such behavior represented a social danger. In fact, we can view the putrefaction theory as a medical metaphor for female infidelity itself, with

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\(^{48}\) On the English Adultery Act’s gender specificity, see Keith Thomas, “Puritans and the Adultery Act of 1650 Reconsidered,” in *Puritans and Revolutionaries* (n. 3 above), pp. 251–62.
organs, fluids, and salts substituted for the men and women they represent. Some exponents even used the term “adulteration” (a scientific term referring to the corruption of a solution) when discussing the mixture of semen. The putrefaction theory was popular because it gave a medical explanation for what most people believed to be true already, that female sexuality outside the established social bounds of acceptability was dangerous.

The only contemporary opponents of the putrefaction theory were those who opposed it because it logically disagreed with the American origin of the disease. Such logic ran: since there have always been promiscuous women, the pox should have always existed; but the pox first appeared in 1494, and therefore the putrefaction theory must be wrong. This augured poorly for its proponents, but French court physician Jean Astruc was able to reconcile the debate by restructuring the putrefaction theory to place it in accordance with the Columbian theory. In doing so he offers a particularly rich example of the inexorable connection between cultural attitudes and medical theory in the early modern period. For Astruc it was not sexually active European women who produced the disease, but promiscuous Native American women. He remarked that Amerindians ate poisonous snakes and spiders, smoked tobacco, and lived in such a hot climate that the women had unusually acidic menstruation. This was so toxic, according to Astruc, that if a European settler stood near a menstruating native woman who urinated they would be “seiz’d with a fever, hedache, and [possibly] a pestilence.” On the generation of the pox he states:

The [Native] men, through the violence of their lust, lay like beasts with the first woman they meet with, and as the women through an excess of incontinence, promiscuously admitted all that offered. . . . Nay whilst their menses were upon them they would impudently invite and press men more to lie with them at that time, their lust breaking out of them, as in brutes, through the heat of the womb with greater rage than at any time. No wonder then that the different acrid, and heterogeneous seed of several different men blended together, and mix’d with a sharp and virulent menstrual blood and contained in the over heated womb of filthy women should by time [corrupt into the venereal disease].

This comes from an English translation of Astruc’s treatise eighty years after Blegny’s first vernacular publication of the putrefaction theory.

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49 Salmon (n. 37 above), p. 687.
Clearly Blegny’s ideas had already enjoyed popularity. By revamping the putrefaction theory to set it in the colonial context, Astruc made it virtually axiomatic in the second half of the eighteenth century. His version, which combined cultural views of race and gender, convinced the vast majority of the American origin of venereal disease. Perhaps doctors tired of the old debate over the origin of the pox, but until the end of the century figures of no less importance than John Hunter bowed to Astruc’s expertise and referred those interested in the origin of the French disease to his treatise. Note the reverence in the following late eighteenth-century tract by surgeon Jesse Foot: “Astruc has given such a history of the Venereal Disease, has entered so minutely into the origin of it, has recorded the new symptoms of it as they appeared in different periods after its introduction... has so completely collected the very numerous authors that have written on the subject, and hath with so much erudition and candour given us their different opinions and different modes of cure that his authority must always be looked up to so far. It is itself a library on the disease.”

Climate is central to Astruc’s version of the putrefaction theory. Here again the importance of heat in venereology becomes apparent. Like earlier writers, Astruc also believed that heat raised the potency of venereal disease. In addition, he also employed the discourse of heat to characterize native people as lusty, dangerous subhumans who “lay like beasts,” “their lust breaking out of them as in brutes.” Astruc went on to consider historical and literary evidence to prove that in addition to the West Indies, the pox also existed from an early date in Java, Africa, South America, and China. He concluded that it was logical that the similar conditions in those countries, climatic and sexual, would have produced the same pathological result. He stated: “For these all situate in the Torrid Zone. There must have been in them the like heat of the air as in Hispaniola, a like disposition to impurity and the same propensity to copulation. ... Therefore it appears that in all places where the Venereal Disease seems to have been formerly endemical, the like heat of climate was joined with incontinence of the inhabitants. There is reason to believe that the same disease, [in such scattered, isolated regions] must have been formerly produced by a like concurrence of causes.” Astruc even asserted that venereal disease could not be produced in Europe because “the climate is more temperate in Europe, [therefore] there is not the same acrimony in the seed of men, nor the same virulence in the

51 Jesse Foot, A complete treatise of the origin, theory, and cure of the Lues Venerea, and obstructions in the urethra, illustrated by a great variety of cases. Being a course of twenty-three lectures, read in Dean Street, Soho, in the years 1790 and 1791, vol. 2 (London, 1792), p. 21.
52 Astruc, pp. 88–89.
menstruous blood, nor the same heat in the wombs of women.”

Thus, Astruc used climatic difference to justify the demonization of non-Europeans spread all over the globe and hence displace responsibility for the disease to almost everywhere except Europe.

Generally speaking, venereological commentary on the New World followed Astruc’s model by presenting natives as a libidinous and filthy sexual threat to Europeans. It would seem that such images served to warn readers of the dangers of miscegenation. Such a reading suggests a connection between the medical demonization of interracial sex and such prescriptive measures as the 1692 British legislation prohibiting interracial marriages in Virginia. Miscegenation, however, was common in colonial cultures, suggesting a lack of a strong taboo. Perhaps the answer to this contradiction lies in the existence of a different sexual ethic toward race between colonial Europeans abroad and their brethren back in Europe, who relied on exotic and frightening images constructed by writers such as Astruc. In all events, Anglo-French discourse on venereal disease and its origin gave writers a fruitful context in which to define themselves in superior relation to newly discovered peoples, as well as offering a frightening reason to justify limiting contact with these people.

Conclusion

The evidence demonstrates that early modern English medical writers employed beliefs about venereal contagion to enforce or try to establish social rules. These venereologists certainly had real health care issues in mind. Nevertheless, if we place their ideas in the context of other efforts

53 Ibid., p. 94.
56 Ivana Elbl has recently explored the subtleties of this tension between colonial and homeland attitudes toward interracial sex in Portuguese West Africa. See “‘Men without Wives’: Sexual Arrangements in the Early Portuguese Expansion in West Africa,” in Desire and Discipline: Sex and Sexuality in the Premodern West, ed. Jaqueline Murray and Konrad Eisenbichler (Toronto, 1996).
to regulate society according to contemporary ideas of morality and social acceptability, it becomes clear that there was something more at work in these texts than mere health care advice. Those who desired to close alehouses, to rid their country of Catholics, to end the practice of wet nursing, to control female sexuality, or to demonize interracial sex found in the pox a useful image with which to buttress their moral stance. One question remains. What was it about the idea and experience of the French disease which made it so useful for the purpose of supporting social mores?

In her two studies of disease construction, Susan Sontag was certainly correct to discuss syphilis alongside tuberculosis, cancer, and AIDS as a richly metaphoric disease. Although she considered it to be less frightening, and therefore less evocative than the other diseases studied, her dismissal assumes a modern understanding of syphilis. In the early modern era the evocative force of the French disease was tremendous. One of the major reasons for this is that it was shameful. The early modern venereal patient was not met with sympathy, but often with ridicule and sarcasm. Popular literature abounds with tragicomic representations de-basing syphilitics. The dermatological effects caused an immediate linking of the disease with leprosy, the evocative social disease par excellence of the middle ages, maligned with similar pejoratives. Its venereal character added the humiliation of having broken a well-known moral code. Countless case studies show that patients desperately tried to convince doctors that their infection could not be venereal. Doctors responded to the special circumstances of venereal treatment by providing back-door entrances to protect the reputation of their patients. Venereal patients were society’s new lepers to be laughed at, their ulcers and collapsed noses unmistakable badges of shame. From its first appearance, the pox was so humiliating that entire nations and religions blamed one another for it, leaving us with a plethora of titles: the French Disease, the Neapolitan Disease, the Disease of the Turk, and so on. Although the recent work of Rose Zimbardo highlights the shameful attitude toward eighteenth-century venereal disease, she contrasts this to what she describes as light-hearted attitudes toward the disease in the seventeenth century. Her claim, that in the seventeenth century “neither the sickness nor its cure [were] secret or serious,” rekindles Owsei Temkin’s similar

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thesis now many decades old. However, Raymond Anselment's well-researched examination of seventeenth-century attitudes toward venereal disease exposed the flaws of Temkin's thesis and demonstrated that the pox was indeed shrouded in fear and shame throughout the century. It was this powerful combination that made the pox the perfect discursive tool for regulating taboo behaviors throughout the early modern period.

While early modern venereologists were supporting the enforcement of cultural mores, they were also scrambling to come to grips with a rapidly spreading disease and a radically changing scientific milieu. Doctors had to keep abreast of contemporary scientific developments, and had to reconcile their thought with changing trends. Their livelihoods depended on it. The putrefaction theory was clearly linked to cultural attitudes about women, and later about race. But its emergence in the last third of the seventeenth century cannot be explained by these attitudes alone. Were this the case we would expect to find such a theory well over a century earlier. Venereological theory was generally armored against the influence of gender until important changes within the scientific sphere, specifically, the decline of providence and astrology as causal factors, made the emergence of a gendered theory possible. The rise of iatrochemistry created the opportunity for the putrefaction theory to exist, and provided the framework and vocabulary for its expression. The popularity of the new science supplied it with credence it would not have otherwise had. Recognizing this allows us to move beyond the nagging internalist/externalist polemic mentioned in the introduction by balancing our histories of cultural bias with the history of theoretical development. Exploring the reciprocal relation between the two makes each more intelligible.

Above all, venereological literature clearly demonstrates the influence of gender on early modern medicine. Not everyone openly opposed alehouses or wet nursing. But gender relations permeate all levels of society, and in this period social organization was constructed on female subor-


60 Raymond Anselment's “Seventeenth-Century Pox: The Medical and Literary Realities of Venereal Disease,” Seventeenth Century 4 (1989): 189–211. Anselment specifically challenged the assertions of Temkin (and his teacher, Henry Siegerest) and was largely successful in defeating the idea that cavalier attitudes dominated seventeenth-century thought on venereal disease.
dination and regulation. Since whatever is confined is inherently a threat to escape, female sexuality was problematic because it always threatened to transgress those barriers men created to restrain it. The putrefaction theory is a perfect example of how such cultural fears affected early modern medical science. This only occurred once an important ontological shift had commenced. That shift was not without its cost, because earlier belief systems had offered convenient explanations for misfortune. Lost was a perfectly functional set of scapegoats. As historian Christopher Hill stated, “Witches, malignant spirits and the devil had been useful explanations for . . . evil and suffering.” In light of this new void he poignantly asked, “Who was to blame if they were not?” In the case of the pox, the more doctors looked away from extranatural theories of causation, the more they looked to women. Various ideas about sexuality, filth, and disease merged with strands of the new science in the cauldrons of medical men’s minds. The result was the odd hybrid theory of the putrefaction of mixed seed. It marks the strange spot where Eve met Isaac Newton.