Conclusion

As the purposes for which vigilance is exercised change over time or in response to evolving circumstances, the very meaning of vigilance also transforms. It emerges as a highly multifaceted and nuanced concept, with meanings that may differ—sometimes simultaneously—depending on one's perspective.[1] In the medical sphere, this multivalent nature of vigilance became especially apparent. Unlike traditional forms of surveillance, vigilance studies lack both the normative rigidity of control and reference to an external, superior observer. Nonetheless, the physician remains a figure of authority, acting not only as a "private citizen" but also as an agent bound by institutional frameworks. Recourse to the method of vigilance studies has made it possible to better grasp these dynamics. Observation, control, and inspection were not merely top-down impositions on doctors; they also emerged as natural response to the need for security aboard galleys—security that could only be ensured if all parties fulfilled their duties and cooperated in maintaining order.[2] Thus, "medical vigilance"—defined as attentiveness to even the slightest sign manifested or reported by the patient—could take on both positive and negative valences: positive when directed toward healing, negative when used to produce evidence for prosecution.

This shift in the doctor's gaze—from the illness itself to the patient *as* illness—mirrored broader political discourses of the time. The metaphor of the political body, which gained enormous traction in medical and political treatises from the fifteenth and sixteenth centuries onward, framed the health of the body in anatomical terms. To preserve the integrity of the collective body, it was deemed necessary to physically separate "dangerous" individuals from other citizens, thus eliminating—as a surgeon would—the corrupt parts from the mystical body of society.[3] The analogy between the human body and the political body is also articulated by de Castro in Chapter IV of Book IV of the *Medicus Politicus: Corpus Humanum mirificam cum Republica bene ordinata similitudine repraesentare.*[4] In this allegorical model, the State is imagined as a physical body, with the *princeps* [the ruler] as the head and the subjects as the limbs, which must obey and submit to his will. The *princeps*, however, was not only likened to the head, but also to the physician, for both were entrusted with defending and maintaining the body's

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

2 Brendecke, Warum Vigilanzkulturen?, pp. 10–17. On the limits of the concept of "disciplining", see Schiera, Prodi, "Disciplinamento", pp. 349–351.

3 Pastore, *Le regole dei corpi*, pp. 17–35.

4 De Castro, *Medicus Politicus*, pp. 238–242.

 https://doi.org/10.1515/9783111654133-009

equilibrium—whether political or physical. Just as rulers were tasked with equipping the city with gates and ramparts to defend its citizens from external attacks and render it impregnable, so too were physicians responsible for maintaining the balance of the humors by carefully regulating what the body ingested and what it expelled.[5] And just as the proverbial wise doctor was called upon to prescribe effective—albeit often unpleasant—remedies, so too was the skilled ruler obliged to apply severe penalties to heal the mystical body of the city.[6]

The analogy of the wounded body in need of healing became an instrument through which the State could legitimize more active and repressive measures. This metaphor also helped reinforce the role of the doctor as an undeniably central political and social figure, extending far beyond his homespun and traditional therapeutic duties. By assisting in the task of prosecuting criminals, the medical establishment aligned itself with political power, demonstrating just how indispensable its role was in safeguarding social order. The ultimate result seems to have been a dual process of legitimization: both of the social and political functions of medicine throughout society, and, in turn, the transformation of medicine itself into an instrument for legitimizing the repressive and persecutory policies advocated by political authorities. This is not, of course, a dismissal of medicine's primary function as therapeutic, but rather an exploration of how pivotal the political recognition of doctors as "experts of the body" was for their professional affirmation. This reflection may strike some as echoing the Foucauldian thesis on the disciplinary nature of medicine. My aim is to emphasize that a doctor held both a political and therapeutic role, thereby underscoring the complexity of early modern medicine.

The multifaceted nature of medical vigilance was particularly evident in settings where doctors had to deal with dangerous or suspect individuals. In this regard, the galleys provide an exceptional context for analysis, given the marginal status of their rowers—who were primarily slaves and convicts. Doctors had to balance the need to maintain their health with a reluctance to treat them given that they were criminals and heretics, while also being obligated to monitor their behavior and report any illegal activities. Medicine, thus positioned between curing and controlling the body, played an essential role not only in safeguarding the crew's health but also in maintaining order and discipline among the rowers.

As comparative studies of the Tuscan and the Papal contexts have demonstrated, the galleys were effectively configured as spaces for vigilance—both vertical and horizontal—with the primary objective of ensuring strict military and

5 Ibid., p. 238 f.

6 Pastore, *Le regole dei corpi*, p. 32.

behavioral discipline aimed at successful seafaring. The galleys were hybrid spaces: part military institution, part penal institution, and part religious mission. The need to impose military discipline went hand in hand with the necessity of having rowers adhere to Christian doctrine. This led to an intense program of catechization, aimed not only at slaves, who were heretics, but also at Christian convicts sentenced to serve aboard the galleys due to criminal actions or blasphemous behavior. At the same time, the rowers' moral re-education was complemented by the convicts' penal correction. Although a reintegrative concept of punishment was lacking, the notion of a transformative punishment for the individual had existed at least since the 16th century. Serving as an oarsman in a galley was regarded as the most degrading condition a man could endure in his lifetime. It epitomized a form of social death, reducing the individual to a mere instrument of labor. While stripped of their freedom and legal status, galley oarsmen were nonetheless recognized as individuals, especially from a moral and religious perspective. Far from being merely a source of free labor, galley rowers were individuals to be cared for, re-educated, and reprimanded.

The ultimate goal was not so much their social reintegration as their transformation into obedient and God-fearing rowers serving purely technical and military purposes. In this sense, they required constant monitoring, with punishment administered in a cautionary manner whenever an offense was committed. For this system of control to be fully effective, it had to rest upon a reliable apparatus of surveillance and denunciation, one that, in turn, hinged upon a system of mutual observation. Indeed, keeping an eye on 300 men at once was no easy task, even in such extremely confined spaces as the galley. Precisely for this reason, various strategies were devised to ensure that every crew member could become the constant object of attention by those with whom they shared the galley. In addition to being monitored by their officers, rowers were required to keep a watchful eye on their bench mates, as well as on those seated in front of and behind them, and to report any improper behavior to the authorities. Similarly, convicts and slaves were required to check that their officers behaved properly and, if they failed to do so, to notify the authorities of any form of abuse or harassment. The galley and its associated shore facilities thus became spaces in which everyone—officers and crew alike—was held to a strict code of behavior, constantly under the watchful eye of other crew members. Medical vigilance was therefore just one of many forms of surveillance enacted upon early modern galley slaves and convicts.

The analysis of the practices and strategies of vigilance aboard galleys also contributes to the ongoing debate on the role and meaning of deprivation of liberty in the early modern period, as well as on the supposedly neat distinction

between "free" and "unfree" rowers.[7] Indeed, the decision to study slaves and convicts as a unique category of "patients"[8]—to whom medical attention was directed—led me to question their social status and ultimately convinced me of their commonality. This suggests that there was no substantial difference between the status of convict and slave aboard early modern Italian galleys. Indeed, the same sources often refer to convicts as *servants or slaves for punishment* [*servi/schiavi di pena*]. As Giovanna Fiume noted, the sentence to the galley—albeit with due differences—rightly fell within the category of penal servitude [*servitus poenae*] as theorized by Roman Law.[9] Deprivation of liberty, in fact, could take three forms: slavery and servitude, under the power of a master; isolation and imprisonment, under the power of justice; and captivity, under the power of a political and/or religious enemy.[10] Deprivation of liberty while in the custody of justice should thus be considered, in itself, a true condition of slavery. In particular, I am convinced that the characteristics of slavery theorized by Claude Meillassoux in 1986—depersonalization (the transformation of human being into an object of property), desocialization (the forced insertion of a foreigner into an alien society), and decivilization (the reduction of social relations to a sole bond of subjugation to a patron)[11]—were equally applicable to slaves and convicts for the duration of their sentence. As with slaves, galley convicts were stripped of all civil rights, relegated to society's margins, and considered beasts of burden.[12]

Regarding galley doctors, the available sources unfortunately only allow for a partial reconstruction of some of their biographies. Nevertheless, it is reasonable

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7 De Vito/Schiel/van Rossum, From Bondage to Precariousness?, pp. 644–662. See the research of the COST Action CA18205 "Worlds of Related Coercions in Work" (WORCK), emerging from the working group "Free and Unfree Labor" of the European Labor History Network, and the research by the Bonn Center for Dependency and Slavery Studies (BCDSS).

8 Physicians were required to treat rowers even when they were healthy, such as when examining the body to assess its condition. It should be rembered, however, that their primary function was, of course, therapeutic.

9 On the concept of penal servitude, see Beggio, *"Servitus poenae"*; McClintock, Dal Servus Poenae, pp. 1072–1085.

10 Fiume, *Schiavitù mediterranee*, p. Xf. Recently, the research group at the Bonn Center for Dependency and Slavery Studies proposed a model that transcends the dichotomy of free/not free, freedom/slavery, using the analytical concept of "strong asymmetrical dependency," of which slavery is only one facet. The intrinsic features of these systems of dependency include the use of violence and the possibility for the dominated to exercise "(inter) agency", understood "not merely in terms of (violent) opposition or resistance but rather as the opportunity to act within relations of asymmetrical dependency." See Winnebeck, Sutter, Hermann, Antweiler, Connermann, Asymmetrical Dependency, p. 21f.

11 Meillassoux, *Anthropologie de l'esclavage.*

12 Chizzolini, Navigating Ambiguities.

to infer that the importance of their role was reflected in the social and professional prestige attached to the post, which, in addition to guaranteeing a fixed salary, likely represented a form of public recognition of the holder's skills. It has been noted, however, that the office was not only an honor but also demanded significant sacrifices. Despite the harshness of the task, the prospect of a steady income and professional and social advancement must have weighed more heavily, as the position was evidently highly coveted—confirmed by the various petitions preserved in the archives. Confronted with an intensely competitive medical marketplace, a public and permanent position was perhaps the best prospect to which an ordinary doctor could aspire.

From my analysis, it is feasible to argue that the functions of galley doctors were threefold. First, and most obviously, was their therapeutic role, aimed at keeping the crew healthy and fit for service. In the aftermath of the Battle of Lepanto, the authorities were forced to confront just how poor the levels of medical care aboard the galleys had been. Their inability to efficiently treat and rehabilitate the crew not only contributed to high mortality among soldiers and oarsmen—and thus to a significant loss of cheap labor—but also fueled a broader sense of disorder, which resulted in numerous escapes as well as a pervasive state of despair. It therefore became necessary to improve hygienic and sanitary conditions aboard the galleys, as well as on land, with the opening of hospitals. These facilities provided an ideal setting for developing original hygienic and medical-organizational measures. Ultimately, public slaves and convicts received better healthcare than private slaves and the majority of the city's residents, as their health was considered paramount for technical and military purposes.

Their second function was to observe and examine the rowers' bodies for technical, military, and economic ends. In these contexts, physicians did not treat rowers as medical patients, but rather as objects to be valued for their economic utility and operational efficiency. Finally, a doctor could be consulted *a posteriori* to determine the causes of death or the severity of injuries in the case of murders or violence. In the eyes of galley doctors, rowers at times thus appeared as patients, at others as subjects of technical evaluation, and still at other times simply as bodies—dead or alive—on which to pronounce a judgment with procedural weight.

The doctor's role was inherently ambivalent: it required vigilance over galley slaves and convicts, who had to be both cared for and controlled. Oarsmen were to be treated with the utmost zeal and charity—after all, seafaring was untenable without a healthy and able crew. Yet the presence of forced rowers meant that doctors had to be constantly on alert, approaching them with extreme caution —if not outright suspicion. These were not ordinary patients; on the contrary,

their status as slaves and convicts often took precedence over their medical condition.

From a medical standpoint, there was no distinction between convicts and slaves. As the Hippocratic Oath states, physicians should not discriminate between patients, regardless of their status: "Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free."[13] The only real difference lay in where they were treated—a difference rooted in religious, not medical, considerations. In practice, it is likely that physicians were more hostile or ill-disposed toward slaves than toward the rest of the crew. Nevertheless, when we examine the specific duties and attitudes expected of doctors in relation to enslaved and condemned rowers—as well as the archival sources at our disposal—this difference seems minimal. This apparent uniformity in treatment prompts a reconsideration of the supposedly neat divide between free and unfree labor aboard early modern galleys, revealing just how blurred and nuanced those boundaries truly were. Nowhere was this ambivalent character of medical vigilance more evident than the galley hospital—a structure ambiguous by its very nature, where medical personnel operated simultaneously in collaboration and in competition with religious staff. Such hospitals functioned partly as places of therapy, partly as sites of religious instruction and moral rehabilitation, and partly as instruments of confinement and disciplinary control. The rowers hospitalized there were, at one and the same time, patients to be cured—physically and spiritually—heretics to be converted or re-educated in Christian morality, and slaves and convicts to be monitored and controlled.

Among the various criminal trials conducted against slaves and convicts aboard the galleys, those concerning sodomy undoubtedly warrant special analysis. The examination of legislative, procedural, and diplomatic sources presents an image of early modern *galeotti* as individuals deviant both in habits and behavior. They are depicted as prone to a range of crimes and vices, in particular blasphemy and sodomy—thus casting the *galeotto* as an inherently immoral figure, and reinforcing, inter alia, the traditional association between sodomy and heresy.[14] While such representations can be traced as far back as the 16th century, it was only from the 18th century onward that this image was also formally institutionalized, leading to the mistaken assumption that it represented a novel development—an interpretation which, as has been demonstrated, is unfounded. An analysis of the representation and suppression of sodomy aboard Italian galleys, particularly

13 MacKinney, Medical Ethics, p. 31.

14 Grassi, *Sodoma*, p. 55.

those of the Papal States, confirms that, during the 18th century, the authorities developed a renewed and multifaceted sensitivity toward the issue.

As historians of sexuality and religion have noted, the Enlightenment marked a transitional period in the punishment of sodomy, characterized by a gradual reduction in the number of trials and the severity of punishments—likely reflecting a growing desire to avoid publicizing such matters.[15] And yet, in the context of the galleys, the opposite seems to have occurred. We observe a broader willingness to prosecute sodomy more intransigently and publicly—a crime which, although long described as widespread, particularly aboard the Papal galleys, had previously been deliberately kept out of public view. Not only did the majority of sodomy cases go unnoticed and unpunished, but many of those that did reach the courtroom went unresolved, suggesting a lack of real interest in punishing sodomites. One is left with the impression that, while sodomy was deemed an abominable crime to be eradicated from the galleys, political and judicial authorities did not regard it as particularly serious—at least not when committed by individuals already marginalized, if not entirely outside society. This attitude seems especially true when those accused represented a forced or free labor force whose punishment would have entailed the loss of manpower, and thus, a disadvantage to the State. Paradoxically, marginality and infamy granted these individuals a kind of limited impunity. Already persecuted and relegated to the margins of society, *galeotti* were punished with less severity than the law prescribed.

Furthermore, sodomy among the *galeotti* represented yet another sphere of conflict between the officer class and the chaplains tasked with the fleet's spiritual governance. For the officers—primarily interested in technical discipline for navigational purposes—sodomy was undoubtedly an issue, but not an urgent one. For the galleys' chaplains, however, more invested in disciplining souls, the technical and moral spheres could not—and should not—be separated. The sources underscore the importance of medical expertise whenever a case of sodomy was suspected, as uncovering the truth was notoriously difficult. Because sodomy happened in private and typically met with vehement denials, it became necessary to rely on instruments that could produce certainty. Since the accused's testimony could not be trusted, recourse was often made to expert medical opinion. Medical practitioners thus became invaluable in prosecuting sodomy, both through their expert assessments and their duty to report illegal acts—though their role, of course, was far from infallible.

15 See Alfieri, Il discorso su tribadi e sodomiti; Alfieri/Lagioia, *Infami macchie*; Casanova, Meglio non dire, pp. 32–43.

Early modern medical vigilance can be understood as a complex and multifaceted concept with far-reaching practical implications, reflecting the intricate nature of human interactions, power dynamics, and the governance of bodies within early modern society. The analysis of the medical vigilance exercised by galley doctors over slaves and convicts should not be confined to the context of the galleys alone; rather, it should serve as a foundation for a broader reflection on early modern society as a whole. These penal ships, as a case study, reveal a context that, through its specificities, magnified practices and ideologies that were otherwise prevalent—though often less visible—in everyday social life.

By exploring the role of medical vigilance within this maritime penal system, we not only uncover the diverse duties of doctors but also gain insight into the intersection of medical authority, social control, and the governance of bodies in early modern Italy. Ultimately, the practices aboard the galleys provide a unique lens through which to explore the broader dynamics of power and discipline in early modern society.