Introduction

> Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm.[1]

With these words, the Hippocratic Oath has, since antiquity, affirmed the physician's fundamental duty to protect the well-being and recovery of the patient, regardless of their social status. While attentiveness to symptoms was already central in ancient medical traditions, it was during the Middle Ages that the figure of the *optimus medicus*—the vigilant, discerning physician—was more fully conceptualized.[2] However, it was only in the early modern period that this attentiveness acquired new political, cultural, and institutional meanings. The emergence of physicians as authoritative experts on the human body marked a pivotal transition in the doctor-patient relationship.[3] Medical vigilance took on an increasingly complex character: it could be protective, but also became invasive, coercive, and disciplinary. The physician's gaze, once associated primarily with care, began to intersect with broader concerns of control, suspicion, and the maintainance of social order. In short, during the early modern period, the ethical commitment of physicians was frequently subordinated to the necessities of social control when a patient's behavior suggested they might pose a threat to the wider community.

As theorized in the 20th century by Michel Foucault, what appears to have been put into practice was a genuine "disciplinary" project in which the actions of doctors were often considered central, if not decisive.[4] Rather than expanding upon Foucault's analysis of the disciplinary character of medicine, this book takes his insights as a point of departure. It seeks instead to examine the inherently complex nature of the doctor-patient relationship throughout the early modern period—a relationship marked by shifting dynamics of cooperation and conflict, trust and suspicion, care and control.

In *Naissance de la clinique: une archéologie du regard médical* (1963), Foucault traces the transformation of medical knowledge in the transition from the 18th to the 19th century, arguing that the practice of care became inseparable from the exercise of power through the clinical gaze. In this epistemological shift, the patient ceases to be a speaking subject and instead becomes an object of medical

1 Quoted in MacKinney, Medical Ethics, p. 31.

2 Münster, Deontologia medica; Linden, Gabriele Zerbi; Schleiner, *Medical Ethics*; MacKinney, Medical Ethics, pp. 2–5; Minois, *Il prete e il medico* (translation); Arrizabalaga, Medical Ideals,

3 For the Italian context see Pomata, *La promessa*; Malatesta, *Fiducia.*

4 Foucault, *Naissance de la clinique*; *L'archeologie du savoir; Surveiller et punir.*

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observation—classified, interpreted, and treated as a "case." Care thus becomes not merely a therapeutic intervention, but also a "function of knowledge:" it is possible to treat only what it is possible to know. This gaze is inherently disciplinary: it inspects, categorizes, and normalizes, embedding medical care within broader structures of surveillance and control. The patient, within this framework, is reduced to an object, subject to the power of interpretation and intervention.[5]

The argument develops further in *L'archeologie du savoir* (1969), where Foucault shifts from examining the content of knowledge to analyzing the conditions of its possibility: discursive formations, institutional constraints, and "regimes of truth." Within this framework, "care" as a scientific and institutional practice can only exist within specific epistemic configurations that determine its legitimacy. Discipline, in this context, operates not only on bodies but also through discourse: it governs who is authorized to speak, in what terms, and on what subjects. In doing so, it challenges the presumed neutrality of scientific knowledge, revealing its embeddedness within historical and political structures of authority.[6] Finally, in *Surveiller et Punir: Naissance de la Prison* (1975), Foucault addresses discipline as a "technology of power" that molds bodies and behaviors. Institutions such as hospitals, asylums, and prisons become sites where care and punishment overlap due to the internalization of surveillance, rather than through direct coercion. In this context, care becomes a mechanism of normalization: the objective is not solely to heal, but to realign individuals with normative expectations of conduct and thought.[7] Across these three seminal works, the relationship between discipline and cure is revealed as profoundly ambiguous. Cure functions as a vehicle for disciplinary power—expressed through observation, classification, and correction—while discipline frequently takes the form of care, framing control as protection and normalization as healing.

To develop my analysis of the doctor-patient relationship, I deliberately distance myself from Foucault's disciplinary perspective, which tends to reduce the interaction between doctor and patient to a mere exercise of power and control.[8] In doing so, I will focus on a figure often overlooked in historical scholarship: the galley doctor. Physicians and surgeons aboard galleys were tasked not only with safeguarding the health of the crew, but also with upholding discipline among convicts and slaves—groups deemed inherently suspect due to their behavior, so-

5 Foucault, *Naissance de la Clinique.*

6 Foucault, *Archeologie du savoir.*

7 Foucault, *Surveiller et punir.*

8 As a summary on the critiques of Foucault's perspectives on medicine, see Jones/Porter, *Reassessing Foucault.*

cial origins, or religion. Central to this study are the judicial proceedings brought against galley rowers accused of serious offenses, such as rioting, murder, feigned illness, and engaging in sodomitical acts. These cases illustrate the ways in which medical expertise was mobilized in contexts where health, discipline, and morality converged. This dynamic is further highlighted by the setting of the galleys—secluded, tightly regulated spaces where medical practice became deeply intertwined with enforcing authority and maintaining social order.

The narrative centers on several key questions: How did doctors' ability to observe and diagnose contribute to the health and well-being of the crew, and support order in such a tightly regulated environment? How did the medical gaze function as both a tool for understanding and treating illness, and a means of exerting authority in broader political and economic contexts? This book investigates how the boundaries between care, control, and punishment often overlapped and explores how the medical profession shaped perceptions of criminality and morality in the early modern Mediterranean world.

The decision to study the *galeotti* lies in the marginal nature of these figures. Their social status as convicts and slaves led physicians and society at large to treat them with suspicion and without scruple, as they were considered an inherently dangerous social group. Medical scrutiny was most intense when they were accused of violating the moral or military codes that governed life aboard the galleys. Medical practitioners were required to be vigilant primarily to keep the crew healthy, with the practical aim of ensuring successful navigation. However, this medical vigilance was also necessary to maintain discipline among rowers and to prevent criminal behavior. In this sense, accusations of feigning illness or practicing sodomy are exemplary cases. Any suspicion of simulating illness, on one hand, and of sexual deviance,[9] on the other, called for a scrupulous examination of the rowers' bodies by surgeons, who were considered the only professionals capable of establishing obvious truths through a precise physical examination. Yet, when it came to fights and murders, the severity of the crime—the determination of the aggressor's guilt—was invariably established on the basis of a meticulous medical examination of the wounds or corpses.

This research also underscores the designation of doctors as "experts of the body."[10] In this context, special attention will be given to the objectification of the rowers' bodies through the medical gaze, which was employed for both military and economic purposes. Furthermore, it is crucial to recognize that the phys-

9 Although rooted in 19th-century connotations, the term "deviance" will occasionally be employed throughout this work to denote any behavior or individual that diverges from established norms.

10 de Ceglia, *Body of Evidence.*

ical examination of galley slaves and forced rowers also provided a crucial opportunity for advancing medical knowledge. The confined and controlled environment of the galleys allowed for more precise studies of diseases and even facilitated experiments on rowers' bodies, who, during their service, were stripped of their humanity and reduced to the status of mere beasts.

The geopolitical focus of this book is the Italian peninsula, with particular attention to the ports of Livorno and Civitavecchia. As the principal naval bases of the Tuscan and Papal fleets, these ports functioned not only as hubs of commercial and cultural exchange but also as operational centers for galleys engaged in corsairing activities against the "Turks."[11] Their urban landscapes were shaped by a diverse population that included merchants, condemned prisoners, and galley slaves. Both the Grand Duchy of Tuscany and the Papal States played prominent roles in the Mediterranean corsairing wars, aimed at undermining the economic and military power of Muslim adversaries, while simultaneously serving as a means of acquiring captives for ransom or religious conversion.[12] Although other kingdoms, such as France and Spain, were actively engaged in pirating activities in the Mediterranean, following patterns quite similar to those observed in the Italian peninsula, the picture that emerges from this analysis must be regarded as specific to the peninsula itself. This is particularly evident in the medical dimension, which appears to be notably more developed compared to that of other political realities involved in corsairing. Equally distinctive is the influence of the Roman Church, whose role in the organization and discipline of naval crews represents a distinctively Italian feature.

While these two ports differ in multiple and significant ways, the commonalities—particularly in terms of crew management—are equally noteworthy. I chose to analyze Livorno and Civitavecchia because, in both contexts, it was the Capuchin Friars who were ultimately responsible for the daily oversight, spiritual welfare, and management of the crews. Consequently, comparable symptoms of control and management of convicts and galley slaves emerged, grounded in principles and implemented by the same actors.[13]

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11 The corsairing wars encompassed a series of military engagements, naval confrontations, and territorial disputes, particularly in the eastern Mediterranean. Their primary objective was to weaken the military and economic interests of opposing forces, often through the capture of prisoners of war. These captives were frequently enslaved and employed in public labor, with the potential for ransom or sale to private individuals.

12 To cite some titles: Benedetti, Servi introvabili; Bono, *Schiavi;* Fiume, *Schiavitù mediterranee;* Santus, *"Il turco".*

13 The presence of Capuchin Friars will be later attested in other contexts, such as in Genoa, but only from the 18th century onward.

Furthermore, Livorno and Civitavecchia represent two complementary contexts in terms of crew composition. As Lo Basso observed, the Papal fleet relied more heavily on convicts to complete its crews, while the fleets of knightly orders such as the Knights of St Stephen in Tuscany depended more on enslaved rowers, captured during corsairing activities.[14] Both fleets, however, followed the same model, with crews composed predominantly of forced oarsmen—slaves and convicts—unlike ports such as Venice, which relied more on free oarsmen, and Genoa, which aimed to maintain a certain balance between all three categories of oarsmen (free, convicted, and enslaved).[15] A comparative approach between these two realities provides a coherent view of how crews were managed, shedding light on the role of the doctor aboard fleets, which were primarily deployed to fight the "Turks," a context in which the influence of the Catholic Church was extremely strong.

The research presented here likewise faced the challenge of chronological gaps in archival sources. The relatively small number of documents preserved from the late 16th century can be attributed to the fact that this period was one of institutional transition and consolidation. During this era, both state chancelleries and navies had yet to be systematically organized. Despite the scarcity of sixteenth-century sources, I have opted to begin my research with the Battle of Lepanto (1571), which contemporaries regarded as a pivotal juncture in managing naval crews, particularly in terms of health and sanitation practices. It is important to clarify that, by selecting the Battle of Lepanto as the starting point of my research, I do not intend to imply that this event marked a sharp rupture, or ushered in entirely new practices and strategies. Rather, the healthcare and vigilance practices under examination have much earlier origins, although they gained greater visibility and momentum in the Italian navies from 1571 onward.

The galley thus emerges as an exceptional space—physically and socially—within the early modern world. The *galeotti* formed a marginal social category, not only because they were convicts and enslaved individuals, but also because they lived in a liminal space separated both physically from the rest of society —in the ports, on the galleys, at sea—and socially, as they were subjected to a form of autonomous legislation. Galley slaves and convicts were thus a marginal social category in relation to the dominant group of free and Christian citizens. They represented an "otherness"[16] deliberately kept at a distance and separated from the rest of society—due to their criminal and immoral behavior, in the

14 Lo Basso, *Uomini da remo*, p. 21 f.

15 Ibid.

16 See the definition of *alterità* which I find to be clear and convincing in Di Nepi, *I confini della salvezza*, p. 25.

case of convicts; or their adherence to a non-Catholic faith, in the case of galley slaves.

Even though separated from society at large, galley rowers were still not completely isolated from it. This was especially true of slaves who worked in the port's taverns and workshops during non-shipping periods. Indeed, in Civitavecchia, and even more so in Livorno, opportunities for encounters and cultural exchanges between Muslim slaves and Catholic citizens formed an integral part of everyday life, and a certain degree of integration into Christian society was even possible. As Giovanna Fiume has suggested, it almost seems as though slavery, despite its aberrant nature, had the merit of assigning the foreigner a place—albeit temporarily—by regulating his admittance and presence in a society alien to him.[17] Even amid prevailing antagonism toward the Ottoman presence, the "Turk"—while remaining the primary enemy of Christianity and the object of prejudice, stereotyping, and discrimination—could become familiar.[18]

Convicted rowers, on the other hand, had fewer opportunities to interact with the rest of society, as they were only used for forced labor on land. It seems plausible that this greater freedom afforded to enslaved rowers can be attributed to the fact that they likely did not need to be forcibly isolated; their skin color, physical features, language, and even their attire were sufficient to identify them as different, alien individuals.

Furthermore, galleys and their associated shore facilities constituted real "spaces for vigilance," where various strategies for controlling and disciplining the *galeotti* were implemented at different levels, with medical vigilance being just one of many. Particularly after the Battle of Lepanto in 1571, one can observe a systematic effort to regulate and re-educate the behavior and morals of the *galeotti* aboard the early modern Italian galleys. This process aimed to create a crew of obedient and God-fearing oarsmen who would ensure successful sea voyages, in accordance with a disciplinary and confessional framework.[19]

To study the galley context in all its specificity affords us insights into the complexities surrounding the role of doctors in early modern times, as well as the function and meaning of "vigilance" within medical practice. Indeed, doctors' obligations toward galley convicts and slaves were ultimately identical to those toward ordinary patients. However, the status of the former as forced rowers necessitated heightened attention from medical practitioners—a sustained vigilance.

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17 Fiume, *Schiavitù Mediterranee*, p. 33; Bono, *Schiavi.*

18 Bono, *Schiavi;* Ricci, *I turchi;* Valensi, *Ces étrangers familiers.*

19 Lavenia, *Dio in uniforme.* I will return to the historiographical issue of disciplinarity later.

In approaching the figure of the galley doctor, it is essential to first offer a brief historiographical overview of the limited studies that exist at the intersection of medical history and maritime history. Existing works primarily focus on epidemics—most notably plague outbreaks—and the institutional responses they triggered, such as quarantine.[20] They also engage with themes from the Age of Discovery, notably the notion of *unification microbienne du monde.*[21] By contrast, studies probing the role of physicians prior to the 18th century are almost entirely lacking.

The British context has been a notable exception, with several works addressing what could be termed "naval medicine" in the early modern period. However, these works focus on military vessels and tend to overlook the Mediterranean world.[22] While Anglo-Saxon historiography deserves credit for addressing a subject largely neglected elsewhere in Europe, it often overstates the pioneering role of English naval medicine—largely due to the absence of broader comparative research. Although a few recent studies have begun to examine other European contexts, these too remain largely centered on colonial settings. Their focus is typically limited to the professional figure of the Atlantic slave trade ship's surgeon, the conventional themes of maritime hygiene, or the advancement of medical knowledge through contact with hitherto unknown diseases.[23] Moreover, scant attention has been paid to physicians who—though fewer in number than surgeons—were nonetheless a constant presence in the Mediterranean fleets.

In contrast, this book contributes to a growing—albeit nascent—body of scholarship on medicine aboard Mediterranean fleets. While recent research has begun to address the cultural and social dimensions of maritime medicine, especially in relation to slavery and race, these works remain overwhelmingly focused on the Atlantic world.[24] The Mediterranean—particularly its western basin—has only recently begun to attract renewed scholarly attention.[25] Despite this

20 Biraben, *Les hommes face à la peste*; Harrison, *Contagion*; Inì, Lazzaretti, pp. 83–123; Hengerer/Demichel, *Vigilance and the Plague*; Ziegler, *Coastal Policing.*

21 Le Roy Ladurie, L'unification microbienne du monde, pp. 627–696.

22 See, for instance, Tröhler, *To Improve Evidence*; Hudson, *Military and Naval Medicine*; Caputo, Sickness, Agency, pp. 749–769.

23 Bruijn, *Ship's Surgeons*; Koslofsky/Zaugg, *A German Barber-Surgeon*; Linte, *Médicine des colonies.*

24 Smallwood, *Saltwater Slavery*; Mustakeem, *Slavery at Sea*; Murphy, Re-writing Race. See the outgoing project *Medicine and the Making of Race, 1440–1720*, led by P.I. Dr. Hannah Murphy at the King's College, London.

25 For the Mediterranean context, although related to the Medieval period, see: Ferragud, Role of Doctors, pp. 143–169; Barker, *That Most Precious Merchandise*, pp. 92–120. These texts are the

burgeoning interest, the role of medical practitioners at sea in the Atlantic and in the western Mediterranean remains an urgent research objective. For instance, the database *Slave Voyages*, which documents transatlantic and intra-American slave trade, notably omits terms such as "medicine," "doctor," and "surgeon" from its glossary.[26] Moreover, although some projects explore the relationship between medicine and slaves aboard ships in the early modern period, there is a complete lack of in-depth studies on the intersection between medicine and convicts—notably the medical care for rowers—within Mediterranean navies.

Up to this point, I have used the term *medical vigilance*—but what exactly does it mean? The Latin verb *vigilare* denotes an action that is essentially "horizontal,"[27] meaning it requires active participation from individuals who must remain "vigilant"—responding to any noteworthy stimulus. The term, now widely used in the humanities, was first introduced into the medical field by the British neurologist Henry Head (1861–1940) in the first half of the 20th century. In its original medical context, it referred to a function of the nervous system, where responsiveness to stimuli was essential for proper operation. Over time, the term has expanded into other domains, but it continues to refer to a specific form of heightened human attention—one activated in relation to particular tasks and duties. One could argue that writing a history of vigilance is, in effect, akin to writing a history of human attention.[28]

In historical research, the term *vigilance* has been proposed as an alternative to the widely recognized concept of *surveillance*—deeply linked to ideas of *population control* by a central institution.[29] To *surveil* presupposes the presence of an authority that—from a commanding position—ensures that its subjects conform to established norms, both legislative and behavioral. The primary aim of surveillance is to detect any deviation—legal, social, or cultural—and to punish infrac-

points of reference for the historiography of the medical examination of the slave's body to determine their selling price in the Mediterranean. For the early modern Italian context see the ongoing project *Healing Slaves: Medicine and Slavery in Early Modern Italy* led by Professor Lucia Dacome at the IHPST, University of Toronto.

26 The database is sponsored by the National Endowment for the Humanities, and was carried out originally at Emory Center for Digital Scholarship, the University of California at Irvine, and the University of California at Santa Cruz. The Hutchins Center of Harvard University also provided support. https://www.slavevoyages.org/about/about#

27 A horizontal action refers to an initiative, intervention, or measure that takes place between actors operating on the same social level.

28 Brendecke, Attention and Vigilance, p. 18.

29 For a historiographic overview of the subject, see Lyon, *Surveillance Studies*; *The Culture of Surveillance.* Central to these studies by Foucault are: *Surveiller et punir,* and *Naissance de la clinique.* For the Italian context, see Prodi/Penuti, *Disciplina dell'anima.*

tions through what has been described as "vertical discipline." By this, I refer to that process of a "fundamental and lasting transformation of societal attitudes and social behavior," a transformation championed by political authorities through the enforcement of normative laws.[30]

The concept of social discipline [*Sozialdisziplinierung*] developed by Gerhard Oestreich in 1968,[31] offers a lens through which to understand this wider historical phenomenon aimed at producing a regulated and orderly society. This disciplinary process fundamentally alters social attitudes and fosters the internalization of externally imposed norms.[32] According to this view, discipline plays a key role in the transformations associated with the emergence of the modern European nation-state.

In contrast to the teleological theory of the formation of the modern state based on the concept of "social discipline," historians such as Wolfgang Reinhard and Heinz Schilling have instead proposed viewing the state as a historical phenomenon—its emergence contingent, even almost accidental. According to this perspective, European "confessionalism" was the determining factor in shaping the modern European state. Beginning with the Council of Trent (1545–1563), the reform of the Catholic Church during Counter-Reformation can be seen as the ecclesiastical authority's response to the secular state's growing demand for modernization.

Just as the political authorities sought to discipline the body, the ecclesiastical authorities began to discipline the soul, through a process which from 1981 onward became known as "confessionalization." This project aimed at internalizing models, ideals, and behaviors, imposed from above, rooted in the values and teachings of a particular confessional doctrine and morality. Since 1983, confessionalization has been interpreted as closely intertwined with the concept of "social discipline"—the two being increasingly seen as two sides of the same coin.

Confessionalization, in this view, facilitated the broader disciplinary project by laying the foundations for modern rationality: it established clear theological orthodoxy in opposition to superstition, disseminated and imposed new ideological and moral norms, and bureaucratized religious practice. A striking example is baptism, which came to function not only as a religious rite but also as a social

30 Härter, Disciplinamento sociale, p. 636.

31 The concept was first elaborated in a lecture given in Hamburg in 1968, and published in 1969 under the title *Geist und Gestalt des frühmodernen Staates. Ausgewählte Ausfätze.*

32 Härter, Disciplinamento sociale, p. 637.

and political mechanism for recognizing and institutionalizing membership in the Catholic community—and, by extension, in the broader social order.[33]

Over recent years, the concepts of surveillance, social discipline, and confessionalization have come under sharp criticism for their excessively rigid character. Critics contend that these models not only fail to adequately capture the evolving dynamics of early modern social relationships, but also tend to exclude any form of subjective agency. This oversight limits individuals' capacity to adapt to historical contingencies and to negotiate their own "agency."[34]

In historical research, the term *vigilance* has been theorized as an alternative to the more familiar concept of *surveillance.*[35] *Vigilance studies* aim to shift the focus away from institutional mechanisms toward the participatory role of private citizens, who voluntarily report what they have seen and heard. The underlying premise is that, for a security system to be truly effective, it must enlist the active cooperation of individuals working alongside institutions in pursuit of broader goals, such as maintaining public order. Authorities sought to stimulate this private attentiveness in order to safeguard public security—essentially by "integrating human attention into social tasks."[36] Vigilance arises whenever people are asked to focus on specific phenomena and to react to them, or report them to the authorities, when necessary.

Similarly, in medicine, a "culture of vigilance" has been theorized and ultimately practiced as an integral part of the medical profession. The ideal of the "vigilant doctor," characterized by the exercise of the virtue of prudence [*prudentia*] and caution [*cautela*] has been a subject of historiographical attention since the early 20th century.[37] However, in-depth studies exploring the various meanings and applications of medical vigilance remain limited. The deontological

33 Reinhard, Konfession und Konfessionalisierung, pp. 165–189; Schilling, *Konfessionskonflikt.* On the idea of "confessionalization" as a result of the Counter-Reformation in Italy, see, e.g., Prodi, *Il sovrano pontefice*; Prodi/Penuti, *Disciplina dell'anima;* Prosperi, *Tribunali della Coscienza;* Alfieri, L'età della disciplina cristiana.

34 Brendecke/Molino, *Cultures*; Brendecke, Warum Vigilanzkulturen?, pp. 10–17. On the limits of the concept of "disciplining," see also Schiera, Prodi, "Disciplinamento", pp. 349–351; Blockmans/Holenstein/Schläppi, *Empowering Interactions.* On the concept of "agency" see Thompson, *English working class*; Johnson, *On Agency;* Sewell, *Agency*.

35 For a historiographic overview of the subject, see Lyon, *Surveillance Studies*; *The Culture of Surveillance.* Central to the studies by Foucualt are *Surveiller et punir*, and *Naissance de la clinique.* For the Italian context, see Prodi/Penuti, *Disciplina dell'anima.*

36 Brendecke/Molino, *Cultures*, p. 11f.

37 See, for example: MacKinney, Medical Ethics; Wear/Geyer-Kordesch/French, *Doctors and Ethics*; Schleiner, *Medical Ethics*; Linden, Gabriele Zerbi; Gadebusch Bondio/Förg/Kaiser, *Zerbi, Über die Kautelen der Ärzte.*

ideal of the *medicus cautus* [cautious doctor] or *medicus prudens* [prudent doctor], in fact, encompasses different forms of "vigilance," depending on the situation at hand.

After an initial focus on this early modern ethical-deontological reflection, the vigilant attitude of doctors came to be predominantly described in negative terms throughout the 20th century. It has been viewed as a precursor of a model of vertical social control, rooted in concepts of discipline and surveillance, which reached its apogee toward the end of the early modern period with the rise of "clinical medicine."[38] Medicine's intrinsically disciplinary nature, as explored in Foucault's seminal studies, has garnered significant attention—particularly for its critique of a whole set of social norms perceived as overly intrusive in the individual's private sphere.

Despite the widespread acceptance of these theories, many historians of medicine have been skeptical about Foucault's approach, which they considered too limited to fully define the complexity of relations within the medical world during the "classical age." Instead, these historians then began to focus more dispassionately on the relationship between medicine and power—or, one could say, between medicine and discipline—concentrating on the practical political roles that doctors played rather than the theoretical implications of their work.[39] Early modern physicians were acutely aware of their central political function, so much so they even wrote and published treatises known as *medico-political* works, which discussed political issues related to public utility, such as its role in criminal proceedings.[40] In fact , the role of physicians and surgeons as experts in court [*periti*], and their contributions to the establishment of forensic medicine as an official science, beginning in the 16th century, has been a recognized field of research since the 1980s.[41]

Despite an abundance of academic literature on the topic, some crucial questions concerning doctors' fundamentally vigilant character remain unanswered—notably about their ambivalent role in general, and their stance toward the inter-

38 See Foucault, *Folie et déraison*; *Naissance de la clinique.*

39 See Pastore, *Le regole dei corpi*; Arrizabalaga, Medical Ideals; Mandressi, Medicus politicus. For the political function of doctors during epidemics, see, in particular, the work by Cohn, *Cultures of Plague.*

40 Ibid.

41 For the naissance of forensic medicine, as well as for the strict relationship between medicine and political power in early modern Italy, see the works by Pastore: *Il medico in tribunale*; *Le regole dei corpi.* For a history of forensic medicine in general, see Clark/Crawford, *Legal Medicine*; Watson, *Forensic;* de Ceglia (ed), *The Body of Evidence.* The work of Fischer-Homberger *Medizin vor Gericht—Gerichtsmedizin von der Renaissance bis zur Aufklärung,* published in 1983, marked the beginning of this shift in the direction of research.

ests of their patients in particular. Drawing on a wide array of archival sources—medical records, criminal proceedings, institutional correspondence—this study seeks not only to reconstruct the everyday medical practice aboard the galleys, but also to interrogate the ways these documents represent, interpret, and sometimes distort the lived realities of those they describe.

Aware of the inherent limitations of such documents—often fragmentary and also frequently presenting a singular, typically institutional, perspective—this book approaches the available archival sources not as mirrors of the past, but rather as mediated representations of daily life aboard the galleys, filtered through the naval authorities in their interactions with slaves and convicts. Particular attention is given to what Natalie Zemon Davis has termed the "fictional" qualities of the sources—how narratives are shaped, situations described, and words chosen and employed. On one hand, the archival narrative structure must be interrogated to uncover meaning beneath its surface. On the other, it must be understood as both a conscious and unconscious interpretation of reality, offering valuable insights into the social and cultural context in which these narratives were constructed.[42] This approach not only gives voice to figures traditionally excluded from or rendered silent in historiography due to their apparent invisibility, but also exposes the thematic silences embedded within archival narratives themselves.

This book is divided into two distinct sections. The first delves into the theorization of medical vigilance during the early modern period, exploring how physicians and surgeons were regarded as the experts responsible for observing and interpreting the bodies under their care. The second part turns to archival research, focusing on the galleys as "spaces of vigilance" and re-education for rowers, and examines the specific role played by medical staff in these settings. These two sections are linked by the figure of the doctor, whose vigilance was central not only to healing but also to maintaining discipline over the rowers' behavior and moral conduct.

Chapter 1 introduces the historical context of early modern medicine, highlighting how vigilance became a fundamental competency for medical practitioners. It also explores two particular types of medical literature that were influential during the period. The first are the medical treatises written between the 15th and 17th centuries that outlined the characteristics of the ideal physician [*optimus medicus*]—both as a learned expert and a paragon of ethical conduct. The second are the *Methodus Testificandi* [Methods of Testifying], treatises published during

42 Zemon Davis, *Fiction in the Archives*, pp. 2–5.

the 16th and 17th centuries that offered guidelines for doctors summoned to provide expert testimony at legal proceedings.[43]

Chapter 2 serves as a bridge between the theoretical and the practical realms. It lays the groundwork for understanding the structure of galley slavery and penal conviction during the early modern period, with a particular attention to the Grand Duchy of Tuscany and the Papal States. The chapter reveals how the galleys functioned as "spaces of vigilance," in which the medical role formed part of a broader system of discipline and control.

Chapter 3 shifts focus to the complex and ambivalent relationship between doctors and patients within this historical context. It examines the duties of doctors in detail, illustrating how their work was not only crucial for maintaining the crew's physical health, but also instrumental in upholding order and discipline within the galleys. Doctors were frequently called upon to provide expert opinions in cases of violence or disturbances, reinforcing their role as enforcers of authority. The chapter also delves into the personal and professional profiles of the medical practitioners involved, while considering the galley hospitals—spaces where healing and confinement coexisted, and where medical authority often intersected, and at times even clashed, with religious authority.

Finally, Chapter 4 focuses on a particularly sensitive and controversial issue aboard the vessels: sodomy. Through an analysis of legal proceedings involving convicts and galley slaves, this chapter investigates the role of medical experts in these cases, shedding light on the complex interplay between medicine, morality, and the law during the early modern period. It considers the doctor's role as a legal expert and explores how physicians and surgeons became central figures in determining the moral and criminal status of the individuals they examined. This chapter also underscores the pivotal role of medical vigilance in maintaining order and correcting perceived moral transgressions among crew members.

This book offers a historically grounded exploration of medical practice aboard Tuscan and Papal galleys, shedding light on how the intertwined functions of care, discipline, and social control shaped early modern maritime life. By focusing on the figure of the galley doctor—a practitioner situated at the intersection of healing and authority—it uncovers the lived experiences of marginalized individuals whose bodies became sites of both medical attention and institutional regulation. Through this lens, the galleys emerge not merely as instruments of war or punishment, but as spaces where the boundaries between health, morality, and legality were continuously negotiated. Drawing upon a rich array of archival sources, this study contributes to a broader historiography that seeks to understand

43 Pastore, *Medico in tribunale.*

how medicine functioned within the mechanisms of early modern governance, and how the ideals of vigilance, expertise, and salvation impacted the daily realities of galley rowers. In doing so, it restores visibility to those often omitted from the history of medicine and opens new avenues for exploring the entangled relationship between bodily care and coercive authority across the early modern Mediterranean world.