

***Between Cure and Control: Doctors, Convicts, and Slaves  
in Tuscan and Papal Galleys (16th–18th Centuries)***

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Benedetta Chizzolini's *Between Cure and Control* advances a clear and sustained thesis: early modern medical authority was shaped not only in hospitals and universities but also within coercive institutions, and these settings were central rather than peripheral to its formation. By examining medical practice in the Tuscan and Papal galleys between the sixteenth and eighteenth centuries, the book argues that environments structured by forced labour, suspicion, and discipline offered conditions in which medical expertise acquired legal and institutional weight.

The study is organised around a conceptual axis that Chizzolini terms medical vigilance. This notion, reconstructed from early modern medical and medico-legal literature, refers to a professional disposition grounded in *prudentia* and *cautela*. Medicine was understood as conjectural, diagnosis unstable, prognosis provisional, and error inevitable. Vigilance therefore denoted disciplined attentiveness to bodily signs and patient narratives combined with awareness of deception. From the sixteenth century onward, however, this ethical posture acquired institutional significance as physicians were increasingly called to courts and administrative settings to distinguish illness from simulation and accident from intent.

The opening chapters reconstruct this conceptual background through medical ethics and medico-legal treatises, particularly the *Methodus Testificandi* tradition. Here physicians were trained to recognise feigned illnesses, false wounds, poisoning, and sexual offences in legal contexts. The importance of this section lies less in archival novelty than in the interpretative framework it provides for the subsequent analysis of galley medicine. The architecture of the book, which moves from an extensive conceptual reconstruction to archival chapters intended to apply it, reflects its origin in doctoral research. The analytical framework of medical vigilance provides strong coherence and clarity, though it can also lend the empirical sections a somewhat demonstrative orientation. At times the materials appear organised to support a pre-established framework, occasionally leaving less room for the archival evidence to reshape it. This imprint, already perceptible in the tension between the theoretical opening and the archival chapters, remains visible in the overall composition.

The second chapter turns to institutional context, presenting Livorno and Civitavecchia as central nodes of the Mediterranean galley system. The galley emerges

as a hybrid institution combining warship, prison, workplace, confessional space, and, in certain circumstances, hospital. When convicts and enslaved Muslims are considered together, for analytical purposes, as forms of penal servitude, the population treated by physicians is defined less by pathology than by legal vulnerability, forced labour, and structural suspicion. The galley thus appears as a space in which military, judicial, religious, and medical controls overlap.

The third chapter, based on extensive archival research, reconstructs the professional profiles of galley physicians through petitions, certificates, and letters of recommendation. Figures such as Francesco Corona and Giuseppe Carlesi emerge as practitioners navigating a competitive institutional environment. Appointment to a galley post offered salary and prestige but required demonstrable competence in bodily interpretation. Vigilance thus appears not only as an ethical ideal but as professional necessity.

Within this framework, cases of simulated illness acquire particular importance. Convicts and slaves had incentives to feign disease in order to avoid rowing, while physicians were institutionally required to detect deception. Diagnosis consequently became temporal and comparative, based on repeated observation, behavioural consistency, and consultation with guards. Medical reports determined not only illness but also credibility and disciplinary consequences. The physician's task thus combined therapeutic assessment with institutional judgement.

This dynamic exemplifies the tension identified in the book's title. Galley physicians cannot be reduced either to agents of repression or to neutral healers. Their practice operated within environments where care and coercion were structurally entangled. Healing, judging, and disciplining formed overlapping functions rather than distinct roles.

The physical examination itself reflected this context. Bodies were observed under conditions of constraint, dampness, and fatigue. Posture, muscular resistance, and capacity for exertion became diagnostic signs shaped by environment. Repetition produced a distinctive diagnostic vocabulary linked to labour and confinement. Galley medicine thus developed within material conditions that directly influenced clinical perception.

The port hospitals in Livorno and Civitavecchia extended this regime of vigilance by enabling prolonged observation. Here time itself became diagnostic. Patients were isolated, treated, and assessed in relation to their capacity to return to labour. The hospital functioned as a hinge between maritime coercion and urban medical governance. Reputations for reliability or deception emerged through repeated encounters, shaping interpretation of symptoms and forming a limited reciprocity between physicians and rowers.

Episodes involving spiritual oversight illustrate the overlap of medical and religious authority. Cases such as suspected demonic possession reveal physicians and friars observing the same bodies within shared institutional frameworks. The removal of the cross from the Hospital of the Turks in Livorno likewise shows how therapeutic

practice could require temporary suspension of confessional symbolism, so that medical space acquired a pragmatic neutrality conditioned by care.

The legal dimension of galley medicine is equally significant. Physicians examined wounds after fights, determined authenticity of injuries, and provided testimony incorporated into judicial proceedings. For enslaved or illiterate defendants, medical reports often substituted for verbal testimony. The body thus became juridical evidence, and the physician's gaze explicitly forensic. Through such practices medical expertise acquired political relevance.

The chapter on sodomy highlights the epistemological limits of this authority. Early modern medicine lacked a coherent theory of sexuality, yet physicians were required to testify in sodomy trials by identifying bodily signs of illicit acts. Medical authority was invoked precisely where knowledge was weakest, relying on ambiguous signs and moral assumptions. Here vigilance functioned less as clinical observation than as enforcement of moral order. The analysis demonstrates both the reach and fragility of medical expertise in judicial contexts.

A central and more original aspect of the book concerns the role of galley environments in the production of medical knowledge. The confinement and repetition of shipboard life allowed physicians to observe similar injuries, illnesses, and behaviours over time, generating a cumulative clinical experience rarely available elsewhere. Enslaved and convicted bodies, lacking autonomy and legal protection, became involuntary objects of sustained scrutiny. Chizzolini does not frame this as deliberate experimentation; rather, she shows how institutional conditions enabled systematic observation through which medical authority was consolidated.

From a historiographical perspective, the study challenges narratives that locate the emergence of medical authority exclusively in late eighteenth-century hospitals and universities. Without rejecting Foucauldian interpretations, it demonstrates that diagnostic authority, expert testimony, and institutional trust were already taking shape in earlier coercive settings. The galley thus emerges as a significant site in the genealogy of medical power.

The book also contributes to Mediterranean slavery studies by analysing enslaved Muslims and Christian convicts within a shared institutional framework. This approach highlights common structures of coercion while avoiding equivalence between slavery and penal servitude, and complements Atlantic-centred scholarship by emphasising regional configurations of captivity and labour. In this perspective, the galley appears not as an anomalous maritime setting but as a concentrated site in which broader Mediterranean regimes of coercion become particularly visible.

Finally, the concept of vigilance complicates linear models of discipline. Regulation in the galley operated through multiple actors, including doctors, friars, guards, and rowers themselves. Vigilance was therefore distributed rather than exclusively vertical, allowing for negotiation, reputation, and limited agency within coercive structures. Power thus appears relational and situational rather than uniformly imposed.

The book's principal achievement lies in demonstrating that the tension between cure and control was constitutive of early modern medical practice in coercive institutions. Medical authority emerged in part through these environments rather than despite them. By placing vigilance at the centre of analysis, Chizzolini offers a conceptual tool for examining how expertise, inequality, and bodily knowledge were historically intertwined.

*Between Cure and Control* ultimately invites reconsideration of where medical knowledge was produced and whose bodies enabled its formation. By situating medicine within the institutional ecology of Mediterranean galleys, the study provides a historically grounded account of how care, discipline, and authority developed together in early modern Europe.

Just accepted