

IMT School for Advanced Studies

Lucca, Italy

**Circumventing Plague: The Spatial Experience of Women  
and Men during the Outbreak of 1630-31 Bologna**

PhD Program in Cognitive and Cultural Systems - Track in  
Analysis and Management of Cultural Heritage  
XXXIV Cycle

**By**  
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**2024**

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# Vita

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## **EDUCATION**

### **IMT SCHOOL FOR ADVANCED STUDIES LUCCA**

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## **UNIVERSITY OF VICTORIA**

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## **WORK & RESEARCH EXPERIENCE**

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## **Publications**

Massong, Natalie. “The Mobile Woman: Getting Around during the 1630 Plague in Bologna.” *Connections: A Journal for Language, Media and Culture* 2, no. 1 (December 2021): 42-54.

## **Presentations**

Massong, Natalie. “Shifting Spaces and Places: The *Lazzaretti* Network during the 1630-1 Plague in Bologna.” *Social History Society Annual Conference 2022*, Lancaster University, UK.

Massong, Natalie. “The Mobile Woman: Getting Around during the 1630 Plague in Bologna.” *Social History Society Annual Conference 2021*, Lancaster University, UK.

## **Abstract**

Though managing early modern plague in northern Italy necessitated regulations and restrictions of movement in order to combat outbreaks, the factors resulting in immobility at the same time created opportunities for mobility. The ability to move and interact within the urban environment was contingent on social factors such as age, gender, class and occupational status and remained essential in the shaping of the spatial experience. Moreover, the ability to move across barriers, such as crossing the threshold of the home, formulated possibilities for social life to flourish during plague. This study investigates the relationships between early modern people and places during the period of plague in Bologna from 1630-31 through the lens of the new mobilities paradigm. This model interrogates how places are continuously shaped and reshaped by way of human and non-human interaction. Adopting approaches emerging from the mobility turn, this research places emphasis on the social drivers that contributed to movement and asks: how did mobility inform the various experiences of the plague of 1630-31 in Bologna? Building on the extensive studies on seventeenth-century plague for the cities of Milan, Venice and Florence, this study offers new insights into the early modern experience and approaches to plague from the perspective of the significant northern Italian centre of Bologna. This study draws on a broad array of primary documents including handwritten and printed records, encompassing contemporary chronicles, manuscripts and

legal decrees. Historical sources including plague tracts reveal contemporary understanding of combatting plague. Visual sources, such as early modern paintings and architectural plans, alongside digital maps of Bologna's network of plague hospitals, similarly play a crucial role in uncovering the spatial experience during plague.

The research presented in this study contends that the urban experience and the public health management of early modern plague was informed by mobility. Architecture, in combination with regulations and disciplinary punishment, were used to contain, control and limit the movement of people. Despite immobility, men and women found ways to circumvent restrictions. They crossed architectural divides by way of health passes or illicit activities and traversed physical but also social boundaries through professional opportunities. Bolognese citizens continued to move by way of engaging with devotional performances, such as processions. Ritualised performance was enacted to counteract the moral causes of the illness and ultimately served the social life of the community. Mobility was also considered an asset for plague management according to seventeenth-century practice as demonstrated in the creation and employment of a network of plague hospitals in Bologna. Moreover, this study reveals how social dimensions contributed to varying degrees of mobility as women, men, the nobility and the poor each had diverse experiences of plague.

## **List of Abbreviations**

ASB Archivio di Stato di Bologna

ASV Vatican Apostolic Archive (formerly Archivio Segreto Vaticano)

ASVen Archivio di Stato, Venice

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## Editorial Decisions

This dissertation relies on numerous handwritten and printed contemporary seventeenth-century documents, including images with text. In lieu of [sic], that would have overwhelmed the thesis document, the original misspellings of all primary documents have been maintained. I have made every effort to accurately transcribe primary records and have consulted early modern Italian scholars where uncertainties arose. I have chosen to use [?] when the original text has proven to be impossible to decipher. Additionally, I have chosen to use the modern Italian spelling of *lazzaretto* (singular) and *lazzaretti* (plural) that is most commonly found in Italian scholarship. English scholarship tends to use the alternative spelling, *lazaretto/i* or *lazarettos*. Finally, all translations are my own unless stated otherwise.



# Introduction

On Sunday, 6<sup>th</sup> of October 1630 processions and festivities began in the central public spaces of Bologna. Acts of jubilation included: “fuochi per la strade, luminari à tutte le finestre, sparamenti di moschetti, suoni di campane, trombe, e tamburi, girandole, & altre inventioni di fuochi artificiatì” (fires in the streets, lights in all the windows, firing of muskets, the sounding of bells, trumpets, and drums, pinwheels, & other displays of fireworks).<sup>1</sup> City officials believed that the plague was finally in decline. Spectators gathered to watch and participate in the city-initiated celebrations honouring the Virgin of the Rosary alongside Bologna’s key civic patron, Saint Petronius. The procession included the central figures in the city’s plague management, comprising of Cardinal Spada, his magistrates, clergy and other government officials. The jubilation was welcomed as the city’s government rejoiced.

Elsewhere in Bologna that Sunday evening, Padre Angelo Orimbelli, the renowned director of the plague hospitals, lay dying in a room beyond the city walls nearby his patients. He would succumb to the plague, as so many other victims, within days of falling ill.<sup>2</sup> Far from a triumphant moment, the vast majority of citizens remained

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<sup>1</sup> Pietro Moratti, *Racconto degli ordini e provisioni fatte ne’ lazaretti in Bologna e suo contado in tempo del contagio dell’anno 1630*. Biblioteca Comunale dell’Archiginnasio, Q.IX.19, Con pianta (Bologna: Clemente Ferroni, 1631), 94.

<sup>2</sup> Orimbelli died on the 8<sup>th</sup> of October, 1630, *Ibid.*, 95-6.

locked in their homes. A general quarantine for all women restricted their access to the outside. The health of the impoverished community continued to suffer. Even so, at this moment, the Virgin of the Rosary was credited with saving the city and these festivities marked an important turning point in the epidemic for the people of Bologna. As contemporary chronicler Pietro Moratti recalled in his 1631 volume, it was through the intervention of the Virgin of the Rosary on the city's behalf that "quasi del tutto cessò il contagio" (the contagion almost completely ceased) and that those who received Her "con puro cuore, a vera fede, ne riceveva la pristina sanità" (with pure heart, with true faith, received pristine health).<sup>3</sup>

Whether celebrating in the streets, pacing the four walls of one's house, or laying in a bed in the *lazzaretto* (plague hospital), the 6<sup>th</sup> of October 1630 exemplifies the ripe contradictions of plague in Bologna. The ability to join these festivities, or to move throughout the city, was dependent on social factors such as gender, class, and occupation. Limitations on who could move and when created a highly individualized experience of plague.

This programme of research examines how people moved through and engaged with their early modern urban environments using the case study of Bologna during a specific moment of crisis: the plague years of 1630-31. In periods of uncertainty, architecture was used in the early modern Italian city to protect but also to restrict,

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<sup>3</sup> Ibid., 93.

guide, and mediate movement. This project investigates how early modern people engaged with and moved through their city spaces, in particular as movement was restricted, controlled, and monitored by local authorities in Bologna throughout the plague. Adopting methodologies of spatial analysis emerging from the fields of Art History, History, Social Sciences, Sociology, Anthropology, Archaeology, and Historical geographical information system (GIS), this programme of research seeks to answer: how was the experience of everyday life shaped by the early modern material environment, restricting or encouraging different types of movement? How do moments of crisis emphasise the existing and enduring inequities that faced early modern people, as their ability to move was contingent on classifications of gender, social status and wealth? How specifically did particular social factors, such as sex, class and occupation influence one's ability to move? How was architecture used to facilitate or limit mobility? What plague management strategies were employed to reduce the spread of the outbreak? And finally, how did this impact the experience of the urban environment, including hospital institutions, for the various actors in the city?

This study demonstrates that mobility was a vital component of the plague management strategy in early modern Bologna. The mobility strategy is evident in the choreographed transfers of patients between plague hospitals and in the architectural design of the temporary new plague hospital. Additionally, mobility played an

essential role in combatting plague through religious processions and public ritualised devotions. This research confirms that being mobile was contingent on wealth, gender and work activities and represents the first instance in which early modern plague has been addressed through the theoretical lens of the mobility turn. Moreover, the focus on mobility as an essential aspect of plague management, has yet to be considered in early modern Italian plague scholarship.

Life during plague in Renaissance Italy eerily echoes our recent experience of Covid-19 (2019+). Although major differences exist in both illnesses, such as severity and treatment, recent events in our own time may help to situate ourselves nearer to the early modern experience. Much like this contemporary global phenomenon, people living in early modern Europe lived through two-week quarantines, restrictions on travel and trade, confinement to the home, and were, in some instances, subjected to forcible removal to designated hospitals for the sick or potentially sick. All of these are now familiar mechanisms to control the spread of a virus, and to control the movement of people. These practices will be explored in this study in the context of early modern Italy, delving into the processes that made these measures possible, such as the development of civic offices geared to the health and safety of citizens.

Plague studies often call attention to the constraints of movement caused by plague. This study similarly delves into these restrictions as a fundamental component of

plague management, and also seeks to move beyond this frame to investigate ways in which people were mobile. The shifting of attention to mobile aspects of plague reveals new inquires and opportunities to evaluate the early modern spatial experience. This approach divulges the prominence of mobility during plague, despite aspects of immobility.

Two major events of plague touched Italy in the seventeenth century: northern Italy in 1629-31, and southern Italy in 1656-57.<sup>4</sup> The 1629-31 outbreak was the largest epidemic disaster to impact northern Italy in the seventeenth century. Between 1630 and 1631, this outbreak resulted in the death of approximately 24% of the Bolognese population,<sup>5</sup> with catastrophic consequences on the social life of the city.<sup>6</sup>

Bologna was a major learned and commercial centre in northern Italy, yet to date, very little scholarly work focuses on this significant city. Studies conducted on Italian public health management, including plague hospitals, during seventeenth-century plague have focused on Florence, Milan and Venice for the 1629-31 outbreak in

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<sup>4</sup> Guido Alfani, "Plague in Seventeenth-century Europe and the Decline of Italy: An Epidemiological Hypothesis," *European Review of Economic History* 17, no. 4 (2013): 409.

<sup>5</sup> Athos Bellettini, *La popolazione di Bologna dal secolo XV all'unificazione Italiana* (Bologna: Zanichelli, 1961), 41.

<sup>6</sup> Colin Rose, *A Renaissance of Violence: Homicide in Early Modern Italy* (Cambridge University Press, 2019).

Italy,<sup>7</sup> and on Naples and Rome for the 1656-58 plague.

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<sup>7</sup> Carlo Cipolla's contribution to this area of research is extensive with particular emphasis on Tuscany, and specifically, Florence. See Carlo Cipolla, *Fighting the Plague in Seventeenth-Century Italy* (Madison, Wis: University of Wisconsin Press, 1981); Carlo Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge, UK: Cambridge University Press, 1976). For more studies on early modern plague in Florence see John Henderson, "Representing infirmity in Early Modern Florence," in *Representing Infirmity: Diseased Bodies in Renaissance Italy*, eds. John Henderson, Fedrika Jacobs, and Jonathon K. Nelson (London, UK: Routledge, 2021); Lukas Engelman, John Henderson, and Christos Lynteris, eds. *Plague and the City* (Abingdon, Oxon; New York, NY: Routledge, 2019); John Henderson, *Florence Under Siege: Surviving Plague in an Early Modern City* (New Haven: Yale University Press, 2019); Giulia Calvi, *Histories of a Plague Year: The Social and the Imaginary in Baroque Florence*, trans. Dario Biocca, and Bryant T. Ragan, (Berkeley: University of California Press, 1989); Giulia Calvi, "A Metaphor for Social Exchange: The Florentine Plague of 1630," *Representations*, no. 13 (1986): 139-163; John Henderson, "'la schifezza, madre della corruzione': Peste e società nella Firenze della prima età moderna 1630-1631," *Medicina & Storia: Rivista di storia della medicina e della sanità* 1, no. 2 (2001): 23-56. On Venice see: Jane Stevens Crawshaw, "Families, Medical Secrets and Public Health in Early Modern Venice," *Renaissance Studies* 28, no. 4 (2014): 597-618; Jane Stevens Crawshaw, *Plague Hospitals: Public Health for the City in Early Modern Venice* (Abingdon: Routledge, 2016); Jane Stevens Crawshaw, "The Beasts of Burial: Pizzigamorti and Public Health for the Plague in Early Modern Venice," *Social History of Medicine: The Journal of the Society for the Social History of Medicine* 24, no. 3 (2011): 570-587; Nelli-Elena Vanzan Marchini, *Venezia e i lazzaretti mediterranei* (Mariano del Friuli, Gorizia: Edizioni della Laguna, 2004). On Tirolo and Trentino, Beato Marcello and Matteo Cova, *Epidemia Senza Confini: La peste in tirol e trentino al*

<sup>8</sup> As the home of the first European university and an important scholarly centre for law and medicine, Bologna was well-positioned to contribute to early modern medical sciences.<sup>9</sup> A number of prominent seventeenth-century Bolognese scholars published plague tracts on the theoretical causes of plague, and also recommendations for plague management.<sup>10</sup> Despite the importance of Bologna,

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<sup>8</sup> Jacalyn Duffin, "Questioning Medicine in Seventeenth-Century Rome: The Consultations of Paolo Zacchia," *Canadian Bulletin of Medical History/Bulletin Canadien d'Histoire de la Médecine* 28, no. 1 (2011): 149-170; Vivian Nutton and Silvana D'Alessio, "Santorio Santori on Plague: Ideas and Experience Between Venice and Naples," in *Santorio Santori and the Emergence of Quantified Medicine, 1614-1790: Corpuscularianism, Technology and Experimentation*, eds. Jonathan Barry and Fabrizio Bigotti (Palgrave Macmillan, 2021), 217-238.

<sup>9</sup> David A. Lines, "Natural philosophy in Renaissance Italy: The University of Bologna and the beginnings of specialization," *Early Science and Medicine* 6 (2001), 267-320; Edoardo Rosa, *Medicina e salute pubblica a Bologna nei Sei e Settecento* (Bologna: Atesa, 1978).

<sup>10</sup> Examples of these treatises from Bologna include Cesare Mocca, and Giovanni Francesco Zavalta, *Trattato Della Peste, Etc* (Turin & Bologna: Clemente Ferroni, 1630) and Andrea Mariani, *De Peste Anni 1630. Bononiae Cuius Generis Fuerit, & an Ab Aere. Praelectio Andreae Mariani Philosophiae, & Med. Doct. in Archigymnasio Bonon. Phil. Lect. Ord.* (Bologna, Clemente Ferroni, 1631).

in the last fifty years few historians have investigated the public health response to plague in the city.<sup>11</sup>

Italy is a critical launching point to investigate the effectiveness of public health response during early modern pandemics and the impact of these measures on mobility. The administrative measures taken by Italian cities to combat plague were such a success that Italy became a model for other European nations by the seventeenth century.<sup>12</sup> In particular, the use of public health procedures outlined in Italian medical treatises, including quarantine, and the creation of designated plague hospitals,

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<sup>11</sup> Luigi Da Gatteo, *La peste a Bologna nel 1630* (Forlì: La poligrafica romagnola, 1930); Clelia Fano, *La peste bubbonica a Reggio Emilia negli anni 1630-1631* (Bologna: Zanichelli, Nicola, 1908); Guido Guerrini, *Bandi, ordini e provvisioni in tempo di contagio imminente e presente: pubblicati in Bologna in occasione della pestilenza di tre secoli fa* (Bologna: A. Brunelli, 1928); Guido Guerrini, *I lazzaretti di Bologna durante la peste del seicento* (Bologna: Tip. A. Brunelli, 1928); Guido Guerrini, "I medici bolognesi e la peste del seicento," in *La Strenna delle Colonie Scolastiche Bolognesi* (anno XLIII: MCMXL. Bologna: N. Zanichelli, 1940); Antonio Brighetti, *Bologna e la peste del 1630: Con documenti inediti dell'Archivio Segreto Vaticano* (Bologna: Gaggi, 1968).

<sup>12</sup> Samuel K. Cohn, "Patterns of Plague in Late Medieval and Early-Modern Europe," in *The Routledge History of Disease*, ed. Mark Jackson (London: Routledge, 2016), 177.

set Italian states apart.<sup>13</sup> England looked to Italy for its approach to combating plague with the London College of Physicians suggesting in 1630 that the English government follow the procedures and practices coming out of Italy.<sup>14</sup>

Historian Samuel Cohn notes that Italy was the “first region of Europe, Asia, or Africa, beyond a single city-state, to rid itself of the major plagues of the late-medieval and early-modern variant.”<sup>15</sup> The influence of Italian plague tracts, as examined by Cohn, is noted in the abundance of translations of Italian plague treatises published and disseminated in Europe between the end of the sixteenth century and the middle of the seventeenth century. Medical professionals and government officials from other European territories embraced Italian plague treatises

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<sup>13</sup> John Henderson, “Coping with Epidemics in Renaissance Italy: Plague and the Great Pox,” in *The Fifteenth Century XII: Society in an Age of Plague*, eds. Linda Clark and Carole Rawcliffe (Boydell and Brewer, 2013), 182; A. Lloyd Moote and Dorothy C. Moote, *The Great Plague: The Story of London’s most Deadly Year* (Johns Hopkins Paperbacks ed. Baltimore: Johns Hopkins University Press, 2006), 13; An extensive review of medical treatises pertaining to plague has been provided by Samuel K. Cohn, *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford: Oxford University Press, 2012); Italy’s position as a model for the development of plague hospitals and the practice of quarantine, particularly in Milan and Venice, have been considered in the substantial work of historian Jane Stevens Crawshaw, “The Renaissance Invention of Quarantine,” in *The Fifteenth Century XII: Society in an Age of Plague*, eds. Linda Clark and Carole Rawcliffe (Boydell and Brewer, 2013), 161-174.

<sup>14</sup> Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London, 1985), 207-19, as cited in Henderson, *Florence Under Siege*, 3.

<sup>15</sup> Cohn, “Patterns of Plague,” 177.

published after the last major outbreak of the sixteenth century (1576-79), as the prototype.<sup>16</sup> Cohn has identified that after 1640, other European states “began systematically to adopt Italian anti-plague systems” resulting in a drastic reduction in the prevalence of plague outbreaks in Europe.<sup>17</sup> Italian medical treatises from the sixteenth century proposed practical measures, including: cleaning of homes and streets, containment and quarantining of goods and people from areas suspected of plague, separating the sick from the larger population, and addressing the needs of the poor.<sup>18</sup> They also included the confinement of healthy people who were considered more vulnerable, mainly women and children.<sup>19</sup>

This study aims to build on the abundance of robust research already conducted on European plague, and especially on Italy. Recent studies have reviewed the impact of plague and public health in the Mediterranean region

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<sup>16</sup> Cohn, *Cultures of Plague*, 259-61, as cited in Cohn, “Patterns of Plague,” 177.

<sup>17</sup> Cohn, “Patterns of Plague,” 177.

<sup>18</sup> On the importance of medical treatises on the public health response to Italian plague see Cohn, *Cultures of Plague*, Chapter 3, Medical Thinking at the End of the Renaissance. In particular, the impactful medical tract by Giovanni Filippo Ingrassia, *Informatione del pestifero, et contagioso morbo*, Palermo, 1576, as noted in Cohn, *Cultures of Plague*, 80-3.

<sup>19</sup> Cohn, *Cultures of Plague*, 209-213, 246, 280 note 80.

from antiquity until present day,<sup>20</sup> and specifically within early modern Europe.<sup>21</sup> The history of plague in Italy has been addressed in additional scholarship with an interest in how cities approached the management of plague during the medieval and early modern periods.<sup>22</sup> Legislative changes in the wake of plague and the enforcement of new regulations through court cases have also been considered.<sup>23</sup> Rich scholarship has been produced on contemporary understandings of the origins of the plague,

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<sup>20</sup> Christopher Dobson and Mary Dobson, "Plagues and History: From the Black Death to Alzheimer's Disease," In *Plagues*, eds. Jonathan L. Heeney and Sven Friedemann (Cambridge University Press, 2017), 32-65; J. N. Hays, *Epidemics and Pandemics: Their Impacts on Human History* (Santa Barbara, Calif: ABC-CLIO, 2006); Nükhet Varlik, *Plague and Empire in the Early Modern Mediterranean World: The Ottoman Experience, 1347–1600* (Cambridge: Cambridge University Press, 2015); On plague in antiquity see Kyle Harper, *The Fate of Rome: Climate, Disease, and the End of an Empire* (Princeton, NJ Princeton University Press, 2017); Lester K. Little, ed. *Plague and the End of Antiquity: The Pandemic of 541–750* (Cambridge: Cambridge University Press, 2006).

<sup>21</sup> Kristy Wilson Bowers, *Plague and Public Health in Early Modern Seville* (Rochester, NY: University of Rochester Press, 2013); Carlo Cipolla, *Cristofano and the Plague: A Study in the History of Public Health in the Age of Galileo* (London: Collins, 1973).

<sup>22</sup> Guy Geltner, *Roads to Health: Infrastructure and Urban Wellbeing in Later Medieval Italy* (Philadelphia: University of Pennsylvania Press, 2019); Richard Palmer, "The Control of Plague in Venice and Northern Italy, 1348-1600" (PhD thesis, University of Kent at Canterbury, 1978).

<sup>23</sup> Ann G. Carmichael, "Plague Legislation in the Italian Renaissance," *Bulletin of the History of Medicine* 57, no. 4 (Winter, 1983): 508-525.

such as its association to sin.<sup>24</sup> Early modern understanding of medicine and approaches to combating plague,<sup>25</sup> along with an investigation into the role of female health practitioners, have been explored.<sup>26</sup> Our understanding of plague hospitals in early modern Italy relies upon the scholarship produced more broadly on institutional care and hospital architecture in Europe and specifically in the

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<sup>24</sup> Carlo Cipolla, *Miasmus and Disease: Public Health and the Environment in the Pre-Industrial Age* (New Haven and London: Yale University Press, 1992); Remi Chiu, "Medicine for the Body and the Soul," in *Plague and Music in the Renaissance* (Cambridge University Press, 2017), 11-51.

<sup>25</sup> Sheila Barker, "Poussin, Plague, and Early Modern Medicine," *Art Bulletin* 86 (2004): 659-689; Ann G. Carmichael, "Contagion Theory and Contagion Practice in Fifteenth-Century Milan," *Renaissance Quarterly* 44, no. 2 (1991): 213-56; Ann G. Carmichael, "The Last Past Plague: The Uses of Memory in Renaissance Epidemics," *Journal of the History of Medicine and Allied Sciences* 53, no. 2 (1998): 132-160; Cohn "Patterns of Plague," 165-182; Samuel K. Cohn, "Plague Spreaders," in *Epidemics: Hate and Compassion from the Plague of Athens to AIDS* (Oxford: Oxford University Press, 2018), 127-160; Giorgio Cosmacini, *Storia della medicina e della sanità in Italia: dalla peste nera ai giorni nostri* (Bari: Laterza, 2005); Peter Distelzweig, Benjamin Goldberg and Evan R. Raglandm *Early Modern Medicine and Natural Philosophy* (Dordrecht Springer Netherlands Imprint: Springer, 2016); Domenico Bertoloni Meli and Cynthia Klestinec, "Renaissance Surgery Between Learning and Craft," *Journal of the History of Medicine and Allied Sciences* 72, no. 1 (January 2017): 1-5.

<sup>26</sup> Sharon T. Strocchia, *Forgotten Healers Women and the Pursuit of Health in Late Renaissance Italy* (Cambridge, Massachusetts; London, England: Harvard University Press, 2019).

Italian context.<sup>27</sup> Advice manuals for maintaining a healthy body and avoiding plague, such as through walking and eating a particular diet, have equally been interrogated.<sup>28</sup> The impact on society, in particular the poor and disenfranchised, as well as an increase in violence within certain sectors of the populations after the plague, have equally been a topic of consideration.<sup>29</sup> Additionally, the long-term economic and demographic impact of the plague

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<sup>27</sup> The history of hospitals across time and with a focus on Europe has been discussed more broadly in: John Henderson, Peregrine Horden and Alessandro Pastore, eds., *The Impact of Hospitals, 300-2000* (Bern: Peter Lang, 2007); Francesco Bianchi, "Italian Renaissance Hospitals: An Overview of the Recent Historiography," *Mitteilungen Des Instituts Für Österreichische Geschichtsforschung* 115 (2007): 394-403; John Henderson, "Healing the Body and Saving the Soul: Hospitals in Renaissance Florence," *Renaissance Studies* 15, no. 2 (June 2001): 188-216; Sally Mayall Brasher, *Hospitals and Charity: Religious Culture and Civic Life in Medieval Northern Italy* (Manchester University Press, 2017); David M. D'Andrea, *Civic Christianity in Renaissance Italy: The Hospital of Treviso, 1400-1530* (Rochester: University of Rochester Press, 2007).

<sup>28</sup> Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2014); David Gentilcore, "Healthy Food: Renaissance Dietetics, c.1450–c.1650," in *Food and Health in Early Modern Europe: Diet, Medicine and Society, 1450–1800* (Bloomsbury Academic, 2016), 9-26.

<sup>29</sup> Ann G. Carmichael, *Plague and the Poor in Early Renaissance Florence* (Cambridge University Press, 1986); Brian Pullan, "Plague and Perceptions of the Poor in Early Modern Italy", in *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, eds. T. Ranger and P. Slack (Cambridge and New York: Cambridge University Press, 1992), 101-23; Colin Rose, "Plague and Violence in Early Modern Italy," *Renaissance Quarterly* 71, no. 3 (2018): 1000-1035; Sanne Muurling, *Everyday Crime, Criminal Justice and Gender in Early Modern Bologna* (Leiden, Brill 2021).

on early modern Italy has been considered in recent scholarship.<sup>30</sup> The material culture that was produced out of the experience of epidemics in Italy, especially devotional images, have been studied in recent years.<sup>31</sup> In Bologna, this is exemplified by the ex-voto processional image by Guido Reni created after the city had overcome

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<sup>30</sup> Alfani, "Plague in Seventeenth-century Europe," 408-30; Guido Alfani and Marco Percoco, "Plague and Long-Term Development: The Lasting Effects of the 1629-30 Epidemic on the Italian Cities," *Economic History Review* 72, no. 4 (2019): 1175-1201; Carlo Cipolla, *Storia economica dell'Europa pre-industriale e altri saggi* (Bologna: Il mulino, 2005); Samuel K. Cohn and Guido Alfani, "Households and Plague in Early Modern Italy," *Journal of Interdisciplinary History* 38, no. 2 (2007): 177-205.

<sup>31</sup> Gauvin A. Bailey, et al., eds. *Hope and Healing: Painting in Italy in a Time of Plague, 1500-1800* (Chicago: University of Chicago Press, 2005); Louise Marshall, "Manipulating the Sacred: Image and Plague in Renaissance Italy," *Renaissance Quarterly* 47 (1994): 485-532; Giuseppina Carla Romby, *Arte in tempo di peste: Giovanni da San Giovanni a Monsummano e Oltre: 1630-1633* (Comune Di Monsummano Terme, 2021); Paola Pacifici, *San Sebastiano: Nudità sangue e peste nella pittura devozionale toscana (1350-1500): Un percorso di ricerca nel Fondo Fossati Bellani Istituto Nazionale di Studi sul Rinascimento* Firenze (Debatte Editore, 2017); Franco Mormando and Thomas Worcester, *Piety and Plague: From Byzantium to the Baroque* (Kirksville, Mo: Truman State University Press, 2007); Daniel Ladislav, et al. *Tra l'eruzione e la peste: La pittura a napoli dal 1631 al 1656* (Národní Galerie v Praze, 1995); Millard Meiss, *Painting in Florence and Siena After the Black Death* (Princeton University Press, 1951); Fabrizio Nevola, "Urban Responses to Disaster in Renaissance Italy: Images and Rituals," in *Wounded Cities: The Representation of Urban Disasters in European Art (14th-20th Centuries)*, eds. Marco Folin and Monica Preti (Brill, 2015), 59-74.

the plague of 1630 that will be investigated in the context of processions in the final chapter of this current study.<sup>32</sup>

As mentioned, only a handful of scholars have examined Bologna during the 1630-31 plague. However, there are several superb studies that address medieval plague, in particular the Black Death that impacted the city in 1348. Historian of public health Guy Geltner, has greatly contributed to the literature on Bologna's health officials. He has examined the development of distinct administrative bodies that dealt with public health from the Black Death.<sup>33</sup> Additionally, Shona Kelly Wray, in *Communities and Crisis: Bologna during the Black Death*, provides an in-depth analysis of the organisation and composition of medieval Bologna during the fourteenth-century outbreak. Her work presents a thorough examination of notary records and significantly compares this to demographic data adding knowledge on where people worked and lived in connection with local industry.<sup>34</sup>

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<sup>32</sup> Catherine R. Puglisi, "Guido Reni's Pallione del Voto and the Plague of 1630," *The Art Bulletin* 77, no. 3 (1995): 402-12. Another interesting Bolognese work that was commissioned after the plague of 1630-31 for a votive procession is the baldacchino of 1634. See Franco Faranda, *Le arti e la peste a Bologna: il baldacchino votivo del 1634: riflessioni ai tempi del Coronavirus* (Bologna, Mulino, 2021).

<sup>33</sup> See Guy Geltner, "Public Health," in *A Companion to Medieval and Renaissance Bologna*, ed. Sarah Rubin Blanshei (Leiden: Brill, 2018), 103-28; Geltner, *Roads to Health*.

<sup>34</sup> Shona Kelly Wray, *Communities and Crisis: Bologna during the Black Death* (Leiden; Boston: Brill, 2009).

The research on plague in early modern Bologna has focused on the medical history, charitable foundations and the long-term social impact of plague in the city. Gianna Pomata and Rosemarie Foy have made a valuable contribution in *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna*, by investigating the role of the college of physicians in healthcare and cure contracts between patients and doctor.<sup>35</sup> Additionally, Pomata has examined the authority of Bologna's College of Medicine over medical practitioners, while specifically interrogating the role and contribution of female practitioners from medieval to early modern Bologna.<sup>36</sup> Nicholas Terpstra has contributed extensively to the historiography on the foundation and functions of charitable institutions and hospital care in Bologna.<sup>37</sup> His book, *Cultures of Charity*, outlines the formation of the public healthcare services provided by confraternities in Bologna,<sup>38</sup> institutions that became the foundation of plague hospitals during the 1630-31 plague. Further contributions to this area of

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<sup>35</sup> Gianna Pomata and Rosemarie Foy, *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore: The Johns Hopkins University Press, 1998).

<sup>36</sup> Gianna Pomata, *Practicing between Earth and Heaven: Women Healers in Seventeenth-Century Bologna*. Granada: Dynamis, 19 (1999), 119-143.

<sup>37</sup> Nicholas Terpstra, "Confraternities and Mendicant Orders: The Dynamics of Lay and Clerical Brotherhood in Renaissance Bologna," *The Catholic Historical Review* 82, no. 1 (1996): 1-22.

<sup>38</sup> Nicholas Terpstra, *Cultures of Charity: Women, Politics, and the Reform of Poor Relief in Renaissance Italy* (Cambridge, Mass.: Harvard University Press, 2013).

research have investigated the economic management of hospital institutions in early modern Bologna.<sup>39</sup> Pastore has explored the impact of the 1630-31 plague on familial relationships through an interrogation of wills and testates created by men and women from various social backgrounds around the plague years.<sup>40</sup> Moreover, through an analysis of court documents, Pastore has assessed the consequences of the plague on crime within the community of Bologna. He delves into an assortment of offenses and their sentences, stressing the many degrees of social disruption in the struggle to seek order.<sup>41</sup> For instance, his work on crime will be interrogated in order to challenge the narrative of the ideal *lazzaretto*. Similarly, Colin Rose has investigated the long-term impacts of this plague event on the Bolognese community, including the escalation of social violence post-plague as a result of the increase of social pressures, such as poverty.<sup>42</sup> Expanding on these foundational studies, the rich visual and material evidence in Bologna offers an opportunity to explore the crisis

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<sup>39</sup> Matthew Thomas Sneider, "The Treasure of the Poor: Hospital Finance in Sixteenth- and Seventeenth-Century Bologna," in *The Impact of Hospitals 300 – 2000*, eds. John Henderson, Peregrine Horden and Alessandro Pastore (Bern: Peter Lang, 2007), 93-116.

<sup>40</sup> Alessandro Pastore, "Testamenti in tempo di peste: la pratica notarile a Bologna nel 1630," *Società e storia*, 16 (1982): 263-297; Alessandro Pastore, "Rapporti familiari e pratica testamentaria nella Bologna del seicento," *Studi Storici* 25, no. 1 (1984): 153-68.

<sup>41</sup> Alessandro Pastore, *Crimine e giustizia in tempo di peste nell'Europa moderna* (Rome: Laterza, 1991).

<sup>42</sup> Rose, *A Renaissance of Violence*.

response of a leading northern Italian city. Much like Florence, Bologna did not have a permanent plague hospital and therefore provides opportunity as a comparison for the well-studied Tuscan city.<sup>43</sup>

The overarching focus of this thesis is that spaces are constantly shifting through social interaction and moments of crises shape interactions with space in different ways. Strict rules around mobility during plague in many ways inhibited social interaction. In spite of this stagnation, any road blocks to movement created new opportunities for social life to emerge in different and often unexpected ways. People found alternative and often illicit ways to move through and engage with their environments and with others. This demonstrates the agency of people to circumvent barriers to mobility. Moreover, while immobility was a crucial tactic to stop the spread of illness, mobility was an essential aspect of the plague management strategy. Doctors, patients, religious figures, government officials, and many other actors, remained mobile throughout the plague as a part of a calculated response by Bolognese authorities.

As a means to investigate movement within the city during the 1630-31 plague, this study probes Bologna's administrative approach to this early modern epidemic outbreak, while offering a comparison with strategies employed by the northern Italian cities of Milan, Venice and Florence. In particular, this research explores the

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<sup>43</sup> Henderson, *Florence Under Siege*, 193.

impact of regulations on mobility during early modern Italian plague. It considers the role of organisation, surveillance and punishment in enforcing laws around movement. Moreover, this study interrogates Bologna's plague management strategy as it relates to the care of plague victims. Specifically, this work investigates the architecture of the *lazzaretti* (plague hospitals) placing them within the context of their spatial arrangements in the city using digital mapping technologies. It considers how the temporary transformation of *lazzaretti* from requisitioned monastic, public and private structures shaped the experience of patients and staff. Additionally, it addresses how the movement of patients and workers between institutions within the *lazzaretti* network reflected the city's plague management strategy. This study further investigates a newly formed plague hospital that gives a rare glimpse into the architectural specifications of ideal temporary structures as part of an early modern approach to emergency response. Despite its incompleteness, the new plague hospital, known as Nuovo Lazzaretto, is strongly associated with contemporary medical understanding of the root causes of disease and plague transmission. Furthermore, this research reflects on the impact of inequality of mobility during periods of plague through an exploration of class and gender. Notably, it offers an analysis of the lower-class women who circumvented the general quarantine for women by engaging in work activities considered essential, such as working in the silk industry and in the hospitals.

Finally, this study interrogates the uses of processions and ritualized performances during plague. In particular, it considers how these activities became markers of the shift from institutional devotion within the church to the street, as street shrines and mobile altars became key sites of religious rituals. Specifically, this investigation shows how processions and ritualized performances reflected the contested nature of the street in moments of crisis, while they simultaneously provided opportunities for the activation of social life. Let us now consider the key theoretical framework employed in this investigation.

## **Theoretical Framework**

The present inquiry builds upon current humanities research. Specifically, it reflects the recently formed shift in attention to the movement of people, objects, materials and

places, as a way to examine the experience of space.<sup>44</sup> Labelled the ‘mobility turn’ in the humanities,<sup>45</sup> this interest in movement is an extension of the ‘spatial turn’ and the work of social theorists, in particular philosopher and sociologist Henri Lefebvre.<sup>46</sup> Lefebvre challenged the idea

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<sup>44</sup> On the primacy of walking as a means to experience architectural space, see Peter Blundell Jones and Mark Meagher, *Architecture and Movement: The Dynamic Experience of Buildings and Landscapes* (London; New York: Routledge, 2015). On walking as a social practice, see Tim Ingold and Jo Lee Vergunst, *Ways of Walking: Ethnography and Practice on Foot* (London: Routledge, 2016); Tim Ingold, “To Journey along a Way of Life: Maps, Wayfinding and Navigation,” in *The Perception of the Environment: Essays on Livelihood, Dwelling and Skill* (London, 2000), 273-304; Timothy Shortell and Evrick Brown, eds. *Walking in the European City: Quotidian Mobility and Urban Ethnography* (London: Taylor and Francis, 2016). On the concept of ‘flow’ as crucial to the life of the city see Ash Amin and Nigel Thrift, *Cities: Reimagining the Urban* (Cambridge, U.K.: Polity, 2002). On walking and pedestrianisation in contemporary urban centres see Ria Hutabarat Lo, “Walkability: What Is It?” *Journal of Urbanism: International Research on Placemaking and Urban Sustainability* 2 (2009): 145-166.

<sup>45</sup> John Urry, *Mobilities* (Cambridge: Polity Press, 2007).

<sup>46</sup> Henri Lefebvre, *The Production of Space: Production de l’Espace*, trans. Donald Nicholson-Smith (Oxford, U.K.; Cambridge, Mass.: Blackwell, 1991). Other contributing theorists included Michel Foucault, “Of Other Spaces,” trans. Jay Miskowiec, *Diacritics* 16 (Spring 1986); Gaston Bachelard, *La Poétique de l’Espace* (Paris: Presses Universitaires de France 1958), made increasingly popular in the English translation, Gaston Bachelard, *Poetics of Space*, trans. Maria Jolas (Orion Press, New York, 1964); Doreen Massey, *Spatial Divisions of Labour: Social Structures and the Geography of Production* (London and Basingstoke: Palgrave Macmillan, 1995); Doreen Massey, *Space, Place and Gender* (Oxford: Blackwell & Polity Press, 1994).

of space as a container and a simple backdrop of social relations.<sup>47</sup> He reshaped the understanding of space by asserting the role of human actors in the production of space.<sup>48</sup> As Lefebvre maintained, space is a “reification of social relations,” a manifestation of the various types of social exchanges that occur in its confines.<sup>49</sup> This study adopts Lefebvre’s interpretation of ‘space’, understood as ‘social space’.

In order to understand the spatial and mobility turn, for which the terms ‘social’ and ‘publics’ are often used, we must first define what constitutes the social and publics. The ‘social’ is understood by the definition put forward by Bruno Latour in Actor-Network-Theory.<sup>50</sup> Latour’s

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<sup>47</sup> Robert T. Tally, *Spatiality* (New York; Abingdon, Oxon: Routledge, 2013), 177.

<sup>48</sup> Mimi Sheller has examined of the influence of Lefebvre, Doreen Massey and others on the spatial turn in Mimi Sheller, “From Spatial Turn to Mobilities Turn,” *Current Sociology* 65, no. 4 (2017): 623-639. For an extensive overview of the emergence of the ‘spatial turn’ in the sociology and the humanities see, Tally, *Spatiality*; Martina Löw, *The Sociology of Space: Materiality, Social Structures, and Action*, trans. Donald Goodwin (New York: Palgrave Macmillan, 2016).

<sup>49</sup> Peter Arnade, Martha C. Howell and Walter Simons, “Fertile Spaces: The Productivity of Urban Space in Northern Europe,” *Journal of Interdisciplinary History* 32, no. 4 (2002): 542.

<sup>50</sup> Bruno Latour, *Reassembling the Social: An Introduction to Actor-Network-Theory* (Clarendon Lectures in Management Studies. Oxford: OUP Oxford, 2005). On the application of Actor Network Theory on the urban environment see Bert De Munck, “Re-Assembling Actor-Network Theory and Urban History,” *Urban History* 44, no. 1 (2017): 111-22.

interpretation of the social is evoked by the term “association” which says, “people and things are involved in shifting chains of exchange and action.”<sup>51</sup> As expressed by Bronwen Wilson and Paul Yachnin, the concept of ‘association’ proposes that we are “being social or cultural only when we are engaged in processes of reassembly – taking part in emerging and shifting concatenations of things, people and forms of knowledge.”<sup>52</sup> The material world, objects and people become players instead of bystanders of cultural transformations. This interpretation identifies the “social agency of things” along with the “individual and collective agency” of people in the creation and change of society.<sup>53</sup> The agency of things extends to the agency of the urban built environment and this study takes the view that cities themselves participate as agents in the creation of the ‘social’. In Latour’s theoretical approach to the urban environment, the non-human actors have equal value to the human actors and the “city can be considered a non-human actor, transforming the world through the associations it forces on humans.”<sup>54</sup>

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<sup>51</sup> Bronwen Wilson and Paul Yachnin, eds., *Making Publics in Early Modern Europe: People, Things, Forms of Knowledge* (New York; London: Routledge, 2010), 4. On Latour see Latour, *Reassembling the Social*.

<sup>52</sup> Wilson and Yachnin, *Making Publics*, 4.

<sup>53</sup> *Ibid.*, 4.

<sup>54</sup> Robert Lewis, “Comments on Urban Agency: Relational Space and Intentionality,” *Urban History* 44, no.1 (2017): 139.

The agency of people and things are similarly at play with the view of 'publics' put forward by Wilson and Yachnin in *Making Publics in Early Modern Europe*. The term 'publics' and, specifically early modern publics, are understood as "dynamic social entities that are constituted in part by the making public of particular kinds of made things along with their makers and partakers."<sup>55</sup> The public environments of the past, as in the present, were fluid. They evolved from the interaction between the material world and people, as the makers and partakers. The interpretations of the social and publics are integral to our understanding of space and what is intended by the spatial turn.

### Spatial Turn

As sociologist Martina Löw has demonstrated, the "spatial turn stands for the insight that all spaces (architectural spaces, urban spaces, regions, nation-states, bedrooms, recreation parks, river landscapes, etc.) are always also results of social production."<sup>56</sup> Moreover, spaces are continually reproduced. The spatial turn embodies the notion that "spaces only become spaces for people inasmuch as they are—again and again and again—produced socially. In other words: the constitution of space is a performative act."<sup>57</sup> It is the combination of the material environment with activities and every day rituals that

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<sup>55</sup> Wilson and Yachnin, *Making Publics*, 7.

<sup>56</sup> Löw, *The Sociology of Space*, vii.

<sup>57</sup> Ibid.

comprise this performance. These performances are also predetermined through institutional processes. Löw states that performance is “neither a purely cognitive act nor a pure phenomenon of perception, but is socially pre-structured and takes place by way of institutions, conventions, discourses... [it is a] highly conventionalized, objectified practice, one that is pre-structured by professions such as planning and architecture.”<sup>58</sup> In other words, space is socially produced by established conventions that reflect sociocultural processes. For instance, early modern social norms, systems of government and cultural customs, all influenced the types of places that were created. As always, early modern architecture was an object of social processes. Moreover, these social processes ultimately determined the activities performed and how space was socially produced in those environments.

Building on the work of Lefebvre, historians Peter Arnade, Martha C. Howell and Walter Simons note that space is to be understood as a “material site that both contains and generates cultural references, economic and political meaning, and social forms.”<sup>59</sup> All space, whether the street, the home, or the hospital, are physical sites with their own materialities, but they are simultaneously generators of social relations. Space shapes interactions between agents, and in turn, agents, encompassing people,

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<sup>58</sup> Ibid.

<sup>59</sup> Arnade, Howell and Simons, “Fertile Spaces,” 516.

objects, and animals, shape the space as well; they affect the space, and the space affects them.

The acknowledgement that space is a product of social relations has transformed the types of questions asked by humanities researchers. These inquiries have led to explorations of the role of the body in spatial experience.<sup>60</sup> In particular, the role of walking as a social practice in obtaining knowledge of our spatial environments has been a focus of scholarly examination, in particular from the work of Walter Benjamin and Michel de Certeau.<sup>61</sup> Fundamental to this study is the idea that the body in

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<sup>60</sup> Gaston Bachelard, *The Poetics of Space* (Presses Universitaires de France, 1958); Tim Ingold, *Being Alive: Essays on Movement, Knowledge and Description* (New York: Routledge, 2011); Igor Kopytoff, "The Cultural Biography of Things: Commoditization as Process," in *The Social Life of Things: Commodities in Cultural Perspective*, ed. Arjun Appadurai (Cambridge University Press, 1988), 64-91; Derek P. McCormack, *Refrains for Moving Bodies: Experience and Experiment in Affective Spaces* (Durham: Duke University Press, 2013); Jill Steward and Alexander Cowan, eds. *City and the Senses: Urban Culture Since 1500* (London: Taylor & Francis, 2007).

<sup>61</sup> Walter Benjamin, *The Arcades Project*, trans. Howard Eiland, 4<sup>th</sup> edn (Cambridge, MA: The Belknap Project of Harvard University Press, 2003). *The Arcades Project* encompasses a collection of Benjamin's writings on Paris that were unfinished before his death in 1940. The work was first published in 1982; Michel de Certeau, *The Practice of Everyday Life: Arts De Faire* (Berkeley: University of California Press, 1984); Michel de Certeau, "Walking in the City," in *The Cultural Studies Reader*, ed. Simon During (London; New York: Routledge, 1999), 126-133; Ingold, "To Journey along a Way of Life," 273-304.

motion is an essential component of information gathering and social practices.

Many other scholarly writings, including the works of geographers Edward Soja and David Harvey,<sup>62</sup> came to define a generation of theorists, across many disciplines, who have engaged with the spatial turn.<sup>63</sup> The spatial turn has created an extremely useful lens in which to investigate early modern spaces, their objects and the people who interact and engage with and within architectural and urban environments. Following from the spatial turn, the mobility turn prioritises, and aims to interrogate, the movement of people and places in the formation of spatial experience.

### Mobility Turn

As noted above, this study draws upon the mobility turn, otherwise termed the “new mobilities paradigm”, put

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<sup>62</sup> Edward W. Soja, *Postmodern Geographies: The Reassertion of Space in Critical Social Theory* (London: Verso, 1989). Harvey’s exploration of the rise of global capitalism, technological goods, worldwide connectivity, and mass media as bringing about a “time-space compression”, was particularly impactful. David Harvey, *The Condition of Postmodernity: An Enquiry into the Origins of Cultural Change* (Oxford: Blackwell, 1990), 240-307, as cited in Tally, *Spatiality*, 15-16.

<sup>63</sup> On the contribution of Henri Lefebvre, Michel Foucault, and David Harvey see Paul Stock, “History and the Uses of Space,” in *The Uses of Space in Early Modern History* (New York: Palgrave Macmillan, 2015), 1-18. On the overall development and contributing theorists to the spatial turn see Tally, *Spatiality*. See also Kevin Lynch, *The Image of the City* (Cambridge, Mass: MIT Press, 1960).

forward by sociologists John Urry and Mimi Sheller.<sup>64</sup> The new mobilities paradigm investigates the effect of movement and place in the creation of social relations. Following from the spatial turn, it challenges the notion of space as a container and argues that space is a “set of relations between entities.”<sup>65</sup> As expressed by Urry and Sheller, places are perceived as “dynamic”, and “not so much fixed as implicated within complex networks by which hosts, guests, buildings, objects, and machines are contingently brought together to produce certain performances in certain places at certain times.”<sup>66</sup> Performance refers to “every-day social practices,”<sup>67</sup> such as morning routines and religious customs. This paradigm addresses how places are being perpetually reshaped, and are themselves “travelling...within the networks of human and nonhuman agents.”<sup>68</sup> While spaces are mobile, shifting, and in flux, there are “space immobilities.”<sup>69</sup> As stated by Sheller and Urry there is “no linear increase in fluidity

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<sup>64</sup> Sheller, “From Spatial Turn to Mobilities Turn,” 628. See Mimi Sheller and John Urry, “The New Mobilities Paradigm,” *Environment & Planning*, 38, no. 2 (2006): 207-226.

<sup>65</sup> Derek Gregory and John Urry, eds. *Social Relations and Spatial Structures* (Basingstoke: Macmillan, 1985), 25, as cited in Sheller, “From Spatial Turn to Mobilities Turn,” 624.

<sup>66</sup> Sheller and Urry, “The New Mobilities Paradigm,” 214.

<sup>67</sup> Sheller, “From Spatial Turn to Mobilities Turn,” 629.

<sup>68</sup> Sheller and Urry, “The New Mobilities Paradigm,” 214.

<sup>69</sup> *Ibid.*, 210.

without extensive systems of immobility.”<sup>70</sup> There are immobile aspects to space that are intrinsic to architecture, such as walls, windows, doors, and cobblestones. As Urry and Sheller expressed, there are “infrastructures that organise the physical movement of people and goods.”<sup>71</sup> Streets, buildings and waterways are just some examples of space immobilities. Despite their physical permanence, these spaces are responsible for the ordering of social relations and are themselves in a process of flux. Spaces are fluid as people, objects, lighting, weather, and many other aspects, are all engaged in a perpetual process of change. The shifting nature of space as understood through the mobility turn will be examined throughout this study.

Additionally, the mobilities paradigm considers human and non-human agents, such as natural disasters. These non-human agents are responsible for creating new “mobilities and immobilities.”<sup>72</sup> This is particularly relevant for this study, as early modern plague resulted in areas of increase and also decrease in mobility. For instance, plague victims were contained in hospitals but were frequently moved within a network of *lazzaretti* institutions. Architecture was used to contain those suspected of illness and the sick; however, devotional processions were regularly carried out in the public sphere. The immobile

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<sup>70</sup> Saskia Sassenm, “Introduction: locating cities on global circuits”, in *Global Networks, Linked Cities* (Routledge, New York, 2002), 1- 38, as cited in Sheller and Urry, “The New Mobilities Paradigm,” 210.

<sup>71</sup> Sheller and Urry, “The New Mobilities Paradigm,” 211.

<sup>72</sup> Sheller, “From Spatial Turn to Mobilities Turn,” 630.

structures, the street, the home, and the hospital were all involved in an organised movement of people and goods.

Furthermore, the mobilities paradigm acknowledges the agency of place, along with the material environment and other agents in the formation of social relations. It likewise addresses time as a factor. In this new paradigm, being mobile is dependent on “differential materialities, spatialities, and temporalities that are involved in movement, meetings, and access.”<sup>73</sup> These concepts are particularly relevant to the chapters on the *lazzaretti* of Bologna in this study, as the temporary formation of architectural structures were involved in a dynamic process. Various materialities and architectural places were employed in the creation of temporary *lazzaretti*, architectural complexes that shifted use and meaning throughout the plague.

Another major aspect investigated in this study is how the mobility turn recognises the inequity in mobility and the social factors that impact the production of social life. For instance, geographer Doreen Massey, has assessed how the experience of space is gendered. She contends that spaces and the ability to move through them, is influenced by gender.<sup>74</sup> Moreover, there are varying levels of mobility according to gender and other sociocultural factors, such as wealth. These factors are prevalent themes across all chapters in this study and demonstrate how mobility was

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<sup>73</sup> Ibid., 629.

<sup>74</sup> Massey, *Space, Place, and Gender*, 186.

experienced disproportionately across various sectors of society during early modern plague outbreaks.

## Methodology

Turning now to the key methodological frameworks, this study adopts a qualitative and quantitative approach to the analysis. This study relies on numerous visual sources in the form of paintings, prints and digital maps. Two anonymous contemporary street scenes are visual records of the experience of plague in the public spaces of the city.<sup>75</sup> These are essential to the analysis of street regulations and demonstrate the variety activities performed. Moreover, the print, *Pianta del nuovo lazaretto fuori Porta S. Vitale*, created by architect Francisco di Martino in 1630 and engraved by Floriano del Buono in 1631, will be extensively evaluated in Chapter 4. This is an unparalleled document in which to investigate the creation of the ideal early modern temporary plague hospital, partially completed in Bologna.<sup>76</sup> Floor plans and contemporary maps provide visual records of the structures utilised as plague hospitals

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<sup>75</sup> See Chapters 2, 5 and 6 of this current work. Anonymous, *La peste del 1630 a Bologna (Via S. Mamolo con scena di peste del 1630)* c.1630, oil on canvas (0.705 x 0.87m), Cassa di Risparmio di Bologna, Palazzo Pepoli, Museo della Storia di Bologna. Anonymous, *La peste del 1630 a Bologna*, Cassa di Risparmio di Bologna, c.1631, oil on canvas, (1.30 x 0.95 m), c. 1631 resides in the Archivio di Stato di Bologna (ASB).

<sup>76</sup> Francisco di Martino, architect and inventor, & Floriano del Buono, engraver. "Pianta del nuovo lazaretto fuori Porta S. Vitale." Print on paper, 1631, aprox. 47cm x 34 cm. In Moratti, *Racconto degli ordini*. Book dimensions aprox. 21cm x 15cm. Photograph by author.

within Bologna.<sup>77</sup> Surviving structures were also visited by this author as part of the assessment of these hospital buildings. In order to conduct a thorough visual analysis of these significant sites, the existent locations were first investigated and then plotted using the digital mapping technology QGIS, a GIS software. This tool promotes a deeper spatial analysis of the *lazzaretti* and convalescent homes, in particular, to understand how the network of hospitals formed a major role in the city's plague management strategy.

Central to this study's approach to analysing spatial relationships of the past is the significant volume of handwritten and printed documentation, encompassing contemporary chronicles, manuscripts and legal decrees. The most significant piece of primary evidence for this research is the unpublished manuscript, *Libro di dare et avere*.<sup>78</sup> This source is a seventeenth-century assemblage of original letters and accounts produced by the director of the *lazzaretti*, the Jesuit Padre Orimbelli. After Orimbelli's death, a second hand emerges to complete the records, likely Padre Fabrizio Franceschini, who took over the

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<sup>77</sup> Anonymous, "Pianta del convento di S. Maria degli Angeli, trasformato in lazzaretto nel 1630," In *Corporazioni religiose sopresse 922 - Sec. XIX*. Archivio di Stato di Bologna, fondo Collegio Montalto, 103-7324, ink on paper, undated; Joan Blaeu, "Bononia docet mater studiorum." 1663, Biblioteca digitale dell'Archiginnasio, Bologna.

<sup>78</sup> Angelo P. Orimbelli, *Libro di dare et avere* (Biblioteca Comunale Archiginnasio di Bologna, Manoscritto B.2195).

management of the hospitals.<sup>79</sup> *Libro di dare et avere* provides an unparalleled first-hand documentation of the various administrative aspects of the *lazzaretti*. The register is a general accounts book of all payments paid from the hospital administration to outside vendors and contractors. Additionally, it records the intake and transfers of patients and staff, employee records, and payment schedules. This data forms the basis of this study's quantitative analysis providing the primary material in which to evaluate trends in movement across the *lazzaretti* network. This remarkable document, unique amongst archival records in Bologna from this period, is pivotal for analysing the movement of people within the network of *lazzaretti* hospitals and is a principal document for understanding the plague management strategy in Bologna. Most importantly, this volume substantially contributes to scholarly knowledge on early modern plague in northern Italy. The *lazzaretti* in Bologna have yet to be examined in detail and have never been considered within the context of existing care

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<sup>79</sup> Moratti, *Racconto degli ordini*, 95-6.

institutions.<sup>80</sup> In particular, this manuscript places Bologna on the map not only as a comparison to more well-studied northern centres, but as a significant city in its own right for the study of seventeenth-century plague.

The large collection of legal decrees produced before, during and directly after the plague of 1630-31 in Bologna are extensively employed as primary evidence in this programme of research. Printed broadsheets were cheap to produce, extremely prevalent and vital for the transfer of information across early modern Europe.<sup>81</sup> During the 1630-31 outbreak, Bologna's health board and government officials frequently met to create regulations enacted to prevent the spread of plague.<sup>82</sup> Those meetings resulted in the continuous publication of *bandi* (edicts) produced by

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<sup>80</sup> In her foundational book on Venetian *lazzaretti*, *Plague Hospitals*, Jane Stevens Crawshaw notes that current scholarship has mostly considered *lazzaretti* as separate from the broader social context of the periods in which they were born. She asserts that it is vital to consider permanent hospitals and other types of care spaces next to temporary *lazzaretti*. Therefore, in this study on Bologna takes into consideration how the *lazzaretti* fit within an intricate web of existing charitable institutions devoted to the care of the poor and sick in the city. Furthermore, some of the available institutions served as temporary *lazzaretti*. See Stevens Crawshaw, *Plague Hospitals*, 6.

<sup>81</sup> For Italy, see Stephen J. Milner, "'Fanno Bandire, Notificare, et Expressamente Comandare': Town Criers and the Information Economy of Renaissance Florence," *I Tatti Studies* 16, no. 1/2 (January 2013): 107-51.

<sup>82</sup> Notes on these meetings can be found in *Assuntaria di Sanità*, sec. XVI - sec. XVIII, Atti 1630-1795, reg. 1 verbali delle sedute, Archivio di Stato di Bologna (ASB).

the offices of Cardinal Spada. These printed pages of varying lengths were posted in public places around Bologna. The comprehensive collection of legal decrees on the changes to public health policy throughout the plague are drawn from the archive, *La raccolta dei bandi Merlani*, residing in the Biblioteca comunale dell'Archiginnasio, along with the significant collection of *bandi* compiled by Girolamo Donini.<sup>83</sup> The reliance on broadsheets as primary evidence in historical research can be potentially difficult. While pervasive, these documents were intended to be ephemeral and were often damaged or destroyed. Edicts also journeyed to other places and surviving prints have ended up in various depositories. These factors alongside varying conservation practices of broadsheets, such as inconsistent archival descriptions, lead to gaps in archival records.<sup>84</sup> These have the potential to manifest inconsistent conclusions from the historical record. However, Donini's chronological compilation printed in 1631 reproduced all edicts printed in Bologna from the onset of plague in Europe in 1628 until the end of the plague in 1631. His

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<sup>83</sup> *La raccolta dei bandi Merlani* were originally printed and versions of these originals are stored in the Biblioteca Comunale dell'Archiginnasio. Copies can be found in microfilm and some digital versions at the Archiginnasio. On edicts produced on public health in Bologna residing in Mortimer and Anna Neinken Collection see Saul Jarcho, *Italian Broadsides Concerning Public Health: Documents from Bologna and Brescia in the Mortimer and Anna Neinken Collection*, New York Academy of Medicine (Mount Kisco, N.Y: Futura, 1986).

<sup>84</sup> See Andrew Pettegree, *Broadsheets: Single-Sheet Publishing in the First Age of Print* (Leiden: Brill, 2017).

work provides a comprehensive overview of decisions made by Bologna's health board and government during that period, ordinances that were frequently disseminated every few days. His volume, *Raccolta di tutti li bandi: ordini, e provisioni fatte per la città di Bologna in tempo di contagio imminente, e presente, li anni 1628, 1629, 1630, e 1631*,<sup>85</sup> has recently been translated into modern Italian by Pietro Malpezzi and Marialuisa Lugaresi.<sup>86</sup> For the purpose of continuity, this study exclusively employs their modern Italian translation, *I bandi di Bernardino Spada durante la peste del 1630 in Bologna*.<sup>87</sup>

Additional primary sources play a key role. The chronicle *Racconto degli ordini e provisioni fatte ne' lazaretti in Bologna e suo contado in tempo del contagio dell'anno 1630*, published in 1631, provides invaluable insights into this plague. Written by the eye-witness Pietro Moratti, this work provides first and second-hand accounts of every aspect of the plague, including mortality rates, visual descriptions of health officials purging houses and transferring the dead, and accounts of escaped *lazzaretti* employees wanted by the Bolognese state. This volume

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<sup>85</sup> Girolamo Donini, *Raccolta di tutti li bandi: ordini, e provisioni fatte per la città di Bologna in tempo di contagio imminente, e presente, li anni 1628, 1629, 1630, e 1631* (Bologna: Girolamo Donini, 1631).

<sup>86</sup> Pietro Malpezzi, Marialuisa Lugaresi, and Bernardino Spada, *I bandi di Bernardino Spada durante la peste del 1630 in Bologna*, ed. Pietro Malpezzi (Faenza, Ravenna: Casanova, 2008).

<sup>87</sup> Malpezzi and Lugaresi have provided some commentary on these edicts, however, with little advancement from the earlier work of Brighetti, *Bologna e la peste del 1630*.

informs every aspect of this study and presents details on legal restrictions on mobility, suppositions on the spread of the disease, perceptions of the plague and the *lazzaretti* from the general population, and many more remarkable accounts of the experience of plague in Bologna. Moreover, Antonio di Paolo Masini's history of Bologna, initially published in 1650 and revised in 1666 has provided valuable information to this research.<sup>88</sup> His book offers an account of notable occasions in Bologna following a religious calendar, and includes details of events related to the plague of 1630-31.<sup>89</sup> Of importance for this study, di Paolo Masini provided information on the cleaning of homes, the burial of the dead, and public religious events during the plague.

A significant contribution to this discussion of the *lazzaretti* of 1630-31 in Bologna comes from the transcriptions of contemporary letters from the offices of Cardinal Spada found in the work of Antonio Brighetti.<sup>90</sup> The letters, normally residing in the Vatican Apostolic Archive,<sup>91</sup> were transcribed and reproduced along with

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<sup>88</sup> Antonio di Paolo Masini, *Bologna Perlustrata. Per l'erede de Vittorio Benacci* (Bologna: printed for the author, 31<sup>st</sup> of December, 1666).

<sup>89</sup> Di Paolo Masini was a silk merchant with an interest in documenting the history and culture of Bologna. See Babette Bohn, and Raffaella Morselli, eds. *Reframing Seventeenth-Century Bolognese Art: Archival Discoveries*. Visual and Material Culture, 1300-1700 Ser. Amsterdam: Amsterdam University Press, 2019, 14.

<sup>90</sup> Brighetti, *Bologna e la peste del 1630*.

<sup>91</sup> Anonymous, Archivio Segreto Vaticano (Vatican Apostolic Archive), *Legazione di Bologna*, 282, ff. 108-290 r.v., 1630-31.

select pages from the *Libro di dare et avere* in 1968 by Brighetti. This author is particularly grateful for Brighetti's extensive transcription work and publication of his volume, as travelling to the Vatican Apostolic Archive became impossible under Covid restrictions. While Brighetti offers occasional and brief interpretations of these letters, this current study moves beyond commentary to critically engage with these records.

Further contemporary records serve as primary sources for this study. Sixteenth- and seventeenth-century writings from medical doctors and scholars in Bologna will be employed to address contemporary understanding of causes and treatment of plague.<sup>92</sup> Other primary documents include sixteenth- and seventeenth-century plague tracts produced in Bologna and elsewhere in northern Italy.<sup>93</sup>

The difficulties facing people from the lower classes of society emerge through a series of court cases that divulge snapshots of the experiences of certain individuals. These microhistories, in the manner of the Carlo Ginzburg's *Il formaggio e i vermi*, allows for the exploration of larger

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<sup>92</sup> Mariani, *De Peste Anni 1630*, 6-8, as cited in Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 229.

<sup>93</sup> Reference is also made to other sixteenth and seventeenth-century plague tracts produced in Bologna and elsewhere in northern Italy in the anonymous compilation of texts *Peste del 1630*, Biblioteca Comunale dell'Archiginnasio, Archivio Gozzadini, A.V.H.VIII.18/7 (Bologna, c.1630).

social issues that emerged during the epidemic.<sup>94</sup> In Chapter 3, an examination of the court cases of escaped *lazzaretti* personnel presents the complexities around work in a deadly environment, especially as many employees were forced into labour. Similarly, microhistories in Chapter 5 enable an exploration of women in work. In particular, the story of former prostitute Susanna Ricci highlights the economic and social factors that influenced the decision of women to volunteer in the plague hospitals. Further to this, her story substantiates the difficulties that lower class women faced upon entering the hospital to work. There is power and strength in these stories; their emergence throughout this study helps to reconstruct the lived experience of often forgotten souls.

## **Structure of the Study**

To examine aspects of the early modern experience and how people moved through and engaged with their built environments, this study falls into six chapters. Chapter 1 commences this research with an overview of the key historical, political, social, cultural and economic events leading up to the emergence of plague in Italy, specifically in Bologna, in the first half of the seventeenth century. This section demonstrates the prominence of Bologna as an artistic, educational, and political centre of northern Italy in the medieval and early modern period.

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<sup>94</sup> Carlo Ginzburg, *Il formaggio e i vermi; il cosmo di un mugnaio del'500* (Torino: G. Einaudi, 1976).

The long-term consequences of plague on the city will also be considered.

Chapter 2 follows with an investigation into the restrictions on mobility with a consideration of how regulations and behaviour around movement were influenced by horizontal and vertical power. Drawing on the practices of disciplinary power, a concept put forward by Michel Foucault, this chapter will show that the disciplinary measures disproportionately affected the poor and disenfranchised, as well as women and children; groups that were considered more vulnerable to catching and spreading disease.

Chapter 3 focuses on early modern plague hospitals and is divided into two sections. The first section explores the Renaissance hospital as a prototype for *lazzaretti* while also examining the creation of plague hospitals in northern Italy. This provides a comparative context for the second section that specifically interrogates Bologna's *lazzaretti* network. This section analyses the administrative aspects of plague, including the creation of plague hospitals, and the temporary requisitioning of monastic and private structures for use as *lazzaretti* and convalescent homes. It then considers the movement of patients and employees between the *lazzaretti*, as well as the illicit movement of criminals. It attests to the permeability of the *lazzaretti* complexes and the shifting meaning of these spaces. This chapter argues that the *lazzaretti* structures encompassed a network of interwoven complexes that were intentionally

employed as adaptive instruments of containment in response to the fluctuating circumstances.

The discussion of the *lazzaretti* of Bologna extends to Chapter 4 and the Nuovo Lazzaretto complex. This chapter is concerned with the design and creation of a new hospital complex, the only example in Bologna of a plague hospital that used both requisitioned structures alongside temporary huts. Through an in-depth examination of the only contemporary visual representation of this site, alongside contemporary accounts, this chapter contends that the design reflects early seventeenth-century understanding of plague transmission and cure. Moreover, the architect created a design that capitalised on the movement of air and people as a strategy for plague care. The architectural plan of the Nuovo Lazzaretto makes concessions for the transmission of disease through the air, between people, and between contaminated goods within the design of the complex. Moreover, the design highlights how early modern hospital architecture complimented and supported contemporary understandings of the treatment for plague. In particular, the value of spiritual wellbeing in the recovery process was emphasised within this design. Turning towards other aspects of mobility during plague, the last two chapters deal with the variety of conditions in which women could be mobile, as well as delving into the role of performance and ritual during plague.

Specifically, Chapter 5 addresses the many women who remained active players in the local economy and as primary caregivers during plague by circumventing

regulations. Some women used their occupational status to remain mobile while others played essential roles in supporting the Bolognese *lazzaretti* network. This chapter shows how women found ways to maintain agency over their mobility. Social factors that impacted mobility, such as social status and profession, had an influence on both women and men.

Chapter 6 explores how processions and devotional performances reflect the disparity in access to mobility as participation was exclusive and spectatorship was limited to those who had access to the street. It also shows how devotional performance was moved almost exclusively to the street, as street shrines and mobile altars became key sites of religious rituals. Moreover, this chapter considers how particular places became associated with plague devotion, key sites in which social life flourished.

To conclude this thesis, a reiteration of key findings and potential opportunities for further research will be provided. Turning to Chapter 1, this study will now present a summary of the major social, historical, cultural, political and economic contexts for Bologna in the period before the plague arrived in the city in 1630. This is essential in establishing a framework in which to conduct a deeper investigation of mobility and the spatial experience of early modern plague in Bologna.



## Chapter 1: Historical Context

Bologna is renowned for its porticoes, piazze, and streets, which present well-preserved social spaces that have a positive impact on the people who walk, promenade, and experience the vitality of its material environment. This study focuses on Bologna during a profound period of crisis, the time in which the city was impacted by plague from the summer of 1630 until early winter 1631. Long before plague struck the city, and certainly afterwards, Bologna was a cultural and intellectual hub of artistic and scientific innovation.<sup>95</sup> More broadly, this chapter concisely considers the historical contexts under which the plague developed in Europe, and specifically in Italy and Bologna. In particular, this section offers an overview of Bologna's social, political and economic environment before 1630. Intentionally brief, it presents a framework of Bologna's artistic, cultural and scientific character in order to set the stage for subsequent chapters that investigate the experience of plague in this important urban centre.

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<sup>95</sup> See Adriano Prosperi, *Bologna nell'età moderna, secoli 16.-18.: Cultura, istituzioni culturali, chiesa e vita religiosa* (Bononia University Press, Bologna, 2008); Adriano Prosperi, *Bologna nell'età moderna, secoli 16.-18. 1, Istituzioni, forme del potere, economia e società* (Bononia University Press, Bologna, 2008); Paolo Prodi, *Storia della chiesa di Bologna* (Bergamo: Bolis, 1997).

The period of exploration, 1630-31, occurred under the transformative years of the Catholic Reformation (1545-1648). This moment in history coincided with a prolonged period of political upheaval in Europe, juxtaposed with a vital era of growth and innovation in the production of civic art and urban spaces in early modern Italian cities. The Catholic Reformation era in Bologna, considered the Second Papal City, is characterised by key contributions in the areas of religion, politics, philosophy, mathematics, science, architecture and the arts. Even so, in the decades before the contagion reached the medieval walls of Bologna, the city experienced a period of difficulty alongside the majority of Central Europe.

The atmosphere in which the plague emerged in 1620s Europe was a contentious one. The Thirty Years' War (1618-1648) was one of the most devastating wars in early

modern Europe.<sup>96</sup> What initially began as a national religious dispute within Germany between Catholic and Protestant factions quickly evolved into a European-wide political conflict. Numerous military campaigns were undertaken. Member states of the Holy Roman Empire and the Hapsburgs battled against Protestant countries and allies in an effort to rebalance political and religious power in Europe.<sup>97</sup> Italy was uniquely situated as the seat of Catholicism and as the heart of Spanish power outside of Spain. Milan, Naples and Sicily fell under the dominion of

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<sup>96</sup> On the Thirty Years' War see Pantle Christian and Elena Sciarra, *La guerra dei trent'anni: 1618-1648: Il conflitto che ha cambiato la storia dell'europa* (Milano: Mondadori, 2020); Cicely Veronica Wedgwood, Anthony Thomas Grafton and Antonio Cettuzzi, *La guerra dei trent'anni: 1618-1648* (Milano: Il saggiatore, 2018); Adriano Prospero, *Dalla peste nera alla guerra dei trent'anni* (Torino: Einaudi, 2000); Olaf Asbach and Peter Schröder, *The Ashgate Research Companion to the Thirty Years' War* (London: Routledge 2016); See also, Sigrun Haude, *Coping with Life during the Thirty Years' War (1618-1648)* (Leiden: Brill 2021); Tryntje Helfferich, *The Thirty Years War: A Documentary History* (Indianapolis: Hackett Publishing Company, 2009). On the history and impact of the Thirty Years' War on the production of art see Claudia Brink, Susanne Jaeger, Marius Winzeler, and Geraldine Schuckelt, eds. *Bellum & Artes: Central Europe in the Thirty Years' War*. (Dresden Leipzig: Sandstein Verlag; Leibniz Institute for the History and Culture of Eastern Europe, 2021).

<sup>97</sup> Olaf Asbach and Peter Schröder, "The Thirty Years' War – An Introduction", in *The Ashgate Research Companion to the Thirty Years' War*, eds. Olaf Asbach and Peter Schröder (London: Routledge 2016), 1-10.

King Philip IV of Spain and Italy was of paramount importance to the Spanish Empire.<sup>98</sup>

The first war of Mantuan Succession (1612-18) was a major conflict that set the stage for further military engagement in Italy within the period of the Thirty Years' War. This event brought French and German armies into the Po Valley who fought against Spanish and allied forces.<sup>99</sup> Over the following decade, conflicts in northern Italy between France and Spain ensued as each side sought to maintain or gain traction. Northern Italy continued to be a strategic theatre of war with numerous confrontations occurring between France and Spain over the span of two years from 1627.<sup>100</sup> The War of the Mantuan Succession (1628-31) brought more foreign troops from Spain and France, along with the armies of the Hapsburg Emperor into Italy in the autumn of 1629. These conflicts had devastating effects on the economies of the northern regions of Italy as the hostilities put pressure on international trade and commerce. This conflict is particularly important to this study as the movement of the

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<sup>98</sup> Sven Externbrink, "The Thirty Years' War in Italy 1628–1659", *The Ashgate Research Companion to the Thirty Years' War*, eds. in Olaf Asbach and Peter Schröder (London: Routledge 2016), 177.

<sup>99</sup> Externbrink, "The Thirty Years' War in Italy," 178-79. See also Rose, *A Renaissance of Violence*, especially, 5.

<sup>100</sup> Domenico Sella, *Italy in the Seventeenth Century* (London: Longman, 1997), 7-11, as cited in Rose, *A Renaissance of Violence*, 12.

Spanish and French armies to Mantua are believed to be responsible for bringing plague into northern Italy.<sup>101</sup>

The longevity of the Thirty Years' War contributed to decades of continual movements of troops from across Central Europe, along with the migration of individuals fleeing conflict. The movement of these groups provided an ideal atmosphere for the transmission of plague. The plague had likely started in northern France in 1623 and was soon reported in the Netherlands and Western Germany.<sup>102</sup> By 1625, England and cities throughout Germany were infected. The plague was subsequently carried into Switzerland by 1628 and into northern Italy by 1629.<sup>103</sup> Before the arrival of this plague, Italy had experienced multiple generations without a major plague event.

The last major outbreak of plague in Italy before 1629-31 had been the great plague of San Carlo (1575-77) that touched the most northern cities, greatly affecting

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<sup>101</sup> Alfani and Percoco, "Plague and Long-Term Development," 1177. On the War of the Mantuan Succession see Externbrink, "The Thirty Years' War in Italy", in particular, 181-5.

<sup>102</sup> Susan Scott, C.J. Duncan, *Biology of plagues: evidence from historical populations* (Cambridge, 2001); E.A. Eckert, *The structure of plagues and pestilences in early modern Europe. Central Europe, 1560-1640* (Basel, 1996); Alfani, "Plague in Seventeenth-century Europe," 408-30, as cited in Alfani and Percoco, "Plague and Long-Term Development," 1177.

<sup>103</sup> See Guido Alfani and Tommy E. Murphy, "Plague and Lethal Epidemics in the Pre-Industrial World," *The Journal of Economic History* 77, no. 1 (2017): 314-343.

Milan and Venice. The plague of 1629-31 impacted northern cities yet left southern Italy untouched. It was not until some decades later that southern Italy was struck by a major epidemic, the plague of Naples (1656-57). Economic and demographic historian, Guido Alfani, has noted that the frequency of epidemic outbreaks in Italy during the sixteenth century were significantly higher compared to the seventeenth century; however, the severity of the 1629-31 and 1656-57 plagues was greater. He remarks that the effects of the plague of 1656-57 alone were “greater than all the sixteenth-century plagues taken together.”<sup>104</sup> Bologna was not hit by either of the plagues of San Carlo or Naples.<sup>105</sup> The city only experienced minor outbreaks of plague during the sixteenth century.<sup>106</sup> It would have been difficult for contemporaries to contemplate the potential repercussions when plague arrived to this prosperous centre in 1630. Bologna had long been the pinnacle of a learned and cultured city and was uniquely positioned as a hub of commerce. The economic and political character of the city is useful to investigate as these qualities came to inform local health policy in 1630.

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<sup>104</sup> Alfani, “Plague in Seventeenth-century Europe,” 409.

<sup>105</sup> See the maps on the cities affected or not affected available in Alfani and Percoco, “Plague and Long-Term Development,” 1178.

<sup>106</sup> See Sergio Sabbatani, Sirio Fiorino, and Roberto Manfredi, “The Plague Which Hit the City of Bologna in the Year 1630,” *Le Infezioni in Medicina* 2 (2020): 278-287.

## Bologna, the Abundant

The city of Bologna is customarily referred to as *la dotta, la grassa, la rossa* (the learned, the fat, the red). *La dotta* relates to Bologna as the site of the first European university. *La rossa* concerns its architecture, mainly the city's numerous porticoes and façades famously constructed in Bolognese red brick and terracotta. *La grassa* has medieval associations. It initially referred to Bologna's position at the "crossroads of cultural and material exchanges," according to historian Antonella Campanini, before the later association of *La grassa* to the city's prosperity in food production and gastronomy.<sup>107</sup> Bologna's geographical location along with its famous university made Bologna one of the largest populated cities in medieval Europe.<sup>108</sup> Historians Fabio Giusberti and Francesca Roversi Monaco describe medieval Bologna as a "network city", a significant "transit node in regional and international commerce."<sup>109</sup> Bologna was a "nexus for trade", with key throughways and waterways between the north and central Italy requiring traders to pass through the

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<sup>107</sup> Antonella Campanini, "Regulating the Material Culture of Bologna la Grassa," in *A Companion to Medieval and Renaissance Bologna*, ed. Sarah Rubin Blanshei (Leiden: Brill, 2018), 129.

<sup>108</sup> According to Giusberti and Roversi Monaco, Bologna was the fifth largest city in Europe from the twelfth until the early- thirteenth century. Fabio Giusberti and Francesca Roversi Monaco, "Economy and Demography," in *A Companion to Medieval and Renaissance Bologna*, ed. Sarah Rubin Blanshei (Leiden: Brill, 2018), 154.

<sup>109</sup> *Ibid.*

centre.<sup>110</sup> Bologna continued to function as a key hub into the early modern period, and in fact, even today, Bologna is a strategic node for rail and roadways passing between central and northern Italy. As a key centre for commerce, Bologna maintained its position as one of the highest populated Italian cities into the early modern period.<sup>111</sup> The prominence of this urban centre was further heightened by its political association with Rome.

The political character of Bologna consisted of a joint rulership of representatives from the communal government (formed by the Senate), working together with members appointed from the Pope, the legate, and vice-legate. The Senate and legates required the authorisation of the other in order to create legislation.<sup>112</sup> The Senate was formed by a series of noble families that took up office for a period of two months.<sup>113</sup> The senatorial arm of the government sought autonomy from Papal Rome and the relationship between the Senate of Bologna and Rome was often contentious, shifting frequently according to the

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<sup>110</sup> Ibid., 154-156.

<sup>111</sup> Ibid., 166.

<sup>112</sup> Angela De Benedictis, "Popular Government, Government of the *Ottimati*, and the Languages of Politics: Concord and Discord (1377-1559)" in *A Companion to Medieval and Renaissance Bologna*, ed. Sarah R. Blanshei, (Leiden, The Netherlands: Brill, 2018), 295.

<sup>113</sup> Anne Schnoebelen, "Bologna, 1580–1700", in *Man & Music: The Early Baroque Era*, edited by Curtis Alexander, Price (Palgrave Macmillan, London, 1993), 104.

political and regime changes in both cities.<sup>114</sup> The papal legate and vice-legate asserted their power by way of occupying the political arena. This was achieved through the position of their offices and through their residence in the Palazzo D'Accursio, the home of the political offices of the *anziani*, the city council of elders.<sup>115</sup> This palazzo is in the most strategic part of the city, in the Piazza Maggiore. In the epicentre of Bologna's political, commercial, educational and religious life, the Papal authorities set to oversee and dominate the central activities of the city. Many alterations were made by the Papal governments in the Piazza Maggiore in the sixteenth century, with the aim to rule the most influential people and spaces of the city. Before this period, a few influential families had dominated the political scene of Bologna.

The noble Bentivoglio family had successfully led a *signoria* government for the majority of the fifteenth

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<sup>114</sup> See Danielle Callegari and Shannon McHugh, "Playing Papal Politics: Senatorial and Monastic Allies in Early Modern Bologna," *Renaissance Studies* 32 (2018) 602-18.

<sup>115</sup> David J. Drogin, "Art, Patronage, and Civic Identities in Renaissance Bologna," in *The Court Cities of Northern Italy: Milan, Parma, Piacenza, Mantua, Ferrara, Bologna, Urbino, Pesaro, and Rimini*, ed. Charles M. Rosenberg (Cambridge; New York: Cambridge University Press, 2010), 256.

century.<sup>116</sup> However, the troops of Pope Julius II regained complete control over the city in 1507, expelling the Bentivoglio family. Julius II refashioned the Palazzo D'Accursio, installing a statue of himself on the exterior and renovating the palace, according to Richard J. Tuttle, to be the "most imposing papal residence in Italy."<sup>117</sup>

The expulsion of the Bentivoglio by Pope Julius II resulted in a period of suppression of noble elites in Bologna.<sup>118</sup> As historian Colin Rose has observed, after this particularly tumultuous era, the legates began to allocate a succession of rural lands to lesser nobles who had supported the Bentivoglio regime, thus creating stronger ties of allegiance. These families prospered and politically benefitted from what Rose has defined as the "transfer of urban social power to a grounded, resource-based power in

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<sup>116</sup> The Bentivoglio family was the most prominent family in the city during the fifteenth century (see Drogin, "Art, Patronage, and Civic Identities in Renaissance Bologna," 245), although there had been a longer history of signoria rulership in Bologna. The thirteenth century was marked by a fluctuation in rule by Papal representation and rule by the *signoria*. From 1282-1327, the Germei held a *signoria* alongside the commune until they lost power to papal authority. B.R. Carniello, "The Rise of an Administrative Elite in Medieval Bologna: Notaries and Popular Government, 1282-1292," *Journal of Medieval History* 28 (2002): 335). The Pepoli family held the most power between 1337 and 1350 before the city was sold to the Vistonti of Milan. The commune came back into power in 1376. See Wray, "Communities in Crisis," 58.

<sup>117</sup> Richard J. Tuttle, "Julius II and Bramante in Bologna," in *Le Arti a Bologna e in Emilia Dal XVI Al XVII Secolo*, ed. Andrea Emiliani (Bologna: CLUEB, 1982), 4-5.

<sup>118</sup> Rose, *Renaissance of Violence*, 10-1.

the *contado* [countryside].”<sup>119</sup> Moreover, by the end of the sixteenth century, the Senate had expanded from forty to fifty seats of the city’s most illustrious families. This was another move by the legates to secure political favour and reduce agitation by offering political positions that would benefit the economic circumstances of elite families.<sup>120</sup>

Bologna’s position as the Second Papal city entailed that it was often at the epicentre of pivotal moments in Italian and European political and religious history. For instance, the Church of San Petronio in Piazza Maggiore substituted Rome as the location of the coronation of Charles V as holy Roman Emperor (1500-58) in 1530,<sup>121</sup> and shortly after, Bologna hosted the Council of Trent (1545-63) in 1547.<sup>122</sup> Papal rulers understood Bologna was a strategic site for the control of the Italian peninsula and thus they sought to dominate in the political arena of city.<sup>123</sup>

By 1630, the papal legate, Cardinal Bernardo Spada, represented the most powerful figure in Bolognese politics, although he co-ruled with the Reggimento, the city’s Senate. The Senate consisted of a number of governing

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<sup>119</sup> Rose, 11.

<sup>120</sup> Rose, 11.

<sup>121</sup> On Charles V’s coronation in Bologna along with an extensive bibliography see Georgia Clarke, “The Emperor’s Hat: City, Space, and Identity in Contemporary Accounts of Charles V’s Entry into Bologna in 1529,” *I Tatti Studies in the Italian Renaissance* 16, no.1 (2013): 197-220.

<sup>122</sup> Drogin, “Art and Patronage in Bologna’s “Long” Quattrocento,” 592.

<sup>123</sup> Nicholas Terpstra, “Confraternities and Civil Society,” in *A Companion to Medieval and Renaissance Bologna*, ed. Sarah Rubin Blanshei (Leiden: Brill, 2018), 389.

organs. The regulations put forth to impede the development of plague in the city were created by the *Assunteria di sanità*, the administrative body of the Senate that dealt specifically with health, but this was done in conjunction with Cardinal Spada and his offices.<sup>124</sup> The majority of letters of appeal from doctors or administrative staff of the plague hospitals were written to the office of Cardinal Spada. The *Assunteria di sanità* met frequently to decide on public policy regarding the plague in consultation with the office of the Cardinal.<sup>125</sup> The outcomes of these meetings were the printed edicts that expressed the new regulations under local law. The other administrative arms of the Senate were also important during the plague, in particular the organs that dealt with the city's commercial activities. Through these government branches, the Senate was deeply tied to regulations around the four economic pillars of the city; these were the university, and the manufacturing of silk, wool, and hemp.<sup>126</sup> The impact on these industries can be better appreciated through a deeper understanding of their significance to the city.

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<sup>124</sup> The regulations enacted before and during the plague will be analysed in further detail in the following chapter.

<sup>125</sup> Notes on these meetings can be found in *Assunteria di Sanità*, sec. XVI - sec. XVIII, Atti 1630-1795, reg. 1 verbali delle sedute, Archivio di Stato di Bologna.

<sup>126</sup> Giusberti and Roversi Monaco, "Economy and Demography," 174.

## The Local Economy

There were numerous economic pressures that impacted the community of Bologna leading up to the 1630-31 plague. The city experienced bouts of famine in the latter years of the 1580s and into the first few years of the 1590s.<sup>127</sup> And after several difficult harvests, a number of famines impacted the Po Valley in the 1620s, an area that was a major resource for grains and cereal production in Italy and Europe.<sup>128</sup> Bologna, on the edge of these plains, experienced drastic increases in grain prices.<sup>129</sup>

The textile industry began to decline in Italy from the end of the sixteenth and beginning of the seventeenth century,<sup>130</sup> putting further economic pressure on the region. The first half of the seventeenth century was a period of economic struggle for Italy as the demand for Italian exported goods decreased owing to the Thirty Years'

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<sup>127</sup> Terpstra, *Cultures of Charity*, 165.

<sup>128</sup> Robin D. Greene, "Mountain Peasants in an Age of Global Cooling" (MA thesis, Dalhousie University, 2010); Andrew B. Appleby, "Epidemics and Famine in the Little Ice Age," *The Journal of Interdisciplinary History* 10, no. 4 (April 1, 1980): 643-63; Brian M. Fagan, *The Little Ice Age: How Climate Made History, 1300-1850* (New York: Basic Books, 2000), as cited in Rose, *A Renaissance of Violence*, 6.

<sup>129</sup> Schnoebelen, "Bologna, 1580-1700," 103.

<sup>130</sup> Domenico Sella, *Italy in the Seventeenth Century* (London: Longman, 1997), 29-32; Christopher F. Black, *Early Modern Italy: A Social History* (London: Routledge, 2001), 23; Brian S. Pullan, *Crisis and Change in the Venetian Economy in the Sixteenth and Seventeenth Centuries* (London: Methuen, 1968), 132, as cited in Rose, *Renaissance of Violence*, 11-2.

War.<sup>131</sup> This coincided with English and Dutch maritime shipping dominance that came to eclipse Italian maritime trade.<sup>132</sup> The production and export of textiles went into decline in major urban centres of Italy.<sup>133</sup> Anne Schnoebelen has noted that the textile industries in Bologna, alongside similar operations in Florence and Venice, suffered in the seventeenth century as a consequence of the increasing dominance of foreign markets alongside numerous conflicts and war.<sup>134</sup>

Bologna held a position of influence in the European silk market in the early modern period, owing to its exceptional means of production and the use of hydraulic mills.<sup>135</sup> In particular, the *torcitoio circolare*, a hydraulic powered silk throwing machine, was exclusively employed

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<sup>131</sup> Carlo Cipolla, "The Decline of Italy: The Case of a Fully Matured Economy", *Economic History Review* 2, v (1952): 185.

<sup>132</sup> Cipolla, "The Decline of Italy," 185-6.

<sup>133</sup> *Ibid.*, 185.

<sup>134</sup> Schnoebelen, "Bologna, 1580–1700", 103. On the decline of textile industries in major centres of Florence, Venice, Milan and Genoa, see Cipolla, "The Decline of Italy," 179-80. Cipolla notes that the decline occurred in large urban centres and many rural centres flourished, see 180.

<sup>135</sup> Terpstra, *Cultures of Charity*, 172.

in the city from the fourteenth until the sixteenth century.<sup>136</sup> Historian Nicholas Terpstra has asserted that the hydraulic mills transformed Bologna into a “silk powerhouse.”<sup>137</sup> By the sixteenth century, the Silk Arts employed approximately one third of the city’s workers.<sup>138</sup> Bologna’s dominance in the silk industry was reflected in the annual *Pavaglione* silk fair hosted from the end of May until August. This event attracted traders from all over Italy for the buying and selling of the raw material silk cocoons.<sup>139</sup>

The government of Bologna’s commitment to the silk, wool, and hemp linen industries is evident in the Senate’s supervision of the city’s principal workhouse that supplied essential seasonal employment for the sector. The administrative leg of the Senate, *Assunteria del Pavaglione*, planned the annual silk fair. It also supervised the management of the city’s central charitable institution,

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<sup>136</sup> Giusberti and Roversi Monaco, “Economy and Demography,” 167. For more information on the industry in Bologna and on the economic impact of this industry in Northern Italy, see Franco Franceschi, “Big Business for Firms and States: Silk Manufacturing in Renaissance Italy,” *Business History Review* 94, no. 1 (2020): 95-123; Antonio Ivan Pini, “Canali e mulini a Bologna tra XI e XV secolo,” *Campagne bolognesi. Le radici agrarie di una metropoli medievale*. (Florence: Le Lettere, 1993). On technological development in the silk industry see Flavio Crippa, “Il torcitoio circolare da seta: evoluzione, macchine superstiti, restauri,” *Quaderni Storici, Nuova Serie* 25, no. 73 (1990): 169-212.

<sup>137</sup> Terpstra, *Cultures of Charity*, 172.

<sup>138</sup> Ibid.

<sup>139</sup> Ibid., 173.

Opera Pia dei Poveri Mendicanti.<sup>140</sup> Opera Pia dei Poveri Mendicanti operated many shelters, but, of particular importance to local manufacturing, the San Gregorio workhouse employed women and children in the silk industry in exchange for board.<sup>141</sup> The trade of lesser valued textiles was also a vital industry and Bologna held a significant position as producers of linen. As the silk industry was seasonal, the women and children of the workhouse also spun linen, as well as wool.<sup>142</sup> Terpstra contends that the involvement of the Senate in Opera Pia dei Poveri Mendicanti in the workhouse indicates that the government perceived, from its inception, San Gregorio as able to offer a “labor resource that would be useful for the city’s silk industry in particular.”<sup>143</sup>

The silk industry maintained its dominance in the city throughout the seventeenth century despite pressures on the industry. Representatives from the Silk Arts even influenced municipal legislation during the 1630-31 plague. They managed to get access for female employees to continue to work in the industry outside of the home despite a general quarantine for women, an area discussed

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<sup>140</sup> Ibid., 171, 176. The workhouse was operated by the city’s major charitable institution, the Opera Pia dei Poveri Mendicanti.

<sup>141</sup> Nicholas Terpstra, *Abandoned Children of the Italian Renaissance: Orphan Care in Florence and Bologna* (Baltimore: Johns Hopkins University Press, 2006), 203.

<sup>142</sup> Terpstra, *Cultures of Charity*, 176.

<sup>143</sup> Ibid.

in Chapter 5. Moreover, the San Gregorio workhouse became an important site as the location of a newly established plague hospital, explored in Chapter 4.

The importance of the Silk Arts to the economic survival of Bologna is clear when examining the period of the 1630-31 plague. A more in-depth consideration of the impact of plague on the silk industry will be considered within the context of female labour and mobility in Chapter 5. However, at this juncture it is useful to consider that a bando printed on the 16<sup>th</sup> of June, 1630, *Ordini ai compratori di folicelli nel pavaglione*, permitted the city's most important silk fair to continue as planned, as it was known to have great economic benefit to the city.<sup>144</sup> The continuation of this fair, despite rising cases of plague in the city, demonstrates how commercial advantage outweighed concerns for public health. The fair took place around the Piazza Maggiore and the recently renovated Piazza Scole, directly in front of Archiginnasio. The Archiginnasio was the newly formed seat of the University of Bologna. These spaces formed part of the major architectural changes to the city centre in the sixteenth century that would come to influence the experience of the city's streets during the plague. In particular, the newly renovated Piazza Maggiore provided the stage for key processions surrounding the appeal for intercession of the Virgin of the Rosary and local patron saints. Moreover, the university structure of the

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<sup>144</sup> *Ordini ai compratori di folicelli nel pavaglione, 16 giugno 1630*, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 76.

Archiginnasio was the educational home of prominent medical theorists and doctors, as well as being the site of the production of medicinal plague cures.

## Urban Environment

There was significant urban development in the city in the century leading up to the plague of 1630-31 that influenced the character of the city and thus the experience of the urban environment during plague. As preeminent historian on Bologna Francesca Bocchi has shown, the city was marked by a series of architectural alterations in the 1500s, such as the construction of over 25 senatorial palaces.<sup>145</sup> The Piazza Maggiore and adjacent piazze, the primary centres of the social life of Bologna, also took their current shape through a series of crucial civic transformations in the mid-sixteenth century. As Bocchi contends, under the direction of Pope Pius IV, the alterations of the core of Bologna beginning in 1560 formed the “greatest urban-planning projects of the pontifical

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<sup>145</sup> Francesca Bocchi, “Shaping the City: Urban Planning and Physical Structures,” in *A Companion to Medieval and Renaissance Bologna*, ed. Sarah Rubin Blanshei (Leiden: Brill, 2018), 92. On further medieval and early modern urban developments in the city see Francesca Bocchi, “La storia delle città: un veicolo per la formazione alla cittadinanza,” in *Conference Proceedings in Honor to Academician Desanka Kovacevic Kojic*, (Banja, Luka, 2015), 203-226; Francesca Bocchi, *I portici di Bologna e l’edilizia civile medievale: Bologna, Salone del Palazzo del Podestà, Piazza Maggiore* (Bologna: Grafis, 1990); Francesca Bocchi, *Il patrimonio Bentivolesco alla metà del quattrocento* (Bologna: Istituto per la storia di Bologna, 1970).

government.”<sup>146</sup> As a part of this programme of urban renewal, vistas into Piazza Maggiore were heightened through the demolition of homes, and a new square was formed, the Piazza del Nettuno. This square was intentionally generated for the commission of an impressive fountain, *Fontana di Nettuno* by Tommaso Laureti and Giambologna completed in 1566.<sup>147</sup> These spaces were influential as the setting for public events during the plague of 1630-31 in Bologna.

The meaning of these civic spaces of the city, that were normally spaces of celebration and of intense civic pride, were heavily altered when plague arrived in the city. As the number of plague victims rose, public events shifted, either cancelled or taking place with a reduced audience. This was especially the case when the epidemic progressed and more strict health regulations came into place. The city’s most notorious festival, *festa della porchetta*, the pork festival in honour of Saint Bartholomew celebrated in the Piazza Maggiore each 24<sup>th</sup> of August, was

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<sup>146</sup> Bocchi, “Shaping the City,” 92.

<sup>147</sup> *Ibid.*, 93. A recent contribution to the study of this fountain can be found in Richard J. Tuttle’s, *The Neptune Fountain in Bologna: Bronze, Marble, and Water in the Making of a Papal City*, eds. Nadja Aksamija and Francesco Ceccarelli (London: Harvey Miller Publishers, 2015).

cancelled.<sup>148</sup> Religious processions, however, especially those conducted to patron saints for their intercession, persisted throughout the pandemic, an area explored in Chapter 6. The main social spaces of the city continued to be key sites of sociability; however, there was an emphasis placed on events that addressed the spiritual side of community care. For instance, the city's main square, the Piazza Maggiore and the Basilica di San Petronio played host to a forty-hour long exhibition of the city's relics at the start of the plague, a moment in which the community came together to participate in communal prayer.<sup>149</sup> This demonstrates the importance of *spiritual medicine*, a term that John Henderson has coined to address the inextricable relationship between healthcare and spirituality in the Renaissance, discussed further in Chapters 4 and 6.<sup>150</sup>

Additional transformations to the urban core impacted the spatial environments of the city. In particular, the University of Bologna was centralised through the creation of the Archiginnasio building. The Archiginnasio was commissioned under the direction of Pope Pius IV by the legate, Carlo Borromeo, and the vice legate vice-legate,

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<sup>148</sup> Anonymous, "Elenchi di morti" Section 9, in *Peste del 1630*, Biblioteca Comunale dell'Archiginnasio, Archivio Gozzadini, A.V.H.VIII.18/7 (Bologna, c.1630). On the festival see, Umberto Leotti, Franco Bacchelli and Marcello Fagiolo, eds., *La festa della porchetta a Bologna* (Loreto: Tecnostampa, 2010).

<sup>149</sup> Moratti, *Racconto degli ordini*, 51-2.

<sup>150</sup> Henderson, *Florence Under Siege*, 205.

Pier Donato Cesi.<sup>151</sup> It was completed in 1563 by Antonio Morandi, known as *Il Terribilia*, architect to the Pope.<sup>152</sup> In order to improve the perspective of the Archiginnasio, a square was created in front of the school, Piazza Scole, known today as Piazza Galvani.<sup>153</sup> As a part of his design, Morandi executed the Portico del Pavaglione.<sup>154</sup> He envisioned a connected porticoed façade, with a series of Doric columns in order to visually link the Archiginnasio with the extant hospital buildings of the Ospedale di Santa Maria della Morte.<sup>155</sup> Further to this, a new façade was completed by Giacomo Barozzi da Vignola in 1568 for the Palazzo dei Banchi, a visual extension of the Archiginnasio and hospital structures. Vignola’s design complimented the

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<sup>151</sup> Carlo De Angelis, Rolando Dondarini, and Francesca Bocchi, *Bologna, III, Da una crisi all'altra (secoli XIV-XVII)* (Bologna: Grafis, 1997), 147.

<sup>152</sup> David A. Lines, *The Dynamics of Learning in Early Modern Italy: Arts and Medicine at the University of Bologna* (Cambridge, MA and London, England: Harvard University Press, 2022), 75.

<sup>153</sup> Bocchi, “Shaping the City,” 96.

<sup>154</sup> Under the portico del Pavaglione, erected by Morandi, resides the library of the Archiginnasio and the former Ospedale di Santa Maria della Morte, the location of today’s Museo Civico Archeologico.

<sup>155</sup> Francesca Bocchi, “Formazione dei portici di Bologna nel Medioevo,” in *I portici di Bologna nel contesto europeo: Bologna’s Porticos in the European Context*, ed. Francesca Bocchi and Rosa Smurra (Bologna: Luca Sossella Editore, 2015), 32.

scale of existing porticoed structures in the piazza and resulted in a cohesive design for the Piazza Maggiore.<sup>156</sup>

The commission for the Archiginnasio impacted the autonomy of Bologna and of the university through the centralisation of the school by papal authorities. In post-Tridentine Bologna, the papal authorities strengthened their control over the university. The intention was to consolidate the buildings of the university, but this was done against the wishes of the Bolognese Senate.<sup>157</sup> The Archiginnasio's construction created a central location for the university while also blocking the planned construction of the Basilica di San Petronio, the civic church that had remained under construction since the fourteenth century. Bocchi argues that the Archiginnasio was a way in which Rome could take control of the school, so that it could "apply the principles developed at the Council of Trent."<sup>158</sup> Moreover, she contends that the Archiginnasio was a

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<sup>156</sup> Colin Rowe and Leon Satkowski, *Italian Architecture of the sixteenth Century* (New York: Princeton Architectural Press, 2002), 203; On the specificities of this remodel and on his other projects see Marcello Fagiolo, *Vignola: L'architettura dei principi* (Roma: Gangemi, 2007); Richard J. Tuttle, "Vignola's Facciata dei Banchi in Bologna," *Journal of the Society of Architectural Historians / Society of Architectural Historians* 52 (1993): 68-87; Richard J. Tuttle, *Jacopo Barozzi da Vignola: la Vite e le Opere* (Milan: Electa, 2002); for an overview of his projects in Italy see: Anna Maria Affani and Paolo Portoghesi, *Studi su Jacopo Barozzi da Vignola: atti del Convegno Internazionale di Studi* (Roma: Gangemi, 2011)

<sup>157</sup> Giovanna Ferrari, "Public Anatomy Lessons and the Carnival: The Anatomy Theatre of Bologna," *Past & Present* 117 (1987): 66.

<sup>158</sup> Bocchi, "Shaping the City," 96.

“major physical manifestation that signalled the definitive end of the autonomy of Bologna itself and the making of a papal city.”<sup>159</sup> While the Archiginnasio was associated with Papal control in the city, the university was affiliated to the many advancements in contemporary medical knowledge. As will be illustrated below, the Archiginnasio played a poignant role as the location of public dissections and the manufacturing of plague remedies.

## **The University of Bologna**

Although inextricably linked to Rome, the newly centralised university in the Archiginnasio building continued to embody a civic character, as it had always done. The amalgamation of the university persisted in fostering the interconnected relationship of the school to the rest of the city, beyond the Papal and even civic government meddling in university affairs. The professors were well-regarded and became local luminaries. This is evident on the numerous elaborate medieval and early modern tombs of professors, such as the pillared two-story tomb of the jurist Rolandino Passaggeri in Piazza San Domenico. Moreover, it was common practice that the university lectures were made into public spectacles and were connected to community performance.

From its medieval origins as the first European university, Bologna attracted an international body of students and scholars for the study of law and medicine. The universities of Bologna and Paris were the principal

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<sup>159</sup> Bocchi, “Shaping the City,” 96.

universities in the medieval period for the study of law.<sup>160</sup> The medieval and early modern University of Bologna had well-established programmes in the arts and an important philosophical department for the study of medicine.<sup>161</sup> The plague of 1630-31 in Bologna coincided with a period from about 1600-1750 in which medicine was the principal discipline at the university outside of law.<sup>162</sup>

The University of Bologna's course for medicine followed a theoretical approach in the early modern period, relying on the classical writings. Fifteenth century and sixteenth-century course curriculum for medicine at the

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<sup>160</sup> Paris was initially known for theology, an area that was not fully developed in Bologna until the seventeenth century. See Lines, *The Dynamics of Learning in Early Modern Italy*, 7, 16, see also Chapter 8.

<sup>161</sup> Historian David Lines' recent study on the University of Bologna offers an extensive examination of the evolution of this important institution in the early modern period. Through an analysis of the sociocultural changes that impacted the curriculum, Lines challenges the historiography that Bologna's university was in decline in the early modern period. In particular, he notes that many historians have taken the view that the university was faltering from the sixteenth century. While the medieval university was renowned for its study of law, by the latter years of the sixteenth century, less funding and professors were allocated to the field in contrast to the humanities and medicine. Even so, as a discipline, law remained an important area of study at the institution. Lines, *The Dynamics of Learning in Early Modern Italy*, 3, 7, 13.

<sup>162</sup> *Ibid.*, 74. The university taught medicine and surgery, each as three-year programmes of study. See *Ibid.*, 94. An important contribution of Lines' study is his consideration of the study of medicine at the university during this period. In particular, Lines challenges the long-standing notion that Bologna's curriculum was unable to modernise leading to its decline in the early modern period.

university indicate theoretical teachings primarily from the works of Avicenna, Galen and Hippocrates.<sup>163</sup> However, surviving material on class lectures at the university demonstrate an applied approach to medical studies,<sup>164</sup> including studies in anatomy and pathology.<sup>165</sup> Dissection was a fundamental teaching tool for the study of anatomy at the university and had been since the fifteenth century.<sup>166</sup>

The prevailing theoretical approach to medicine in sixteenth and seventeenth-century Italy continued to rely on the four humours of Galenic medicine.<sup>167</sup> This was reflected in the curriculum in Bologna; however, the university also provided a space for contemporary scholars to thrive, in particular, the illustrious physician Andreas

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<sup>163</sup> Ibid., 95, see Table 2.3. On the fifteenth century curriculum see page 88, Table 2.1.

<sup>164</sup> Ibid., 16, 69, 88-9. For more detail on the texts and lectures, see Chapter 2 of his volume.

<sup>165</sup> Nancy G. Siraisi, *Avicenna in Renaissance Italy: The Canon and Medical Teaching in Italian Universities after 1500* (Princeton, NJ: Princeton University Press, 1987), 54, as cited in Lines, *The Dynamics of Learning in Early Modern Italy*, 88. For more on the study of anatomy in Renaissance Italy including anatomical drawings see, Andrea Carlino, *L'anatomia tra arte e medicina: Lo studio del corpo nel tardo rinascimento* (Silvana Editoriale, 2010); Carlino Andrea, Roberto Paolo Ciardi and Annamaria Petrioli Tofani, *La bella anatomia: Il disegno del corpo fra arte e scienza nel rinascimento* (Milan: Silvana, 2009); Carlino Andrea, *Visioni anatomiche: le forme del corpo negli anni del barocco* (Milan: Silvana, 2011).

<sup>166</sup> Lines, *The Dynamics of Learning in Early Modern Italy*, 89. As Lines has shown, Bologna's university statute of 1405 stipulated conditions for "anatomical demonstrations", with cadavers of either gender, even outlining the number of students that could participate.

<sup>167</sup> Cameron, *Early Modern Europe* (Oxford University Press 2001), 77.

Vesalius (1514-64). Galen had used the dissection of animals to interpret human anatomy. Following in the footsteps of Galen's observational methods, Vesalius used dissections of the human body to develop accurate depiction of human anatomy.<sup>168</sup> While teaching at the University of Padua and the University of Bologna he discovered many inconsistencies in Galen's work.<sup>169</sup> In particular, the period of experimentation and public dissections performed for students and professors in Bologna's Chiesa di San Francesco was crucial to these findings.<sup>170</sup> This led to the publication in 1543 of the most influential early modern medical treatises on human anatomy known as *Fabrica*.<sup>171</sup> In this volume, Vesalius set out precise visualisations of the

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<sup>168</sup> Ibid., 75.

<sup>169</sup> Sherwin B. Nuland, *Doctors: The Biography of Medicine* (New York: Vintage Books, 1995), 77; Euan, *Early Modern Europe*, 75.

<sup>170</sup> Vesalius' public demonstrations in Bologna in 1540 were immortalised in the first-hand account of one of his students. The student described that after a day of hearing lectures by professor Matteo Corti following Galen's teachings, the students and professors attended Vesalius' practical session, aimed at mirroring the earlier lectures. The dissections were undertaken within Chiesa di San Francesco, with the permission of the clergy, in which an audience of 200 observed. Over many weeks, Vesalius discovered major inconsistencies between the classical teachings and his own findings, which challenged the audience of students and professors, in particular the Galenist professor, Corti. See Nuland, *Doctors*, 77-80; For the eyewitness account of this event see Baldasar Hesele, *Andreas Vesalius' First Public Anatomy at Bologna 1540: An Eyewitness Report*, ed. and trans. Ruben Eriksson (Uppsala: Almqvist and Wiksell, 1959).

<sup>171</sup> Andreas Vesalius, *De Humani Corporis Fabrica Libri Septem* (Basil, Switzerland: Ioannis Oporini, 1543).

human body based on dissections. Most importantly, however, he challenged his readers to adopt critical thinking skills while offering instructions on how to conduct their own dissections.<sup>172</sup>

Public dissections in Bologna became particularly important to sixteenth and seventeenth-century advancements in medicine and to the social life of the community. Once the university established itself beside the Piazza Maggiore, the first anatomical theatre was completed in 1595 in the Archiginnasio where they held public dissections for teaching.<sup>173</sup> At this same juncture, statutes were instated to ensure that anatomy lessons in the form of public dissections continued on an annual basis, to be conducted during carnival. The statutes stipulated that cadavers were to be provided to the university.<sup>174</sup>

These practical sessions were attractive to students. Historian Giovanna Ferrari remarks that the availability of permanent anatomical theatres and cadavers in Italy enticed foreign students to Bologna. The international student body added to the city's significance to the sciences while benefitting the city economically.<sup>175</sup> In the years after the plague, the university invested in a new anatomical theatre, completed in 1639, intended to reinforce debate

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<sup>172</sup> Nuland, *Doctors*, 80-1.

<sup>173</sup> Lines, *The Dynamics of Learning in Early Modern Italy*, 252.

<sup>174</sup> Ferrari, "Public Anatomy Lessons and the Carnival," 66-9.

<sup>175</sup> *Ibid.*, 74, see also note 84.

and spectacle.<sup>176</sup> There was intense interest in these events and they created an intellectual atmosphere in the city.

There was unceasing public fascination with the dissection activities at the university. As Lines notes, “learned medicine was also a prominent aspect of these performances,” and it was the large audiences that “made of this dissection an urban and academic festivity.”<sup>177</sup> Moreover, Ferrari’s has shown that dissections conducted throughout seventeenth-century Bologna were performative acts and involved a “complex ceremony” while the audience was made up of the city’s most influential players from government to church officials.<sup>178</sup> The fact that carnival season was seen as an ideal period in which to conduct public anatomy lessons was also understood by contemporaries as part of the carnival spectacle.<sup>179</sup> In her analysis of the development of public dissections across Italy and Europe, Ferrari has noted that Bologna’s case is unusual because dissections were civic events and these performances endured for a long period of

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<sup>176</sup> *Ibid.*, 76. Notably, at this time seats were set aside for the city’s papal authorities, alongside spaces where women could observe while hidden. See G. Tonelli, “Sul Teatro anatomico dell’Archiginnasio”, *Strenna Storica bolognese*, (1078) xxviii, 392-3 and Bologna State Archives, Congregazione di Gabella Grossa, *Atti*, 1734-7, p. 287, 14 Jan. 1737, as cited in Ferrari, “Public Anatomy Lessons and the Carnival,” 80.

<sup>177</sup> Lines, *The Dynamics of Learning in Early Modern Italy*, 252.

<sup>178</sup> Ferrari, “Public Anatomy Lessons and the Carnival,” 50-1.

<sup>179</sup> *Ibid.*, 52.

time.<sup>180</sup> In fact, dissections presented with a public function survived into the remaining years of the eighteenth century.<sup>181</sup> Although directed at learned men, public dissections created uncommon access to contemporary medical knowledge and fostered a relationship between citizens and philosophical medicine. Despite an increased understanding of anatomy that potentially influenced medical approaches to epidemics, pathology of plague and treatment largely remained the same.

Early modern approaches to plague cures typically continued to be rooted in classical texts. Theriac was considered a cure for all ailments based on formulations first produced by Galen. It was a therapeutic remedy commonly administered to plague victims, and consisted of various fermented herbs. It was an essential remedy in the *lazzaretti* of Bologna and also administered for prevention.<sup>182</sup> Although it was the most prevalent remedy, theriac was very costly to produce.<sup>183</sup> And while it was conventionally prescribed, Cohn has recently demonstrated that sixteenth-century medical tracts began to show signs of

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<sup>180</sup> Ibid.

<sup>181</sup> The public educational reforms in Bologna of 1800 influenced these changes, see Ferrari, "Public Anatomy Lessons," 91, 92 note 148.

<sup>182</sup> Anonymous, July 1630. Archivio Segreto Vaticano, *Legazione di Bologna* (going forward referred to as ASV, Bologna and should be noted that from 2019 the archive is called Vatican Apostolic Archive), Bologna, 282, f. 17 r.v. and ASV, Bologna, 282, ff. 250-259, 29 June 1630, as cited in Brighetti, *Bologna e la peste del 1630*, 234 and 282.

<sup>183</sup> Sabbatani, Fiorino and Manfredi, "The Plague Which Hit the City of Bologna in the Year 1630," 285.

debate and opposition to the use of theriac for the treatment of plague.<sup>184</sup>

Local plague tracts from the sixteenth and seventeenth century reflect the use of theriac in Bologna. For example, University of Bologna professor and naturalist Ulisse Aldrovandi produced *Antidotarii Bononiensis* in 1574, a manual of common antidotes for illness in which he included a recipe for theriac.<sup>185</sup> Decades later, Bolognese medical tracts of 1630 addressed the use of theriac for the cure of plague including the volumes *Antidotario contro peste*, by Giovanni Antonio Vignati, and Bartholomeo Ambrosini's *Panacea ex herbis*.<sup>186</sup> Theriac continued to be popular remedies for epidemics in Bologna into the eighteenth century and measures were taken to ensure that it was available for the poorest of society in the event of an outbreak.<sup>187</sup>

Reminiscent of public dissections, the preparation of theriac was a civic occasion in Bologna, conducted in

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<sup>184</sup> Cohn, *Cultures of Plague*, 161-2.

<sup>185</sup> Ulisse Aldrovandi, *Antidotarii Bononiensis, siue de vsitata ratione componendorum, miscendorumque medicamentorum, epitome* (Bononiae, apud Ioannem Rossium, 1574). See pages 1-3 for the recipe.

<sup>186</sup> Giovanni Antonio Vignati, *Antidotario contro peste* (Bologna, 1630); Bartholomeo Ambrosini, *Panacea ex herbis quae a Sanctis denominantur* (Bologna, 1630).

<sup>187</sup> Pomata and Foy, *Contracting a Cure*, 12; Gianna Pomata, "Medicine for the Poor in 18<sup>th</sup> and 19<sup>th</sup> Century Bologna," in *Health Care and Poor Relief in 18<sup>th</sup> and 19<sup>th</sup> Century Southern Europe*, eds. Ole Peter Grell, Andrew Cunningham and Bernd Roeck (Oxon, England, Routledge 2005), 236.

partnership with officials from the local government and church.<sup>188</sup> The exposure of the public to the processes in the creation of theriac occurred elsewhere in Northern Italy. In Venice, the event was ritualised and intended to demonstrate to the public the authenticity of the theriac recipes made in large quantities, also for export. In Bologna, this event occurred within the university context, right in the courtyard of the Archiginnasio.<sup>189</sup> Domenico Ramponi's watercolour, *La preparazione della teriaca nel cortile dell'Archiginnasio, come doveva apparire alla fine del Settecento*, depicts what these rituals would have been like as visitors could marvel at the theriac production.<sup>190</sup> The city had a strong connection to the university, and through public dissections and the civic production of theriac, citizens were briefly introduced to the foundations of early modern medical sciences. Bologna's cultural and religious environment, for which the university thrived, was similarly supportive of the artistic developments in the city. The Council of Trent touched the university curriculum

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<sup>188</sup> Albano Sorbelli, *Storia dell'Università di Bologna, vol. 1: Il Medioevo Bologna* (Bologna: Zanichelli, 1940), as cited in Paolo Moroni, "The History of Bologna University's Medical School over the Centuries. A Short Review," *ACTA dermatovenerologica alpina panonica et adriatica* 9, no. 2 (Jan. 2000): 73-75.

<sup>189</sup> Sabbatani, Fiorino and Manfredi, "The Plague Which Hit the City of Bologna in the Year 1630," 285.

<sup>190</sup> Domenico Ramponi, *La preparazione della teriaca nel cortile dell'Archiginnasio, come doveva apparire alla fine del Settecento* (1818) Biblioteca Comunale dell'Archiginnasio.

while also having a significant impact on the production of art.

## The Arts

At the end of the sixteenth century and into the seventeenth century, Bologna was, according to historian Sarah Blanshei, “at the forefront of artistic innovation.”<sup>191</sup> From the beginning of the seventeenth century, Bologna distinguished itself for its foundation of notable academies of music and the production of important compositions of orchestral and instrumental music.<sup>192</sup> Bologna’s became well-known for its participation in Catholic Reformation culture. Bologna’s archbishop, Cardinal Gabriele Paleotti (1522-1597), was especially influential in the movement to reform the iconography of secular and sacred images, with his volume *Discorso intorno alle immagini sacre e profane* published in 1582.<sup>193</sup> Bolognese painting from the end of the sixteenth century was heavily influenced by the Catholic Reformation, impacting the styles of locally celebrated artists like Lavinia Fontana (1552-1614), along with Annibale (1560-1609), Agostino (1557-1602), and Ludovico Carracci (1555-1619). Within the context of Paleotti’s movement that emphasised the truthful representation of nature through art in the post-Tridentine

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<sup>191</sup> Sarah R. Blanshei, “Introduction: History and Historiography of Bologna”, in *A Companion to Medieval and Renaissance Bologna*, ed. Sarah Rubin Blanshei (Leiden: Brill, 2018), 2.

<sup>192</sup> Schnoebelen, “Bologna, 1580–1700,” 107, 113, 115.

<sup>193</sup> Patricia Rocco, *The Devout Hand: Women Virtue and Visual Culture in Early Modern Italy* (McGill-Queen's University Press, 2017), 18.

world, naturalism emerged as a prominent form for the Carracci and their academy.<sup>194</sup> The work of the artists belonging to this movement is not the focus of this discussion. However, it is worth noting that the art produced in Bologna during the plague of 1630-31, in particular the work of Guido Reni that will be discussed further in Chapter 6 within the context of processions, emerged from the established and flourishing artistic, religious and scientific atmosphere in Bologna.

The artistic life of Bologna was intimately connected to the local intellectual community. One significant link between these communities was University of Bologna professor of natural philosophy Ulisse Aldrovandi. He was responsible for plague cures, like the recipe of theriac

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<sup>194</sup> Paleotti's discourse and the establishment of the Carracci workshop and academy, Accademia degli Incamminati, influenced the movement away from mannerism in the city towards a new Bolognese style. This style set the foundation for Baroque art. See Drogin, "Art and Patronage in Bologna's "Long" Quattrocento," 593; Giuseppe Olmi and Paolo Prodi, "Art, Science, and Nature in Bologna Circa 1600," in *The Age of Correggio and the Carracci: Emilian Painting of the Sixteenth and Seventeenth Centuries* (Exhibition catalogue, Washington, D.C.: National Gallery of Art, 1986), 227; Andrea Emiliani, *The Carracci: Early Masterpieces by Ludovico Agostino and Annibale from Mannerism to Baroque* (Rimini: Zanasi Foundation: NFC edizioni, 2015); Daniele Benati and Riccòmini Eugenio, eds. *Annibale Carracci*, Catalogo della mostra (Bologna, 22 Settembre 2006-7 Gennaio 2007 Roma, 25 Gennaio-6 Maggio 2007, Milano: Electa, 2007); Clare Robertson, *The Invention of Annibale Carracci* (Cinisello Balsamo, Milano: Silvana, 2008); Emanuela Fiori, Andrea Emiliani, and Gian Piero Cammarota, *Talento e impazienza: Annibale Carracci nella Pinacoteca nazionale di Bologna* (Milano: Electa, 2006).

already mentioned, and associated with local artists, such as the Carracci and Lavinia Fontana. Moreover, he was connected to Paleotti himself, even providing council to Paleotti on his discourse.<sup>195</sup> Aldrovandi created an immense collection of specimens that were made available to local artists and he commissioned artists to depict his collection to a heightened degree of accuracy. These volumes became part of an archive for further scientific and artistic study.<sup>196</sup> This considerable character demonstrates the existing interconnected relationship between the educational, religious and artistic facets of Bolognese society leading up to the plague of 1630-31.

The after-effects of the plague resulted in a period of economic and social hardship for the city in the seventeenth century; however, this coincided with significant contributions to the arts. Two new theatres opened in the 1640s and 1650s.<sup>197</sup> According to musicologist Anne Schnoebelen, by the 1650s, Bologna was to “reach the apogee of its musical life.”<sup>198</sup> The influence of Paleotti’s discourse, in particular his promotion of the involvement of female artists in the creation of sacred images, was felt well into the seventeenth century.<sup>199</sup> Female artists were especially active in Bologna in the years following the

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<sup>195</sup> Olmi and Prodi, “Art, Science, and Nature in Bologna Circa 1600,” 224-5, 229.

<sup>196</sup> *Ibid.*, 222-3, 227.

<sup>197</sup> Schnoebelen, “Bologna, 1580–1700,” 115.

<sup>198</sup> *Ibid.*, 104.

<sup>199</sup> Rocco, *The Devout Hand*, 5-7.

Council of Trent.<sup>200</sup> This activity paved the way for later female Baroque painters in Bologna, such as Elisabetta Sirani (1638-65), who founded the first academy for female artists in Europe outside of a convent.<sup>201</sup> Art historian Babette Bohn has demonstrated that there were a minimum of forty-four female artists active in Bologna in the 1600s, and argues that this represents the “largest number in any Italian city by a considerable margin.”<sup>202</sup> Bologna continued to be a hub of artistic and scientific advancement into the eighteenth century. In the sciences, Laura Bassi (1711-78) was the second woman to be granted a doctoral degree in Europe and was admitted as the first female professor of the University of Bologna in 1732.<sup>203</sup> The city certainly returned to its former glory after the challenging first

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<sup>200</sup> Ibid., 5.

<sup>201</sup> Plautilla Nelli (1524-88) founded the first school for female artists within her Dominican convent. See Katy Hessel, *The Story of Art Without Men* (London, Hutchinson Heinemann, 2022), 23; Rocco, *The Devout Hand*, 5. For more on Bolognese female artists of this period see Adelina Modesti, *Elisabetta Sirani “Virtuosa,” Women’s Cultural Production in Early Modern Bologna* (Brepols: Turnhout, Belgium, 2014).

<sup>202</sup> Babette Bohn, “Collecting Women’s Art in Early Modern Bologna: Myth and Reality,” in *Reframing Seventeenth-Century Bolognese Art: Archival Discoveries*, eds. Babette Bohn, and Raffaella Morselli (Visual and Material Culture, 1300-1700 Ser. Amsterdam: Amsterdam University Press, 2019), 73. See also Babette Bohn, *Women Artists Their Patrons and Their Publics in Early Modern Bologna* (Pennsylvania State University Press, 2021).

<sup>203</sup> On Laura Bassi see Frize Monique, *Laura Bassi and Science in 18th Century Europe: The Extraordinary Life and Role of Italy’s Pioneering Female Professor* (Berlin: Springer, 2013).

decades of the 1600s, but this recovery took time. In the final section of this chapter, the legacy of the crisis in the aftermath of plague as it impacted Bolognese society and economy, will be briefly addressed. A consideration of the how this crisis had repercussions on the population growth is especially pertinent.

## **The Consequence of Plague**

The 1629-31 outbreak had significant and extended impacts on urban population growth in northern Italy that haunted the region until the end of the eighteenth century. Alfani has demonstrated that the cities that were affected by plague in 1576-77 and again in 1629-31 suffered the most.<sup>204</sup> Urban centres, such as Bologna, that were only hit by plague in the period of 1629-31, were able to restore their populations more quickly. Additionally, Alfani and Cohn have shown that the 1629-31 plague was a catalyst for a significant phase of economic deterioration in northern Italy.<sup>205</sup>

Giusberti and Roversi Monaco assert that Bologna did not experience the same economic deterioration as other major centres after the famines in the latter years of

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<sup>204</sup> Alfani and Percoco, "Plague and Long-Term Development," 1176.

<sup>205</sup> Guido Alfani and Samuel K. Cohn, "Nonantola 1630: Anatomia di una pestilenza e meccanismi del contagio: Con riflessioni a partire dalle epidemie milanesi della prima età moderna," *Popolazione e Storia* 2 (2007): 99-138; Guido Alfani, "The Effects of Plague on the Distribution of Property: Ivrea, Northern Italy 1630," *Population Studies* 64, no. 1 (2010): 61-75, as cited in Rose, "Plague and Violence in Early Modern Italy," 1001, note 4.

the sixteenth century or even after the plague of 1630-31. These scholars have challenged the “myth” of “permanent decline” in particular through Bologna’s positive performance in manufacturing.<sup>206</sup> For instance, the number of silk mills that opened alongside the city’s canals increased nearly 40% from a total of 60 operations at the start of the 1600s to 95 within the next fifty years.<sup>207</sup> Giusberti and Roversi Monaco contend that Bologna’s enduring economic success in the seventeenth century was a result of the expanding requirements of the popular and luxury markets for products including “light silk veils, Bologna’s speciality.”<sup>208</sup> Nonetheless, Bologna did experience a slight economic decline, even if they fared better than other cities. The centre was not able to fully recover economically until the later years of the seventeenth century, once again emerging as a principal

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<sup>206</sup> Giusberti and Roversi Monaco, “Economy and Demography,” 165.

<sup>207</sup> Carlo Poni, *La seta in Italia una grande industria prima della rivoluzione industriale* (Bologna, 2009), 444; Francesco Battistini, *L’industria della seta in Italia nell’età moderna* (Bologna, 2003), 128, as cited in Giusberti and Roversi Monaco, 168.

<sup>208</sup> Alberto Guenzi and Carlo Poni, “Un ‘network’ plurisecolare. Acqua e industria a Bologna,” *Studi Storici* 30 (1989): 366; Fabio Giusberti, *Impresa e avventura. L’industria del velo di seta a Bologna nel XVIII secolo* (Milan, 1989), 116-20; Francesca Trivellato, “Guilds, Technology and Economic Change in Early Modern Venice,” in *Guilds, Innovation and the European Economy 1400 -1800* eds. Stephan R. Epstein and Maarten Prak (Cambridge, 2008), 203-04, as cited in Giusberti and Roversi Monaco, “Economy and Demography,” 171.

manufacturing city of Northern Italy.<sup>209</sup> Beyond economic hardship, the plague had major repercussions to the social life of the community.

Rose has shown that there was an increase in violence in Bologna in the aftermath of the 1630-31 outbreak. Rose asserts that the strict health regulations enacted by the legate, Cardinal Spada, created division in the city. The poor struggled to survive with the imposed restrictions while the mobility of affluent citizens was maintained.<sup>210</sup> He notes that there was a “class-based hostility to city regulations” and ultimately these orders “reduced the trust of the populace in the institutions of civil government.”<sup>211</sup> Amongst other social, economic and political issues that Bologna faced in the aftermath of the 1630-31 plague, this loss of confidence in the papal legate’s government had major repercussions on the community. Rose contends that these factors contributed to a “shocking disillusion of societal norms that produced the homicide spike of 1632.”<sup>212</sup> Specifically, the distrust in the papal legate’s rule brought forth a period in which young members of noble families, along with their servants, reinstated a “violent factionalism to the city’s streets.”<sup>213</sup>

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<sup>209</sup> Alberto Guenzi, “Politica ed Economica,” in *Storia di Bologna*, 335–40, Vol. 3, part 1, ed. Adriano Proserpi, as cited in Rose, *Renaissance of Violence*, 12.

<sup>210</sup> Rose, *Renaissance of Violence*, 163.

<sup>211</sup> *Ibid.*, 162-3.

<sup>212</sup> *Ibid.*, 162.

<sup>213</sup> *Ibid.*, 203-4.

Rather than leaving matters to be resolved by the courts, they took justice into their own hands.<sup>214</sup> Rose has demonstrated that the serious repercussions of this contentious period would be felt for decades in elevated levels of homicide.<sup>215</sup>

Returning to the period in question, the subsequent chapter will delve deeper into the types of regulations put forward in 1630-31 as part of the management of plague. It will examine the laws established by the legate government and the Senate administrative body that dealt with health, the *Assunteria di sanità*. The following chapter aims more broadly to investigate how the experience of the streets and the social life of the community shifted through these regulations. It will highlight how mobility was managed through mechanisms of control and how these were class-based restrictions aimed at limiting the mobility of certain individuals over others.

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<sup>214</sup> Ibid.

<sup>215</sup> See Rose, *Renaissance of Violence*, 107.

## Chapter 2: Plague, Power and Regulation: Controlling Mobility

Mobility within and beyond the city has always been a necessary aspect of daily life, essential for trade and commerce. In periods of plague in early modern Italy, when the wellbeing of the population was under extreme threat, health boards across Italy used their power to monitor, control and restrict the movements of their early modern citizens. This chapter investigates the types of layers of power that were executed on citizens, such as surveillance, census-like surveys, forced quarantining and restrictions on behaviour, and offers insight into the impact of plague on individual and collective freedom of mobility. This chapter interrogates how management strategies, employed under existing administrative systems during early modern European plague, functioned as instruments of control using the case of Bologna during the 1630-31 outbreak.

Michel Foucault adeptly analysed the impact of plague on the early modern world in his initial analysis of panopticism. He demonstrated that the public health measures undertaken during plague, such as the “spatial partitioning” of cities, surveillance, and the registration, division and exclusion of individuals, were mechanisms of control.<sup>216</sup> Foucault argued that the plague brought about

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<sup>216</sup> Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (A. Lane, London, 1977), 195-6.

the “political dream” of the “disciplined society.”<sup>217</sup> He asserted that the “plague-stricken town, traversed throughout with hierarchy, surveillance, observation, writing; the town immobilised by the functioning of an extensive power that bears in a distinct way over all individual bodies - this is the utopia of the perfectly governed city.”<sup>218</sup> These conditions cultivated an atmosphere in which citizens were more easily controlled, permitting the government to execute the programmes and systems of governance of their choosing. Executing public health strategies during plague relied on a level of organisation of individuals, surveillance, reporting and punishment, and was understood by Foucault as providing the optimal conditions in which to practice “disciplinary power.”<sup>219</sup> The paralysation of the city, and the segregation and isolation of individuals, enacted by government officials, was made possible by way of power dynamics already in place in early modern Italian towns before the arrival of plague. As Fabrizio Nevola has recently demonstrated in his discussion of the daily life of the early modern Italian city, “disciplinary power” was “exercised vertically – that is by a central authority upon a body of citizens” and also horizontally, “as a collective process in

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<sup>217</sup> Ibid., 198.

<sup>218</sup> Ibid.

<sup>219</sup> Ibid.

which communities were implicated,” for example through citizen denouncements.<sup>220</sup>

The 1630-31 outbreak in Bologna exemplifies how the vertical power structure incited fear. Severe consequences to bodily autonomy through regulation and corporal punishment, death threats, and forced service in plague hospitals were just some of the mechanisms used by those in power. Disciplinary power was also experienced horizontally, for instance, with incentives created for citizens to denounce neighbours hiding the sick or dead. The increase in authoritarian power under these conditions made it possible for early modern cities, like Bologna, to face the crisis in the short and long-term. Of significance, disciplinary power enacted on the individual bodies of citizens, justified by the public health crisis, was not uniformly applied. Health measures, following the advice of contemporary medical tracts, targeted groups associated with disease, adopting measures that disproportionately impacted the poor, women and children, and those on the margins of society, such as the homeless.

In order to conduct this analysis, this chapter draws upon vital primary evidence, mainly local *bandi* (edicts). These sources offer concrete documentation of the regulations that limited the spread of the virus, rules that also deeply impacted the mobility of those within and outside the walls of Bologna. Moreover, this study draws on a collection of letters residing in the Vatican Apostolic

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<sup>220</sup> Fabrizio Nevola, *Street Life in Renaissance Italy* (Yale University Press, 2020), 104.

Archive, that outline the activities of the Bolognese communal government and Legate, Cardinal Spada. This study draws on these documents in order to deepen knowledge on the contemporary public health response of a leading city of the Papal States.<sup>221</sup> Additionally, Pietro Moratti's 1631 chronicle offers an unparalleled account of the daily activities and restrictions on mobility around plague in Bologna.<sup>222</sup> Girolamo Donini's 1631 compilation of the legal notifications printed during the years leading up to and during plague presents the regulations, punishments, and citizen resistance during one of the most contentious periods of the seventeenth-century Bologna.<sup>223</sup>

Few contemporary visual records provide primary accounts of those experiencing the impact of regulations on movement and street life during these events. The artworks by two Anonymous artists entitled *La peste del 1630 a Bologna* (Fig. 2.1),<sup>224</sup> of 1631 and a second image of the same name, *La peste del 1630 a Bologna*, also known as *Via S.*

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<sup>221</sup> As mentioned in the introduction, these letters were transcribed and reproduced in 1968 by Brighetti, *Bologna e la peste del 1630*.

<sup>222</sup> Moratti, *Racconto degli ordini*.

<sup>223</sup> Donini, *Raccolta di tutti li bandi*; Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*.

<sup>224</sup> Anonymous, *La peste del 1630 a Bologna*, oil on canvas (1.30 x 0.95 m), c. 1631. Archivio di Stato di Bologna. This artwork is possibly the model for the second painting, also executed by an unknown artist in a strikingly similar composition.



Figure 2.1. Anonymous, *La peste del 1630 a Bologna*, oil on canvas (1.30 x 0.95 m), c. 1631. Archivio di Stato di Bologna.

*Mamolo con scena di peste del 1630*, c.1631 (Fig. 2.2),<sup>225</sup> will be probed throughout the chapters in this volume. Figure 2.1 and 2.2 represent only two existing street scenes depicting the 1630-31 plague in Bologna, both similarly composed by anonymous painter(s) shortly after the events. Figure 2.1 is the largest of the two paintings and resides in the Archivio di Stato di Bologna. Figure 2.2 is on permanent display in Palazzo Pepoli, Museo della Storia di Bologna. While their

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<sup>225</sup> Anonymous, *La peste del 1630 a Bologna (Via S. Mamolo con scena di peste del 1630)* Cassa di Risparmio di Bologna, c.1631, oil on canvas, (m. 0.705 x 0.87m).



Figure 2.2. Anonymous, *La peste del 1630 a Bologna (Via S. Mamolo con scena di peste del 1630)*, c.1630, oil on canvas, (0.705 x 0.87m), Cassa di Risparmio di Bologna, Palazzo Pepoli, Museo della Storia di Bologna. Photographed by author.

origins are unknown, figures 2.1 and 2.2 join a rare genre of images that offer visual clues of the lived experience of

Italian early modern epidemics.<sup>226</sup>

The existence of these Bolognese paintings enhances the extremely small collection of Italian street scenes during plague. The painting attributed to Luigi Baccio del Bianco, *La peste a Firenze nel 1630*, residing in the Museo della Misericordia in Florence, is the only existing depiction of the 1630-31 plague in Florence, as noted by John Henderson.<sup>227</sup> Similarly, Melchiorre Gherardini's etching of Milan is a rare representation of the streets during the epidemic, *Piazza di S. Babila durante la peste del 1630*, c. 1630, residing in the Pinacoteca Tosio Martinengo di Brescia. These artworks each illustrate the variety of activities surrounding plague management, such as the removal of the sick and dead. Gherardini's etching further details the

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<sup>226</sup> These images join an extremely small collection of Italian street scenes and an even smaller group of works that depict mobile women during early modern plague. The painting attributed to Luigi Baccio del Bianco, *La peste a Firenze nel 1630*, residing in the Museo della Misericordia in Florence, is the only existing depiction of the 1630-31 plague in Florence, as noted by Henderson, *Florence Under Siege*, illustrations, plate 3. There are at least three women in this image. Similarly, Melchiorre Gherardini's etching of Milan during the epidemic, *Piazza di S. Babila durante la peste del 1630*, c. 1630, Pinacoteca Tosio Martinengo di Brescia, shows at least one woman in the street chaos. It is not until the plague of 1657 in Rome that Louis Rouhier illustrates an abundance of activities performed by women in the streets in his collection of prints, *Ordini diligenze e ripari fatti con universal beneficio dalla paterna pieta di n..s. Pp. Alesandro vii et ss. Card./li della s. Congr./ne della sanita per liberare / la citta di roma dal contagio. Inventati e date in luce da gio: giacomo de rossi in roma alla pace*, by Louis Rouhier and printed by Giovanni Giacomo de' Rossi, Rome, 1657.

<sup>227</sup> Henderson, *Florence Under Siege*, illustrations, plate 3.

militarisation of the streets and the purification of goods through burning. It is not for another twenty years that Louis Rouhier produced a comprehensive collection of visualisations in 1657 showing the impact of plague on daily life in Rome.<sup>228</sup>

The depictions of Bologna in figures 2.1 and 2.2, offer viewers scenes of daily activities surrounding plague management, such as the removal of bodies, but also the types of control measures enacted to clamp down on transgressors. These images serve as an entry into the complexities around managing plague in Italian early modern urban environments.

To begin this investigation, I will briefly discuss the root causes of plague as understood by contemporaries. I will then review the strategies employed by other northern Italian cities and delve into the development of the public health boards in Bologna.

## **Early Modern understanding and Approaches to Plague**

### Causes of Plague

The most important non-human agent to consider when discussing issues of mobility during plague is the

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<sup>228</sup> Louis Rouhier, *Ordini diligenze e ripari fatti con vniversal beneficio dalla paterna pieta di n..s. Pp. Alesandro vii et ss. Card./li della s. Congr./ne della sanita per liberare / la citta di roma dal contagio. Inventati e date in luce da gio: giacomo de rossi in roma alla pace* (Rome: Giovanni Giacomo de' Rossi, 1657).

bacteria of the plague itself. The bacteria had its own movement, path and route based on humans, rats, fleas, and airborne and surface transmission. The movement of these living organism shaped the movement of people. Therefore, it is important to begin this discussion with the scientific background of plague. This will be considered along with contemporary theories around the causes of plague, found specifically in medical treatises, before delving into the precise measures enacted to counteract the disease.

The seventeenth-century plague in Italy was caused by the bacteria *Yersinia pestis*, carried from rats by way of flea bites to their human hosts.<sup>229</sup> The *Yersinia pestis* plague bacterium has been identified to be the cause of both the first wave pandemic, active from the sixth to eighth century, as well as the second wave pandemic from the fourteenth to seventeenth century. This has been confirmed through DNA analyses of skeletal remains of victims across Western Europe.<sup>230</sup> The bacteria had a devastating impact across northern Italy. Bologna was hit hard by the 1630-31

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<sup>229</sup> Carmichael, "Contagion Theory and Contagion Practice in Fifteenth-Century Milan," 213.

<sup>230</sup> Lisa Seifert, Ingrid Wiechmann, Michaela Harbeck, Astrid Thomas, et al. "Genotyping *Yersinia pestis* in Historical Plague: Evidence for Long-Term Persistence of *Y. pestis* in Europe from the 14th to the 17th Century." *PloS ONE* 11, no.1 (2016): 2. See also by Maria A. Spyrou, Marcel Keller, Rezeda I. Tukhbatova, Christiana L. Scheib, et al. "Phylogeography of the Second Plague Pandemic Revealed through Analysis of Historical *Yersinia Pestis* Genomes," *Nature Communications* 10, no. (2019): 1-13.

plague with an approximate loss of a quarter of the city's population.<sup>231</sup> This positioned Bologna well below the death counts for the more northern cities that first reported plague, Milan (46%), Venice (33%), Verona (57%),<sup>232</sup> but also a higher death rate than Florence (12%).<sup>233</sup> The reason for the more favourable outcomes in Bologna and Florence is likely not to do with more efficient strategies. Rather, as historian John Henderson suggests in his evaluation of Florence, the decline in the death rates from the north moving down to Florence may have decreased as the strain of plague became less virulent.<sup>234</sup>

The arrival of plague in Italy was understood by contemporaries to be rooted in the movement of pestilent forming air, following the prominence of miasmatic theories

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<sup>231</sup> Bellettini, *La popolazione di Bologna*, 41. Moratti, *Racconto degli ordini*, 120. Moratti's calculations of the dead are, according to Brighetti, still accurate by 1968 standards at 13,398 total dead. Brighetti, *Bologna e la peste*, 172; This is echoed by Cipolla, *Fighting the Plague in Seventeenth-Century Italy*, 100.

<sup>232</sup> John Henderson and Colin Rose, "Plague and the city: Methodological considerations in mapping disease in early modern Florence," in *Mapping Space, Sense, and Movement in Florence: Historical GIS and the Early Modern City*, eds. Colin Rose and Nicholas Terpstra (London: Routledge, 2016), 127. Ole Jørgen Benedictow confirms these estimates except for Verona, where he estimates that 61% of the population perished, Ole Jørgen Benedictow, "Morbidity in Historical Plague Epidemics," *Population Studies* 41, no. 3 (1987): 418.

<sup>233</sup> Henderson, *Florence Under Siege*, 226.

<sup>234</sup> Henderson and Rose, "Plague and the city," 127.

of the day.<sup>235</sup> As Cohn has pointed out, the root cause of plague was understood to be the sins of man, but also caused by “astrological movements and signs to changes in climate, winds, and earthly disasters, mostly earthquakes, which produced poisonous vapours.”<sup>236</sup> According to contemporary accounts of the plague in Bologna in *De Peste anni 1630* by Andrea Mariani, philosopher and medical doctor at the University of Bologna, the origin of plague in Bologna was rooted in the air. According to him, the Austro winds present during the summer months caused the propagation of plague with changes in the autumn winds that resulted in its decline. Mariani argued that pestiferous vapours emitted from the bodies of the deceased travelled to Bologna from Parma or Modena.<sup>237</sup>

Mariani developed his own theories on the reasons behind the prevalence of plague in certain areas of the city. According to him, plague initially hit via Savonella, with the first cases coming from washerwomen cleaning clothes in the canal.<sup>238</sup> The proximity to waterways was considered a cause of transmission as sources of water were believed to amplify the humid air carrying the contagious vapours.

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<sup>235</sup> Craig Martin, “Lodovico Settala’s Aristotelian *Problemata* Commentary and Late-Renaissance Hippocratic Medicine,” in *Early Modern Medicine and Natural Philosophy*, eds. Peter Distelzweig, Benjamin Goldberg, and Evan R. Ragland (Dordrecht Springer Netherlands Imprint: Springer, 2016), 38.

<sup>236</sup> Cohn, *Cultures of Plague*, 77-8.

<sup>237</sup> Mariani, *De Peste Anni 1630*, 6-8, as cited in Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 229.

<sup>238</sup> *Ibid.*

Mariani proposed that humid air was pestilence forming in via Savonella and in via Castiglione with the “maximam stragem” (the greatest havoc) in the Mascarella neighbourhood, spreading to the parish of San Biago due to its proximity to the Savena River.<sup>239</sup>

The contemporary chronicler of Bologna, Moratti, describes a more practical route for the spread of plague, through the travelling of troop movements. He specifically notes that the plague passed amongst the French, Spanish and Imperial Army soldiers in the north, where fighting was going on in Mantua.<sup>240</sup> He then describes how the plague travelled to different cities in the north but despite efforts to block its spread, the contagion arrived in Bologna in May 1630.<sup>241</sup> The strategies to obstruct the arrival of plague in Bologna, as well as the procedures put in place to manage the outbreak, took into consideration the causes of plague. These causes were expressed through contemporary medical literature published in Bologna, which also drew upon plague tracts produced across Italy.

### Plague Tracts

The overall general management of the epidemic in Bologna, which followed a typical response plan similarly

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<sup>239</sup> Ibid., 15. Brighetti discusses how Mariani saw the root causes of plague as miasma and astrological influences. Brighetti, *Bologna e la peste del 1630*, 44.

<sup>240</sup> Moratti, *Racconto degli ordini*, 1. Imperial Army soldiers refers to soldiers of the German-Roman Emperor.

<sup>241</sup> Ibid., 2.

seen in other northern Italian cities, demonstrate an adoption of strategies following contemporary medical recommendations.<sup>242</sup> These treatises looked back at plague management strategies from previous epidemics and were often reprinted in the contexts of new outbreaks.<sup>243</sup> A compilation of sixteenth and seventeenth-century plague treatises produced under the title *Peste del 1630* and residing in the Biblioteca comunale dell'Archiginnasio, reveals an array of tracts printed in Bologna, but also tracts

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<sup>242</sup> Cohn notes that the medical doctor from Verona, Girolamo Fracastoro, and his work, *De contagion* of 1546 was one of the most influential Italian plague treatises, in particular during the 1575-8 outbreak. Cohn, *Cultures of Plague*, 78; For an example of plague treatises from Milan see Lodovico Settala, *Preservazione dalla peste, scritta dal Sig. Protomedico Lodovico Settala* (Milan: Giovanni Battista Bidelli, 1630), 24-25.

<sup>243</sup> For example, *Memorie di diuere prouisioni, et vsi praticati nella città di Palermo con occasione della peste. Gl'anni 1624. 1625. 1626. E pratica per espurgare le case, e robbe infette, e sospette di contagio*, Di Matteo Piazzì Bolognese Cancelliere dell'Espugatione (Modena, Bologna and Siena, 1630).

from other northern Italian cities that arrived in Bologna.<sup>244</sup> For instance, *Istruzione generale per purgare ogni sorte di robba, tanto per la città di Milano, quanto per ogni altro luogo*, was originally printed in Milan in 1576 but was reprinted Bologna in 1630, thus bringing forward strategies from earlier outbreaks.<sup>245</sup>

Existing methods of plague prevention and administration strategies, including the creation of designated plague hospitals, were outlined in Italian

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<sup>244</sup> *Peste del 1630*, Biblioteca Comunale dell'Archiginnasio, Archivio Gozzadini, A.V.H.VIII.18/7 (Bologna, c.1630). A number of these works were printed in Bologna in 1630, including *Prattica per espurgare le case, et robbe infette, e sospette di contagio; di Matteo Piazzi cittadino bolognese, et cancelliere dell'espurgatione* (Bologna: Per l'herede del Benacci, January 1630), in *Peste del 1630*, Archiginnasio, A.V.H.VIII.18/7; *Scelta, compendio, et raccolta d'alcuni medicamenti rationali, quali tanto ne' nobili, quanto ne' poueri possono valere à curare il presente male contagioso ... composti dall'eccellentissimi signori dottori Francesco Muratori, Angelo Michele Sacchi, Virgilio Bianchi, Tomaso Ciani, & Giacinto Landi. Dedicata all'eminetissimo ... Bernardino Spada* (Bologna per l'herede del Benacci, MDCXXX), in *Peste del 1630*, Archiginnasio, A.V.H.VIII.18/7.

<sup>245</sup> *Istruzione generale per purgare ogni sorte di robba, tanto per la città di Milano, quanto per ogni altro luogo* (Milano per Giovanni Battista Malatesta Stampatore Reg. Cam. Et ristampata in Bologna per l'herede del Benacci Stampatore Camerale, 1630) in *Peste del 1630*, Archiginnasio, A.V.H.VIII.18/7.

plague treatises from the end of the sixteenth century.<sup>246</sup> The authors of medical treatises of the sixteenth and seventeenth centuries focused on their personal experience in combatting plague. This is in comparison with earlier texts from the fourteenth and fifteenth century, that according to historian Ann Carmichael, were produced in the “eye of the storm—that is, they were practical manuals of traditional wisdom offered when plague was underway.”<sup>247</sup> Cohn observes that it was not until the last decades of the sixteenth century that prescriptive texts became detailed diagnostic manuals based on first-hand accounts from practitioners who worked during the period of plague from 1575-8.<sup>248</sup> That sixteenth-century plague event in particular had a significant impact on written texts with a large increase in published materials.<sup>249</sup> Treatments outlined in these tracts had evolved and, in comparison to earlier medical manuals that promoted bloodletting, sixteenth-century treatises infrequently recommended

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<sup>246</sup> Cohn, *Cultures of Plague*, 80-3. Two examples of earlier plague treatises in Bologna are: *Somma del modo di conservare la Sanita in tempo Pestilente tolta dal trattato della peste di M. Bartolomeo Traffichetti per ordine dell'illustre sig. Giulioesare Segni bolognese gouernatore di Rimino, al beneficio del popolo di detta citta & di ciascun'altro* (Bologna: Benacci, 1576) in *Peste del 1630*, Archiginnasio, A.V.H.VIII.18/7; *Trattato contra la peste nuouamente composto dal molto eccellente signor Galeotto Rubini dalla Mirandola medico in Bologna diuiso in cinque parti* (Bologna, Nicolo Tebaldini, 1625), in *Peste del 1630*, Archiginnasio, A.V.H.VIII.18/7.

<sup>247</sup> Carmichael, “The Last Past Plague,” 158.

<sup>248</sup> Cohn, *Cultures of Plague*, 14.

<sup>249</sup> Cohn, “Patterns of Plague,” 176.

bloodletting.<sup>250</sup> The plague of 1575-8 that arose across Italy at various moments, influenced the production and content of medical treatises in what Cohn has described as the start of “public health literature and a new consciousness of public health among physicians.”<sup>251</sup> This important juncture for plague tracts saw a new emphasis on the role of government institutions in managing early modern plagues. For instance, Cohn has shown that the plague tract written by doctor Sebastiano Ajello in 1577 on Naples directs an entire portion of his manual to government officials in the management of plague.<sup>252</sup> This medical treatise outlined measures to improve hygiene, including the cleaning of dwellings and institutional care structures, the elimination of rubbish, cleaning of the public spaces of the city where waste was frequently collected, and for better practices to maintain clean drinking water.<sup>253</sup> He also urged that the sick be removed from the city to places with better air and isolated in hospitals where they could receive specialised care.<sup>254</sup> These measures directed at government officials are similarly outlined in the plague tract produced by the Bolognese doctor, Baldassare Pisanelli, also published in 1577, after his experience of treating patients

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<sup>250</sup> Cohn, *Cultures of Plague*, 16 and 79.

<sup>251</sup> *Ibid.*, 248.

<sup>252</sup> *Ibid.* See Sebastiano Ajello, *Breue discorso sopra l'imminente peste. Nel Regno di Napoli l'anno 1575, 76 et 77 . . .* (Naples: appresso Horatio Saluiani, 1577).

<sup>253</sup> Cohn, *Cultures of Plague*, 248-9.

<sup>254</sup> *Ibid.*, 249.

during the same outbreak.<sup>255</sup> The evolution of public health measures is reflected in the medical tracts of the early modern period, and in the development of more concrete institutions and sanitary boards.

## Public Health Bodies

Health boards in Europe originate in Italy after the plague pandemic of the fourteenth century.<sup>256</sup> There is also evidence of precursors to these health bodies. For instance, Bologna had dedicated health officials within their management structure from the twelfth century or earlier. The communal health body in medieval Bologna were called *fango* (dirt) officials. They were responsible for the monitoring and protection of the city's infrastructure, in particular by discouraging and restricting particular behaviours, and prosecuting those who did not comply.<sup>257</sup> Some of the communal health body's roles included: ensuring the cleanliness of the streets and wells, that the bridges were maintained and free of traffic congestion, the regular removal of garbage from the city's public spaces, that construction followed safety procedures, and adherence to health matters around "travel, play, industry, and commerce."<sup>258</sup> While the 1250s marks the moment

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<sup>255</sup> Ibid. See Baldassare Pisanelli, *Discorso di M. Baldassarre Pisanelli bolognese medico di S. Spirito sopra la peste diuiso in due parti* (Rome: per gli eredi di Antonio Blado, stampatori camerati, 1577).

<sup>256</sup> Ibid., 2, note. 7.

<sup>257</sup> Geltner, *Roads to Health*, 86.

<sup>258</sup> Ibid.

when the *fango* officials are established and become accountable to the city's government, this new position actually replaced a twelfth-century institutionalised role, which may have even older roots.<sup>259</sup>

By the mid-sixteenth century, a restructuring of the local government in Bologna formed new administrative arms. The Senate, known as the *Reggimento*, was formed by way of various organs called *Assunterie* consisting of eight separate branches responsible for specific administrative areas of the local government.<sup>260</sup> These included the *Assunteria di studio* which dealt with university matters, *Assunteria di zecca*, pertaining to minting coin, and the *Assunteria di sanità*, with the specific role to address the healthcare needs of the community.

The *Assunteria di sanità* became the predominant body to officially oversee the prevention and management of plague in the city. Some of their responsibilities during outbreaks included the cleaning of letters coming from places suspected of plague.<sup>261</sup> Spada called in a specialist from Rome to serve as part of the *Assunteria di sanità* who was responsible for overseeing the practices of purging letters and objects from areas suspected of plague.<sup>262</sup> Some purging practices included soaking the letter in vinegar before drying it above a flame and applying perfumes to

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<sup>259</sup> *Ibid.*, 87.

<sup>260</sup> Terpstra, "Confraternities and Civil Society," 388.

<sup>261</sup> Pomata and Foy, *Contracting a Cure*, 11-12, note 60.

<sup>262</sup> Moratti, *Racconto degli ordini*, 5.

disinfect them.<sup>263</sup> *Deputati delle lettere* (deputies of letters) were hired for the express purpose of performing these activities, collecting letters directly from couriers and performing disinfection procedures.<sup>264</sup> These individuals were considered to be at great risk of contracting the sickness, were advised to keep a distance from others, and entered periods of quarantine during their service.<sup>265</sup> Their role and the concern for keeping these deputies in good health demonstrate the importance of keeping lines of communication open.

The *Assunteria di sanità* monitored the health of the city as plague was suspected in regions in which trade with Bologna was active. They authorised health certificates for travelers and workers, and monitored the movement of people and goods entering or leaving the city.<sup>266</sup> They also issued quarantine orders for those entering Bologna from areas suspected of plague and for those with symptoms within the city.<sup>267</sup> Additionally, these public health officials provided certifications of good health to those exiting the

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<sup>263</sup> ASV, Bologna, 282, f. 129 r., as cited in Brighetti, *Bologna e la peste del 1630*, 232; *Bando e provvedimenti in occasione dei correnti sospetti di peste*, 15<sup>th</sup> of April 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 64.

<sup>264</sup> ASV, Bologna, 282, f. 129 r., as cited in Brighetti, *Bologna e la peste del 1630*, 232.

<sup>265</sup> ASV, Bologna, 282, f. 129 r., as cited in Brighetti, *Bologna e la peste del 1630*, 232. Payment to these individuals was also to be made by first submerging money into vinegar to disinfect it.

<sup>266</sup> Geltner, *Roads to Health*, 112.

<sup>267</sup> Moratti, *Racconto degli ordini*, 5.

*lazzaretti* (plague hospitals) before they could return to the city.<sup>268</sup>

A major part of the role of the *Assunteria di sanità* was to oversee the assessment of domestic and commercial spaces of the city, as well as overseeing air quality and pollution.<sup>269</sup> Particular attention was paid to places that were seen as potential spreaders of plague, such as slaughter houses and the homes of the poor.<sup>270</sup> As Cohn has demonstrated, plague treatises from the 1575-8 outline that the living conditions of the poor, such as polluted water for drinking and washing, and congested living arrangements, were understood as causes of plague with anticipated increases in mortality.<sup>271</sup> A particular emphasis on caring for the poor during periods of suspected plague was frequently enacted in early modern Italian cities as a precautionary tool against the spread of the disease.<sup>272</sup> From the edicts produced in Bologna during the 1630-31

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<sup>268</sup> Geltner, *Roads to Health*, 112.

<sup>269</sup> Pomata and Foy, *Contracting a Cure*, 11-12, note 60.

<sup>270</sup> *Bando sulla pulizia delle strade e delle case in città, quanto nelle terre, castelli e altri luoghi soggetti a questa legazione*, 6<sup>th</sup> May, 1630 and *Cedola ai parroci*, 6<sup>th</sup> June 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 69-71.

<sup>271</sup> See Cohn, *Cultures of Plague*, Chapter 7.

<sup>272</sup> See *Ibid.*, Chapter 8; Nicholas Eckstein, "Florence on Foot: An Eye-Level Mapping of the Early Modern City in Time of Plague: An Eye-Level Mapping of Florence in Time of Plague." *Renaissance Studies* 30. 2 (2016): 273-297; Pullan, "Plague and Perceptions of the Poor in Early Modern Italy," 101-23; See also Carmichael, *Plague and the Poor in Early Renaissance Florence*.

outbreak, an evaluation of the domestic spaces is recorded, overseen by the *Assonti alla visita* under the control of the *Assunteria di sanità*. They performed a survey of the number of dead and sick in each parish, and recorded those who were ill and sent to the *lazzaretti*.<sup>273</sup> These officials were also responsible for identifying the number of doctors and barber surgeons present in each parish, and surveyed the care that each resident had received.<sup>274</sup> The documentation from these *visita* surveys has yet to be uncovered for Bologna. However, edicts reveal that by the beginning of June, doctors were elected to go with the *Assonti delle parrocchie* (officials of the parishes) to perform a *visita*, assessing every household suspected of plague on a daily basis.<sup>275</sup> Barber surgeons were also employed to inform on the number of ill.<sup>276</sup>

The practice of sending officials to document the state of households when there was suspicion of plague nearby, known as the *visita*, has been documented for Florence by Nicholas Eckstein. During the 1630-31 plague in Florence, friars conducted a survey in order to identify the sick but also to evaluate the state of the poor. In doing so, they “generated a map of urban want.”<sup>277</sup> They assessed

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<sup>273</sup> *Notificazione agli Assonti delle parrocchie sui particolari bisogni degl'infermi in tempi sospetti di contagio – 19 giugno 1630*, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 78.

<sup>274</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 121.

<sup>275</sup> *Cedula ai parroci*, 6th of June 1630, *Ibid.*, 71.

<sup>276</sup> ASB., Coll. Med., b.350, as cited in Pomata and Foy, *Contracting a Cure*, 66 note 37.

<sup>277</sup> Eckstein, “Florence on Foot,” 280.

the cleanliness of each household and commissioned the cleaning out of cesspits. They identified homes in which occupants did not have beds and offered mattresses and clean sheet.<sup>278</sup> These types of charitable activities were vital to the health of the poorest citizens in particular, as many lost daily wages with the increased number of cases leading to domestic quarantine.

### The Arrival of Plague in Bologna

The appearance of plague in Bologna was relatively slow to emerge as the epidemic travelled from the north into Emilia Romagna. The city had some time to put measures into place to protect the city, such as enforcing travel restrictions. However, the overall response to the epidemic became more deliberate and planned as numbers began to soar by the summer 1630.

The presence of plague in foreign European cities was communicated to Bolognese health officials every few years. In 1623, plague was reported in France and

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<sup>278</sup> Ibid., 286.

Germany.<sup>279</sup> Frequent publications of *bandi* in Bologna illustrate the spread of the contagion south.<sup>280</sup> In December 1627, plague was reported in France, Germany but also now in Switzerland.<sup>281</sup> Edicts continued to notify the public of the presence of an outbreak in Europe, with growing lists of impacted cities. The Bolognese state, mirroring the mandates set by Florence, required health certificates from those travelling to the city from January 1628 and forbade entrance to any goods or travellers from infected areas.<sup>282</sup> The *Assunteria di sanità* quarantined people and things that came from locations suspected of plague.<sup>283</sup> The *bandi* show how the information was passed to Bolognese officials.

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<sup>279</sup> Casali, Ferdinando, *Gonfaloniere di Giustizia*; Cesi Angelo, Vicelegato. *Bando per causa della peste*. Bologna: Alessandro Benacci, 30<sup>th</sup> of December, 1622, Biblioteca comunale dell'Archiginnasio, R.M. XI 117 [antica 117]. La Raccolta dei Bandi Merlani: Digital Archive, Accessed 14<sup>th</sup> of February, 2024, <https://arbor.medialibrary.it/item/0f7af6cb-ffa3-439f-97c4-047d7c8d892c>; *Notificazione in materia delle fedì di sanità* (Bologna: Alessandro Benacci, 28<sup>th</sup> of December, 1622, Biblioteca comunale dell'Archiginnasio, R.M. XI 116 [antica 116], La Raccolta dei Bandi Merlani. Digital Archive, accessed 14<sup>th</sup> of February, 2024, <https://arbor.medialibrary.it/item/e1361245-8836-4a38-bfb2-973bcad91248>.

<sup>280</sup> See Biblioteca Comunale dell'Archiginnasio. La Raccolta dei Bandi Merlani, Digital Archive.

<sup>281</sup> *Bando in materia di peste*, 19<sup>th</sup> of December 1627, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 32.

<sup>282</sup> *Notificazione circa le fedì di sanità*, 14<sup>th</sup> of January, 1628, *Ibid.*, 33; The requirement to have a health certificate was maintained throughout this period: *Notificazione di non ammissione in futuro a bologna di viandanti e merci senza legittime fedì di sanità*, 9<sup>th</sup> of November 1628, see *Ibid.*, 40.

<sup>283</sup> Moratti, *Racconto degli ordini*, 5.

They cite how health officials in Venice, and their counterparts in Verona, Genoa, and Milan, received news of infectious cities and advised other cities of this information, for example, *Bando in occasione del contagio*, 25<sup>th</sup> of August 1628.<sup>284</sup> As the plague progressed, the edicts became even more specific, citing every town and valley in each country that was known to have plague, as illustrated in: *Bando in materia di peste* of the 14<sup>th</sup> of October 1628, *Bando in materia di contagio*, published the 11<sup>th</sup> of December 1628, *Bando in materia di contagio*, published 17<sup>th</sup> of January 1629, and *Bando per causa di peste* from the 4<sup>th</sup> of February 1629. The specificity within these *bandi* demonstrate the connection and transmission of information amongst and between nations.<sup>285</sup> Samuel Cohn discusses a similar phenomenon in his analysis of broadsheets printed in Bologna during the 1575-78 plague in northern Italy. He has demonstrated that 1575 was a critical moment for these types of publications. The frequency of health notices rose dramatically and their content exhibits the growth of an international communication network for plague.<sup>286</sup>

The initial indication that the plague of 1629-31 had arrived in Italy was reported to Bolognese citizens in an edict published the 31<sup>st</sup> of October 1629; plague was

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<sup>284</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 36.

<sup>285</sup> For example, *Bando in materia di peste*, 14<sup>th</sup> of October 1628; *Bando in materia di contagio*, 11<sup>th</sup> of December 1628; *Bando in materia di contagio*, 17 January 1629; *Bando per causa di peste*, 4<sup>th</sup> of February 1629. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 38, 42, 44.

<sup>286</sup> Cohn, *Cultures of Plague*, 206.

discovered in the Milanese state in the border towns of Risano, near Udine, as well as Lecco and Chiuso, north of Milan.<sup>287</sup> At that point, health officials in Bologna mandated further restrictions to target marginalised people, forbidding the entrance of “zingari, storpiati, malati, vagabondi, questuanti” (gypsies, crippled, sick, vagabonds, beggars), even if they possessed a health pass.<sup>288</sup> Furthermore, prostitution was banned.<sup>289</sup> The targeting of these groups emerged from the belief that plague was more prevalent in, and therefore was spread by, those at the lowest levels of society. As mentioned, poverty was also at the epicentre of plague, and the poor became something to be feared. Cohn has shown that contemporary writers of medical treatises “linked social characteristics of neighbourhoods, inadequate and overcrowded housing, poor plumbing, and contaminated water to rates of plague mortality and saw in poverty the long-term causes of plague.”<sup>290</sup> The rhetoric of plague blame was common, with

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<sup>287</sup> *Bando in occasione del contagio*, 31st of October 1629, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 47.

<sup>288</sup> *Provvedimenti e ordini da osservarsi a Bologna e nel suo Territorio per il mantenimento di tutto il popolo immune in occasione dei presenti sospetti di contagio*, 4th of November, 1629; *Nuovo bando e provvedimenti in materia di peste da osservarsi nella città e nel contado di Bologna*, 13th of November 1629. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 48, 52.

<sup>289</sup> Fabio Martelli, “Bologna e la peste del 1630: un caso di ‘unzione’ a Borgo Tossignano e la cultura politica e medica del 17. secolo nell’Italia settentrionale,” *Strenna Storica Bolognese* XLI (Bologna: Patron, 1991): 210.

<sup>290</sup> Cohn, *Cultures of Plague*, 209.

responsibility placed on the ‘other’ and usually foreigners. As Carmichael has shown, the origins of plague “typically focused attention on the actions of individuals,” blaming people from outside the city in question,<sup>291</sup> and were “xenophobic in nature.”<sup>292</sup> Henderson notes a similar phenomenon in Florence during the 1630-31 outbreak in which the poor and disenfranchised held the blame for the spread of plague, a condemnation justified by a correlation between the poorest streets of the city with the most deaths per household.<sup>293</sup> Further publications of edicts reflect the increasing hostility towards the poor, but also indicate a gendered dimension.<sup>294</sup>

The edict, *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630*, addresses the prejudice towards the lower classes, primarily those who journey by way of walking and not by carriage, and towards women and children seen as the primary spreaders.<sup>295</sup> The bando reads: “il pericolo

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<sup>291</sup> Carmichael, “The Last Past Plague,” 142.

<sup>292</sup> Ibid., 143. Cohn has challenged this notion for the 1630 outbreak in Milan through his examination of accusations of plague spreading, finding that the majority were in fact residents of Milan. See Cohn, *Epidemics*, 127-160. Blame on the ‘other’ in terms of any disease outbreak is a common thread across time and space, Indian Cholera as an example. Parallels are also easily made to Covid-19 and the racism, prejudice and violence felt by those with Asian heritage.

<sup>293</sup> Engelmann, Henderson, and Lynteris, *Plague and the City*, 75.

<sup>294</sup> The use of gender here refers to the biological differences between men and women that influence power relations. See Chapter 5.

<sup>295</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 94.

del contagio, che nasce dalla frequentazione delle donne e dai bambini maggiormente si manifesta tra la plebe o tra coloro che vanno a piedi...” (the danger of contagion, which arises from the frequentation of women and children, is mostly manifested among the plebs or among those who go on foot).<sup>296</sup> Women and children who were poor enough to travel by foot and not by carriage were understood to be mobile and less prudent in their interactions. Therefore, they symbolised dangerous spreaders of plague, as implied by this *bando*.

The poor within the city were particularly targeted by public health policy. According to Moratti, many poor people who became sick were so fearful of being sent to the *lazzaretti*, that they refused the doctors’ visits, however, out of necessity, they would still take to the streets to beg.<sup>297</sup> The poor were considered a threat to public health, exemplified by rules requiring citizens to denounce vagabonds, men or women, and those who lived off alms.<sup>298</sup> To discourage begging, citizens with means were encouraged to only give alms to those poor who followed the guidelines and remained inside their homes.<sup>299</sup> Recommendations sent to Spada recall the necessity to

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<sup>296</sup> *Ibid.*, 96.

<sup>297</sup> Moratti, *Racconto degli ordini*, 16.

<sup>298</sup> Anonymous, ASV, Bologna, 282, f. 124 r.v., as cited in Brighetti, *Bologna e la peste del 1630*, 229.

<sup>299</sup> Moratti, *Racconto degli ordini*, 16.

provide the poor with enough means in order to impede any need for beggars.<sup>300</sup>

As stated previously, the *visita* was an important way to appraise the needs of the community and was successfully used in Florence as a way to address the needs of the poor. Similarly, in Bologna the evaluation of the needs of each household resulted in provisions of food by public expense to those residents who could not afford to support themselves.<sup>301</sup> An edict published July 1630, *Polizza per distribuire il pane alle parrocchie per sovvenire alle necessità dei poveri in particolare delle povere donne rinchiuse*, addressed the provisions of food provided to those who were unable to financially care for themselves or unable to work, such as women and children who were confined to their homes.<sup>302</sup> Aid was given by the Opera Pia dei Poveri Mendicanti, a foundation constituting multiple charitable institutions.<sup>303</sup>

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<sup>300</sup> Anonymous, 17<sup>th</sup> of July 1630. ASV, Bologna, 282, f. 107 r., as cited in Brighetti, *Bologna e la peste del 1630*, 234.

<sup>301</sup> *Bando contro coloro che sono chiusi nelle case*, 13<sup>th</sup> of July 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 89.

<sup>302</sup> *Ibid.*, 97.

<sup>303</sup> *Ordine a voi rever. curato o rettore e a voi assonti della parrocchia di S.*, August 1630. *Ibid.*, 106.

The city called for alms, levied taxes and asked for grain donations from citizens on a number of occasions in order to provide for the needs of the poor.<sup>304</sup>

### Preparing for Plague: Cleaning of Public, Commercial and Residential Places

In an effort to ward off impending plague, health officials organised a mass cleaning of the city. *Bando sulla pulizia delle strade e delle case in città, quanto nelle terre, castelli e altri luoghi soggetti a questa legazione* published on 6th May 1630 outlines the need to maintain the cleanliness of the streets and public spaces in periods in which plague was suspected. The city required the removal of rubbish and the cleaning of streets, houses, porticos, cellars and shops to be conducted on a weekly basis, including the removal of mud and garbage.<sup>305</sup> The tossing of dirty water into the streets was forbidden, and the leather workers, butchers and fishmongers were required to clean their shops daily.<sup>306</sup> Further acts to clean the streets included the killing of stray

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<sup>304</sup> *Esortazione all'elemosina e alla contribuzione per gli urgenti bisogni della città e per la quarantena generale*, 4th of August 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 107; Pietro Iachomo, ASV, Bologna, 282, f. 121 r., as cited in Brighetti, *Bologna e la peste del 1630*, 294.

<sup>305</sup> *Bando sulla pulizia delle strade e delle case in città, quanto nelle terre, castelli e altri luoghi soggetti a questa legazione*, 6th of May, 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 68.

<sup>306</sup> *Ibid.*, 69-70.

animals,<sup>307</sup> with the requirement of dogs and cats to be enclosed or killed.<sup>308</sup>

It was believed that fire could sanitize the air of plague. Recommendations were sent to Cardinal Spada by an anonymous official outlining the benefit of having small bonfires in the streets of the city for air purification.<sup>309</sup> It was also recommended to have a fire lit inside the home in conjunction with taking oral remedies to prevent plague. Citizens were advised to light a fire in the morning to warm oneself and one's clothing, even on hot days, and then to drink a concoction of lemon juice and theriac.<sup>310</sup>

As the number of victims of plague grew, Bologna focused on the isolation of the sick and commissioned the temporary conversion of monasteries outside its walls into plague hospitals. These *lazzaretti*, discussed in depth in a dedicated section of this study, were established outside of the city walls in mid-June 1630.<sup>311</sup> July was a key juncture for Bologna's administrative apparatuses as they tackled their response to increasing numbers of plague victims and from the 1<sup>st</sup> of July, officials began to create detailed records

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<sup>307</sup> Moratti, *Racconto degli ordini*, 48.

<sup>308</sup> Anonymous, 17th of July 1630. ASV, Bologna, 282, f. 107 r., as cited in Brighetti, *Bologna e la peste del 1630*, 234. The painting, *La peste del 1630 a Bologna*, unfortunately illustrates a dead dog in the street and two men killing a dog under the portico on the left.

<sup>309</sup> Anonymous, July 1630. ASV, Bologna, 282, f. 17 r.v., as cited in Brighetti, *Bologna e la peste del 1630*, 235.

<sup>310</sup> *Ibid.*, 234.

<sup>311</sup> Moratti, *Racconto degli ordini*, 7.

of the numbers of sick entering the hospitals. The accounts book, *Libro di dare et avere*, documenting the intake of sick and those discharged from the *lazzaretti*, begins on the first of July. Moratti reports that the number of deaths in the initial months were so high, and the losses of those working in the *lazzaretti* were so great, that this led to a great deal of confusion.<sup>312</sup> It is likely that with the plague arriving in May, it took some time before officials could organize a proper response, including the restrictions and institutional setup for the care of the sick. July and August 1630 marked a peak in the epidemic timeline of Bologna.<sup>313</sup> Reports sent to Cardinal Spada from mid-July stressed the overall danger to public health that the lack of beds in the *lazzaretti* posed. As a result, it was recommended that the houses of those suspected to be ill or those who were ill should be closed up, with the sick residents inside, and no more patients sent to the *lazzaretti*.<sup>314</sup> In response to the sheer number of ill requiring beds, a new plague hospital, Nuovo Lazzaretto, was commissioned outside of the city in the area of today's Ospedale Sant'Orsola, and is comprehensively examined in Chapter 4 of this study.<sup>315</sup>

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<sup>312</sup> *Ibid.*, 30.

<sup>313</sup> *Ibid.*, 120.

<sup>314</sup> "17 luglio 1630. Varie ragioni che conviene hora senza indugio chiudere le case degl'infermi sospetti e infetti e non mandarli più al Lazaretto," Anonymous, 17th of July 1630, ASV, Bologna, 282, f. 116 r. v., as cited in Brighetti, *Bologna e la peste del 1630*, 92, note 51.

<sup>315</sup> Potential locations were sought by Spada on 17th of July. Andrea Boni to Cardinal Spada, ASV, Bologna, 282, f. 90 r., as cited in Brighetti, *Bologna e la peste del 1630*, 92.

Members of religious orders played a key role in caring for the sick in the *lazzaretti* and also in the cleaning of houses touched by plague. Padre Zazzio was responsible for the purging of houses for the victims of plague.<sup>316</sup> To understand the scale of citywide efforts to purge homes of the disease, it was estimated by the Bolognese chronicler, Antonio di Paolo Masini, that during the period of plague from 1630-31, 3327 infected homes were expurgated in the city.<sup>317</sup>

The ongoing role of the *Assonti delle parrocchie*, along with appointed doctors, was to collect vital statistical data on the sick. This information included the name of the infected person with a record of their house and its confines, as well as the explicit needs of the person.<sup>318</sup> Once documented, the information was sent to the director of the *lazzaretto*, Padre Orimbelli, who sent men under his employ called *cocchiettieri* (carriers of the sick and dead) to collect the sick.<sup>319</sup> Moratti records that those carrying the sick

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<sup>316</sup> Moratti, *Racconto degli ordini*, 119.

<sup>317</sup> di Paolo Masini, *Bologna Perlustrata*, 179.

<sup>318</sup> *Notificazione agli Assonti delle parrocchie sui particolari bisogni degl'infermi in tempi sospetti di contagio*, 19<sup>th</sup> of June 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 77.

<sup>319</sup> The *cocchiettieri* were employed in the *lazzaretti* according to employee records in Orimbelli, *Libro di dare et avere*, 164r. According to Brighetti, body carriers were primarily exchanging prison sentences for their work, Brighetti, *Bologna e la peste del 1630*, 172. There were also prices set by the government for the transport fees of the sick by the *cocchiettieri* to the *lazzaretti*, paid for by the individual or parish, *Provvedimento per i portatori di cocchietti*, 12<sup>th</sup> of July 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 88.

were identifiable by their dress, wearing large white pinafores with a red cross on the chest and back; the carriers announced their presence in the public spaces of the city by the ringing of a bell.<sup>320</sup> In this way, sound and visuals were used to send a message to others in the street. These carriers were also restricted as to how they could travel around the city, as they were prohibited from travelling under the porticos in the day time. They were also not meant to interact with anyone, including their families, under penalty of death.<sup>321</sup> In contrast to the white dress, those carrying the dead wore black pinafores with red crosses on the front and back as they travelled through public spaces to collect bodies.<sup>322</sup> Gravediggers and anyone in the service of the infected were similarly identifiable by their dress, indicating their respective positions.<sup>323</sup> Clothing was used symbolically to influence particular behaviours, mainly to prevent people from coming into contact with those who themselves came into contact with the plague. As there was great fear surrounding the contagion, these symbols also served to protect the gravediggers and carriers from others.

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<sup>320</sup> Moratti, *Racconto degli ordini*, 14.

<sup>321</sup> *Rinnova dei bandi pubblicati riguardo ai sospetti e infetti di peste chiusi e che si chiuderanno in casa e altri capi*, 22nd of July, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 91.

<sup>322</sup> Moratti, *Racconto degli ordini*, 67, 85.

<sup>323</sup> Anonymous, ASV, Bologna, 282, f. 180 r., undated, as cited in Brighetti, *Bologna e la peste del 1630*, 271.

The anonymous painting, *La peste del 1630 a Bologna*, showcases the activities of the men identified by their white or black pinafores. Four men dressed in black carry a shrouded body at the bottom right, walking towards a covered wagon marked with a red cross (Fig. 2.1). Another three men in black throw a shrouded body from a window further down the street. Men dressed in white with red crosses carry an empty gurney near the covered wagon, presumably on their way to transport a sick person to the *lazzaretti*. Other men with the same marked clothing remove contaminated furniture and burn objects in the street. Additional expurgators are seen carrying a chair, perhaps to transport a patient.

### Dealing with the Dead

The containment of the disease clearly extended to the containment of the corpses and health officials encouraged the rapid burial of plague victims.<sup>324</sup> The cemeteries of the monasteries that were requisitioned as plague hospitals were not used for the general population of plague victims, however. In his seventeenth-century volume on the history of Bologna, di Paolo Masini's lists the locations of burial for illustrious and venerated individuals who died of the plague. Those who fell into this category were provided space in the cemeteries of the

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<sup>324</sup> *Bando su coloro che sono stati rinchiusi nelle strade e nelle case proprie e altre provvedimenti per i bisogni a cause di presenti mali sospetti*, 19<sup>th</sup> of June 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 80.

*lazzaretti*.<sup>325</sup> For instance, Angelo Orimbelli, the director of the *lazzaretti*, was buried in the cemetery of the Annunziata plague hospital following his death by plague.<sup>326</sup> All those represented on the list were men and the majority were indicated by their religious orders.<sup>327</sup>

The general public who died in the *lazzaretti* were buried in cemeteries outside of the city walls. Di Paolo Masini describes that the dead were carried to the communal graves by covered wagon up to twenty-five bodies at a time.<sup>328</sup> Moratti recounts how the bodies were wrapped in sheets and carried on stretchers to the carriages, as is depicted in *La peste del 1630 a Bologna* (Fig. 2.1). The covered wagons transported the corpses out towards the river Savena and Reno, where mass grave pits were located, both fenced and gated. Gravediggers employed to bury the dead would first cover the corpses with lime mortar to further protect the bodies from the air above.<sup>329</sup>

The procedure to bury the dead is further detailed in a letter addressed to the offices of Cardinal Spada by an anonymous writer. He notes: “Li morti di peste si seppellischono in fosse di almeno otto o dieci palmo

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<sup>325</sup> di Paolo Masini, *Bologna Perlustrata*, 577.

<sup>326</sup> *Ibid.*, 578.

<sup>327</sup> *Ibid.*, 577-594.

<sup>328</sup> *Ibid.*, 179.

<sup>329</sup> Moratti, *Racconto degli ordini*, 85. The use of lime to cover the deceased is also noted for Florence by Henderson, *Florence Under Siege*, 190.



Figure 2.3. Guido Reni, *Madonna and Child in Glory with Saints Petronius, Dominic, Francis, Ignatius, Francis Xavier, Proculus, and Florian, protectors of Bologna (Pallione del voto/ Palla della peste)*, oil on silk, 382 x 242 cm, 1630, Pinacoteca Nazionale di Bologna. (Photo by author).



Figure 2.4. Detail of figure 2.3.

profonde, et in ciascuna fossa si mettano solo dui corpi morti e sopra della calce viva e poi s'empia il fosso di pietra e terra ben calcati" (the plague corpses are buried in pits at least eight or ten palms deep, and in each pit only two dead bodies are placed and, on top quicklime and then the pit is filled with well-trodden stone and earth).<sup>330</sup> Guido Reni's *Pallione del voto* offers a depiction of the grave diggers

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<sup>330</sup> Anonymous, ASV, Bologna, 282, f. 180 r., undated, as cited in Brighetti, *Bologna e la peste del 1630*, 271.

carrying the bodies in the carts to the mass graves outside of the city walls (Fig. 2.3 and 2.4).<sup>331</sup>

The creation of communal grave sites was common practice. Henderson records that a mass grave was created upon the opening of the Florence's *lazzaretto* of San Miniato al Monte, and others were subsequently built.<sup>332</sup> Moreover, Stevens Crawshaw has examined burial practices in the Venetian *lazzaretti* through archaeological evidence of *lazzaretto vecchio*.<sup>333</sup> She notes that the types of burial sites varied across the surveyed area from well-ordered single graves to communal graves that layered as many as four remains on top of one another.<sup>334</sup> Stevens Crawshaw affirms that the objective of mass graves was to bury as many plague corpses as possible, a practice that is also reflected in Florence.<sup>335</sup>

The containment of illness during the transportation of the dead was of great concern to Bologna's health authorities and in particular the interactions of the *cocchiettieri* and gravediggers with the wider population. In a letter to Cardinal Spada, the anonymous author reported that many of these workers would end their day by going to the osteria or shopping in the piazza, thus spreading the

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<sup>331</sup> The commission, display and function of this artwork will be discussed in Chapter 6 of this volume.

<sup>332</sup> Henderson, *Florence Under Siege*, 209.

<sup>333</sup> For a thorough discussion see Stevens Crawshaw, *Plague Hospitals*, 191-8.

<sup>334</sup> *Ibid.*, 192.

<sup>335</sup> *Ibid.*, 192.

disease throughout the public spaces of the city.<sup>336</sup> As a result of this, the writer advised that soldiers accompany the body carriers and that housing be supplied to separate them from the rest of the community.<sup>337</sup> The proposal would have created a mechanism to monitor and control the behaviour of body carriers, preventing trips to the tavern, and ensuring that these men did not come into contact with other citizens. Some aspects of this proposal were certainly enacted, but the behaviour of these workers was difficult to control. In August 1630, three gravediggers were hung on two accounts. The first account was for breaking the rules of living separately from the community, and the second was for being caught in a public space conversing with others.<sup>338</sup> To put these deaths into context, only four executions were performed in Bologna during the plague, three of those being the gravediggers.<sup>339</sup> The gravity of the chosen punishment speaks volumes to the severity of the transgressions.

### Monitoring and Surveillance: Denouncements

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<sup>336</sup> ASV, Bologna, 282, f. 333 r., as cited in Brighetti, *Bologna e la peste del 1630*, 153.

<sup>337</sup> Ibid.

<sup>338</sup> Archivio di Stato di Bologna (ASB), *Catalogo di tutte le giustizie seguite in Bologna dall'anno 1030 sino al 1539 estratto da varie croniche e manuscritte e stampate come si vede dalle note in margine. Dall'anno poi 1540 sino al tempo presente dalli libri nella Conforteria*, no shelfmark, dated 2<sup>nd</sup> of August 1630, as cited in Pastore, *Crimine e giustizia*, 137.

<sup>339</sup> Executions are explored further in Chapter 3 of this study.

Despite the diligence of health authorities to assess and report on the health of individuals, there was pushback from citizens. Part of the influence of government power was to convince regular citizens to take it upon themselves to inform on fellow citizens. The government used the intense fear of the plague as a way to manipulate citizens into fulfilling government regulations on their behalf. *Bando provvedimenti sui presenti bisogni a causa delle sopravvenute infermità sospette* published in 14<sup>th</sup> of June, 1630 and republished in various forms throughout the pandemic, informs the reader that many sick had been hidden from the health authorities. The edict outlines the first kinds of restrictions which were aimed at citizens who had come into contact with sick individuals, expressly forbidding them from leaving their homes or transporting furniture from the home of the sick without a special license.<sup>340</sup> This type of message was echoed in later edicts. *Bando Rinnova dei bandi pubblicati riguardo ai sospetti e infetti di peste chiusi e che si chiuderanno in casa e altri capi* from the 22<sup>nd</sup> of July, 1630 discusses the reward payment to those who denounce people not following the rules and also outlines the obligation to report the sick under penalty of corporal punishment.<sup>341</sup> Moratti also records a prohibition on touching, transporting, selling or hiding goods from an

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<sup>340</sup> *Bando provvedimenti sui presenti bisogni a causa delle sopravvenute infermità sospette*, 14<sup>th</sup> of June, 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 73.

<sup>341</sup> *Rinnova dei bandi pubblicati riguardo ai sospetti e infetti di peste chiusi e che si chiuderanno in casa e altri capi*, 22 July, 1630. *Ibid.*, 91, 93.

infected house.<sup>342</sup> However, in his thorough examination of *Torrone* court documents from 1630-31, historian Fabio Martelli notes that the theft and attempt to resell goods, including food and clothing from the homes of plague victims was common.<sup>343</sup> Similarly, Pastore's investigation of *Torrone* documents reveal that the focus of theft within the city and in the countryside, was on moveable objects, food and animals that could easily be consumed, resold or exchanged.<sup>344</sup> Pastore asserts that the few cases of stolen money and jewellery, compared to the frequency of food, reflect the real concern of fulfilling immediate needs. It signals the difficulties that faced both the urban and rural populations. This was particularly so as a reduced workforce created barriers and delays in the agricultural production, and exchange through markets was limited due to travel restrictions.<sup>345</sup>

## Architecture

The organisation of early modern Italian cities facing epidemics shifted, in particular, as cities employed architecture as a way to contain and regulate movement. Legal decrees mandated changes in behaviour around the use of city infrastructure, while simultaneously making changes to the physical environment. Select gates, waterways and streets were closed off to contain the flow of

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<sup>342</sup> Moratti, *Racconto degli ordini*, 85.

<sup>343</sup> ASB, *Torrone*, 5782 a, c. 38; 5795, as cited in Martelli, "Bologna e la peste del 1630," 211.

<sup>344</sup> Pastore, *Crimine e giustizia*, 147-8.

<sup>345</sup> *Ibid.* 148.

people and goods, altering the routes that citizens could take, defining areas completely off limits, and shifting the daily routines of the city. Furthermore, domestic spaces were used as a way to contain the movement of disease through the isolation of individual bodies, even healthy ones. This section aims to shed light on the use of architecture as a means to control the movements of people, objects, and animals.

### Trade: The Movement of Goods

As the plague progressed outside of Bologna, new rules were put into place in November 1629 to secure the entrances of the city. A call went out to citizens to take up positions as deputies of the city's gates, monitoring the flow of people into and out of the city.<sup>346</sup> These deputies were posted at the four main gates of the city: Porta San Felice, Porta Galliera, Porta Maggiore, and Porta Santo Stefano, as well as the canal entrance of Porto Naviglio with all other gates and canals closed.<sup>347</sup> Any person attempting to enter the city without a *fede di sanità* (health certificate), would be punished and would have their merchandise seized so that it could be quarantined. Anyone assisting in the transport of people or goods, such as carriage drivers or

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<sup>346</sup> *Provvedimenti e ordini da osservarsi a Bologna e nel suo Territorio per il mantenimento di tutto il popolo immune in occasione dei presenti sospetti di contagio*, 4th of November, 1629, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 48-9.

<sup>347</sup> *Istruzioni e avvertimenti necessari da osservarsi inderogabilmente dai deputati alle porte per i correnti sospetti di peste*, 5th of November 1629. *Ibid.*, 49.

boatmen, without a health clearance would equally be punished. In such cases their transport vehicles would be seized with proceeds going in part to the health authorities and part to those who captured them. Individuals were incentivised to inform on others. Punishments were given according to gender and age: men were threatened with prison sentences and corporal punishment, children given lashings, and women given whippings.<sup>348</sup>

The movement of plague into the territories of Genoa, Mantua and Turin is recorded in edicts from December 1629.<sup>349</sup> The first indications of plague arriving in the cities of Milan and Mantova occurred in April 1630.<sup>350</sup> Once plague was confirmed in these cities, Bologna instituted a health pass for Bolognese who lived in the countryside to enter into the city. These restrictions applied also to ecclesiastical members who had to prove a residency of forty days in a monastery or convent before being permitted to enter the city.<sup>351</sup> Furthermore, the city amplified the restrictions already in place. It now required all those attempting to enter the city without a health pass

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<sup>348</sup> *Nuovo bando e provvedimenti in materia di peste da osservarsi nella città e nel contado di Bologna*, 13 November 1629. Ibid., 53.

<sup>349</sup> *Bando in occasione di contagio*, 16th of December 1629 and *Bando in occasione del contagio*, 12th of January 1630. Ibid., 56-8.

<sup>350</sup> For Milan *Nuova aggiunta di luoghi sospesi a cause della peste*, 5th of April 1630, see Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 61. Ten days later, Mantova is recorded to have plague, *Bando sulla peste*, 15th of April 1630. Ibid., 62.

<sup>351</sup> *Bando e provvedimenti in occasione dei correnti sospetti di peste*, 15th of April 1630. Ibid., 64, 67.

to conduct a mandatory quarantine in designated *lazzaretti*.<sup>352</sup> Such facilities were used exclusively for the quarantining of individuals coming from outside the city. Even those who were in a possession of a health pass but who had passed through an area suspected of plague, were required to quarantine in the *lazzaretti*.<sup>353</sup> These quarantine facilities were located outside the city walls.<sup>354</sup>

In April 1630, travel and trade restrictions were put in place with suspension of trade between Bologna and the northern cities of Parma, Piacenza, Mantua, Cremona, Verona, and Milan.<sup>355</sup> All persons, animals and goods were prohibited from entering Bologna from places confirmed to have plague, even with a certificate of good health.<sup>356</sup> The trade of animals for human consumption was also prohibited if the animals originated from epidemic zones.<sup>357</sup>

Penalties were enforced for anyone who participated in the carrying or harbouring of goods, people or animals,

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<sup>352</sup> *Bando e provvedimenti in occasione dei correnti sospetti di peste*, 15 April 1630. *Ibid.*, 63.

<sup>353</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 65-6; Moratti, *Racconto degli ordini*, 5.

<sup>354</sup> Moratti, *Racconto degli ordini*, 5.

<sup>355</sup> *Nuova aggiunta di luoghi sospesi a cause della peste*, 11th of April 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 62; This edict was renewed also in *Sospensione del commercio con lo stato di guastalla e zona di pomposa e proroga della sospensione con altre città e luoghi per sospetto di peste*, 30th of April, 1630, *Ibid.*, 68;

<sup>356</sup> *Bando sul contagio*, 24th of May, 1630. *Ibid.*, 70.

<sup>357</sup> *Bando e provvedimenti sulle bestie*, 27th of April 1630. *Ibid.*, 67.

including coachmen, drivers, boatmen, mule drivers and hoteliers.<sup>358</sup> In April, no hotels, taverns, and even private houses could host any foreigner who was not in possession of a health pass.<sup>359</sup> By June 1630, restrictions on foreign trade were tightened through the prohibition of trade without license.<sup>360</sup>

An anonymous letter forming part of the collection of documents in the Vatican Apostolic Archive from the office of Cardinal Spada dated the 17<sup>th</sup> of July 1630 records that taverns and inns in the Bolognese area could no longer offer food or sleeping accommodations to guests.<sup>361</sup> These rules challenged the continuous trade between cities. The eventual complete closure of taverns and inns impeded the ability of people, animals and goods to move. Mobility was restricted by the access to health documents, but made more challenging for any traveller to make the journey without places to rest or shelter. This opened visitors and traders up to potential dangers such as violence and robbery. The mobility of information was also impacted, as less people were travelling. Strict rules on which cities one could travel to or through, extended the duration, speed and cost of journeys as alternative routes became necessary.

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<sup>358</sup> *Bando sul contagio*, 24<sup>th</sup> of May, 1630. Ibid., 71.

<sup>359</sup> *Bando e provvedimenti in occasione dei correnti sospetti di peste*, 15<sup>th</sup> of April 1630. Ibid., 65.

<sup>360</sup> *Bando provvedimenti sui presenti bisogni a causa delle sopravvenute infermità sospette*, 14<sup>th</sup> of June, 1630. Ibid., 73.

<sup>361</sup> Anonymous, 17<sup>th</sup> of July 1630, ASV, Bologna, 282, f. 107 r., as cited in Brighetti, *Bologna e la peste del 1630*, 234.

## Domestic Confinement: Quarantine

Self-isolation in the home was frequently enacted in early modern Italy in cases where people contracted plague. Historian Carlo Cipolla notes in his analysis of public health measures during plague in Italian cities that in order to isolate the sick from the population, the exits of the home would frequently be locked. Inhabitants would be sealed inside with the doors marked, often with a cross.<sup>362</sup> Cipolla describes that in certain cities, like Turin, it was permissible to pay for private guards to stand watch outside the house in lieu of being locked within, turning “confinement into symbols of social discrimination.”<sup>363</sup> Quarantine was an essential measure to combat the outbreak in 1630 Bologna on the suspicion of plague and with confirmed cases. The specific requirements for quarantine could differ if an individual had come into contact with a plague victim or was actively showing symptoms of plague.

Health officials in Bologna mandated that those suspected of plague, who had come into contact with a person identified as a plague victim, were required to self-

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<sup>362</sup> Cipolla, *Cristofano and the Plague*, 30. He notes that doors were marked with crosses in Modena, Padua, Verona, and even London. Florence marked plagued houses with the word ‘sanità’ on their doors, Cipolla, 30, note 2.

<sup>363</sup> Ibid.

isolate in their house.<sup>364</sup> The rules for quarantine were set within two categories with variations on periods of confinement that depended on whether other residents in the home were suspected or had died from the plague. Those who resided in houses suspected of plague were required to self-isolate for fifteen days. This two-week duration also applied to cases in which plague was confirmed but there were no plague deaths, for example an individual who was exposed to the virus through a sick neighbour who had survived. A longer isolation period of twenty-four days was required for those suspected individuals who resided in households in which plague deaths had occurred.<sup>365</sup> In cases in which those suspected of plague refused to isolate, the door to the house or apartment was walled up.<sup>366</sup>

Once a sick individual was identified through the auditing process in Bologna, they were permitted to remain at home, as long as they did not rely on public funds. Those who could not afford to stay were sent to the *lazzaretti*.<sup>367</sup> In line with contemporary practices in Italy, those who

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<sup>364</sup> "Bando contro coloro che sono chiusi nelle case" published 13th of July 1630, records the requirement for confinement in the home for those suspected of illness, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 89.

<sup>365</sup> *Rinnova dei bandi pubblicati riguardo ai sospetti e infetti di peste chiusi e che si chiuderanno in casa e altri capi*, 22nd of July, 1630. Ibid., 92.

<sup>366</sup> *Notificazione agli Assonti delle parrocchie sui particolari bisogni degl'infermi in tempi sospetti di contagio*, 19th of June, 1630. Ibid., 78.

<sup>367</sup> Ibid.; *Ordine a voi rever. Curato o rettore e a voi assonti della parrocchia di S...*, August 1630. Ibid., 105.

remained at home had their house locked with a bolt from the outside and marked with a cross.<sup>368</sup> Moratti echoes these mandates in his account of events and cites that when people were removed to the *lazzaretti*, the rooms of the sick or suspected person were closed and locked with iron plates until the city's Expurgators came, and then a large cross was made on each house to warn others not to enter. The same cross as placed on the doors of households in which deaths had occurred.<sup>369</sup> Along with homes, the shops of those who were suspected of plague, or indeed were ill, were closed and all clothing was burned.<sup>370</sup> Before shops could reopen and occupants could return to their dwellings, these structures went through a process of disinfection.<sup>371</sup>

Of particular note, all women and children under the age of thirteen were quarantined indoors for the duration of the outbreak, from July 1630 until January

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<sup>368</sup> *Rinnova dei bandi pubblicati riguardo ai sospetti e infetti di peste chiusi e che si chiuderanno in casa e altri capi*, 22nd of July, 1630. *Ibid.*, 91.

<sup>369</sup> Moratti, *Racconto degli ordini*, 39

<sup>370</sup> *Ibid.* 17-18.

<sup>371</sup> *Rinnova dei bandi pubblicati riguardo ai sospetti e infetti di peste chiusi e che si chiuderanno in casa e altri capi*, 22nd of July, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 92.

1631.<sup>372</sup> The instructions for women outlined that they must not dare to leave their house, nor from their “contrada o portico sotto alcun pretesto, non entri nelle case vicine, sotto pena” (district or portico under any pretext, do not enter the neighboring houses, under penalty).<sup>373</sup> The portico, a space maintained by private owners but used by the public, often conceived of as an extension of businesses and private dwellings, was also restricted for these women. Moratti describes that women and children could not leave their homes, “nè anco sotto il portico” (nor be under the portico).<sup>374</sup> Under these guidelines, the portico was designated as a space in which women and children could catch or transmit the disease. The issue of gender specific restrictions is explored further in Chapter 5.

Men did not experience the same degree of forced isolation as women and children in Bologna. A general

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<sup>372</sup> *Bando, che le Donne, e i Putti non eschino di Casa per quindici Giorni*, 25th of July 1630. *Ibid.*, 94-97. This bando was republished consecutively every ten to fifteen days after the original, including the bandi: *Proroga della clausura alle donne e ai bambini*, 10th of August, 1630; *Seconda proroga della clausura delle donne e dei bambini. Dichiarazione per chi si muove in carrozza*, 20th of August, 1630; *Terza proroga della clausura delle donne e dei bambini e dichiarazione per chi si muove in carrozza*, 2nd of September, 1630; *Proroga della clausura delle donne e dei bambini*, 15 September, 1630, outlined that the quarantine was deemed effective until further notice. See Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 109, 112, 123, 127.

<sup>373</sup> *Bando, che le Donne, e i Putti non eschino di Casa per quindici Giorni*, 25th of July 1630. *Ibid.*, 95.

<sup>374</sup> Moratti, *Racconto degli ordini*, 52.

quarantine was called for in Bologna,<sup>375</sup> and preparations made for the financial burden this would cause.<sup>376</sup> Health officials spouted the benefits of taking these measures, while allowing essential businesses to still operate.<sup>377</sup> However, there was reluctance on the part of some parishes to undertake the quarantine. This could explain why no edicts were published to confirm the start and ends dates for a general quarantine. Contrast this to the abundance of documentation that attests to the enactment of a general quarantine for all women and children.

The parish opposition to a general quarantine is evident in the Vatican Archive letters written in question and response format. These documents present the doubts and misconceptions about quarantine as expressed from

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<sup>375</sup> Anonymous, Bologna 282, ff. 108-109, as cited in Brighetti, *Bologna e la peste del 1630*, 238-241; Anonymous, ASV, Bologna, 282, ff. 110-111, as cited in Brighetti, 241-244; Anonymous, ASV, Bologna, 282, ff. 111, as cited in Brighetti, 243.

<sup>376</sup> The edict *Esortazione all'Elemosina e alla Contribuzione per gli urgenti bisogni della città e per la quarantena generale*, 4th of August, 1630 uses language such as "approssimandosi il tempo di una quarantena generale," Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 107; A similar edict asks citizens to collect provisions in preparation for a general quarantine, *Bando e ordine per la residenza della quarta parte dei capifamiglia in città*, 11th August, 1630. *Ibid.*, 109; The edict *Notificazione a tutte le parrocchie di questa città*, 12th of September, 1630 mentions "in previsione delle quarantena." *Ibid.*, 126; Edicts also mention the creation of deputies to oversee the activities of a general quarantine, *Ordine agli assonti delle parrocchie*, 16th of September, 1630. *Ibid.*, 127.

<sup>377</sup> ASV, Bologna, 282, ff. 110, as cited in Brighetti, *Bologna e la peste del 1630*, 242.

representatives from various quarters with responses from the Bolognese government authorities. Interestingly, there appears to have been a dialogue between health officials and community representatives on the impact of a general quarantine on the lives of Bolognese. Many reasons were proposed against the general quarantine. For instance, representatives from Quartiere di Porta Stiera shared doubts about a general quarantine because of its impact on commerce and on the livelihood of citizens.<sup>378</sup> They compared Bologna to other cities, such as Venice, who did not have a general quarantine in the plague of 1576, and maintained trade and continued with commerce. However, the response from Bolognese health officials to the parish officials stated that Venice had intended to conduct a general quarantine but were freed of the plague only because of a miracle, thus rendering the argument against the quarantine in Bologna invalid.<sup>379</sup>

The representatives from the quarter of Porta Stiera also proposed that the timing of a general quarantine was problematic, citing that since autumn is normally a period of sickness, it would be better for bad humors to be sweat out of the body through exercise outside rather than be

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<sup>378</sup> Anonymous representatives from Quartiere di Porta Stiera and government officials. ASV, Bologna, 282, ff. 110, as cited in Brighetti, *Bologna e la peste del 1630*, 241.

<sup>379</sup> *Ibid.*, 243.

enclosed indoors.<sup>380</sup> The government response to these concerns stated that the timing was ideal, as the weather was moderate in autumn, that perspiring bad humours out of the body could be done indoors, and that a general quarantine was successfully conducted in Milan in the autumn of 1576. Moreover, they stated that waiting too long would bring them into winter, where more provisions for the poor would be required.<sup>381</sup> Arguing against the proposed quarantine, the representatives of the quarter of San Pietro Maggiore noted that the methods successfully applied in France and Germany, which included the adoption of separating the sick from the well, made the imposition of a general quarantine unnecessary.<sup>382</sup>

Other objections to a general quarantine included the harm that the isolation of women and children was already causing. The representatives from the quarter of San Pietro Maggiore argued to end the quarantine for women and children. They noted that those in isolation were becoming ill, not from plague but from other illnesses due to the quarantine. Moreover, they stated that many women were exhausted due to the lack of resources provided to them, and suggested that women should be

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<sup>380</sup> Anonymous representatives from Quartiere di Porta Stiera and government officials. ASV, Bologna, 282, ff. 111, as cited in Brighetti, *Bologna e la peste del 1630*, 242-243.

<sup>381</sup> *Ibid.*, 243.

<sup>382</sup> Anonymous representatives from Quartiere di San Pietro Maggiore to government officials. ASV, Bologna, 282, ff. 108, as cited in Brighetti, *Bologna e la peste del 1630*, 238.

allowed out of their homes for at least an hour a day on a rotating timetable within each neighbourhood.<sup>383</sup> In response, the government health officials establish that when women were permitted to leave their homes during a period of quarantine to attend church during the 1576 outbreak in Milan, the situation was made worse, thus putting blame on women as carriers.<sup>384</sup>

Additionally, there was fear expressed by the parish representatives that resources used for the general quarantine would exhaust the government purse, causing more poverty.<sup>385</sup> The government had offered loans to those who could not afford to lose work from domestic confinement due to suspected or true illness. These loans however, were to be paid back in full, thus placing the poor into a position of debt with the government.<sup>386</sup> The representatives of these quarters outlined a fundamental issue, these restrictions disproportionately impacted those who lived on daily wages. This sentiment is echoed in Cohn's analysis of plague tracts, that shed light on the contemporary voice of physicians. He contends that many doctors recognised that the methods of confining the sick, including forced isolation in the home, quarantine and the

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<sup>383</sup> Anonymous representatives from Quartiere di San Pietro Maggiore to government officials. ASV, Bologna, 282, ff. 109, as cited in Brighetti, *Bologna e la peste del 1630*, 240.

<sup>384</sup> *Ibid.*, 241.

<sup>385</sup> *Ibid.*, 239.

<sup>386</sup> *Ibid.*, 241.

plague hospitals, created an abundance of fear for the poor, exasperating the illness.<sup>387</sup>

Parish representatives in Bologna brought forward the fears felt by their constituents, employing notable examples from other cities and previous plagues to support their arguments against a general quarantine. These letters demonstrate knowledge of and an exchange of information on the public health measures in various Italian cities. Furthermore, they show a strong level of resistance to these measures. In his analysis of these records, Antonio Brighetti uses these letters as a confirmation that a general quarantine was indeed enacted in September 1630.<sup>388</sup> However, there is no documentary evidence that confirms the start of the general quarantine. On the contrary, I would suggest that these letters provide proof of a great deal of opposition, perhaps delaying the call for a general quarantine. And as matters began to improve by October, it is likely that this allowed the city to delay further. As mentioned, no edicts express or confirm the start of a general quarantine, even though they confirm a general quarantine for all women and children, as well as those who were sick or suspected of illness.

The ability to isolate oneself from others, even within one household, was the privilege of the wealthy. In a letter written by a court auditor, Auditor del Torrone, to Cardinal Spada, the author outlines his experience of quarantine: “la mia quarantena procede al solito con quiete

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<sup>387</sup> Cohn, *Cultures of Plague*, 274.

<sup>388</sup> Brighetti, *Bologna e la peste del 1630*, 62-64.

sanità et allegria” (my quarantine proceeds as usual with quiet, health and happiness). He writes of how he maintained access to his garden and courtyard, although separated from the rest of the household, describing “io mi contento quasi d’una camera sola e d’un tavolino” (I am almost happy with a single room and a small table).<sup>389</sup> Moreover, the court auditor illuminates Spada on the leisure time this quarantine has offered him. In particular, the author was reading the recent publication by the physician Annibale Patriarca on the plague remedies employed successfully in Bologna in 1630.<sup>390</sup> This account illustrates the contrast between the poorest of individuals who lived in confined and crowded spaces with those who had property with space at their disposal in which they could spend time in nature and maintain physical and mental well-being through exercise. It is also telling of the ease to which this learned individual experienced the

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<sup>389</sup> *Lettera dell’Auditore del Torrione al Cardinale Spada, Villa Spada, Ozzano, 1 luglio 1631, ASV, Bologna, 284, f. 53, as cited in Brighetti, Bologna e la peste del 1630, 246.* This letter is dated a year after the initial outbreak of plague when the requirement to quarantine in instances of positive contact must have remained in place.

<sup>390</sup> The author is critical of Patriarca’s work, calling it “una risma di spropositi” (a ream/stack of blunders), *Lettera dell’Auditore del Torrione al Cardinale Spada, Villa Spada, Ozzano, 1 luglio 1631, ASV, Bologna, 284, f. 53, as cited in Brighetti, Bologna e la peste del 1630, 246;* For Patriarca’s work see Annibale Patriarca, *Pretiosissima, e virtuosissima ricetta di trenta eccellentiss. sig.ri dottori dell’alma città di Roma, sperimentata nella presente calamità nella nobiliss. città di Bologna, e suo contado.* Tebaldini, Bologna, 1631.

quarantine as a leisure activity when economic concerns did not weigh in.

## Street Regulation and Enclosure

The street was a fluid space; its rules and restrictions changed according to the tides of the illness. Particular areas of the city were off limits. Anyone who attempted to enter the plague hospitals or to leave without proper documentation attesting to their good health, would endure corporal punishment. The city sought to regulate the behaviour of individuals within the streets. For instance, notices went out for citizens to keep their distance and specifically not to harass or prevent the movement of the gravediggers and carriers of the sick travelling to the plague hospitals.<sup>391</sup>

Moratti details that the cloistering of neighbourhoods as well as the public display of corporal punishment for those who did not abide by the strict enclosure rules were regularly conducted in the streets of the city. In particular, he notes that streets that were “più infette dell’altre, erano state chiuse, e serrate, acciò che gli habitatori non uscissero fuori, sotto pena della vita” (more infected than the others, had been closed, and locked, so that the inhabitants would not go out, under penalty of death).<sup>392</sup>

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<sup>391</sup> *Bando su coloro che sono stati rinchiusi nelle strade e nelle case proprie e altre provvedimenti per i bisogni a cause di presenti mali sospetti*, 19 of June 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 79.

<sup>392</sup> Moratti, *Racconto degli ordini*, 12.

The eighteenth-century author, Domenico Maria Galeati, in *Diario e memorie varie di Bologna dall'anno 1550 al 1796*, demonstrates an understanding of the initial spread of the plague in Bologna. He affirms that on the 16th of June the health authorities of the city began to close and brick up via dell'Oro, via Arienti, via Orfeo and via degli Angeli because of the number of plague cases.<sup>393</sup> These streets are adjacent to each other inside the walls near Porta Castiglione, effectively separating this area from the rest of the city.

The edict, *Bando su coloro che sono stati rinchiusi nelle strade e nelle case proprie e altre provvedimenti per i bisogni a cause di presenti mali sospetti*, published the 19<sup>th</sup> of June 1630, outlines the rules for those who had been impacted by their streets being closed off because of the high rates of plague.<sup>394</sup> It states that anyone who attempts to leave the districts or roads currently walled up, or that will be walled up and locked, would endure the penalty of the gallows.<sup>395</sup>

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<sup>393</sup> Domenico Maria d'Andrea Galeati, *Diario e memorie varie di Bologna dall'anno 1550 all'anno 1796*, vol. 12, sec. XVIII (Manoscritti, B.80-91, Biblioteca Comunale dell'Archiginnasio di Bologna), as cited in Giovanni B. Salvioni, *La popolazione di Bologna nel secolo xvii* (Bologna: La R. Deputazione di storia patria, 1890), 90, Hathi Trust Digital Edition, <https://babel.hathitrust.org/cgi/pt?id=hvd.32044082162058&view=1up&seq=9>.

<sup>394</sup> *Bando su coloro che sono stati rinchiusi nelle strade e nelle case proprie e altre provvedimenti per i bisogni a cause di presenti mali sospetti*, 19<sup>th</sup> of June 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 79.

<sup>395</sup> Ibid.

The restrictions impacted the sick and dying, as the dying were not given the Blessed sacraments because priests were either overburdened or could not travel to their bedsides. From an annotation in the book of the dead, written by the parish priest of San Salvatore who reflected on the events of 1630, he described that the deceased were “non muniti di tutti li Santi Sacramenti, anzi talvolta senza alcuno di essi perché la persistenza di questo morbo non permetteva l'arrivo de' sacerdoti” (not equipped with all of the Holy Sacraments, indeed sometimes without any of them because the persistence of this disease did not permit the priests to arrive).<sup>396</sup>

In an effort to reduce the number of people misbehaving in the streets, harsh punishments were enacted, including corporal punishments, fines, and forced sentences to work in the *lazzaretti*.<sup>397</sup> According to the nineteenth-century writer Giovanni Salvioni, there were gallows erected outside San Mamolo where the *lazzaretto* entrance was, and at the Ex Convento di San Bernardo via Arienti, 42, at the entrance of the enclosure at Porta Castiglione.<sup>398</sup> The gallows at San Bernardo warned citizens not to enter the enclosed streets and reminded those enclosed of the hierarchy of power.

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<sup>396</sup> Bellettini, *La popolazione di Bologna*, 171.

<sup>397</sup> ASV, Bologna, 282, f. 124 r.v., as cited in Brighetti, *Bologna e la peste del 1630*, 230.

<sup>398</sup> Salvioni, *La popolazione di Bologna nel secolo xvii*, 91.

## Conclusion

As has been demonstrated in this chapter, the right to move and the ability to go about the city enjoying the routines of daily life activities were challenged by plague regulations. Public health measures consistently evolved depending on multiple factors, consisting mainly of the severity of case numbers and the condition of plague hospitals to deal with the sick. However, mobility was particularly dependent on the status of the individual or group. Disciplinary power enacted on early modern Bolognese citizens both vertically through government and administrative arms, and horizontally, between citizens. Disciplinary power, as characterised by Foucault, was made possible by way of the surveillance, organisation, reporting and punishment of citizens. However, this disciplinary power was unequally exercised on citizens during the plague, bearing more heavily on women, children and the poor. This shaped various experiences of plague as rights to mobility were conditional on social factors.

Gender and social status similarly formed the experience of space within the plague hospitals. The following chapter will evaluate early modern *lazzaretti* in key centres in northern Italy. It will then consider the creation of temporary *lazzaretti* in 1630 Bologna and examine how mobility within the *lazzaretti* network was a central aspect of the plague management strategy. Disciplinary power will continue to feature throughout this investigation.

## Chapter 3: The *Lazzaretti*

A significant aspect of Bologna's response to the 1630-31 plague was the creation of a complex network of buildings, temporarily converted into *lazzaretti* (plague hospitals) and convalescent homes. These served to isolate the disease. Bologna did not have permanent *lazzaretti*, however, the city established plague hospitals from existing structures, buildings located outside the walls in the surrounding countryside of the city and in proximity to each other. This chapter seeks to expand our understanding of how institutional architecture, such as religious, charitable and hospital architecture, was employed as a vital aspect of seventeenth-century public health management during the plague of 1630-31 in Bologna.

Following the principles of contemporary hospitals, *lazzaretti* were intended to contain and control the movement of people and goods. Whether singular structures or multiple, hospitals and *lazzaretti* were designed to separate patients by level of care, social status and gender. During plague, when what was required of a care facility was rapidly evolving according to changing necessities, the ability to have dynamic spaces that were malleable to variable circumstances was an asset. The network method adopted in Bologna, as opposed to a permanent and singular complex employed in other Italian cities, permitted a flexible response to an unstable situation. However, how did these numerous institutions, meant to contain, guard and separate, function with the frequent

movement of patients and staff? This chapter will consider how the characteristics of this network in Bologna were potentially effective, or not.

The following chapter will explore the *lazzaretti* in Bologna, particularly their transformation from existing charitable houses, and their employment as part of the city's plague management response. It aims to situate Bologna comparatively with the *lazzaretti* of northern Italy, particularly, Venice, Milan and Florence. Furthermore, it will consider the characteristics of the *lazzaretti* as an extension of the exemplary Renaissance hospital. This discussion will reflect on the roles that containment, movement, gender and class played in the *lazzaretti* network and asks: what can the movement of patients and employees into and through the network reveal of the experience of the *lazzaretti* and seventeenth-century hospital management in a medical crisis?

In order to address these questions, this section delves into a collection of contemporary textual sources including local *bandi*, court records and contemporary accounts by those who resided within the plague hospitals.<sup>399</sup> This chapter relies greatly on the unpublished manuscript *Libro di dare et avere*, an assemblage of contemporary letters and financial accounts produced by the director of the *lazzaretti*, Padre Orimbelli.<sup>400</sup> This source offers unique insight into the administrative aspects of the

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<sup>399</sup> di Paolo Masini, *Bologna Perlustrata*; Moratti, *Racconto degli ordini*; Donini. *Raccolta di tutti li bandi*.

<sup>400</sup> Orimbelli, *Libro di dare et avere*.

epidemic, such as the movement of patients, staff, and goods, into and within the hospital network. This document has yet to be mined for valuable information on the movement of people into and through the hospitals. By employing the daily records of patients, including intake and transfers to convalescent homes, and by considering the *lazzaretti* within the context of their spatial arrangements, this chapter offers a deeper analysis of Bologna's public health management strategy during an early modern epidemic. The *lazzaretti*, as part of an interwoven network of structures, were strategically employed as adaptive tools of containment in response to the evolving nature of the epidemic.

This chapter begins by exploring the various classes of *lazzaretti* and whether they were permanent or temporary solutions. Then, the *lazzaretti* network of Bologna will be examined with particular focus on the charitable function of these structures before their use as *lazzaretti* in 1630. A consideration of their likely use according to contemporary floor plans and images, along with an investigation into their locations in relation to the city and major infrastructure through QGIS maps, will form an essential part of the discussion. Next, this chapter will examine the characteristics of the *lazzaretti*, as compared to other institutions and contemporary hospitals, that aided in the success of the network model. Finally, the last part of this chapter confronts these ideal attributes of the *lazzaretti* through a consideration of the various types of encounters within these institutions. Crime, mismanagement and



Figure 3.1. Icilio Calzolari, *Il Lazzaretto visto dall'alto dei bastioni di porta Venezia*, 1882, album print, 375 x 265 mm, Milano, Civico Archivio Fotografico, inv. Albo G116/18.

mortality will reveal the porous boundaries of the network and will expose the diverse experiences of those confronted with life in the *lazzaretti*.

## **The *Lazzaretti* of Italy: Temporary or Permanent Architecture**

Plague hospitals fell into three classes of epidemic response by Italian city officials during early modern outbreaks. The first consisted of the taking over of structures on a temporary basis or creating huts to be destroyed after the plague. The second was the creation of

permanent structures that were only employed during a pandemic, while the third was the development of permanent structures that were consistently used as care facilities both during and between outbreaks.<sup>401</sup>

The most prominent example of the third type of official response is in Venice. There, the state established the “first permanent plague hospital in the world” in 1423, the *lazaretto vecchio*, and a second, the *lazaretto nuovo* in 1456, each of them located on its own island.<sup>402</sup> Many cities sought to emulate Venice, in particular, their administrative approach to epidemics proved worthy of repetition.<sup>403</sup> Other permanent plague hospitals followed shortly, first in the major cities of the Italian Venetian territories, and then

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<sup>401</sup> Stevens Crawshaw, *Plague Hospitals*, 9.

<sup>402</sup> Ibid., 3. According to Stevens Crawshaw, *lazaretto nuovo* was not in operation until 1471. The *lazaretto vecchio* had twenty-four rooms, while the newer hospital had eighty. Ibid., 90. On the islands that held the Lazzaretto Vecchio and Lazzaretto Nuovo in Venice see Vanzan Marchini, *Venezia e i lazaretti mediterranei*; Nelli-Elena Vanzan Marchini, *Venezia e trieste sulle rotte della ricchezza e della paura* (Cierre: Sommacampagna: 2016); David Chambers, Jennifer Fletcher, and Brian Pullan, *Venice: A Documentary History, 1450-1630* (Cambridge, Mass: Blackwell, 1992); Paolo Preto, *Peste e società a Venezia nel 1576* (Vicenza: N. Pozza, 1978: 36-38); Franca Semi, *Gli ‘Ospizi’ di Venezia* (Helvetia, 1983: 131); Francedsco Bianchi, “La Repubblica di Venezia di fronte alla peste e la nascita dei primi lazaretti,” in *Il lazaretto di Verona*, eds. Patrizia Basso, Daniela Bruno, Gian Maria Varanini and Matteo Annibaletto (Milano: Skira, 2021); Gerolamo Fazzini, “La nascita dei Lazaretti e l’organizzazione sanitaria della Repubblica di Venezia,” in *Il lazaretto di Verona*, eds. Patrizia Basso, Daniela Bruno, Gian Maria Varanini and Matteo Annibaletto (Milano: Skira, 2021)

<sup>403</sup> Ibid., 37.

in Milan, Naples and Genoa all by the mid-fifteenth century.<sup>404</sup> These permanent plague hospitals were created in cities that, according to Henderson, “reflect their position as centres of commercial exchange,” particularly because these buildings functioned as quarantine facilities for foreign goods and people coming from places suspected of plague even where plague was not present in their cities.<sup>405</sup>

The capacity of these permanent hospitals often proved inadequate during epidemics and other solutions were sought to house the sick. Indeed, despite Venice’s permanent plague facilities that were in consistent use as quarantine centres, a significant proportion of the population perished when plague struck the city in 1575-77 and 1630-31.<sup>406</sup>

Temporary solutions were often necessitated. Milan’s famous Lazzaretto di San Gregorio was the largest permanent plague hospital in Italy (Fig. 3.1).<sup>407</sup> Despite its

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<sup>404</sup> Stevens Crawshaw, “The Renaissance Invention of Quarantine,” 162-3.

<sup>405</sup> Stevens Crawshaw, *Plague Hospitals*, 210-18.

<sup>406</sup> Approximately 50,721 people died out Venice’s 170,000 occupants. ASVen (*Archivio di Stato, Venice*) Secreta, MMN 95 164r., as cited in Stevens Crawshaw, *Plague Hospitals*, 9-10.

<sup>407</sup> The complex had approximate dimensions measuring 368 metres in length and 370 metres wide, Henderson, *Florence Under Siege*, 183. The facility was constructed in 1488 as a one level square with a very large inner courtyard centred around a chapel. The immense scale of the hospital compound and the enormity of the church of San Carlo al Lazzaretto at the centre of the courtyard, are pictured in Icilio Calzolari’s nineteenth-century photograph.

size, at the time of the 1630 plague, it was overrun with sick, which forced officials to find interim solutions. The result was the construction of wooden huts to house the nearly 16,000 ill people inside the walls of the existing *lazaretto* complex.<sup>408</sup> These numerous wooden huts are depicted lining the interior walls of Giovanni Francesco Brunetti's print, *Vero disegno con le misure giuste del grande lazaretto di S. Gregorio di Milano, come si trovava nel tempo della Gran Peste nel'anno 1630*, from the 29<sup>th</sup> of January, 1631 (Fig. 3.2, 3.3 and 3.4).

The creation of temporary housing was an accepted practice in early modern Italy during an emergency event. Temporary housing, frequently in the form of tents, was a solution employed during natural disasters, much like today.<sup>409</sup> In Bologna, for instance, after the major earthquake of 1504, tents were used to house those displaced by the disaster.<sup>410</sup> Amid the major plague outbreak of 1575 in Venice, the city took over 3,000 ships to

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<sup>408</sup> Palmer, "The Control of Plague in Venice and Northern Italy," 190-3, as cited in Henderson, *Florence Under Siege*, 183-184.

<sup>409</sup> On refugee housing see Nevola, "Urban Responses to Disaster in Renaissance Italy," 59-74; On the use of tents after a devastating earthquake in Naples in 1456 and after an earthquake in Siena in 1467, see Fabrizio Nevola, *Street Life in Renaissance Italy* (Yale University Press, 2020), 93-95; earthquake in Siena in 1467 also resulted in the use of tents for temporary housing.

<sup>410</sup> Nevola, *Street Life in Renaissance Italy*, 96. Nevola notes that the drawing, *The Earthquake of 1505*, residing in the government building Palazzo d'Accursio in Piazza Maggiore, Bologna, depicts these tents.

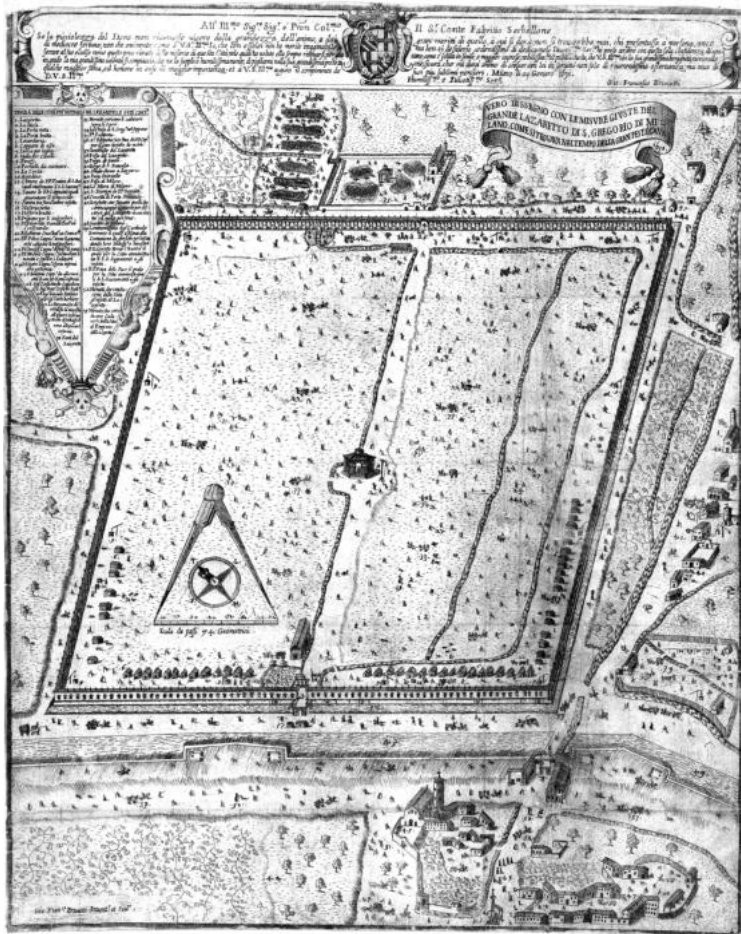


Figure 3.2. Giovanni Francesco Brunetti, “Vero disegno con le misure giuste del grande lazaretto di S. Gregorio di Milano, come si trovava nel tempo della Gran Peste nell’anno 1630”, from the 29<sup>th</sup> of January, 1631.

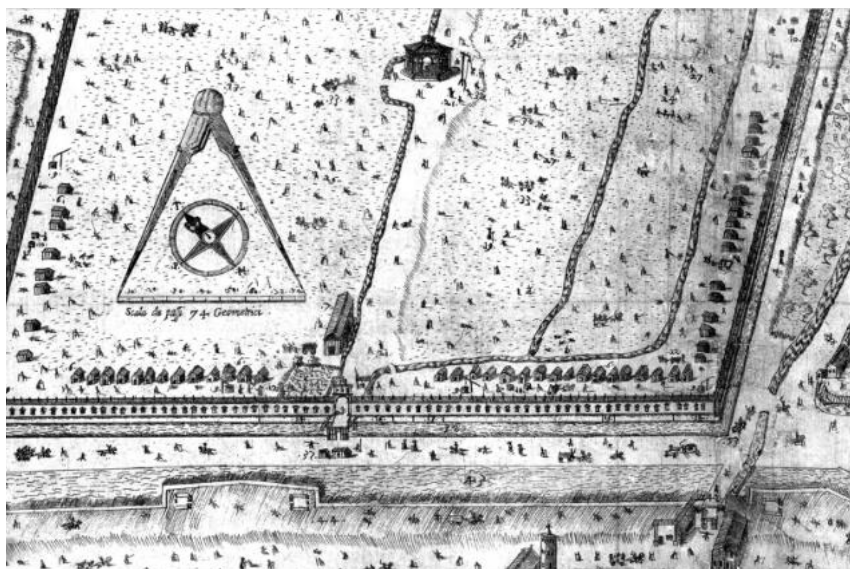


Figure 3.3. Detail of figure 3.2 depicting Milan's city walls, the moat, southern entrance *La Porta netta*, the garden, huts, canals, church and gallows.

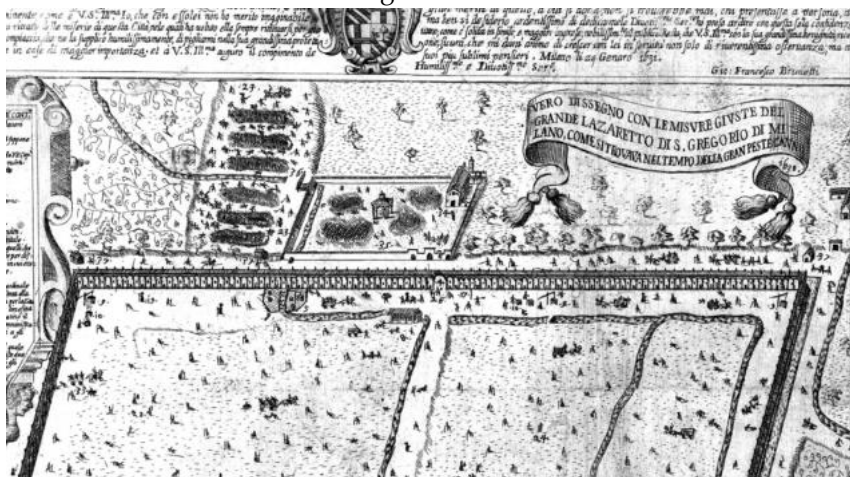


Figure 3.4. Detail of figure 3.2 depicting the northern side of the complex, *la Porta brutta*, the laundry, graveyard, sentinels, in Giovanni Francesco Brunetti's print.

house approximately 10,000 patients.<sup>411</sup> Beyond Venice, there were two preferred temporary structural types chosen for plague outbreaks in early modern Northern Italy: huts and requisitioned buildings.

Huts were cheap, quick to build, and could be easily dismantled after the period of plague. Verona employed huts in the plague of 1577 to divide the ill from the rest of the population.<sup>412</sup> During the Venetian outbreaks in 1598-99 and 1630, huts were also used for the sanitation of goods entering the city.<sup>413</sup> Contemporary Francesco Sansovino positively remarked on the *lazzaretto vecchio* noting what a “marvellous sight of the wooden huts constructed on the Lido” and that these “had the form of a new city.” He expressed that the sight of the *lazzaretto* “had a pleasant and jolly aspect (*per altro di grato, et giocondo aspetto*)” and that the “souls which could have been terrified at the sight of so much sickness, did not feel oppressed or occupied by extreme pity and pain.”<sup>414</sup> In Bologna, contemporary writer, Pietro Moratti, recorded that in 1630 there was a request that each town surrounding Bologna

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<sup>411</sup> Luca di Giovanni di Luca Targioni, “Relazione della Peste di Firenze negli Anni 1630 e 1631, scritta da Luca di Giovanni di Luca Targioni” in *Notizie degli aggrandimenti delle scienze fisiche: accaduti in Toscana nel corso di anni LX del secolo XVII* (Florence: Giovanni Targioni Tozzetti, 1780), 111, 300, as cited in Henderson, *Florence Under Siege*, 184.

<sup>412</sup> Stevens Crawshaw, *Plague Hospitals*, 24-25.

<sup>413</sup> *Ibid.*, 48, 215.

<sup>414</sup> Francesco Sansovino, *Venetia città nobilissima et singolare: descritta in XIII libri* (Venice, 1663), book five, as cited in Stevens Crawshaw, *Plague Hospitals*, 48-9.

required to construct huts to isolate the sick during their recovery.<sup>415</sup> Moreover, the use of huts was a prominent design feature in Bologna's Nuovo Lazzaretto, which is explored in the following chapter. Without a permanent plague hospital, city officials in Florence established "shanty towns" for the sick placed beyond the city's walls during two outbreaks in 1522-23 and 1526-27.<sup>416</sup> Fulvio Giubetti, Florence's chancellor of health, wrote in his treatise on the plague of 1630 that in order to create plague hospitals "it is possible to adapt buildings which are already extant or construct huts in open spaces in the countryside".<sup>417</sup>

The majority of early modern plague hospitals were converted structures. These consisted mainly of monasteries and military structures that benefitted from

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<sup>415</sup> Moratti, *Racconto degli ordini*, 85. Moratti also records that the necessary provisions for the sick were to be drawn first from the sick person's assets, and then the commune's assets.

<sup>416</sup> Henderson, *Florence Under Siege*, 186.

<sup>417</sup> Fulvio Giubetti, *Il cancelliero di sanità, cioè notizie di provisioni e cose concernenti la conservazione della sanità contro al contagio della peste cavate da suoi autori* (Florence, 1630), 28-29, as cited in Henderson, *Florence Under Siege*, 195. Original reads: "devono essere circondati di muraglie o di fosse in modo che quelli che vi sono dentro non ne possino uscire a volontà loro e non essendone de' fatti a posta, si possono fare con pigliare de luoghi fatti, ovvero fare delle capanne in luoghi aperti e alla campagna", as cited in Henderson, 319, note 62. Following the Italian example, in 1665 the city of London employed huts to be added to their plague facility to house the great number of victims. See Moote and Moote, *The Great Plague*, 191.

their locations outside cities and on the borders of towns.<sup>418</sup> Other large spaces adopted as temporary hospitals included castles and churches in rural locations.<sup>419</sup>

Monastic structures, as were primarily employed in Bologna, were ideally designed for conversion into hospitals. As large enclosed spaces equipped to house significant numbers of residents, these building complexes could be transformed quickly and at a low cost. They were intended to be confined spaces, normally located outside cities and were walled, making them more straightforward to guard and impede movement in and out. As noted by Stevens Crawshaw, a degree of fortification normally characterised monastic complexes, ensuring that when utilised as plague hospitals, patients could be kept locked inside while also keeping people out.<sup>420</sup>

The existing segregated spaces found in a monastic structure which consisted of dormitories, infirmary, refectory and kitchen, bathing quarters, workplaces and other outbuildings, were also important for their uses as *lazzaretti*. Once converted, these spaces could offer the physical separation between adults and children,<sup>421</sup> as well as between genders, which was in keeping with the ideal

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<sup>418</sup> Stevens Crawshaw, *Plague Hospitals*, 70.

<sup>419</sup> *Ibid.*, 71.

<sup>420</sup> *Ibid.*, 71.

<sup>421</sup> Stevens Crawshaw has noted that in Venice, children were provided for in different spaces than adults within the plague hospital. *Ibid.*, 172.

practice of the time.<sup>422</sup> Additional necessities that would have been readily available included access to a chapel, clean water, a waste management system, as well as close proximity to a graveyard. Larger monasteries were often designed with the benefit of inner courtyards including a cloister and garden spaces, offering increased airflow.<sup>423</sup> The building height of ecclesiastical structures requisitioned in Florence, such as the churches of San Miniato and San Francesco al Monte, were considered an asset by contemporaries.<sup>424</sup>

Florence is a comparative model for Bologna for the strategy of requisitioning structures on a temporary basis. The city had a designated place, founded before the 1630 outbreak, for the quarantining of goods from places

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<sup>422</sup> Eunice Howe, "The Architecture of Institutionalisation: Women's Space in Renaissance Hospitals" in *Architecture and the Politics of Gender*, ed. Helen Hills (London: Routledge, 2003), 64.

<sup>423</sup> Filarete's creation for the Ospedale Maggiore in Milan included rooms overlooking courtyards abundantly lit with windows, offering airflow for the ill, see Howe, "The Architecture of Institutionalisation," 69; Stevens Crawshaw has pointed out in her study of Venetian hospitals that a benefit of monastic structures was that monasteries normally did not have glazing and were only protected by shutters permitting fresh air, see Stevens Crawshaw, *Plague Hospitals*, 71; In Florence, Henderson demonstrated that ventilation in the *lazzaretti* was of paramount concern of the health officials facing plague in the 1630 outbreak, who put efforts towards altering the hospital structures to add or customize windows, see Henderson, *Florence Under Siege*, 197.

<sup>424</sup> Henderson illustrates that these spaces permitted sufficient airflow and "enabled the infected breath of plague victims to be dispersed," but even these buildings had their windows adapted for ventilation control. See Henderson, *Florence Under Siege*, 197.

suspected of plague before they entered Florence.<sup>425</sup> However, Florence did not have an active permanent plague hospital when plague arrived in the city in 1630.<sup>426</sup> This necessitated the commandeering of religious, private and civic structures as temporary *lazzaretti*.<sup>427</sup>

The city of Florence requisitioned fourteen structures as plague hospitals, convalescent and quarantine spaces characterised by Henderson as a “well-coordinated system.”<sup>428</sup> The requisitioned buildings included villas, ecclesiastical structures, and the fortress and church of San Miniato became the central *lazzaretto*, for a total capacity of approximately two-thousand-five-hundred patients.<sup>429</sup> Henderson has noted that there was a “close and interdependent connection” between the city’s main *lazzaretti* and quarantine centres.<sup>430</sup> These institutions were the most crucial in this network, with each located outside of the city and holding different roles depending on their

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<sup>425</sup> According to Henderson, this was located at San Marco Vecchio. Henderson, *Florence Under Siege*, 186.

<sup>426</sup> The city of Florence began construction on a facility dedicated to the care of plague patients in 1479, completed in 1494. Henderson, “Coping with Epidemics in Renaissance Italy,” 182. Henderson notes that this hospital was limited in scale with a capacity for twenty-six plague victims, proving the structures inadequate for the first plague event following the establishment of the facility. Henderson, *Florence Under Siege*, 186.

<sup>427</sup> *Ibid.*

<sup>428</sup> *Ibid.*, 195. See Map 4.1 showcasing many of these requisitioned structures on the outskirts of the city, page 87.

<sup>429</sup> *Ibid.*, 193.

<sup>430</sup> *Ibid.*, 218.

function.<sup>431</sup> The city had four main *lazzaretti*,<sup>432</sup> as well as, important quarantine centres.<sup>433</sup>

The creation of a network of *lazzaretti* in Bologna established in 1630 similarly included a series of requisitioned buildings. This system of connected structures evolved over time, retracting and expanding according to need. At the height of the outbreak a total of eleven structures with two main *lazzaretti* and three central convalescing and quarantine spaces.

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<sup>431</sup> See *Ibid.*, 87, Map 4.1 for the locations of these structures.

<sup>432</sup> This included Messer Bonifazio, which was the first to be used as a plague hospital in 1630 plague, the fortress and convent of San Miniato al Monte, the convent of San Francesco al Monte used as a quarantine centre and *lazzaretti* and Badia Fiesolana. The Fortress of San Miniato al Monte in the hills of Florence was requisitioned as a *lazzaretto* during the 1630-31 plague. The fortress and the accompanying buildings were enclosed sitting on a hill outside the city walls of Florence. *Ibid.*, 188, 194-5, 205, and Rondinelli, *Relazione del contagio stato in Firenze l'anno 1630 e 1633*, 40, as cited in Henderson, *Florence Under Siege*, 193.

<sup>433</sup> These included: the requisitioned Villa Rusciano, convent of San Domenico, and the convent San Marco Vecchio. San Marco Vecchio was used specifically for isolating those who were suspected but not sick with plague. *Ibid.*, 187, 195, and Rondinelli, *Relazione del contagio stato in Firenze l'anno 1630 e 1633*, 48, as cited in Henderson, *Florence Under Siege*, 194.

## Shifting Places and Spaces: The *Lazzaretti* Network of Bologna

The new *lazzaretti* network owed much of its existence to the extant network of charitable institutions and hospitals already in place.<sup>434</sup> Sixteenth-century records of care institutions in Bologna reveal that only three sites were cited as serving the sick:<sup>435</sup> Ospedale di Santa Maria

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<sup>434</sup> These sites had specific mandates as hospitals, orphanages and work houses for the poor, directing care accordingly. For example, the Ospedale di San Giobbe cared for those suffering from venereal diseases, see *Ordinazioni generali per il buon governo di tutti gli Hospitali della Città & Diocesi di Bologna*, Biblioteca Comunale dell'Archiginnasio di Bologna, Gozzadini 243, n. 1, 15-16, as cited in Paolo Savoia, "The Book of the Sick of Santa Maria della Morte in Bologna and the Medical Organization of a Hospital in the Sixteenth-Century," *Nuncius* 31, no.1 (2016): 167; Ospedale dei SS. Pietro e Procolo, also known as Ospedale degli Esposti, operated as an orphanage. For more on the institutions of orphanages in Bologna and Florence see Terpstra, *Abandoned Children of the Italian Renaissance*; Institutions with charitable mandates included facilities that catered to those who fell ill while on pilgrimage to the city. These were Ospedale di San Francesco and Ospedale di San Biagio, also known as Ospedale di Santa Maria dei Servi. Terpstra, *Abandoned Children of the Italian Renaissance*, 180; On charitable houses that encompassed schools for girls, such as the Conservatorio di San Giuseppe, which supported young women until they could be married, see Terpstra, *Cultures of Charity*, 216. For more on the practice of conservatories in Bologna see 225, 241.

<sup>435</sup> *Ordinazioni generali per il buon governo*, 15-16, as cited in Savoia, "The Book of the Sick of Santa Maria della Morte," 167.

della Morte,<sup>436</sup> Ospedale di Santa Maria della Vita,<sup>437</sup> and the Ospedale dei Mendicanti, known as Ospedale di San Gregorio (Map 3.1).<sup>438</sup> Della Vita and della Morte, located within the city, supported the plague hospital network by taking in the overflow of patients suffering from non-plague related ailments.<sup>439</sup> Ospedale di San Gregorio was the only structure situated beyond the walls of the city.

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<sup>436</sup> Ospedale di Santa Maria della Morte, off of Piazza Maggiore, cared for the sick and devoted its resources to provide relief to convicts sentenced to hanging. See Savoia, "The Book of the Sick of Santa Maria della Morte," 167. For more on the thirteenth and fourteenth-century developments of the hospital, Santa Maria della Morte, on how it was publicly funded and its strong connection to the university as a supplier of cadavers, see Savoia, 168, 179. The hospital was located at Portico della Morte, Galleria Cavour and today's Museo Civico Archeologico. See Bocchi, "Shaping the City," 95.

<sup>437</sup> The hospital was located on block from via Clavature and via Pescherie Vecchie and along Vicolo Ranocchi, next to Santa Maria della Morte. For more information see the archival records pertaining to the property owned by Ospedale di S. Maria della Vita collected in a late sixteenth-century property survey. See Archivio di Stato di Bologna, Demaniale, Ospedale di S. Maria della Vita, Campione, serie X, 14 (248): 1585-1601, c. 211 (205).

[http://www.centrofasoli.unibo.it/cd\\_bo/fonti\\_iconografiche/S%20Maria%20Vita/generale/home%20s%20maria%20vita.html](http://www.centrofasoli.unibo.it/cd_bo/fonti_iconografiche/S%20Maria%20Vita/generale/home%20s%20maria%20vita.html)

<sup>438</sup> Ospedale dei Mendicanti was known as Ospedale di San Gregorio from 1572, Terpstra, *Cultures of Charity*, 42.

<sup>439</sup> Anonymous representatives from Quartiere di San Pietro Maggiore to government officials. Anonymous, ASV, Bologna, 282, ff. 109, as cited in Brighetti, *Bologna e la peste del 1630*, 240. Della Morte is also named as a weekly meeting place for city quarter officials and Assunti di Sanità to share information on the numbers of sick and to communicate management strategies.

Owned by the foundation Opera Pia dei Poveri Mendicanti,<sup>440</sup> Ospedale di San Gregorio, alongside its neighbouring complex, Ospedale di Sant'Orsola,<sup>441</sup> served as transitory convalescent homes during the plague of

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<sup>440</sup> The foundation has been described by Terpstra as a “multifaceted welfare service” that was responsible for providing aid to the poor through various charitable institutions from its establishment in 1560. Terpstra, *Cultures of Charity*, 22. During the plague of 1630, the foundation provided support to the poor. The city had a system to identify those in financial need through an auditing process. If citizens could prove they were healthy through a *fede di sanità* (health certificate), the poor were provided with certification to be admitted to receive food and support from the Opera Pia dei Poveri Mendicanti. See *Ordine a voi rever. Curato o rettore e a voi assonti della parrocchia di S...*, August 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 105.

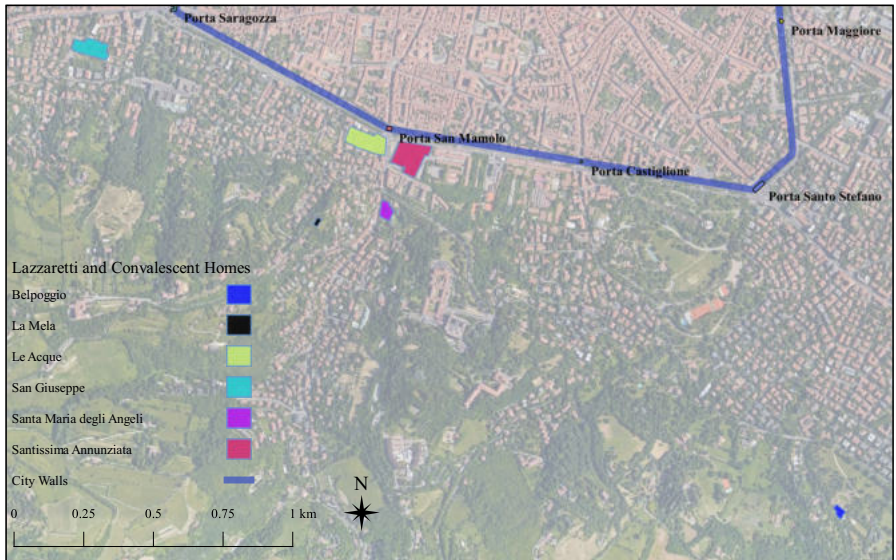
<sup>441</sup> On the history of Sant'Orsola and San Gregorio see Mario Fanti, “Sant'Orsola e San Gregorio: due monasteri medievali all'inizio della storia di un grande complesso ospedaliero,” in *Il Sant'Orsola di Bologna, 1592-1992*, ed. Raffaele A. Bernabeo (Bologna: Nuova Alfa, 1992), 21-38. According to Fabio Giusberti, Sant'Orsola was already employed some years earlier to care for the sick and was dedicated to Saint Sebastian and Saint Rocco. Fabio Giusberti, “Tra povertà e malattia il Sant'Orsola a Bologna dal XVII al XVIII secolo,” in *Il Sant'Orsola di Bologna, 1592-1992*, ed. Raffaele A. Bernabeo (Bologna: Nuova Alfa, 1992), 39.

### The Lazzaretti Network of Bologna (1630-1)



Map 3.1. The *Lazzaretti* Network of Bologna. Map created using QGIS by author.

### Main Lazzaretti of Bologna (1630-1)



Map 3.2. The Main *Lazzaretti* Hospitals of Bologna. Map created by author using QGIS.

Convento della Santissima Annunziata	Major plague hospital for women	via San Mamolo, 2, 40136 Bologna
Convento di Santa Maria degli Angeli	Already existed as an orphanage before conversion into major <i>lazzaretto</i> for men	via San Mamolo, 24, 40136 Bologna
Casa della Mela	Major convalescent home	via dell'Osservanza, 64, 40136 Bologna
Belpoggio	Private villa outside Porta San Stefano that functioned as a major convalescent home	via Siepelunga, 34, 40141 Bologna
Convento di San Giuseppe	Functioned as a short-term shelter for poor young women before conversion into a major convalescent home	via Bellinzona, 6, 40135 Bologna
Convento dei SS. Girolamo ed Eustachio, called "Le Acque"	Administrative offices for <i>Lazzaretti</i> officials	via San Mamolo, 15.
Sant'Orsola	Existing Hospital that was in process of transformation into Nuovo Lazzaretto (never completed) and played role as minor convalescent home	The church of Sant'Orsola survives on via Giuseppe Massarenti, 14a, 40138 Bologna
San Gregorio	Existing Hospital that was in process of transformation into Nuovo Lazzaretto (never completed)	Was situated by Chiesa di San Gregorio dei Mendicanti, via Carlo Alberto Pizzardi, 1, 40138 Bologna
Santa Maria della Misericordia	Minor convalescent home	Piazza di Porta Castiglione, 4, 40136 Bologna
San Paolo di Ravone	Minor convalescent home	Chiesa di San Paolo di Ravone, via Andrea Costa, 89, 40134 Bologna
Maccagnano	Quarantine facility for people and goods coming from outside of Bologna	via Bovi Campeggi
Castelfranco Emilia	<i>Lazzaretto</i> outside Bologna	unknown location in Castelfranco Emilia, Modena

1630-31.<sup>442</sup> San Gregorio, along with Sant'Orsola, Santa Maria della Vita and della Morte, formed part of an existing network of care institutions in operation well before the 1630 outbreak. These institutions did not function autonomously. They were part of a larger system that organised the continuous transfer of patients and staff between the relevant institutions in order to arrange patient care. The requisitioning of additional buildings was enacted to fill urgent gaps in this existing web of care and charitable institutions.

At the beginning of the plague in May 1630 Cardinal Spada and the Senate of Bologna established three hospital sites. One was opened as a quarantine space for those suspected of illness in a large house, Palazzo dei Signori Manzoli. This site was situated outside of Porta Strada San

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<sup>442</sup> Di Paolo Masini's 1666 chronicle records that San Gregorio served as a convalescent home. However, San Gregorio, does not appear in Orimbelli's records of patient transfers from the main *lazzaretti*, where Sant'Orsola's role as a convalescent home is only mentioned once. *Libro di dare et avere* describes that on 3<sup>rd</sup> of November 1630, two women were dismissed from Annunziata to Sant'Orsola to conduct a period of quarantine. Orimbelli, *Libre di dare et avere*, 177r-v; di Paolo Masini, *Bologna Perlostrata*, 117. Other primary evidence suggests that San Gregorio and Sant'Orsola housed patients sick with non-plague related illnesses before the site was appropriated for the Nuovo Lazzaretto. An edict produced in August 1630 describes that patients with non-plague related illness were relocated to other institutions in order that the structures be used as part of the Nuovo Lazzaretto complex *Esortazione all'Elemosina e alla Contribuzione per gli urgenti bisogni della città e per la quarantena generale*, 4<sup>th</sup> of August, 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 107.

Stefano on the hill called Belpoggio.<sup>443</sup> The site remained throughout the epidemic as a convalescent and quarantine home referenced in primary documents simply as Belpoggio (Table 3.1). A second property that serviced the surrounding countryside was opened in Castelfranco Emilia.<sup>444</sup> This property was some distance outside the city, and was not mentioned in the primary documents pertaining to patient transfers from Bologna.<sup>445</sup> The third site near the city was Maccagnano, located outside of Porta Lama along the Canale Naviglio.<sup>446</sup> Maccagnano had been previously employed as a *lazzaretto* during the plague of 1576, but when the epidemic first hit Bologna in 1630, it was used for quarantining those coming from infected areas outside of Bologna.<sup>447</sup> Maccagnano was also a designated site for the quarantining of goods that arrived into the city by canal. The duration of quarantine for

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<sup>443</sup> Moratti, *Racconto degli ordini*, 5. This structure is referred to today as Villa Hercolani on Via Siepelunga, 34, 40141 Bologna.

<sup>444</sup> Ibid.

<sup>445</sup> The only mention of a transfer to this location is of the doctor Gio. Polani who was transferred from Castelfranco *lazzaretto* to Angeli. Ibid., 33.

<sup>446</sup> Ibid., 6. The location of the building was on today's via Bovi Campeggi, outside Porta Lama, see Angelo Zanotti, "Info storiche Canali: Il Canale Navile", *Canali di Bologna*, 2022, accessed 15<sup>th</sup> of January, 2022, <https://www.canalidibologna.it/it/storia-canale-navile.php>.

<sup>447</sup> Archivio di Stato, Bologna, *Minute di Lettere, Assunti della Sanita all'Ambasciatore*, vol. 32, f. 115 r., as cited in Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 232; Brighetti, *Bologna e la peste del 1630*, 62.

imported goods was determined by the product and ranged for four days for fruits and vegetables and up to forty days for goods containing cotton and wool.<sup>448</sup> Few other primary documents register Maccagnano and it was likely used primarily for commercial purposes.

These three early structures reflect a desire to categorise quarantine patients according to one key risk factor, their origin. Belpoggio quarantined Bolognese citizens, Castelfranco took in those from the outskirts of the Bolognese territory, and Maccagnano was a location deemed exclusively for foreigners. This categorisation aimed to limit exposure within the city, protect citizens from contracting the contagion from outside sources, and reduce crossover between groups. A few weeks into the epidemic, infection rates in Bologna quickly necessitated spaces beyond these three basic quarantine facilities, spurring the Bolognese government to seek additional solutions.

The Assunteria di sanità (health officials) met on 1<sup>st</sup> of June 1630 to specifically address the need for further plague facilities. These meeting records state that Belpoggio would be used for convalescents, Convento di Santa Maria degli Angeli for the sick, and another site, Convento di San Giuseppe, for those suspected of

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<sup>448</sup> *Le merci che vengono dalla Lombardia e dalla Toscana dovranno andare al Leoncino, luogo adibito alla loro pulizia, quelle che vengono via acque invece al Macagnano, 29th of March, 1631, as cited in Malpezzi, Lugaresi, and Spada, I bandi di Bernardino Spada, 156-7.*

plague.<sup>449</sup> As the number of sick began to rise, the city's health officials visited areas outside the city's walls that could serve as potential sites for plague hospitals on the 15<sup>th</sup> of June 1630.<sup>450</sup> The Assunteria di sanità identified that the large complex of Convento della Santissima Annunziata, situated closely to Angeli, was the most appropriate space to expand, and it opened on the 16<sup>th</sup> of June 1630.<sup>451</sup> Before this date, records show that Angeli housed both male and female patients.<sup>452</sup> Shortly after the monks were transferred out of Annunziata, Moratti records that at least three-hundred women who were already residing in Angeli *lazzaretto* were transferred down the street to Annunziata.<sup>453</sup> The formation of Annunziata resulted in the creation of two designated locations that would divide the sexes.

At the height of the epidemic, the city established two main *lazzaretti*: Convento di Santa Maria degli Angeli and Convento della Santissima Annunziata. Additionally, they formed three main convalescent homes: La Mela, Convento di San Giuseppe, and Belpoggio, and finally the central administrative office, Le Acque. The minor convalescent and quarantine spaces were Maccagnano, San

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<sup>449</sup> Assunteria di Sanità, sec. XVI - sec. XVIII, Atti 1630-1795, reg. 1 verbali delle sedute, Archivio di Stato di Bologna, document page 3; Also mentioned in Anonymous, ASV, Bologna, 282, f. 125 r., as cited in Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 233.

<sup>450</sup> Moratti, *Racconto degli ordini*, 7.

<sup>451</sup> *Ibid.*, 6.

<sup>452</sup> *Ibid.*, 6.

<sup>453</sup> *Ibid.*, 11.

Gregorio, Santa Maria della Misericordia, and San Paolo di Ravone. As mentioned, Sant'Orsola and San Gregorio hospitals were intended to play a much larger role as part of the newly formed *lazzaretto*, although incomplete by the end of the epidemic (Map 3.1 and 3.2 & Table 3.1).

The newly established *lazzaretti* network, including the hospitals and convalescent homes, was formed by a system of connected buildings located directly outside the walls. The central plague hospitals of Annunziata and Angeli belonged to a grouping of sites located outside of Porta San Mamolo within proximity to each other, and to the administrative offices as well as to La Mela (Map 3.2). The San Mamolo gate was on a main artery of the city, via San Mamolo, making these structures easily accessible by road. This situation facilitated the movement of supplies and people to travel to and from the *lazzaretti* into the city and between each individual complex.

Once the decision for the location of the two main *lazzaretti* was settled, additional surrounding structures were subsequently taken over for the use of the hospitals and convalescent homes.<sup>454</sup> The homes and shops nearby Annunziata, Angeli and La Mela, were emptied of their occupants as city officials prepared to create a red zone for the plague hospitals.<sup>455</sup> The administrative officials resided in the convent SS. Girolamo ed Eustachio of the Jesuits, known as le Acque, near to the main *lazzaretti* for the

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<sup>454</sup> Ibid., 8.

<sup>455</sup> Ibid., 8.

duration of the epidemic.<sup>456</sup> The director of the *lazzaretti*, the Jesuit Orimbelli, managed the plague hospitals from this location until his death in October 1630.<sup>457</sup>

Vital archival data on the most important *lazzaretti* structures is gleaned by their inclusion in patient intake and outtake records from Orimbelli's ledger, *Libro di dare et avere*. A transcribed copy of these registers has been reproduced in full in Table 3.2 at the end of this chapter. The most detailed and complete records from this accounts book exist for Angeli, Annunziata and La Mela. Also present in the ledger are records for San Giuseppe and Belpoggio but with less frequency. The most significant structures to the administration, as reflected in the level of record keeping, were clearly the *lazzaretti* that took active cases of plague: Angeli and Annunziata. La Mela, is also named frequently as a convalescent home.

### Main *Lazzaretti*: Angeli & Annunziata

As already noted, the two main *lazzaretti* of Bologna active during the 1630-31 plague, Angeli and Annunziata, were converted monastic structures dating from the fifteenth century. Both buildings remain intact today. While we do not know exactly how these spaces were employed during plague, a great deal of information can be gathered on the likely uses of their spaces from the floor plans.

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<sup>456</sup> Ibid., 7. Convento delle Acque was located outside Porta San Mamolo on via San Mamolo, 15.

<sup>457</sup> Orimbelli died on the 8<sup>th</sup> of October, 1630, and then Padre Fabrizio Franceschini took over the management of the hospitals. Ibid., 95-6.



Figure 3.5. Ex Convento di Santa Maria degli Angeli, photograph taken by author, September 2020.

The *lazzaretto* known as Angeli consisted of a ground level, first floor, plus attic monastic structure. It is still in use today as a library and cultural institute (Fig. 3.5). Angeli has a history as a care institution, founded in 1450 as an orphanage.<sup>458</sup> In the early modern period it comprised of one inner courtyard with a porticoed cloister design (Fig. 3.6). Early modern hand-drawn floor plans show that the exterior boasted an enclosed garden with portico around the entrance of the church, labelled “A” on

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<sup>458</sup> Terpstra, “Confraternities and Civil Society,” 390.

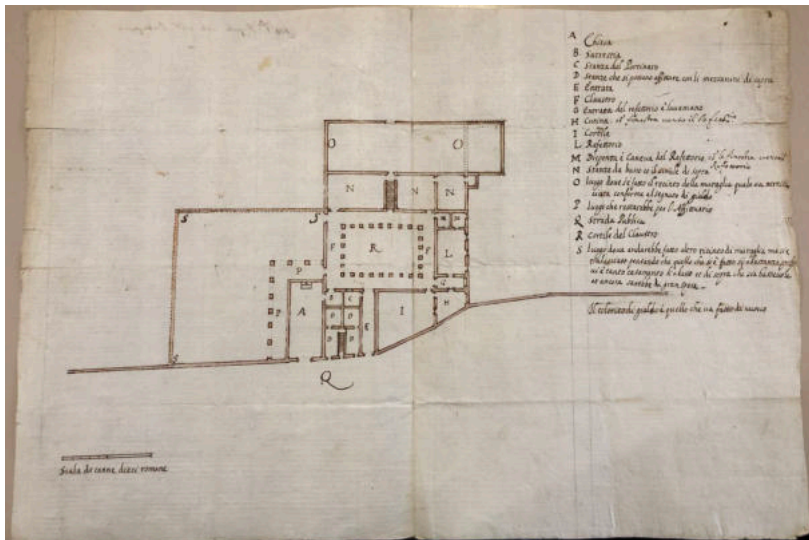


Figure 3.6. Anonymous. "Pianta del convento di S. Maria degli Angeli, trasformato in lazaretto nel 1630." In *Corporazioni religiose soppresse 922 - Sec. XIX*. Archivio di Stato di Bologna, fondo Collegio Montalto, 103-7324, ink on paper, undated.

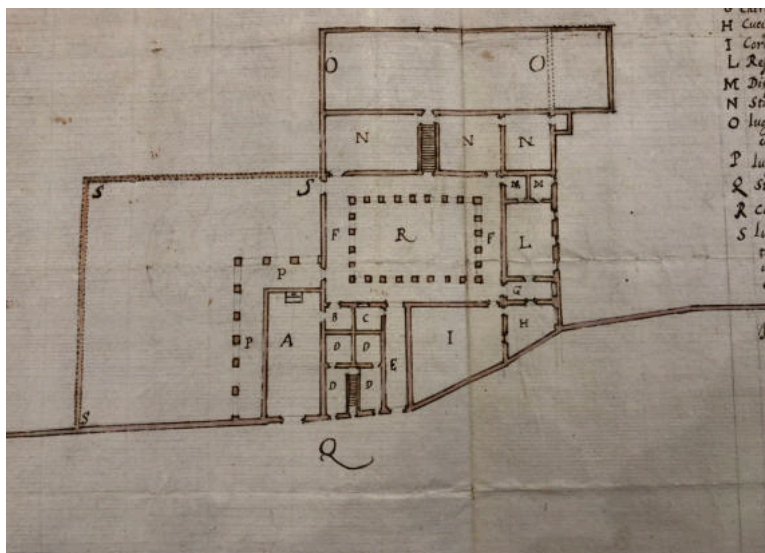


Figure 3.7. Detail of figure 3.6.

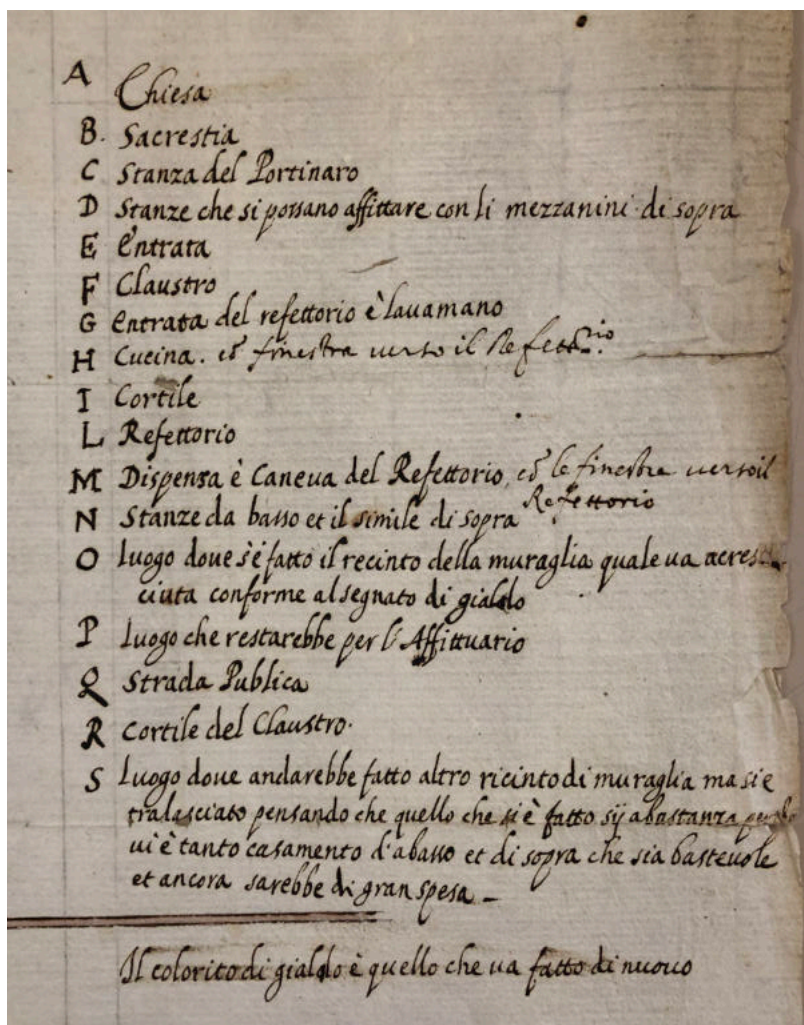


Figure 3.8. Detail of figure 3.6.

Table 3.3. Transcription of “Pianta del convent di S. Maria deli Angeli, trasformato in lazzaretto nel 1630.”

A	Chiesa (church)
B	Sacrestia (sacristy)
C	Stanza del Portinaro (porter’s room)
D	Stanze che is possano affittare con li mezzanini di sopra (room that can be rented with the mezzanine upstairs)
E	Entrata (entrance)
F	Claustro (cloister)
G	Entrata del refettorio i lavamano (entrance to the refectory and washbasin)
H	Cucina e finestre verso il refettorio (kitchen windows towards the refectory)
I	Cortile (courtyard)
L	Refettorio (refectory)
M	Dispensa è caneva del refettorio, e le finestre verso il refettorio (the dispensary and cellar of the refectory, windows onto the refectory)
N	Stanze da basso et il simile di sopra (lower rooms similar to those above)
O	luogo dove s’è fatto il recinto della muraglia quale va accresciuta conforme al segnato di giallo (place where the enclosure of the wall was built which must be increased in accordance with the yellow mark)
P	Luogo che restarebbe per li affittuario (Place that would remain for the tenant)
Q	Strada publica (public road)
R	Cortile del claustro (courtyard of the cloister)
S	Luogo dove andrebbe fatto altro ricinto di muraglia ma sie tralasciato pensando che quello che si è fatto sij abastanza perche vi è tanto casamento d’basso et di sopra che sia bastevole et ancora sarebbe di gran spesa. (Another place would have to be enclosed with a wall but it was left out thinking that what was done is enough because there is so much lower and upper building that is sufficient and would still be of great expense.)

Figure 3.7. The description on the plan shows that the ground floor also included the sacristy, porter's room, kitchen, refectory, dispensary and canteen, with supplementary spaces for its occupants (Fig 3.7 and Table 3.3). Although not depicted, additional rooms on the upper floor are mentioned by the creator of the floor plan,<sup>459</sup> likely for the dormitory. As demonstrated by the photos and floor plans, Angeli did not offer substantial space as a hospital. The enclosed inner courtyard took up a fair amount of space. Likely every room, including the church, was utilised for patients, resident hospital staff, and other hospital tasks, such as purification and cleaning. The floor plan also reveals a significant outdoor area indicated as "S" (Fig. 3.7). However, the inscription suggests that the intention to wall off the garden enclosure was never fully realised (see "S" in Fig. 3.8 and Table 3.3). With the inner courtyard and garden, Angeli could have offered a fair bit of exterior space for hospital activities.

The daily records of *Libro di dare et avere* demonstrate there were rarely less than 200 men in Angeli in one day. By the end of July, the number of patients rose steadily, frequently exceeding 300 male patients (Chart 3.1). The data for August is incomplete. Even so, Angeli most often had over 300 patients at one time, with peak days reaching 433 patients (Chart 3.2). It is difficult to imagine how that

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<sup>459</sup> Anonymous, "Pianta del convento di S. Maria degli Angeli, trasformato in lazzaretto nel 1630," in *Corporazioni religiose soppresse* 922 – Sec. XIX, Archivio di Stato di Bologna, fondo Collegio Montalto, 103-7324, ink on paper, undated.

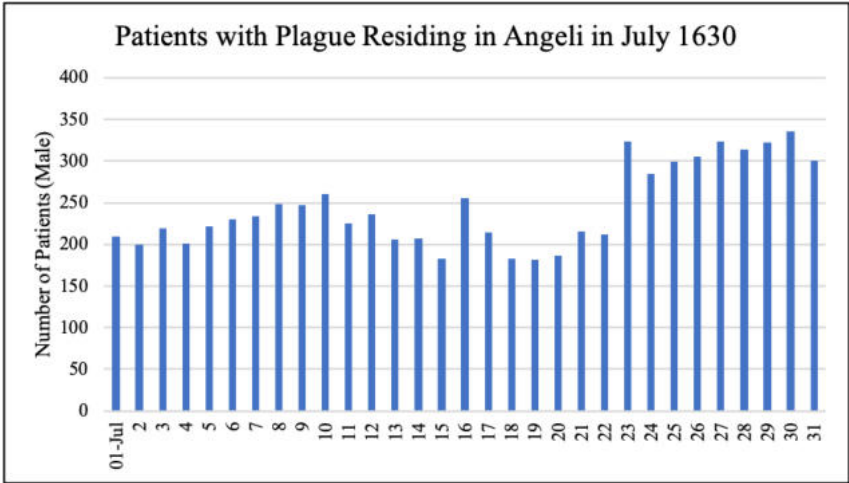


Chart 3.1

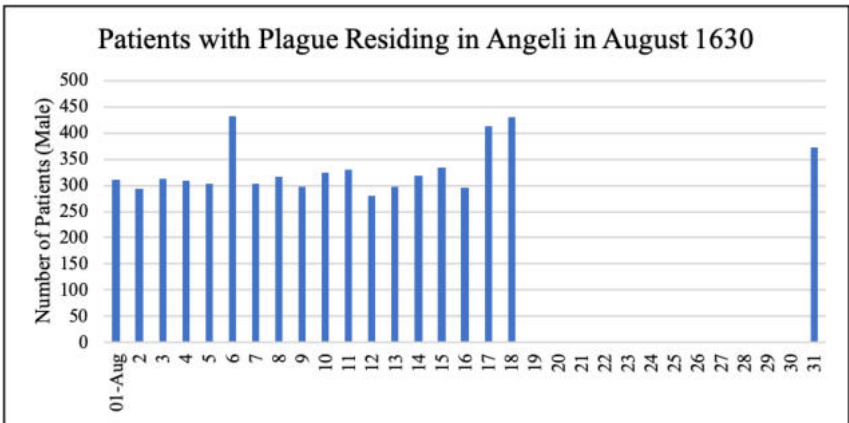


Chart 3.2



Figure 3.9. Exterior view of Chiesa della Santissima Annunziata and entrance to Ex Convento della Santissima Annunziata, photograph taken by author, September 2020.

volume of people, along with staff, could comfortably fit within this building.

The larger of the two main *lazzaretti* was Annunziata, founded in 1473 under the Franciscan order (Fig. 3.9 and 3.10).<sup>460</sup> Annunziata, with its porticoed façade, was conveniently located within close proximity to Angeli and across the road from Ormbelli's offices at Le Acque. The map of Bologna produced by Joan Blaeu in

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<sup>460</sup> Terpstra, "Confraternities and Mendicant Orders." 14.



Figure 3.10. Interior courtyard of Ex Convento della Santissima Annunziata. photograph taken by author, September 2020.



Figure 3.11. Detail of Joan Blaeu, “Bononia docet mater studiorum,” 1663, Biblioteca Digitale dell’Archiginnasio.

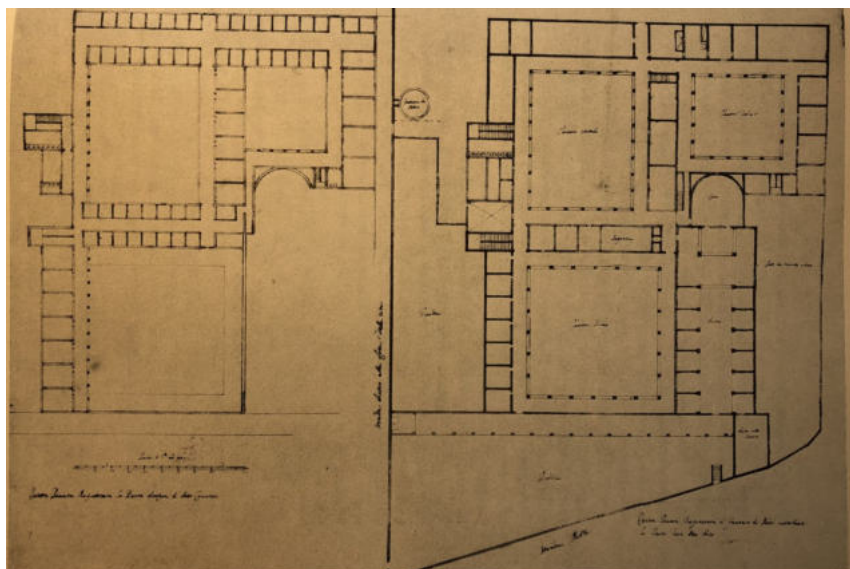


Figure 3.12. Annunziata floor plan. The upper section shows the ground floor of the complex and the bottom section shows the first level.

1663, “Bononia docet mater studiorum”, beautifully illustrates the scale of Annunziata and the grandeur of Le Acque, as depicted in the detail of the map produced in Figure 3.11.<sup>461</sup> The location of Annunziata on the edge of the city’s walls at Porta San Mamolo is easily recognised, labelled “L” in Blaeu’s rendition.

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<sup>461</sup> Annunziata is labelled “101” and Le Acque is labelled “99” on Blaeu’s map. Angeli is not labelled but appears as a smaller structure towards the south (the top on this map) away from Porta San Mamolo labelled “L”.

The substantial complex of Annunziata benefitted from three inner courtyards with covered walkways. This is depicted in the floor plan copied by Brighetti from the Vatican Archives (Fig. 3.12).<sup>462</sup> The ground floor level was entirely cloistered, while the first floor was open on one side and consisted of arched windows, evident in Blaeu's print and the floor plan (Fig. 3.11 and 3.12). The design permitted air flow while offering protection from the elements. There were multiple rooms on each inner courtyard plus a sizable church, each employed during the plague. The upper floor held the dormitories and were likely used as the bedrooms for patients. The ground level held numerous spaces for the kitchen, dining, cleaning of goods and people entering the *lazzaretto*, as well as rooms for staff and spaces to prepare bodies for burial. A substantial walled garden is depicted in Blaeu's image with the addition of trees growing within the other inner courtyards. Annunziata's exterior areas presumably offered considerable outdoor space for the *lazzaretto*.

The sheer size of the Annunziata complex enabled a higher volume of invalids than Angeli. Orimbelli's ledger shows approximately 300 female patients present in Annunziata at the start of July, rapidly increasing to over 400 patients and upwards of 568 from the middle of the month (Chart 3.3). For August, the number of daily patient counts was frequently above 400 female patients (Chart

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<sup>462</sup> Image is sourced from an anonymous and undated pen drawing from the Archivio Segreto Vaticano, fondo *Legazione di Bologna*, Vol. 283, f. 41 r. as reproduced in Brighetti, *Bologna e la peste del 1630*, 81.

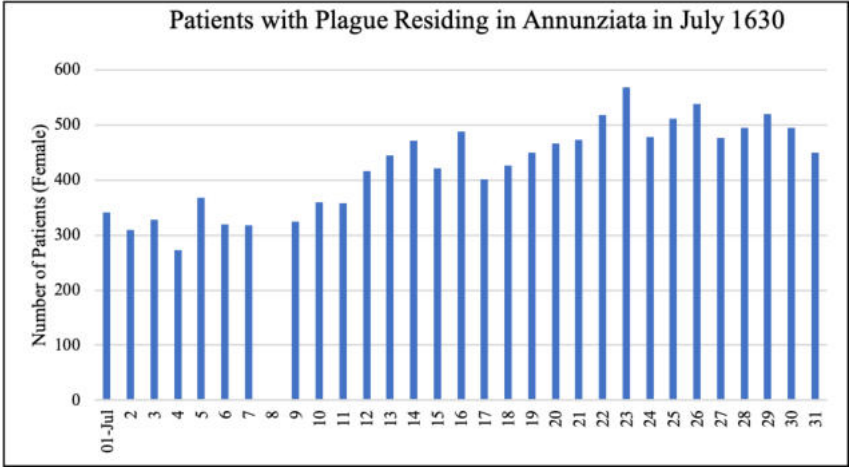


Chart 3.3

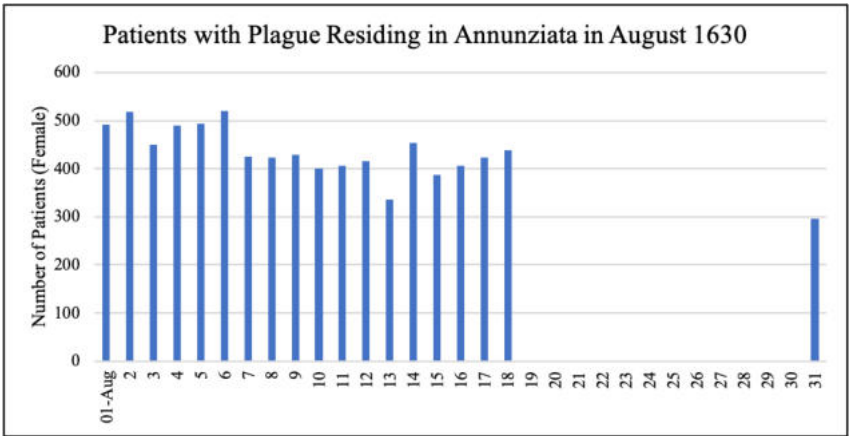


Chart 3.4.

3.4). There were multiple instances of 500 or more women receiving care in Annunziata at one time over these months.

Once Annunziata was chosen for a *lazzaretto*, an inventory was conducted of the goods inside and their inhabitants were transferred to other monastic houses in the city.<sup>463</sup> As the monks vacated their monasteries, their beds were transferred to Annunziata to be used by the sick.<sup>464</sup> In order to get enough bedding for the plague hospitals, people were employed to take away “materazzi, capezzali, lenzuoli, e coperte” (mattresses, bolsters, sheets, and blankets) from the local taverns and inns.<sup>465</sup> Each parish was asked to form a collection, while the city removed bedding from the hospitals of San Francesco and San Biagio, as well as from the university.<sup>466</sup>

Tremendous effort was put into transforming Angeli and Annunziata structures into suitable healthcare institutions. An edict published at the beginning of August describes the activities the government had taken to address the epidemic and where the resources had been directed. This included: the creation of *lazzaretti*, medicine,

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<sup>463</sup> Moratti, *Racconto degli ordini*, 8, 10. When its inhabitants vacated the property, the monks were sent to Monastero de' Celestini, inside the walls of the city, with the Celestini monks moving to other homes and shops. *Ibid.*, 11.

<sup>464</sup> *Ibid.*, 11.

<sup>465</sup> *Ibid.*, 8.

<sup>466</sup> *Ibid.* Ospedale di San Francesco and Ospedale di San Biagio cared for pilgrims. See Terpstra, *Abandoned Children of the Italian Renaissance*, 180.

salaries for doctors and barber surgeons, the administration of the hospitals, and feeding and maintaining the poor of the city.<sup>467</sup> In particular, the *bando* highlights the great cost of renovating and expanding Angeli.<sup>468</sup> The economic toll on the city during plague was immense and unsustainable for the government forcing city officials to make a public plea for donations to support poorer citizens.<sup>469</sup>

### Main Convalescent Homes: La Mela, San Giuseppe and Belpoggio

Once patients entered the *lazzaretti* network in Bologna, they were subject to an obligatory process of care before they could be discharged. They could not leave before they had healed fully, and those who had recovered from the worst were transferred from the *lazzaretto* to spend a period of quarantine in the convalescent homes. Upon entering their convalescence, they were required to bathe, to wear perfume and to change into new clothes.<sup>470</sup>

The period of quarantine during recovery was intended to last forty days according to contemporary understanding of purification from disease.<sup>471</sup> This number had religious significance. As Stevens Crawshaw notes,

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<sup>467</sup> *Esortazione all'Elemosina e alla Contribuzione per gli urgenti bisogni della città e per la quarantena generale*, 4<sup>th</sup> of August, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 106.

<sup>468</sup> *Ibid.* See also Brighetti, *Bologna e la peste del 1630*, 161.

<sup>469</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 106-108.

<sup>470</sup> ASV, Bologna, 282, f. 180 r., as cited in Brighetti, *Bologna e la peste del 1630*, 271. This letter is anonymous but sent to Spada.

<sup>471</sup> Stevens Crawshaw, *Plague Hospitals*, 7-8.

biblical references to the number forty was a way in which “early modern responses to disease combined medical ideas with symbolic and religious ones.” Moreover, this number was designed to “bring comfort to those in need and to encourage those undergoing quarantine to look on it as a period of purification to be spent in devotion.”<sup>472</sup> As Stevens Crawshaw has shown for Venice, forty days was not always feasible and in cases of suspected contact with plague, shortened sentences of quarantine existed, ranging from eight to forty days. In these instances, Venetians remained in their homes for periods of time based on factors such as the type of contact and even weather, conditions that made use of the *lazzaretti* islands more difficult requiring domestic isolation.<sup>473</sup> As already discussed in the previous chapter, the length of time for domestic quarantine in Bologna was similarly issued based on the severity of contact between an individual and infected people and spaces.

Returning home from the plague hospitals could also require an additional period of isolation. Patients returning from the *lazzaretti* into the city of Venice undertook a period of eight days of quarantine in their homes prior to being issued a certificate of good health.<sup>474</sup> In Bologna, *fedi di sanità* (health certificates) were issued directly from the convalescent homes. Health officials provided licences for patients to return home that outlined

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<sup>472</sup> Ibid., 8.

<sup>473</sup> Ibid., 82-3.

<sup>474</sup> Ibid., 83.

the completion of a period of purification and named the *lazzaretto* where this period was conducted.<sup>475</sup> It is unclear from the transfer records in *Libro di dare et avere* the exact duration of the stay of each individual patient. Therefore, it is difficult to surmise the required period of stay in the convalescent homes. However, in other instances, a *fede di sanità* (health certificate) was only provided by Bolognese authorities to those who had been in a household free of plague for forty days.<sup>476</sup> It is likely that a recovered patient, who no longer had symptoms, was only issued a certificate of good health to return home after conducting a similar period of quarantine in the convalescent home.

The main convalescent homes where recovery and a period of quarantine would have been conducted were La Mela, San Giuseppe and Belpoggio. The crucial role played by these institutions is evident in their frequent mentions in Orimbelli's account books. The sites were likely chosen because of their locations, situated outside the city walls on the southern part of the city, near the main *lazzaretti*. La Mela is described as a "casamento" or housing block by contemporaries,<sup>477</sup> and was located on today's via dell'Osservanza outside of Porta San Mamolo within a short walking distance to the Angeli and Annunziata

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<sup>475</sup> *Licenza data a coloro che hanno purificato i lazzaretti per tornare a casa propria in città* (ca. giugno 1630)" Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 84.

<sup>476</sup> *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630*. Ibid., 97

<sup>477</sup> Moratti, *Racconto degli ordini*, 8.

*lazzaretti* (Map 3.1 and 3.2).<sup>478</sup> La Mela was owned by the Oratorian Order and consisted of a house, oratory and other buildings.<sup>479</sup> Its primary use during the plague was as a convalescent home for women and as space for the overflow of patients when Annunziata became overcrowded. As noted, Belpoggio was a private villa that principally held male convalescing patients and also served as a quarantine space for doctors.<sup>480</sup> This property was located in the hills on the south-eastern portion of the city outside of Porta Santo Stefano. San Giuseppe was similarly situated, on the south-western portion outside of Porta Saragozza. The appeal of San Giuseppe within the *lazzaretti* network was not only its location, but its role as a care institution already established in the Bolognese community prior to 1630.<sup>481</sup> During the plague, San Giuseppe had a variety of formal functions, which will be explored in the following pages.

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<sup>478</sup> La Mela land is located today's via dell'Osservanza, 64. Huub Van der Linden, "Il colle di S. Onofrio della congregazione dell'Oratorio di Bologna tra Sei- e Settecento," in *Annales Oratorii, Procura Generalis Confoederationis Oratorii S. Philippi Nerii* (Rome: Procura Generalis, 2017), 40.

<sup>479</sup> Oratorio della Madonna di Gagliera purchased the property on 9<sup>th</sup> of May 1626. Van der Linden, "Il colle di S. Onofrio," 38.

<sup>480</sup> See Moratti, *Racconto degli ordini*, 33; Orimbelli, *Libro di dare et avere*, 169r. 3<sup>rd</sup> of July, 1630.

<sup>481</sup> San Giuseppe had functioned as the Conservatorio di San Giuseppe, a short-term shelter for poor young women. It was limited to girls without sullied reputations, in which mentorship from women from aristocratic backgrounds was provided. Terpstra, *Cultures of Charity*, 216, 254. On the decline of the institution see 255.

This system of connected buildings served as the primary site of care throughout the epidemic; however, the network was constantly under pressure. In July 1630, as the number of sick was rapidly increasing, officials recommended to Cardinal Spada not to expand the existing Angeli and Annunziata *lazzaretti*, as their position next to the hills was considered to produce stagnant air. Rather, it was suggested a new location on the plains where air could flow more easily be found.<sup>482</sup> This resulted in the commission for the Nuovo Lazzaretto, a complex designed to use the converted monastic structures of Sant'Orsola and San Gregorio, along with temporary wooden huts. The huts were specifically envisioned to separate individual patients into isolated huts. As will be demonstrated in the subsequent chapter, the buildings of this new hospital complex had limited use during the epidemic as the necessity for it changed before its completion.

### ***Lazzaretti* Characteristics:**

Characteristics of Bologna's *lazzaretti*, as with plague hospitals across Italy, followed the model of the ideal contemporary hospital. Art historian Eunice Howe has examined the aspects of gender, social segregation, containment and control as important elements of early

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<sup>482</sup> ASV, Bologna, 282, f. 116 r. v. "17 luglio 1630. Varie ragioni che conviene hora senza indugio chiudere le case degli'Infermi sospetti e infetti e non mandarli più al Lazaretto," 17<sup>th</sup> of July, 1630, as cited in Brighetti, *Bologna e la peste del 1630*, 92.

modern hospital architecture.<sup>483</sup> In particular, she draws on the fifteenth-century architectural treatises of Leon Battista Alberti, *On the Art of Building in Ten Books*, and Antonio di Pietro Averlino, known as Filarete, to discuss the contemporary perception of hospitals in Italy.<sup>484</sup> According to Howe's analysis of these treatises and of hospital design of the period, she contends that the ideal Renaissance hospital ordered "social relations through spatial arrangements."<sup>485</sup> She argues that as reflections of their maker's ideologies, Renaissance hospitals demonstrate a belief in a structured and segregated class system, a patriarchal mentality, and acute fear of illness.<sup>486</sup> Drawing on the theoretical work of Michel Foucault and his comparison of the hospital to the prison, Howe argues that as a manifestation of social ideologies, the ideal hospital emerged in the fifteenth century as a space that was designed to contain, guard and surveil. However, in

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<sup>483</sup> Howe, "The Architecture of Institutionalisation," 63-82. On gendered space in institutional architecture see Eunice Howe, "Appropriating Space: Woman's Place in Confraternal Life at Santo Spirito in Sassia, Rome," in *Confraternities and the Visual Arts in Renaissance Italy: Ritual, Spectacle, Images*, eds. Barbara Wisch and Diane Cole Ahl (Cambridge University Press, 2000).

<sup>484</sup> These volumes are Leon Battista Alberti, *De Re Aedificatoria (On the Art of Building in Ten Books)* (Florence, Nicolaus Laurentii, 1485; Filarete, *Trattato di Architettura* (1465).

<sup>485</sup> Howe, "The Architecture of Institutionalisation," 66.

<sup>486</sup> *Ibid.*, 67.

actuality, these institutions were quite diverse in their designs and purpose.<sup>487</sup>

Expanding on Howe, Stevens Crawshaw has urged for scholarship that moves beyond the panoptic control concept put forward by Foucault when studying the Renaissance hospital. Stevens Crawshaw indicates that the design of early modern Italian hospitals was intended to simultaneously control and safeguard, and acknowledges that institutional buildings also served a charitable function.<sup>488</sup> Following the example of the philanthropic role of the Renaissance hospital, the structures of the *lazzaretti* were designed to serve the plague victims from lower social classes, who were “perceived as both dangerous and vulnerable, requiring control and worthy of charity.”<sup>489</sup> These studies underscore the significant threads of similarity that can be drawn between hospital design and the creation of plague hospitals in early modern Italy.

The *lazzaretti* of Bologna had three main characteristics that reflected both the attributes of the Renaissance hospital and other northern Italian plague hospitals. These potentially aided in their effectiveness. First, they had strong architectural aspects of containment which permitted hard boundaries between the hospitals and the outside community, influencing the types of behaviours and activities performed within. Second, they were physically separate from each other, allowing for

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<sup>487</sup> Ibid., 64.

<sup>488</sup> Stevens Crawshaw, *Plague Hospitals*, 13.

<sup>489</sup> Ibid., 14.

divisions between genders, stages of illness and care required. This separation was facilitated by the movement of patients through the network in a defined order according to specific classifications. While movement within the network was consistent, the role of each structure within the system evolved. Structures within the network were temporary, activated or deactivated according to need, while maintaining gendered divisions. Lastly, the *lazzaretti* were for mixed use and their roles shifted over time. The advantage of temporarily requisitioning multiple buildings as *lazzaretti* and forming a system of structures, has yet to be considered as part of early modern plague management strategy.

### Containment

Early modern *lazzaretti*, following the model of the Renaissance hospital, had a strong necessity to guard and protect patients and staff from the outside world in order to isolate the disease. The design and management of Alberti's ideal hospital had strong characteristics of surveillance and control in which a "strong central authority oversaw multiple social groups defined by spatial barriers."<sup>490</sup> Similarly, Filarete's design for Ospedale Maggiore in Milan included "projecting frontispieces" simulating "military

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<sup>490</sup> This stemmed from the principles he applied to the patriarchal home, in which the male head of the family was responsible for the maintenance of order and family honour, which included female chastity. Howe, "The Architecture of Institutionalisation," 68.

watchtowers."<sup>491</sup> Plague hospitals, even for temporary purposes, reflected these ideologies.

*Lazzaretti* architecture was a move towards structures that were characterised by a central authority, permitting more efficient observation and, presumably, more effective care of the sick. The ideal plague hospital was defined by Florence's chancellor of health, Fulvio Giubetti, in his plague tract published in 1630. As pointed out by Henderson, Giubetti's requirements for *lazzaretti* specified that "'they must be surrounded by walls or by ditches, so that those who are inside cannot leave when they want, and if they [the walls] do not exist they should be specially constructed'."<sup>492</sup> The architecture itself was intended to facilitate surveillance and control through the use of gates, walls and moats, and by way of guards that monitored residents, visitors and staff.

Milan's Lazzaretto di San Gregorio demonstrates the strong boundaries between Milan's city walls and the *lazzaretto's* interior. Brunetti's print depicts guarded sentinels outside of the southern and northern entrances.

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<sup>491</sup> Foucault, *Discipline and Punish*, 172, as cited in Howe, "The Architecture of Institutionalisation", 71.

<sup>492</sup> Fulvio Giubetti, *Il cancelliero di sanità, cioè notizie di provisioni e cose concernenti la conservazione della sanità contro al contagio della peste cavate da suoi autori* (Florence, 1630), 28-29, as cited in Henderson, *Florence Under Siege*, 195. Original reads: "'devono essere circondati di muraglie o di fosse in modo che quelli che vi sono dentro non ne possino uscire a volontà loro e non essendone de' fatti a posta, si possono fare con pigliare de luoghi fatti, ovvero fare delle capanne in luoghi aperti e alla campagna'." Henderson, *Florence Under Siege*, 319, note 62.

On the northern side, a small fence and gatehouse separated the burial grounds. The secondary layer of fortification was the moat with one bridge at the southern entrance, and likely a second bridge not depicted on the northern side (Fig. 3.3 and 3.4). The complex itself created the third line of defence with large exterior windowed walls that contained the occupants. Discipline also played a role in the defence of this complex. Brunetti illustrates “la corda”, represented as the gallows located beside the church of San Carlo al Lazzaretto (Fig. 3.3).<sup>493</sup> He depicted the gallows in use, with a small figure hanging from the rope, next to a man labelled as a Capuchin brother who “fa’ castigare li trasgressori” (has the offenders punished).<sup>494</sup>

Bologna’s *lazzaretti* network was formed with containment and separation in mind, and included aspects of discipline. Each individual structure followed the attributes of a well-designed early modern plague hospital. Such features included strong aspects of surveillance and control of the bodies who entered, escape prevention, and blocking outsiders from penetrating its walls. The city of Bologna also made attempts to create a designated area

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<sup>493</sup> Location at number 11 by the church. “la corda” could also refer to “tratto di corda” used for corporal punishment; however, the image clearly represents a gallows structure and does not show a wheel that would indicate a machine for torture.

<sup>494</sup> Labelled by Brunetti as number 21 “P.F. Felice Cappuc. tiene il governo, et fa’ castigare li trasgressori.” Considering that the plan of this complex included a centralised chapel in order that everyone could participate in Mass, it is interesting that capital punishment was performed beside the chapel and intended to be witnessed by all.

shielded from the outside that encompassed multiple *lazzaretti* complexes.

According to Moratti, a large fortified boundary was created around Annunziata, Angeli, le Acque as well as the homes and taverns that fell within this zone.<sup>495</sup> On the 17<sup>th</sup> of June 1630, representatives from Spada as well as Senor Sorboli, auditor of the plague hospitals, were sent to the site of the *lazzaretti* outside of San Mamolo. They commissioned an enclosure around the hospitals, religious houses, the houses for *lazzaretti* workers, as well as the houses and shops in the surrounding area.<sup>496</sup> Wood boards and beams were used to close up the houses and shops. Then a large fence, as well as gates, were added to enclose all the structures, forming a “serraglio”, a defensive barrier.<sup>497</sup> The enclosure aimed to lock patients and staff inside, while preventing illicit movement, with points of controlled access. The boundaries of the compound were clearly defined by contemporaries. As Moratti describes, there were doctors who either lived inside or outside the “serraglio del Lazaretto” (fortified enclosure of the *lazzaretto*) while working for the hospitals.<sup>498</sup>

Contemporary chronicler di Paolo Masini records that the enclosure stretched even further, and included the monastic houses of San Frediano, San Giuseppe, San Paolo

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<sup>495</sup> Moratti, *Racconto degli ordini*, 7.

<sup>496</sup> *Ibid.*, 12.

<sup>497</sup> *Ibid.* Moratti describes the materials as “*asse, cancelli, traui.*”

<sup>498</sup> *Ibid.*, 33. ‘Serraglio’ is used to day to refer to a menagerie and harem, but is also used to refer to a military fortification.

di Ravone, Santa Maria della Misericordia, and Belpoggio.<sup>499</sup> Considering the vastness of this territory, it is conceivable that the area around the main *lazzaretti* were enclosed and fortified with gates and guards. In the anonymous painting, *La peste del 1630 a Bologna* residing in the Archivio di Stato di Bologna of via San Mamolo, there is evidence of a barrier at Porta San Mamolo (Fig. 3.13). However, contrary to di Paolo Masini's account, it is highly unlikely that the outlying structures, such as San Giuseppe, San Paolo di Ravone and Belpoggio were encompassed by the immense *seraglio*. It is probable instead, that they each had individual enclosures barring entrance into their specific locations. These boundaries, as we shall see, were more permeable than is suggested by the descriptions of these defensive measures. Furthermore, while all other structures mentioned by di Paolo Masini were employed during the plague, there are no records that San Frediano was used as part of the *lazzaretti* network. Maria della Misericordia was employed sparingly near the end of the outbreak.<sup>500</sup> The Church of San Paolo di Ravone was

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<sup>499</sup> di Paolo Masini, *Bologna Perlostrata*, 177.

<sup>500</sup> Orimbelli, *Libre di dare et avere*, 177r-v. *Libro di dare et avere* notes one transfer from Annunziata to Santa Maria della Misericordia on 3<sup>rd</sup> of November, 1630 of sixteen women to convalesce.

temporarily converted into a hospital for plague victims.<sup>501</sup> However, San Paolo di Ravone does not appear as a location that received sick or convalescing patients from the city's main *lazzaretti*; it was likely a minor complex. The *serraglio* was, in all likelihood, limited to the main structures and adjacent buildings.

The fortified enclosure encircling the hospital area was intended to give the impression of a stronghold and was perceived as such by those who witnessed it. Moratti characterises the “serraglio” as resembling “un castello” (a castle).<sup>502</sup> Additionally, much like a medieval castle, guards called “sbirri” were present to defend and keep watch of the hospital area. Their role also extended to performing executions and public displays of punishment. The enclosure outside Annunziata marked the spot where gallows were built for “li malfattori” (the criminals) in order to “far’essecutioni” (make executions) when necessary, and also “dar la corda” (give the rope), referring

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<sup>501</sup> Moratti, *Racconto degli ordini*, 13. According to Moratti, San Paolo Ravone was managed by Nicolò da Marcato Saracino of the Order of Saint Augustine. Brighetti states that San Paolo Ravone was used exclusively for foreigners coming from suspected places; however, this statement is sourced from Moratti, who does not express this particularity of this *lazzaretto*. Brighetti notes another building was used for quarantining or for those suspected of illness near Palazzo Boschetti on via San Donato, but no timeframe or information on the complex is given. The Palazzo Boschetti is likely today's Casa Zanchetti across from the church of San Donato at the corner of 8 via Zamboni and 2 via Canonica. Brighetti, *Bologna e la peste del 1630*, 77.

<sup>502</sup> Moratti, *Racconto degli ordini*, 12.



Figure 3.13 Detail of figure 2.1 showing barrier at Porta San Mamolo and gallows erected outside of the lazaretti beyond the gate. Anonymous, *La peste del 1630 a Bologna*, oil on canvas (1.30 x 0.95 m), c. 1631. Archivio di Stato di Bologna.

to *tratto di corda*, a type of torture and corporal punishment. The Archivio di Stato di Bologna's anonymous *La peste del 1630 a Bologna* painting of via San Mamolo illustrates the

gallows in the streets outside of the *lazzaretti*, depicted above the gates of San Mamolo (Fig. 3.13). Moratti recalls that the gallows for the display of public justice were placed outside the *lazzaretti* “come fù fatto in alcune strade” (as it was done in some streets). Areas within the city that had high numbers of infected resulted in the enclosure of the entire street. In these instances, gallows were erected as a way to discourage disobedience. This served as a reminder not to go outside “sotto pena della vita” (under penalty of life).<sup>503</sup> The walls of the *serraglio* encompassing the neighbourhood of San Mamolo signalled the state’s authority and acted as a visual tool of intimidation.

As Stevens Crawshaw has observed, early modern descriptions of *lazzaretti* resembling fortified castles were widespread.<sup>504</sup> For instance, in Marc’Antonio Sabellico’s 1543 book on the history of Venice, he characterises the Venetian *lazzaretti* as evoking “well-guarded castles.”<sup>505</sup> His work also acknowledges, as Stevens Crawshaw has pointed out, that the role of the plague hospital was to “provide care for the sick and help the poor.”<sup>506</sup> The dichotomy between the descriptions of the *lazzaretti* as simultaneously being guarded castles and charitable institutions was actually not a contradiction for early

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<sup>503</sup> Ibid.

<sup>504</sup> Stevens Crawshaw, *Plague Hospitals*, 46, note. 26.

<sup>505</sup> Marc’Antonio Sabellico, *Le historie vinitiane* (Venice, 1543), book six, 225, as cited in Stevens Crawshaw, *Plague Hospitals*, 46.

<sup>506</sup> Sabellico, *Le historie vinitiane*, 225, as cited in Stevens Crawshaw, *Plague Hospitals*.

modern people. The fortified façade was a positive characteristic of the well-run hospital and, in theory, ensured order and prevented the spread of disease.

### Ensuring Separation: Moving through the Lazzaretti Network

Bologna's network approach, in place of a singular large *lazzaretto* complex, potentially assisted with the containment of disease through the use of separate structures. This approach followed contemporary model of the Renaissance hospital. As described by Alberti, it would have separate zones according to three elements: social status, level of care needed and gender.<sup>507</sup>

#### **Social Status:**

An essential feature in Alberti's model hospital was the division of patients by socioeconomic position. In the act of separating hospital patients by social class, Howe contends that Alberti "treats lower social rank as a contagion."<sup>508</sup> The poor, regarded as the societal contagion, were subjected to control, confinement, and segregation more than their wealthier neighbours. According to Howe, hospitals themselves were "instruments in the construction of social relations between bodies," influencing the types of

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<sup>507</sup> Howe, "The Architecture of Institutionalisation," 66. Howe notes that the segregation of the patients in hospital architecture according to type of affliction and gender has precedent in the Middle Ages. Howe, 67.

<sup>508</sup> Howe, "The Architecture of Institutionalisation," 67.

encounters experienced within its walls.<sup>509</sup> The separation of classes within the hospital determined both the experience and types of social interactions that would occur within its spaces. These divisions could dictate the category and quality of care a person would receive. The *lazzaretti* were similarly divided by social hierarchy in other Italian cities.

Italian *lazzaretti*, according to Stevens Crawshaw, frequently housed wealthy patients that were provided with rooms that reflected their social ranks. Moreover, they were offered better-quality cuisine.<sup>510</sup> Contemporary accounts of the 1630-31 plague in Florence record that once a patient arrived in the *lazzaretto* and their clothing was destroyed, they were separated by their social group. They were given lodgings accordingly, with a designated space for wealthier patients and a more congested accommodation given to those from lower classes.<sup>511</sup> Henderson outlines that those who were part of the upper-classes of Florentine society did not go to the main *lazzaretto*, San Miniato.<sup>512</sup> The Venetian *lazzaretti* did not make this division by rank throughout the fifteenth century

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<sup>509</sup> *Ibid.*, 64.

<sup>510</sup> Stevens Crawshaw, *Plague Hospitals*, 94-5, as cited in Henderson, *Florence Under Siege*, 186.

<sup>511</sup> Francesco Rondinelli, *Relazione del contagio stato in Firenze l'anno 1630 e 1633* (Florence, 1634), 40, as cited in Stevens Crawshaw, *Plague Hospitals*, 199.

<sup>512</sup> Stevens Crawshaw, *Plague Hospitals*, 94-5, as cited in Henderson, *Florence Under Siege*, 186.

although there were gendered spaces.<sup>513</sup> However, Stevens Crawshaw has indicated that those who could isolate outside of the plague hospitals took advantage of this, residing in private homes or even boats.<sup>514</sup> The social status of the patient is also commented on in medical tracts.

Samuel Cohn has shown in his investigation of the medical treatise, *Trattato della peste et delle petecchie* of 1576, that importance was placed on the divisions between the regular citizen and the poor. Written by the physician Gioseffo Daciano, the tract outlined that the *lazzaretto* should provide separate spaces for the ill, the suspected, and for the poorest members of society, the beggars from the city.<sup>515</sup> This practice served to remove street dwellers, often homeless, from the public areas of the city. At the same time, it restricted the mobility of the poor and placed them in unnecessary contact with the sick and suspect.

During the 1630-31 plague, the *lazzaretti* of Bologna were primarily spaces for those who could not afford to be cared for in their homes.<sup>516</sup> Thus, in times of epidemics, the

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<sup>513</sup> ASVen (*Archivio di Stato, Venice*), Sal b. 6 reg. 3 15v (2 March 1485), as cited in Stevens Crawshaw, *Plague Hospitals*, 95.

<sup>514</sup> in Stevens Crawshaw, *Plague Hospitals*, 95.

<sup>515</sup> Cohn, *Cultures of Plague*, 255.

<sup>516</sup> This is demonstrated through the local edicts that outline the rules for remaining at home while sick or suspected and the assistance provided by the local parishes: *Notificazione agli Assonti delle parrocchie sui particolari bisogni degl'infermi in tempi sospetti di contagio*, 19<sup>th</sup> of June, 1630; *Ordine a voi rever. Curato o rettore e a voi assonti della parrocchia di S...*, August 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 78, 105.

domestic spaces became a place of privilege, while the *lazzaretto* became a site of adversity. For those who fell ill, ending up in the *lazzaretti* was still a choice for some citizens. An edict produced in mid-June 1630 outlines that an auditing process of each parish would occur in order to identify the sick. The *bando* specifies that those who were sick with plague but were not poor nor beggars could remain inside their homes but would be locked inside, receiving food from the parish.<sup>517</sup>

There were strict rules around caring for the sick or suspected within the domestic space. As long as the individual used their own money or support from the parish to sustain themselves, it was permissible to remain at home. They were not permitted to draw on public funds from the public treasury dell'Opera della Sanità.<sup>518</sup> The moment that the person ran out of money they would be sent to either the *lazzaretto*, if they were showing signs of plague, or convalescent home, if they were suspected of illness, at the expense of the Opera della Sanità.<sup>519</sup> For those who remained at home, health officials oversaw that strict rules were adopted. The condition of remaining at home was that the sick persons were able to be separated from others within their same dwelling. If, however, the

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<sup>517</sup> *Notificazione agli Assonti delle parrocchie sui particolari bisogni degl'infermi in tempi sospetti di contagio*, 19<sup>th</sup> of June 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 78.

<sup>518</sup> *Ordine a voi rever. Curato o rettore e a voi assonti della parrocchia di S...*, August 1630. *Ibid.*, 105.

<sup>519</sup> *Ibid.*

household shared only one room, the sick would be removed, though they could be placed in another household within their parish.<sup>520</sup> If these requirements could not be met, then they were sent to the *lazzaretti*.

These regulations demonstrate how arrival at the *lazzaretti* depended on wealth and social status. The size of an individual's home and the number of occupants influenced their ability to remain. Those who were forced to the *lazzaretti* were mostly individuals unable to pay for their own care and daily living while incapacitated. Even if they could afford such expense, if their homes had limited rooms for adequate isolation, they would be required to leave for the *lazzaretti*. The poor had less control over their autonomy to remain in their home and were subjected to greater degrees of control over their bodies as they entered the *lazzaretti* network, unable to return home for the entirety of their extensive quarantine.

These laws transferred the burden of care of the poor to the *lazzaretti* network, resulting in a vastly different experience of illness. Social separation happened in Bologna between those who could afford to be cared for at home and those who went to the *lazzaretti*, as we have also seen for Florence and Venice.<sup>521</sup> The exclusion of those who could afford to recover at home had practical implications; their absence took pressure off of the hospital network and

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<sup>520</sup> *Rinnova dei bandi pubblicati riguardo ai sospetti e infetti di peste chiusi e che si chiuderanno in casa e altri capi*, 22<sup>nd</sup> of July, 1630. *Ibid.*, 91.

<sup>521</sup> For Florence see Henderson, *Florence Under Siege*, 186; For Venice see Stevens Crawshaw, *Plague Hospitals*, 95.

more resources could be devoted to those in the greatest need. The tremendous cost of care could be transferred to private citizens. We can also take the perspective, as Stevens Crawshaw has urged, to look at these orders as demonstrating the charitable function of the *lazzaretti*. Financially sustained by the city, the *lazzaretti* were able to offer relief to the neediest of citizens.

The conditions for those sent to the *lazzaretti*, as described by first-hand accounts, demonstrate varying degrees of experience depending on social status and wealth. Pastore's discussion of court testimonies illustrates complaints of the conditions inside the hospitals. The testimony of one Giovanni Battista Casotti, exclaims that he slept on top of straw like an animal, while those with means were well-looked after.<sup>522</sup> Moreover, court documents in Bologna reveal that there was a social hierarchy at mealtimes. Pastore records a testimony which outlines how those who paid for their meals ate meat, soup, cheese and fruit and enjoyed the same table and wine as the *lazzaretti* officials. Meanwhile, those who did not pay for their food ate more simply, including bread, soup, some meat and salad spread throughout the day and were positioned elsewhere during meals.<sup>523</sup>

At their best, the conditions within the *lazzaretti* were unpleasant. An official described the chaos and disorder of the Bolognese *lazzaretti* as such: "Il lazaretto è

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<sup>522</sup> Pastore, *Crimine e giustizia*, 122.

<sup>523</sup> ASB, Torrone, 5774, c. 518r. as cited in Pastore, *Crimine e giustizia*, 122.

un loco tanto confuso...non si può descrivere con altro modo che con ritratto et abbozzamento d'Inferno" (The lazaretto is such a confused place ... it cannot be described in any other way than with a portrait and sketch of Hell).<sup>524</sup> In a letter to Spada, a doctor from Annunziata describes the conditions of the sick inside. He records that twelve to fourteen people were assigned to each bedroom, however, there were so many sick that they were running out of beds. This led to many sleeping on the ground or on woven mats or straw, often three to four people together.<sup>525</sup>

The experience of the 1630-31 plague in Bologna can best be described through the letters of those who worked in the *lazzaretti*. Doctor Fabri Amasei, who cared for the sick in the Annunziata *lazzaretto*, noted in a letter to Spada that those who will die of the illness, die quickly within a few days of arriving, because they waited too long to receive treatment; however, he notes that those who did have access to remedies mostly survived.<sup>526</sup> His first-hand account illustrates the disorder of the hospitals:

“...non si puo fare di non camminare fra morti, qui e un horrore continua di morte et un ritratto vero

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<sup>524</sup> Anonymous, ASV, Bologna, 281, doc. 30., undated, as cited in Brighetti, *Bologna e la peste del 1630*, 265-6.

<sup>525</sup> ASV, Bologna, 282, f. 234 ss., as cited in Brighetti, *Bologna e la peste del 1630*, 268.

<sup>526</sup> ASV, Bologna, 282, f. 234 ss., as cited in Brighetti, *Bologna e la peste del 1630*, 270. Although the letter is anonymous, Brighetti says that it is likely from doctor Fabri Amasei (Giacomo Amaseo Fabri), who worked at the Annunziata *lazzaretto*, and is addressed to Card. Spada.

d'infemo corrente, perche a similitudine del vero, hic nullus ordo, sed horror continuus inhabitat" (one cannot help not walking among the dead, here there is a continuous horror of death and a true portrait of an infamous current, because in similitude of the truth, here no order but uninterrupted horror dwells).<sup>527</sup>

The first-hand accounts from the doctors and management attest to the horrible reality of these institutions, in particular for those of lower social standing. However, despite that reality, it must be remembered that a significant number of people survived.

### **Degree of Care and Gender:**

The degree of care was a key consideration in the creation of charitable institutions that frequently accommodated certain ailments or conditions. For instance, the creation of orphanages, hospitals for pilgrims, and homes for the elderly reflect the classification of care for one set of society.<sup>528</sup> Following these types of classifications, *lazzaretti* architecture was used to sequester the sick from

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<sup>527</sup> ASV, Bologna, 282, f. 234 ss., as cited in Brighetti, *Bologna e la peste del 1630*, 268.

<sup>528</sup> On Bologna see Terpstra, "Confraternities and Mendicant Orders," 1-22; Terpstra, *Cultures of Charity*; Terpstra, *Abandoned Children of the Italian Renaissance*; On the development of charitable institutions in Renaissance Tuscany for women see, Sherrill Cohen, *The Evolution of Women's Asylums Since 1500: From Refuges for Ex-Prostitutes to Shelters for Battered Women* (New York: Oxford University Press, 1992).

the potentially sick. This was achieved often through the designation of separate structures, in the case of multiple *lazzaretti*, but also by way of isolating these groups from each other within the same building complex in the case of a single *lazzaretto*. Under optimal conditions the sickest were separated from those convalescing and suspected of illness, permitting proper administrative management according to need, thus allowing specific care concerns to be addressed properly.

In his volume on the history of the plague that impacted Milan from 1629-31, Milanese doctor and city health official, Alessandro Tadino,<sup>529</sup> outlined how the spaces of the Lazzaretto San Gregorio were divided.<sup>530</sup> He noted that there were separate spaces for patients who were ill and suspected of plague. There were also separate quarters for employees who cared for those who were suspected of illness,<sup>531</sup> demonstrating the importance placed on dividing patients according to care while also attempting to reduce contact between employees and patients.

Dividing spaces within the hospital according to levels of care needed often went hand in hand with

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<sup>529</sup> Cohn, *Epidemics*, 148. On Tadino's role as chief physician for the courts responsible for trying plague spreaders, see 133-7, 145-6.

<sup>530</sup> Alessandro Tadino, *Raguaglio dell'origine et giornali successi della gran peste contagiosa ... seguita nella città di Milano, & suo ducato dall'anno 1629, sino all'anno 1632. Con le loro successive provisioni, & ordini ... Diviso in due parti* (Milan: Filippo Ghisolfi, ad istanza di Gio. Battista Bidelli, 1648), 58-9.

<sup>531</sup> *Ibid.*, 58-9.

partitioning genders. In Florence, as described by Henderson, multiple structures were used to care for convalescing and quarantining patients. These convalescent spaces were for those who were cured but still recovering from the plague and quarantine spaces were for those suspected of plague. Within these spaces, different genders were housed separately. Individuals were moved between hospitals according to a quarantine schedule. Recovering patients were required to remain for a period of forty days.<sup>532</sup> For example, Villa Rusciano, outside of the city walls and near to the city's main *lazzaretto*, San Miniato, housed women and children for a total of forty days before they were transferred to Pieve a Ripoli for a further eight to ten days. Men were sent to convalesce in the Villa Serristori and then for their second convalescence period sent to Villa Guicciardini.<sup>533</sup> Multiple other villas were taken over for the purpose of quarantine and convalescing.

Gender was a key consideration of the division of the ideal Renaissance hospital, an aspect that is still considered in the design of hospitals in Europe today. In the opinion of Alberti, the Renaissance hospital was comparable to the private palace, and the metaphor of the patriarchal family structure could be adopted as an

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<sup>532</sup> Luca di Giovanni di Luca Targioni, "Relazione della Peste di Firenze negli Anni 1630 e 1631, scritta da Luca di Giovanni di Luca Targioni," in *Notizie degli aggrandimenti delle scienze fisiche: accaduti in Toscana nel corso di anni LX del secolo XVII* (Florence: Giovanni Targioni Tozzetti, 1780), 111, 311, as cited in Henderson, *Florence Under Siege*, 193.

<sup>533</sup> *Ibid.*, 194.

approach to the institutional care of individuals.<sup>534</sup> In his 1485 publication of *De re aedificatoria*, Alberti wrote that hospitals should make provisions for genders, that “feminas alibi mares, sive egrotent sive istos curent, separatim habendi sunt” (females should be kept separately from males, whether those who are sick or tending to them).<sup>535</sup> Moreover, he noted that hospitals required a combination of private and public spaces that could facilitate particular activities according to gender, as done in families.<sup>536</sup> According to Howe, Alberti theorised that the hospital, as in the home, would provide “male space [that] was visible, accessible and archetypal, while female space was internal and guarded.”<sup>537</sup> The segregation of women and men, and the inclusion of physical barriers, often through screens or walls, created division between the female body and the outside. This reflected but also reinforced the ideology that the female body necessitated control and protection by a male authority.<sup>538</sup> As Stevens Crawshaw has observed, Alberti’s use of the analogy of the private palace onto the hospital was to demonstrate the moral function of these spaces, to express the responsibility

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<sup>534</sup> Howe, “The Architecture of Institutionalisation,” 66.

<sup>535</sup> Leon Battista Alberti, *Leonis Baptiste Alberti de re aedificatoria* (Florence: Nicolaus Laurentii, Alamanus, 1485), 160.

<sup>536</sup> *Ibid.*

<sup>537</sup> Howe, “The Architecture of Institutionalisation,” 68.

<sup>538</sup> *Ibid.*, 74-5.

of these architectural designs to “shape good, moral relationships.”<sup>539</sup>

The inclusion of gendered wards was an aspect of much earlier medieval hospitals.<sup>540</sup> The segregation of the sexes was equally typical of early modern hospitals that catered to one gender or had strong gendered boundaries within the same structure. For instance, in Bologna the Ospedale di Santa Maria della Morte had two separate

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<sup>539</sup> Stevens Crawshaw, *Plague Hospitals*, 123.

<sup>540</sup> For instance, the Ospedale Santo Spirito established in the early medieval period in Sassia, Rome, with subsidiary hospitals founded within the same order, maintained a separation of the sexes. Cohen, *The Evolution of Women's Asylums Since 1500*, 95-6; Governing documents of Santo Spirito reveal the gendered division between the living quarters of staff, as well as gendered wards in which the sisters cared for female patients and the brothers assisted sick men. Cohen, 102, 105-7.

infirmaries for men and women.<sup>541</sup> Similarly, Filarete's plan for Ospedale Maggiore in Milan outlined equal but separate space for each gender.<sup>542</sup>

Separating the genders was also the norm in the context of plague hospitals.<sup>543</sup> Shortly after their

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<sup>541</sup> Savoia, "The Book of the Sick of Santa Maria della Morte," 163-235. Savoia refers to the 1606 inventory which identifies the uses of individual rooms and locates the number of beds in the infirmary for men and then for women. For more information see Biblioteca comunale dell'Archiginnasio di Bologna, Ospedali, viii, 5, *Campione dei beni immobili* (1606), pp. 5v-7v.; In Siena, Ospedale di Santa Maria della Scala was divided unequally between genders, with a more congested space for women. Howe, "The Architecture of Institutionalisation," 65. For recent research on Ospedale di Santa Maria della Scala in Siena see Sarah Loose Guerrero, *Sienese Hospitals Within and Beyond the City Walls: Charity and the Ospedale Di Santa Maria Della Scala 1400-1600* (Leeds: Arc Humanities Press, 2023); Pepi Maria. *L'ospedale di Santa Maria della Scala a Siena nel cinquecento* (Pisa: Pacini Editore, 2021); Pietro Delcorno, "La molteplice funzione politica di un episodio agiografico: Il servizio di Bernardino da Siena all'Ospedale della Scala durante la peste," *Horizonte: revista de Estudos de Teologia e Ciências da Religiao* (2017), 1354-1393; The Ospedale di Santa Maria dei Battuti in Treviso had blended confraternity and attracted lay and ecclesiastical members of both genders. The treatment of patients within the facility occurred in separate wards divided by gender, and it included separate areas for the elderly and children. D'Andrea, *Civic Christianity in Renaissance Italy*, 11, 20.

<sup>542</sup> Howe, "The Architecture of Institutionalisation," 68. However, the men's side had spaces for recreation, where courtyards on the female side held the laundry, space for orphaned children, the kitchen, and baths, and other "female-centered tasks." Howe, 71.

<sup>543</sup> Henderson notes that the Cubba *lazzaretto* in Palermo had separate spaces for both sexes. See Henderson, *Florence Under Siege*, 185.

foundations in the fifteenth century, the *lazzaretti* of Venice were divided by the Venetian health authorities. They chose to separate the patients as well as those responsible for managing the complexes at an administrative level, by sex, designating men to the *lazaretto vecchio* and women to the *lazaretto nuovo*.<sup>544</sup> This initial isolation of patients on separate islands by gender continued into the sixteenth century, ultimately progressing to include both genders at *lazaretto vecchio* and *lazaretto nuovo* but in separate structures within the same complexes.<sup>545</sup> Milan's San Gregorio had defined spaces within the same complex for infected male and female patients, along with separate rooms for those suspects of illness.<sup>546</sup> Moreover, Florence's main *lazzaretti* took gender into consideration when separating plague victims, however, this was achieved by

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<sup>544</sup> Stevens Crawshaw, *Plague Hospitals*, 126.

<sup>545</sup> *Ibid.*, 65. As Stevens Crawshaw points out, during the 1555 plague year, the division of these two *lazzaretti* islands was based on the stage of illness of the patients and thus included both genders; the *lazaretto vecchio* was employed for those with active illness while the *lazaretto nuovo* was utilised as a convalescent home for those who were further down the road of recovery. See *Ibid.*, 3. According to Henderson, *Lazaretto vecchio* was designed with enclosed outdoor spaces with segregated infirmaries, partitioning men from women, See Henderson, *Florence Under Siege*, 184.

<sup>546</sup> Tadino, *Raguaglio dell'origine*, 59. This is depicted in the second quarter, on the eastern side of the hospital in Brunetti's image, and consisted of seventy-two rooms for infected male patients, closed off from the female patients.

dividing genders into different requisitioned structures.<sup>547</sup> Gender was also a key factor in the separation of those working in the Florentine *lazzaretti* who were forbidden from crossing the boundaries between the male and female wards and between the living quarters of staff.<sup>548</sup>

The management of Bologna's *lazzaretti* followed contemporary recommendations by Bolognese officials that divided plague hospitals into three sections: one area for the infected, one zone for the convalescing and another space with separate rooms for women.<sup>549</sup> The network of structures ensured this physical division by gender between the sick, the recovering, those suspected of illness, and those quarantining after travel from infected cities outside of Bologna. Housing people according to their health status in essence kept those suspected and quarantining away from the actively ill. The act of separating patients based on degree of illness and gender necessitated a continuous movement of patients between institutions. The *lazzaretti* network was therefore employed

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<sup>547</sup> The *lazzaretto* of San Miniato al Monte, consisting of a fortress, church and former convent living quarters, had designated buildings for use according to gender. Contemporaries noted that the spaces of the fortress were for the exclusive treatment of women and children, and the church was for the men. Henderson, *Florence Under Siege*, 194, 196; The nearby convent of San Francesco al Monte was also requisitioned and divided by sex; the church was designated for sick men and the convent housed women. *Ibid.*, 194.

<sup>548</sup> *Ibid.*, 206.

<sup>549</sup> Anonymous, ASV, Bologna, 282, f. 180 r., undated, as cited in Brighetti, *Bologna e la peste del 1630*, 270. Written to Card. Spada.

in a dynamic and evolving way to manage the ever-changing needs of the community. In particular, the movement between these structures shows how the network model was key to the management of the sick or suspected.

As discussed, *Libro di dare et avere* not only delivers a daily account of the number of people who entered and died but also those who were transferred to specific convalescent homes. Such accounts demonstrate how patients moved between institutions. Orimbelli began noting patient intakes, deaths, and outtakes to convalescent homes from 1<sup>st</sup> of July 1630. Movement between the main *lazzaretti* and convalescent structures was consistent at the height of the epidemic in July and August, with intakes occurring on a daily basis and transfers occurring every few days depending on volume (Charts 3.5 and 3.6). Although there are major gaps in the records from the end of August and into September 1630,<sup>550</sup> there were consistent intakes and dismissals to convalescent homes for the days that are recorded for both Angeli and Annunziata (Charts 3.7 and 3.8). The requirements of each hospital also took gender into consideration alongside the level of care.

Strong division between the sexes was a key aspect of Bologna's management of the *lazzaretti* network that continued throughout the epidemic. The *lazzaretti* spaces themselves were temporary and flexible, constantly shifting according to need. Even with these fluctuations, the plague

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<sup>550</sup> Daily records are present from 1<sup>st</sup>-5<sup>th</sup> and 18<sup>th</sup>-23<sup>rd</sup> of September, 1630.

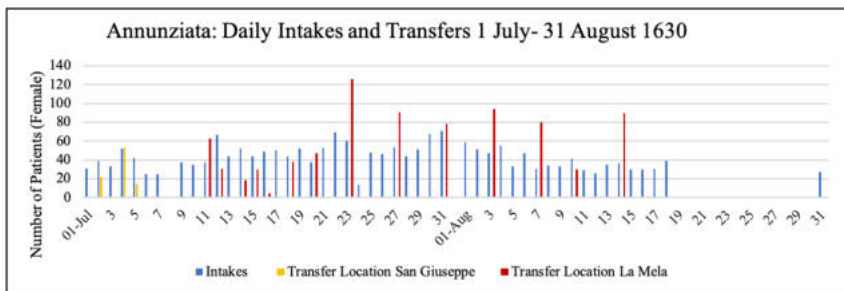


Chart 3.5

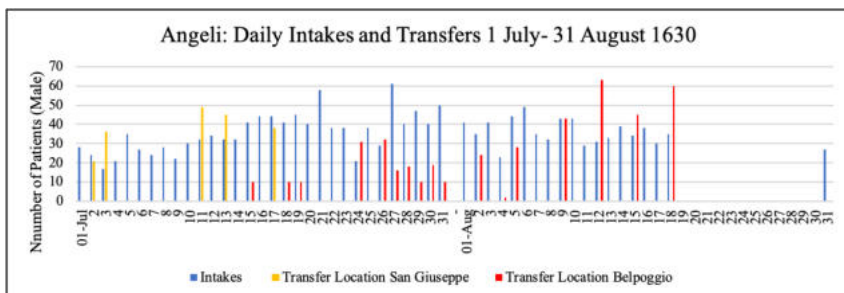


Chart 3.6

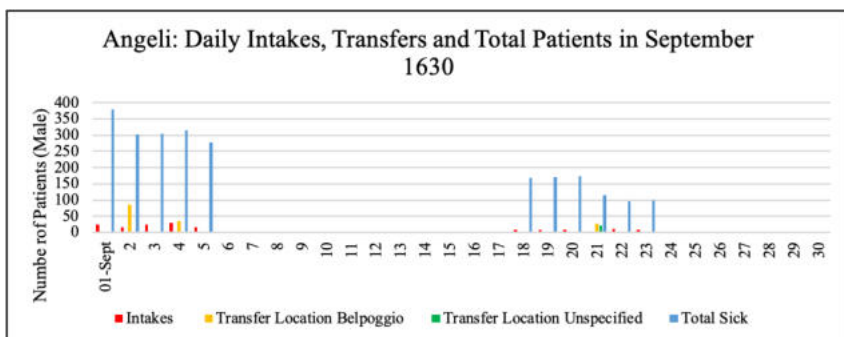


Chart 3.7

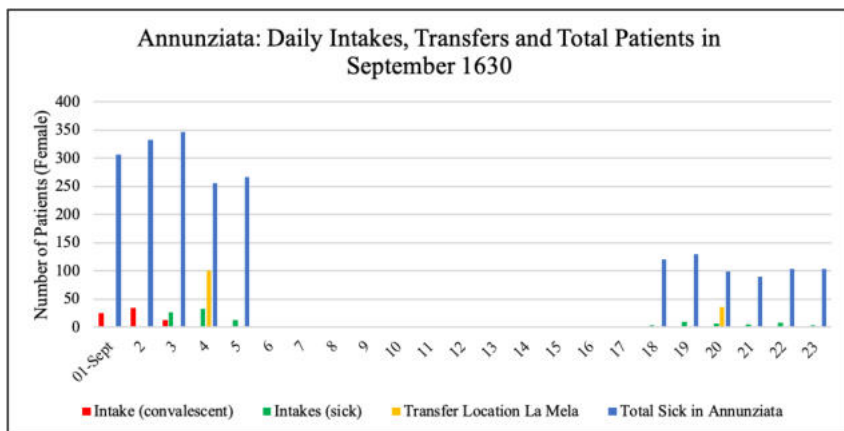


Chart 3.8

hospitals consistently maintaining gender divisions either by way of assigning one gender to one complex, or adopting different buildings within a singular complex to divide the sexes.

When the *lazzaretti* network was established, both genders were treated within each individual complex. As mentioned, Angeli held men and women in the early months of the plague before the establishment of Annunziata for women. Also during the first stages of the plague, La Mela had been chosen as a convalescent site and was used for both genders.<sup>551</sup> Moreover, the initial data

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<sup>551</sup> Anonymous, ASV, Bologna, 282, f. 265 r.v., undated, as cited in Brighetti, *Bologna e la peste del 1630*, 273. The letter notes, “La Casa della Mella et unite per convalescent maschi et femmine.” Moratti records that the shops and homes around La Mela were cleared as part of the preparation for the new *lazzaretti* on 15<sup>th</sup> of June. Moratti, *Racconto degli ordini*, 7-8.

shows that both men and women were sent to San Giuseppe for a period of convalescing at the beginning of July 1630.<sup>552</sup> In the first week of July 1630, Orimbelli records three transfers of female patients directly from Annunziata, along with five transfers of male patients from Angeli, to San Giuseppe.<sup>553</sup> At the beginning when case numbers were still climbing, the segregation of genders was achieved through the use of multiple structures within and adjacent to the San Giuseppe complex. A notation dated 1<sup>st</sup> of July 1630 describes, “uomini convalescenti a S. Giuseppe; Donne nella chiesa et casa vicina” (men convalescing in San Giuseppe; Women in the church and neighbouring house).<sup>554</sup> Architecture was used to create physical barriers between genders at one location using the convent, church and private homes as isolated care spaces.

These arrangements, however, were fleeting. By the 11<sup>th</sup> of July 1630, a series of transfers occurred which points to a decision to segregate the sexes using separate locations. The first transfers from Annunziata to La Mela of women are noted, along with transfers from La Mela to Belpoggio, likely of men. After this point, male patients were sent from Angeli to Belpoggio exclusively.<sup>555</sup> From the 17<sup>th</sup> of July, men were no longer sent to San Giuseppe.<sup>556</sup> These transfers represent the emptying of La Mela of male

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<sup>552</sup> Orimbelli, *Libro di dare et avere*, 166r-169v.

<sup>553</sup> *Ibid.*, 166r-169v.

<sup>554</sup> *Ibid.*, 166r.

<sup>555</sup> *Ibid.*, 168r.

<sup>556</sup> *Ibid.*, 166r-169v.

patients and the cessation of transfers of male patients to San Giuseppe. This marked a shift away from the segregation of men and women housed within one complex, as had been done at La Mela and at San Giuseppe up until mid-July 1630. Moratti notes this exact moment. He describes that when too many convalescents and suspected people arrived at the hospitals, “si mandassero tutti gli huomini à Belpoggio, e le donne restassero à S. Gioseffo, il che fù di molto giouamento” (all the men were sent to Belpoggio, and the women remained in San (Giuseppe), which was very helpful).<sup>557</sup> Shortly after the men were removed from La Mela, female patients began to be transferred from the 20<sup>th</sup> of July onwards, from La Mela to San Giuseppe.<sup>558</sup>

This alteration in the designation of structures within the *lazzaretti* network by gender marked the start of a fairly standard process of transfers from mid-July until September 1630. The normal direction of transfer established in this time occurred for women from Annunziata to Mela and then from La Mela to San Giuseppe based on degrees of wellness and institutional capacity. The route for women is highlighted in an annotation in the *Libro di dare et avere* of 14<sup>th</sup> of July 1630; “Donne della mela sane già pèrè [?] di 15; et 20 giorno, che sane, ha da fare si ordini a S. Giuseppe, che ricevino i convalescenti.”<sup>559</sup> (Women in La Mela who have been

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<sup>557</sup> Moratti, *Racconto degli ordini*, 13.

<sup>558</sup> Orimbelli, *Libro di dare et avere*, 170r.

<sup>559</sup> *Ibid.*, 168v.

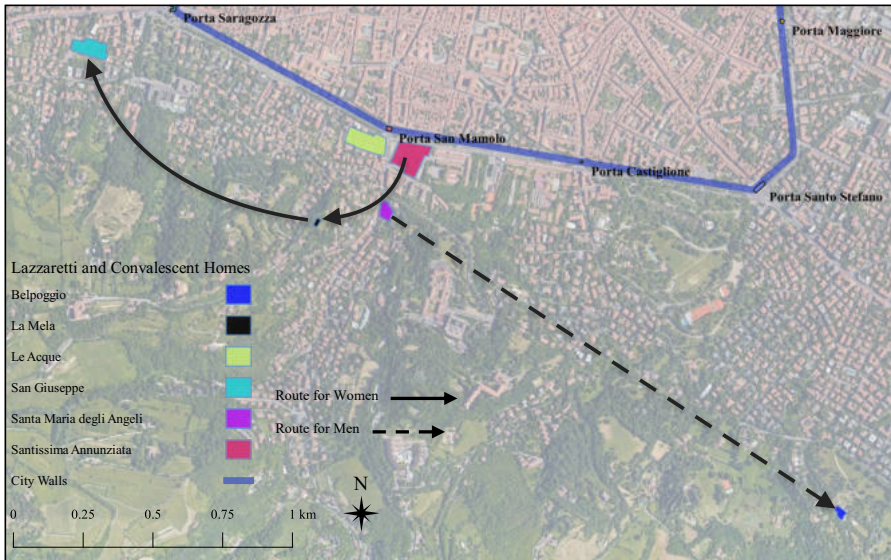
healthy for a period of 15-20 days, have to be sent to San Giuseppe, that receives the convalescents). This addresses the three stages of mobility of a female patient according to level of care. The first transfer to La Mela for convalescing women would have occurred for those who were no longer showing active symptoms or who were clearly improving, in the case of overflow. Then after presenting with good health in La Mela, their second transfer would have taken place for the period of further convalescence and quarantine necessary before returning to the city in San Giuseppe. Men also experienced a similar route. Normally consisting of two stages of transfers, the men went from Angeli *lazzaretto* to Belpoggio, the primary location for convalescing men (Map 3.3). There is only one exception to this. A notation from the 25<sup>th</sup> of October 1630 under transfers from Angeli notes “usciti alla prima convalascenza 21; usciti alla seconda convalascenza 26” (exited to the first convalescence 21; exited to the second convalescence 26).<sup>560</sup> Although the locations are not supplied, we can gather that in this instance the men were sent to two different convalescent homes, perhaps based on level of care needed or the capacity of the receiving institutions.

The stages of these transfers between institutions in the network for both women and men reflect a preference to isolate the very ill from the recovering, and to further divide those quarantining, thereby lowering risk. Further,

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<sup>560</sup> Ibid., 176v.

### Main Lazzaretti of Bologna (1630-1)



Map 3.3. The route of transfers from the main *lazzaretti* to convalescent homes. Map created using QGIS by author.

in its ideal form, the transfer of patients should have supported proper resource allocation to the hospitals, ensuring that appropriate funds, medicine, beds and employees were provided according to the institutions' designation. Finally, these moves signal how gendered divisions were maintained across the network.

In practicality, there were moments when overcrowding pushed patients through the network more quickly, and not because they had actually recovered. For instance, a letter from early August 1630 indicates that in order to deal with the volume of plague victims, Orimbelli shuffled patients between convalescent homes and from the *lazzaretti* to convalescent homes. He wrote that he would send 78

women from La Mela to San Giuseppe, more from Annunziata to La Mela, and 30 men would be sent to Belpoggio from Angeli to allow more plague victims to come from the city.<sup>561</sup> These patients took the same route through the network as they would have taken had they reached their next stage of recovery; however, in this instance, patients were transferred before they overcame the worst. Orimbelli's correspondence also reveals that despite being overwhelmed with the sick and dying, he encouraged the sick to continue to enter the *lazzaretti*, highlighting the charitable purpose of this institution.

In moments when Annunziata and La Mela were at capacity, the route through the network was shortened and women skipped a period in La Mela and went straight to San Giuseppe. Orimbelli addressed this exact phenomenon to Cardinal Spada in July 1630 sharing his intentions to reorganise patients to different facilities in order to make space in the main *lazzaretti*. He wrote:

Postdimani li manderanno donne risanate in qualche buon numero a S. Giuseppe, et homini risanati in qualche buon numero a Belpoggio. E dal luogo delli infermi e inferme, se ne caveranno in buon numero pure convalescenti: et da qualche strano accidente in poi, l'ospitale della Nonciata, che è quello del le donne per tutta la seguente settimana spero resterà poco men[o] che libero (The day after tomorrow,

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<sup>561</sup> Orimbelli, A.S.V, Bologna, 282, f. 230, 6<sup>th</sup> of August, 1630, written to Spada, as cited in Brighetti, *Bologna e la peste del 1630*, 287.

women who have been healed in a good number will be sent to S. Giuseppe, and men who have been healed in some good numbers to Belpoggio. And from the place of the sick, male and female, they will get away in good numbers even convalescing [patients]: and from some strange accident onwards, the hospital of the Annunziata, which is that of the women, for the whole following week I hope it will remain a little less than free).<sup>562</sup>

This large transfer of female patients directly from Annunziata to San Giuseppe is recorded on the 26<sup>th</sup> of July at a moment when Annunziata had 538 patients. In his ledger, Orimbelli records that the patients at Annunziata “Usciti risanate a S. Giuseppe no. 78” (exited healed to San Giuseppe 78).<sup>563</sup> This notation implies that these women were well on their way to recovery when they were transferred to San Giuseppe. However, given the high numbers in Annunziata, it is more likely that the patients were transferred because of overcrowding. The second instance of this type of transfer directly to San Giuseppe did not occur again until the 19<sup>th</sup> of October.<sup>564</sup> Skipping La

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<sup>562</sup> Letter addressed to “Cardinale Padrone” [Spada] transcribed in *Libro* under a letter dated the month of July, 1630. This letter was likely penned by Orimbelli himself and coincides with recorded transfer of patients directly from Annunziata to San Giuseppe on 26<sup>th</sup> of July, 1630. Orimbelli, *Libro di dare et avere*, 182r.

<sup>563</sup> *Ibid.*, 170v.

<sup>564</sup> *Ibid.*, 176r.

Mela on the route to recovery appears to be the exception not the rule in the data.

Children who entered the *lazzaretti* network appear to have been cared for alongside adults, although there is limited data to confirm a child's experience. Orimbelli's accounts record only two instances of transfers of children, which demonstrate their presence in the *lazzaretti*. On the 11<sup>th</sup> of July, 1630, 107 people, including "fanciulli" (children) exited La Mela and went to Belpoggio.<sup>565</sup> This transfer occurs on the same date that male patients were being removed from La Mela and sent to Belpoggio. It is likely that these children were young boys transferred alongside adult males. On the 14<sup>th</sup> of July there is a note "morto un puttino" that indicates the death of a male child at La Mela.<sup>566</sup> The second transfer notation, registered on the 27<sup>th</sup> of July, 1630, marks a transfer of 91 people from Annunziata to la Mela, observing that "Uscite alla Mela compresi tredici fanciulli" (exited to La Mela including thirteen children).<sup>567</sup> The choice to use the masculine plural noun of "fanciulli" implies that at least one male boy was included. As no adult males were present in La Mela at this stage, it is likely that smaller children, comprising of both sexes, were sent to the *lazzaretto* for women and were subsequently sent to La Mela, along with female convalescent patients.

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<sup>565</sup> Ibid., 167v-168r.

<sup>566</sup> Ibid., 168v.

<sup>567</sup> Ibid., 171r.

The director of the *lazzaretti*, Orimbelli, was praised for his ability to maintain the integrity of his patients during the crisis in Bologna through gender separation. It was described by an anonymous contemporary that Orimbelli:

...esercitò il carico commessoli con grandissima prudenza vigilanza e carità, ovviando per tempo a molti scandali che potevano nascere dal rimescolamento d'uomini e donne senza alcun riguardo, col separare gli uni dall'altre; provvedendo a tutti i bisogni necessari e per le anime e per i corpi, et insomma con tanta soddisfazione et edificatione pubblica. (he exercised the burden committed with great prudence vigilance and charity, remedying in time many scandals that could arise from the reshuffling of men and women without any regard, by separating one from the other; providing for all the necessary needs and for souls and bodies, and in short, with so much satisfaction and public edification).<sup>568</sup>

This account, as we shall discover shortly, is not entirely faithful to the true events, as numerous scandals arose under the rooves of the *lazzaretti*. It does speak to the

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<sup>568</sup> Archivio Generale della Compagnia di Gesù, *Vitae Nostrorum*, volume 148, f. 205.v., manuscript, volume dates from 1556 – 1640, Archivum Romanum Societatis Iesu, as cited in Brighetti, *Bologna e la peste del 1630*, 83, note 16.

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Morti di Contagio nella Città, e Lazaretti.

	Angeli	Nonciata	Città	in tutto
Giugno	num. 357	584	785	num. 1726
Luglio	num. 890	1049	2715	num. 4654
Agosto	num. 735	929	2928	num. 4592
Settembre	num. 248	257	695	num. 1200
Ottobre	num. 117	168	340	num. 625
Novembre	num. 55	61	217	num. 333
Dicembre	num. 29	43	196	num. 268
	num. 2431	3091	7876	num. 13398
Morti d'altro male in detto tempo				num. 1181
Morti nel Cōrado per tutto il sudetto tēpo				num. 16300
				num. 30879

Figure 3.14. Deaths from contagion in the city and lazaretti, Moratti, *Racconto degli ordini*, 120.

earnest attempts to maintain physical boundaries between the sexes and perhaps a wider perception that Orimbelli had succeeded in his capacity as *lazaretti* director.

As we have seen, when case numbers grew, the *lazaretti* network expanded, designating structures by gender and care classifications. At the close of summer, there were shifts in these classifications. It is evident by the numbers of daily patient intakes that the epidemic was slowing down by the first few weeks of September (Charts 3.7 and 3.8). This is confirmed by the accounts of deaths in

the city and *lazzaretti*. According to the estimates of deaths provided by Moratti, there were 4654 total deaths in July, 4592 in August, 1200 in September, and 625 in October 1630 (Fig. 3.14).<sup>569</sup> The reduction in cases resulted in a retraction of the *lazzaretti* network, illustrating the temporary and adaptable nature of the network approach.

Assessing exactly when these shifts took place is complicated by the large absence of data in Orimbelli's ledger during the decline of the epidemic, presenting challenges for certain conclusions to be made. There are gaps in the records ending on the 18<sup>th</sup> and restarting on the 31<sup>st</sup> of August 1630. Records are present from the 1<sup>st</sup>-5<sup>th</sup> and 18<sup>th</sup>-23<sup>rd</sup> of September but do not began again until the 17<sup>th</sup> of October, 1630 (Table 3.2). As mentioned, some of the discrepancies in the data coincide with the illness and death of Orimbelli, the director of the *lazzaretti* network. The subsequent management changeover resulted in style changes to the ledger: less data is given, with limited information on the location of convalescent homes. The ledger is divided by gender instead of location, but it follows the same column pattern as was previously recorded, indicating Angeli for men and Annunziata for women. Moreover, the designation by gender of patients from the *lazzaretto* to the convalescent institutions is maintained, as male patients are indicated to Belpoggio and

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<sup>569</sup> Moratti, *Racconto degli ordini*, 120.

female patients to San Giuseppe.<sup>570</sup> Further exclusions in the ledger include the total absence of patient records for La Mela, with the last account recorded on the 23<sup>rd</sup> of September;<sup>571</sup> however, La Mela was in use well into December.<sup>572</sup>

Alterations in the ledger confirm that there was a change in the designation of some institutions. Annunziata began to admit convalescent patients in early September.<sup>573</sup> And as numbers were drastically reduced from mid-October, notations in *Libro di dare et avere* frequently emerge confirming that both Angeli and Annunziata had people convalescing and sick in the same location.<sup>574</sup> At this juncture, the ledger reveals the arrival and presence of patients classified by a variety of conditions residing within one institution at both Angeli and Annunziata (Table 3.2). For instance, on the 26<sup>th</sup> of October, the ledger records that

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<sup>570</sup> On the 19<sup>th</sup> of October, the book notes under the column for men, “mandata per convalescenti no 46; usciti a Belpoggio 16” and under the column for women, “mandate per convalescenti 75; uscite a S. Giuseppe no 39” confirming that the location of the data was referring to patients in Angeli and Annunziata being transferred to convalescent homes, Orimbelli, *Libro di dare et avere*, 176r.

<sup>571</sup> *Ibid.*, 175v.

<sup>572</sup> A letter dated 30<sup>th</sup> of December, 1630, outlines the personnel and patients present and indicates La Mela as having staff and patients on that date. ASV, Bologna, 282, f. 215, as cited in Brighetti, *Bologna e la peste del 1630*, 280.

<sup>573</sup> Three instances of convalescent entries in to Annunziata are recorded for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, of September, 1630 Orimbelli, *Libro di dare et avere*, 174v.

<sup>574</sup> *Ibid.*, 175v-176r.

Annunziata had 71 convalescents, 63 sick, and 50 healed, while in Angeli there were 40 convalescent and 49 sick.<sup>575</sup> This type of notation is repeated often.<sup>576</sup> Additionally, the first indications appear of patients suspected, and not convalescing or necessarily sick of plague, arriving from November to Annunziata and from December to Angeli.<sup>577</sup>

As the epidemic came to a close, November and December 1630 records show that some patients were discharged from either Angeli or Annunziata and were transferred directly to quarantine or were let go healthy to undefined locations.<sup>578</sup> For example, the dismissals records for Angeli show that on the 11<sup>th</sup> November “usciti all quarantena 9” on the 13<sup>th</sup> “usciti alla convalescenza 4”, and on the 14<sup>th</sup> of November, “usciti sani 6”.<sup>579</sup> From Annunziata, a notation from the 6<sup>th</sup> of November reads “uscite a medicare 9; uscite 6”, differentiates between those who still required some care but were discharged and those

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<sup>575</sup> Ibid., 176v.

<sup>576</sup> See also data for 31<sup>st</sup> of October, 1<sup>st</sup>, 4<sup>th</sup>, 19<sup>th</sup>, and 21<sup>st</sup> of November. Orimbelli, 177r-v, 178v, 179r.

<sup>577</sup> Those suspected of plague arrived in Annunziata on the 2<sup>nd</sup> and 27<sup>th</sup> of November and to Angeli on the 10<sup>th</sup> of December, 8<sup>th</sup> and 9<sup>th</sup> of January. Orimbelli, *Libro di dare et avere*, 177r, 179r, 179v, 180v, 181r.

<sup>578</sup> Dismissals from Annunziata of patients classified as healthy, either designated as male or female and classified as either ‘usciti sani’ or ‘uscite sane’, occur frequently from 11<sup>th</sup> of November until 8<sup>th</sup> of December. Orimbelli, *Libro di dare et avere*, 178r-179v. Dismissals from Angeli of patients classified as ‘usciti sani’ (male patients) occurs from 3<sup>rd</sup> of November, 1630 until 5<sup>th</sup> of January, 1631. Orimbelli, *Libro di dare et avere*, 177r-v-181r.

<sup>579</sup> Ibid., 178r.

who are simply discharged.<sup>580</sup> These accounts suggest that some people were sent directly to quarantine or convalescing spaces from the *lazzaretti* and perhaps some even went directly home from the *lazzaretti* at least by November 1630.

At the height of the epidemic, there were strong divisions between genders and level of care between the *lazzaretti* and convalescent structures. However, even these norms were temporary. By November there began to be a mix of men and women in the Annunziata *lazzaretto*. Under a notation of 10<sup>th</sup> November 1630, Annunziata is recorded to have “Uomini infermi no. 23; Donne inferme no. 38” (men sick 23; women sick 38).<sup>581</sup> Moreover, under dismissals for Annunziata for 11<sup>th</sup> November, it is noted that, “usciti sani homini 10; donne 3” (exited healthy men 10; women 3), once again demonstrating the presence of both genders in Annunziata (Table 3.2).<sup>582</sup>

A register of *lazzaretti* personnel and patients completed on the 10<sup>th</sup> of November 1630, includes a notation, “Alla Casa della Mela, et agli Angeli: Uomini convalescenti e sospetti: no. 73; Donne nel medesimo grado: n. 95” (At the House of La Mela, and at Angeli: men convalescing and suspected: 73; women in the same condition: 95).<sup>583</sup> This demonstrates that convalescent and

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<sup>580</sup> *Ibid.*, 177v.

<sup>581</sup> *Ibid.*, 164v.

<sup>582</sup> *Ibid.*, 178r. On the 20<sup>th</sup> of November, there is another dismissal of male patients from Annunziata, 178v.

<sup>583</sup> *Ibid.*, 165r.

those suspected of illness were under one roof. It possibly indicates that both genders were present together, or it could be that women were in La Mela and men in Angeli. It seems more likely that Angeli remained a segregated space for men, as the ledger never indicates the presence of females, unlike Annunziata that registers both men and women.<sup>584</sup> Despite this, by December, La Mela is recorded to have had women and men quarantining: “Homini alla quarantena N. 20...Donne alla quarantena N. 15” (Men in quarantine 20...women in quarantine 15) (Table 3.2).<sup>585</sup>

Moratti chronicles that by mid-November 1630, when the Annunziata *lazzaretto* only had a small number of sick, patients were transferred to other nearby buildings belonging to La Mela site, in order that Annunziata could be cleaned and returned to its pre-plague state.<sup>586</sup> However, *Libro di dare et avere* continues to record patient arrivals to Annunziata, along with deaths, until the 10<sup>th</sup> of December 1630 (Table 3.2).<sup>587</sup> The first indication that Annunziata was being prepared to close occurred in the first week of

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<sup>584</sup> Notations for Angeli maintain the male plural form throughout, for example, in the use of ‘usciti sani’. Meanwhile Annunziata records distinguish between male and female patients at that location by indicating either ‘uscite sane’ or ‘usciti sani’.

<sup>585</sup> ASV, Bologna, 282, f. 215, letter dated 30<sup>th</sup> of December, 1630, as cited in Brighetti, *Bologna e la peste del 1630*, 280.

<sup>586</sup> Moratti notes that the closure date was the 20<sup>th</sup> of November, Moratti, *Racconto degli ordini*, 103-104. However, *Libro di dare et avere* records incoming and outgoing patients until the 10<sup>th</sup> of December 1630, Orimbelli, *Libro di dare et avere*, 179v.

<sup>587</sup> Orimbelli, *Libro di dare et avere*, 179v.

December. A notation in the ledger reads “si fece l’inventario della biancheria dell’annonciata” (the inventory of the linen of Annunziata was made).<sup>588</sup> A similar inventory was made in June at the opening of Annunziata as a *lazzaretto* and a second inventory conceivably marked its impending closure.<sup>589</sup> The last patient entered Angeli on the 9<sup>th</sup> of January, with the final dismissals of patients noted on the 12<sup>th</sup> of January, 1631.<sup>590</sup> Moratti records that the use of Belpoggio, San Paolo di Ravone, and San Giuseppe had ceased before Annunziata and Angeli closed.<sup>591</sup> It is difficult to gather from the ledger at what point Belpoggio and San Giuseppe were shut, but it is certain that all of the remaining *lazzaretti* structures were closed in early January.<sup>592</sup>

### Multi-Purpose Spaces

A major attribute of early modern *lazzaretti* were that their designs frequently took the requirement for flexibility into consideration. An advantage of requisitioning numerous structures on a temporary basis, as was achieved in Bologna, facilitated change and adaptability. This is

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<sup>588</sup> *Ibid.*, 179v.

<sup>589</sup> Moratti, *Racconto degli ordini*, 8, 10. When its inhabitants vacated the property, the monks were sent to Monastero de’ Celestini, inside the walls of the city, with the Celestini monks moving to other homes and shops. Moratti, 11.

<sup>590</sup> Orimbelli, *Libro di dare et avere*, 181r

<sup>591</sup> Moratti, *Racconto degli ordini*, 100.

<sup>592</sup> *Ibid.*, 113-4. Orimbelli, *Libro di dare et avere*, stops recording patients on the 12<sup>th</sup> of January, 181r.

potentially one of the most crucial assets of a network approach to *lazzaretti* and demonstrates an early modern understanding of care facilities as dynamic spaces.

*Lazzaretti* were commonly conceived as multi-purpose in character. Milan's San Gregorio housed patients, caretakers, and city officials responsible for the purging of goods entering Milan from suspected zones, and thirty-two rooms for the purging of said goods.<sup>593</sup> The substantial allocation of rooms for the storage and cleaning of goods shows the importance of maintaining trade into Milan for the economic survival of the city, and also for meeting the subsistent needs of the population with the imports of food, wine and medicine necessary to maintain the health of Milan. Moreover, Milanese physician Tadino noted that there were five prisons cells, "pregioni per gli disubidenti" (prisons for the disobedient).<sup>594</sup> He also acknowledged the flexibility of the spaces within the *lazzaretto*, noting that the "Cavagliere Sopraintendente habbia auttorità di restringerle, & ampliarle come più giudicherà di servizio alla publica, & privata salute" (the Knight Superintendent has authority to reduce and expand [their dimensions] as he judges of service to the public, and private health).<sup>595</sup> The ability to shift the uses of these spaces would still have been limited to the ideals of containment between the sick, those suspected of illness, and the activities performed for the running of the hospital. However, this illustrates an

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<sup>593</sup> Tadino, *Raguaglio dell'origine*, 58.

<sup>594</sup> *Ibid.*

<sup>595</sup> *Ibid.*, 59.

understanding of the *lazzaretto* as a dynamic built environment.

As we have seen in this chapter, the very nature of the multiple structure approach employed in Bologna permitted a flexible response. Beyond the flexibility of the network itself, expanding and retracting according to need, the individual structures were multi-purpose, which may have added to their effectiveness. The *lazzaretti* and convalescent structures in Bologna frequently had more than one function, making clear the early modern understanding of these spaces as flexible, dynamic and evolving.

The versatility of these charitable institutions is demonstrated in their function beyond community care. As an example, the courts sentenced women who breached the general quarantine of women in the city to imprisonment in the holding cells of San Gregorio, the workhouse that served as a minor convalescent home.<sup>596</sup> The adaptability of the hospitals is exemplified by San Giuseppe, a convalescent home that served to quarantine those who were leaving the *lazzaretti* for a period of time before they could return to the city.<sup>597</sup> In addition to its main function, San Giuseppe accommodated those suspected of illness,

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<sup>596</sup> Pastore notes the location of the imprisoned women as Ospedale dei Mendicanti, which was another name for San Gregorio. Pastore records that the outcome of how many women chose service in the *lazzaretto* instead of agreeing to pay the charges is not recorded in the court documents. Pastore, *Crimine e giustizia*, 98.

<sup>597</sup> Moratti, *Racconto degli ordini*, 12-13.

citizens who would have gone directly there from the city.<sup>598</sup> Beyond caring for those recovering or potentially ill, primary documents record that San Giuseppe had a department for the quarantine and disinfection of goods.<sup>599</sup> This aspect was extremely important for the continuation of trade, ensuring that necessary resources arrived into the city.

Moreover, convalescent homes served as quarantine spaces for medical professions between periods of service. As mentioned, Belpoggio, the central convalescent home for men, was used as a point of rest for doctors between their terms at the plague hospitals. Moratti's chronicle records that Cardinal Spada organised a rotating schedule of health practitioners that would serve for fifteen days in the *lazzaretti* and then enter a period of quarantine for the same duration to reduce the spread. After such period, the health practitioners could return to work for another cycle. Each cycle would consist of "two doctors of the city, two barbers, two surgeons, two apothecaries, & other servants."<sup>600</sup> This practice was used every fortnight, as doctors were given payment to serve the *lazzaretto* for fifteen days and then a required period of quarantine for

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<sup>598</sup> *Notificazione agli Assonti delle parocchie sui particolari bisogni degl'infermi in tempi sospetti di contagio*, 19<sup>th</sup> June 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 78.

<sup>599</sup> Archivio di Stato, Bologna, *Minute di Lettere, Assunti della Sanita all'Ambasciatore*, vol. 32, f. 115 r., as cited in Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 232.

<sup>600</sup> Moratti, *Racconto degli ordini*, 23.

another fifteen days.<sup>601</sup> It is unclear from the primary sources if other employees in the *lazzaretti*, such as the nurses, laundresses, cooks, or cleaners, were also a part of this work rotation. A similar fifteen-day rotation for doctors was proposed in Florence, although as John Henderson describes, in practice, medical staff were few and served in the hospitals for lengthy periods of time without respite.<sup>602</sup>

Working beyond the scheduled two-week period is likewise documented in Bologna. A doctor Gio. Polani, worked in the Castelfranco *lazzaretto* outside of Bologna for the month of June before being permitted to take a break at Belpoggio. He “riposatosi in Belpoggio alquanto” (rested in Belpoggio somewhat) before returning to work in Lazzaretto degli Angeli.<sup>603</sup> Additional instances of quarantines conducted by health professionals are recorded by Orimbelli without mention of the duration of rotations. Doctor Amaseo and barber surgeon Angelo Michele were noted to have quarantined in Belpoggio between service;<sup>604</sup> another Doctor di Castel Durante is recorded to have quarantined in La Mela in December.<sup>605</sup> Requests also came for doctors to quarantine in their own homes, which appear

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<sup>601</sup> *Ibid.*, 24.

<sup>602</sup> Sanità, Negozi 152, ff. 861r–v, 19.xi.1630, and f. 1103v: 25.xi.1630, as cited in Henderson, *Florence Under Siege*, 212.

<sup>603</sup> Moratti, *Racconto degli ordini*, 33.

<sup>604</sup> Orimbelli, *Libro di dare et avere*, 169r. 3<sup>rd</sup> of July, 1630.

<sup>605</sup> ASV, Bologna, 282, f. 215, letter dated 30<sup>th</sup> of December 1630, as cited in Brighetti, *Bologna e la peste del 1630*, 280.

to have been granted.<sup>606</sup> These records all demonstrate a great deal of movement by health professionals between plague hospitals and from *lazzaretti* to convalescent spaces, even to private dwellings, as frequently as every two weeks.

The movement of patients within the hospital network of Bologna reveals valuable information on the strategies of seventeenth-century public health management in Italy. The advantage of the large network of complexes was the flexibility that this management strategy permitted. Their functions were multi-purpose, and addressed the various activities involved in dealing with the plague; from the cleaning and quarantining of goods, to the inclusion of spaces to hold prisoners who filled vital work roles within the *lazzaretti*. Moreover, the distance between these structures permitted a physical separation between patients according to degree of illness and care required, potentially reducing the spread and allowing for more individualised treatments. Multiple individual structures enabled a continuous shuffle of people to make appropriate space and allow for arrangements for the plague victims. Finally, the *lazzaretti* network strategy permitted frequent shifts in the use of structures, while guaranteeing gender divisions. These institutions could evolve, and their role within the network could be activated or deactivated according to need.

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<sup>606</sup> Orimbelli, *Libro di dare et avere*, 169r. 3<sup>rd</sup> of July 1630.

Now this discussion will address how the attributes of the *lazzaretti* network previously outlined were deeply imperfect in aiding with the management of plague in 1630-31 Bologna. The remainder of this chapter will address the experience within the *lazzaretti* for the patients and staff. It will challenge the concepts of containment and separation, and will even cast doubt on the success of these institutions as being in service to the needs of the poor.

## **Porous Boundaries**

The image of the *lazzaretti* as guarded castles may have been the ideal, but they were more porous in reality. The fluidity of the boundaries between the *lazzaretto* and the community at large is acknowledged by Stevens Crawshaw. She documents that plague hospitals maintained their connections to their city through the established system of aid giving.<sup>607</sup> Moreover, she emphasises that “quarantine was...a collective experience”, often with entire neighbourhoods being sent simultaneously and with the recovering sick being permitted visitors.<sup>608</sup> Henderson outlines how there was regular and continuous communication between those inside the *lazzaretti* and relatives and city officials within Florence.<sup>609</sup> Additionally, in Florence and Venice, relatives

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<sup>607</sup> Stevens Crawshaw, *Plague Hospitals*, 15.

<sup>608</sup> *Ibid.*, 15.

<sup>609</sup> Henderson, *Florence Under Siege*, 220.

could obtain permits to visit their sick in the *lazzaretti*.<sup>610</sup> And as was the case for Bologna, employees in Florence were transferred between plague hospitals and the convalescent and quarantine spaces.<sup>611</sup>

The *lazzaretti* of Bologna had degrees of permeability of their protective structures. The relatives of patients were permitted to visit the plague hospitals. The director of the *lazzaretti*, Padre Angelo Orimbelli, allowed people from the city into the *lazzaretti* to visit the sick, a lenient policy that prompted a formal complaint.<sup>612</sup> Furthermore, Bologna's tribunal records disclose instances in which those inside the *lazzaretti* violated the physical boundaries of their institutions. For instance, a case was brought forward by the landowners residing in property adjacent to Belpoggio convalescent home against a few individuals who left its boundaries in order to "raccogliere castagne in un terreno contiguo al lazzaretto" (collect chestnuts in a land adjacent to the hospital).<sup>613</sup> This account speaks to the porous and unguarded nature of the enclosure, left vulnerable to the movement of patients as well as *lazzaretti* workers.

The permeability of early modern plague hospitals is exemplified by several instances of staff escaping the

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<sup>610</sup> On Venice, Stevens Crawshaw, *Plague Hospitals*, 147–8, as cited in Henderson, 226; On Florence see Sanità, Negozi 152, f. 492r, 11.xi.1630, as cited in Henderson, *Florence Under Siege*, 226.

<sup>611</sup> Henderson, *Florence Under Siege*, 225-6.

<sup>612</sup> Anonymous. ASV, Bologna, 282, ff.417-419, 1630, as cited in Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 232.

<sup>613</sup> ASB, *Torrone Maleficiorum primus*, Paolo Forti, 5752, cc. 337r-v., as cited in Pastore, *Crimine e giustizia*, 137, note 54.

*lazzaretti*. As a comparative reference for Bologna, Henderson observes that there were a number of court cases in Florence during the 1630-31 plague of employees who tried leaving their posts in the *lazzaretti*, along with cases of theft from staff and visitors who were discovered while exiting the hospitals.<sup>614</sup> Likewise, Bologna had its fair share of controversies around employees who escaped their posts in the *lazzaretti*.

The disappearance of the doctor Giovanni Favari, who had volunteered to serve in the *lazzaretti*, caused a great scandal in June 1630.<sup>615</sup> *Bando contro il dottor Giovanni Favari Medico* published 20<sup>th</sup> of June 1630 records that the physician, who worked in the Angeli *lazzaretto* for men outside the city gate of San Mamolo, escaped along with a few accomplices.<sup>616</sup> The edict provides a physical description of the doctor, characterised as a man of fifty years with a beard, that was given to the communal authorities tasked with finding him. The fugitives were given one day to return voluntarily to the *lazzaretto* or they faced the death penalty. The authorities outlined that any person who discovered them after 22<sup>nd</sup> of June was given permission to “ucciderli impunemente” (kill them with impunity).<sup>617</sup> Moratti’s chronicle provides a more detailed narration of the event, recounting how the men fled the

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<sup>614</sup> Henderson, *Florence Under Siege*, 220-2.

<sup>615</sup> Moratti, *Racconto degli ordini*, 24.

<sup>616</sup> *Bando contro il dottor Giovanni Favari Medico*, 20 giugno 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 81.

<sup>617</sup> *Ibid.*

*lazzaretto* through the garden door by the hospital cemetery of the Angeli *lazzaretto*. The seriousness of these actions necessitated the posting of guards on all routes leading away from the city and a general search ensued. Favari was quickly found in the mountain pass on the way to Florence.<sup>618</sup> Unable to stand, he was hoisted over a donkey and carried back to Bologna. Once he arrived, the authorities were sympathetic to his deteriorating condition and he was pardoned by Cardinal Spada, though he died of the contagion in the *lazzaretto* within days.<sup>619</sup>

Another breakout of three *lazzaretti* workers was announced in an edict of 21 October 1630. The *bando* describes the escaped men as three prisoners sentenced to work in the *lazzaretto* under penalty of death: Bernardo Torre (alias Castellano da Castel S. Pietro), Alessandro Giusto da Loiano and Cintio Cinti da Monzone.<sup>620</sup> The call to find them asks the officials of the commune to track

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<sup>618</sup> Moratti, *Racconto degli ordini*, 24. Moratti describes the town as the Commune di Monzone, which is in Modena and not on the route to Florence; however, later he describes the travel route and discovery of other fugitives who were found on the road to Florence in the Commune di Monzuno, which is just outside Bologna properly on the route to Florence. It is possible then that Falvi was discovered in Commune di Monzuno.

<sup>619</sup> *Ibid.*, 24.

<sup>620</sup> *Bando contro Bernardo Torre, Alessandro Giusto e Cinzio de Cinzii Fuggiti dal Lazzaretto*, 21<sup>st</sup> October 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 132; Donini uses the spelling of Cintio Cinti, Donini, *Raccolta di tutti li bandi*, 162. Moratti describes only two of these men, named as Bernardo Castellari da Castel S. Pietro, and Cinto Cinti da Monzuno. Moratti, *Racconto degli ordini*, 31.

them down, but once found, to keep a distance from them for “il pericolo di contagio” (the danger of contagion).<sup>621</sup> The *bando* asks that if it is not possible to take the prisoners alive, then it is acceptable to kill them without fear of prosecution. A reward of one hundred Lire was offered to bring them in dead or alive.<sup>622</sup>

Moratti narrates the story in more detail, describing how the men freed themselves from the chains around their feet, which gave alarm to the guards who followed the fleeing men. Torre was believed to have been killed in the mountains on his way to Florence, while Cinti was stopped in the Commune of Monzuno after spending three days hiding in the woods. Cinti had signs of the plague on his face, and his captors opted to take him down using stones and canes so that they did not touch him.<sup>623</sup>

Testimonies from witnesses called in the cases of the fugitives Cinti and Giusto, as discussed by Pastore, note that the *lazzaretto* ““è luogo aperto che ognuno può andar via a suo beneplacito [...] si può andar via per tutto che le muraglie sono bassissime”” (it is a place that everyone can leave at their own will...you can go everywhere because the walls are very low).<sup>624</sup> These testimonies give an

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<sup>621</sup> *Bando contro Bernardo Torre, Alessandro Giusto e Cinzio de Cinzii Fuggiti dal Lazzaretto*, 21<sup>st</sup> October 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 132.

<sup>622</sup> *Ibid.*

<sup>623</sup> Moratti, *Racconto degli ordini*, 32.

<sup>624</sup> Archivio di Stato di Bologna (ASB), *Torrone Maleficiorum primus*, Paolo Forti, 5764, c. 798r-v., as cited in Pastore, *Crimine e giustizia*, 137.

indication of the ease of escape through the architectural boundaries established to protect and guard the *lazzaretti* personnel, patients and prisoners. For those prisoners, however, they had other barriers to overcome, including chains and guards.

The outcome of Giusto's tale is revealed in a case brought to the Torrone courts in January 1631 against Giusto's family who were accused of hiding him in the woods in Loiano after his escape from the *lazzaretto*. By the time this case was brought forward, Giusto had been murdered by virtue of the order and reward to catch or kill upon discovery.<sup>625</sup>

Pastore's analysis of court documents suggests that the events pertaining to Cinti occurred in July 1630, and not in October 1630 as the *bando* suggests. He notes that Cinti had been charged with stealing cherries, linen and hemp and was subsequently sent to an unidentified *lazzaretto*.<sup>626</sup> After he fled, he was captured and transported back to Bologna on 6<sup>th</sup> of July and his death sentence was fulfilled on 19<sup>th</sup> of July at the gallows outside of the Annunziata *lazzaretto*.<sup>627</sup> His death is described with some peculiarity. As narrated by Moratti, since Cinti was sick with the plague, he was denied the presence of the

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<sup>625</sup> ASB, *Torrone*, 5776, cc. 158r-173v., as cited in Pastore, *Crimine e giustizia*, 134-5.

<sup>626</sup> ASB, *Torrone*, 5738, c. 201v; 5723, cc. 101r-124v; 275r-277r, as cited in Pastore, *Crimine e giustizia*, 133.

<sup>627</sup> ASB, *Torrone Maleficiorum primus*, Paolo Forti, c. 39v., as cited in Pastore, *Crimine e giustizia*, 134.

Compagnia della Morte, who comforted sentenced criminals before their deaths, and he was refused an executioner.<sup>628</sup> Instead, Cinti was comforted by two Capuchin priests the night before his hanging. On the day of his death, Moratti concludes that Cinti climbed the ladder for the gallows voluntarily and put the rope around his own neck to end his life.<sup>629</sup> These events demonstrate the complexities around crime and punishment during plague in which normal processes were discarded for the health and safety of the community at large.

The story of Torre, Giusto, and Cinti recalls a system in which normal prison sentences, frequently minor in nature, were converted into service in the *lazzaretti* during plague. Pastore describes the crimes for which people were sentenced to service in the *lazzaretti*, which included soldiers who deserted their posts, beggars and those who committed minor crimes.<sup>630</sup> Orimbelli's records show lists of employees present in the *lazzaretti*, highlighting numerous accounts of prisoners working in the plague hospitals of Bologna, although their origin stories are unknown.<sup>631</sup> Additionally, the archives of the *Torrone* court name other instances of escaped convicts, including a

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<sup>628</sup> Bologna, Biblioteca Comunale dell'Archiginnasio, ms. B 2286, page 233; Moratti, *Racconto degli ordini*, 31-2, as cited in Pastore, *Crimine e giustizia*, 134.

<sup>629</sup> Moratti, *Racconto degli ordini*, 32.

<sup>630</sup> Pastore, *Crimine e giustizia*, 130.

<sup>631</sup> Anonymous, ASV, Bologna, 282, f. 215, as cited in Brighetti, *Bologna e la peste del 1630*, 279-80. ASB; *Torrone*, 5771, c. 67 r and v. as cited in Pastore, *Crimine e giustizia*, 99.

group of fugitives who fled after months of service in the *lazzaretti*, and who were subsequently captured.<sup>632</sup> These stories emphasise that service in the *lazzaretti* implied degrees of comfort according to whether an individual was there voluntarily, as with the Doctor Favari, or charged with compulsory service by the courts. Once inside the *lazzaretti*, mobility was further limited through the use of chains on the prisoners.<sup>633</sup>

These escape stories, along with that of Doctor Favari and his accomplices, illustrate the fear and panic from officials over the potential spread of the contagion through escaped *lazzaretti* personnel. They were perceived to be carrying the illness, and indeed many were. Their captors took great effort to contain the prisoners while maintaining a physical separation. Moreover, these stories testify to the importance of capturing these fugitives for the greater well-being of the communities, a task that was not ignored by the captors who took great personal risk to bring them to justice. These accounts also show the different approaches to capture according to the status of the *lazzaretti* employee; the doctor is offered an opportunity to return on his own accord without punishment within a deadline, indicating that this person was of great value to the hospital system. In contrast, the escaped convicts were to be brought in dead or alive. Naturally, this follows their

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<sup>632</sup> Pastore, *Crimine e giustizia*, 135.

<sup>633</sup> Pastore also notes instances of prisoners who were forced to work in the *lazzaretti* for the crime of theft, were chained. *Ibid.*, 130.

initial sentencing, which was to serve in the *lazzaretti* on penalty of death.

The timing of Doctor Favari's death shortly after his escape, and the lengths taken to execute Cinti who had signs of the plague when he was found, could suggest that these individuals were already sick from the plague when they fled. This could point to a panic and paranoia when initial symptoms appeared, or a desire to escape dying in the plague hospital itself. Doctor Favari was offered clemency by officials while he was dying, making clear that even the authorities recognised the complexities around his actions, acknowledging the intense fear of the *lazzaretti* for those who worked there. Absolution was also offered to the accused, as was also the case for Cinti. Furthermore, Cinti's execution was exceptional. Despite the extreme threats of disobeying the law, as a rule, executions were extremely rare.

Execution statistics provided in *Libro di dare et avere* record the total deaths in the city and in the *lazzaretti* from the first of June until 12<sup>th</sup> of December 1630. Of note, the author registers only three people who died by hanging during this period.<sup>634</sup> Torrone documents, as reported by Pastore, account for the death of Cinti in July 1630 and the execution of three gravediggers in August 1630, who had "trasgredito le regole di vivere separati ed erano stati sorpresi a 'conversare pubblicamente'" (broken the rules of

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<sup>634</sup> Orimbelli, *Libro di dare et avere*, 182v.

living apart and were caught 'conversing publicly').<sup>635</sup> The combination of these two factors is what led to their ultimate demise. Not only were they residing with other people who did not have the same risk of carrying the illness as they did, they were discovered committing a grave error, meeting in a public space with others thus acting as spreaders.

The number of executions conducted from June until December 1630 as outlined in *Libro di dare et avere* do not express the complexity of crime and punishment during this period of plague in Bologna. Pastore affirms that during the period of plague in Bologna, few tried cases resulted in executions and instead minor penalties were awarded.<sup>636</sup> Pastore notes the example of Giovanni Cantori, a man sentenced to service in the *lazzaretto* for disobeying orders to quarantine himself after the death of his sister from plague in their home.<sup>637</sup> Cantori served in the plague hospital for five months before escaping with other accomplices. Cantori was never prosecuted. Rather, when his case was brought forward some months later, after plague declined, it was found to lack evidence and was

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<sup>635</sup> ASB, *Catalogo di tutte le giustizie seguite in Bologna dall'anno 1030 sino al 1539 estratto da varie croniche e manuscritte e stampate come si vede dalle note in margine. Dall'anno poi 1540 sino al tempo presente dalli libri nella Conforteria*, no shelfmark, dated 2<sup>nd</sup> of August 1630, as cited in Pastore, *Crimine e giustizia*, 137.

<sup>636</sup> *Ibid.*

<sup>637</sup> ASB, *Torrone Maleficiorum primus*, Paolo Forti, c. 96r., as cited in Pastore, *Crimine e giustizia*, 135.

classified as a minor offence not worth pursuing.<sup>638</sup> Pastore observes that this case shows how a period of distance from the events of the crime resulted in leniency. In particular, the danger of spreading the plague that this man initially presented to the wider population had passed, contributing to a reduced sentence for this type of crime.<sup>639</sup> While this presents a story of leniency, the impact of plague on the level of crime and the subsequent executions was far reaching beyond the initial period of the epidemic.

Rose's investigation into *Torrone* court records reveals that there were fifty-six executions from 1630-39. Fifty-two of those occurred in the years before 1635, generated by the "continuing instability wrought by plague."<sup>640</sup> Many of these executions were related to crimes of theft and murder. In particular, Rose notes four instances of plots to use the plague to mask murder in order to receive inheritance.<sup>641</sup> In his assessment of homicide in early modern Bologna, Rose asserts that the courts of Bologna were generally reluctant to follow through with the maximum sentences, preferring to focus on their role to "prevent cycles of revenge violence."<sup>642</sup> This indicates a general leniency in Bolognese courts to hand out death

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<sup>638</sup> ASB *Torrone*, 5782/1, cc. 52r-53r., as cited in Pastore, *Crimine e giustizia*, 135.

<sup>639</sup> *Ibid.*

<sup>640</sup> Rose, *A Renaissance of Violence*, 75.

<sup>641</sup> ASB., *Cronaci delle Giustizie seguite in Bologna del 1030 al 1750*, as cited in Rose, *A Renaissance of Violence*, 75.

<sup>642</sup> Rose, *A Renaissance of Violence*, 45.



Figure 3.15. Detail of figure 2.2. Anonymous, *La peste del 1630 a Bologna (Via S. Mamolo con scena di peste del 1630)*, c.1630, oil on canvas, (0.705 x 0.87m), Cassa di Risparmio di Bologna, Palazzo Pepoli, Museo della Storia di Bologna. Photographed by author.

sentences during and beyond the period of plague. Thus, it is fascinating that the visual evidence of street life in the painting of via San Mamolo, *La peste del 1630 a Bologna*, the version belonging to Palazzo Pepoli, illustrates the gallows and execution of three men in public (Fig. 3.15). It is plausible that these three men refer to the three gravediggers who were hung. Certainly, the image becomes

emblematic of the perception, and indeed the reality, that crime intensified in the course of the epidemic. The painting's depiction of capital punishment, alongside the removal of the sick and dying, is symbolic of the feeling of chaos brought about by this tumultuous period for the Bolognese.

These accounts of crime illustrate the porous and unguarded boundaries of the *lazzaretti* that facilitated illicit movements of people. The use of multiple structures to form a *lazzaretti* network in Bologna likewise led to opportunities for crime within the individual buildings.

## **Crimes of Theft and Assault**

The space of the *lazzaretti* provided opportune moments for crime that proved challenging to contain. The controlled environment did not protect patients, many of whose belongings, including jewellery and money, were stolen from those who worked in the hospitals.<sup>643</sup> Moreover, Moratti's account details that there was concern that items of clothing stolen from the sick or dead would be reintroduced into the city.<sup>644</sup> Some workers also accessed the pantry without permission, stealing food and other supplies.<sup>645</sup> These thefts can be described as crimes of opportunity, but many more serious infractions were reported.

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<sup>643</sup> Moratti, *Racconto degli ordini*, 30.

<sup>644</sup> *Ibid.*

<sup>645</sup> *Ibid.*, 30.

Pastore's investigation of Torrone records reveal trends in the types of crimes facing patients in the *lazzaretti*. Most common were crimes of extortion of patients and theft of patients' belongings. Amongst the perpetrators were ecclesiastical members who worked in the hospitals. The most well-documented in Bolognese courts were the extensive crimes of the priest Bartolomeo Lena, who worked in the San Giuseppe *lazzaretto* for women. He was charged with robbery, extortion and even forcing female staff into prostitution.<sup>646</sup> This case exhibits one person who took advantage of his position of power within the hierarchy of employees. However, it speaks more broadly to the difficulties that female employees potentially encountered from their superiors, or from other members of staff, including abuse and sexual exploitation. Chapter 5 in this volume explores women's work in the *lazzaretti* and demonstrates that prostitutes made up a significant portion of volunteers in Bologna's network. This fact, compounded by the inability or indifference of management to guard the honour of their female staff, must have manifested further abuses. This would have naturally created additional barriers for women who wished to volunteer their services.

Additional instances of extortion and thefts were carried out by other service personnel, such as the *cocchettieri*, those transporting the sick to the hospital. Some accusations included overcharging patients to be

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<sup>646</sup> ASB, *Torrone*, 5783, c. 552r, as cited in Pastore, *Crimine e giustizia*, 123, see also 131.

transported to medical establishments.<sup>647</sup> The Bolognese authorities were aware of these accusations and in a *bando* from the 12<sup>th</sup> of July 1630, Spada set prices that the *cocchettieri* could charge according to the distance travelled, ranging from 20 soldi to 1 Lira and 10 soldi. Individuals had to pay to be taken to the *lazzaretti*, and if they were poor and unable to pay, the parish would cover the costs. The law also stipulated that the porters could not increase said tariff or they would face corporal punishment.<sup>648</sup>

Separating patients by gender did not prevent both physical and sexual violence from occurring towards patients and employees. Crimes that occurred with some frequency comprised of sexual violence towards female patients from service personnel who were imprisoned in the *lazzaretti*.<sup>649</sup> This demonstrates the further threats to wellbeing that women particularly faced upon entering these institutions. Pastore argues that the pervasiveness of cases of theft and sexual violence correspond to the number of convicted criminals who took up mandatory service in the *lazzaretti*. He records in the period of just a few weeks, that 30 men were charged by the courts to service in Angeli and Annunziata *lazzaretti*.<sup>650</sup> Additionally, convicts were sent to other *lazzaretti* locations, including San Paolo di

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<sup>647</sup> Pastore, *Crimine e giustizia*, 129.

<sup>648</sup> *Provvedimento per i portatori di cocchietti*, 12<sup>th</sup> of July 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 88.

<sup>649</sup> Pastore, *Crimine e giustizia*, 128.

<sup>650</sup> *Ibid.* 129.

Ravone.<sup>651</sup> The environment of the plague hospitals, with the addition of convicts as a proportion of the workforce, created opportunities for further criminal activity and exploitation of the weak and vulnerable.

Other types of felonies recorded in this period include violence towards *cocchettieri*, those transporting the sick and dead. Instances of verbal and physical violence are recorded within the *lazzaretti* towards ecclesiastical staff, but also against patients, including instances of nurses beating patients who were in hallucinatory states.<sup>652</sup> These types of infractions speak to the stressful nature of the environment for all. More specifically, they address the ineffectiveness of city officials to protect the body carriers as they travelled through the streets collecting the sick or dead and to the failures of upper management to safeguard patients and employees within the *lazzaretti*.

By their very nature, the *lazzaretti* were places to which no one wished to go. Even though they were guarded and contained from the city, they were spaces ripe with crime, offering those who would take advantage of the circumstances the perfect opportunity for criminal behaviour. The design of the *lazzaretti* network, with contained and isolated structures, perhaps made criminal activity go more easily unnoticed. It would have certainly been difficult to monitor each complex. The meshwork of

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<sup>651</sup> ASB, *Torrone*, 5736, c. 369v; 5738, cc. 415v e 419r. as cited in Pastore, *Crimine e giustizia*, 132.

<sup>652</sup> ASB, *Torrone Maleficiorum primus*, Paolo Forti, cc. 32r, 55r-64v, as cited in Pastore, *Crimine e giustizia*, 131.

hospitals relied upon enlisted medical professionals, volunteers, consisting mostly of ecclesiastical members, many prostitutes, and convicted criminals. If even priests, like Lena, made use of their positions to exploit and profit from other staff and patients, then it was certainly an inconceivable challenge for *lazzaretti* management to focus on their primary aim: the health and healing of the population.

## Managing the *Lazzaretti*

The divide between the *lazzaretti* network and the city sometimes resulted in mismanagement. There were inadequate supplies and staffing sent to the *lazzaretti*. This is not entirely an issue of isolation from the city, as the volume of goods imported into Bologna would have decreased and less resources would have been available to the hospital network. It was also challenging to staff the hospitals as the number of sick climbed. A surviving letter from Orimbelli's office from June 1630 provides a list of requests, including that nurses and barber surgeons be sent to the Annunziata and Angeli *lazzaretti*, along with an assistant to the guard, an herbalist, as well as vinegar and juniper to make perfumes. He also requested that clothes be provided for the women and men discharged to convalescent homes to prevent reinfection, and at least thirty beds.<sup>653</sup> These requests were clearly not met in a

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<sup>653</sup> Anonymous, ASV, Bologna, 282, f. 290 r.v., as cited in Brighetti, *Bologna e la peste del 1630*, 282. Letter dated 21<sup>st</sup> of June 1630 and written from Orimbelli's office in Le Acque.

timely manner, necessitating Orimbelli to reiterate his plea a few days later on the 29<sup>th</sup> of June, demanding more personnel as well as theriac medicine.<sup>654</sup> The repeated requests show the difficulty in getting staff and medical supplies, and the difficulties facing the director of the *lazzaretti* who had to implore the government for support.

The segregation of the sick and their removal from the city to the plague hospitals often went too far, in an effort to contain the illness. Orimbelli offers his insight into this issue in a letter to Cardinal Spada. The director of the *lazzaretti* wrote that in the Annunziata *lazzaretto* for women, that there were 80 women convalescing and waiting to be placed in a convalescent home. He records that another 50 women in his care had been misdiagnosed as plague victims and had only simple fevers. He blames the doctors who would not visit these women and accuses them of regularly sending these women along with the plague victims to the *lazzaretto*, “dannificare le poverette, dannificare la città et disgustare i ministri del Lazaretto” (damaging the poor women, damaging the city and disgusting the ministers of the Lazaretto).<sup>655</sup> He highlights how the quality of care of these women reflects back on the entire city: harming innocent people, putting their lives at

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<sup>654</sup> ASV, Bologna, 282, ff. 250-259, 29<sup>th</sup> of June 1630, as cited in Brighetti, *Bologna e la peste del 1630*, 282.

<sup>655</sup> Orimbelli, ASV, Bologna, 282, f. 285 v., as cited in Brighetti, *Bologna e la peste del 1630*, 281. Undated letter written to Spada by the director of the *lazzaretti*. Any letter from Orimbelli had to have been written before his death on the 8<sup>th</sup> of October, 1630.

risk, and unnecessarily putting greater pressure on the hospitals. This example also likely illustrates the forceful removal of the poor from the city into the *lazzaretti*.

In Florence, records show that the misdiagnosis of patients as plague victims as well as unnecessary admissions of people with simple fevers in the *lazzaretti* were common. Henderson notes that this illustrates the burden placed on health officials to deal swiftly with anyone experiencing signs of plague.<sup>656</sup> Moreover, the sheer volume of patients overwhelmed not only the institutional resources but the building capacities of the *lazzaretti*. Convalescent homes frequently received patients that had not yet fully recovered from the plague. This practice was induced by what Henderson calls an “anxiety to shift the burden for treatment”, thus putting other patients, especially those present by way of misdiagnosis, at increased risk for infection.<sup>657</sup>

In another letter to Spada, Orimbelli expresses how mismanagement, lack of medicine, (especially theriac), had unnecessarily caused deaths within the plague hospitals.<sup>658</sup> Clarity of roles and responsibilities of the director himself, would have streamlined the management process. Unfortunately, primary sources demonstrate a great deal of confusion. For instance, Orimbelli expresses in a letter dated 21<sup>st</sup> of July 1630, he had not been directed as to

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<sup>656</sup> Henderson, *Florence Under Siege*, 216.

<sup>657</sup> *Ibid.*, 217.

<sup>658</sup> Orimbelli, ASV, Bologna, 282, f. 285 r., undated, written to Spada, as cited in Brighetti, *Bologna e la peste del 1630*, 158.

whose wages were under his jurisdiction. He wrote that he had repeatedly asked officials who visited him to provide clarity, and to inform him who he should pay, and how much. Orimbelli affirms that he knew he should not pay the doctors or the assistants of the Auditor, but that he needed to pay the barber surgeons 80 Lire, and the underbarbers 40 Lire per month; however, he had no clarity on what to pay the other staff.<sup>659</sup> This demonstrates the confusion and types of complexities facing the director of the *lazzaretti* network in the management of these facilities. It also highlights communication issues between Orimbelli, contained within his administrative offices in Le Acque, and the health authorities who remained relatively isolated within the city.

## **Mortality**

The success of the *lazzaretti* network is not easily determined; however, we can possibly gain insight into the effectiveness of this model through an examination of death. The death counts for the plague in Bologna were published by Moratti in his 1631 chronicle (Fig. 3.14).<sup>660</sup> He indicates the figures for the two main *lazzaretti*, Angeli and Annunziata, and the total deaths in the city recorded from June until December 1630, even though the epidemic began in May of that year. According to Moratti's record, 2,431 died in Angeli while 3,091 died at Annunziata. A further

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<sup>659</sup> Orimbelli, ASV, Bologna, 282, f. 244., 21<sup>st</sup> of July 1630, as cited in Brighetti, *Bologna e la peste del 1630*, 284.

<sup>660</sup> Moratti, *Racconto degli ordini*, 120.

7,876 died in the city and altogether 13,398 people died from plague.<sup>661</sup> This is confirmed by a population survey conducted by Carrati a few years before and directly after the outbreak that estimated the population in 1624 at 61,559 and in 1631 at 46,747.<sup>662</sup> Athos Bellettini's extensive 1961 study on parish population data collected before and after the epidemic further affirms that nearly a quarter of the population perished.<sup>663</sup>

The total plague deaths in the two main *lazzaretti*, as reported by Moratti, consisted of only 41% of the total plague deaths in Bologna. The vast majority of people who perished, died in the city, perhaps before they reached the *lazzaretti*. It is evident that policy impacted the number of people transported to the hospital. Specifically, not obliging citizens to enter the *lazzaretti* unless they were compelled

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<sup>661</sup> Ibid. These numbers are echoed in Cipolla, *Fighting the Plague in Seventeenth-Century Italy*, 100. According to Moratti, an additional 16,300 people died in the countryside surrounding Bologna during the plague and another 1,181 people died from other causes during the same period for a total of 30,879 deaths. *Libro di dare et avere* records a table of deaths by profession and includes the total death count at 24,455. Another table produced by an anonymous contemporary author expresses most of the same figures as *Libro di dare et avere's* table, however, it includes a total of 23,691. I would suggest that these much higher figures include non-plague related deaths or encompass deaths from the broader Bolognese region. See Orimbelli, *Libro di dare et avere*, 182v; Anonymous, "Elenchi di morti."

<sup>662</sup> Carrati, *Miscellanea*, ms. B. 683, 78, Biblioteca comunale dell' Archiginnasio di Bologna, as cited by Bellettini, *La popolazione di Bologna*, 26-29 and Brighetti, *Bologna e la peste del 1630*, 173.

<sup>663</sup> Bellettini, *La popolazione di Bologna*, 41.

financially to do so, certainly reduced admissions. Another issue was the scarcity of doctors and barber surgeons in Bologna who were responsible for reporting on plague and sending people to the hospitals.<sup>664</sup> The shortage of medical professionals would have delayed the regular household assessments and, in combination with the rapid progression of the illness in some cases, many people would not have made it to the *lazzaretti* before succumbing to the plague.<sup>665</sup>

*Libro di dare et avere* can offer further insight into the mortality and survival rates within the *lazzaretti* including the likely impact on gender. Beyond the breaks in the data which make estimates challenging, the consistent transfers of patients to other institutions present a statistical issue. Transfers to convalescent homes did not necessarily mean recovery or survival, and in the absence of intake and death

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<sup>664</sup> A letter copied in Orimbelli dated 12<sup>th</sup> of August 1630 addressed the decision by Cardinal Spada and the city's health officials to relieve the remaining 29 doctors in the city of performing their duties directly in the presence of patients. Instead, doctors could perform their duties through proxy, gathering information from the barber surgeon, and making recommendations to the surgeon who would then administer care. Orimbelli, *Libro di dare et avere*, 131v-132r.

<sup>665</sup> Orimbelli records an example of the quick death of a priest who worked with Orimbelli in Le Acque who is said to have first shown signs of the plague on the 11<sup>th</sup> of July, 1630 and died three days later on the 14<sup>th</sup>: "14 luglio 1630: morì in S. Ignazio il Padre Mario Bornini a un'ora di notte, si può dire, servendo agli appestati perché l'infermò nel monastero de PP. Gesuati fuori di S. Mamolo, dove stava servendo col Padre Angelo Orimbelli nella casa degli Officiali. S'infermò alli 11 Luglio", Orimbelli, *Libro di dare et avere*, 168v.

Table 3.4. Deaths of Patients Admitted into Angeli Lazzaretto, July 1630 - January 1631			
Month	Total Deaths	Intakes	Percentage of Patients who Died
July	709	1101	0.64
August	430	682	0.63
Sept	216	153	1.41
Oct	65	98	0.66
Nov	60	93	0.65
Dec	45	78	0.58
Jan	5	10	0.50
<b>Total</b>	<b>1530</b>	<b>2215</b>	<b>0.69</b>

records from the convalescent homes, it is not possible to assess these figures. However, with extreme caution acknowledging the gaps in the data, we can gather an estimate of patients who were admitted into the two main *lazzaretti* and who subsequently died. This can be accomplished through an examination of Angeli and Annunziata, the only institutions for which there exists both intake and death records. *Libro di dare et avere* documents that out of those men who are registered to have entered Angeli between July 1630 and January 1631, approximately 69% of them died before they were able to be transferred to other institutions (Table 3.4). Roughly 58% perished at the *lazzaretti* for women, Annunziata, and

Table 3.5. Deaths of Patients Admitted into Annunziata Lazzaretto, July 1630 - December 1631			
Month	Total Deaths	Intakes	Percentage of patients who died
July	865	1372	0.63
August	358	714	0.50
Sept	66	181	0.36
Oct	58	83	0.70
Nov	55	90	0.61
Dec	23	26	0.88
<b>Total</b>	<b>1425</b>	<b>2466</b>	<b>0.58</b>

overall, an average of 64% died between these two main institutions (Table 3.5).<sup>666</sup> Taking this average lethality rate together with Moratti's more concise total deaths by institution, it can be estimated that approximately 4,830 women and 3,798 men, entered the *lazzaretti* network. Orimbelli's fragmentary figures similarly demonstrate that

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<sup>666</sup> The 64% lethality rate is also confirmed by Benedictow who offers a brief analysis of figures from July 1630 until the 18<sup>th</sup> of August, 1630 from *Libro di dare et avere*. Benedictow, "Morbidity in Historical Plague Epidemics," 406.

more women entered the *lazzaretti* network into Annunziata and more women recovered.<sup>667</sup>

Oribelli's ledger can also be used to evaluate the proportion of ill and deaths within the city. If we take into consideration the average lethality rate of 64% and apply it to the total deaths in the city, approximately 12,306 people were taken ill by the plague and were never admitted to the *lazzaretti*. This suggests that the morbidity rate, or the portion of people who contracted the plague, was approximately 20,934 in Bologna. This accounts for roughly 34% of the total population estimated based on the 1624 census (61,559).<sup>668</sup> Plague historian Ole Jørgen Benedictow proposes that the morbidity rate during Bologna's 1630-31 epidemic is closer to 30%, considering factors such as misdiagnoses, concealment of disease, and quick and unregistered deaths.<sup>669</sup> Furthermore, based on his studies of morbidity during early modern plague in other European centres, he asserts that the lethality rate was much higher within the walls of the city of Bologna compared to the

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<sup>667</sup> To test this, I also assessed the period for which the most complete data exists, between July and August 1630. The average percentage of patients who died at Angeli was 63.5% and Annunziata was 58.6%, confirming that the lethality rate for men was about 5% higher than for women.

<sup>668</sup> Benedictow estimated that 14,000 people died out of a population of 61,000, calculating the morbidity rate at 36%. Benedictow, "Morbidity in Historical Plague Epidemics," 407.

<sup>669</sup> Ibid.

*lazzaretti*, and likely closer to a total of 18,500 people contracted plague.<sup>670</sup>

The accuracy of the rate of death in Bologna's *lazzaretti*, as determined through Orimbelli's ledger, can be weighed against the data that exists for Florence's *lazzaretti* during the same epidemic. Henderson's findings reveal that out of Florence's four central *lazzaretti*, 54.5% of those admitted, perished.<sup>671</sup> Moreover, Henderson notes that these figures are in accordance with the percentage of fatalities witnessed in the nearby plague hospitals of Prato, 49%, and in Pistoia, around 51%, at the time of the 1630-31 plague.<sup>672</sup> Unlike Bologna, where roughly 60% of the sick remained in the city, Florence had a greater proportion of ill taken to the plague hospitals as opposed to remaining inside the city.<sup>673</sup> As a consequence, Florence had a larger percentage of plague victims, 67.5%, who died in plague hospitals compared with those who perished in the city.<sup>674</sup> Henderson has suggested that the higher volume of people entering the *lazzaretti* potentially impacted Florence's ability to contain the spread of the plague, contributing to

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<sup>670</sup> Ibid. Benedictow has determined that once deaths in hospitals exceeded 55% of the total deaths, there tends to be a 10% discrepancy resulting in a higher lethality rate in the cities than hospitals. He uses this to determine that Bologna's lethality rate in the city was 75%. However, from Moratti's records we can gather that only 41% of deaths occurred in the *lazzaretti*, thus diminishing Benedictow's reasoning.

<sup>671</sup> Henderson, *Florence Under Siege*, 209.

<sup>672</sup> Ibid.

<sup>673</sup> Ibid., 226.

<sup>674</sup> Ibid., 130.

the lowest loss of life amongst impacted Italian cities at 12% of the population.<sup>675</sup>

Florence's success is contrasted more profoundly by the performance of Venice, one of the first Italian cities to face the 1630-31 outbreak. Venice experienced a significantly lower number of deaths in the *lazzaretti*, only 15%. This is contrasted with figures from the 1575-7 outbreak, in which closer to 41% of patients perished in the island hospitals.<sup>676</sup> Stevens Crawshaw has argued that the decrease in mortalities in the *lazzaretti* between these outbreaks is not reflective of better curative care. Rather, it is an outcome of the severity of the epidemic, resulting in less Venetians being admitted to the hospitals in 1630-31.<sup>677</sup>

The virulency of the disease could have made significant differences in mortality rates as the plague travelled south. Plague was first noted in the areas around Milan in October 1629,<sup>678</sup> but it was nearly a year later when plague was in full force in Bologna and Florence. Benedictow confirms that during the 1630-31 plague in central and northern Italy, the average mortality rate of surveyed cities was 38%, with Florence serving as an

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<sup>675</sup> Ibid., 226.

<sup>676</sup> Paolo Preto, *Peste e società a Venezia nel 1576* (Vicenza, 1978), 112 notes 6 and 7, as cited in Stevens Crawshaw, *Plague Hospitals*, 188. This figure is cited in Henderson, *Florence Under Siege*, 130.

<sup>677</sup> Stevens Crawshaw, *Plague Hospitals*, 189.

<sup>678</sup> *Bando in occasione del contagio*, 31<sup>st</sup> of October 1629, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 47.

anomaly in the data.<sup>679</sup> The cities in the far north, Milan (46%), Verona (57%), Venice (33%),<sup>680</sup> and even Parma (50%),<sup>681</sup> had significantly higher death rates. While Modena, the city nearest Bologna, had a mortality rate of 22%, similar to Bologna.<sup>682</sup> As an outlier, Florence perhaps benefitted from being one of the last cities to be impacted. Compared to Bologna, the degree to which virulency is a factor in assessing the vast difference in the case of Florence, is uncertain. Bologna's death rates reached their highest in July and August 1630, while October and November 1630 were the peak months of plague deaths in Florence.<sup>683</sup> It is plausible that there were significant mutations, resulting in decreased aggressiveness of the disease, within the short months it took the plague to travel from Bologna down to Florence. Nevertheless, virulency is only one element.

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<sup>679</sup> Benedictow, "Morbidity in Historical Plague Epidemics," 418, table 5.

<sup>680</sup> Henderson and Rose, "Plague and the city," 127. Benedictow confirms these estimates except for Verona, where he estimates that 61% of the population perished. Benedictow, "Morbidity in Historical Plague Epidemics," 418, table 5.

<sup>681</sup> Benedictow, "Morbidity in Historical Plague Epidemics," 418, table 5. For more on the impact of the 1630-31 plague outbreak in Parma see M. Manfredini, S. De Iasio and E. Lucchetti, "The plague of 1630 in the territory of Parma: Outbreak and effects of a crisis," *International Journal of Anthropology* 17 (2002): 41-57.

<sup>682</sup> Benedictow, "Morbidity in Historical Plague Epidemics," 418, table 5.

<sup>683</sup> Henderson, *Florence Under Siege*, 131.

Bologna and Florence both faced similar challenges and responses in confronting plague and yet Bologna fared worse. Neither had permanent *lazzaretti* and had to contend with comparably large populations.<sup>684</sup> Moreover, they both employed the same strategy to requisition ecclesiastical and private buildings for the purpose of *lazzaretti* and quarantine spaces. One of the biggest reasons for this disparity was likely less to do with virulency and more to do with policy. That is to say, less people entered Bologna's *lazzaretti* network compared to Florence, where the vast majority were admitted into the plague hospitals.

Mortality rates in the *lazzaretti* of Italy varied by location and epidemic, as Stevens Crawshaw has argued, which makes comparisons challenging.<sup>685</sup> The mortality statistics that have emerged from Orimbelli's ledger are in keeping with broader trends on plague deaths during this period in Italy. Stevens Crawshaw proposes that as a generalisation, the survival rate of *lazzaretti* patients in the course of even the most severe plague events in early modern Italy was around 25%. Significantly, she has acknowledged the complexities surrounding mortality statistics for early modern plague and urges that these types of figures are only loosely suggestive of the real experience of *lazzaretti*.<sup>686</sup> Thus, determining the success of

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<sup>684</sup> Florence had about 76,000 inhabitants while Bologna had just under 62,000. Benedictow, "Morbidity in Historical Plague Epidemics," 418, table 5.

<sup>685</sup> Stevens Crawshaw, *Plague Hospitals*, 190.

<sup>686</sup> *Ibid.*, 191.

Bologna's *lazzaretti* network through an assessment of mortality rates alone would be problematic. Many factors would have played a role, such as the route and time it took for the plague to travel to Bologna, along with the policies and management strategies employed leading up to and during the outbreak.

## Conclusion

Bologna's epidemic response followed conventional practice of using temporarily converted charitable institutional buildings as plague hospitals and quarantine spaces. As Stevens Crawshaw has pointed out, neither the use of permanent or temporary *lazzaretti* ensured success when confronted by plague.<sup>687</sup> However, this discussion has demonstrated that the combination of temporary structures that formed part of the *lazzaretti* network in Bologna, intentionally deployed as dynamic spaces, allowed for a flexible and evolving plague management response.

This chapter has shown, the *lazzaretti* of Bologna fit within the wider context of permanent care facilities in the city. Many charitable institutions already dedicated to the social welfare of the community, often already providing medical services, were temporarily transformed to serve the *lazzaretti* network. The employment of an existing network of hospitals, with the addition of requisitioning monasteries and a private structure, offered opportunities

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<sup>687</sup> *Ibid.*, 9-10.

to have designated spaces for the sick, convalescing and suspected, while separating the sexes.

Architecture was advantageously and deliberately employed in Bologna as a tool of containment but it was also fluid and imperfect. The fortified area surrounding the plague hospitals positioned outside of the San Mamolo gate, defined the space as a plague zone in which no one could enter or exit without permission. While this area was restricted, *Libro di dare et avere* reveals a mosaic of movement of people into and within the hospital zone, such as doctors and patients transferring between structures according to need and condition. Moreover, court records and first-hand accounts demonstrate the porous boundaries of the *lazzaretti*, as prisoners and doctors escaped, but even visitors were able to enter and exit. These accounts demonstrate the complexities around architectural environments that were idyllically conceived as containers of disease, even though the network design inherently encouraged movement through staff and patient transfers. The creation of multiple structures that formed part of the complex network of buildings reveals the contemporary approach to public health policy in Bologna during the 1630-31 epidemic. In the chapter that follows, an investigation into the design for the newly formed temporary *lazzaretto* will be evaluated including its role in Bologna's *lazzaretti* network.

Appendix I: Table of Notations from Libro di dare e avere (Orimbelli)

Page	Angeli July 1630	Deaths the previous day	Deaths in the night	Intakes	Dismissals	Total Sick	Page	Annunciat a - July 1630	Deaths the previous day	Deaths in the night	Intakes	Dismissals	Total Sick	Page	La Mela - July 1630	Dismissals	Total Sick
166r	1	9	10	28	Convalescenti mandati a S. Giuseppe 21	209	166r	1	30	9	31	Convalescenti usciti 22 [San Giuseppe]	342	166r	1		
166r	2	14	6	20	Mandati a S. Giuseppe 16; Usciti Convalescenti 50; se ne mandarono 20 a S. Giuseppe.	209	166r	2	27	16	39	Convalescenti usciti 54 [San Giuseppe]	310	166r	2		
169r	3	7	7	17	Usciti convalescenti nessuno, anzi formati da S. Giuseppe.	219	169r	3	24	14	33		327	169r	3		
166v	4	6	7	21	Usciti convalescenti 16	220 erolo 20)	166v	4	23	10	53	usciti Convalescenti 54 [San Giuseppe]	300; erolo no. 372.	166v	4		
166v	5	10	8	35	usciti convalescenti nessuno, anzi formati da S. Giuseppe.	222	166v	5	30	24	42	usciti Convalescenti 14 [San Giuseppe]	368	166v	5		
167r	6	10	5	27	Usciti 5	230	167r	6	13	7	25		319	167r	6		
167r	7	13	7	24	Usciti 0	234	167r	7	14	12	25	Usciti 0	318	167r	7		
167r	8	9	5	28	Usciti 0	248	167r	8	-	-	-		328	167r	8		
167r	9	17	6	23	Usciti 0	242	167r	9	7	9	37	Usciti 0	328	167r	9		
167v	10	13	14	30	Usciti 0	260	167v	10	23	10	35	Usciti 0	360	167v	10		
168r	11	8	8	33	Usciti a S. Giuseppe 49	225	168r	11	3	6	33	Usciti alla Mela no. 63	358	168r	11	Dalla Mela usciti a Belpoggio 107	
168r	12	9	4	34	Usciti 0	236	168r	12	10	8	69	Usciti alla Mela no. 31	417	168r	12	dalla Mela usciti a Belpoggio 54	
168r	13	12	5	33	Usciti a S. Giuseppe 45	206	168r	13	6	7	44	Usciti 0	444	168r	13		
168v	14	10	14	32	Usciti 29	207	168v	14	7	17	53	Usciti alla Mela no. 18	472	168v	14	alla Mela morto un putino	
168v	15	15	6	41	Usciti a Belpoggio no. 10	183	168v	15	32	13	44	Usciti alla Mela no. 30	4217	168v	15		
169r	16	15	12	44		256	169r	16	31	9	40	Usciti alla Mela no. 4	488	169r	16	Alla Mela 149	Alla Mela 149
169r	17	38	10	44	Usciti convalescenti no. 13, andati a S. Giuseppe no. 38 (total 51)	214	169r	17	24	12	50	Usciti alla Mela no.	402	169r	17	dalla Mela usciti a Belpoggio 40	Alla Mela 109
169v	18	15	6	41	Usciti a Belpoggio no. 10	183	169v	18	32	13	44	Usciti alla Mela no. 38	427	169v	18		
169v	19	10	14	45	Usciti a Belpoggio no. 10	182	169v	19	24	6	52		449	169v	19	nella Mela 109	
169v	20	14	17	40	Usciti a Belpoggio no. -	186	170r	20	11	9	31	Usciti alla Mela no. 47	466	170r	20	usciti dalla Mela a S. Giuseppe no. 36	nella Mela 120
170r	21	11	9	58	usciti 8	216	170r	21	15	11	53		473	170r	21	Mela tutte no. 120	
170r	22	25	7	38	Usciti no. -	212	170r	22	13	11	69	Uscite no. -	518	170r	22	Mela tutte no. 120	
170r	23	13	7	38		323	170r	23	17	27	60	Usciti alla Mela no. 77; (Pani meglio i conti: Dalla Annunciat alla Mela no. 30; Nella tutte no. 50 no 76 - 126)	568	170r	23	dalla mela a S. Giuseppe 70	
170v	24	14	14	21	Usciti a Belpoggio no. 31	285	170v	24	6	9	13	Uscite no. -	478	170v	24	Nella Mela tutte 130	
170v	25	14	10	38	Usciti convalescenti no. -	299	170v	25	9	13	48		512	170v	25	alla mela 130	
170v	26	14	9	29	Usciti sani a Belpoggio no. 32; convalescenti no. -	305	170v	26	16	4	46	Usciti risanate a S. Giuseppe no. 78; uscite convalescenti alla Mela no. -	538	170v	26	alla Mela 140	
171r	27	13	12	61	Usciti ora convalescenti no. -; Usciti sani a Belpoggio no. 16	324	171r	27	16	8	54	Uscite alla mela compresi medici franculli 91	477	171r	27	alla Mela tutte 153	
171r	28	22	10	40	Usciti sani a Belpoggio no. 18	314	171r	28	14	12	44		495	171r	28	alla mela tutte 153	
171r	29	17	12	47	Usciti a Belpoggio no. 10	322	171r	29	14	13	51		519	171r	29		153
171r	30	11	15	40	Usciti a Belpoggio no. 19	336	171r	30	6	12	68	Uscite alla mela no.	494	171v	30	usciti dalla Mela a S. Giuseppe no. 75	78
171v	31	18	7	50	Usciti a Belpoggio no. 10	301	171v	31	12	25	71	Uscite alla mela no. 78	450	171v	31		156

Page	Angeli - August 1630	Deaths the previous day	Deaths in the night	Intakes	Dismissals	Total Sick	Page	Annunciat a - August 1630	Deaths the previous day	Deaths in the night	Intakes	Dismissals	Total Sick	Page	La Mela - August 1630	Dismissals	Total Sick
171v	108/1630	22	10	41		310	171v	108/1630	9	8	59		492	171v	108/1630		156
171v	2	10	18	35	Usciti a Belpoggio no. 24	293	172r	2	7	17	51	Uscite alla mela no.	519	172r		2	156
172r	3	22	10	41		312	172r	3	8	15	47	Uscite alla mela no. 94	449	172r	3	dalla mela a S. Giuseppe 74	176
172r	4	15	10	23	Usciti a Belpoggio no. 2	308	172r	4	3	12	55		489	172r	4		176
172r	5	10	10	44	Usciti a Belpoggio no. 28	304	172r	5	12	17	33		493	172r	5		176
172r	6	14	6	40		432	172v	6	11	9	47	Uscite no. -	521	172v	6		176
172v	7	16	26	35 (venuti di manco uomini 9)	Usciti a Belpoggio no. -	303	172v	7	13	6	31 (venuti di manco donne 2)	Uscite alla mela no. 80	425	172v	7	uscite dalla mela 78	178
172v	8	9	9	33	Usciti a Belpoggio no. -	317	172v	8	15	11	34		423	172v	8		178
173r	9	11	8	43	Usciti a Belpoggio no. 43; Usciti Convalescenti no. -	298	173r	9	16	11	33		429	173r	9		178
173r	10	10	6	43		325	173r	10	8	13	41	Dalla Annunziata alla Mela no. 30	401	173r	10	dalla mela a S. Giuseppe 71	157

173r	11	16	7	29	Usciti a Belpoggio no. -	331	173r	11	15	9	29		406	173r	11		157
173r	12	15	8	31	Usciti a Belpoggio no. 63	279	173v	12	9	7	26		416	173v	12		157
173v	13	9	6	33		297	173v	13	8	7	35		386	173v	13		157
173v	14	14	4	39		318	173v	14	10	7	36	Uscite dalla Annunziata alla Mela 90	453	173v	14	nella mela uscite 61	186
173v	15	10	9	34	Usciti a Belpoggio no. 45	333	173v	15	6	5	30		388	173v	15		186
173v-174r	16	12	18	38		296	174r	16	7	4	30		407	174r	16		186
174r	17	13	11	30		413	174r	17	8	7	31		423	174r	17		186
174r	18	9	9	35	Usciti a Belpoggio no. 60	430	174r	18	6	8	39		439	174r	18		186
	19						19										
	20						20										
	21						21										
	22						22										
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	26						26										
	27						27										
	28						28										
	29						29										
	30						30										
174r	31	7	7	27	Usciti a Belpoggio no. -	372	174r	31	8	9	14	Uscite alla mela no. 36	296	174r	31	usciti dalla Mela a S. Giuseppe convalescenti no. 91	173

Page	Angeli - September 1630	Deaths the previous day	Deaths in the night	Intakes	Dismissals	Total Sick	Page	Annunciat a - September 1630	Deaths the previous day	Deaths in the night	Intakes	Dismissals	Total Sick	Page	La Mela - September 1630	Dismissals	Total Sick
174v	01/09/1630	8	8	23	Usciti a Belpoggio no. -	379	174v	1/09/1630	8	7	venute convalescenti 25		306	174v	1/09/1630		123
174v	2	4	6	17	Usciti a Belpoggio no. 84	302	174v	2	4	4	venute convalescenti 34		332	174v	2		123
174v	3	7	13	23		308	174v	3	5	7	venute convalescenti 12		347	174v	3		123
174v	4	10	8	20	Usciti a Belpoggio no. 35	315/280 (alle 8 sentiti a Belpoggio)	174v	4	5	0	venute 33	Uscite alla mela no. 100	255	174v-175r	4	dalla mela a S. Giuseppe 86	177
175r	5	10	7	16		277	175r	5	3	4	12		267	175r	5		177
	6						6										
	7						7										
	8						8										
	9						9										
	10						10										
	11						11										
	12						12										
	13						13										
	14						14										
	15						15										
	16						16										
	17						17										
175r	18	2	6	9		168	175r	18	0	3	4		121	175r	18		113
175r	19	6	0	8		170	175r	19	1	0	10		130	175r	19		
175r	20	2	2	7	Usciti a Belpoggio no. -	173	175r	20	2	1	1	Usciti alla mela no. 35	98	175r	20	dalla mela a S. Giuseppe 58	99

175v	21	1	3	Usciti a Belpoggio no. 127; convalescenti 22 (dimissali?)	115	175v	21	2	3	5		90	175v	21		98	
175v	22	4	1	10 uomini entrati no. 9; morti 0; notte no. 2	97	175v	22	2	1	9	donne entrate 7; morte di giorno 1; notte 2; mandate convalescenti	103	175v	22		98	
175v	23	2	8	9	98	175v	23	3	1	4		104	175v	23		98	
	24						24							24			
	25						25							25			
	26						26							26			
	27						27							27			
	28						28							28			
	29						29							29			
	30						30							30			
<b>Page</b>	<b>Angeli - October 1630</b>	<b>Deaths the previous day</b>	<b>Deaths in the night</b>	<b>Intakes</b>	<b>Dismissals</b>	<b>Total Sick</b>	<b>Page</b>	<b>Annunciat a - October 1630</b>	<b>Deaths the previous day</b>	<b>Deaths in the night</b>	<b>Intakes</b>	<b>Dismissals</b>	<b>Total Sick</b>	<b>Page</b>	<b>Meta - October 1630</b>	<b>Dismissals</b>	<b>Total Sick</b>
								1							1		
		2						2							2		
		3						3							3		
		4						4							4		
		5						5							5		
		6						6							6		
		7						7							7		
		8						8							8		
		9						9							9		
		10						10							10		
		11						11							11		
		12						12							12		
		13						13							13		
		14						14							14		
		15						15							15		
		16						16							16		
175v-176r	17	0	2	9	convalescenti no 40; infermi tutti 56	2	175v-176r	17	1	2			convalescenti 0; infermi 76		17		
176r	18	3	5	4			176r	18	0	4	6			18			
176r	19		1		mandata per convalescenti no 46; usciti a Belpoggio 16	36	176r	19	1	1		mandate per convalescenti 75; uscite a S. Giuseppe no 39	34	19			
176r	20	1	3	7			176r	20		4	8			20			
176r	21	6	4	6			176r	21	0	0	0			21			
176v	22	2	2	9			176v	22	2	3	4			22			
176v	23	2	4	8			176v	23	3	2	10 (e 5 d'Atzola)			23			
176v	24	3	4	8			176v	24	4	1	7			24			
176v	25	2	2	9	usciti alla prima convalescenza 21; usciti alla seconda convalescenza 26		176v	25	0	3	11			25			
176v	26	1	2	5	convalescenti 40; infermi 49		176v	26		2	4		convalescenti 71; infermi 63; risamate 50	26			
176v	27	2	1	4			176v	27	2	4	1			27			
177r	28	2	4	7			177r	28	1	4	6			28			
177r	29	3	3	6			177r	29	1	2	5			29			
177r	30		2	5			177r	30	4	1	7			30			
177r	31	1	1	2	(entrati infermi 4; entrati convalescenti 3)		177r	31	1	5	7	(entrati infermi 7; entrate convalescenti 1)		31			
<b>Page</b>	<b>Angeli - November 1630</b>	<b>Deaths the previous day</b>	<b>Deaths in the night</b>	<b>Intakes</b>	<b>Dismissals</b>	<b>Total Sick</b>	<b>Page</b>	<b>Annunciat a - November 1630</b>	<b>Deaths the previous day</b>	<b>Deaths in the night</b>	<b>Intakes</b>	<b>Dismissals</b>	<b>Total Sick</b>	<b>Page</b>	<b>La Meta - November 1630</b>	<b>Dismissals</b>	<b>Total Sick</b>
177r	1	1		3; entrati convalescenti 1			177r	1	1	1	1	1	1	1			
177r	2	1		3; entrati infermi 9			177r	2	1	2	1	1	1	2			
177r-v	3			13	usciti sani 13		177r-v	3	3			uscite alla misericordia 16; uscite a S. Orsola 2		3			
177v	4	2		3	usciti sani 16		177v	4	4			1	1	4			
177v	5	3		6	usciti 9		177v	5				5	uscite 8	5			
177v	6	5		4	usciti a medicare 5		177v	6	2	2	3	1	uscite a medicare 9; uscite 6	6			
177v	7	6		7			177v	7	3			5	uscite 6	7			
177v	8	5		2	usciti 5		177v	8	3	3	2	uscite 9	8				
178r	9	5		1			178r	9	1			3	uscite 8	9			
178r	10	5		1			178r	10	0			4	uscite 10	10			

178r	11	2	6	usciti all quarantena 9		178r	11	2	2	usciti sani uomini 10; donne 3				11			
178r	12	1	1			178r	12	4	6					12			
178r	13	1	1	usciti alla convalescenza 4		178r	13	2	4	uscite alla convalescenza 2				13			
178r	14	3	4			178r	14	2	5	uscite 9	informe tutte 16			14			
178r-v	15	1	2	usciti sani 6	informe tutti 10	178r-v	15	1	0	uscite sane 1	informe tutte 15			15			
178v	16		1	usciti convalescenti 1	informe tutti 10	178v	16	0	0	uscite all convalescenza 6	informe tutte 13			16			
178v	17	2	1	usciti sani 7; usciti alla convalescenza 7		178v	17	3	3	uscite sane 6; uscite alla quarantena 23				17			
178v	18		4		informi tutti 5; risanati tutti 56	178v	18	1	2	uscite alla quarantena 13	informe 8; risanate tutte 45			18			
178v	19	2	1	usciti sani 5	informe tutti 6; convalescenti 152	178v	19	3	2	convalescenti 39	informe tutte 9			19			
178v	20	1	4	usciti sani 9	informe tutti 9	178v	20	1	0	usciti sani 4	informe tutte 8			20			
179r	21	3	0	usciti sani 1	informe tutti 7; convalescenti i nati 48	179r	21	2	3	uscite sane 5	informe tutte 7; convalescenti e tutte 40			21			
179r	22	3	5			179r	22	0	2					22			
179r	23	2	0	usciti sani 8		179r	23	0	2		informe tutte 17			23			
179r	24	0	0	usciti sani 2		179r	24	0	6	uscite sane 11				24			
179r	25	0	0			179r	25	1	0					25			
179r	26	0	0	usciti sani 4		179r	26	2	9	uscite sane 8				26			
179r	27	0	0			179r	27	5	entrati sospetti 5	inforti col Dotto Salazar				27			
179r	28	0	0			179r	28	1	1					28			
179r	29	1	4			179r	29	1	2					29			
179r	30	1	7	usciti sani 1		179r	30	1	4					30			
<b>Page</b>	<b>Angeli - Decemb er 1630</b>	<b>Deaths the previ- ous day</b>	<b>Deaths in the night</b>	<b>Intake s</b>	<b>Dismissals</b>	<b>Total Sick</b>	<b>Page</b>	<b>Annunciat a - December 1630</b>	<b>Deaths the previ- ous day</b>	<b>Deaths in the night</b>	<b>Intakes</b>	<b>Dismissals</b>	<b>Total Sick</b>	<b>Page</b>	<b>La Mela - December 1630</b>	<b>Dismissals</b>	<b>Total Sick</b>
179r	1	1	1	3			179r	1	1	4				1			
179r	2	2	2	4	usciti sani 32		179r	2	2	4				2			
179r	3			2			179r	3	4	4				3			
179r	4	6		1	usciti sani 6		179r	4	5	2				4			
179r	5	6		4			179r	5	5	0	uscite sane 2; si face l'invotario della biancheria dell'Annunciata			5			
179r	6	1	2	3			179r	6	1	1				6			
179r	7	1	4	4	funero portati i moribdi da S. Giuseffo (Giuseppe)		179r	7	1	1				7			
179r	8	1	4	4	usciti sani 12		179r	8	1	4	uscite sane 10			8			
179r	9	2	4	2			179r	9	2	2				9			
179r	10	2	4	4	sospetti 4		179r	10	1	4				10			
179r	11	3	4	4			179r	11	0	0				11			
179r	12	0	5	5			179r	12	0	0				12			
179r- 180r	13	0	5	5			179r- 180r	13	0	0				13			
180r	14	3	4	4			180r	14	4	4				14			
180r	15	3	4	6	usciti 20		180r	15	5	5				15			
180r	16	4	6	6			180r	16	6	6				16			
180r	17	2	1	1			180r	17	7	7				17			
180r	18	2	2	2			180r	18	8	8				18			
180r	19	1	2	2	usciti sani 12		180r	19	9	9				19			
180r	20	0	4	4			180r	20	10	10				20			
180r	21	0	1	1			180r	21	11	11				21			
180r	22	0	1	1	usciti 31		180r	22	12	12				22			
180r	23	1	0	0			180r	23	13	13				23			
180r	24	2	2	2			180r	24	14	14				24			
180r	25	0	0	0			180r	25	15	15				25			
180v	26	0	1	1			180v	26	16	16				26			
180v	27	0	1	1			180v	27	17	17				27			
180v	28	0	1	1	usciti sani 19		180v	28	18	18				28			
180v	29	1	0	0			180v	29	19	19				29			
180v	30	1	0	0	usciti sani 3		180v	30	20	20				30			
180v	31	0	0	0			180v	31	21	21				31			
<b>Page</b>	<b>Angeli - January 1631</b>	<b>Deaths the previ- ous day</b>	<b>Deaths in the night</b>	<b>Intake s</b>	<b>Dismissals</b>	<b>Total Sick</b>	<b>Page</b>	<b>Annunciat a - January 1631</b>	<b>Deaths the previ- ous day</b>	<b>Deaths in the night</b>	<b>Intakes</b>	<b>Dismissals</b>	<b>Total Sick</b>	<b>Page</b>	<b>Mela - January 1631</b>	<b>Dismissals</b>	<b>Total Sick</b>
180v	1	1	1	1			180v	1	1	1				1			
180v	2	2	1	1			180v	2	2	2				2			
180v	3	0	1	1			180v	3	3	3				3			
180v	4	0	0	0			180v	4	4	4				4			
180v	5	0	0	0	usciti sani 26		180v	5	5	5				5			
180v	6	0	1	1			180v	6	6	6				6			
180v	7	0	2	2	usciti 3		180v	7	7	7				7			
180v	8	0	1	1		sospetti 3	180v	8	8	8				8			
181r	9	0	1	1		sospetti 4	181r	9	9	9				9			
181r	10	0	0	0			181r	10	10	10				10			
181r	11	1	0	0			181r	11	11	11				11			
181r	12	1	0	0	usciti 14		181r	12	12	12				12			

## Chapter 4: Nuovo Lazzaretto

The rapid progression of the epidemic in Bologna necessitated the commission of a new plague hospital by the summer of 1630. The existing *lazzaretti* network reached capacity in July 1630, and the solution was to expand. As discussed in the previous chapter, Bologna's approach to combatting plague included the temporary requisition of existing structures for the *lazzaretti* network. The new hospital, known as Nuovo Lazzaretto, was similarly formed from two existing care institutions. However, a surviving blueprint of the site reveals an expansive development plan that included the use of temporary structures. This site was likely never fully operational. However, this complex is the singular manifestation in Bologna of mixed development for a plague hospital using both requisitioned structures alongside temporary huts. This chapter explores the creation of this site from its inception in 1630 until its deconstruction two years later in 1632.

The Nuovo Lazzaretto is a materialisation of contemporary understanding of the causes and transmission of plague. Specifically, the design reflects the accepted notion that sin was a root cause of plague.<sup>688</sup> Moreover, the design highlights that the architect was actively engaging with contemporary medical theories in the process of his creation. As demonstrated by Samuel

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<sup>688</sup> Cohn, *Cultures of Plague*, 77-8.

Cohn, early modern Italian medical treatises reveal that disease transmission was understood to be by way of “people and goods, the other by mutation of air.”<sup>689</sup> The Nuovo Lazzaretto design illustrates concern for these two prevalent conceptions of disease transmission: miasma, and then contact between the sick, other people and material goods. The architectural design of this new plague hospital complex addressed miasmatic theory by including features that permitted the movement of stagnant and fresh air. The architect similarly paid attention to the transmission between people and goods by fortifying the compound and restricting movement from the outside. Within the complex, interior elements of the design confined patients through the use of isolated structures. However, the movement of people was also a strategic component of the architectural development of the site. Particularly, the mobility of, but also the protection of ecclesiastical members and doctors, was an essential aspect of the design. The only contemporary representation of Nuovo Lazzaretto, to be examined in detail in the following, is the primary key to unravelling this knowledge.

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<sup>689</sup> Ibid., 193.

The Nuovo Lazzaretto, and its representation, have received very little recent scholarly attention.<sup>690</sup> Brighetti briefly addressed the new plague hospital in his 1968 volume.<sup>691</sup> Moratti's contemporary chronicle provides invaluable insights into the architecture of the *lazzaretti* which has served as a primary source for this present study.<sup>692</sup>

The first half of this section begins with the analysis of the Nuovo Lazzaretto through a consideration of the document that holds the blueprint. Then, this investigation will delve into the commission for this complex. Next, it will assess the plan itself, including the specifications for the intended structures alongside the particulars of their spatial arrangements. It will evaluate to what degree this ephemeral architectural complex was completed. The second part of this chapter will appraise the connection between the architectural plans and contemporary understanding of the root cause of plague and disease transmission.

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<sup>690</sup> Guido Guerrini directly addressed the plague hospitals within his brief ten-page pamphlet, Guerrini, *I lazzaretti di Bologna*. Pietro Malpezzi and Marialuisa Lugaresi offer an unsubstantial analysis of the *lazzaretti* and do not move beyond the work of Brighetti, *Bologna e la peste del 1630*. See Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*.

<sup>691</sup> Brighetti, *Bologna e la peste del 1630*.

<sup>692</sup> Moratti, *Racconto degli ordini*.

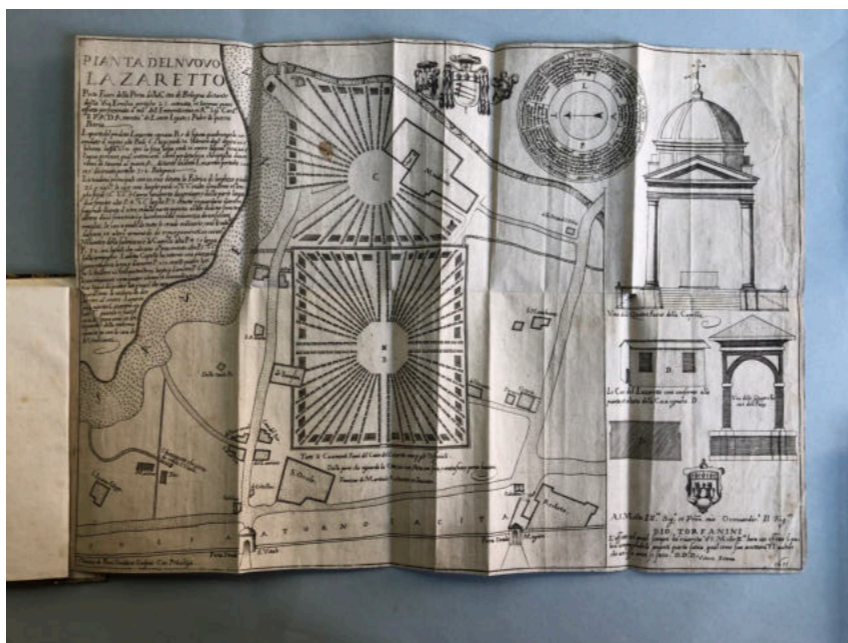


Fig. 4.1. Francisco di Martino, architect and inventor, & Floriano del Buono, engraver. *Pianta del nuovo lazaretto fuori Porta S. Vitale*. Print on paper, 1631, aprox. 47cm x 34 cm. In Pietro Moratti, *Racconto degli Ordini e Provisioni fatte ne' Lazaretti in Bologna e suo Contado in tempo del Contagio dell'anno 1630*, printed by Clemente Ferroni, 1631, Archiginnasio, Q.IX.19, Con pianta\*, Book dimensions aprox. 21cm x 15cm. Photograph by author.

## Design Concept

The major clue to unravelling the significance of the Nuovo Lazzaretto complex resides in its singular representation. The intricate drawing, *Pianta del nuovo lazaretto fuori Porta S. Vitale*, is found as an insert at the back of some volumes of Pietro Moratti's chronicle published in

1631 (Fig. 4.1).<sup>693</sup> The engraving and Moratti's work were both completed in 1631, although they were produced by different printers. The printer for Moratti's volume was Clemente Ferroni while the the Nuovo Lazzaretto image was printed by Vitorio Serena. *Pianta del nuovo lazaretto fuori Porta S. Vitale* document identifies Francisco di Martino as the principal architect of the new plague hospital and Floriano del Buono as the engraver for the print.<sup>694</sup> There

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<sup>693</sup> Francisco di Martino and Floriano del Buono, "Pianta del nuovo lazaretto fuori Porta S. Vitale." Print on paper, 1631. Image dimensions: aprox. 47cm x 34 cm. Printed by Vitorio Serena. Found in Moratti, *Racconto degli ordini*. Book dimensions aprox. 21cm x 15cm.

<sup>694</sup> Primary documents show that M. Vincenzo Sasso was also an architect on the project, although his name does not appear on this print. Serena dedicated the print to Giovanni Torfanini [Giovanni di Gabriello Torfanini] who was from a prominent Bolognese family. Although unconfirmed, it is conceivable that Torfanini was involved in the project as his legacy in assisting the poor is noted on an epitaph in the centre of Bologna. The dedication on the print reads: "AI Molto Ill.re Sig.r et Pron. [padrone] Mio Osservandiss.o Il Sig.re GIO[VANNI] TORFANINI. L'affetto col qual sempre ho'riverita VS. [vostro] Molto Ill.re hora con effetto si palesa comparendole avanti questa fatica, qual come sua accetterà, e l'auttor che con essa anco se [sé] stesso. D.D.D Vitorio Serena. 1631." (The affection/high regard that I have always held for your honour, now with effect can be expressed with this work, which as you will accept, and the author who with it also himself.) D.D.D, standing for Dat, Dicat, Dedicat or Donum, Dat, Dedicate, denotes a dedication or gift. Martino and del Buono, "Pianta del nuovo lazaretto fuori Porta S. Vitale." Torfanini's epitaph is located on Via del Monte 1, in Bologna, which dates near to his death in 1640. See "Via Galliera 4 (N.586) – Palazzo Torfanini," *Origine di Bologna: Vie, strade, vicoli, piazze, luoghi di Bologna*. Comune di Bologna, accessed January 7, 2021, <https://www.originebologna.com/strade/galliera/n-586/>.

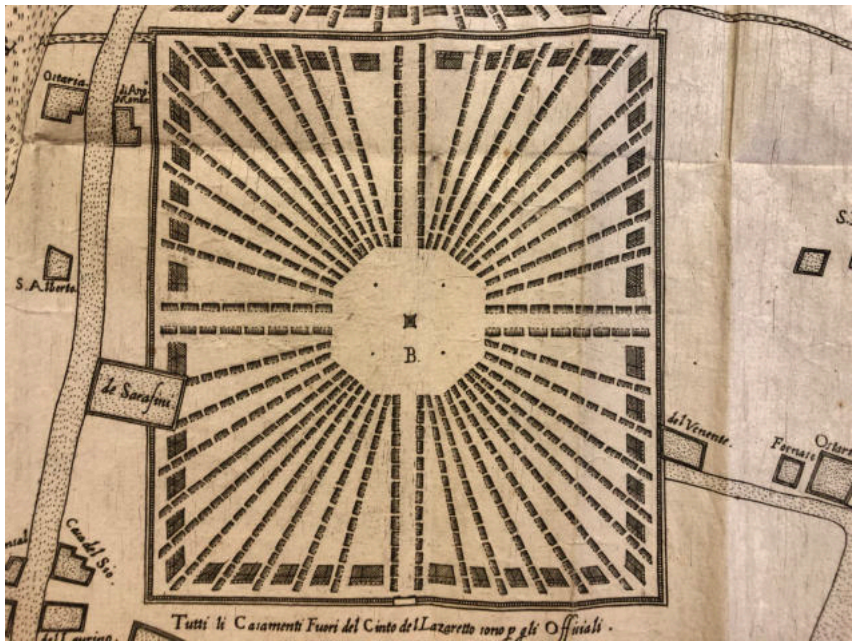


Figure 4.2. Detail of figure 4.1. Nuovo Lazzaretto with neighbouring houses, the embankment and moat.

are multiple surviving copies of Moratti's printed volume although not all contain the plan. The Biblioteca Comunale dell'Archiginnasio holds a handful of copies of Moratti's

volume without this plan, and one copy containing the plan.<sup>695</sup>

On initial examination of the plan, we are presented with a map of the surrounding areas between Porta San Vitale and Porta San Maggiore in the location of today's l'Ospedale Sant'Orsola. The new *lazzaretto* complex is located at the centre of the print indicated as 'B' (Fig. 4.2). At first glance, when considered within the context of Moratti's chronicle, we could assume that this is a conceptual drawing created to visualize the description of the Nuovo Lazzaretto provided by Moratti in his chronicle. A further examination this plan, in conjunction with other primary sources that directly address the Nuovo Lazzaretto, divulges an even more complex story.

The first public notification on the conception of this complex occurred on the 25<sup>th</sup> of July 1630, in the *bando Notificazione a coloro che volessero prendere in appalto cose o fabbrica delle capanne, caselle e serraglio da farsi al nuovo lazaretto fuori Porta S. Vitale*.<sup>696</sup> This notification addressed who was responsible for the commission, namely Cardinal

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<sup>695</sup> The version containing the image that I will discuss is Archiginnasio's Q.IX.19. The Archiginnasio's copy is folded into the back of the volume. This particular copy of the plan has had some minor repairs done to the paper but overall is well-preserved. The image of the new *lazzaretto* is not found in the other copies consulted, which were: 17.N.IV.56, 10.Z.V.36, and 10. Scienze mediche, Patologia, Contagi. Caps. XIV, n. 21. The British Library repository holds a copy of the print. See King George, *Pianta del Nuovo Lazaretto Posto Fuori della Porta della città di Bologna, Da Vitorio Serena* (Bologna: 1631).

<sup>696</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 97.



Figure 4.3. Detail of figure 4.1 showing Ospedale di San Gregorio, property owned by the Mendicant Order.

Spada and the Bolognese health authorities. The edict also affirmed that property belonging to the Mendicant Order was ultimately chosen. This was subsequently reflected in Martino's plan, which indicated the structures owned by

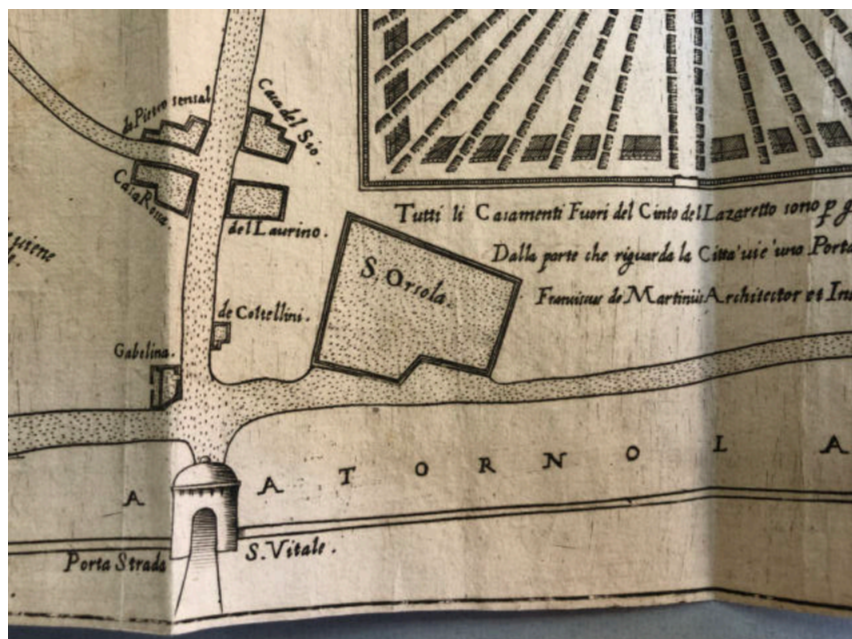


Figure 4.4. Detail of figure 4.1 showing Ospedale di Sant'Orsola, property owned by the Mendicant Order.

the Mendicants, labelled as 'C' on his drawing (Fig. 4.3).<sup>697</sup> The *bando* read that the site was a "luogo già destinato in precedenza a scopi simili" (a place previously used for

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<sup>697</sup> In his brief history of the *lazzaretti* of Bologna written in the early twentieth century, Guerrini confirms that the site for the new *lazzaretto* was home to the Mendicant order at their property along with the Chiesa di San Gregorio dei Mendicanti. He also notes that it was employed as a *lazzaretto* during the 1630-31 plague, "fu aperto un *lazzaretto* a San Gregorio, fuori di porta San Vitale, ove era: il sito de' Mendicanti." Guerrini, *I lazzaretti di Bologna*, 8.

similar purposes).<sup>698</sup> This referred to Ospedale di San Gregorio, that had previously been used as a plague hospital, orphanage,<sup>699</sup> and workhouse.<sup>700</sup> Additionally, it referenced Ospedale di Sant'Orsola, a hospital from the end of the sixteenth century (Fig. 4.4 and Map. 3.1).<sup>701</sup>

According to the plan, the selected site for the new plague hospital was positioned at a distance from the existing *lazzaretti* structures in via San Mamolo. The new site was located outside Porta San Vitale gate and formed the foundation for today's Ospedale Sant'Orsola. Today, Sant'Orsola is comprised of multiple complexes in an area that spans from Porta Maggiore to Porta San Vitale. In 1630 when the location was chosen as the new plague hospital, the area comprised of two existing institutions, Ospedale Sant'Orsola and Ospedale di San Gregorio. These facilities provided community care under the Opera Pia dei Poveri Mendicanti.<sup>702</sup>

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<sup>698</sup> "Per motivi sanitari e per il bene della città di Bologna, l'eminentiss. e reverendiss. sig. cardinale Spada collegato, con la partecipazione e il consenso dei signori Assonti della Sanità, ha deciso di costruire un nuovo *lazzaretto* fuori dalla Porta San Vitale, luogo già destinato in precedenza a scopi simili," Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 97.

<sup>699</sup> Terpstra, *Cultures of Charity*, 37, note 31.

<sup>700</sup> Terpstra, *Abandoned Children of the Italian Renaissance*, 203. See also Giusberti and Roversi Monaco, "Economy and Demography," 174.

<sup>701</sup> For more information on Sant'Orsola and San Gregorio see Chapter 3 of this current study.

<sup>702</sup> Terpstra, *Cultures of Charity*, 96. There are few physical remains of the original institutional structures as they have been renovated and repurposed throughout the centuries.



The *bando* of the 25<sup>th</sup> of July 1630 additionally set out a call for contractors to manufacture the “caselle e capanne” (*caselle* refers to *cassette*, meaning small houses, while *capanne* refers to huts) required for the hospital. Moreover, it specified that these structures should be made in accordance “al disegno, di M. Vincenzo Sasso e Francesco Martini, alle proporzioni, alle misure annotate in esso... insieme al disegno in mano del detto Martino” (with the design by M. Vincenzo Sasso and Francesco Martini, to the proportions, to the measurements noted in it...together with the hand drawing by Martino).<sup>703</sup> The project brief outlined in the *bando* confirms that the principle architect, Francisco di Martino, worked alongside another architect, M. Vincenzo Sasso, although Sasso is not mentioned in the print. Despite further investigation, no information was found on the activities of either of these architects. The *bando*’s description of the “caselle” (small houses) and “capanne” (huts) are reaffirmed in the visualisation of these structures depicted in small frames on the side of the plan (Fig. 4.5). Furthermore, Moratti’s chronicle identified this

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<sup>703</sup> The *bando* addresses the need “di dare in appalto la fabbrica delle caselle e capanne occorrenti in detto *lazzaretto*, la costruzione del medesimo e quella dei serragli, conformemente ‘al disegno, di M. Vincenzo Sasso e Francesco Martini, alle proporzioni, alle misure annotate in esso e ai capitoli esistenti, insieme al disegno in mano del detto Martino,’” Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 98.

hospital as a complex consisting of various huts, the “Lazaretto di Capanne” (the *lazzaretto* of huts).<sup>704</sup>

This use of wooden huts is in no way unique to early modern Italy and follows Stevens Crawshaw’s identification of three classifications of epidemic response. To review from the earlier chapter, the first-grade response included the construction of permanent plague hospitals used also as care facilities and quarantine places when plague was not present, as was done in Venice. The second consisted of creating permanent structures that were used only during plague. The third incorporated the requisitioning of structures for the period of outbreak and the construction of temporary structures, like huts.<sup>705</sup> The use of huts was seen elsewhere in the Bolognese territory.

Bolognese authorities notified local villages in the countryside within the territory of Bologna to employ huts. The towns were required to elect spaces for the sick in the form of “Lazaretti, ò Capanne” (plague hospital and huts).<sup>706</sup> The creation of temporary *lazzaretti* was fulfilled, and, according to Moratti, where possible “tutti i castelli,

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<sup>704</sup> Moratti, *Racconto degli ordini*, 69. Moratti also names the structure “*Il nuovo Lazaretto fabricato di Case matte fuori della Porta S. Vitale*,” see Moratti, 99. The bando, *Esortazione all’Elemosina e alla Contribuzione per gli urgenti bisogni della città e per la quarantena generale*, of 4<sup>th</sup> of August 1630, again names the new hospital as the “*lazzaretto di capanne fuori strada San Vitale*,” Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 106. The etymology of ‘casamatta’ is ‘casa falsa’. Garzanti Linguistica, Online, *Casamatta*.

<sup>705</sup> Stevens Crawshaw, *Plague Hospitals*, 9.

<sup>706</sup> Moratti, *Racconto degli ordini*, 83.

ville, e cappelle procurassero ...e che si facessero capanne” (all of the castles, villas and chapels [were] procured... and they made huts).<sup>707</sup> Moratti recorded the conversion of existing private and religious structures for *lazzaretti* alongside the use of huts. Although simple, huts were favourable for their cost-effectiveness and rapid assembly. They offered a temporary solution to protecting the healthy from the sick. They confined patients and limited the spread of the plague by reducing the transmission between people and between people and contaminated goods.

### Exterior Design

The description on the *Pianta del nuovo lazaretto fuori Porta S. Vitale* stipulates that during construction the existing structures surrounding the *lazzaretto* land would be saved from destruction by fire (Fig. 4.6). It outlines that any neighbouring houses would be “salviti da fuoco et altri comodi de spurgamenti” (saved from fire and other convenient purges). This is an indication of the common use of fire to cleanse and purify the air from plague.<sup>708</sup> The declaration that nearby houses would be untouched expresses the requirement of health authorities to obtain community consent. Specifically, the city had to make agreement with the multiple stakeholders who were

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<sup>707</sup> Ibid., 85.

<sup>708</sup> The entire quote reads: “Le case a piedi de tutte le strade ordinarie, sono la salviti da fuoco et altri comodi de spurgamenti et serviti.” Martino and del Buono, “Pianta del nuovo lazaretto fuori Porta S. Vitale.”

involved with the acquisition of this land for the purpose of a plague hospital. The buildings surrounding the hospital complex comprised of institutions and residences owned by religious orders and private individuals. The statement to preserve these structures in the construction of the new facility acknowledges the complexities of the private and public nature of this venture.

Many existing structures were adapted for the use of the hospital, most likely for administrative purposes or to provide accommodation for those working at the facility. In the centre of the printed image, under the aspect of the *lazzaretto* labelled 'B', the inscription reads: "Tutti li Casamenti Fuori del Cinto del Lazaretto sono per gli ufficiali" (all of the housing complexes outside of the enclosure of the *lazzaretto* are for the officials) (Fig. 4.2).<sup>709</sup> It is important to note that all of the buildings outside the Lazaretto enclosure were intended as spaces for the officials associated with the *lazzaretto*. These structures are perhaps indicated in the area marked 'C.' where the structures owned by the Mendicant Order were situated. In this area around the existing structures, huts were positioned on the plan fanning outwards from a central circular piazza (Fig. 4.3). These temporary structures were positioned to be open to the surrounding landscape, unlike the enclosure of the Nuovo Lazaretto. This perhaps made these structures more suitable as accommodation for workers or perhaps more appropriate for those suspected but not sick from

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<sup>709</sup> Ibid.

plague. This is in contrast to the defensive measures put in place for the actual Nuovo Lazzaretto site.

Martino's plan illustrated architectural elements normally reserved for defensive structures that were employed in the Nuovo Lazzaretto design. As discussed previously, the zone containing the central *lazzaretti*, Annunziata and Angeli, had fences that were erected to keep people from entering or exiting the infected area.<sup>710</sup> The Nuovo Lazzaretto plan took this idea further through inclusion of a moat and embankments.

The plan's inscription pointed to these architectural elements noting that the entrance had a "Porta con fossa, e contrafossa e ponto levatore" (gate with a moat, counter-moat and a drawbridge).<sup>711</sup> The only entrance of the *lazzaretto* was a gate at the drawbridge located on the south side and illustrated as a small white rectangle (Fig. 4.2). As a physical barrier, these design features would have added additional security to the enclosure and acted as a deterrent, creating a strong boundary between the interior and exterior spaces. The plan recorded that the moat would have continuously flowing water and would be used to defend and deter. The specified design also indicated that

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<sup>710</sup> See Chapter 3 of this study.

<sup>711</sup> Note that the term "fossa" is used on the plan to denote canal as well as moat. Martino and del Buono, "Pianta del nuovo lazaretto fuori Porta S. Vitale."



Figure 4.7. Detail of figure 4.1. The Savena River is shown to have fed into the waterway, indicated as 'A', that fed into the *lazzaretto's* moat.

the source of the moat's water was the Savena River.<sup>712</sup> This location is indicated in figure as 'A' and appears next to the 'E' in the word 'Savena' river (Fig. 4.7). From the image and the description, it is clear that a short extension of the Savena River fed into the *lazzaretto's* moat by way of a canal. The water exited on the top right corner of the

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<sup>712</sup> The document reads: "entro l' aqual fossa vi è l' aqua perenne qual continuamente: scorre perdetta fossa, che si piglia da un ramo di Savena al punto A." Ibid.

complex, presumably connecting to Fossa Cavallina, another branch of the Savena that flowed towards the city walls.<sup>713</sup> Further defensive elements were employed to separate the *lazzaretto* from the outside community.

The site for the new *lazzaretto* afforded more space on flatter land where the architect intended to place a tall embankment. Martino's plan provided the dimensions of the embankments surrounding the four-sided *lazzaretto*: "Lazaretto segnata B. e di figura quadrangola circondato d'argini alti Piedi 6. E largi piedi 10" (*lazzaretto* marked B. and of quadrangular figure surrounded by embankments 6 feet high and 10 feet wide).<sup>714</sup> This embankment acted as a defensive wall. And to intensify the defensive qualities of the opposing embankment, the design integrated an extended bank running alongside the water "5.1~" feet wide and included a moat of 10 feet wide which is noted to have perpetually had water (Fig. 4.6).<sup>715</sup> Together, all of these defensive elements made up an expanse of 25.1 Bolognese feet, approximately 9.54m, between the *lazzaretto*

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<sup>713</sup> The term "fossa" is used here to denote canal. "*Fossa Cavalina*" [Cavallina] is indicated on the map, and is a canal. Ibid.

<sup>714</sup> Bolognese feet are approximately 0.38m according to Ministro di Agricoltura, Industria e Commercio, *Tavole di ragguaglio dei pesi e delle misure già in uso nelle varie provincie del regno col peso metrico decimale approvate con decreto reale 20 maggio 1877, n. 3836. Edizione Ufficiale* (Rome: Stamperia Reale, 1877), 120, Accessed, 14<sup>th</sup> of February, 2024, [https://archive.org/details/bub\\_gb\\_DmznAAAAMAAJ/page/n5/mode/2up](https://archive.org/details/bub_gb_DmznAAAAMAAJ/page/n5/mode/2up).

<sup>715</sup> The use of tilde [~] could denote an approximation.

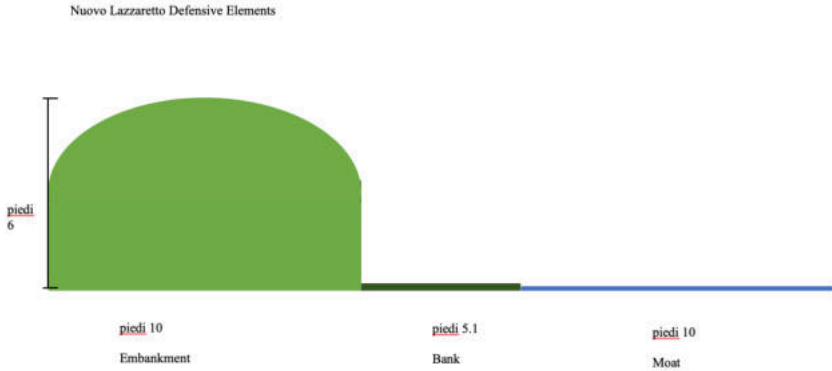


Figure 4.8. Nuovo Lazzaretto Defensive Embankment, created by author following dimensions specified in Martino's plan.

complex and the outside world (Fig. 4.8).<sup>716</sup> The protective measures put into place were substantial and served to separate the *lazzaretto* from the outside community but also to contain those inside the enclosure. This necessarily kept the sick away from the healthy and ideally reduced transmission according to seventeenth-century understanding of disease transmission.

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<sup>716</sup> This estimation is based on the conversion of Bolognese feet to metres, approximately equal to 0.38m as noted above.

The embankment, moat and singular entrance with drawbridge demonstrate a level of deliberation for the safety of those residing and working in the hospital. The fortification of the *lazzaretto* was essential for discouraging violence, restraining individuals who wanted to leave, and impeding outsiders from entering to take advantage of the situation, such as those who regularly engaged in theft of the ill or dead.

As noted, Bologna's main *lazzaretti* were fortified but they were also armed with officers. Inventories of workers in Bologna's *lazzaretti* network show that the convalescent homes employed one guard and each *lazzaretto* required one main guard with additional officers, or adjutants.<sup>717</sup> The Nuovo Lazzaretto site was similarly guarded, likely when it first became a construction site. Brighetti records and archival record from circa 1630 that exhibits nine employees at the Nuovo Lazzaretto and what they earned on a daily basis (Table 4.1).<sup>718</sup> It states a man who kept the keys (likely a guard or porter), as well as a man armed with an arquebus rifle; the latter making the highest daily salary of all the employees, at 4 lire. These two figures on the employment list reflect the need to guard and protect the site as it was under construction.

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<sup>717</sup> Anonymous, ASV, Bologna 282, f. 265 r., 288 v., f. 269 r., f. 249 r.-250 r., Anonymous, ASV, Bologna 282, f. 414 r., as cited in Brighetti, *Bologna e la peste del 1630*, 273-278.

<sup>718</sup> "Nota delli soprastanti al Lazaretto novo e di quello se li dà il giorno," Anonymous, undated, ASV, Bologna, 283, f. 201., as cited in Brighetti, *Bologna e la peste del 1630*, 279.

1	A Leonardo chiavaro alla porta (guard)	lire 3
2	Marco di Bianchi stracciarolo [stracciaiolo] (buyer and seller of used goods)	lire 2
3	Giacomo Pinarello sarto (tailor)	lire 2
4	Giovani Maria Bagulini pittore (painter)	lire 2.10
5	Giacomo Rosa archibusario (soldier armed with arquebus)	lire 4
6	Domenico Mercandello	lire 3.10
7	Giacomo Magnano (ironworker)	lire 2
8	Francesco ragazzo	lire 0.10
9	Latino cavallaro [cavallaio] (official in charge of the administration of justice)	-

As explored in the previous chapter, the barriers to enter and exit acknowledge the complicated and desperate situation that many people found themselves in once they entered the *lazzaretto*. This plan is an extraordinary depiction of this complex's primary goal, to heal the suffering. However, it simultaneously illustrates that there were many social ramifications related to the plague that necessitated a seventeenth-century hospital structure to be a stronghold.

The extent to which the embankment, moat and drawbridge were completed is unknown. Indeed, at first glance, this plan could be a speculative drawing. The following will consider the degree to which this plan was

**Table 4.2: Nuovo Lazzeretto Plan labels by Structure Type from *Pianta del nuovo lazzeretto fuori Porta S. Vitale***

Label on Plan	Structure Type	Adjacent to
S. Iacomo Filippo [SS. Giacomo e Filippo]	A church and convent located between the San Donato and San Vitale gates outside the city walls	Masera; Tori
Masera	unknown	Tori; S. Iacomo Filippo
Tori	towers – ownership unknown	Masera; S. Iacomo Filippo
Chiavegotto [chiavicotto] che viene de strada S. Vitale	drainage channel that distributes water	
Porta Strada S. Vitale	city gate	Fossa atorno la cita; Gabelina
Fossa atorno la cita [attorno la città]	canal/moat surrounding the city walls	Porta Strada S. Vitale; Porta Strada Maggiore; Rocheta; Gabelina
Gabelina [gabellina]	customs house	de Coltellini; Porta Strada S. Vitale
de Coltellini	unknown small building	Gabelina; San Orsola
San Orsola [Sant'Orsola]	church and convent	de Coltellini; del Laurino
Casa Rossa	house	di Pietro sensal; Casa del Sio.; del Laurino
del Laurino	house	Casa Rossa; di Pietro sensal; Casa del Sio.
di Pietro sensal	house	Casa Rossa; Casa del Sio.; del Laurino
Casa del Sio.	house	Casa Rossa; di Pietro sensal; del Laurino
Delle scuole Pie.	structure belonging to the Pious Schools	de Sarafini; S. Alberto
de Sarafini	Large house	Delle scuole Pie.; S. Alberto
S. Alberto [Sant'Alberto]	Sant'Alberto chapel	Delle scuole Pie.; de Sarafini
Osteria	tavern	Savena; Di Ang.o Monar

di Ang.o Monar [Angelo Monaro/i]	house	Osteria; Savena
A	Point A represents an opening at the Savena River where water could enter and flow around the entire grounds of the <i>lazzaretto</i> . The water exits on the right top side of the complex	Savena; Osteria; Di Ang.o Monar
B	Point B marks the <i>lazzaretto</i> complex	de Sarafini; del Venente
C	Point C shows the buildings belonging to the Mendicanti	Savena; Del Sasto
Mendicanti	Convent (San Gregorio)	Savena; Del Sasto
chiesa	Church belonging to the Mendicanti	Savena; Del Sasto
Del Sasto	house	Point C – Mendicanti; Savena
Fossa Cavalina [Fossa Cavallina]	Canal	Del Sasto; Point C – Mendicanti; Della Bazzia di S. Felice
Porta Strada Maggiore	gate	Gabelina; Rocheta; Fossa attorno la cita
Gabelina [gabellina]	customs house	Porta Strada Maggiore; Rocheta; Fossa attorno la cita
Rocheta [Rocchetta]	A fort with artillery	Porta Strada Maggiore; Gabelina; Fossa attorno la cita
del Venente	house	Fornase; Osteria
Fornase [Fornace]	kiln	Osteria; del Venente
Osteria	tavern	Fornase; del Venente
S.Homobuono [Sant'Omobono]	church	Fornase; del Venente; Osteria
Della Bazzia di S. Felice [Abazzia di San Felice]	structure belonging to the Monastero dei SS. Naborre e Felice detto Abbadia	S. Homobuono

simply an idealised conceptual drawing or a complex that was actually realised.

### Idealised and Realised Design

The *Pianta del nuovo lazaretto fuori Porta S. Vitale* is a curious object as it is operating on both a conceptual and practical level simultaneously. While at first glance it appears to present a purely imagined space, in actuality, the plan is also operating on a functional level. In a practical sense, it provides the dimensions of the structures and scale for the project, as well as giving the location of the new plague hospital, positioned within a map of the region. The plan places the *lazzaretto* in the context of the area, next to privately owned properties each labelled (Table 4.2). Additionally, the plan shows the streets and water networks accurately. The positioning of the new complex, relative to the canal and road infrastructures, transforms this design from a purely conceptual object and places the *lazzaretto* in tangible space.

Moreover, the plan shows some disruption in what would be an ideal or perfect design. For instance, when examining the plan, it is evident that two structures conjoin the edges of the *lazzaretto*. In one case, the structure labelled “de Sarafini” disrupts the perfectly square plan of the *lazzaretto*. The walls of the “de Sarafini” jut into the complex in an imperfect way, disrupting the flow of the huts within the hospital complex (Fig. 4.7). Clearly an edifice that existed prior to the construction of the *nuovo lazaretto*, it is reasonable to assume that certain permissions were required from the owner before the walls

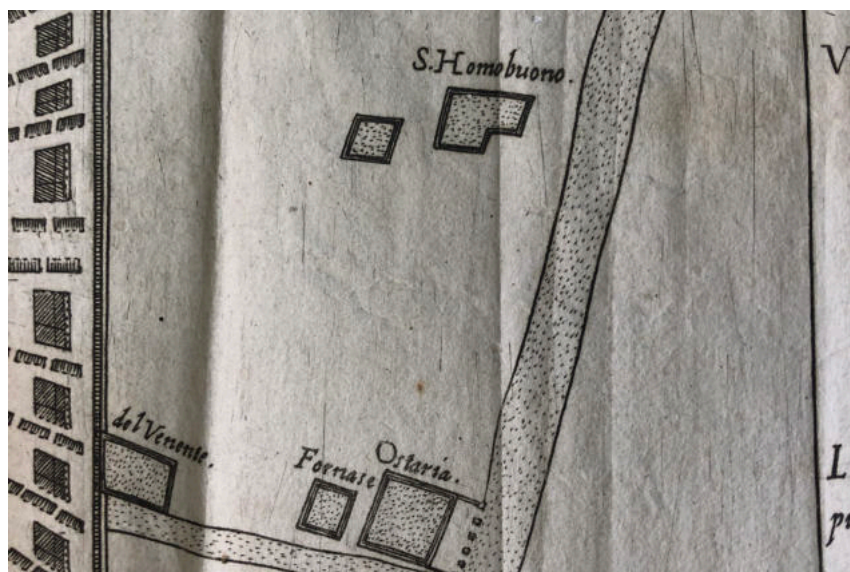


Figure 4.9. Detail of figure 4.1. Plan indicates 'del Venente' house as sharing a wall with the *lazzaretto*.

of "de Sarafini" could be incorporated into the design. On comparison, the "del Venente" building was treated differently. Instead of leaving the existing plan of the home, its walls are seemingly cut to fit the shape of the design of the *lazzaretto* (Fig. 4.9). That type of renovation is doubtful and it is more likely that the plan referred to the boundaries of the property, and not the walls of the structure. This possibly indicated the edges of a garden where the wall of the *lazzaretto* intersected. Perhaps it was also the case that differing permissions were achieved between these two existing structures.

The plan certainly illustrates the actual extant road system, in which the *lazzaretto* is positioned. However, there are some irregularities in the street network which does raise questions on the functional aspect of the drawing. Bizarrely, one road leads to the edge of the *lazzaretto*, next to “del Venente” house; however, this road ends at the perimeter of the *lazzaretto* with no access point to the interior. The only entrance is the gate and no road or canal emerges from this location, even though it is likely that the gate opened on to a road. From the plan’s description, a gate with a drawbridge was intended to be installed. Why would a road leading to the *lazzaretto* gate be taken out of the drawing when a network of roads remains? Perhaps a road was excluded from the image in order to make space for the inscription below the *lazzaretto*. Another possibility is that this exclusion reflects the conceptual aspect of the drawing. Specifically, it could reflect the idea that this hospital complex, although attached physically with its local environment, including sharing borders with other structures, was a separate entity and an exclusive space. Entry into this structure happened in only two ways: either one worked within the complex, or one came there by reason of illness.

The edict announcing the conception of the Nuovo Lazzaretto, published on the 25<sup>th</sup> of July 1630, mentioned that the construction should be in accordance with Martino’s design. The builders necessitated knowledge of Martino’s plan in their hands, on the ground, in order to create structures according to his design. Therefore, it is

reasonable to conclude that there was an original plan, likely created in or around the time of the edict in July of 1630. The original plan would have necessitated a detailed description but also measurements of the site and buildings in order to be practically put to use during the construction process. The engraving *Pianta del nuovo lazaretto fuori Porta S. Vitale* is quite possibly a 1631 copy of that original document as it presents precise specifications for the building following Francisco di Martino's vision for the hospital. The print is not only acting as a conceptual image; the source for this engraving was possibly the practical schematic designs used by the builders. The plan has a functional purpose to provide detailed design scheme to its viewers. Yet, it simultaneously reveals an imagined space that was never fully realised.

Building the *lazzaretto* was a key concern of government officials in 1630, though it was slow to initiate.<sup>719</sup> A representative of the government, Camillo Mal., wrote to Cardinal Spada on 30<sup>th</sup> of July 1630. He outlined that after many site visits, still no workers or ministers could be found on the construction site despite Spada's orders. Camillo Mal. recorded that “Per tre volte... che per obbedire al comando di Vostra Eminenza siamo

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<sup>719</sup> Moratti's chronicle names the government officials who were responsible for the construction of the new plague hospital and who ran the Fabbrica del Nuovo Lazzaretto S. Vitale: "...tre altri Cavaglieri della città, il Sig. Cavagliero Aloigio Fava, il Sig. Giovanni Torfanini, and il Sig. Francesco Berò, deputato sopra tante all'erectione, e fabrica del nuovo Lazaretto fuori di strada S. Vitale," Moratti, *Racconto degli ordini*, 18.

andati su il luoco destinato per il Lazaretto non habbiamo ritrovato né huomini, né ministri per il bisogno” (three times... in order to obey the command of Your Eminence, we went up to the place intended for the Lazaretto [and] we found neither men nor ministers for the need).<sup>720</sup> This expresses that the requisite men and officials required for the construction were absent from the site. This final communication was effective and resulted in the commencement of construction that was confirmed in an edict printed some days after.

The *bando* from the 4<sup>th</sup> of August, 1630 was a general call asking for funds for the care of citizens during the epidemic.<sup>721</sup> It described the activities the government had taken to address the plague and specified where resources had been allocated. The *bando* mentioned that funds were spent on “l’erezione di tre lazzaretti, l’ampliamento di quello degli Angeli” (the construction of three *lazzaretti*, the

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<sup>720</sup> “Per tre volte...che per obbedire al comando di Vostra Eminenza siamo andati su il luoco destinato per il Lazaretto non habbiamo ritrovato né huomini, né ministri per il bisogno; et appunto questa mattina essendoci colà trattenuti per molto spatio di tempo, noi di nostra mano habbiamo dato principio a quella che è parte particolare de contadini, onde restando come attoniti di tanta lentezza a’ gl’ordini necessarij dati da Vostra Eminenza andiamo unitamente a suplicarla a reiterar gli ordini ad effetto che di venghi alla pratica esecuzione del nostro obbligo et desiderio.” ASV, Bologna, 282, f. 91 r. La lettera, datata 30 luglio, è firmata da Camillo Mal., cited in Brighetti, *Bologna e la peste del 1630*, 94.

<sup>721</sup> *Esortazione all’Elemosina e alla Contribuzione per gli urgenti bisogni della città e per la quarantena generale*, 4<sup>th</sup> of August, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 106-108.

enlargement of that of the Angeli). The edict similarly addressed the cost of the new hospital stating that “la costruzione di un nuovo lazzeretto di capanne fuori strada San Vitale hanno comportato una spesa molto grande” (the construction of a new *lazzeretto* of huts off of San Vitale road resulted in a very large expense).<sup>722</sup> This confirms that money was being directed for the construction of hospital before the 4<sup>th</sup> of August. Furthermore, the *bando* recorded that the construction of the *lazzeretto* of San Vitale, “comincia prendere forma” (begins to take shape), confirming the start of the construction.<sup>723</sup>

The edict outlined that the construction was at a stage in which structures owned by the Mendicant order would be vacated by their current occupants. Those residing in the structures were patients with non-plague related ailments. When the *lazzeretto* adopted the areas and its associated buildings, all patients residing in these structures, including the children housed in Ospedale di San Gregorio and the sick housed in Sant’Orsola, were moved to another location.<sup>724</sup>

Moratti’s chronicle recorded that those residing in San Gregorio were moved to another religious house: “fù necessario occupare il sito de’Mendicanti posti à S. Gregorio, i qualli levati (fino ad altra provisione) furono

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<sup>722</sup> Ibid., 106.

<sup>723</sup> Ibid., 107.

<sup>724</sup> *Esortazione all’Elemosina e alla Contribuzione per gli urgenti bisogni della città e per la quarantena generale*, from the 4<sup>th</sup> of August, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 106-108.

posti nel Monastero della Misericordia fuori di strada Castiglione..." (it was necessary to occupy the site of the Mendicant's at S. Gregorio, [the Mendicants] were removed (until another provision [could be made]) [and] were placed in the Monastero della Misericordia off Castiglione street).<sup>725</sup> The removal of the occupants of San Gregorio of the Mendicants, as well as the children and sick from Sant'Orsola, strongly suggests that these structures were put to use for plague victims. As mentioned in the earlier chapter, Orimbelli's ledger, *Libro di dare et avere*, records the use Sant'Orsola as a convalescent home, although only once in November 1630, at the end of the plague.<sup>726</sup> It is difficult to determine to what extent these structures were employed. While San Gregorio and Sant'Orsola were vacated, construction continued on the additional structures for the Nuovo Lazzaretto.

Mid-August 1630 was marked by a decree that sought to direct all efforts to the construction of the *lazzaretto*. It commanded that all other building sites in the city be abandoned until the completion of Nuovo Lazzaretto. It recorded that Spada "ordina che nessun muratore, falegname, manovale, garzone, lavori o faccia lavorare in altro luogo che non sia la fabbrica del lazzaretto" (order that no mason, carpenter, labourer, apprentice, works or makes work anywhere other than the

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<sup>725</sup> Moratti, *Racconto degli ordini*, 100.

<sup>726</sup> Orimbelli, *Libro di dare et avere*, 177r-v.

workshop of the *lazzaretto*).<sup>727</sup> This announcement inadvertently provides details on the variety of tradesmen needed on the site, from bricklayers, carpenters, and manual labourers, to more minor workers such as apprentices. Furthermore, the employee records from the Nuovo Lazzaretto show that a tailor, a painter and a *stracciaiolo*, a man who traded in used materials, were receiving a daily stipend for their work (Table 4.1).<sup>728</sup> The nature of these trades suggest they were involved with the construction or the hospital. For instance, the procurement of materials, and possibly the creation of materials necessary for the hospital, such as clothing for doctors and nurses, and perhaps even patients.

The final edict that discussed the Nuovo Lazzaretto was published seventeen months later. The *bando* printed on the 9<sup>th</sup> of January, 1632, addressed the sale of materials from the demolition of the workshop of the Nuovo Lazzaretto. It recorded: “Desiderando gl’Illustrissimi Signori Assonti sopra la Sanità dell’Anno 1630 far esito dei legnami, cupi, pertiche, asse, arelle, stuoie, ferramenti, e di qual si voglia altra materia cavata dalla demolizione della Fabrica del Lazaretto fuori di Porta Maggiore” (The desire

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<sup>727</sup> *Bando, che niun Muratore, ò Falegname lauori altrove, che al nuouo Lazaretto fuori di Porta S. Vitale*, 12<sup>th</sup> of August, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 111.

<sup>728</sup> “Nota delli soprastanti al Lazaretto nouo e di quello se li dà il giorno.” Anonymous, undated, ASV, Bologna, 283, f. 201., as cited in Brighetti, *Bologna e la peste del 1630*, 279. ‘Soprastanti’ refers to an overlooker or caretaker.

of the most Illustrious Lords of the Assunterie di sanità of the year 1630 is to get rid of the timber, *cupi* [shutters?], poles, boards/planks, peeled reed fences, mats, hardware, and any other matter obtained from the demolition of the Lazaretto workshop/construction site outside Porta Maggiore).<sup>729</sup> Any completed structures constructed for Nuovo Lazzaretto in 1630-31 were quickly demolished by 1632 and parts were sold off. The types of materials indicated offer insight into the temporary nature of this type of emergency construction. These materials permitted hasty assembly and were intended to be dissembled after use. The sale of the materials in 1632 implies that these materials were out of use away from plague victims for some time, as they were deemed safe to reuse.

We do not know to what stage the construction of the plague hospital arrived. Scholars have speculated that it was never occupied. Guido Guerrini argued that the *lazzaretto* was not completed in time and it went practically unused during the epidemic, a sentiment shared by Brighetti.<sup>730</sup> It is unlikely that the complex was built in its

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<sup>729</sup> Vincentius Maria Gargiareu, *Notificazione per chi volesse comprare qual si voglia materia cavata dalla demolitione del Lazaretto fuori di Porta Maggiore* (Bologna: l'herede Benacci, Stampatore Camerale, 9 January, 1632), La Raccolta dei Bandi Merlani. Biblioteca comunale dell'Archiginnasio, R.M. XIV/2 350 (antica 350). Digital Archive, accessed 14<sup>th</sup> of February, 2024, <https://arbor.medialibrary.it/item/21712f51-2217-4689-9b23-637e6dde214c>.

<sup>730</sup> Guerrini, *I lazzaretti di Bologna*, 9. Brighetti also hypothesised that the *lazzaretto* was never used, Brighetti, *Bologna e la peste del 1630*, 198-199.

entirety. In particular, the construction of the embankments and moat would have consumed much time and many resources. However, the type of construction chosen was ideal for a gradual rollout. The nature of hut construction meant that as each structure was completed, they could be employed. Furthering the argument for its use as a hospital, the construction was sped up from the end of July 1630. Those residing in the surrounding buildings of Sant'Osoia and San Gregorio were moved out to make room for the officials and plague patients in August 1630. Moreover, the admittance of plague victims into the two largest *lazzaretti* of the city, Annunziata and Angeli, began to decrease by mid-September but the total number of sick in these hospitals remained in the triple digits until October. It is quite possible given the necessity and the flexibility provided by temporary hut structures, that some of the buildings were employed for a period of time before the numbers dropped significantly by October. There is no indication from Orimbelli's records of patient transfers that patients were moved from the two main *lazzaretti* to Nuovo Lazzaretto. Be that as it may, a potential reason for an absence of records could be that the Nuovo Lazzaretto was used for those suspected of plague coming from the city.

Even if this plan was never executed in its entirety, its designers were thoughtful in considering the needs of the patron, particularly the requirement for hasty construction to ease the burden placed on the other care facilities. A great deal of information can be gained from the plan on the intention of such a monumental

undertaking. This is especially the case when examining the plan as it related to varying approaches to the transmission of plague and the means to recovery according to Italian early modern medical treatises.

## **Philosophy of Medicine and Religion in the Architecture of the Nuovo Lazzaretto**

As previously mentioned, many Italian early modern philosophers of medicine saw a connection between the geographical characteristics of a place and the manifestation of disease. This belief derived from the classical writings that were subsequently revived in medieval prescriptive medical treatises. Early modern Italian medical tracts continued to draw on classical authors with a multitude of publications looking back to the works of Galen, Hippocrates and Aristotle, written in Latin and Greek, in order to address the root causes of the plague.<sup>731</sup> Scholar Faye Marie Getz notes that Hippocrates' believed in an astrological connection to medicine, and also argued in *Epidemics* that the "unique characteristics of geographical location" was essential in comprehending illness.<sup>732</sup> Hippocrates implored physicians to consider the impacts on the time of year, wind and water during their

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<sup>731</sup> Cohn, *Cultures of Plague*, 13.

<sup>732</sup> Faye Marie Getz, "Black Death and the Silver Lining: Meaning, Continuity, and Revolutionary Change in Histories of Medieval Plague," *Journal of the History of Biology* 24, no. 2 (1991):" 271.

diagnostic process.<sup>733</sup> Furthermore, historian Craig Martin notes that the impact of the environment on the health of the body was considered in *Problemata*, where Aristotle argued that the seasons and winds were vital components in pathology.<sup>734</sup>

Early modern Italian medical doctors regularly engaged with classical philosophical theories in order to explain disease. Doctor Ludovico Settala, *protomedico* of Milan, held the highest public health position during the plague of 1630-31. He drew on classical texts to analyze the body and develop methods for caring for the sick. He also published a commentary on Aristotle's *Problemata* in 1632.<sup>735</sup> According to scholar Craig Martin, Settala asserted in an earlier publication of 1590 that the Hippocratic text *Airs, Waters, Places* addressed "natural philosophy, in addition to medicine, cosmography, and astrology," and observed that "winds...[were] a prime example of Hippocrates' consideration of the causes of natural effects."<sup>736</sup> As the chief medical examiner during the 1630

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<sup>733</sup> Adrien L'Alemant, *De aere, aquis, and locis commentaries* (Paris: Gorbinus, 1557), 7r; Hippocrates, *Opera quae feruntur omnia*, vol. 1, ed. H. Kuehlewein (Leipzig: Teubner, 1894), 1, cited in Martin, "Lodovico Settala's Aristotelian *Problemata* Commentary," 34.

<sup>734</sup> Martin notes that *Problemata* 1.3 and 14.1 address how the environment impacts the health of the body. Martin, "Lodovico Settala's Aristotelian *Problemata* Commentary," 32.

<sup>735</sup> *Ibid.*, 41-44.

<sup>736</sup> Lodovico Settala, *In librum Hippocratis Coi de aeribus, aquis, locis, commentarii* (Cologne: Ciotti, 1590), col. 4, col. 10, cited in Martin, "Lodovico Settala's Aristotelian *Problemata* Commentary," 34.

plague in Milan, Settala published his investigation of the causes of that outbreak of plague in the city, *Preseruatione dalla peste scritta dal sig. protomedico Lodouico Settala*, in 1630.<sup>737</sup> In his treatise, Settala outlined the conditions under which plague would develop. He argued that plague would form when the air was “fosco, e pieno di sì grossi vapori” (foggy, and full of large vapours), hot and hazy, and when the winds were “caldi, and humidi, come l’Austro” (hot and humid, like the Austro).<sup>738</sup> Moreover, he noted that plague would materialize when the air had “imputridito” (putrefied). This could be caused by a number of geological events, such as an earthquake, and caused rot of all things in proximity.<sup>739</sup> He concluded that the root cause of plague lay with the winds, and in particular bad vapours. This drew on his analysis of classical texts and conformed to the dominant contemporary medical thinking.

The prevailing early modern scholarship on medical philosophy expressed the belief that the plague derived from miasma, harmful vapours that contaminated the atmosphere. The wind played a key role in transmitting these vapours. As Cohn has noted, putrefied air resulted in plague when there was an “interaction with bodily humours.”<sup>740</sup> However, the plague of 1575-78 was a key

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<sup>737</sup> Vincenzo Traversa, *The Theme of the Plague in Italian Letters* (Bern, Switzerland: Peter Lang US, 2018), 170.

<sup>738</sup> Settala, *Preseruatione dalla peste*, 24.

<sup>739</sup> *Ibid.*

<sup>740</sup> Cohn, *Cultures of Plague*, 192.

moment in medical philosophy in which the prominent miasmatic theory began to be challenged in Italian medical treatises. As Cohn has shown, at this juncture, there was a new tendency for writers to question the classical texts by way of their own observations and experiences with plague. They began to note, for example, cases in which there had been no instances of astrological or geomorphological phenomena. There were instances in which the air was fresh and unspoiled before the arrival of plague in their cities.<sup>741</sup> According to Cohn, these direct observations led to “two notions of disease transmission—one by people and goods, the other by mutation of air.”<sup>742</sup> Cohn remarks that while these were conflicting ideas, writers of medical treatises often looked to both as sources for plague transmission.<sup>743</sup> Many doctors, such as Girolamo Fracastoro and Alessandro Puccinelli adopted a theoretical approach that considered three distinct origins of contagion. These included first the transmission of disease by way of contact between the sick and others, second by way of contact with contaminated food and clothing, and finally “over distance” through corrupted air.<sup>744</sup> In a move away from astrological causes, Puccinelli asserted that putrid air, and not the stars, manifested plague. The central

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<sup>741</sup> *Ibid*, 195.

<sup>742</sup> *Ibid*, 193.

<sup>743</sup> *Ibid*, 193.

<sup>744</sup> *Ibid*, 196.

culprits of transmission were “human interaction and commerce.”<sup>745</sup>

Miasmatic theory was prominent in Bolognese literature on the 1630 plague. University of Bologna lecturer, Andrea Mariani, argued that the plague spread by way of air. Mariani’s 1631 study on the impact of the plague in Bologna, *De Peste Anni 1630 Bononiae*, asserted that the plague arrived in Bologna by way of Modena as a result of “emanazioni miasmiche di terra e d’acqua” (miasmatic emanations of earth and water).<sup>746</sup> Alternatively, he suggested that the epidemic could have come from Parma, by way of Mantova, where “cadaveri insepolti avevano esalato i pestiferi vapori” (unburied corpses had exhaled the pestiferous vapours).<sup>747</sup> He noted that the summer months were “dominate dall’Austro e seguite agli eccezionali sintomi di peste” (dominated by the Austro [wind] and followed by the exceptional symptoms of plague).<sup>748</sup> Pursuant to Mariani’s findings, the plague’s potency fluctuated according to shifts in air quality. Accordingly, when the air changed in the winter months, the plague decreased in potency.<sup>749</sup> Mariani exclusively followed the miasmatic theory of plague transmission. However, the transmission of plague between people is

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<sup>745</sup> Ibid, 196.

<sup>746</sup> Mariani, *De Peste Anni*, 6-8, as cited in Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 229-30.

<sup>747</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 230.

<sup>748</sup> Ibid., 229.

<sup>749</sup> Ibid.

also acknowledged in other local publications. As mentioned previously, the chronicler Moratti, in whose volume Martino's printed plan appears, argued that the travelling troops brought the plague to the city.<sup>750</sup> While the two central theories of plague transmission seemingly conflict, as remarked by Cohn, they frequently co-existed in medical treatises.<sup>751</sup> These two pathways concurrently function in the architecture of the Nuovo Lazzaretto, in particular with the selection of the site for the hospital.

### Site Selection

By mid-July 1630, Cardinal Spada and ministers from the Bolognese health authorities began to consider possible locations for a new hospital.<sup>752</sup> The zone that was currently designated for the care of the plague victims was outside the walls towards the south of the city, comprising of Porta S. Stefano, Porta S. Castiglioni, Porta S. Mamolo, and Porta Saragozza. This area encompassed the two major *lazzaretti*, Annunziata and Angeli, as well as their associated convalescent homes, administrative offices, and housing for those working in the institutions.

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<sup>750</sup> Moratti, *Racconto degli ordini*, 1. Imperial Army soldiers refers to soldiers of the German-Roman Emperor.

<sup>751</sup> Cohn, *Cultures of Plague*, 193.

<sup>752</sup> Brighetti notes that "Per quel giorno (17 luglio 1630) il Card. Spada aveva deciso 'andare in visita' ai luoghi tra cui scegliere quello per la nuova costruzione, e perciò il [Andrea] Boni gli metteva 'ancora in considerazione questo posto.'" ASV, Bologna, 282, f. 90 r. Andrea Boni al Cardinale Spada, "di casa 17 luglio 1630", as cited in Brighetti, *Bologna e la peste del 1630*, 92.

The area around Porta San Mamolo was evaluated by the Bolognese authorities with the idea of expanding the existing plague hospitals; however, these sites were found wanting. An anonymous report sent to Cardinal Spada on the 17<sup>th</sup> of July 1630 stressed the importance of finding new beds for the sick and noted that a lack of space had become harmful to the health of citizens within the *lazzaretti*.<sup>753</sup> However, the report was critical of the location of the existing *lazzaretti*, positioned in the mountains. The author expressed that the geography, at the base of the hills, restricted air flow and trapped pollutants from the city. He noted that this brought a risk of death.<sup>754</sup> As a result of the stagnant air in the hills, the report argued against expanding further in the existing zone through the construction of additional small structures. Rather, the report recommended that a new area be chosen on the plains and noted that similar measures had been successfully implemented in Milan. The Bolognese plains, it was suggested, had the benefit that even the smallest of wind could disperse smell and infection.<sup>755</sup> After

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<sup>753</sup> ASV, Bologna, 282, f. 116 r. v. "17 luglio 1630. Varie ragioni che conviene hora senza indugio chiudere le case degli'Infermi sospetti e infetti e non mandarli più al Lazaretto," 17<sup>th</sup> of July, 1630, as cited in Brighetti, *Bologna e la peste del 1630*, 92.

<sup>754</sup> The writer recorded, "'perché l'aria...si verrà ad ammorbare in detto ristretto e di li con l'agitazione de' venti, massime montani, può restare all'improvviso tutta l'aria della città ammorbata e conseguentemente senza rimedio alcuno correr tutti evidente rischio di morte.'" Ibid.

<sup>755</sup> The writer recorded, "'campagna piana et ampia, et (dove) ogni poco di vento poteoa la puzza et infettione trasportate e disperder.'" Ibid.

dismissing the suggestion to expand the structures of the existing *lazzaretti* located at the base of the hills, attention was moved to the search for a new site, which would need to fulfill some key requirements. Proposals were considered by Spada's officials following principals of gender divisions. For instance, a site outside of Porto Naviglio was considered in which the canal could be used to partition the sexes.<sup>756</sup>

Primary sources testify that the location of the new plague hospital was chosen with considerable precaution. A particular emphasis was placed on the site's potential impact on the well-being of the sick through proximity to fresh water and clean air. This process of selection is outlined in a letter by Giovanni Battista Natali written to Cardinal Spada on 22<sup>nd</sup> of July 1630. Natali wrote that he had discovered the perfect location for the new *lazzaretto* on a site belonging to the Mendicant Order outside of the city walls.<sup>757</sup> He commended the land on the flatter plains away from the hills and noted: "Ma quello che mi fa amirarlo è un acqua corente... et di perfettissima arria" (But what makes me admire it is [the] running water...and of perfect

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<sup>756</sup> ASV, Bologna, 282, f. 90 r. Andrea Boni to Cardinale Spada, "di casa 17 luglio 1630", as cited in Brighetti, *Bologna e la peste del 1630*. Port Naviglio is located on today's Via del Porto.

<sup>757</sup> ASV, Bologna, 282, f. 61 r., as cited in Brighetti, *Bologna e la peste del 1630*, 271-272.

air).<sup>758</sup> Moratti's chronicle also described the site as having "aria salutifera" (healthy air).<sup>759</sup> The advantage of this geographical place, especially the quality of the air, evidently impacted the choice of the site. The canal was similarly considered vital to the site's benefits as a hospital.

Natali advanced his argument for the site by highlighting the advantage of the location's proximity to the canal. Natali notes that the connections to the nearby Reno River assisted in irrigating the land.<sup>760</sup> The potential for cultivation would have been a benefit if the complex was needed long-term. Natali additionally stressed the practical benefit of the site's adjacency to the Naviglio Canal, which would provide an easily accessible route for construction supplies.<sup>761</sup> He noted that supplies of reeds,

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<sup>758</sup> *Ibid.*, 271. The buildings mentioned as connected to Cavaliere Reghieri and another to Paselli, reference religious houses. The one *de Paselli* references Lucio Maria Paselli who was attached to the San Girolamo della Certosa, and who was known to have worked to aid the *lazzaretti* during the pestilence of 1630-31 in Bologna as is noted in "Ritratto di Lucio Maria Paselli," *Storia e memoria di Bologna*, Comune di Bologna, accessed Nov 27, 2020, <https://www.storiaememoriadibologna.it/ritratto-di-lucio-maria-paselli-2087-opera>.

<sup>759</sup> Moratti, *Racconto degli ordini*, 99.

<sup>760</sup> "Ma quello che lo rende il luoco più riguardevole è che l'acqua del Reno lo irriga tutto et si scolla nel fiume Naviglio," ASV, Bologna, 282, f. 61 r., as cited in Brighetti, *Bologna e la peste del 1630*, 272.

<sup>761</sup> "Il luoco sta confino da una parte poco lontana al Canale Naviglio, vantagio per la condotta delle materie da fabricare le capane le quali vengono per il canale come canne, perticoni, vimini et altre." ASV, Bologna, 282, f. 61 r. cited in Brighetti, *Bologna e la peste del 1630*, 271.

large poles and wicker, could be easily accessible for the *lazzaretto's* construction by way of water.<sup>762</sup> Water was also a significant element in justifying the location of the new hospital in Moratti's chronicle. He wrote that the proximity to the Savena River, that fed the moat, was crucial for washing away filthy water.<sup>763</sup> Moving air as well as moving water had the quality of cleansing away impurities. Natali's report paid attention to the site's geographical traits, such as access to water and clean air, along with an evaluation of other beneficial characteristics.

The advantage of existing buildings on the site were acknowledged in Natali's report to Spada. The surrounding structures were in good condition which furthered this site's favourable location as a plague hospital.<sup>764</sup> Overtaking existing buildings that were already in place as charitable institutions would have reduced construction cost and time. Additionally, they could have provided administrative offices and accommodation for those overseeing the building project and for those managing the daily operations of the hospital.

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<sup>762</sup> He noted: "Il luoco sta confino da una parte poco lontana al Canale Naviglio, vantagio per la condotta delle materie da fabricare le capane le quali vengono per il canale come canne, perticoni, vimini et altre." ASV, Bologna, 282, f. 61 r., cited in Brighetti, *Bologna e la peste del 1630*, 271.

<sup>763</sup> He noted, "acque correnti, che tutto lo circondavano, per espurgare ogn'immonditia," Moratti, *Racconto degli ordini*, 99.

<sup>764</sup> ASV, Bologna, 282, f. 61 r., as cited in Brighetti, *Bologna e la peste del 1630*, 272.

It is important to note that the site selection was not an autocratic decision by the Bolognese government. As indicated in the letter to Spada, Natali speculated that the Mendicants might have had concerns about uprooting multiple religious houses and having their buildings and land taken over for the purpose of the *lazzaretto*.<sup>765</sup> His doubt is important to observe, as it demonstrates the complexities surrounding the acquisition of a property to serve as a *lazzaretto*. Even in an emergency moment, the city officials took into consideration the needs and desires of property owners. The city was required to engage in conversation with religious orders to gain permissions to access their lands. The new site had to be suitable for the welfare of the sick but was fundamentally dependent on the authorisations of various communities. The choice of this site necessarily took into consideration the requirements of multiple stakeholders.

The Nuovo Lazzaretto complex according to Martino's representation shared qualities of the other *lazzaretti* in Bologna. In particular, the site included requisitioned monastic structures briefly converted to serve

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<sup>765</sup> *"non saria di momento rispetto alli Mendicanti che volendo alogiare tanta famiglia bisogna slogiare più di una Religione et forse con qualche sospetto,"* ASV, Bologna, 282, f. 61 r., as cited in Brighetti, *Bologna e la peste del 1630*, 272. This is confirmed in the analysis of this letter provided by Brighetti: "La relazione è in polemica contro la scelta del luogo fuori porta San Vitale nel cui recinto era incorporata l'Opera dei Mendicanti, per alloggiare in altro luogo la quale, 'bisogna sloggiare più d'una Religione et forsi con qualche sospetto'," as cited in Brighetti, *Bologna e la peste del 1630*, 92.

as hospitals. On the other hand, Nuovo Lazzaretto was an opportunity for the city to create a design that went beyond the limitations of existing structures. What is fascinating about the Nuovo Lazzaretto plan is how the land was selected according to particular features of the land and also the way in which the huts were intended to be formed within the space.

### The Interior Structures

Martino's design is more than a conceptual image, as it provides the viewer with a detailed description of the individual structures. The huts, labelled as *case*, are represented in both two-dimensional space and as a floor plan, with an inscription reading: "le case del Lazaretto sono conforme alla pianta et alzata della casa segnata D" (the houses of lazaretto conform to the plan and elevation of the house marked D) (Fig. 4.5).<sup>766</sup> Their measurements are indicated as, "larghe piedi ~.56. et alte il medesimo et lunghi piedi 16.5.6" (width ~.56. feet and same height and 16.5.6 feet long).<sup>767</sup> The document also provides a description of the door and windows of the individual structures, along with their dimensions: "Hanno una porta da ogni capo e dalla parte longa due finestre alte P. 4.56. larghe P. 3" (They have a door at each end and on the long

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<sup>766</sup> Martino and del Buono, "Pianta del nuovo lazaretto fuori Porta S. Vitale."

<sup>767</sup> The use of tilde [~] could denote an approximation. The annotation of 56 should read 5.6

side two windows 4.56 feet high, 3 feet wide).<sup>768</sup> According to the plan's specifications for the huts, the dimensions for the windows would be approximately 1.73m x 1.14m,<sup>769</sup> and the hut itself would have had a width of 2.128m, height of 2.128m, and length of 6.29m.<sup>770</sup> The windows were very large in comparison to the height of the walls of the structure. Substantial windows would have provided ventilation, the movement of stagnant air, and would have optimised the movement 'healthy air' already present on Bologna's plains.<sup>771</sup> Assuming these are the measurements that were followed, the structures were very long and narrow which is a slight deviation from the drawing of the huts presented in Martino's drawing.

Martino's plan indicated various numbers of huts in each row ranging from eight to sixteen huts and shows forty-eight rows in total (Fig. 4.2).<sup>772</sup> The huts were positioned within the enclosure on a network of streets. The

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<sup>768</sup> Martino and del Buono, "Pianta del nuovo lazaretto fuori Porta S. Vitale."

<sup>769</sup> [(0.38 x 4.56 = 1.73m) x (0.38 x 3 = 1.14m)] Bolognese feet are approximately 0.38m.

<sup>770</sup> Width: 0.38m x 5.6 = 2.128m. The length of 16.5.6 (0.38 x 16.56 = 6.29m).

<sup>771</sup> As mentioned previously, Moratti described the site as having "aria salutarifera" (healthy air), Moratti, *Racconto degli ordini*, 99.

<sup>772</sup> Brighetti notes, however, without a citation, that "vi erano comprese cinquanta file di dodici case matte l'una, seicento complessivamente" (there were fifty rows of twelve huts each, six hundred in total) It is unclear where Brighetti's count is derived. Brighetti, *Bologna e la peste del 1630*, 95.



Figure 4.10. Detail of figure 4.1 showing the chapel design.

main streets crossed the complex and were 9.5m wide.<sup>773</sup>  
 The dimension of the main roads offered expansive space

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<sup>773</sup> "larghezza piedi 25" (25 Bolognese feet is approximate 9.5m).  
 Martino and del Buono, "Pianta del nuovo lazaretto fuori Porta S.  
 Vitale."



Figure 4.11. Detail of figure 4.1 showing the well design.

to facilitate the movement of people and goods. This space also encouraged the movement of air between the structures of the facility.

Along with the huts, Martino provided a detailed design schedule by outlining the dimensions of the four wells and chapel. These architectural features were placed at the centre of the hospital complex. Martino included

two-dimensional drawings of one well and of the chapel (Fig. 4.10 and 4.11).<sup>774</sup> The design description defines the four wells as being 2.28m in diameter and positioned symmetrically around the chapel.<sup>775</sup> Each well was intended to serve the four quadrants of the *lazzaretto* complex.<sup>776</sup> They were oriented to preserve the views, as is noted in the print “che non impediscono la veduta de dette fenestre al centro” (which do not impede the view of said windows in the centre).<sup>777</sup> An uninterrupted view ensured a proper vista of the chapel for mass.

The detailed execution of this plan provides the viewer with the scale of the project. In demonstrating the likely layout of the *lazzaretto*, including the placement of the huts, chapel and wells, along with their detailed measurements, we have a deeper understanding of the massive undertaking of this project. Comparing the size of the compound to the extant houses in the area illustrates the enormity of this complex. Although it is unknown how many patients were intended to reside in each hut, the number of huts suggests that there was space for hundreds of patients to be admitted concurrently.

## Spiritual Medicine

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<sup>774</sup> The plan has the following descriptions for the well and chapel: “*una delle quatro faccie dell Pozzo*” and “*Une delle quatro faccie della capella*”. Ibid.

<sup>775</sup> “...nelli quattro lati fra li stradoni vi sono quattro Pozzi larghi per diametro P.6. et li suoi ornamenti sopra quattro colonne.” Ibid.

<sup>776</sup> “tirare l’acqua da quattro lati per ciascuno.” Martino and del Buono.

<sup>777</sup> Ibid.

Martino's design for the Nuovo Lazzaretto is a manifestation of John Henderson's concept, *spiritual medicine*, which addresses the inseparable nature of Renaissance healthcare to spirituality.<sup>778</sup> As stated in *Florence Under Siege*, seventeenth-century people perceived "spiritual medicine as complementary to physical treatment."<sup>779</sup> It was believed that plague was first incited by the deeds of man, who were being presented with a punishment from God. In *Cultures of Plague*, Cohn addresses how Italian plague treatises from the sixteenth century emphasise "God's vengeance provoked by man's sins was the first cause."<sup>780</sup> After receiving God's wrath, it was then up to the community and the sick themselves to ask for absolution of sins through spiritual intercession.<sup>781</sup> Therefore, it was necessary to incorporate a means to access religious practices and spaces into hospital design as spiritual welfare was the primary concern.

Spiritual medicine was addressed at the level of public health administration. Specifically, religious authorities played an essential part in the management of the early modern Italian plague. Overall government administration was overseen by Bologna's legate Cardinal Spada, alongside the city's communal senate. Bologna's *lazzaretti* network was managed by the Jesuit Padre Orimbelli. As indicated in the preceding chapter, the

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<sup>778</sup> Henderson, *Florence Under Siege*, 205.

<sup>779</sup> *Ibid.*

<sup>780</sup> Cohn, *Cultures of Plague*, 78.

<sup>781</sup> Henderson, *Florence Under Siege*, 204.

majority of structures within Bologna's *lazzaretti* network had previously functioned as religious houses and many had already been functioning as charitable institutions prior to 1630. Henderson has shown in his study on the 1630-31 plague in Florence that early modern people expected that religious houses played a role in caring for their communities. Given the primary function that many religious orders held in the care of the sick, especially in the Counter-Reformation period, it was quite normal that members of the church took active positions in either administration or offered care directly to patients within the *lazzaretti*.<sup>782</sup> Processions played a significant part to a wider audience in enforcing the importance of spiritual medicine in the process of healing from the plague. Florence's *lazzaretti* officials went as far as to broadcast the "success of spiritual medicine" by holding processions that publicly paraded recovered individuals leaving the plague hospital.<sup>783</sup>

The Nuovo Lazzaretto is emblematic of spiritual medicine as it incorporated opportunities for religious practice through architectural space, namely through the inclusion of the chapel. The chapel, resembling a baldacchino, featured classical elements, including: unornamented Tuscan columns, a dome, and triangular pediment. The dimensions of the chapel were approximately 17m in height and 12.16m in width (Fig.

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<sup>782</sup> Ibid., 204-205.

<sup>783</sup> Ibid., 207.

4.10).<sup>784</sup> The size of the chapel is noteworthy, as it was about eight times the size of the height of the huts. On the plan, the structure was placed within an octagonal piazza of 95m in diameter.<sup>785</sup> The substantial scale of the chapel within a significant open space of the piazza potentially promoted a view of the chapel while also conceivably providing space for recreation.

In his chronicle, Moratti illustrated how the spatial layout of the huts was intentionally created with viewership in mind. He stated that the huts were positioned in order “che tutti gl’infermi, che nel Lazaretto si fossero trovati, senza moversi dalle loro stanze, havrebbero potuto vedere la Messa” (that all the sick, who had found themselves in the *lazzaretto*, without moving from their rooms, could have seen the Mass).<sup>786</sup> This passage from the chronicle, along with the description on the plan, affirm that spiritual welfare of the individuals in the care of the Nuovo Lazaretto was of primary concern.

As demonstrated in an earlier chapter, Milan’s Lazaretto di San Gregorio similarly featured a central chapel inside an inner courtyard. The configuration of

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<sup>784</sup> “Nel centro della fabrica vi è la capella alta P. 45 e larga P. 32.” Martino and del Buono, “Pianta del nuovo lazaretto fuori Porta S. Vitale.”

<sup>785</sup> “La detta Capella ha intorno una piazza di figura ottogona larga per diametro P. 250.” Ibid.

<sup>786</sup> Moratti, *Racconto degli ordini*, 99. Similarly, in Milan a temporary chapel was employed in the plague hospital, San Gregorio, and was positioned so that the sick could participate in mass from their rooms. Carmichael, “The Last Past Plague,” 154.

Milan's permanent plague hospital included a rectangular shaped structure with windows looking on the courtyard and chapel in order that patients could have a view of the Mass.<sup>787</sup> As Henderson has indicated, the view onto the courtyard of the Milanese structure permitted patients to witness Mass, which is indicative of the important connection between physical and spiritual health of the patient in their recovery.<sup>788</sup> The inclusion of a chapel was also a feature of the Renaissance hospital, as indicated in Filarete's fifteenth-century design for Milan's Ospedale Maggiore, which incorporated altars with a central church enabling patients to participate in Mass.<sup>789</sup> Likewise, Bologna's Nuovo Lazzaretto featured the central chapel. Unlike Milan, however, Bologna lacked a central structure as it is formed by a collection of huts.

The hut construction and the placement of these structures facilitated spiritual practices within the Nuovo Lazzaretto. The huts were installed at the edge of the octagonal piazza and stemmed outwards towards the walls in a star burst pattern. The four main pathways emerge between this pattern and serve to divide the complex into quadrants. The description of the huts notes that "dalla parte opposta allato di dette finestre vi sono due finestrini per la comodità sicurezza de confessori e medici" (on the opposite side of these windows there are two small windows for the comfort and safety of confessors and

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<sup>787</sup> See Chapter 3 of this current study.

<sup>788</sup> Henderson, *Florence Under Siege*, 184.

<sup>789</sup> Howe, "The Architecture of Institutionalisation," 69.

doctors).<sup>790</sup> This is perhaps one of the more unique features of the design of the huts. It granted access through windows to the sick and simultaneously provided protection to the confessors and doctors who served them. This aspect of the windows addressed spiritual wellbeing of the patients as it offered access to confessors.

Martino's choice of layout of the huts within the complex can be understood more deeply when we consider contemporary beliefs around health and religion. Martino's incorporation of a considerable chapel, the directional arrangement of the huts to ensure a view of mass for each structure, and the inclusion of two windows on the hut to permit the clergy safe access to the patient, all contribute to the notion that spirituality played a key role in the healing process. Martino incorporated these elements to ensure the management of the spiritual welfare of the individual patient, a fundamental consideration given that many plague victims who entered the *lazzaretto* would never leave. Recovering from the plague and plague prevention lay not only in the hands of God, but also relied on contemporary theories from medicine.

### The Winds as Cause and Cure

The inclusion of a 'wind rose' in Martino's design is an indication of the importance placed on the causes and transmission of plague through an early modern design for a plague hospital (Fig. 4.12). Moreover, it shows how the

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<sup>790</sup> Martino and del Buono, "Pianta del nuovo lazaretto fuori Porta S. Vitale."

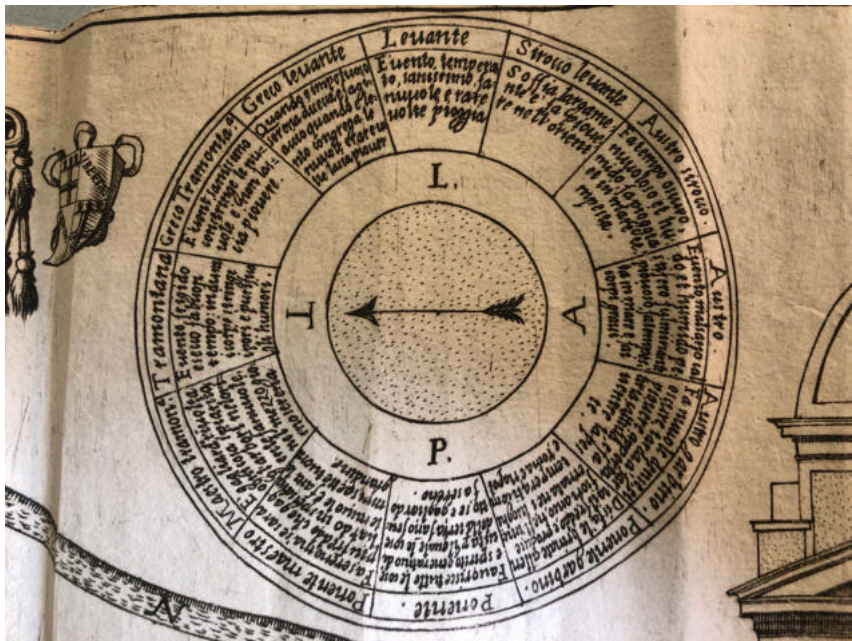


Figure 4.12. Detail of figure 4.1 showing the wind rose.

architect was influenced by contemporary beliefs around health and pathology. It suggests that the quality of air and the wind played a vital role not only in the spread of the disease but also in the recovery of patients.

The plan includes a substantial twelve-point wind rose with a detailed description of the qualities of each of the winds (Table 4.3).<sup>791</sup> The wind rose is used on a map to visually indicate cardinal direction that is determined by the direction from which the wind blows. The wind rose is divided into multiple cardinal points, frequently either

<sup>791</sup> Ibid.

**Table 4.3. Wind Rose transcription from *Pianta del nuovo lazaretto fuori Porta S. Vitale***

Wind Type
Tramontana: e vento frigido e secco fa buon tempo: indura i corpi stringe i pori e purifica gli humori
Greco Tramontana: e vento sanissimo con stringe nuvole e non lascia piovere
Greco levante: quando e impetuoso serena di se aggiaccio quando è lento congrega le nuvole e rare volte l'aria piovere
Levante: E vento temperato, sanissimo, fa nuvole e rare volte pioggia
Sirocco [Scirocco] levante: soffia largamente e fa piovere nell'orient
Austro Sirocco [Scirocco]: Fa tempo oscuro, nuvoloso et humido fa pioggia et in mare tempesta
Austro: e vento malsano caldo et humido pestifero fulminante piovoso fa tempesta in mare e fa i corpi gravi
Austro Garbino: Fa nuvole dense et oscure tarda a far piovere apporta aria cattiva e fa ventre la peste
Ponente Garbino: Disfate brinate allenta il freddo e produce fuori anco nell'invernata nei luoghi temperati come Roma e Napol [Napoli]
Ponente: Favorisse tutte le cose e spirito generativo vita per il quale le cose della terra fano frutto se è gagliardo fa sereno
Ponente maestro: Fa sereno ma se sara piu freddo che gagliardo inspessate nuvole e fara lampi saette tuoni grandine
Maestro tramontana: e gagliardo rivolta ogni cosa spianta gli arbori ne lori ente fannuole [fa nuvole] nel mezzo giorno serena

eight, twelve or sixteen directions, but also more.<sup>792</sup> The twelve-point wind rose was commonly used for nautical navigation in the Mediterranean from at least the third century BCE and was still in use into the fourteenth century.<sup>793</sup> Examples of the eight-point wind rose appear in the classical world, notably in Greece.<sup>794</sup> Medieval scholar Barbara Kreutz notes that eight winds feature on Italian maritime documents from the thirteenth and fourteenth century. These winds are: Tramontana, Greco, Levante, Sirocco, Ostro, Garbino, Ponente and Maestro.<sup>795</sup> Further, she indicates that sixteen-point compasses produced in the medieval Mediterranean tended to use a combination of these eight terms, thus demonstrating a reliance on the eight prominent winds for navigation.<sup>796</sup> The wind rose on Martino's plan is roughly a combination of the classical twelve-point wind rose and the early medieval Mediterranean mariner's eight-point wind rose. It is

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<sup>792</sup> Josip Faričić, Ivka Kljajić, Lena Mirošević, and Dubravka Mlinarić, "Symbolism of Compass Roses on Early Modern Nautical Charts of the Adriatic Sea," *KN - Journal of Cartography and Geographic Information: Kartographische Nachrichten* 75 (February, 2023): 26.

<sup>793</sup> Barbara M. Kreutz, "Mediterranean Contributions to the Medieval Mariner's Compass" *Technology and Culture* 14, no. 3 (1973): 376.

<sup>794</sup> An example is the Tower of the Winds, from first century CE, Athens. See also Kreutz, "Mediterranean Contributions to the Medieval Mariner's Compass," 376.

<sup>795</sup> Kreutz, "Mediterranean Contributions to the Medieval Mariner's Compass," 377, note. 34.

<sup>796</sup> Kreutz, "Mediterranean Contributions to the Medieval Mariner's Compass," 377.

divided into twelve distinct directions following the classical approach. These correspond to N, NNE, NE, E, SE, SSE, S, SSW, SW, W, NW, NNW. It also adopts the medieval Italian terms from the eight-point compass, as referenced above. Of significance, Martino's wind rose offers an interpretation of the eight winds according to their health properties.<sup>797</sup>

The wind rose on the Nuovo Lazzaretto plan indicates three main winds, Tramontana, Levante and Ponente as having a positive effect on the body (Fig. 4.12). The Tramontana wind "purifica gli humori" (purifies the humours). As a subcategory of the Tramontana wind, Greco Tramontana, was similarly a "vento sanissimo" (very healthy wind). Levante was a temperate and healthy wind, while Ponente was also beneficial as it would "Favorisse tutte le cose e spirito generativo vita per il quale le cose della terra fano frutto se è gagliardo fa sereno" (Favoured all things and [it is a] generative life spirit for which the things of the earth bear fruit, if it is powerful, it makes fair weather). The Ponente wind perhaps thought to support plants and agricultural production. The arrow of the wind rose is pointing to Tramontana, presumably the wind that is most likely to offer a cure to plague patients. As specified on the wind rose, the wind was capable of cleansing

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<sup>797</sup> I was unable to find any other examples in my research of a wind rose that presented the eight prominent winds with an interpretation of their health benefits. This would be an area for further future scholarly research.

unbalanced humours that cause disease. In contrast to these healthy winds, the Austro winds were considered harmful.

The Austro winds were southernly winds and were responsible for spreading plague, as noted on the plan. These winds comprised of three sub-categories: Austro Scirocco, Austro, and Austro Garbino. The Austro and Austro Garbino were particularly damaging. The wind rose describes the Austro as a “vento malsano caldo et humido pestifero fulminante” (an unhealthy wind, hot and humid, pestiferous fulminant). The Austro Garbino “Fa nuvole dense et oscure tarda a far piovere apporta aria cattiva e fa ventre la peste” (makes dense and dark clouds, slow to rain, brings bad air and makes the plague belly) (Table 4.3).<sup>798</sup> These two Austro winds were noted to be humid, capable of rapidly impacting the health of the body to the point of fatality and caused plague to manifest in the body.

The indication of the Austro wind is particularly important to our understanding of the positioning of the hut structures in the Nuovo Lazzaretto. Martino intended that the formation of the huts would benefit from good winds and avoid the bad. The plan’s description referenced their position within the grounds of the hospital complex and expressed that all of the huts, “risguardano il centro fuggendo il vento d’ostro” (they look back at the center avoiding the Austro wind).<sup>799</sup> According to the description, the placement of the huts was intended to avoid the most

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<sup>798</sup> Martino and del Buono, “Pianta del nuovo lazaretto fuori Porta S. Vitale.”

<sup>799</sup> Ibid.

harmful winds, although it is unclear how this was accomplished. The arrangement of the huts fanning outward from the octagonal piazza would have permitted sufficient air movement between structures. This spatial organisation reflects the notion that the transmission of plague was by the movement of unhealthy vapours carried by bad winds. Additionally, the use and placement of the huts referred also to transmission by way of human contact. The separation of the huts from one another potentially provided more individualised care but also isolation from those with varying degrees of illness, perhaps even separating the sick from the suspected.

The Nuovo Lazzaretto plan reveals an ideal conception of a Renaissance plague hospital that would best suit the needs of the people who would use the space. As a conceptual image it reveals early modern thinking about space, about the organisation of space and about the arrangement of potential users of that environment. This is evident in how the huts were placed in the plan in an ideal way, with enough space between them to allow for air flow, and particular views. Of significance is the connection between these vistas and the necessity of viewing the *capella* in order to participate in mass. Therefore, this print also exposes the early modern view of the relationship between the physical and spiritual bodies, two elements intertwined at their core. Descriptions of the design mention the importance of the windows of the huts, that intentionally provide both the medical doctor and the priest access to the patient. There is an understanding of

the body soul connection; the spiritual welfare of the individual patient is valued as highly as their physical well-being. This drawing illustrates that for early modern Bolognese, architecture that addressed both the physical and spiritual bodies was vital to the overall care of the individual.

## Conclusion

Martino's 1630 design for the new plague hospital, "Pianta del nuovo lazaretto fuori Porta S. Vitale," offers a rare glimpse into what were the most cutting-edge ideas for combatting the plague through the use of institutional architecture. A *lazzaretto* needed to be a stronghold but it also needed to address the needs of the patient. The level of detail in the plan, including the meticulous inscriptions and measurements of structures, suggests that this print, or its original, was employed in the manufacturing of the structures that would make up the new *lazzaretto*.

This plan is revealing of the health authority's response to the 1630-31 plague in Bologna. In particular, the documentation examined in this chapter has suggested that the hospital complex was created with temporality in mind. Specifically, the use of huts and the choice of materials, along with the demolition and sale of those materials shortly after construction, are indicators of intentional impermanence of this *lazzaretto*. Most importantly, the plan embodies how seventeenth-century institutional architecture could serve the health of patients following contemporary notions of healthcare.

The root cause of plague, understood by seventeenth-century authorities on disease, enlightens the analysis of Martino's plan. The plan confirms seventeenth-century thinking on the philosophy of medicine and the humours of the body. Specifically, the site location and the formation of the huts reflect the connection between the quality of air and the health of the body. Additionally, the inclusion of the chapel and easy access of confessors to patients through the windows demonstrate how Renaissance hospital spaces were deeply tied to religion and the spiritual welfare of patients. It expresses contemporary belief systems of the body, healthcare, and community welfare at a moment of crisis.

Additionally, this plan is an expression of contemporary norms of thinking on organisational space and flow. This is particularly evident in the arrangement of the huts. Moreover, the plan indicates that perspective views, recreational spaces in the central piazza, and a consideration of the movements of individuals within the complex were vital features of this design. The description pushes the plan beyond a purely conceptual drawing. It challenges the notion that this three-dimensional spatial environment was perceived simply as a container. The description provided an acknowledgment of the use and movement within the space. Notably, the plan took into account the movement of doctors and confessors, particularly how these actors would safely move between structures and access patients through windows. Furthermore, the plan positioned the *lazzaretto* within the

existing landscape while taking all community stakeholders into consideration, mainly the Mendicants and the neighbouring properties. This shows a recognition of the actual use and employment of the space. Specifically, how this type of structure would be experienced and how it even posed a danger to those who resided within or around the complex.

The Nuovo Lazzaretto architectural plan is essential to building knowledge on early seventeenth-century Bolognese and Italian institutional architecture in times of plague. The nature of this type of ephemeral architecture was an ingenious response to the crisis and demonstrates the importance of structures for emergency use in the early modern period.

In the chapter that follows, the discussion will now turn to mobility as it specifically impacted women. It will examine how all Bolognese women were initially classified into a category of exclusion from mobility under the general quarantine of women; however, exceptions to these rules permitted degrees of mobility for women based on work and social status.

## Chapter 5: The Mobile Woman: Getting Around during Plague<sup>800</sup>



Figure 5.1. Detail of of Fig. 2.2. Anonymous, *La peste del 1630 a Bologna (Via S. Mamolo con scena di peste del 1630)*, c.1630, oil on canvas, (m. 0.705 x 0.87m), Cassa di Risparmio di Bologna, Palazzo Pepoli, Museo della Storia di Bologna. Photographed by author.

The anonymous and unrefined image of *La peste del 1630 a Bologna* of 1631 is a horrifying scene of a plague-

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<sup>800</sup> A version of this chapter has appeared in publication, Natalie Massong, "The Mobile Woman: Getting Around during the 1630 Plague in Bologna," *Connections: A Journal for Language, Media and Culture* 2, no. 1 (December 2021): 42-54.

ridden street in Bologna (Fig. 2.2). As previously mentioned, this artwork represents one of only two existing paintings of a street scene illustrating the 1630-31 plague in Bologna (Fig. 2.1 and 2.2).<sup>801</sup> These paintings are part of an exceptionally rare collection of artworks that illustrate the lived experience of Italian early modern epidemics and, remarkably, they depict mobile women. As mentioned in Chapter 2, the painting by Luigi Baccio del Bianco, *La peste a Firenze nel 1630*, depicts the streets of Florence during the plague of 1630-31 and notably shows at least three women. Melchiorre Gherardini illustrated the streets of Milan in his etching, *Piazza di S. Babila durante la peste del 1630*, and included at least one woman in the street chaos. However, it was not until Louis Rouhier's work, that an abundance of activities performed by women in the streets are represented in his collection of prints of the plague of 1657 in Rome.<sup>802</sup>

The two examples for Bologna, illustrate the same street, via San Mamolo, and feature some comparable figures. For instance, figure 2.1 and 2.2 illustrate a woman with a shawl-covered head walking with her staff towards the middle of the street, seemingly disengaged from the

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<sup>801</sup> The Archivio di Stato di Bologna has no information on the provenance or exhibition history of this artwork. The second image, by the same title, is a likely copy of the first.

<sup>802</sup> Louis Rouhier, *Ordini diligenze e ripari fatti con universal beneficio dalla paterna pietà di n..s. Pp. Alesandro vii et ss. Card./li della s. Congr./ne della sanita per liberare / la citta di roma dal contagio. Inventati e date in luce da gio: giacomo de rossi in roma alla pace* (Rome: Giovanni Giacomo de' Rossi, 1657).



Figure 5.2. Detail of Fig. 2.2. showing a woman walking via San Mamolo.

surrounding chaos (Fig. 5.1 and 5.2). Unique to figure 2.2, this painting features the Allegory of Death in the form of a skeleton on horseback atop a mound of dead bodies, alluding to the apocalyptic nature of this moment. The inclusion of the skeletal figure potentially marks this

painting as an ex-voto.<sup>803</sup> To the right of the Allegory of Death, the woman walks forward and appears to hold a piece of writing, perhaps a prayer (Fig. 5.1 and 5.2). Beyond her, at the gallows near the centre of the image, two women form an audience for a hanging (Fig. 5.3). In contrast to the street goers, the other women in the image are depicted as would be expected, from their windows, watching the activities of men unfold from above (Fig. 5.4). Women are similarly depicted in the windows in figure 2.1 and at the centre of the painting two women are presented crossing the street. Another scene illustrates two men who are seemingly directing the movement of a pair of women (Fig. 2.1). One of the men gestures with his arm and the other with his staff. Both versions of this scene depict mobile women.

Women in early modern Italy were most often subjected to greater restrictions to their movements than men. Restrictions on the movement of noble women and confinement to the domestic space was commonplace in early modern Italy, while working class women were regularly found in the public spaces of their cities. However, during the plague of 1630, all Bolognese women were legally obligated to remain inside their homes for months, with constraints aimed specifically at women lasting for the duration of the epidemic from July 1630 until June 1631. These regulations have framed the dominant historical narrative in such a way as to ignore the mobility

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<sup>803</sup> Brighetti alludes to this image potentially serving as an ex-voto image. See Brighetti, *Bologna e la peste del 1630*, 218.



Figure 5.3. Detail of Fig. 2.2. showing the gallows erected in the via San Mamolo.

of women. Yet figure 2.1 and 2.2, along with textual sources, demonstrate that despite the initial laws that confined them to their homes, Bolognese women remained actively involved within their communities. Specifically, women of lower classes played key roles in sustaining the local economy and in supporting the well-being of the city



Figure 5.4. Detail of Fig. 2.2.

as primary caregivers;<sup>804</sup> however, the majority of scholarship has placed women in a peripheral position, devaluing the significant contributions made by women

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<sup>804</sup> The economic impact on women, as well as their contribution to the local economy during the 1630-31 plague, deserves an extensive study, which is beyond the purview of this present work. For some further reading on the topic see Giusberti and Roversi Monaco "Economy and Demography," 154-184.

during the epidemic.<sup>805</sup> Moreover, the ways in which movement in the city was facilitated by the roles adopted by some women while other women were expected to be immobile has yet to be investigated.

The forced quarantining of healthy women within their domestic environments was commonly enacted as a precautionary measure during periods of early modern plague.<sup>806</sup> This was a protective policy that reflected and enforced the belief that women were inherently more susceptible to the plague. In some cities more women than men were recorded to have died in earlier epidemics.<sup>807</sup> Samuel Cohn has pointed out that the increased vulnerability in women may have been linked to higher instances of poverty for women.<sup>808</sup>

Cohn has shown that by the sixteenth century there were recognised links between poverty and plague transmission, as demonstrated by numerous plague treatises.<sup>809</sup> As mentioned previously, the 1630-31 plague in Bologna had an estimated total loss of 24% of the

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<sup>805</sup> Brighetti, *Bologna e la peste del 1630*; Guerrini, *Bandi*; Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 2008.

<sup>806</sup> For Milan see Cohn, *Cultures of Plague*, 248, 281.

<sup>807</sup> Cohn has demonstrated that during plague outbreaks in Milan from the fifteenth to sixteenth century, more women than men died. *Cultures of Plague*, 222.

<sup>808</sup> *Ibid.*, 187.

<sup>809</sup> *Ibid.*, 209-213.

population.<sup>810</sup> Further, according to Pietro Moratti's 1631 chronicle more women than men perished in the plague hospitals.<sup>811</sup> However, overall, women and men succumbed to the illness in fairly equal numbers in Bologna, as contemporary records show that the total number of deaths were approximately 11,805 for women and 11,886 for men (Table 5.1).<sup>812</sup> The increased number of female deaths in the hospitals could reflect that more women entered the

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<sup>810</sup> Bellettini, *La popolazione di Bologna*, 41. The death counts are estimates as deaths started to be recorded in June, even though the pandemic began in May. Moratti estimates a total death number of 13,398 for deaths in the *lazzaretti* (2,431 in Angeli and 3,091 in Annunziata) and the city (7,876), and 16,300 for the countryside for June until December 1630. He also notes that 1,181 people died from other causes during the same period for a total of 30,879 deaths. Moratti, *Racconto degli ordini*, 120. Bellettini affirms Moratti's totals based on parish records from before and after the epidemic, Bellettini, *La popolazione di Bologna*, 41.

<sup>811</sup> Moratti records that 3091 people died in the Annunziata *lazzaretto* which was dedicated to the care of women, and 2431 people died in the Angeli *lazzaretto*, which was for men, Moratti, *Racconto degli ordini*, 120. There could be many reasons to account for these differences. More women than men could have entered the female hospital, as is suggested by the data from *Libro di dare et avere*, although this is incomplete. Moreover, more men could have chosen to heal at home.

<sup>812</sup> Anonymous, "Elenchi di morti." The volume *Peste del 1630* is a compilation consisting of mostly printed books produced in the years 1630 and 1631. One section consists of hand-written documents, with a date of the last day of December 1630, suggesting an original production date of after 1631. These sheets provide the total death counts for the plague. A note on the interior of cover of *Peste del 1630* is dated 1728, which could suggest the most recent binding date of these texts.

<b>Table 5.1. Total Deaths for Bologna 1630 according to Anonymous, "Elenchi di morti", c. 1631</b>			
Category by occupation or sex	#	Women	Men
parrochi (parroci – parish priests)	33		33
Medici (doctors)	27		27
ajtanti (aiutante - assistants)	17		17
Barbieri (barber surgeons)	87		87
portacocchietti (cocchiere – transporters of sick and dead)	48		48
beccamorti (becchino - gravedigger)	23		23
meretrici (prostitutes)	244	244	
Facchini (porters who transport goods)	361		361
donne	11561	11561	
uomini	11128		11128
nobili, e Citdi (nobles and citizens)	162		162
<b>Total</b>	<b>23691</b>	<b>11805</b>	<b>11886</b>

hospitals. Indeed, records from *Libro di dare et, avere* do show a moderately higher number of women who arrived at Annunziata (Tables 3.4, 3.5 and Table 3.2). It was permissible to remain at home to recover from the plague,

but only in circumstances in which the person would not be relying on public funds.<sup>813</sup>

Cohn has shown that by the sixteenth century there were recognised links between plague transmission and poverty, as demonstrated in contemporary plague treatises.<sup>814</sup> Cohn has mentioned that late sixteenth-century plague treatises reflect the perception that women and the young children in their care, were “most susceptible and the plague’s principal carriers.”<sup>815</sup> During the 1575-78 plague in Italy, as the epidemic was in decline in Milan in 1576, planned celebrations barred women and children from participating, as “they were believed to be more contagious and susceptible to plague.”<sup>816</sup>

Health policy created during the 1630-31 plague in Bologna echoed these attitudes with regulations disproportionately directed at women. For instance, Bolognese law mandated that all those who were sick or suspected of illness were to be locked inside their homes, regardless of sex or social status, thus reducing the spread of the contagion. But public policy went further to specifically target healthy women, excluding them from public space, using disciplinary measures to control their mobility even in the absence of illness, as demonstrated by

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<sup>813</sup> “*Ordine a coi rever. curato o rettore e a voi assonti della parrocchia di S.*” Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 105.

<sup>814</sup> Cohn, *Cultures of Plague*, 209-213.

<sup>815</sup> *Ibid.*, 246.

<sup>816</sup> *Ibid.*, 280, note 80.

the numerous edicts published in 1630-31 that will be examined in the following analysis.<sup>817</sup>

This confinement of women resembles Michel Foucault's analysis of the organisation of people within a disciplinary society, which separates individuals into categories for exclusion.<sup>818</sup> In the opening for his chapter on "Panopticism" in *Discipline and Punish: The Birth of the Prison*, Foucault uses the example of plague in the seventeenth-century city as a precedent for Jeremy Bentham's 1791 Panopticon.<sup>819</sup> Foucault describes how the ordering of people into "enclosed, segmented space," and the surveillance and recording by various agents within a chain of command, reporting to a central authority, "constitutes a compact model of the disciplinary mechanism."<sup>820</sup> He parallels this to the treatment of mental illness in the nineteenth century and the "disciplinary partitioning" of the body, which underwent "procedures of individualization to mark exclusion" by central authorities.<sup>821</sup> These divisions segregated people into binary categories, such as "normal and the abnormal."<sup>822</sup> As precursors to the nineteenth century, seventeenth-

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<sup>817</sup> For instance, *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630*, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 94.

<sup>818</sup> Foucault, *Discipline and Punish*, 199.

<sup>819</sup> Tally, *Spatiality*, 126.

<sup>820</sup> Foucault, *Discipline and Punish*, 197.

<sup>821</sup> *Ibid.*, 199.

<sup>822</sup> *Ibid.*, 199.

century men and women were subjected to these divisions, and subsequently endured different levels of monitoring, confinement and discipline during periods of plague.

As noted by historian Leigh Ann Whaley, early modern medicine was grounded in classical philosophical treatises. The resurgence of translated Greek medical treatises in the sixteenth century formed a framework for Renaissance understanding of the female body.<sup>823</sup> The pervasive theories on the female body in the Renaissance were born from the work of the Hippocratic Corpus, Galen and Aristotle, who argued that women were the “deviation from the norm, or the male.”<sup>824</sup> The Hippocratic Corpus, a group of medical treatises by multiple authors, characterised women as “abnormal in comparison to the normal male,” necessitating “special treatment” for their inferior bodies, notions that remained ubiquitous in the Renaissance.<sup>825</sup>

This belief is evident in the distinct *disciplinary partitioning* of the female body during the 1630-31 plague outbreak in Bologna, which saw government regulations

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<sup>823</sup> Leigh Ann Whaley, *Women and the Practice of Medical Care in Early Modern Europe, 1400-1800* (New York; Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2011), 48.

<sup>824</sup> Whaley, *Women and the Practice of Medical Care*, 49.

<sup>825</sup> *Ibid.*

confine women to their home because of assumed frailty.<sup>826</sup> The containment of the female body, which was itself treated as a site of contagion, became a primary target of public policy. Confinement into the domestic space was a part of a process in which women were identified, classified, divided and imprisoned by the health authorities because of their classification as 'abnormal'. However, the division of all women into one category based on perceived vulnerability did not represent the real need of the healthcare system or the local economy. Exceptions to the overarching rule were quickly created which necessitated new ways of *disciplinary partitioning* women set within a hierarchy,<sup>827</sup> creating divisions based on class and occupation, each with varying access to mobility.

Geographer Doreen Massey, whose work has significantly contributed to the field of feminist geography and to our understanding of gendered space, argued in *Space, Place, and Gender* that "degrees of mobility" are gendered, in which women and men access, move through, and respond to spaces differently depending on their

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<sup>826</sup> *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630*, decrees that the plague is more evident in women and children and in the lower classes who must travel by foot, and concludes that women and children should therefore not leave the house except if they travel by carriage. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 96. The impact of the plague on children has yet to be addressed in the scholarship. It is a challenging topic as there is little information on children within this context.

<sup>827</sup> Foucault, *Discipline and Punish*, 199.

gendered experience.<sup>828</sup> Moreover, Massey contends that distinct sections of society experience “differentiated mobility” according to their access to mobility, influenced by social status and wealth.<sup>829</sup> While early modern women experienced varying levels of mobility under normal circumstances, during periods of epidemics, female mobility became contingent on being placed outside the category of “woman” into new classifications based on occupation and social status. “Woman” was substituted for new divisions such as, *caldirane*, *infermiera*, *barbiera*, *gentildonna*, *cuciniera*,<sup>830</sup> and *ex prostitute*, with disciplinary action administered according to social standing. This chapter will demonstrate how entering these new

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<sup>828</sup> Massey shares her experience that viewing naked female nudes in a fine art gallery made her feel “objectified” where the space did not have the same impact on her two male companions. Massey, *Space, Place, and Gender*, 186. The use of gender here is understood as the biological differences between men and women that influence power relations, a definition that is most closely aligned with seventeenth-century perceptions of gender. For more specifics on issues relating to gender and female mobility see Susan Hanson, “Gender and Mobility: New Approaches for Informing Sustainability,” *Gender, Place & Culture* 17, no. 1 (2010): 8-10.

<sup>829</sup> Massey, *Space, Place, and Gender*, 149.

<sup>830</sup> *Caldirane* were employees of the silk industry who worked in the reeling process and received a daily wage. Carlo Poni, “Misura contro misura: come il filo di seta divenne sottile e rotondo,” *Quaderni Storici* 16, no. 47 (1981): 385, note 3. *Infermiera* (nurse), *barbiera* (female barber surgeon), *gentildonna* (noblewoman), *cuciniera* (female cook). As a general source of sixteenth-century occupations see, Tommaso Garzoni, *La piazza universale di tutte le professioni del mondo* (Venice: Giovanni Battista Somasco, 1586).

categories afforded women the agency to maintain their household economy and temporarily overcome social and physical barriers, demonstrating great resilience in moments of crisis.

The impact of plague on women has more broadly been addressed in scholarship encompassing history of healthcare. The critical contributions made by women to early modern healthcare in Northern Italy have been widely acknowledged.<sup>831</sup> The significant body of work by John Henderson has extensively documented the impact of plague in 1630-31 Florence, including the changing status of marginalised groups, such as prostitutes, along with the role that women took in caring for the sick in the *lazzaretti*, plague hospitals.<sup>832</sup> Scholarship on women within the context of plague hospitals has been considered by Stevens Crawshaw in her important work on Venetian *lazzaretti*.<sup>833</sup> Additionally, Terpstra has thoroughly analysed the impact of plague and famine on women and the poor with a focus on Florence in *Cultures of Charity*, along with the development of religious institutions that served as places of primary care for women and children.<sup>834</sup> The roles that women acquired within plague hospitals and convalescent

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<sup>831</sup> Pomata, "Practicing between Earth and Heaven," 119-143; Pomata and Foy, *Contracting a Cure*; Stevens Crawshaw, "Families, Medical Secrets," 597-618; Strocchia, *Forgotten Healers*.

<sup>832</sup> Henderson, *Florence Under Siege*. In particular see Chapter 7 for women who worked in the *lazzaretti* and Chapter 8 for a discussion on prostitutes.

<sup>833</sup> Stevens Crawshaw, *Plague Hospitals*.

<sup>834</sup> See Terpstra, *Cultures of Charity*.

homes in Bologna have only briefly been recorded.<sup>835</sup> Beyond healthcare, the activities of women during epidemics have received little attention in the scholarship. The general involvement of women in the silk industry of Bologna has been thoroughly considered,<sup>836</sup> although a deeper analysis of this female work during epidemics merits further examination. These studies offer a useful starting point in which to analyse how many women had agency that permitted physical movement and social mobility, despite most women experiencing lengthy enclosure within their homes.

This chapter aims to examine how social status and work activities facilitated female mobility through a collection of contemporary textual sources. In particular, *Libro di dare et avere* offers unique insight into the variety of roles adopted by women during the months of plague.<sup>837</sup> Letters documenting the activities of officials from the

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<sup>835</sup> Brighetti, *Bologna e la peste del 1630*; Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*.

<sup>836</sup> See Carlo Poni, "Tecnologie, organizzazione produttiva e divisione sessuale del lavoro. Il caso dei mulini da seta," in *Il lavoro delle donne*, ed. Angela Groppi (Rome, 1996), 269-96; Carlo Poni, "All'origine del sistema di fabbrica, tecnologia e organizzazione produttiva dei mulini da seta nell'Italia settentrionale (sec. XVII-XVIII)," *Rivista Storica Italiana* (1976): 444-497; Franceschi, "Big Business for Firms and States," 95-123; Laura Righi, "Produzione di seta e trasferimenti tecnologici tra legislazione e frodi: Il caso di Bologna dal XIV al XVI secolo," *Archivio Storico Italiano* 174, no. 4 (650) (2016): 639-668; Carla Arbizzani, et al. *Bologna città della seta: macchine, tecniche, impianti produttivi nei secoli 16-18* (Bologna: Istituto Aldini Valeriani, 1990).

<sup>837</sup> Orimbelli, *Libro di dare et avere*.

1630-31 epidemic in Bologna provide contemporary knowledge on the experience of women.<sup>838</sup> Finally, Pietro Moratti's 1631 chronicle,<sup>839</sup> and Girolamo Donini's 1631 compilation of the legal notifications printed during the plague years,<sup>840</sup> both present the social complexities of female work. With a shortage of visual records, these textual sources provide the foundations in which to examine how women experienced degrees of mobility during the epidemic in Bologna.

The first section of this chapter exposes the immense measures taken by the Bolognese government to restrict the mobility of healthy women as demonstrated through the legal decrees, known as *bandi*, which would have been posted in public places in the city and countryside. The second part will address how the movement of women was differentiated according to social standing. The last sections will use valuable primary resources in consideration of the fundamental work of women in the silk industry and in the *lazzaretti*, occupational roles that awarded various degrees of mobility that otherwise would not have been possible.

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<sup>838</sup> These letters were transcribed in full by Brighetti. Some copies of these letters are also produced in Orimbelli, *Libro di dare et avere*.

<sup>839</sup> See Moratti, *Racconto degli ordini*.

<sup>840</sup> Donini, *Raccolta di tutti li bandi*. As mentioned in the introduction, this study primarily employs the modern Italian translation of Donini's work for consistency. See Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*.

## The General Quarantine of Women and Children

As cases of plague increased across Bologna in the summer of 1630, new restrictions were executed by the Bolognese Senate and the Papal Legate of Bologna, Cardinal Spada. The restrictions were intended to counter the growing wake of the epidemic and were announced throughout the end of July. The government sought to block trade with outside cities and limit the amount of people interacting in the streets in order to reduce the spread of disease. Health policies directed their attention towards women and children, those considered most susceptible.

On the 25<sup>th</sup> of July, 1630 the *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630* was published which prohibited women and children under thirteen from leaving the house for fifteen days from the 27<sup>th</sup> of July following government guidelines (Fig. 5.5a and 5.5b).<sup>841</sup> This multi-page notification was the first *bando* which outlined the extensive restrictions that would limit the movement of women until 14<sup>th</sup> of June, 1631. It is the most important as it was republished consecutively from July 1630 until January

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<sup>841</sup> The original *bando* was called *Bando, che le Donne, e i Putti non eschino di Casa per quindici Giorni*, published under Cardinal Spada's authority and reproduced in 1631 by Donini, 100-103. The *bando* has been translated in to modern Italian and this version will be used going forward, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 94-97.

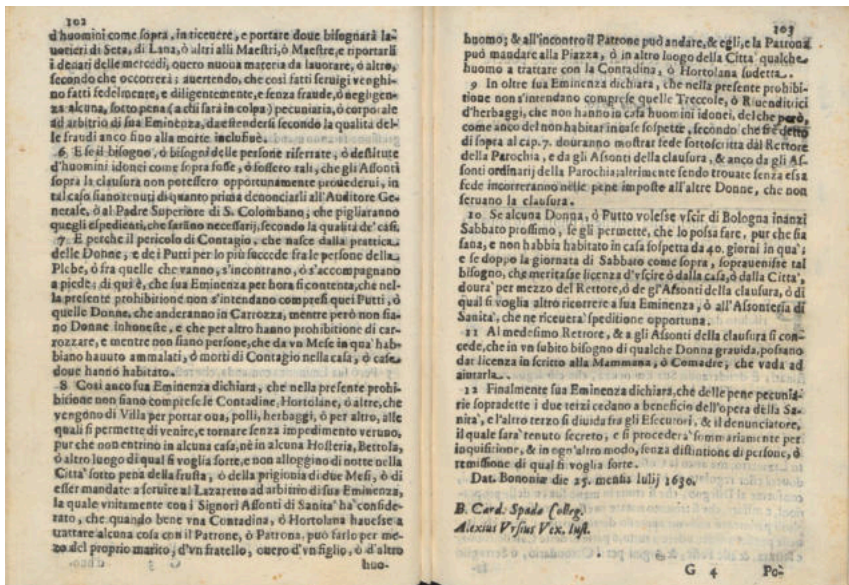
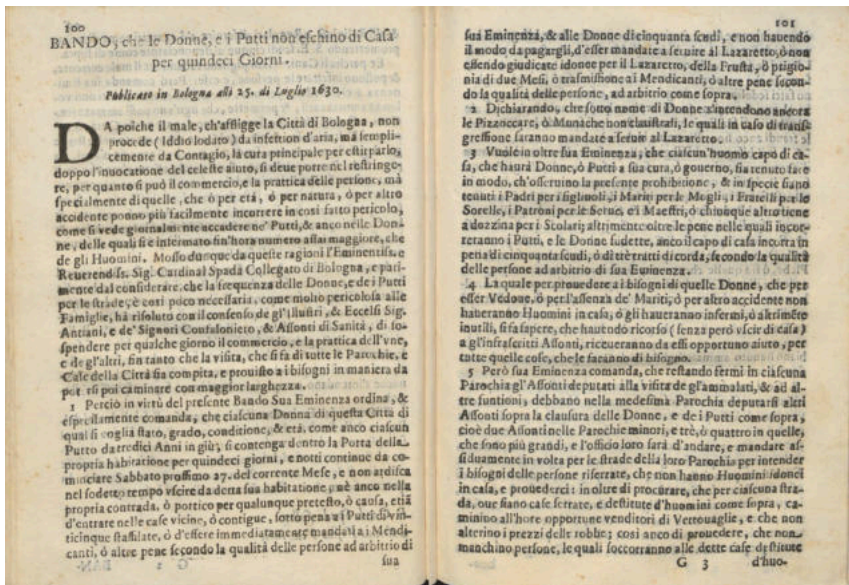


Fig. 5.5a and 5.5b. Girolamo Donini. *Raccolta di tutti li bandi: ordini, e provisioni fatte per la città di Bologna in tempo di contagio imminente, e presente, li anni 1628, 1629, 1630, e 1631.* Bologna: Girolamo Donini, 1631: 100-103.

1631,<sup>842</sup> and legally obliged women and children to domestic confinement for the duration of the epidemic, with few exemptions made for the holidays around Christmas.<sup>843</sup>

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<sup>842</sup> The following *bandi* outlining the quarantine for women and children were renewed consecutively every ten to fifteen days after the original published on the 27th of July: *Proroga della clausura alle donne e ai bambini*, 10th of August, 1630; *Seconda proroga della clausura delle donne e dei bambini. Dichiarazione per chi si muove in carrozza*, 20th of August, 1630; *Terza proroga della clausura delle donne e dei bambini e dichiarazione per chi si muove in carrozza*, 2nd of September, 1630; *Proroga della clausura delle donne e dei bambini*, 15 September, 1630, outlined that the quarantine was deemed effective until further notice. See Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 109, 112, 123, 127.

<sup>843</sup> Healthy women and children were permitted to attend mass, to confess, and receive Holy Communion on Christmas Eve, Christmas Day, New Year's Day, and the Epiphany while not staying out past 8pm and as long as the women remained within their parishes. *Notifica per le donne e i bambini*, published on 23<sup>rd</sup> of December, 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 138. The flexibility given during these holidays express their importance in the Catholic calendar; however, more importantly this freedom reflects the perceived success of existing public health policies. Previously when the authorities were challenged about the legitimacy of the quarantine, health officials made the argument against stopping quarantine for liturgical services by making comparisons to the actions of officials in Milan during the outbreak of 1576, in which women were permitted to attend mass for two days with the result of an increase in cases (ASV, Bologna, 282, ff. 109, as cited in Brighetti, *Bologna e la peste del 1630*, 241. Therefore, it is likely that the decision to allow more mobility during the Christmas holidays in Bologna was motivated by the decline in cases in the city, rather than by devotion.

This first *bando*, repeated until January, highlights how the law disproportionately impacted women, containing them in their homes for the entirety of the epidemic, prohibiting women from travelling to work or engaging in business. The *bando* describes that “specialmente di quelle che per età o per natura possono più facilmente incorrere nel pericolo di contagio, cioè i bambini e le donne, i quali sono ammalati in numero assai maggiore rispetto agli uomini,” (especially those who because of age or nature can more easily run into the danger of contagion, that is children and women, who are ill in much greater numbers than men).<sup>844</sup> The justification of locking up women in their homes was that women, along with children, were more prone than men to contracting the plague, by reason of their age and by their natural disposition.

Women and children were perceived as necessitating guardianship, as the edict’s author writes, “la presenza delle donne e dei bambini per le strade è poco necessaria e molto pericolosa per le famiglie, ha deciso di sospendere per qualche giorno il commercio e l’uscita degli uni e delle altre” (the presence of women and children in the streets is not very necessary and very dangerous for families, it is decided to suspend the trade and going out of both for a few days).<sup>845</sup> Even though many women engaged in business activities and worked for the major industries of

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<sup>844</sup> *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630*, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 94.

<sup>845</sup> *Ibid.*

Bologna, their presence in public spaces was now considered inessential and dangerous for the family. Moreover, the *bando* reads that since their presence was not necessary, then their ability to conduct their trades outside the home should be stopped along with their right to leave their homes. This shows that female trade was specifically targeted while men could continue to operate their business from outside the home.

Initially, the only exemptions to these laws were for lower class women from outside the city who sold food or herbs, provided that their home had been without illness for one month, and that they were in possession of a *fede di sanità*, or simply *fede*, a certificate of health testifying to their good health.<sup>846</sup> While they could travel in the streets, these women were prohibited to enter any home or tavern, and were not allowed to remain in the city overnight. A similar penalty of two-month prison sentence or being sent to work in the *lazzaretto* was threatened.<sup>847</sup> Furthermore, these peasant women were not permitted to speak with their *padrona*, instead their mistress could send a man to negotiate with the peasant woman on her behalf.<sup>848</sup> These laws put constraints on women who conducted business, as

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<sup>846</sup> The *fede di sanità* had to be signed by three officials, the “rettore della parrocchia, dagli Assonti della clausura e dagli Assonti ordinari della parrocchia.” Ibid., 96.

<sup>847</sup> *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630.* Ibid., 96.

<sup>848</sup> This could be in the form of a husband, brother, son or any other man. Ibid.

the manageress was prohibited from meeting her employees and vice versa.

In comparison, men could continue to operate their businesses unless they were found to be within a household suspected of plague.<sup>849</sup> All peasants and farmers from the countryside, regardless of sex, who needed to enter the city to trade were required to obtain a *fede* in order to enter Bologna,<sup>850</sup> as they were considered more likely to spread the plague because they were less “prudenti” (prudent) than city dwellers.<sup>851</sup> The transferring of goods from outside the city without a licence was prohibited, although movement within the city was allowed for men.<sup>852</sup> In contrast, all women and children required a licence in order to travel, which could be gained only if their home had been clear of contagion for forty days. Pregnant women were also permitted their midwife, who could be given a special licence to travel.<sup>853</sup>

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<sup>849</sup> *Bando contro coloro che sono chiusi nelle case - 13 luglio 1630. Ibid., 89.*

<sup>850</sup> *Notificazione ai curati e ai parrocchiani di questo contado che devono fare le fedì di sanità dei contadini che si recano a Bologna – 13 luglio 1630. Ibid., 89;* For an example of these certificates see *Fede di sanità per i cittadini che vanno in campagna gratis*, has been reproduced from Donini in Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 119.

<sup>851</sup> *Bando provvedimento in materia di sanità per i contadini e altri che abitano in campagna*, published 24th August, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 113.

<sup>852</sup> *Bando di divieto di transito nella legazione senza licenza – 25 giugno 1630. Ibid., 82.*

<sup>853</sup> *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630, Ibid., 97.*

The cost of not abiding by these laws was great, as women, children, and the men who were responsible for them under the law were subject to penalties ranging from fines and corporeal punishment to forced labour in the *lazzaretti*. The July 1630 *bando* also indicated that penalties were assigned within a hierarchy, according to sex but also social position. The government had specific penalties according to the “qualità delle persone” (quality of the people), so that people of higher social standing received reduced sentences.<sup>854</sup>

The sovereignty over women’s bodies occurred within a hierarchy of control starting with the health authorities at the government level. At the parish level, a new position was established for men who would be responsible for the “controllino la clausura delle donne e dei bambini” (control of the enclosure for women and children) in their area and would assess the needs of those enclosed.<sup>855</sup> Within the family itself, men were responsible for the behaviour of the women under their care, and were charged with reporting infractions up the chain of command. Women without men to care for them were required to remain in the house but would be monitored and receive assistance from the health officials of their parish.<sup>856</sup>

Alessandro Pastore has investigated the documents produced by the *Torrone* court in Bologna during the 1630 plague, which provides insight into the women who

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<sup>854</sup> Ibid, 95.

<sup>855</sup> Ibid.

<sup>856</sup> Ibid.

violated the general quarantine order put in place for all women and children in July 1630. Pastore notes that 250 women were arrested after accusations of breaking the general quarantine, with women frequently found in pairs or in groups.<sup>857</sup> Of those 250 women, twenty-five were prostitutes.<sup>858</sup> In their interrogations, many of these women expressed their economic misfortunes with justifications for disobeying the law including making provisions for their homes, chasing children or animals, conducting domestic work in their porticos or needing to travel to work, although without permission.<sup>859</sup> These violations of the law highlight the suffering of many women who underwent economic hardship and experienced difficulties when faced with the practicalities of caring for children and animals while under house quarantine.

Even though the law for confining women to the home expressed harsh consequences for transgressors, many women were only fined by the courts. According to Pastore, forty-three of those arrested were found not guilty, twenty-two were released with financial penalties, with thirty-one given the option to pay or to conduct a period of service in the *lazzaretto*, while ten women were imprisoned in Ospedale dei Mendicanti, otherwise known as Ospedale

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<sup>857</sup> Archivio di Stato di Bologna (ASB), *Torrone*, 5768, c. 193r, and c. 200r, as cited in Pastore, *Crimine e giustizia*, 89.

<sup>858</sup> *Ibid.*, 90.

<sup>859</sup> See ASB, *Torrone*, 5740, cc. 198r, 200r, 204r; 5765, c. 112v, as cited in Pastore, *Crimine e giustizia*, 92.

di San Gregorio.<sup>860</sup> The frequency of the quarantine violations, particularly ones that did not result in charges, is evident through the testimony of a woman who was arrested after being found under the portico of her house. The woman, Domenica Alberti, records that “Tutte le femmine del borgo San Pietro vanno per strada, et non si pigliano, et io che non ci sono stata mi hanno pigliato” (All of the females of the *borgo* [parish neighbourhood] of San Pietro go on the street, and they are not caught, and I who have not been there I have been caught).<sup>861</sup> Pastore also notes cases of women prosecuted for leaving their homes who were found dressed as men in an attempt to escape the authorities, a tactic frequently employed by prostitutes.<sup>862</sup> These cases demonstrate the pervasiveness of clandestine female mobility during a period of extremely harsh constraints, notably, how some women went to great lengths to evade capture in order to maintain their household economy.

Limitations to female mobility were continually enforced from January until June 1631 although access to most of the city was permitted in stages. At the beginning of January, women and children were allowed to leave the house on Sundays and on religious holidays to attend mass

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<sup>860</sup> Pastore notes that the outcome of how many women chose service in the *lazzaretto* over payment is not recorded in the court documents. Pastore, *Crimine e giustizia*, 98.

<sup>861</sup> ASB, *Torrone*, 5756, c. 28v., as cited in Pastore, *Crimine e giustizia*, 89.

<sup>862</sup> Pastore, *Crimine e giustizia*, 100-1.

while remaining within their parish.<sup>863</sup> While women were permitted more freedom, the administrative boundaries of the parish served as barriers for containment within the community. Edicts released by the end of January, and republished consecutively until June 1631, allowed women and children to travel around the city. This was permitted only if their household had been clear of illness for forty days, and that they remained outside the areas defined as contagious, although the *bandi* do not specify which areas of the city were prohibited.<sup>864</sup>

Restrictions to mobility remained in place for women during and even beyond the pandemic, although there is some disagreement if men experienced a period of enclosure, as well. According to historians Carlo Cipolla, as

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<sup>863</sup> *Permesso alle donne e ai bambini di uscire di casa in alcuni giorni della settimana*, published on 13<sup>th</sup> January, 1631, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 145.

<sup>864</sup> *Nuova facoltà per donne e bambini per viaggiare in città per i prossimi 15 giorni di febbraio*, published 29<sup>th</sup> January, 1631; Access to the city was granted in the period of carnival for women and children *Nuovo permesso alle donne e ai bambini di circolare in città durante tutto il prossimo periodo di carnevale 15 febbraio 1631*; *Nuova facoltà alle donne e ai bambini di girare per la città per tutto il mese di marzo*, published on the 4<sup>th</sup> of March, 1631; *Nuova facoltà alle donne e ai bambini di girare per la città per i prossimi 15 giorni di Aprile, 31<sup>st</sup> of March, 1631*; *Nuova facoltà alle donne e ai bambini di girare per la città per tutto il mese di April, 13<sup>th</sup> of April, 1631*; *Nuova facoltà alle donne e ai bambini di girare per la città per i prossimi 15 gironi di maggio, 30<sup>th</sup> of April, 1631*; *Nuova facoltà alle donne e ai bambini di girare per la città per i prossimi 15 gironi di giugno, fifteenth of May, 1631*; *Nuova facoltà alle donne e ai bambini di girare per la città fino nuovo ordine, 14<sup>th</sup> June, 1631*, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 148, 149, 154, 157, 159, 161, 162, 163.

well as Malpezzi and Lugaresi, a general quarantine was called for the beginning of September 1630, which would have also confined men to their homes,<sup>865</sup> although none of these authors provide textual evidence for their claim. While textual sources show that a general quarantine was considered and promoted by health officials;<sup>866</sup> primary sources do not confirm whether healthy men were in fact quarantined as was the case for women. Edicts published in August and September never set out guidelines for restrictions on male movement, except for travel outside the city walls, rather they set out measures for “anticipation of general quarantine.”<sup>867</sup> These legal decrees reflect the attempts of the government to finance the plague efforts, urging that since it is “approaching the time” of general

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<sup>865</sup> Cipolla, *Cristofano and the Plague*, 99, note 3; Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 233; Brighetti, *Bologna e la peste del 1630*, 62. Brighetti uses contemporary letters presenting the doubts and misconceptions about quarantine from representatives of the quarters with responses from the authorities to justify the date of September 1630 as the start of a general quarantine. However, upon close examination of these documents, they do not confirm that the quarantine began and actually provide a case for why the general quarantine never started as they express strong opposition. Brighetti, *Bologna e la peste del 1630*, 62-64.

<sup>866</sup> Anonymous, A.S.V., 282, ff. 108-109; Anonymous, ASV, Bologna, 282, ff. 110-111; Anonymous, ASV, Bologna, 282, ff. 111. See Brighetti, *Bologna e la peste del 1630*, 238-241, 241-244, 243.

<sup>867</sup> The edict *Notificazione a tutte le parrocchie di questa città*, 12th of September, 1630 mentions “in previsione delle quarantena.” See also *Ordine agli assonti delle parrocchie*, 16th of September, 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 126-7.

quarantine, that citizens give alms.<sup>868</sup> Another *bando* similarly implores its readers to collect provisions noting that “essendo prevista la quarantena generale, rendendosi necessario l’accumulo di denaro e di vettovaglie” (general quarantine is foreseen, making it necessary to accumulate money and supplies).<sup>869</sup> It is more likely that a general quarantine was planned but never enacted due to a positive turn in the epidemic from October.<sup>870</sup> Men and women experienced a very different plague simply because of their diverse access to mobility.

The experience of women in domestic confinement was challenging, especially for those in impoverished conditions. Upon entering quarantine, women were confronted with severe pressure to provide for the basic needs of their households. The troubling reality of confinement was expressed in a report of concerns from the quarter of San Pietro Maggiore directed to government health officials. The neighbourhood representatives argued to end the quarantine for women and children noting that the prolonged enclosure of women and children was

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<sup>868</sup> The edict *Esortazione all’Elemosina e alla Contribuzione per gli urgenti bisogni della città e per la quarantena generale*, 4th of August, 1630 uses language such as “approssimandosi il tempo di una quarantena generale.” *Ibid.*, 107.

<sup>869</sup> *Bando e ordine per la residenza della quarta parte dei capifamiglia in città*, 11th August, 1630. *Ibid.*, 109.

<sup>870</sup> Bellettini, *La popolazione di Bologna*, 41. As a comparison, a general quarantine was called in Florence in January 1631 although men could continue to shop and textile workers could also go to work. See Henderson, “La schifezza, madre della corruzione,” 46.

resulting in “molte infermità” (many illnesses) and a lack of proper resources for subsistence was causing exhaustion and illness.<sup>871</sup> Another report expresses the difficulty in providing food to women and children because the lengthy period of enclosure had exhausted the alms already given by citizens.<sup>872</sup>

Measures such as taxation and collection of grain for the plague effort aimed to support those quarantined.<sup>873</sup> However, the poor were expected to take out government loans that would be called in after the epidemic.<sup>874</sup> The edict, *Polizza per distribuire il pane alle parrocchie per sovvenire alle necessità dei poveri in particolare delle povere donne rinchiusse Luglio 1630*, addressed the need of getting basic resources to the poor, and specifically poor women who were in their first month of mandatory confinement.<sup>875</sup> There were legitimate fears that the economic constraints put on those in quarantine would have an impact on the

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<sup>871</sup> Anonymous, ASV, Bologna, 282, ff. 109, as cited in Brighetti, *Bologna e la peste del 1630*, 240.

<sup>872</sup> *Ibid.*, 239.

<sup>873</sup> Pietro Iachomo, ASV, Bologna, 282, f. 121 r., as cited in Brighetti, *Bologna e la peste del 1630*, 294.

<sup>874</sup> Anonymous, ASV, Bologna, 282, ff. 109, as cited in Brighetti, *Bologna e la peste del 1630*, 241.

<sup>875</sup> “Policy to distribute bread to parishes to meet the needs of the poor, in particular the poor women locked up,” published in July 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 97.

long-term health of the individuals, in particular the poor, without means to survive.<sup>876</sup>

Women sustained their household economies by working within their homes in local industry when possible. The government made provisions for women to engage in the commercial activities of the silk and wool industries, the most important in the city, by assigning responsibility to these health officials of their parish to bring work to the women confined in their homes.<sup>877</sup> The continuation of these vital industries is also highlighted by the threat to those men if they engaged in fraudulent activities. With the intention of protecting the silk and wool masters, the *bando* threatened a penalty of death.<sup>878</sup> These poorer women were the very few who continued to bring in income. The inequalities of mobility experienced by women was layered, dependent not only on their gender but on their wealth and social status, as is evident with differing access to carriages.

## **Social Inequities to Mobility: Women who Travel by Carriage**

The disparities in access to mobility is most clear when addressing the ways that a woman was able to travel by avoiding the streets prohibited to her. The carriage, an

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<sup>876</sup> Anonymous, ASV, Bologna, 282, ff. 109; Anonymous, ASV, Bologna, 282, ff. 110. As cited in Brighetti, *Bologna e la peste del 1630*, 239, 242.

<sup>877</sup> *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630*, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 95-96.

<sup>878</sup> Ibid.

enclosed space that provided barriers from the putrid airs of the disease, was conceptualised as a 'safe space' from which one could not catch the contagion. Its elevation from the street and the ability to move through the city at a rapid pace, provided a justification for the continued use of carriage.

The previously-mentioned edict which addressed the quarantine measures in place from the 27<sup>th</sup> of July 1630, *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630*,<sup>879</sup> prohibited women and children travelling away from the home but did not extend to those who travelled by carriage, provided they resided in a home that had been free of plague for one month.<sup>880</sup> Following this *bando*, the edict *Seconda proroga della clausura delle donne e dei bambini. Dichiarazione per chi si muove in carrozza*, published on 20<sup>th</sup> of August 1630 and enforced until December, states that women and children could go around the city by carriage and women could be accompanied by a lady's maid, as long as they do not stop or go to church or any other place to meet with others.<sup>881</sup>

All women, including gentlewomen, were still expected to abide by the quarantine rules; however, women experienced differentiated mobility with major disparities

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<sup>879</sup> Ibid., 94-97.

<sup>880</sup> Ibid., 96.

<sup>881</sup> Ibid., 112. The *bando* stipulations for travelling by carriage are repeated in *Terza proroga della clausura delle donne e dei bambini e dichiarazione per chi si muove in carrozza -2 settembre 1630*. Ibid.

in access to mobility.<sup>882</sup> The financial capacity to own a carriage would have been reserved for wealthier citizens. Hiring a carriage was more feasible although it would have been out of reach for a large portion of the populace, who could only afford to travel by foot. Further to this, prostitutes were prohibited to travel by carriage,<sup>883</sup> demonstrating how the laws specifically targeted marginalised groups of women, the poorest and most desperate.

The restrictions on women and children travelling by carriage were maintained into the autumn despite a decrease in plague cases. Surprisingly, the rules tightened around the mobility of women in December. *Bando sull'andare in carrozza delle donne e dei bambini, durante il periodo del contagio* released on the 8<sup>th</sup> of December, 1630 reiterates the danger of women travelling to public spaces in the city, and revokes any licences that previously permitted women to travel by carriage, with the exception of food retailers and midwives. The law specifically targeted women of middle and working class, those who could afford travel by carriage but did not fall into the category of noblewomen. The new rules included further omissions for *gentildonne*. Under the new law, gentlewomen maintained their privilege to travel in carriages, along with their daughters, but now they were permitted to ride with a companion from another household. Moreover, these noble women were permitted to travel with several other

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<sup>882</sup> Massey, *Space, Place, and Gender*, 149.

<sup>883</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 96.

aristocratic women, from different dwellings, in the same carriage along with companions and servants, thus experiencing an increase in mobility.<sup>884</sup>

Women formally permitted to travel by carriage were positioned into a new category for exclusion with new disciplinary measures. The disciplinary measures outlined describe the penalties facing carriage drivers, who would lose their carriage and horses if they disobeyed the law, while the female traveller would endure corporal punishment.<sup>885</sup> The consequence of these laws is clear, women of different social standing had varying legal rights to mobility and, as a consequence, the threat of disciplinary action impacted women according to their social position. This edict is exemplary of the attitudes towards those outside the upper classes, as the body of the noble woman is understood to be less likely to transmit disease, while all women outside essential services are further controlled. The noble body is offered more legal rights to move through the city during a pandemic, while all other women lose the last means of efficient mobility provided by the carriage. The *bando* also demonstrates that the perceived cleanliness of the noble female body extended to her chosen female companions, even those who lived outside her household. The aristocratic body carried an elite social and legal status, but also a physical superiority that could be rubbed off on others. While these specific exclusions to confinement only benefited elite women, alternative types

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<sup>884</sup> *Ibid.*, 136.

<sup>885</sup> *Ibid.*

of mobility were experienced exclusively by women who worked in the Silk Arts.

## **Women and Work: The Silk Arts and its *caldirane***

The silk industry went further than keeping women working within the domestic space; they managed to lobby for female workers to continue to work outside of the home. Bologna was a prominent actor in the silk industry of Europe during the early modern period in part due to its hydraulic powered *torcitoio circolare*, a silk throwing machine exclusive to Bologna from the fourteenth until the sixteenth century.<sup>886</sup> Its famous hydraulic mills and unique methods of production placed the city in a dominant position in the European silk market.<sup>887</sup> The nature of the hydraulic powered machines reduced hard labour, providing more employment for women.<sup>888</sup>

The production of silk was concentrated in the spring and summer months, according to the lifecycle of the silk

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<sup>886</sup> Giusberti and Roversi Monaco, "Economy and Demography," 167. For more information on the industry in Bologna and on the economic impact of this industry in Northern Italy, see Franceschi, "Big Business for Firms and States," 95-123; Antonio Ivan Pini, "Canali e mulini a Bologna tra XI e XV secolo," *Campagne bolognesi. Le radici agrarie di una metropoli medievale* (Florence: Le Lettere, 1993). On technological development in the silk industry see Flavio Crippa, "Il torcitoio circolare da seta: evoluzione, macchine superstiti, restauri," *Quaderni Storici, Nuova Serie* 25, no. 73 (1990): 169-212.

<sup>887</sup> Terpstra, *Cultures of Charity*, 172.

<sup>888</sup> Poni, "All'origine del sistema di fabbrica," 475.

worm.<sup>889</sup> The level of production during those months necessitated seasonal labour, and according to 1587 estimates, the silk industry employed one third of Bologna's citizens during that period.<sup>890</sup> Out of approximately 25,000 workers, 84% were women.<sup>891</sup> Contemporary records mention that the silk industry was deeply connected to the livelihood of most poor people.<sup>892</sup> A higher number of women than men were involved in the initial phases of production, from silk cocoons to the production of thread in preparation for weaving, while men were employed as the higher salaried expert weavers.<sup>893</sup> Women employed as *caldirane* worked with the *caldiere*, large pots or vessels made of lead used in the reeling process.<sup>894</sup> Reeling consisted of soaking the cocoon in a hot bath, loosening the fibres allowing for the delicate

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<sup>889</sup> Terpstra, *Cultures of Charity*, 172.

<sup>890</sup> Ibid. The total population estimate of Bologna in 1587 was 72,000. Bellettini, *La popolazione di Bologna*, 48.

<sup>891</sup> Poni, "Tecnologie, organizzazione produttiva e divisione sessuale del lavoro"; Terpstra, *Cultures of Charity*, 323, as cited in Giusberti and Roversi Monaco, "Economy and Demography," 173.

<sup>892</sup> *Ordini ai compratori di folicelli nel pavaglione – 16 giugno 1630*, 16th of June, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 76.

<sup>893</sup> Giusberti and Roversi Monaco, "Economy and Demography," 172.

<sup>894</sup> In Bologna lead pots were used while copper pots were banned. Elena Tosi Brandi, "Il velo bolognese nei secoli XIV-XVI: Produzione e tipologie," in *Il velo in area mediterranea fra storia e simbolo: Tardo medioevo-prima età moderna*, eds. Maria Giuseppina Muzzarelli, Maria Grazia Nico Ottaviani, Gabriella Zarri (Bologna: Il mulino, 2014), 305.



Figure 5.6. Jan van der Straet (detto Giovanni Stradano),  
 Series: Vermis sericus, published by Philips Galle, c. 1590-1600.  
 Engraving on paper, 20cm x 26.9cm.

unravelling of the singular filament into skeins of thread.<sup>895</sup>  
 The skeins went through a process called throwing, which  
 involved the twisting of the skeins using the hydraulic

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<sup>895</sup> Giusberti and Roversi Monaco, "Economy and Demography," 167. Eighteenth-century accounts suggest that one *caldiera* necessitated five women, and four carts of wood to heat them, as noted in Ignazio Boncompagni Ludovisi, *Le riflessioni sopra i chirografi di n.s. papa Pio 6. De' 25 ottobre, e 7 novembre 1780 riguardanti la pubblica economia di Bologna esaminate* (1781), Giusberti and Roversi Monaco, 154.

powered *torcitoio circolare* machines.<sup>896</sup> Flemish artist Jan van der Straet beautifully depicts these processes, although of course the *torcitoio circolare* was exclusive to Bologna (Fig. 5.6). In his image from around 1590-1600, women of all ages are illustrated engaged in silk production. Exhibited at the centre of the image is the reeling process, in which the large vats of heated water soak the cocoons while the filament is extracted in order to be thrown. This print is a beautiful expression of female labour, jobs that could not be conducted within the home necessitating women to travel to the silk mills. This image demonstrates how such work opened the doors for women to leave their home, and even the confines of the mill itself, as the production spilled into the streets, permeating the public realm. As such, the requirement of women for this industry influenced the alteration of restrictions to movement for women who were employed in the Silk Arts.

Even during the plague crisis of 1630, the importance of the silk industry in Bologna was acknowledged with special dispensations created under law. Within a few days of the initial 25<sup>th</sup> of July decree requiring women and children to remain at home, a new *bando* was released which expressed how the previous laws had been prejudicial against the Silk Arts in the city.<sup>897</sup> The *Bando e dichiarazione sul lavoro delle caldirane, ovvero le donne che vanno a lavorare alle caldaie*, addressed to the female silk workers who worked with the cauldrons, published 27<sup>th</sup> of

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<sup>896</sup> Franceschi, "Big Business for Firms and States," 106.

<sup>897</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 99.

July 1630, made clear the need to support the silk industry, allowing women to travel to work in the silk mills. The new *bando* permitted women who worked as *caldirane* to obtain a *fede* to continue to work as long as they had completed a period of quarantine or were not suspected of plague (Fig. 5.7a and 5.7b). The *fede* had to be signed by the health officials of their parish, as well as a signature by their employer confirming their position. Women found without their *fede* would be subjected to penalties. Furthermore, women were commanded to take the shortest route when travelling to and from work and were informed not to make any stops or visit any house.<sup>898</sup>

The *bando* and *fede* demonstrate the type of identification and classification of women into a set category, those who worked as a *caldirana*, with new rules and limitations to mobility. They highlight the importance of the silk industry in Bologna and the influence that profits and large industry had within governmental decision making. In this instance, the central authority determined the restrictions of mobility based on the city's economic needs. The parish authorities acted on these rules and determined which women fit within the classification of *caldirane* and they determined if she was healthy based on instances of plague within her home. The *fede* document recorded the location of her house and then no less than five medical officials guaranteed her health while her boss confirmed her position as *caldirana*.

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<sup>898</sup> Ibid., 100.

Forma della Fede, e sottoscrizioni, che dourà hauere, e portar con se  
ciascuna Caldairana, che vorrà andare per Bologna durante  
li 15. giorni della proibitione generale delle Donne.

**I**o Medico faccio fede, che Donna  
habitante nella Parochia di  
e nella Contrada detta in vna Casa posta  
per la Dio gratia è sana, e non sospetta d'alcun male Contagioso  
questo dì 1630.

**N**Oi infra scritti facciamo fede, che Donna  
sopradetta da quaranta giorni in quà hà habitato nella so-  
pradetta Casa secondo che habbiamo visto, e rispettiamente  
vdito dire, la qual casa per il detto tempo è stata riputata per sana,  
ò non sospetta di mal Contagioso.

Io Rettore della detta Parochia.  
Io Assonto della Visita della Parochia.  
Io Assonto della Visita della Parochia.  
Io Ministro de gl'Infermi Visitatore del  
Quartiero di  
Io Medico della detta Parochia.

IO

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**I**o Patrone della Caldiera posta nella  
Parochia di nella strada detta  
nella Casa faccio fede, che Donna  
solita d'andar à lauorar alle Caldiere, è venuta à lauorar alla det-  
ta mia Caldiera, e vi hà lauorato innanzi alli 24. di Luglio, e de-  
pò li 20. di detto Mese 1630.

Figure 5.7a. and 5.7b. Girolamo Donini, *Raccolta di tutti li bandi: ordini, e provisioni fatte per la città di Bologna in tempo di contagio imminente, e presente, li anni 1628, 1629, 1630, e 1631*. Bologna: Girolamo Donini, 1631: 109-110.

Given the seasonal nature of the silk industry, it was essential over the summer months at the peak of the epidemic, that production continued. In particular, the women who made up the largest portion of the employees of the silk production were paramount in the continuation of the industry but also in the maintenance of their household economy which relied on this seasonal work. Entering a new classification, *caldirane* were permitted to leave their home to work but were prohibited to freely move throughout the city. No one classification authorised complete unimpeded access to the streets; yet, along with the *caldirane*, other occupational classifications offered women more manoeuvrability.

### **Women and Work: *Lazzaretti***

The largest impact made by women in the aid of the plague effort came from those supporting *lazzaretti* network consisting of plague hospitals and convalescent homes. The *lazzaretti* in Bologna were religious houses converted into temporary hospitals and convalescence spaces. These structures all resided beyond the walls of the ancient city, outside of Porta San Mamolo. An interior city view of the gate is depicted at the end of the street shown in the two street scenes each entitled *La peste del 1630 a Bologna*, of 1631 (Fig. 2.1 and 2.2). The *lazzaretti* were all in close proximity to each other and were enclosed to make one compound, fortified with large iron gates and guarded around the clock.<sup>899</sup> As discussed previously, the two main hospitals

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<sup>899</sup> Moratti, *Racconto degli ordini*, 12.

were Angeli, dedicated to sick men, and the Annunziata, which housed sick women. These hospitals were under the authority of the director of the *lazzaretti*, Padre Orimbelli, whose office resided in a monastery complex known today as the Ex-Convento delle Acque, across the street from Annunziata. These vast operations entailed a large network of people to supply and run the hospital structures.

Despite the quarantine of women, a large number of women are listed in the primary evidence including in accounts and employee registers for the hospitals. For instance, payments made to female vendors of wine and vinegar, used medicinally, can be found in the *lazzaretti* accounting records from August until November 1630.<sup>900</sup> For example, Signora Virginia Burgognino supplied the *lazzaretti* with one of the largest orders of wine on the books with a value of 604.10 *lire*.<sup>901</sup> While these women likely maintained their businesses from within the confines of their homes, they played an important part in supplying essential resources to the hospitals. In addition to suppliers of food and wine, women from various backgrounds were paid for their services within the hospitals themselves,<sup>902</sup> assuming such duties as nurses, cleaners and even a surgeon. As will be examined, textual sources reveal that at

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<sup>900</sup> Orimbelli, *Libro di dare et avere*, 135v; Payment made for vinegar to Signora Matriglia, 148r; Madonna Laura Cavazzoni supplier of wine sold on 11<sup>th</sup> and 20<sup>th</sup> of November, 156r-v, 159r-v; Payment made to Madonna Ludovica, 184.

<sup>901</sup> *Ibid.*, 135v.

<sup>902</sup> Moratti, *Racconto degli ordini*, 13.

the peak of the epidemic women made-up approximately 30-40% of the workforce in the plague hospitals. The largest portion of female employees were nurses, understandable given the strong legacy of female practitioners in Italy.

The medical system in Italy had long since acknowledged women's role in healthcare, although female healers were more recognised in the medieval period. Gianna Pomata and Rosemarie Foy have noted that the title *medicus* applied to "surgeons, barbers, and even women" in medieval Italy.<sup>903</sup> In Bologna, medieval records show that women were given the designation *medica* when they practiced healing arts.<sup>904</sup> Nonetheless, as the influence of elite physicians represented by Bologna's College of Medicine grew in the sixteenth century, there was an increased partitioning of health practitioners within a hierarchical system which placed doctors at the top, and apothecaries and surgeons nearer the bottom, excluding women altogether.<sup>905</sup> Clear delineations between roles and

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<sup>903</sup> Pomata and Foy, *Contracting a Cure*, 61-62.

<sup>904</sup> Pomata, "Practicing between Earth and Heaven," 121. Female doctors and nurses have been recorded from the twelfth century in Europe, see Whaley, *Women and the Practice of Medical Care*, 20. An example of a female practitioner titled *medica* in Bologna is Jacobina who trained under her father, a surgeon, in the fourteenth century, Whaley, 14.

<sup>905</sup> Pomata and Foy, *Contracting a Cure*, 62. Katharine Park has shown that the guilds of apothecaries and surgeons admitted women in the Renaissance Florence, see *Doctors and Medicine in Early Renaissance Florence* (Princeton, NJ: Princeton University Press, 1985), 47, as cited in Whaley, *Women and the Practice of Medical Care*, 30.

responsibilities were enforced and licensing of all three positions came to fall under the purview of the college.<sup>906</sup> Pomata notes that from late 1500s until the latter part of the eighteenth century, no women were listed as either doctors, apothecaries or surgeons licenced by the college.<sup>907</sup> The only roles that women undertook in an official capacity were as midwives,<sup>908</sup> and occasionally as suppliers of remedies for the treatment of female ailments when supervised by men.<sup>909</sup> However, epidemics and war provided chances for unlicensed women to practice as healthcare workers, providing chances to break physical and social boundaries.

The importance of unlicensed practitioners during moments of crisis should not be underestimated. Roy Porter contends that while early modern doctors often resorted to bloodletting and remedies with dangerous effects, women were the most significant of healers as they addressed their patients within the “context of individual life experiences”, and with a focus on healthcare as a cooperative process between the sick and the healer.<sup>910</sup> Furthermore, women, in particular nuns, were responsible

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<sup>906</sup> Pomata and Foy, *Contracting a Cure*, 63.

<sup>907</sup> Pomata, “Practicing between Earth and Heaven,” 121.

<sup>908</sup> The licencing of women as midwives in Bologna occurred in 1674. Ibid. 125.

<sup>909</sup> Archivio di Stato di Bologna, Archivio dello Studio, Collegio di Medicina ed Arti, b. 214, as cited in Pomata, “Practicing between Earth and Heaven,” 130.

<sup>910</sup> Roy Porter, ‘Quacks and Doctors’, *The Listener* 23 (June,1983): 14-15, as cited in Whaley, *Women and the Practice of Medical Care*, 132.

for recipes and the pharmaceutical production of anti-plague remedies in early modern Italy.<sup>911</sup> Due to the cost of many of the ingredients found in plague remedies, a do-it-yourself approach was adopted. As Sharon Strocchia has demonstrated, the popularity of homegrown treatments highlights how early modern Italians from all social backgrounds “proactively supplemented public health measures to increase their chances of survival.”<sup>912</sup>

The regulations for female confinement would have restricted unlicensed women from leaving their homes, even to visit people within their communities, but the *lazzaretti* offered a space in which to practice freely. Female practitioners, unlike doctors, were not mandated to serve and thus their motivations for employment were likely out of charity or desperation. Doctors were conscripted into cycles of service lasting fifteen days followed by a period of quarantine,<sup>913</sup> positioned more favourably than other practitioners because of the powerful College of Medicine. Textual documents record great concern for doctors who were described as going to a “*certa morte*” (certain death) if they served in the hospital.<sup>914</sup> A letter from the 12<sup>th</sup> of August 1630 addressing a meeting held with Cardinal Spada and the city’s health officials, recommended that because of the low number of doctors available, under twenty-nine, doctors no longer serve the patients directly.

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<sup>911</sup> Strocchia, *Forgotten Healers*, 73.

<sup>912</sup> *Ibid.*, 79.

<sup>913</sup> Moratti, *Racconto degli ordini*, 23.

<sup>914</sup> Orimbelli, *Libro di dare et avere*, 131v.

**Table 5.2. Contract workers who were to be paid, who served the hospitals but did not necessarily reside within the hospital**

medici lettori
medici non lettori
astanti (medico astante / medico di guardia)
spenditori (spenditore)

Instead, the barber surgeons, of which 292 remained, could collect information on each patient on behalf of the doctor, who would wait at the administrative offices away from the hospital itself. Thereafter the doctor would make their recommendations and report back to the barber surgeons who would administer the remedies. Moreover, doctors could transfer their service altogether to someone else by paying a fine of fifty *scudi*, the Papal currency.<sup>915</sup> This system is also reflected in the *lazzaretti* accounts found in *Libro di dare et avere* which notes these workers as, “persone da stipendiarsi, che servano al Lazaretto, et o stanno dentro di esso, o fuori” (people to be paid, who serve the Lazaretto, and or are inside it, or outside it).<sup>916</sup> The records

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<sup>915</sup> *Ibid.*, 131v-132r. For more information on the Bolognese *scudo* and Bologna’s Papal licence to produce coins under their own banner, see Jacob R. Eckfeldt and William E. Du Boi, *A Manual of Gold and Silver Coins of All Nations, Struck Within the Past Century* (Philadelphia: A. Hart, Carey and Hart, 1851), 107.

<sup>916</sup> Orimbelli, *Libro di dare et avere*, 165v.

include doctors and doctors on-call, suggesting that doctors were positioned as contract workers; that is, they were paid for their service to the hospitals, but may not necessarily have resided inside them (Table 5.2).<sup>917</sup>

The management of staff within the hospitals was hierarchical, with Orimbelli at the command, and doctors supervising the care of the sick. Women traditionally held leadership roles in the management of plague hospitals, as Stevens Crawshaw has shown in Venice, but these positions largely disappeared by the fifteenth century.<sup>918</sup> In Bologna, no women are recorded in the lists of employees in the offices of the hospital management. The only management position given to women were leadership roles within the *Annunziata lazzaretto* for women; two female head nurses took the responsibility to monitor ten or twelve nurses under each.<sup>919</sup> The practice of using a senior nurse who cared for the needs of all and who carried out the orders of the head doctors was considered part of the ideal management of the *lazzaretti*.<sup>920</sup> The hospitals necessitated a

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<sup>917</sup> "Persone da stipendiarsi, che servono al Lazaretto, et o' stanno dentro di esso, o fuori." Orimbelli, *Libro di dare et avere*, 165v.

<sup>918</sup> Stevens Crawshaw, *Plague Hospitals*, 125-126.

<sup>919</sup> Anonymous, ASV, Bologna, 282, f. 234 ss., as cited in Brighetti, *Bologna e la peste del 1630*, 268-270. Although the letter addressed to Spada is anonymous, Brighetti attributed authorship to doctor Fabri Amasei (Giacomo Amaseo Fabri), who worked at the *Annunziata lazzaretto*.

<sup>920</sup> Anonymous, ASV, Bologna, 282, f. 180 r., as cited in Brighetti, *Bologna e la peste del 1630*, 270.

consistent influx of health practitioners in part due to the high mortality rate of staff.<sup>921</sup>

At the opening of the *lazzaretti* in June 1630, Orimbelli's letters reveal a great urgency for nursing staff.<sup>922</sup> The consistent requirement of nursing staff also meant that nurses were moved between the institutions according to need.<sup>923</sup> Regardless of necessity, nurses were poorly viewed in the official narrative of the plague events. In Moratti's chronicle of 1631, he accuses female nurses of having carnal relations with *lazzaretti* officials.<sup>924</sup> The stereotype of the immoral female nurse was very present in this seventeenth-century epidemic context. This bias could in part be based on the reliance on marginalised people to work in the hospital during outbreaks.

In times of crisis, necessity permitted convicts and prostitutes momentary escape from social barriers that normally kept them outside of regular society. It was a common practice for early modern cities managing plagues to offer reduced sentences or commuted sentences for prisoners in exchange for their service in the *lazzaretti*. Stevens Crawshaw has shown that the worst jobs were

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<sup>921</sup> Moratti, *Racconto degli ordini*, 30.

<sup>922</sup> Anonymous, ASV, Bologna, 282, f. 290 r.v., as cited in Brighetti, *Bologna e la peste del 1630*, 282. Letter dated 21<sup>st</sup> of June, 1630 and written from Orimbelli's office in the Monastero de' Padri Gesuati, known today as the Ex-Convento delle Acque outside Porta San Mamolo.

<sup>923</sup> Anonymous, ASV, Bologna, 282, f. 269 r., as cited in Brighetti, *Bologna e la peste del 1630*, 275.

<sup>924</sup> Moratti, *Racconto degli ordini*, 30.

offered to those who exchanged entire prison sentences to serve as “*pizzigamorti*”, those in charge of body removal in Venice.<sup>925</sup> Brighetti notes that incarcerated men were released to serve as “*monatti*” and “*cocchiettieri*” carrying the sick and dead.<sup>926</sup> Pastore also addresses the convention in Bologna, established by Spada, of sentencing criminals to service in the *lazzaretti*. They were frequently sent to Angelo and Annunziata *lazzaretti*, with the first fifteen convicts sent in the final days of June 1630.<sup>927</sup> Furthermore, a record of employees in Bolognese *lazzaretti* from the 30<sup>th</sup> of December, 1630 reveal that in Casa della Mela, along with the “*Maestro di Giustitia*”, there were two male prisoners and a woman listed as “*Domenica da Modona meretrice prigioniera*”, an imprisoned prostitute (Table 5.3).<sup>928</sup> Pastore’s analysis of *Torrone* documents indicates a case of a former female prostitute, Vittoria, who was sentenced to a two-months service in the *lazzaretti*,<sup>929</sup> as per the *bando* published on the 25<sup>th</sup> of July, prohibiting women from exiting their homes.<sup>930</sup>

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<sup>925</sup> Stevens Crawshaw, *Plague Hospitals*, 113.

<sup>926</sup> Brighetti, *Bologna e la peste del 1630*, 172.

<sup>927</sup> Pastore, *Crimine e giustizia*, 133.

<sup>928</sup> Anonymous, ASV, Bologna, 282, f. 215, as cited in Brighetti, *Bologna e la peste del 1630*, 279-280.

<sup>929</sup> ASB, *Torrone*, 5771, c. 67 r and v. as cited in Pastore, *Crimine e giustizia*, 99.

<sup>930</sup> *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630*, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 96.

**Table 5.3. Employee records with the roles of women highlighted for Casa della Mela from the 30th of December, 1630**

1	Antonio Silva guardiano.
2	Caterina sua moglie.
3	Gio. Domenico dispensiero presentemente prigionero.
4	Isabetta cuciniera.
5	Il portinaro della Porta della Citta.
6	Dui bugadare (lavandaia)
7	(lavandaia)
8	Un esecutore.
9	Il Maestro di Giustitia.
10	Gio. Cantoni schiavo prigionero. (servitore prigioniero)
11	Silvestro de Preti prigionero schiavo.
12	Domenica da Modona meretrice prigionero. (prostituta prigioniera)
13	Pietro della Vedova schiavo. (servatore)
14	Sabatino Mondini schiavo.
15	Agostino Righi schiavo.
16	Gio. Melegati schiavo.
17	Domenico Gambarini schiavo.
18	Francesco Ragagni schiavo.
19	Girolamo Ferrari schiavo.
20	Domenico Vincenti schiavo.

21	Uno Infermiere Jacopo Pedrotti.
22	Una infermiera infetta.
	Una donna inferma.
	Un homo infermo.
	Homini alla quarantena N. 20 compreso il Medico di Castel Durante.
	Donne alla quarantena N. 15.
	Francesco del Bon aiutante di Ms. Antonio Conti barbriere.
	Sono in tutti n. 72.

The plague presented down-and-out women, such as prostitutes, with extreme challenges. As Henderson has argued, during the plague of 1630-31 in Florence, the government took measures against prostitutes because they were perceived as “contributing to the sin for which God was punishing the city.”<sup>931</sup> Likewise, in Bologna prostitutes and homeless women were targeted by public policy well in advance of the quarantine for all women. On the 1<sup>st</sup> of July 1630, the *Bando di divieto alle meretrici affinché non escono fuori dalle porte della città* banned the activities of prostitutes and female beggars from exiting the city or from being found with a man, with a sentencing of three-months in prison.<sup>932</sup> The closure of brothels brought unemployment for these women. Some women disregarded the regulations

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<sup>931</sup> Henderson, *Florence Under Siege*, 240. He also discusses prostitutes who broke quarantine rules in order to continue to work.

<sup>932</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 87.

out of necessity, taking the risk of contracting the contagion with the potential punishment of prison time. Records reveal that there were an estimated 244 prostitutes who succumbed to the plague, a small percentage of the total women, yet a significant loss of life nonetheless (Table 5.1).<sup>933</sup> The prejudice against prostitutes and homeless women was evident in these policies that categorised all women of the lowest social order as causes of contagion. The movement of these women was considered a threat to public health, with transgressions resulting in jail time.

Moratti's contemporary account of events indicates that prostitutes came to serve at Bologna's hospitals. Moratti writes that prostitutes were "persuaded to this service not from charity, but from greediness for profit, and to live better than in their homes."<sup>934</sup> His contemporary gaze on these women calls attention to the prejudice faced by prostitutes, who were regarded as corrupt and immoral people. He does not include similar judgments on the men who worked in the *lazzaretti*, despite a number of male ex-convicts who traded in prison sentences for hospital

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<sup>933</sup> Anonymous, "Elenchi di morti." The accuracy of the total figures of deaths by gender are contrasted by Moratti who estimates that a total of 13,398 died, which has been confirmed by recent scholarship: Bellettini, *La popolazione di Bologna*, 41; Carrati, *Miscellanea*, ms. B. 683, 78, Biblioteca comunale dell'Archiginnasio di Bologna, as cited by Bellettini, *La popolazione di Bologna*, 26-29; Brighetti, *Bologna e la peste del 1630*, 173; Cipolla, *Fighting the Plague in Seventeenth-Century Italy*, 100.

<sup>934</sup> Moratti, *Racconto degli ordini*, 30.

work.<sup>935</sup> Instead, Moratti targets women who put their own lives at risk to serve their communities, women who likely had no other chances to find employment. It is clear from this judgment that the healing talents of former prostitutes who came to the *lazzaretti* were only desirable during the epidemic itself, while afterwards, treated again with disdain. More favourable contemporary accounts of prostitutes working in *lazzaretti* during early modern epidemics form part of conversion stories of those who permanently entered convent life.<sup>936</sup>

The personal stories of prostitutes that came to work in the *lazzaretti* in Bologna have all been lost save for one. A case of misconduct brought against a priest working in a plague hospital to the Bolognese courts notes ex-prostitute, Susanna Ricci. Notary records show that Ricci worked in the San Giuseppe convalescent home for women, alongside the priest Bartolomeo Lena, who extorted Ricci along with others, forcing them to steal belongings from the sick. Of note, Ricci was named as a former prostitute who came to work in the *lazzaretto* as a *barbiera* exclusively treating women. She dressed as a nun and pledged that, if she

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<sup>935</sup> Employee records for Casa della Mela from the 30th of December, 1630 notes four male prisoners working in the convalescent home, see Table 3. See Anonymous, ASV, Bologna, 282, f. 215, as cited in Brighetti, *Bologna e la peste del 1630*, 279-80.

<sup>936</sup> Henderson, *Florence Under Siege*, 206.

survived the plague, she would enter a religious order.<sup>937</sup> The court case also revealed that Ricci was both courted and harassed by a number of men from noble, merchant and religious backgrounds, during her time at the *lazzaretto*. Even though she was violently threatened by a man who offered her an escape to Milan, she never left the *lazzaretto* and survived the plague.<sup>938</sup> The plague months allowed her to gain temporary status under the category of *barbiera*, when otherwise she was banned from practicing her skills. Likewise, the epidemic provided previously excluded women a range of work opportunities.

The complex story of female work in the hospitals is evident in primary sources that exist for three main snapshots of the plague: at the peak in July, in November as numbers decreased but patients still convalesced and in December when the majority of patients had exited. Documents compiled on behalf of Orimbelli's office on the 8<sup>th</sup> of July, 1630 record the names of all employees, along with their title and occasionally their start date, at each of

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<sup>937</sup> ASB, *Torrone*, 5783, c. 552r, as cited in Pastore, *Crimine e giustizia*, 123. In Florence, Henderson draws attention to the example of Margherita di Giovanni Lombardi who was permitted to perform activities normally reserved for the surgeon, such as bloodletting, because of her expertise, *Sanità*, *Negozi* 153, ff. 279 r–v, S. Miniato, 5.xii.1630 as cited in Henderson, *Florence Under Siege*, 200.

<sup>938</sup> Pastore, *Crimine e giustizia*, 125-7.

**Table 5.4. Employee Records for Casa degli ufficiali from 8th of July 1630**

1	Il M.R.D. Angelo Orimbelli Rettore Generale.
2	P. D. Hilario suo compagno.
3	Il Fratello Innocentio compagno.
4	L'Ecc.mo Sig. Gio. Paulo Sorboli Auditore.
5	Messer Paulo Forti Notaro.
6	Paulo Romano servitore del Sig. Auditore
7	Gio. Battista servitore del Sig. Auditore
8	Sig. Giiacmto di ... Mastro di Casa.
9	Sig. Pietro Castellani, Guarda robba.
10	Mess. Silvio Ceccarini dispensario.
11	Mess. Gio. Andrea computista.
12	Pasquale Capponi servitore del P. Orimbelli e della Casa.
13	Mess. Matteo Tacconi serviente in casa.
14	Mess. Domenico Ferrarese falegname.
15	Lazaro portinaro alla Porticella.
16	Pietro Herbolani.
17	Vincenzo di Gherardi cuocho.
18	Guglielmo guattaro di cucina.
19	Andrea Andrei sbirro al Rastello.
20	Gasparo Sarti suo compagno.
21	Giacomo Madrigali sbirro.
22	Gio. Battista Landa sbirro.
23	Giulio Besiga (?) sbirro.
24	Pietro Zanini sbirro.

the hospitals at the height of the epidemic.<sup>939</sup> There were twenty-four men and zero women who worked in the house of the officials (Table 5.4).<sup>940</sup> In the Angeli *lazzaretto* for male patients, out of twenty-eight employees, eight were women, making up 29% of the employees (Table 5.5).<sup>941</sup> The Angeli records reveal that four women were called “infermiera” and one had the role of “sotto infermiera” (under-nurse). Additionally, two women were listed as “bugadara” the title given to a laundress. Each of these women began work in June 1630 upon the conversion of the building into a *lazzaretto*. One man is listed as a former nurse who then served as guard, and then nine additional male nurses are named, along with male apothecary, barber surgeons, and body carriers.<sup>942</sup> Angeli had more male nurses than female, but, contrary to Moratti’s account which claimed that each gender was cared for by someone from their own sex, female nurses also treated male patients.<sup>943</sup>

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<sup>939</sup> Giovanni Salano and D. Hylario. *Note de’ ministri et Offtiali fuori fi S. Mamolo fatto il giorno 8 di luglio dal Padre D. Hylario Instante Giovanni Salano*. ASV, Bologna, 282, f. 249 r. - 250r., and f. 414 r. – 416 r., as cited in Brighetti, *Bologna e la peste del 1630*, 276-8.

<sup>940</sup> Salano and Hylario, ASV, Bologna, 282, f. 249 r., as cited in Brighetti, *Bologna e la peste del 1630*, 276.

<sup>941</sup> Salano and Hylario, ASV, Bologna, 282, f. 250 r., as cited in Brighetti, *Bologna e la peste del 1630*, 276-7.

<sup>942</sup> Salano and Hylario. ASV, Bologna, 282, 250r., as cited in Brighetti, *Bologna e la peste del 1630*, 276-7.

<sup>943</sup> Moratti, *Racconto degli ordini*, 13.

**Table 5.5. Employee records with the roles of women highlighted for Angeli from 8th of July 1630**

1	Paulo Baltrami ha servito per Infermiere. Hora serve per guardiano dall'ultimi di Giugno.
2	Adamo Felloni agiutante (aiutante) del guardiano; cominciò al servitio (servizio) a di 30 del passato.
3	Cangenua Maserla bugadara (lavandaia) alli 27 giugno cominciò il servitio.
4	Isabetta Cavalla bugadara, cominciò a di detto.
5	Barbara Ferrania infermiera cominciò a di 7.
6	Lucia Pallaciola infermiera cominciò alli 8 detto.
7	Lucia Gherardi infermiera cominciò a di 8 · detto.
8	Virginia Muscatella infermiera cominciò a di 12 detto.
9	Lucia Curetti sotto infermiera cominciò a di 10 detto.
10	Diamante moglie del cocho (cuoco) cominciò a di 1° detto.
11	Tiberio Marsilio cocho cominciò a di 1° detto.
12	Antonio Jonio agiutante del cocho (assistente del cuoco) venne 17 detto.
13	Antonio Pasi agiutante del cocho a di 1° luglio
14	Domenico Coradini infermiere a di detto.
15	Geminiano Ravetti infermiere a di 15 giugno.
16	Sigismondo Navi infermiere al presente era portatore a di 1° Giugno fu portatore, a di 1° luglio infermiere.
17	Giacomo Vanelli infermiere a di 1° luglio.
18	Bartolomeo Mazzanti infermiere 17 giugno, 12 luglio morì.
19	Paoulo Herbulani infermiere 10 giugno.
20	Matteo Grisanti spetiale (speciale) a di 1° giugno.

21	Tommaso Ferrario infermiere a di 20 detto.
22	Matteo David Bianchi sotto infermiere 1° luglio.
23	Paulo Barbiero 3 luglio.
24	Agostino Nanni barbiero 3 luglio.
25	Gio. Battista Chiesa infermiere 13 giugno.
26	Antonio Bissone (o Rissone) barbiero 22 giugno.
27	Alessandro Lazzari portatore da cocchietti (cocchiere) 3 giugno.
28	Antonio Maria Gaggi; portatore da cocchietti, 1° detto.

Compared to the twenty-eight employees at Angeli, Annunziata, the largest hospital and dedicated to the care of women, boasted fifty-four employees in July (Table 5.6).<sup>944</sup> Of those, twenty-one were women, representing approximately 39% of the employees. The names and titles are listed in the textual source, recalling the roles adopted by women which consisted of eleven nurses, six titled “cuciniera”, three titled “dispensiera” who distributed remedies to the sick, and one wife of the watchman.<sup>945</sup> In contrast, the male employees were two doctors, four barber surgeons, a watchman and his assistant, a dispenser and his assistant, house master, a “canevaro” custodian of the cellar, as well as three cooks, three scullery servants, a kitchen assistant, and apothecary, a doctors’ servant, a

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<sup>944</sup> Salano and Hylario, ASV, Bologna, 282, f. 414 r.- 416 r., as cited in Brighetti, *Bologna e la peste del 1630*, 277-8.

<sup>945</sup> Giovanni Salano and D. Hylario. *Note de’ ministri et Offtiali fuori fi S. Mamolo fatto il giorno 8 di luglio dal Padre D. Hylario Instante Giovanni Salano*. ASV, Bologna, 282, f. 414 r.- 416 r., as cited in Brighetti, *Bologna e la peste del 1630*, 277-8.

**Table 5.6. Employee records with the roles of women highlighted for Annunziata from 8th of July 1630**

1	Dottor Nobili.
2	Dottor Amaseo.
3	Giovanni Maria Gallarati barbiero, 2 luglio cominciò il servitio.
4	Christophoro Massari barbiero, 7 luglio (idem).
5	Marco Antonio Alessio barbiero, 3 detto.
6	Carolo Camitelli barbiero, 3 detto.
7	Giovanni Maria Rossi guardiano, al presente serve per infermiere, cominciò alli 19 giugno.
8	Mauritio Baciali canevaro cominciò alli 8 luglio.
9	Giovanni Battista Tononale dispensiere, 13 giugno.
10	Giovanni Fiorentino agiutante (aiutante) del dispensiere, 2 luglio.
11	Christoforo Dunghi, mastro di casa, 8 luglio.
12	Domenico Franchi sguataro, 8 giugno.
13	Domenico Didini cocho, 18 detto.
14	Carolo Sarti, sguataro, 3 luglio.
15	Maddalena Bazzana, dispensiera delle inferme, 20 detto.
16	Catterina Bonhomi infermiera, 13 giugno.
17	Domenica Carati infermiera, 20 detto.
18	Paula Pedrina infermiera, 28 giugno.
19	Margarita Biasij dispensiera, 27 detto.
20	Catterina Farina, dispensiera, 27 detto.

21	Francesca Bertelli cuciniera, 17 giugno.
22	Catterina Tomaselli, cuciniera, 18 detto.
23	Ludovica Vernazza, moglie del Guardiano
24	Giulia Tagliavia infermiera, 28 detto.
25	Gentile Cimadori infermiera, 30 giugno.
26	Lucia Conti infermiera, 8 luglio.
27	Catterina Barbagni infermiera, 13 giugno.
28	Lucia Manzola infermiera, 25 giugno.
29	Alessandra Petrabella infermiera, 20 detto.
30	Mattea Vasselli infermiera, 13 detto.
31	Helisabetta Bressanini cuciniera, 2 luglio.
32	Isabella Bertella cuciniera, 2 detto.
33	Paula Ferrara cuciniera, primo luglio.
34	Domenica di Zanantoni cuciniera, 29 giugno.
35	Giovanni Battista Frattini sotto guardiano, 2 luglio.
36	Giovanni Antonio Albertino sguattaro, 4 detto.
37	Bernardo Mariotti agiutante di cucina, 4 detto.
38	Antonio Baronio speciale, 6 detto.
39	Giovanni Vecelli serve alli Medici, venne per portatore di cocchietti, 6 detto.
40	Giovanni Battista Copello, portatore di cocchietti, 25 giugno.
41	Paula Avanci infermiera, 17 giugno.

42	Domenico Landi portatore da cocchietti, 29 giugno.
43	Giovanni Castellano portatore, 29 detto.
44	Bastiano Moneda beccamorto, 17 detto.
45	Antonio Roversi beccamorto, 17 detto.
46	Carolo Orsi beccamorto, 5 luglio.
47	Luca Grandi cavatore di buche, 16 giugno.
48	Giacomo Ambrosi beccamorto, 16 detto.
49	Fernando Fabri beccamorto, 16 detto.
50	Giovanni Benedetto Lavagnini, 5 luglio.
51	Giovanni Zaccharino beccamorto, 28 giugno.
52	Giovanni Vaccari coccho, 20 detto.
53	Vincenzo Savini rade gli schiavi, 7 luglio
54	Giovanni Cosmi coccho de' medici, 1 luglio.

keeper of the servants, seven “beccamorto” (gravediggers), a hole digger, and three “portatore da cocchietti”, those who transported the sick from the city.<sup>946</sup> Unlike the Angeli, no male nurses are listed, demonstrating that women were responsible for the direct care of other women. The doctors and barber surgeons were in smaller numbers than nurses, which could indicate that nurses took on more primary care.

The Casa della Mela convalescent home had significantly less workers recorded in July. The male

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<sup>946</sup> Ibid.

**Table 5.7. Employee records with the roles of women highlighted for Casa della Mela from 8th of July 1630**

1	Francesco Credi guardiano alla Mella, 21 giugno.
2	Silvestro Filippini coccho, 22 detto.
3	Ascanio Forno canevaro, 25 detto.
4	Antonio Silva agiutante (aiutante) del canevaro, 8 luglio.
5	Carolo Nazzari agiutante di casa, 8 luglio.
6	Matteo Fabbri agiutando di casa e infermi.
7	Antonio Conti barbiero, 26 giugno.
8	Maria Filippini agiutante di cucina, 25 luglio.
9	Alessandra Forna agiutante di cucina, 25 luglio.
10	Helisabetta Landina agiutante di cucina, 20 detto.
11	Susanna Credi moglie del guardiano.

employees consisted of guards, a cook, a custodian of the cellar and a few assistants, and only one barber surgeon (Table 5.7).<sup>947</sup> Out of eleven total, four employees were women including three kitchen assistants and the wife of the watchman.<sup>948</sup> These initial records reveal how the strict divisions of labour was gendered with some crossover. The role of a laundress was solely for women, while doctors, surgeons, and body carriers were exclusively male. However, both men and women are listed as nurses, dispensers of medicine, and cooks.

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<sup>947</sup> Salano and Hylario, ASV, Bologna, 282, f. 416 r., as cited in Brighetti, *Bologna e la peste del 1630*, 278.

<sup>948</sup> *Ibid.*, 278.

<b>Table 5.8. List of types of roles to be paid for service within the Casa degli ufficiali</b>
Li Eccmo. Signore Auditore
li duoi servitori di lui
il notaro
il computista
il mastro di casa
il guardarobba (guardarobiere)
il dispensiero (dispensiere)
il servitore de Padri e della Casa
il falegname
il portinaro (portinaio)
l'erborario (erborista)
il cuoco
il soto cuoco
il sguattaro (sguattero)
il spenditore

The next records illustrate a snapshot four months later for November, with similar trends in employee data, although with a slight decrease in workers. The account books from *Libro di dare et avere* which outline those who were to be paid within the Casa degli ufficiali do not list

**Table 5.9. Employee records for Casa degli ufficiali from 10th of November, 1630**

1	Padre direttore
2	compagno
3	cancelliero (cancelliere)
4	mastro di casa
5	portinaro (portinaio)
6	portinaro (portinaio) alla Porta della città
7	cuoco
8	sotto cuoco

any women (Table 5.8).<sup>949</sup> Similarly, the employee records for Casa degli ufficiali from 10<sup>th</sup> of November, 1630, are absent of women workers (Table 5.9).<sup>950</sup> In contrast, the occupational roles adopted by women are listed under those who are to be paid for their service but reside outside the Casa degli ufficiali and included nurses, under nurses, laundresses, and cooks (Table 5.10).<sup>951</sup>

*Libro di dare et avere* registered forty-six workers at Annunziata on the 10<sup>th</sup> of November 1630 (Table 5.11)<sup>952</sup>. No doctors are recorded; rather only two apothecaries,

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<sup>949</sup> "Persone da stipendiargli dentro del Lazaretto Nella Casa degli Ufficiali." Orimbelli, *Libro di dare et avere*, 165r.

<sup>950</sup> Orimbelli, *Libro di dare et avere*, 165r.

<sup>951</sup> "Persone da stipendiarsi dentro del Lazaretto, ma però fuori della casa degli ufficiali." Ibid., 165v.

<sup>952</sup> Ibid., 164v.

**Table 5.10. List of types of roles to be paid for work inside the hospital excluding those working in the Casa degli ufficiali with the roles of women highlighted**

duoi (due) sbirri al Rastello
quattro sbirri per li servizij (servizi) del lazaretto
un cursore (messo/ corriere)
guardiani degli Angeli, della Nonciata, della Mela
sotto guardiani
mastri di casa
dispensieri
sotto dispensieri
cuochi
sotto cuochi
squattari (sguatterì)
barbieri, o chirurghi
sotto barbieri
canovari (cantinieri)
ajuntanti (aiutante)
cochietieri (cocchiere)
infermieri
sotto infermieri
infermiere

sotto infermiere
speciali (speziali)
ajuntanti (aiutante)
beccamorti (becchino)
bugadare (lavandaia)
cuciniere
dispensiere alle infermeria
cavatori di buche (scavatori di buche)

along with two cooks and thirteen servants. Out of all employees, eight were women including one female cook, two laundresses, and five nurses. Four male nurses are noted along with the body carriers and a dispenser of medicine.<sup>953</sup> The presence of male nurses in an exclusively female hospital illustrates that at a later stage of the epidemic, men potentially cared directly for women patients.

This record also exhibits the meaningful relationships formed between employees. At the bottom of the document a note reads: “Questa è tutta la Famiglia si ritrova presentemente al lazaretto della SSma AnAnnunziata” (This is all of the family presently found in the *lazzaretto* of Santissima Annunziata) (Fig. 5.8).<sup>954</sup> The reference to these people belonging to part of a family demonstrates the strong bonds between those who came to serve in the

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<sup>953</sup> Ibid., 164v.

<sup>954</sup> Ibid.

**Table 5.11. Employee records with the roles of women highlighted for Annunziata from 10th of November, 1630**

	<b>Employee name</b>	<b>Position</b>
1	Molto Revdo. Padre D. Carlo Bernadeta	
2	Fratto Girolamo Suo Compagno	
3	Molto Revdo. Padre Flaminio di S: Colombano	
4	Molto Revdo. Padre Gabrielle Capuccino.	
5	M. Matteo	speciale (speciale) che medica
6	M. Battista Forni	speciale (speciale)
7	Matteo Zani	
8	Cesare de Amati	
9	Gio Batta Librari	cuoco
10	Francesco la quiete	sotto cuoco - schiavo (servatore)
11	Antonio Barbieri	che cuoce alla Mela
12	Giovanni Andrea Cerva	infermiere
13	Antonio Maria	cuoco alla Cucina grande
14	Antonio Gabrielli	sotto cuoco
15	Polissana Lecca	cuciniera
16	bucatare x2	(lavandaia)
17		(lavandaia)

18	Paola	infermiera
19	Lucia	infermiera
20	Sabbatina	infermiera
21	Maddalena	infermiera
22	Maria	infermiera
23	Jacomo Galanti	guardiano
24	Girolamo di Lavante	dispensiera (dispensiere)
25	barbieri x2	barbiero
26		barbiero
27	Domenico	schiaivo canovaro (servatore cantiniere)
28	Lorenzo Gambarini	schiaivo canovaro
29	Lorenzo Moltapoco	cocchiettiero (cocchiere)
30	Giovanni Batta Volparelli	cocchiettiero
31	Piero della Vedova	schiaivo (servatore)
32	Francesco Rasagni	schiaivo
33	Sabbatino Sabbatini	schiaivo
34	Giovanni Cantoni	schiaivo
35	Silvestro de Preti	schiaivo
36	Costanzo Piccini	schiaivo
37	Giovani da San Giovanni	schiaivo
38	Francesco Carattone	schiaivo

39	Girolamo	schiaivo
40	Bruscone	schiaivo
41	anonimo	schiaivo
42	anonimo	schiaivo
43	Pellegrino Frinaciati	infermiere (infermiere)
44	Jacomo Pratatioli	infermiere
45	Marco Neri	infermiere
46	Giovanni Batta Lazzarini	infermiere

*lazzaretto* in a period of crisis. The family bonds are also evident when looking at the other types of relationships between employees with the expectation that the family unit could remain intact. For instance, a watchman along with his wife, titled *guardiana*, were listed on records for staff requirements for La Mela,<sup>955</sup> as well as at the Annunziata.<sup>956</sup> Employee records from Annunziata and Casa della Mela confirm the practice of women joining their watchmen husbands (Tables 5.3, 5.6, 5.7 and 5.12). This practice carried over to other occupations as was the case for the wife of a cook who is listed at the Angeli *lazzaretto* (Table 5.5).<sup>957</sup> Furthermore, in Casa della Mela, a cook and a

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<sup>955</sup> Anonymous, ASV, Bologna, 282, f. 265 r.v., as cited in Brighetti, *Bologna e la peste del 1630*, 273. According to Brighetti, this letter is written to Spada by the heads of La Mela convalescent home, 152.

<sup>956</sup> Anonymous, ASV, Bologna, 282, f. 269 r., as cited in Brighetti, *Bologna e la peste del 1630*, 274.

<sup>957</sup> Salano and Hylario, ASV, Bologna, 282, f. 250 r., as cited in Brighetti, *Bologna e la peste del 1630*, 276-7.

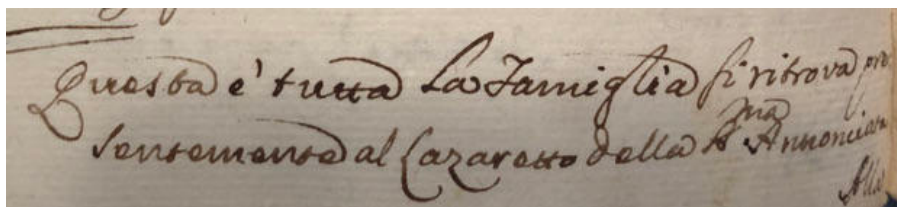


Fig. 5.8. Detail of Orimbelli, *Libro di dare et avere*, 164r.

“little girl her daughter” are listed, demonstrating how a mother could remain with her child and work in the hospital (Table 5.12).<sup>958</sup> These relationships exhibit how the nuclear family was maintained even in one of the most dangerous places of the city.

The final snapshot of textual sources near the end of the epidemic on the 30<sup>th</sup> of December, 1630 illustrates a steep decline in employees of the main hospitals, Annunziata, Angeli, and Casa della Mela, as well as the administrative offices, maintaining gender specific roles. Annunziata had only nine reported employees compared to fifty-four recorded in July and the forty-six recorded in November (Table 5.13).<sup>959</sup> Of those only one woman, “una cuciniera vecchia” (old female cook) was reported to have worked at Annunziata in December. As was the case in July and November, no women are recorded to have worked in the offices of the hospital director (Table 5.14).<sup>960</sup> Casa della

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<sup>958</sup> “Persone da stipendiarsi dentro del Lazaretto, ma però fuori della casa degli ufficiali.” Orimbelli, *Libro di dare et avere*, 165r.

<sup>959</sup> Anonymous, ASV, Bologna, 282, f. 215, as cited in Brighetti, *Bologna e la peste del 1630*, 279.

<sup>960</sup> Ibid.

**Table 5.12. Employee records with the roles of women highlighted for Casa della Mella and Angeli from 10th of November, 1630**

1	Antonio guardiano
2	la sua moglie
3	un canovaro (cantiniere)
4	Despensiero (dispensiere)
5	infermiere (infermiere)
6	Alessandro - escono (partito)
7	Vittoria - escono (partita)
8	una cuciniera
9	una puttina (bambina) sua figlia
10	una buccatara (lavandaia)

**Table 5.13. Employee records with the roles of women highlighted for Annunziata from the 30th of December, 1630**

1	Il R.do Fra Marcantonio da Cesena Minore Osservante.
2	Ms. Matteo Grisenti spetiale (speciale) che serve ancora per medico.
3	Ms. Antonio Conti barbiere.
4	Ms. Giovanni Battista Baldi, barbiere.
5	Pietro servitore del medico Saluzzi deffunto (defunto)
6	Ms. Gio. Andrea Cerva infermiere.
7	Andrea Giorgi spenditore.
8	un fachino vechio (fachino vecchio) che serve alla Cucina.
9	una Cuciniera vechia (vecchia).

**Table 5.14. Employee Records for Casa degli ufficiali from the 30th of December, 1630**

1	M.R. Padre Fabritio Franceschini Direttore.
2	P. Innocentio suo compagno.
3	Sig. Paolo Forti cancelliere.
4	Cesare Canterini Maestro di Casa.
5	Lorenzo genovese servitore.
6	Gio. Antonio da Trento cuoco.
7	Lodovico servitore di cucina.

Mela records the wife of the watchman, alongside “Isabetta cuciniera”, two laundresses, and the imprisoned prostitute, likely carrying out her sentence in the *lazzaretto* (Table 5.3).<sup>961</sup>

These textual sources reveal that women undertook duties as dispensers of medicines, as primary caregivers, and as leaders of other staff. These occupational categories excluded women from the quarantine restrictions and permitted them brief shifts in physical and social mobility. The convalescent homes and *lazzaretti* were places in which unlicensed female practitioners could be recognised and paid for their services in an era that otherwise ostracised women. In some cases, the female body that was previously marked for exclusion acquired new levels of freedom when women’s social category temporarily changed meaning, such was the case when ex-prostitutes became *infermiera* or

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<sup>961</sup> Ibid., 279-80.

*barbiera*. The plague hospital offered marginalised women in particular clear avenues for temporary improvement to their social standing – but with great personal risk. While brothels were closed, hospitals provided places to sleep, eat and earn. Despite this, mobility here was also limited. Although no longer confined to the home, women who worked in the *lazzaretti* were confined in new ways by the gated and guarded hospital structure.

## Conclusion

The 1630-31 outbreak in Bologna exemplifies the ways in which the female body was segmented and controlled under early modern Italian health policies in times of plague. The categorisation of the female body as ‘abnormal’ created an environment in which women were primary targets for health policies during epidemics, separating healthy women from the public spaces of the city, and confining them to their homes. Exceptions to these policies opened the door for women to enter new classifications with increased manoeuvrability. The example of Bologna has shown that access to mobility in periods of plague was contingent on exiting the category of “woman”, as defined by the 25<sup>th</sup> of July *bando* confining all women to their homes, and entering fresh categories under law formed from social or economic class and occupation. Classifications based on employment status and societal background, such as *caldirane*, *infermiera*, *barbiera*, *gentildonna*, and *cuciniera*, permitted more freedom, simultaneously introducing women to new categories of exclusion with varying degrees of mobility. Prostitutes and

peasants, nurses and noble women, could each cross the boundaries of domestic imprisonment, but only to be confronted with new forms of containment.

These classifications permitted women manoeuvrability in the greatest disaster to hit Bologna in the seventeenth century. The dominant historical narrative on this event in Bologna has focused solely on the contribution of doctors and learned men, while devaluing the variety of roles held by women. Those who volunteered for service in the plague hospitals were celebrated as part of a family of employees, but have otherwise been negatively remembered in the contemporary narrative. The scarcity of visual sources has opened up fresh opportunities to journey through the rich textual material of the hospital and legal records, revealing the vital contributions made by women, especially those of lower classes, through work in local industry and in the *lazzaretti*. These documents have shone light on the agency and resilience of individual women in moments of crisis and have demonstrated that the ability to move, to travel, and to navigate the horrors of this event was deeply discriminative. Mobility was gendered, classist and conditional, issues that continue to be relevant in the twenty-first-century global pandemic in which we have found ourselves recently. Another parallel with our contemporary pandemic can be found when examining the differing rights of early modern citizens to participate in the social life of the community. Processions and public devotional performances will feature as they highlight the unequal nature of mobility during plague.

## Chapter 6: Performance and Dynamic Sites of Social Life during Plague



Figure 6.1. Detail of figure 2.1. Anonymous, *La peste del 1630 a Bologna*, oil on canvas (1.30 x 0.95 m), c. 1631. Archivio di Stato di Bologna.

Imagining the impact of plague on the seventeenth-century European city does not prepare viewers for the chaotic scenes depicted by the anonymous artists in *La peste del 1630 a Bologna* Palazzo Pepoli and *La peste del 1630 a Bologna* of Archivio di Stato di Bologna (Fig. 2.1 and 2.2). Through these representations of via San Mamolo, the artists create a world for the viewer that acts as an accumulation of the various types of movements of the human and non-human actors, as they navigated their new realities. In both paintings, shrouded bodies are tossed from their windows as cart drivers load the dead, furniture is thrown below onto bonfires in the process of cleaning contaminated houses, and men gesture at the women to flee the streets. Yet, small vignettes offer solace amongst the disorder, as men kneel to attend a mass at a portable altar and a procession emerges from the side street under the portico, greeting two men who come to their knees in prayer (Fig. 5.1 and 6.1). Women and men, confined to their homes, watch from their windows (Fig. 5.4).

These scenes mirror the types of health regulations enacted by cities in early modern Italy that regularly confined a large proportion of the population to their parishes, sending the sick to plague hospitals and locking up people in their homes if they came into contact with the ill.<sup>962</sup> As explored in Chapter 5, as common practice, women and children were placed in forced isolation in their houses because of their perceived vulnerability to

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<sup>962</sup> Henderson, *Florence under Siege*, Chapter 5; Stevens Crawshaw, "The Renaissance Invention of Quarantine," 161-174.

disease.<sup>963</sup> As previously discussed, all of these health measures were enforced in Bologna,<sup>964</sup> along with prohibiting the gathering of people, closing public and private schools, and restricting the audience for church services.<sup>965</sup>

Together with these public health regulations, city officials turned to religion and ritualised performances as major mechanisms to combat the moral cause of plague: sin. Processions and other devotional displays were regularly enacted in Bologna throughout the epidemic. However, with restrictions on mobility, what impact did public devotions have on the experience of the urban environment? The restricted access to the street, to churches and to processions necessitated the creation of new sites in which ritualised performance could take place. Processions, in conjunction with other performative displays, reflected the contested nature of mobility in the street during plague while simultaneously offering opportunities for social life to flourish. This chapter argues that access to mobility, as demonstrated through devotional performances, was contingent not only on individual or household health, but on gender and social status. Moreover, in the act of marking particular places as significant, processional stops and temporary altars manifested sites where new combinations of social life were activated.

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<sup>963</sup> For Venice see Stevens Crawshaw, *Plague Hospitals*, 14-15.

<sup>964</sup> For example, *Bando contro coloro che sono chiusi nelle case*, 13<sup>th</sup> of July 1630. Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 89.

<sup>965</sup> Moratti, *Racconto degli ordini*, 50.

In addition to an iconographical analysis, I draw on interdisciplinary scholarship from the fields of art history, history and social sciences to re-examine the use of early modern space during the plague. Specifically, this study draws on the model of investigation put forward by sociologists John Urry and Mimi Sheller coined the “new mobilities paradigm”,<sup>966</sup> that explores the impact of movement and place on the formation of social interactions. Under this model, Urry and Sheller contend that there is a “complex relationality of places and persons connected through performances” and therefore “activities are not separate from the places that happen contingently to be visited.”<sup>967</sup> Moreover, in the new mobilities paradigm, “places themselves are seen as travelling, slow or fast, greater or shorter distances, within networks of human and nonhuman agents.”<sup>968</sup> This model addresses how places are constantly being reshaped through social relations and how key sites within the network, known as ‘nodes’, arise as focal points where social life emerges more strongly. Moreover, the paradigm voices the inequality in access to mobility and space, often made evident through performance. This chapter is the first instance in which processions and devotional performances during Italian early modern plague have been investigated through the lens of the new mobilities paradigm.

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<sup>966</sup> Sheller, “From Spatial Turn to Mobilities Turn,” 628.

<sup>967</sup> Sheller and Urry, “The New Mobilities Paradigm,” 214.

<sup>968</sup> *Ibid.*

Processions have been considered in the context of the Italian early modern city as having a variety of purposes, mainly devotional.<sup>969</sup> As historian Samuel Cohn has put forth in his significant contribution to the study of Renaissance plagues, processions were employed in early modern Italy as a means to counteract the moral causes of plague through devotional acts, such as by way of public displays of relics.<sup>970</sup> Further, they were also a way to offer hope and entertainment in challenging times.<sup>971</sup> Moreover, historian John Henderson has shown that processions could demonstrate to the spectator the “success of spiritual medicine”, such as the processional display of recovered patients returning from the plague hospitals into Florence during the plague of 1630-31.<sup>972</sup>

Additionally, processions performed in everyday contexts in the early modern European city have been understood as a way for certain groups, formed by elite or non-elite members, to assert control over the agency of the

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<sup>969</sup> Andrew Hopkins, “Combating the Plague: Devotional Paintings, Architectural Program, and Votive Processions in Early Modern Venice,” in *Hope and Healing: Painting in Italy in a Time of Plague, 1500-1800*, eds. Gauvin A. Bailey et al., (Chicago: University of Chicago Press, 2005), 137-152.

<sup>970</sup> Cohn, *Cultures of Plague*, 287.

<sup>971</sup> *Ibid.*, 283.

<sup>972</sup> Henderson, *Florence under Siege*, 207; This similarly occurred in Padua, see Stevens Crawshaw, *Plague Hospitals*, 206.

street.<sup>973</sup> Art historian Fabrizio Nevola has identified that the agency of public space was often adopted “by the community for its own purposes,”<sup>974</sup> in particular after a catastrophic event or disaster. Existing historical literature on the 1630-31 plague in Bologna has overlooked processions,<sup>975</sup> with few exceptions.<sup>976</sup> Most notably, the procession to mark the fulfilment of the vow to the Virgin of the Rosary in 1630 has been explored by art historian Catherine Puglisi in her important work on the processional banner by Guido Reni, *Pallione del voto* (Fig. 2.3).<sup>977</sup> Building upon these foundational contributions, this chapter offers an in-depth interpretation of how performative displays, through the interactions of

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<sup>973</sup> Sam Griffiths, “From lines on maps to symbolic order in cities?” in *Spatial Cultures: Towards a New Social Morphology of Cities Past and Present*, ed. Sam Griffiths and Alexander von Lünen (Routledge, 2016), 77; Fabrizio Nevola, *Street Life in Renaissance Italy* (Yale University Press, 2020), 114; David Rosenthal, *Kings of the Street: Power, Community and Ritual in Renaissance Florence* (Turnhout: Brepols, 2015), 5-7;

<sup>974</sup> Nevola, *Street Life*, 92.

<sup>975</sup> Brighetti, *Bologna e la peste del 1630*; Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*.

<sup>976</sup> Faranda, *Le arti e la peste a Bologna*.

<sup>977</sup> Puglisi, “Guido Reni’s *Pallione del Voto* and the Plague of 1630,” 402-12; Henderson has examined this votive banner in the context of his analysis of the representation of diseased bodies in artworks, see Henderson, “Representing infirmity in Early Modern Florence,” 48-9. For more the life and work of Guido Reni see, David García Cueto, ed. *Guido Reni* (Madrid: Museo nacional del Prado, 2023); Andrea Emiliani, *Guido Reni* (Milano: Fabbri, 1964); Francesca Cappelletti and Galleria Borghese, *Guido Reni a Roma: Il sacro e la natura* (Venezia: Marsilio Arte, 2022).

individuals and place, functioned during moments of crisis to shape the experience of social space.

To conduct this inquiry, this study employs visual representations of these events, along with their descriptions, to provide extensive evidence for how various types of performative acts manifested places where new social life flourished. Local *bandi* (edicts) produced during the plague years, once more, feature as essential primary sources. These legal decrees shed light on the environment of the streets as experienced through public displays. Moreover, Moratti's eye-witness account offers unique insight into the experience of viewers and performers of these events, highlighting the contested character of mobility during early modern epidemics.

This chapter commences with an investigation of street shrines and mobile altars. Specifically, it interrogates how their function increased during plague as vital devotional sites through ritualised performances, because of the limitations on mobility. Next, I demonstrate the elite nature of ritualised events during plague, and how existing 'nodes' were made more prominent through performance, using the example of the procession made for the fulfilment of the vow to the Virgin of the Rosary. Finally, I consider the strength of meaning of these sites marked by devotional performances, even for those who were absent, fuelling new forms of social life for these locations, using the case of the unofficial gathering of women at the church of San Domenico.

## Places Reshaped: Ritual Performance at Street Shrines and Altars

The plague travelled from the northern cities of Milan and Venice, arriving in Bologna in May 1630. In June, any residents who came into contact with plague victims were enclosed in their homes, and areas with higher infection rates in the city were blocked off.<sup>978</sup> On the 25<sup>th</sup> of July, an edict was published which prohibited all women and children from leaving their homes,<sup>979</sup> with exceptions made for certain essential professions.<sup>980</sup> The streets at this time consisted of the men who resided in homes free of plague, who were permitted to continue to travel and undertake business, although limited to the boundaries of the city.<sup>981</sup> The streets also included the men who performed tasks around the plague, such as body carriers, those purging houses,<sup>982</sup> and the city auditors who

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<sup>978</sup> *Bando su coloro che sono stati rinchiusi nelle strade e nelle case proprie e altre provvedimenti per i bisogni a cause di presenti mali sospetti*, 19<sup>th</sup> of June, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 79.

<sup>979</sup> *Bando di divieto alle donne e ai bambini di uscire di casa per quindici giorni, pubblicato a Bologna il 25 luglio 1630*. Ibid., 94-97.

<sup>980</sup> See Chapter 5. See also Natalie Massong, "The Mobile Woman: Getting Around during the 1630 Plague in Bologna," *Connections: A Journal for Language, Media and Culture* 2, no.1 (2021): 42-54.

<sup>981</sup> *Bando contro coloro che sono chiusi nelle case*, 13<sup>th</sup> of July, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 89.

<sup>982</sup> On restrictions on the movements of these individuals see, *Rinnova dei bandi pubblicati riguardo ai sospetti e infetti di peste chiusi e che si chiuderanno in casa e altri capi*, 22<sup>nd</sup> of July, 1630, see Ibid., 91.

regularly assessed each household.<sup>983</sup> Those travelling into Bologna from locations suspected of plague were required to conduct a period of quarantine,<sup>984</sup> while those men and women who came from the countryside to provide essential goods to the city could only enter with a health pass.<sup>985</sup> Certain areas of the city, such as around the plague hospitals, were prohibited.<sup>986</sup>

Moreover, public sermons were cancelled,<sup>987</sup> and women were expressly forbidden to enter churches.<sup>988</sup> Papal Legate of Bologna, Cardinal Spada, ordered that the benches, prayer stools and Holy Water be removed in order not to perpetuate the disease.<sup>989</sup> However, the chronicler Moratti was critical and stated that even with these measures, some still practiced in churches without regard to others.<sup>990</sup> Restrictions on the use of churches as a part of the public health measures were commonplace during

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<sup>983</sup> On the election of these officials see *Cedola ai parroci*, 26<sup>th</sup> of July, 1630, see *Ibid.*, 98.

<sup>984</sup> Moratti, *Racconto degli ordini*, 5.

<sup>985</sup> *Notificazione ai curati e ai parrocchiani di questo contado che devono fare le fedeli di sanità dei contadini che si recano a Bologna – 13 luglio 1630*; Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 89.

<sup>986</sup> *Ibid.*, 79.

<sup>987</sup> Moratti, *Racconto degli ordini*, 50.

<sup>988</sup> *Secondo proroga della clausura delle donne e dei bambini. Dichiarazione per chi si muove in carrozza*, 20 August, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 112.

<sup>989</sup> Moratti, *Racconto degli ordini*, 49. This practice was also in place in Florence, see Henderson, *Florence under Siege*, 167.

<sup>990</sup> Moratti, *Racconto degli ordini*, 49.

plague in Italian cities,<sup>991</sup> forcing devotional practices into the street. During the 1630-31 outbreak of plague in Florence, Henderson notes that Mass was performed in the streets with portable altars erected by the city across Florence.<sup>992</sup>

Similarly, in Bologna, street altars emerged as important substitutes for churches, when access to ecclesiastical space was limited. Moratti describes that after the Ave Maria bell was rung for vespers prayer, people flocked to the streets and to the sites of Holy Images of the Virgin Mary to demonstrate their devotion to the Virgin, “univansi quelli delle parrocchie” (uniting the people of the parishes).<sup>993</sup> Prominent examples of street shrines of the Madonna are found in Bologna on ecclesiastical, public and private dwellings, and frequently situated under the porticos. For instance, the fresco of the Virgin and Child surrounded by a tabernacle is situated under the portico on the exterior of Basilica di Santa Maria dei Servi on the main thoroughfare of strada Maggiore (Fig. 6.2).

These places, already significant in the daily lives of Bolognese, increased in importance as access to churches became restricted during plague. The new mobilities paradigm recognises that while all places are “dynamic” and consistently being reshaped, particular places offer environments where these networks intersect and new

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<sup>991</sup> Henderson, “Representing infirmity in Early Modern Florence,” 53.

<sup>992</sup> Henderson, *Florence under Siege*, 165.

<sup>993</sup> Moratti, *Racconto degli ordini*, 94.



Figure 6.2. “Regina Pacis”, fresco, unknown artist, fifteenth century, Basilica di Santa Maria dei Servi in Strada Maggiore. Google Maps Street View, August 2020.

relationships are formed.<sup>994</sup> Sheller and Urry argue that social life consists of numerous connections that are “organized” through “nodes.” The multitude of networks interconnect and require “distinct social spaces” that act as “nodes”, places in which “new forms of social life” are created. These nodes are “places of intermittent movement” where people stop along their journey.<sup>995</sup> Indeed, as Kevin Lynch articulated in *The Image of the City*, nodes are “strategic foci” located at “junctions”.<sup>996</sup> These are places

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<sup>994</sup> Sheller and Urry, “The New Mobilities Paradigm,” 214.

<sup>995</sup> *Ibid.*, 213.

<sup>996</sup> Lynch, *The Image of the City*, 72-3.

where people meet, gather, rest, pray, shop, eat, and sleep, along their journey through the city. As Nevola has superbly demonstrated in his application of Lynch's approach on the early modern Italian street, nodes were significant sites of sociability that could be located any place where people regularly gathered, such as bakeries.<sup>997</sup> Examining these focal points through the lens of the new mobilities paradigm, we can also view nodes themselves as "travelling" within the social network. In this way, nodes could shift meaning from one moment to the next, and by way of various performances, through the interactions of human and non-human actors. A street altar could adopt more significance to the social life of the community when it was the only accessible place for devotional acts, temporarily shifting focus away from ecclesiastical spaces now closed to the general public.

Street altars and processions are visible in both paintings entitled *La peste del 1630 a Bologna* (Fig. 5.1 and 6.1). In figure 2.2, the more unrefined version from Palazzo Pepoli, three distinct episodes of religious performance are depicted by the artist, including a street altar, but also a portable altar and a procession emerging from the side street, two particular aspects mirrored in the composition of figure 2.1. Unique to figure 2.2, an image of the Virgin in a small altar under the porticos on the far-left side is portrayed (Fig. 5.4). The illustration of the Madonna shows her head tilting slightly down, expressing the motion of

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<sup>997</sup> Nevola, *Street Life*, 188, 204.

prayer or perhaps grief. The wooden altar appears to rest on the wall of the property of a private dwelling. An inscription on the door beside the altar evident in figure 5.4 reads “dutor amaseo.” This alludes to the house of doctor Giacomo Amaseo Fabri, a professor of medicine at the university,<sup>998</sup> who worked in the lazaretto for women during the plague of 1630-31.<sup>999</sup> The nod to this prominent figure of this plague perhaps confirms this as an ex-voto image, but the context of the artwork’s execution and display are unclear. Certainly, the location of the altar demonstrates how the portico featured as a notable site for religious performance. As the most prominent type of public passageway in Bologna, the portico was a valued social space that offered a protected place for public devotion. This was particularly the case for processions, as both figures 2.1 and 2.2 illustrate the procession exiting under a portico onto via San Mamolo. It also illustrates a point of rest along the route of a larger travel itinerary or a destination in itself, as Moratti chronicles citizens attending vespers prayer amongst neighbours at street shrines dedicated to the Virgin. Additionally, both figures 2.1 and 2.2 provide clues as to the prominence of religious performance around portable street altars.

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<sup>998</sup> Genus Bononiae, Collection Catalogue, “M22 - La peste del 1630 a Bologna” (Museo della Città di Bologna, 2022) Accessed 5<sup>th</sup> of July, 2023, <https://digital.fondazioneclarisbo.it/artwork/la-pesto-del-1630-a-bologna-873-2021-07-09t13-28-51-228z>.

<sup>999</sup> Brighetti, *Bologna e la peste del 1630*, 268, note 1.

A mobile altar, as depicted in the images of via San Mamolo, could transfer their original meaning from one place to another, forming new possibilities for social interaction at new sites. Portable altars became important features of the street, often put up in places where social life collected and intersected, like the street corner.<sup>1000</sup> As mentioned by Henderson, in Florence during the same plague of 1630-31, the diarist Giovanni Balducci described that Mass was conducted in “all the streets of the city”, with numerous altars erected on every street; his own street had two, one at the corner, “Canto della Macine”, and another outside a private dwelling.<sup>1001</sup> In Bologna, records reveal that it was private citizens who built such altars.

Religious devotion came firmly into the public realm outside the homes of the wealthy through the construction of temporary altars. Moratti records that those in isolation who could afford to hire a priest, erected an altar in the street outside of their homes in order that they could participate in Mass. On occasion these altars caused blockages in the flow of carriages and wagons.<sup>1002</sup> The anonymous paintings representing via San Mamolo both show an elaborate altar donned by a portrait of the Virgin

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<sup>1000</sup> On the social life at street corners and street-corner shrines, see Nevola, *Street Life*, Chapters 2 and 7.

<sup>1001</sup> Giovanni Balducci, *Quaderno: Peste, guerra e carestia nell'Italia del Seicento*, ed. B. Dooley (Florence, 2001), 73, as cited in Henderson, *Florence under Siege*, 165.

<sup>1002</sup> Moratti, *Racconto degli ordini*, 103.

and Child featured with a baldachin (Fig. 5.1 and 6.1). Each emphasise the Mass being performed in front of a devout audience. Figure 6.1 illustrates the priest and his attendant at the altar and in figure 5.1, the priest raises the Host for the audience to see. While these were temporary and intended for the primary family, these types of altars positioned in the street and viewable from the windows of many palazzi, also benefitted neighbours. These places of public devotion, as depicted in figures 5.1 and 6.1, constituted 'nodes' where people stopped and gathered with their neighbours to perform prayers together, interacting with human and also non-human actors, such as the liturgical objects. These were also sites where unforeseen social interactions could form. It is easy to imagine how once gathered, men could discreetly converse for a few moments when out of sight of officials, as a way to connect with the community in a clandestine way. While these locations were significant sites for public devotion, these had an unofficial character. More official sites of devotion emerged in the city during this plague, also through public devotional acts. The most prominent example is the church of San Domenico, today's Basilica di San Domenico (Fig. 6.3).

## **San Domenico: A Focal Point for Plague Devotion**

The ability to move and to gather in the street was challenged during early modern plague, increasing the exclusive nature of processions. The new mobilities



Figure 6.3. View of Basilica di San Domenico. Photographed by author, September 2020.

paradigm addresses inequality in movement and says that “being ‘on the move’ is contingent, uneven, and contested,”<sup>1003</sup> and enjoyed most by those who Sheller and Urry call the “kinetic elite.”<sup>1004</sup> According to Geographer Doreen Massey, within our societies there are varying accesses to mobility that impact diverse groups of people, in what she calls “differentiated mobility,” influenced by each group’s

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<sup>1003</sup> Sheller, “From Spatial Turn to Mobilities Turn,” 629.

<sup>1004</sup> Sheller and Urry, “The New Mobilities Paradigm,” 219.

social and economic status.<sup>1005</sup> The visual and documentary evidence of processional performances in Bologna confirm that certain groups, particularly lower class women, were prohibited from public performances. In particular, the vow made to the Virgin of the Rosary showcases the exclusivity of these events.

The city made a communal vow for intercession on the 31<sup>st</sup> of August to the Virgin of the Rosary.<sup>1006</sup> Once plague significantly declined in the city, the vow was fulfilled in a momentous celebration held on the 27<sup>th</sup> of December, 1630 in San Domenico (Fig. 6.3). Puglisi asserts that San Domenico was chosen for the fulfilment of the vow in part due to the Dominicans strong political relationships with the papacy, which in the previous thirty years had gained them favour in the city.<sup>1007</sup>

The procession as it arrives in Piazza San Domenico is illustrated in Floriano del Buono's print, *La solenne procesione per adempimento del voto pblico. Fatta alli 27 di Dicembre 1630*, of 1631, in which San Domenico is prominently featured (Fig. 6.4). Those forming the procession are numbered, with their names provided below, revealing the processional arrangement in a discrete

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<sup>1005</sup> Massey, *Space, Place, and Gender*, 149.

<sup>1006</sup> Puglisi, "Guido Reni's Pallione del Voto and the Plague of 1630," 405.

<sup>1007</sup> *Ibid.*, 411. The involvement of the Dominican Order in Bologna during this plague requires further study.



Figure 6.4. Floriano dal Buono (engraver), Vitoria Serena (printer). “La solenne procesione per adempimento del voto pvblico. Fatta alli 27 di Dicembre 1630”. Print, etching, 318 x 435 mm, 1631. Biblioteca comunale dell’Archiginnasio, Gabinetto dei disegni e delle stampe, *Cartelle Gozzadini*, 23, n. 164.

moment in time.<sup>1008</sup> The participants included the various religious orders, followed by guards, trumpeters, servants of the government, and finally the representatives of the government, including legate Cardinal Spada, vice-legate, council of the *anziani*, gonfalonier, the auditor of the courts,

<sup>1008</sup> Lisa Pon, *A Printed Icon in Early Modern Italy: Forlì’s Madonna of the Fire* (New York: Cambridge University Press, 2015), 178-9.



Figure 6.5. Jérôme David. *Processione del Voto che passa sui morti della peste del 1630* (B.C.A.B. Racc. Gozzadini. Copper engraving (c. 40 x 26cm), 1630. Raccolte del Gabinetto dei disegni e delle stampe della Biblioteca dell' Archiginnasio e ha collocazione Cartella Gozzadini 23, n. 162.

the Reggimento and the city's magistrates.<sup>1009</sup> Even for those included, there still existed a hierarchy of exclusivity. Bystanders are depicted in a less orderly way, as a number of men wrapped in cloaks, some men begging, and even a child, walk around the Piazza San Domenico where canons are prepared to be fired. No women are present except for the Virgin of the Rosary etched into the sky to the right of the church.

This procession is also represented in Jérôme David's print, *Processione del Voto che passa sui morti della peste del 1630, 1631* (Fig. 6.5). There is no audience present as the parade of clergy and government officials, made up of aristocrats and elected members, carry a banner as they pass over the bodies of the citizens lost; women, children and men, displayed at their most vulnerable. Both prints express the devotional nature of the civic event and the exclusivity of the performance featuring the city's most powerful actors.

The exclusivity of this event was established in the edict, *Editto in occasione del voto* published on the 24<sup>th</sup> of December, 1630, announcing the procession for the fulfilment of the vow.<sup>1010</sup> Cardinal Spada ordered that no one could enter the church where the procession was taking place, regardless of rank, except those who were there by invitation.<sup>1011</sup> Rather he suggests that people go to other churches to engage in their own devotions, as long as they

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<sup>1009</sup> Moratti, *Racconto degli ordini*, 111.

<sup>1010</sup> Malpezzi, Lugaesi, and Spada, *I bandi di Bernardino Spada*, 143-4.

<sup>1011</sup> *Ibid.*, 144. See also Moratti, *Racconto degli ordini*, 109.

were not required to be in isolation.<sup>1012</sup> Those who could not attend the procession were directed to participate in private ceremonies of devotion at home.<sup>1013</sup> The church, a space normally available to all Catholics, becomes an exclusive realm for invited members. The *bando* specifically names a group of noble women, as well as their servants, who were invited to participate in the celebrations along with a group of “ragazze nubili” (girls of marriageable age).<sup>1014</sup> All other women not classified as these guests were prohibited from exiting their homes as they formed part of the general quarantine of women and children. Furthermore, the *bando* outlines the penalties for disobeying these orders, including financial and corporal punishments.<sup>1015</sup>

The procession travelled from Cattedrale Metropolitana di San Pietro, through Piazza Maggiore, down via San Mamolo, until strada Urbana, continuing towards San Domenico (Map 6.1).<sup>1016</sup> Upon their entrance, participants were met with bouquets of roses and Reni’s completed banner.<sup>1017</sup> Once inside, a Mass was celebrated in the Capella del Rosario.<sup>1018</sup> A group of noble women, presented six women of marriageable age dressed in white

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<sup>1012</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 144.

<sup>1013</sup> Moratti, *Racconto degli ordini*, 110.

<sup>1014</sup> Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 144.

<sup>1015</sup> *Ibid.*, 144.

<sup>1016</sup> *Ibid.*, 143.

<sup>1017</sup> Moratti, *Racconto degli ordini*, 111.

<sup>1018</sup> *Ibid.*, 111.



Map 6.1. Map of central churches used in the procession for the fulfilment of the vow to the Virgin of the Rosary, and featuring the gates of Bologna. QGIS Map created by author.

to the Reggimento, the city's Senate, who gifted the girls a dowry. At this moment, a dozen artillery guns were fired on the Piazza San Domenico, followed by the sounds of drums and trumpets, and the ringing of the city bells.<sup>1019</sup> The procession then travelled to the Jesuit Church of Santa Lucia (Map 6.1). While here, Spada gave a sermon marking the investiture of the new patron saints of the city, the Jesuits, Ignatius of Loyola and Francis Xavier, thanking

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<sup>1019</sup> Ibid., 112.

them, along with the Madonna of the Rosary, for their intercession on behalf of the city.<sup>1020</sup> The events following the procession reveal that as restrictions on mobility began to lift, San Domenico remained in the consciousness of the people as the most significant foci for plague devotion.

## **New Opportunities at Nodes: Unofficial Social Performance**

Ritual practices enacted to counteract early modern plague temporarily transformed particular religious places into sites of anti-plague devotion. When plague profoundly impacted Venice in 1630, Brian Pullan attests that the city created three sites of “special holiness, like powerhouses of piety spaced at intervals across the city” where processions and exhibitions of relics were enacted.<sup>1021</sup> In Bologna, a few locations featured in devotional performances early on in the epidemic, such as the Basilica di San Petronio where a forty-hour temporary exhibition of relics was performed.<sup>1022</sup> However, it was San Domenico that evolved into the primary site of devotion during the plague, temporarily shifting the ecclesiastical foci of the city away from Piazza Maggiore. San Domenico ultimately became the most prominent site chosen for the fulfilment of the city’s vow to the Virgin of the Rosary.

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<sup>1020</sup> Ibid., 113.

<sup>1021</sup> Pullan, “Plague and Perceptions of the Poor in Early Modern Italy,” 102.

<sup>1022</sup> Moratti, *Racconto degli ordini*, 51-2.

San Domenico was the largest ecclesiastical structure in the quarter of Porta Procola and was a meeting place for parish representatives to receive information on government decisions during the plague (Map 6.1).<sup>1023</sup> Additionally, daily sermons were performed in honour of the Virgin of the Rosary by the Dominican, Timoteo Ricci Fiorentino at San Domenico. These services were reported to have attracted great crowds despite restrictions on the attendance of sermons.<sup>1024</sup>

Additionally, Reni's oil on silk votive banner provides a striking portrayal of the Virgin of the Rosary featuring prominently Petronius and Dominic, along with the patron saints behind them, Francis, Ignatius, Francis Xavier, Proculus, and Florian (Fig. 2.3). This commission was first exhibited in San Domenico once the vow had been fulfilled. Moreover, the use of the rosary, connected with the Dominican Order, had increased in popularity during the epidemic in Bologna, also reflected in the choice of this Marian figure.<sup>1025</sup>

The votive banner remained in San Domenico in the three days following the procession to be admired by the public,<sup>1026</sup> while Ricci Fiorentino continued to perform

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<sup>1023</sup> *Ordine agli assonti delle parrocchie*, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 127.

<sup>1024</sup> Moratti, *Racconto degli ordini*, 93.

<sup>1025</sup> Puglisi, "Guido Reni's Pallione del Voto and the Plague of 1630," 411. On the foundation and popularity of the rosary see Patricia Lysaght, "Attitudes to the Rosary and its Performance in Donegal in the Nineteenth and Twentieth Centuries," *Béaloideas* 66 (1998): 9-58.

<sup>1026</sup> Moratti, *Racconto degli ordini*, 112.

nightly services in San Domenico. On these evenings, Moratti records that citizens brought gifts of alms to the church, including offerings from married women and “*donne di mala vita*” (licentious women) who were said to be brought into the good graces of God for their donations.<sup>1027</sup> According to the rules at that time, women were permitted to attend mass, to confess, and receive Holy Communion on particular days around Christmas, excluding the procession of the 27<sup>th</sup>, as long as they obeyed an 8pm curfew and remained within their parishes.<sup>1028</sup> While healthy women remained restricted in their access to mobility, some relief came in the days after the procession.

On the 13<sup>th</sup> of January, 1631, the *bando Permesso alle donne e ai bambini di uscire di casa in alcuni giorni della settimana* was published which gave permission for women and children to leave the house on certain days of the week if they resided in a home that had been clear of contagion for forty days. This permitted them to exit the home only to participate in religious services within their parishes on

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<sup>1027</sup> Ibid, 113. Healthy women and children were permitted to attend mass, to confess, and receive Holy Communion on Christmas Eve, Christmas Day, New Year’s Day, and the Epiphany while not staying out past 8pm and as long as these women remained within their parishes. *Notifica per le donne e i bambini*, published on 23rd of December, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 138.

<sup>1028</sup> These days included: Christmas Eve, Christmas Day, New Year’s Day, and the Epiphany. *Notifica per le donne e i bambini*, 23rd of December, 1630, Malpezzi, Lugaresi, and Spada, *I bandi di Bernardino Spada*, 138.

Sundays and on other religious holidays. They were also permitted to go out in the city on Tuesdays and Thursdays, with financial penalties and corporeal punishment enacted on those who did not comply with the rules. Nuns were now permitted to leave their monasteries and to attend Mass as they pleased. The bando finishes with a threat on women and children to not abuse these privileges lest they be taken away.<sup>1029</sup>

The day after the publication of this *bando*, a Tuesday no less, women flocked to the streets. Moratti records that as women came out of their homes, “correvano da ogni parte della città con indicibile allegrezza, e festa, portando candela, e torze in mano, con altre oblationi, per andare ad offerirle alla Madre di Dio Regina del Sacratissimo Rosario, & à i Santi Protettori della città” (they ran from every part of the city with indescribable joy, and celebration, with candles, torches and other oblations in hand, to offer them to the Mother of God Queen of the Most Sacred Rosary, and to the patron saints of the city.)<sup>1030</sup> Once again the focus on Marian devotion was to the Virgin of the Rosary.

Interestingly, Moratti records that a “innumerabile” (countless) gathering of women ended up in San Domenico.<sup>1031</sup> Moratti illustrates that those present witnessed a very curious mix of “l’allegrezze, gli abbracciamenti, e le congratulationi d’alcune di quelle, e i

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<sup>1029</sup> Ibid., 145.

<sup>1030</sup> Moratti, *Racconto degli ordini*, 115.

<sup>1031</sup> Ibid., 115.

lamenti, e pianti dirottissimi d'alcune altar," (joy, embraces, and congratulations amongst some of the those [women], and lamentations and intense flood of tears among some others).<sup>1032</sup> The strong emotive response in San Domenico is understandable from the perspective of these women who had been confined to their homes since July 1630. The desire of this large group of women to return to this site above others reflects how this space was marked in the consciousness of the city, solidifying this location as the primary place of devotion for intercession and cessation of the plague. As women exited their homes, travelled through the city and formed an unofficial gathering at San Domenico, women re-asserted their agency on their streets, as Nevola has shown in other contexts, appropriating this agency for their "own purposes."<sup>1033</sup>

Processions, unofficially or officially sanctioned, are true indications of how performance in public space was shaped by mobility in times of plague. As is demonstrated in figures 6.4 and 6.5, only certain groups of people were permitted to create and partake as participants or spectators, while others were excluded or restricted by parish boundaries and curfews. The women who engaged in the unofficial social performance at San Domenico temporarily adopted the street agency but also the agency of this node.

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<sup>1032</sup> Ibid., 115.

<sup>1033</sup> Nevola, *Street Life*, 92.



Figure 6.6a Giulio Cesare Conventi, *Colonna con statua della Madonna del Rosario, San Domenico*,1632, marble and copper, 16.33m. Photographed by author, September 2020.

San Domenico became such an important node



Figure 6.6b. Detail of Fig. 6.6.

during the plague that its social life was further perpetuated through the continuation of this procession as a yearly event. Reni's votive banner was used in the annual procession on the 10<sup>th</sup> of December starting from 1631 until the suppression of churches in Bologna under Napoleon in 1798.<sup>1034</sup> Importantly, San Domenico was the chosen site for the 16.33m marble and copper column and statue by Giulio Cesare Conventi, *Colonna con statua della Madonna del Rosario, San Domenico, 1632*, erected by students of the Dominican Order in Piazza San Domenico in thanks for her

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<sup>1034</sup> Puglisi, "Guido Reni's Pallione del Voto and the Plague of 1630," 407, note 19. On the suppression of the churches see Francesco Ceccarelli, *L'intelligenza della città. Architettura a Bologna in età napoleonica* (Bologna, Bononia University Press, 2020), 30-31.

intercession during the plague.<sup>1035</sup> This was the only monument erected to mark this plague in the public environment, amplifying the significance of this site for plague memory (Fig. 6.6a and 6.6b).

## Conclusion

This chapter has endeavoured to uncover how processions and public devotional performances enacted during the 1630-31 plague in Bologna illustrate the imbalance of access to mobility. It has also sought to demonstrate how spaces, such as 'nodes', were dynamic and on the move. Access to mobility was gendered and influenced by social class, as has been demonstrated with the procession for the fulfilment of the vow to the Virgin of the Rosary. The painted street scenes articulate how mobility was largely limited for the majority of the population, as women and children were locked in their homes, while a select few maintained more control over their movement. Processions and public devotional performances articulate this disparity in access to mobility, which hindered the individuals' ability to fully participate in the social life of the Bolognese community. However, despite exclusion from the public realm, people continued to engage with their street environments through devotional practices, using street shrines and mobile altars instead of churches, and generating unofficial devotional gatherings. These sites became vital locations for spiritual welfare but also served to enhance social interaction,

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<sup>1035</sup> Brighetti, *Bologna e la peste del 1630*, 224.

bringing community members together. These fluid places contributed to the elevation of community consciousness in moments of crisis, further cementing these locations as strategic places of impact within the social life of the early modern city.



## Conclusion

Mobility fundamentally shaped the experience of plague during the outbreak of 1630-31 in Bologna. As this analysis has confirmed, the ability to move was conditional and unequal, influenced by age, gender, class and occupation. The right to mobility varied over time and was impacted by the status of an individual or group. Moreover, by concentrating on the factors that contributed to manoeuvrability, this study has illustrated the positive and central role that mobility played in managing plague. In this final section, major findings and contributions of this study will be reaffirmed. Moreover, preliminary suggestions for future areas of research that have been beyond the scope of this current dissertation will be examined.

The built environment both contained and offered spaces of social life during plague demonstrating the contradictions at play in a moment of crisis. The city gates confined citizens, however, as barriers to the outside they potentially protected citizens. The home equally acted as a site of containment but also a place of safety and recovery. The ability to cross the walls of the city or the home and to move through the public spaces of the city was determined by social conditions. Disciplinary power was executed on citizens in the form of surveillance, collection of citizen surveys, imposed quarantining and monitoring of public interaction. In particular, the collective freedom of mobility of women, children and the poor were more heavily

impacted. The most essential architectural spaces for combatting plague, the *lazzaretti*, were key applications of architecture for the control of people, and therefore the plague, but they were also sites of charity.

As sites of containment, the individual *lazzaretti* in Bologna aimed to support the large number of sick who entered these complexes. The two main *lazzaretti*, Angeli and Annunziata, and the minor structures, such as La Mela, Belpoggio and San Giuseppe convalescent homes, participated as a cohesive group of interconnected buildings making up the *lazzaretti* network. An assessment of the geographical and spatial relationships of these structures revealed the strategies of requisitioning monastic, public and private structures for the purpose of a *lazzaretti* network. The analysis of the plague hospitals in Bologna has expanded knowledge on the use of temporary structures during early modern plague. Moreover, it has identified the *lazzaretti* network as an intentional approach to plague management by early modern Italian cities.

The experience of early modern plague hospitals in Bologna has been investigated through many valuable primary documents. *Libro di dare et avere* has been an invaluable document that has facilitated the examination of the movement of patients and staff within the hospital network.<sup>1036</sup> This present study is the first instance in which this exceptional document has been analysed exhaustively in a consideration of the movement of patients and staff.

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<sup>1036</sup> Orimbelli, *Libro di dare et avere*.

Beyond providing valuable information on the movements of patients into these complexes, *Libro di dare et avere* has also revealed the workforce present in the *lazzaretti*. This exceptional resource alongside other remarkable records have provided information on the composition of workers including revealing the presence of women, convicts, guards and religious figures working side by side in the *lazzaretti*. This has demonstrated the complexities of these environments including raising issues around the safety of employees. The often-forgotten voices of women, especially women in care or healing roles have been highlighted here. The significant percentage of female workers placed in various roles within the *lazzaretti*, including as essential medical staff, illustrate the frequently overlooked contribution of women to the daily activities and successful functioning of early modern plague hospitals.

The assessment of Bologna's plague hospital and the strategies employed to manage the abundance of infected patients has revealed many benefits. Utilising a network approach to the *lazzaretti*, which necessitated the movement of patients between institutions, provided the communal government of Bologna the possibility to isolate the sick from the potentially ill and recovering. Significantly, the use of the temporary structures that formed the *lazzaretti* network evolved over time. Upon close examination of the data presented in *Libro di dare et avere*, this study has demonstrated that the *lazzaretti* complexes were intentionally utilised as dynamic spaces, permitting an adaptable response in an unstable situation.

Additionally, the design of the new plague hospital, Nuovo Lazzaretto, has further revealed the importance of mobility. This complex was created with temporality in mind and has revealed an intricate design that took into account contemporary understandings of health and healing. As well, there was a consideration of organisational space and flow within the complex. The creation of individual huts provided separation from other patients while simultaneously encouraging the safe movement of doctors and priests between huts. Likewise, the chosen site location and the spatial arrangements of these structures were influenced by the perceived relationship between bodily health and the quality and movement of air. Spiritual medicine was also taken under consideration in the design, specifically with the inclusion of the chapel, and reflects the important role of religious practices in combatting early modern Italian plague. The vistas to the chapel, along with the inclusion of places for recreation, and a concern for the movement of people within the complex were essential design features.

This investigation is the first instance in which the Nuovo Lazzaretto architectural plan has been comprehensively studied. The print, *Pianta del nuovo lazaretto fuori Porta S. Vitale*, following the design by architect Francisco di Martino has been an exceptional opportunity to critically examine an ephemeral architectural design for a *lazzaretto*. Crucially, this dissertation has established that the architect's recognition of contemporary medical knowledge manifested within the

design represents an unparalleled example of a seventeenth-century *lazzaretto* architectural plan. The print is unique to Bologna and, as yet, unmatched in early modern Italy. Therefore, this analysis has presented an exemplar case that has contributed to building knowledge on early seventeenth-century Italian hospitals and *lazzaretti* architecture.

The implications of class, gender and occupation specifically on mobility have for the first time in this thesis been considered as critical factors in the experience of early modern plague. Particularly, the impact of female professionals and social status on the ability to move during plague has now been addressed for Bologna. While the majority of women were confined to the home in the general quarantine, some women were afforded mobility through work activities or based on their class. For instance, noble women were permitted to travel in carriages or attend particular public processions. Furthermore, this study has illustrated that Bolognese women made-up a substantial number of employees in the *lazzaretti* and they continued to contribute to the essential maintenance of the local economy through work in the silk industry. These activities permitted degrees of mobility. Even so, the categorisation of women based on occupation or class presented a set of new parameters in which to contain and control the female body.

Even with limited access to the public spaces of the city, Bolognese citizens found new ways to relate back to their communities. For instance, while there was limited

access to churches, devotional performance was moved almost exclusively to the external urban environments, as street shrines and mobile altars became key sites of religious rituals. Unofficial performances, such as viewing a mass from one's window or joining a spontaneous procession, offered occasions for mobility and social interaction.

Moreover, through the theoretical lens of the mobilities paradigm, this study has successfully shown that there are key sites within a network where social life develops more strongly. These focal points, or nodes, are themselves constantly on the move. As was illustrated, processional stops and temporary altars were marked as significant places of ritualised performance creating new opportunities in which social life flourished. Some sites were more enduring than others and people repeatedly visited these places during the plague, such as the unofficial gathering of women at the church of San Domenico. Others were more fleeting, nonetheless, the formation of these sites as key points of community interaction represent the shifting nature of nodes.

Finally, this study has demonstrated that processions and public devotional performances reflect the unequal and conditional access to mobility that influenced one's ability to participate in society. The wellbeing of the individual and their household, along with gender and class, were key factors in their ability to move and engage with their communities. Despite the issues with containment, alternatives were found. The discussion exemplifies how

essential mobility is for the social life of a community regardless of restricted movement.

Further to these essential contributions listed above, a series of artworks and prints have been considered here in this dissertation for the first time. As mentioned, the analysis of the plan for the Nuovo Lazzaretto is unparalleled. Additionally, this study is the first instance in which the two anonymous artworks showing via San Mamolo during the plague in Bologna, each entitled *La peste del 1630 a Bologna*, have been analysed in-depth. These extraordinary images have demonstrated the variety of activities performed in the public spaces of Bologna during plague, such as the removal of bodies and hangings. They also illustrate spaces of ritualised performance including portable altars, street altars and processional stops. As these images join an extremely limited selection of street scenes during the 1629-1631 plague outbreak in northern Italy, a collection that includes one painting from Florence and one for Milan,<sup>1037</sup> there is opportunity for further comparative visual analyses to be conducted. Moreover, comparisons can be drawn more deeply with the only comprehensive collection of imagery of public space during seventeenth-century plague in Italy, the prints by Louis Rouhier for the 1657 plague in Rome. It is also likely that more images of these plague events exist, and have yet to be identified or recognised.

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<sup>1037</sup> See Chapter 6, note 2.

There are additional areas of potential development for future research. In particular, the scope of this current study does not permit a consideration of the economic impact of the main plague hospitals, Angeli and Annunziata *lazzaretti*. An expanded examination of *Libro di dare et avere* is warranted. The ledger records the variety of commodities and services consumed by the hospitals during the epidemic, such as deliveries for food, wine, and spices for remedies. Beyond cost, an analysis of the movement of goods is required and this document has the potential to demonstrate the frequency of goods delivered to the *lazzaretti*. It similarly records the proprietors of the delivery company for each entry, business owners that include women. Therefore, there is also a potential to consider the role of women as suppliers, compare their wages against male suppliers and assess the prominence of female businesses in Bologna within the particular sectors represented in the ledger. Moreover, there is surely potential for further investigation into the ingredients delivered and chances to compare this to contemporary recipes for medicine in order to interrogate which remedies were created in Bologna's *lazzaretti*. *Libro di dare et avere* also presents data on the salaries paid to employees. This is another area in which additional economic investigations could be conducted.

More generally, a study on the economic impact on women, including their participation in the local economy during the period of plague from 1630-31 warrants further study. Furthermore, additional studies are required to fully

examine the abundance of documents in Bologna for the 1630-31 plague. For instance, the parameters of this current research do not permit a complete analysis of *Peste del 1630* located in the Archiginnasio archives.<sup>1038</sup> The bound volume is a compilation of sixteenth- and seventeenth-century printed and handwritten documents. Some of these books were printed in Bologna while others formed a collection of printed works from other northern cities representing sixteenth-century plagues. They present approaches to plague management, such as techniques for purging the home and plague remedies.<sup>1039</sup> Identifying the origins of the printed volumes in *Peste del 1630* alongside other printed works found in Bologna from other cities would be of interest. Comparing these to repositories in other northern Italian cities may help to establish the most commonly found and employed plague tracts for this plague. Moreover, it would be fitting to compare curative recipes presented in these printed works with the list of goods recorded in *Libro di dare et avere* as having entered the *lazzaretti*.

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<sup>1038</sup> A.V.H.VIII.18/7. Archiginnasio: Archivio Gozzadini.

<sup>1039</sup> For instance, see *Prattica per espurgare le case, et robbe infette, e sospette di contagio; di Matteo Piazza cittadino bolognese, et cancelliere dell'espurgatione* (Bologna: Per l'herede del Benacci, 1630) in *Peste del 1630*. A.V.H.VIII.18/7. Archiginnasio: Archivio Gozzadini; *Istruzione generale per purgare ogni sorte di robba, tanto per la città di Milano, quanto per ogni altro luogo*. In Milano per Gio. Battista Malatesta Stampatore Reg. Cam. Et ristampata in Bologna per l'herede del Benacci Stampatore Camerale, 1630. In *Peste del 1630*. A.V.H.VIII.18/7. Archiginnasio: Archivio Gozzadini.

This research on Bologna has contributed to a greater understanding of Italian early modern approaches to plague management. In particular, this study offers an invaluable comparison to Florence, as a well-studied centre that also temporarily requisitioned secular and monastic structures as *lazzaretti*. Florence similarly used a network approach to the *lazzaretti*, shifting patients and staff between convalescent homes and hospitals for the actively ill. The methodology adopted in this study from Historical GIS has also offered an opportunity to analyse the locations of the plague hospitals and convalescent homes to determine the makeup and significance of the *lazzaretti* network in Bologna. This has successfully served as a juxtaposition to the approaches of Milan, Florence and Venice in this research. In future, these maps can serve as a comparison with other cities who equally employed a network approach in their plague response.

In conclusion, this dissertation advances the study of plague in early modern Italy more generally and simultaneously amplifies research on Bologna, as an important, though understudied, urban centre. This study calls for a broader investigation into lesser-studied places impacted by the 1629-31 plague in northern Italy with a deeper interrogation of other cities where a network approach to the *lazzaretti* was employed. As research is conducted on lesser-known urban centres that also requisitioned structures temporarily, there is opportunity for further research to determine the prominence of *lazzaretti* networks and the use of mobility within the

network as a central aspect of the plague management strategy.

More broadly, this study has aimed to reframe the concept of mobility within the early modern city in order to understand the experience of early modern plague. The approach from the mobilities paradigm adopted in this investigation has been extremely revealing of the ways in which access to mobility was determined, including how factors such as gender and social status manifested conditions for movement. The present work has contributed to the advancement of the mobility turn, specifically in its application to the historical past, and advocates for a mobilities approach in the analysis of early modern cities.



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