

# De morbo gallico omnia quae extant apud omnes medicos cuiuscunque nationis: the sixteenth-century collection of Luigi Luigini

Mariano Martini<sup>1</sup>, Valentina Gazzaniga<sup>2</sup>, Ilaria Barberis<sup>1</sup>, Nicola Luigi Bragazzi<sup>1</sup>,  
Alessandra Parodi<sup>3\*</sup>, Emanuele Armocida<sup>4\*</sup>

<sup>1</sup>Department of Health Sciences, University of Genoa, Genoa, Italy;

<sup>2</sup>Department of Medico-Surgical Sciences and Biotechnologies, "Sapienza" University of Rome, Rome, Italy;

<sup>3</sup>Institut für Geschichte und Ethik der Medizin, Medizinische Fakultät, Universität Heidelberg, Heidelberg, Germany;

<sup>4</sup>Department of Medicine and Surgery, University of Parma, Parma, Italy

\*The authors contributed equally to this manuscript.

## SUMMARY

In recent decades, a rising rate of syphilis infection, often in association with HIV, has been recorded in Europe. In the first years following their appearance, syphilis and HIV shared the character of "new", challenging and serious diseases. The prime example of a "new disease", syphilis appeared between the end of the Middle Ages and the beginning of the Renaissance period, a time in which medicine was changing from

a dogmatic to an experimental discipline. Luigi Luigini's collection of all the works on syphilis that had appeared to date (1566) offers a unique and significant insight into the discussion of the novelty of this disease, even after half a millennium.

*Keywords:* history of syphilis, Luigi Luigini, new diseases, sixteenth century.

Syphilis has displayed a cyclical presence throughout history. Following the introduction of antibiotic therapy in the middle of the 20<sup>th</sup> century, its incidence rate plummeted in the western world, and the disease seemed to be about to disappear, or at least to decline even further. The rising rate of syphilis cases in Western Europe in the last ten years has therefore proved surprising. The group at highest risk has been seen to be that of homosexual adult males, and the most significant risk factor the sexual promiscuity.

Since 1996, owing to the success of HIV therapy, the numbers of sexually active homosexuals and of joint HIV-syphilis infections have risen. Moreo-

ver, incidence and prevalence rates have also risen as a result of immigration flows from Eastern Europe.

Regarding joint HIV-syphilis infection, social, political, ethical and historical issues have emerged. Firstly, in the 1980s, HIV was considered a new disease, whereas now it can be seen as a known, treatable and practically curable one. Secondly, "old" diseases, such as tuberculosis and syphilis, are re-emerging. Actually, both HIV and syphilis were, in some phases, considered "new" diseases. Like HIV in the 1980s, at the end of the 15<sup>th</sup> century syphilis constituted a new challenge for Europeans, who realized that a serious, disfiguring and stigmatizing ailment was spreading and that it caused severe public health problems [1].

Syphilis was a new disease, which came from the New World. Moreover, it set foot in Europe at the dawn of the Renaissance period. In this culturally

*Corresponding author*

Ilaria Barberis

E-mail: [ilaria.barberis@hotmail.it](mailto:ilaria.barberis@hotmail.it)

lively period, medicine was becoming a less dogmatic and more empirical science, first of all in its view of anatomy. In spite of this more modern approach to anatomy, in the fields of pathology and therapy the Greek humoral model still prevailed (diseases were caused by a “bad” mixture of the four bodily fluids: black bile, yellow bile, phlegm and blood), as can be seen through a brief examination of the main works on syphilis written at the time of its outbreak in Europe [2].

More than 50 years after the first European cases of syphilis had been described, the Italian physician Luigi Luigini (born 1526) published a collection of all 59 existing works on syphilis. Luigini wanted his collection to act as a “Herculean club” in the hands of his medical readers and to help them to identify, treat and cure this scourge [3, 4]. His collection provides us with a practical juxtaposition of the arguments put forward in the debate on syphilis at the time of its “novel” appearance. Most of the 59 authors cited in Luigini’s collection argued for the “novelty” of the disease in Europe. Among these, Leonhard Schmaus (1518), Giovanni Battista Da Monte (born 1498) and Gerolamo Fracastoro (1483-1553) were particularly vocal in corroborating this thesis [5]. Many medical authors (and also many historians) ascribed the epidemics of syphilis to Charles VIII of France’s campaign in the Italian peninsula (1494-1498), which caused it to be called *morbus gallicus*. The authors in Luigini’s miscellany engaged in lively discussion as to how the new disease should be named, which meant classifying the disease in the pre-existing system of medical knowledge.

Assuming that signs and symptoms are the manifestations of disease, some authors argued from the novelty of these manifestations to the novelty of the disease (Giorgio Vella, 1515, Gabriele Falloppio, 1523-62, and Pietro Andrea Mattioli, 1500-1577) [6]. Others cited the degree of seriousness of syphilis as proof of its novelty: similar diseases were known in Europe, but they were not so severe. Antonio Musa Brasavola from Ferrara (1500-55) and Alessandro Traiano Petronio (1510-1585) regarded syphilis not only as new but also as *perpetually changing*, as its manifestations had changed in type and intensity since its appearance in Europe [7].

Some authors, such as Corradino Gilino (1468-1499), corroborated the novelty thesis by putting forward therapeutic arguments [8]. Their point

was that old remedies did not work in cases of syphilis: on the contrary, they exacerbated its symptoms. The old European drugs did not help, whereas “new” treatments from the New World did – the same New World from which the disease originated. Thus, the beneficial effects of guaiacum, which was imported from America, indicated that the disease was of American origin.

However, not all authors saw syphilis as a new condition. A second group of arguments (and authors) maintained that it had always been present in Europe. The central argument against the novelty of syphilis in Europe stemmed from the belief in the *completeness of ancient medicine* [9]; the corpus of medical knowledge did not contain gaps, and a description of syphilis had to be found in it. Nicolò Leonicensi (1428-1524), a strenuous advocate of Greek medicine against Roman (particularly Plinian) and Arab medicine, claimed that syphilis had been described in the Corpus Hippocraticum (4<sup>th</sup> century B.C.) and by Galen (129-199) [10]. It was attributable to a particular climatic mixture of heat and moisture, and such conditions are said (in non-medical sources) to have been present at the time of the appearance of syphilis in Europe. In Leonicensi’s view, the different forms and phases of the disease were due to changes in the storage and quantity of the bodily fluids. This interpretation was logically correct: syphilis-related joint pain was ascribed to the accumulation of corrupt fluids, and the dermatological lesions were explained in terms of the process of excretion of such fluids through the skin. Genital symptoms were, in turn, attributed to changes in moisture of the genitals. Leonicensi did not give the disease a particular name; he simply called it “summer disease”.

Another argument against the novelty of syphilis concerned the stability of natural laws, particularly the constant association between certain diseases and certain climatic situations, as pointed out by the Greek authors, first of all Hippocrates. Alessandro Traiano Petronio, for example, admitted that, even in ancient medicine, “new” diseases could possibly appear and be included in the system of medical knowledge; indeed, it was possible that a medical author had never seen a case of syphilis in his life, because, according to the well-known Hippocratic aphorism, *vita brevis (est)* [11]. Pietro Trapolino from Padova (1451-1509) agreed with Petronio, claiming that Galen

might not have described all diseases, and that syphilis might, nonetheless, have been present in the ancient world. Thus, he speculated that what was lacking was simply the name of the disease: “eius nomine proprio caremus” [12]. Moreover, in the opinion of Johannes Benedictus (1483-1564), it was possible to find a place for syphilis in the classification system of ancient medicine [13].

A third set of arguments concerning the relationship between medical knowledge and the “new” disease underlines the conflict between academic medicine and traditional healers. Owing to its dermatological manifestations, syphilis was also treated by healers as an “external” condition. Their therapy could only be dermatological (as they were not allowed to administer drugs per os) and they anointed their patients with various compounds. As such treatments occasionally provided some relief, the academic physicians dreaded a possible loss of prestige. Corradino Gilino counterattacked, contending that only academic physicians were able to cure syphilis, because they treated the systemic cause of the disease and not just its cutaneous manifestations.

“New” diseases are, as Luigini’s miscellany shows, an “old” phenomenon. Today, syphilis is no longer new, nor is HIV, but the co-occurrence of syphilis and HIV is. In both “old” and “new” pathologies, complex chains and networks of causal factors were, and are, involved. Both today and at the time of Luigini, microscopic agents are at play against a backdrop of social changes and human migration, and both then and now medical authors debate until a new disease turns into a known, less terrifying one.

#### Conflicts of Interest

None

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