Abstract: The physician Giovan Battista Codronchi (1547–1628) is a key figure of sixteenth-century medicine. A study of his main work *De morbis veneficis ac veneficiis* (1595) and his letters sent to the Congregation of the Index in Rome (1597) can teach us much about the interrelation between medicine and religion in Counter-Reformation Italy. Using Codronchi as a prism, this article uncovers a complex picture in which themes such as the production of demonological texts at the height of the European witch-hunt, the related debate about the roles of physicians and exorcists, and the influence of physicians on the development of the Index of Forbidden Books are interrelated.

Keywords: medicine; demonology; gynecology; inquisition; censorship; counter-reformation Italy

In 1595, the physician Giovan Battista Codronchi published the treatise *De morbis veneficis ac veneficiis* (On Poisoning Diseases and Poisoners). Although Codronchi described the text as an accidental result of his reflections on the diabolical illness that struck his daughter Francesca, it represented a crucial step taken by Codronchi in order to participate in the religious policies of the Catholic Church. A couple of years later, Codronchi sent a letter to the Congregation of the Index in Rome containing a lengthy list of medicine books to be expurgated (Baldini and Spruit 2009, pp. 607–19). If we read the two sources together, Codronchi’s project of bringing medical and religious orthodoxy into communication with each other and to the attention of authorities in Rome, becomes clear.

Indeed, long before the possession of little Francesca, Codronchi had already played a leading role in the political and religious life of the city of Imola. He was nominated commissioner for the finances (1590) and “ensign bearer” (1590). Even before that, Codronchi had been nominated to the commission appointed to oversee the establishment of the Jesuit college in Imola (1581). Together with his brother Tiberio, Codronchi was a key figure in the project. (Ferri 1997, p. 37) Moreover, when a medical meeting was assembled in Imola in 1591 in order to discuss how to deal with the plague, Codronchi was absent due to health reasons. But he sent the city council a document so to make his contribution: in order to “preserve the city of Imola from all bad and contagious evil” he proposed to “begin with spiritual commissions” (Mazzini 1924, p. 6).

His political commitment always proceeded hand in hand with his faith and his medical profession, and the letter he sent to the Congregation of the Index constituted the very peak of his attempts to create a direct connection with Rome.

The religious behavior of early modern Italy was marked by a peculiar intertwining of popular magic, religion and of the consequent repression of dissent. (Ginzburg 1966, 1989; Romeo 1990, 2008b; Di Simplicio 2005). Already in the Middle Ages jurists, theologians and philosophers questioned the power of Satan and the possibility of his action in the physical world. But it is in the Early Modern period, in the midst of the great European witch-hunt, that demonology emerged as a coherent discourse which systematized beliefs about the demonic (Clark 1997b). Although skeptical voices
about the witches’ powers were already present at that time—and indeed, they predated belief—dissent actually encouraged the continuation of the debate between the supporters of persecution and the “witches’ advocates” (Valente 2008; Machielsen 2011; Duni 2012, 2016). In Italy, it was originally inquisitors—especially Dominicans, as the author of the Malleus Maleficarum had been—who led the way in confronting the problem of witchcraft in print (Tavuzzi 2007; Romeo 2008a; Herzig 2008, 2017). Yet, the second half of the sixteenth century saw a noticeable shift in authorial production, with exorcists and physicians dominating the market (Lavenia 2011). This unusual state of affairs may have been due to the fact that witch-hunting in Italy did not reach anywhere near the dimensions witnessed in many other parts of Europe (Levack 2006; Monter 2006).

The institution of the Roman Inquisition (1542) certainly had a considerable impact on this process, since it represented a unitary bond within a territory that was otherwise politically and socially unconnected (Romeo 2002; Brambilla 2006; Prosperi 2006; Mayer 2014). From its headquarters in Rome, the Inquisition coordinated courts across the peninsula (Aaron-Beller and Black 2018). It managed to limit the operational liberties of the local dioceses by establishing specific provisions for witchcraft (Tedeschi 1990). It thus prevented the recurrence of the violent anti-witches campaigns that had occurred in northern Italy at the end of the fifteenth century and at the very beginning of the sixteenth century (Prevideprato 1992). The Inquisition’s original focus on stemming the spread of Protestant heresy and strengthening papal authority over the Council might well explain its skeptical attitude towards witchcraft. Only in the 1570s, when the threat of heresy had subsided, did the Holy Office begin to pay more attention to witchcraft as part of a wider struggle against superstition which culminated in the promulgation of the bull Coeli et terrae (1586) by Pope Sixtus V (Ernst 1991). Yet, even then, the official approach towards witchcraft was less than clear-cut and the bull likely inadvertently led to a further decline in the number of trials (Bever 2009). Because Coeli et terrae invalidated the distinction between simple and heretical magic, it deprived diocesan courts of their remaining jurisdiction in witchcraft cases. This step towards further centralization represented a turning point in the management of ‘the supernatural’ in Italy, since it reaffirmed Rome’s exclusive control over the supernatural, the sacred, and legitimate rituals, all of which were threatened by popular practices, especially in the realm of healing and medicine (Valente 2015; Donato 2019).

As a part of the battlefield between bishops and inquisitors over jurisdictional competence, local exorcists—in their voluminous publications—often blamed the spread of witchcraft on the excessive cautiousness of inquisitors and managed to give their contribution (Romeo 1990; Dall’Olio 2001a, 2001b). Exorcism manuals circulated mostly among the clergy, aimed to help the priests to identify and confront demonic manifestation (Caciola 2003), filling the vacuum created by perceived institutional inaction. Inevitably, such individual enterprise by local priests made fears of witchcraft and demonic possession worse, even in some of Italy’s major cities. It is no coincidence, therefore, that most exorcism manuals were ultimately included, along with some of the European demonological treatises, in several Indexes of Forbidden Books, albeit not until the early eighteenth century (Lavenia 2005; Brambilla 2010, p. 79; Valente 2012). When the boundary between heresy and orthodoxy proved both malleable and very easy to cross, this sort of priestly do-it-yourself literature left too much space for actions from below (Romeo 1990, p. 113). In this respect, Codronchi’s De morbis veneficis seems to be precisely halfway between ecclesiastical concerns and exorcists’ intentions. As a learned man, he could be properly included among Italian demonologists such as Girolamo Menghi or Silvestro Mazzolini, founders of early modern Italian exorcist literature. Yet, in contrast to other authors, witch-hunting was not Codronchi’s concern and indeed, neither in his treatise nor in the archives can one find any proof of Codronchi’s attempt to legally pursue the person alleged to have bewitched his daughter.¹

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¹ In the inquisitorial records kept in the diocesan archives of Imola, Busta 1 of the Series Processi contains three Registers, which, in total, contain the trial papers from 1551 to 1595. From the published inventory (Ferri 2001) appears that Register 3 opens with the trial of 8 January to Ioseph de Cremona with the accusation De propositionibus, as well as from the manuscript
Codronchi’s *De morbis veneficis* represents a major contribution by a physician to the early modern demonological debate. Codronchi opens the work by expounding its autobiographical origins. His daughter Francesca was only ten months old when she suddenly began to lose weight. The child had been entrusted to a wet nurse, but in a short space of time, she grew thin and started whining incessantly. She cried constantly, much more than children normally do at her age. Her symptoms were not recognized as a known illness and consequently, the child’s conditions continued to worsen. Gradually, Irene Teodosi, her mother, began to suspect that someone had put a spell on her child, moved by hatred or envy. Objects often associated with witchcraft were found in the infant’s cradle, including peas, grains of coriander, a chip of apparently human bone, and even some sort of blood lump described as being made of the menstrual blood of a devilish woman. Thoroughly alarmed, the parents got her wet nurse dismissed and entrusted the child to an experienced exorcist. After three days, she showed signs of improvement. Before she was entirely cured, however, the child relapsed, and again, strange objects were found in her cradle. In the end, however, the exorcist managed to heal her.2

With the publication of the *De morbis veneficis*, a work influenced not only by personal experience but also by European demonology and by manuals for inquisitors and exorcists, the devil enters Codronchi’s medical analysis. However, after explaining the reasons that led him to take an interest in the diabolical, he took care to state that “the malefice was probably allowed by God himself, in order to experience in my own daughter what in others I would have hardly believed to be true”.3 Thus, he takes personal responsibility for his daughter’s illness and also avoids to fall into the trap of dualism—a perennial problem for demonologists—but rather emphasizes the primacy of God even in his daughter’s possession episode. This was, indeed, a common approach in all demonological analyses, since Christian authors needed to avoid any implication of Manichean dualism by stating that diabolical forces act only with God permission (Cameron 2010).

Although unexpected from the perspective of northern demonology, the *De morbis veneficis* fits perfectly within the typically Italian demonological literature (Tavuzzi 1997; Maggi 2001, 2006; Valente 2003; Lavenia 2011; Machielsen 2015; Dall’Olio 2018). However, what makes the text particularly interesting is that it is among the first contributions to be authored by a physician. Within the Italian demonological debate, dominated by Inquisitors and exorcists, physicians were often criticized. The idea that the occult played a role in the physical world was by then established and shared, and the inefficiency of official therapies was proof of this (Clark 1997a; Lavenia 2013). Thus, the significance of the *De morbis veneficis* is the way that its author sought to bring these two disciplines together in the service of Tridentine reform.

Despite its autobiographical origins, the structure of the *De morbis veneficis* resembles that of other demonological texts. Divided into four volumes, the first surveys source from antiquity. Biblical and then patristic sources are followed by the most authoritative sources in the fields of medicine and

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2 Codronchi (1595), ft. 35v-36r: “Et illud tantum memorie prodam quo mini fat erit, annis enim superioribus Francisa filia mea decem menses nata apud nutricem insigni macie est affecta, sepe, ac sepius, magna suspiria edebat. Et quando difasciabatur semper plorabat agreoque ferebat se defasciari cum indeterius laberetur sub iit suspitio uxori meae, ut cum esset pule admodum venusta invidentiae causa, vel odii cuissudam vetule veneficio esse affectem. Qa propter culcitram inuiens nonnulla signa veneficii reperit, ciceros, nempe, grana coriandronum, frustum carbonis, et ossis defuncti, rem quandam compactam mei incognitam, quam fieri ab his improbis forminis ex quibusdam cum sanguine menstruo mixtis, retulit, quidam penitus exorcista.”

3 Codronchi (1595), f. 36: “quod quidem veneficium portasse Deus permitis ut in mea puella experirer quod in alii parum credebam veritatis habere”.

inventory on the folders. Actually, the register begins from page 61, and the first available trial is the one against Maddalena Valgo la Fenzarola, on 17 March of the same year. Among the lost papers there are also the trials with accusation *De sortilegis* against Francesca Brocardi (17 February) and Giulio Segantino (20 February). In light of the date of the trial, Brocardi could have been the most plausible wet nurse of Francesca Codronchi, suspected and fired, but without the papers it is impossible to ascertain. Going backwards chronologically, there are only two trials of alleged witches, both in the summer of 1559. Thus, even if Codronchi denounced the wet nurse, it seems impossible to find her identity.
natural philosophy. Probably following the footsteps of the physiologist Jean Fernel, with whom Codronchi had a controversial relationship (see below), and preparing the ground for authors such as Candido Brugnoli (Biondi 1994; Niccoli 2001), Codronchi discusses the traditional authorities who dealt with natural causes and supernatural interventions. Of course, he also took his contemporaries into consideration: for example, he surveys Girolamo Menghi’s theories about the enormous power of Satan and his army and about the possibility of fighting them through exorcism, which are summarized and readapted in a wider context. Emphasizing his autobiographical testimony and his medical training, Codronchi’s work attempts to highlight the scientific questions implicated in demonology.

The first source that Codronchi submits in support of his argument is Scripture itself, a choice that already partially communicates the heart of Codronchi’s message. In the Bible, the devil embodies evil, which was unwanted yet permitted by God, since the first to embody it were his own creatures, the snake and humans of the third chapter of the Genesis. Possibly, Codronchi’s exclusive use of Old Testament biblical passages in his opening chapters suggests his main concerns. In fact, Codronchi does not refer to the very few passages in which the devil is actually named, but only to those which condemn the use of divinatory and magical arts which challenge the greatness of God. The devil thus takes advantage of the illicit attempts by humans to communicate with the divine through magic (Heintz 1997).

Not only on a strictly theological level but also on a political one, magic was considered as the work of the devil, and insofar, Christians opposed it from the outset (Flint 1999; Marasco 2011). In addition to Scripture, Codronchi draws on the canons of Church councils. These recognized that magic was not simply a pagan practice, but also one illegitimately pursued by curious or badly educated Christians. Codronchi denounces both necromancy and divinatory arts, since communication with the deceased and the prediction of the future are powers denied even to the Church. The only true prophetic knowledge is that contained in Scripture. For this reason, Codronchi refers to Canon 36 of the Council of Laodicea (AD 363/364), which states that churchmen could not be magicians, charmers, or astrologers and that they could not make amulets. Those who matched this description must be expelled from the Church. Similarly, Canon 89 of the Fourth Carthaginian Council (AD 348) condemned spells and divinations of the participants of the church and denounced Jewish superstitions.

Other canonical sources included the Decretum Gratiani (twelfth century) which, similarly, denounced magical practices as superstitious and antithetical to Christian orthodoxy, and the bull Summis desiderantes affectibus (1484) issued by pope Innocent VIII, which preaced Institoris’ Malleus Maleficarum (1486). Moreover, further support was given by the Church Fathers. From Augustine to Thomas Aquinas, Codronchi surveys the judgment of the Fathers on magic and divination, unanimously condemned as undesirable to God. Reviewing the theological and philosophical literature was a typical aspect of demonology as well.

As for his treatment of classical sources, Codronchi welcomed the theses of “Plato and the Platonists, for whom the _veneficium _is evil” (Codronchi 1595, f. 13) while he openly opposed Aristotelian positions, since “the demons and their evils, in the opinion of Aristotle and the Peripatetics, cannot be proven by virtue of their own [by Peripatetics] principles” (Codronchi 1595, f. 16). Obviously, the dualistic philosophy of Plato accorded better with the explanation of intelligible causes manifesting through sensible effects. In addition, later Neo-Platonic philosophy interpreted the demonic as transcending the human sphere but not corresponding to the divine; demons were considered intermediate beings. Following this interpretation, during the early modern period, many physicians embraced the idea of the possibility of the hidden causes of diseases (Bianchi 1982; Clark 1997a; Forrester 2005). The rediscovery of Platonic literature due to the translation from Green to Latin and the renewed circulation of Hippocratic _Prognostica_, together with the always potential failure of official medical therapies,

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4 Ex 22,18; Lv 19,31; Lv 20,6; Lv 20,27; Dt 18,9-12; 2Re 1,3-6.
5 Codronchi (1595), ff. 5v-6: “Auguriis et incantationibus serventem a conventu ecclesiae separandum similiter et superstitionibus judaicis, vel feriis inhaerentem”.
led the early modern physicians to think that there were diseases with obscure and incurable causes (Lavenia 2013). Codronchi similarly dismissed attempts to advance naturalist explanations, often rooted in the power of the imagination, for diseases. He considered such naturalism, associated with the controversial figure of Pietro Pomponazzi totally inadequate to explain diabolical phenomena (Dragon 2006). The second book of the *De morbis veneficis* is entirely devoted to explaining how the human imagination cannot be the origin of any *veneficium* (Zanier 1975, pp. 65–67). When Codronchi denounced Aristotelians for their denial of demons, he likely had naturalists like Pomponazzi in mind. Moreover, in a strictly philosophical and physiological sense, we may deem that the critical point is right on the coincidence of body and soul. Since the devil is the “prince of the substance”, and possesses bodies and not souls, Codronchi’s refusal of both Aristotle and Galen lies in that attempt to bring a body’s issue to the soul and vice versa (Zambelli 1996). In other words, while he is ostentatiously and scrupulously orthodox where Christianity is concerned, Codronchi is deeply critical of both philosophical (Aristotelian) and medical orthodoxy. The science of Hippocrates and Galen also foresaw that assumptions about demons and *venefici* could not even be postulated and that the causes of diseases both internal and external had to be investigated only by sensory methods. However, it is clear that every disease needed its own medicine. Inevitably, if physicians rejected the demonic cause and tried to cure this kind of disease through the introduction of blood or the administration of drugs, they would necessarily face therapeutic failure since such remedies are ineffective on demons, which are *substantiae*. Codronchi does not deny the humours and elements, which are the central foundation of the Hippocratic-Galenic physiology, but Hippocrates, the ‘prince of physicians’, in his treatises on *sacred disease* had made malefic actions a mere matter of ‘wrong words’—i.e., empty belief—which Codronchi cannot accept. Of course, God cannot be the cause of such “sacred” diseases; although the reference is made to a ‘sacred’ evil, the cause of such diseases must therefore be sought in demons. The followers of Hippocrates and Galen, who do not admit that sacred evils such as Codronchi define them, simply follow the authorities because they do not really understand the point of the matter.

In Book Four of the *De morbis veneficis*, Codronchi explicitly states his position concerning the relationship between magic, medicine and exorcism. He confronts the therapeutic pluralism of the time by appealing to the principles of ‘*ex magica arte, ex religione et ex arte humana*’ (Codronchi 1595, f. 165v) and focusing on the pharmaceutical culture of the herbs and potions (Gentilcore 1998, p. 2; Minuzzi 2016). Early modern medicine was a discipline characterized by a deep ambiguity because it was at the same time both *ars* and *scientia* (Mammola 2012). This ambiguity was especially evident in the healing process, which was assigned from time to time to different practitioners. At the risk of oversimplification, while the learned physician might consider the study of medicine a science, other parts of the therapeutic marketplace, such as charlatans and healers, were more concerned with the *ars*, the care of patients (Pomata 1998; Gentilcore 2006). Furthermore, the early modern medical marketplace was not only a secular competence; physicians also faced competition from the clergy (De Blécourt 1994; Duni 1999). These lines often blurred in practice. While clerics, especially, of course, exorcists, would participate in healing rituals, they also produced ointments and other preparations.

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6 Codronchi (1595), f. 45: “Quid sit veneficium ex aliorum sententia explicatur et immaginationem illius non esse causam probatum”.

7 Codronchi (1595), ff. 20v-21r: “Et morborum causas cum internas, tum externas disquirentes a sensibilibus, non as insensibilibus (quales sunt daemones) indagati fuerint. Praterea cum causarum morbos facientiunt abditiorem a contrariis fiat. Contrariorum contraria sunt medicamenta. Et pro diversis morborum causis, eorum varientur mediciones: quanta ratione daemonica morbi causa supposita a medicis ipsis depelli poterint. Quaenam sanguinis missio, quae concoquentia quae purgantia pharmaca, quae victus ro, vel alia huius generis medica remedia fuerint vel daemoniaco eius morbo contraria cum daemones sint substantiae”.

8 Codronchi (1595), f. 21v: “Hypocrates enim Medicorum facile princeps in libro de sacro morbo, de Magis seu Maleficos, deque eorum operationibus pravis verba facit”.

9 Codronchi (1595), f. 24v: “[. . .] medici nimis Galeno addicti et qui ut dicitur in eius verba iurarunt, hoc morbos non admitterant ut qui causam abdiitorem et non physicam possideant”.

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as a result of long-standing monastic tradition. Conversely, popular healers often supported their treatments with prayers and blessings (Zanelli 1992; Pomata 1999; Weber 2011).

Building on ethical rules that he had already articulated in his earlier De Christiana ac tuta medendi ratione (1591), Codronchi made it clear that both physicians and their patients had a duty to confront vices through conversion to Christianity or reconciliation with the Church (Schleiner 1995). Those same notions are here confirmed and adapted to the context of diabolical diseases: Codronchi insists on the need for those affected by demons to seek refuge with God, imploring Him with prayers and supplications and confessing their sins through the sacrament.10 Again, rather than identifying a human culprit, Codronchi is focusing on patients reforming themselves. Medicine and religion are both necessary in the healing process.

From the outset, Codronchi encouraged the prevention and cure of venefici through the “rejection of superstitious methods and the acceptance of real Christian remedies”.11 He gathers the knowledge that was normally the prerogative of apothecaries, pharmacists, and herbalists, to illustrate how the properties of some plants can be used to contrast some of the symptoms caused by the diabolical intervention. However, as Codronchi is a learned physician, before delving into the science of botany and pharmacy, he clarifies that the purpose of physicians is the preservation or attainment of health. Anyone who aspires to be a physician needs to keep things as they are according to nature and to preserve their bodily constitution as well as their health.12

The value of some officinal remedies, in particular those ascribed to Pliny and Dioscorides, but also to Democritus, is here reaffirmed. However, like Galen, Codronchi considers the remedies used as amulets “vain and superstitious”. These included, for example, the “scilla”, a liliaceous plant used by Pythagoras as a remedy for all evils (Jouanna 2011).13 Nevertheless, the dividing line between therapeutic and superstitious medicines is often very thin. According to Codronchi, this ambiguity is due to the fact that, in ancient times, divine and demonic conceptions of the venefici were unknown and indistinct, and that both were simply defined as magical.14 He prefers “to silence” (Codronchi 1595, f. 170) the many who have applied superstitious methods against the venefici but recognizes that there actually are some potions and medicaments which can be preventive in case of enchantment. His assumption is that since demons work within nature, there are natural remedies with a real healing power over diabolical diseases, and physicians may use them when dealing with patients suffering from spell-caused diseases (Biondi 1981). As the properties of some plants can alter the natural manifestations of things, a real collaboration between the disciplines is key to treating this kind of disease.15

Exorcists often transcend the medical field when prescribing and preparing drugs, but, by doing so, they risk causing further injury to the patient, since some remedies may become

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10 Codronchi (1595), f. 175v: “Qui igitur veneficio aliquo sunt affecti, vel a daemone obsessi, quamprimum ad Deum optimum maximum confugere debent, et orationibus sedulis ac devotis auxilium ipsius implorare, peccata propria dolendo sacramentaliter confiteri, sacra communione saepius se munire, vigiliis, ac ieiunis si vires sint validae carnem attenuare, ac ipsius impetus imminuere, varia itinera peragere […]”.

11 Codronchi (1595), f. 161: “De praeservatione a morbis veneficis, pro qua remedia superstitionsa reiciuntur, et vera Christianaque proponuntur”.

12 Codronchi (1595), f. 161: “Cum mediici finis sit sanitatis custodia, seu adeptio, quicquid enim in arte sua molitur medicus, ob id facit, vel ut praesentem servet quae secundum naturam est, constitutionem quam sanitatem dicimus velut amissam illam sedula manu recuperet atque reficiat, ea propter primo loco qua ratione sani, ne a veneficii morbi corripiantur, deinceps, quibus remediorum generibus aegrotantes a veneficiis vindicari possint, explicare aggrediar”.

13 Codronchi (1595), f. 161v: “Antiquiores idolis servientes pro ipsapraeservatione quibvsdam vanis ac superstitionis quae amuleta dicuntur, utebantur, quae tamen neque a temperamento, neque ab alis manifestis qualitatisbus, neque a tota substantia, neque a divina, vel magica potentia vires habent […]”.

14 Codronchi (1595), ff. 169v-170v: “Cum antiqui divinam ac demoniacam rationem veneficia solvendi distinguere ignorant, utramque magicam appellant et sacram, divinamque existimabant, ac in religione habebant, unde Hippocrates divinium vocavit, quod in morbis habetur, cum potius daemonium esset dicendum, magica curatio utitur quibvsdam vanis ac superstitionis rebus ac verbis quae ut superius fuit dictum, Amuleta dixerunt et incantationibus adiviationibusque daemoniacis”.

15 Codronchi (1595), f. 169v: “Pro curazione horum morborum, et demonum corpora obsidentium expulsione, tres invenio rationes inter se maxime distantes, quorum una ex Magica arte, alia ex Religione, et tertia ex arte humana dsumitur, ita ut curatone dividere possimus in magicum, divinum et humanum”.
dangerous if not handled cautiously.\textsuperscript{16} The advocated pharmacology is actually quite traditional. Among emetics, for example, Codronchi recommends dill seeds, atriplice roots and horseradish, which are often prescribed in order to induce moderate vomiting. However, white hellebore must be used with caution: although it is the main ingredient of medicines which provoke vomit and therefore purify, this remedy must be calculated and administered carefully; by eliminating the harmful humours accumulating in the brain, wrong quantities can lead to diuresis and excretions and determine a new induced humoral imbalance. Given the attention required from physicians when administering emetic drugs, even greater caution is expected from the exorcists and hopefully, they will not have to act autonomously.

In cases of possession, Codronchi articulates the need for collaboration much more: “both the prudent exorcist and the physician will be able to prove that many diseases provoked by witchcraft can be eradicated almost with the same remedies and with other things related to their universal cure”,\textsuperscript{17} Unlike Menghi’s demonology, in which physicians had no power over diabolic illnesses, Codronchi wishes for a collaboration between physicians and exorcists, and indeed, he considers such a partnership necessary. For Menghi, it is the exorcist who is in charge of the medicinal administration, as well as of the supervision of the ritual.\textsuperscript{18} Obviously, exorcism was not similar to other unofficial treatments: the operation was not constituted of a single therapeutic act performed by a healer, but it was a ceremony (Sluhovsky 2007; Young 2016). The ritual of exorcism was entirely administered by the exorcist who worked in the name of the Church. Codronchi did not disagree with this interpretation of exorcism. By distinguishing the roles belonging to physicist and exorcist, however, Codronchi advises the exorcist to collaborate with a health professional when performing the sacred rite. Codronchi explains the need for a physician by appealing to the substantial nature of demons. Conversely, the exorcist, insofar as he is a divine emissary, is responsible for the spirit of the patient. As he did in the case of Francesca’s possession, Codronchi coherently took care of the physical health of the child himself while allowing God, through the exorcist, to act on the spirit of the poor possessed.

Two years after the publication of the \textit{De morbis veneficis}, Codronchi sent a letter to the Inquisitor of Imola, Head of the Inquisition in his diocese; the letter contained some extracts of “magical and superstitious remedies to be expurgated from the works of physicians”. With his letter Codronchi aimed to join the process of expurgation of forbidden books (Donato 2009). On 5 January 1597 Alberto Cheli, Inquisitor of Imola and Faenza, delivered the letter undersigned by Michele da Lugo, Vicar of the Sant’Uffizio in Imola, Federico Surdo, General Vicar of Imola, and Alberto Cheli, General Inquisitor of Romagna, to Cardinal Marcantonio Colonna, prefect of the Congregation of the Index in Rome. (Fragnito 1997, pp. 143–71; Frajese 1997, pp. 120–27). Although the exchange among the three men was minimal, it reveals how tangled the entire mechanism of expurgation was: in his discussion of Huarte’s \textit{Examination of Men’s Wits}, a book already forbidden by the Spanish Indices, Cheli writes to Colonna that he found “heretical propositions which are suspect and outrageous”.\textsuperscript{19} He then adds:

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\textsuperscript{16} Codronchi (1595), f. 177r: “Et quoniam nonnulli Exorcistae posuerunt falcem in messem medicorum, proponentes varia vomitoria, potiones, linimenta, suffitus, balnea et alia huissumodi, quibus fine ualla differentia ac temerem, artem profiteant hanc utuntur insigni cum aeque tantum laesione [. . .]”.
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\textsuperscript{17} Codronchi (1595), f. 199: “Quamplures alii venefici morbi eiusdem remediis, ac aliis relatis in cura universali, aboleri poterunt, quae prudens Exorcista, ac Medicus adhibere poterant”.
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\textsuperscript{18} Menghi, pp. 275–76: “Non è adunque da dubitare che Iddio, à vendetta della sua divina giustizia non sottoponghi gli Demoni alle attioni delle cose sensibili. Ma qui avertifica il lettore che se questo Dottore intendesse, che questo si possi fare senza gli Essorcismi di Santa Chiesa diria il falso. [. . .] Gli Sacerdoti et Essorcisti possono applicare alcune cose sensibili à questi vessati dal Demone per alleggerire la loro vessatione fattagii da questi spiriti immundi; mentre però che dette cose siano benedette nel nome della santissima Trinità, Padre, Figliolo, et Spirito Santo. Non è adunque cosa d’ammirarsì se alcuni Essorcisti applicano certi siropi, medicine et altri beveraggi à questi spiritati per scacciare gli Demoni fuori de i loro corpi; sendo chiaro (per quello che abbiamo detto) questo non solamente essere lecito, ma ancho alle volte necessario, per cavare gli malefici fuori de i corpi maleficiati et fatturati, mediante i quali il Demone è legato in quelli corpi, per il patte che tiene con gli Malefici”.
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\textsuperscript{19} The book was forbidden by the Spanish Inquisition in the Indexes of 1583 and 1583; the first condemnation appeared in the Portuguese Index of 1581, where the book was forbidden without the name of the author. The book was never forbidden by the Roman Indexes.
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“Likewise I am going to send you a list of medical books, compiled by Sir. Baptist Codronchius of Imola, who was in charge of the correction of Medical books; he observed […] some passages about Galen etc., which I am going send to you”. On 8 March 1597, a decree by the Congregation of the Index appointed the work of expurgation of medical books to a commission based in Padua. The same decree also acknowledges receipt of Cheli’s letter containing Codronchi’s suggestion by the Index. (Baldini and Spruit 2009, p. 621; Ricci 2008, pp. 363–76) In May, Cheli wrote to Colonna again, sending him another list compiled by “Sir Physician Baptista Codronchius of Imola”. The possibility cannot be excluded that, in addition to the Paduan commission, another delegation from Romagna had been engaged, and that Codronchi was part of it. The main evidence for this conjecture is a letter written by the bishop of Faenza Antonio Grassi and dated 21 December 1596 which informs the Congregation that “in order to get rid of the forbidden books and to correct those that need adjustments, we appointed some men who are learned about all the sciences” (Marcus 2018, p. 20). Moreover, we should consider that Alberto Cheli had been commissioner of the Holy Office in 1566 and 1567, and that in 1581 he had been nominated vicar of the Inquisition at Imola. After Faenza was raised to the status of an independent Inquisitorial seat in, Cheli returned there as general Inquisitor until 1599: it is in this time frame that Cheli mediated between Codronchi and the Congregation of the Index in Rome (Schwedt 2013, p. 51). Possibly, a previous acquaintance during Cheli’s stay in Imola as vicar of the Inquisition, as well as shared political and religious interests between the two, may have prompted Codronchi to contact Cheli again after the promulgation of the 1596 Index.

The list is quite long, its content heterogeneous, and the assumptions laying behind Codronchi’s choices are manifold. Yet, together, they reinforce the picture of Codronchi’s project of putting medicine at the service of religious reform and, in turn, using religious orthodoxy to reform medicine. It is worth noting that most of the expurgations concern texts concerning epilepsy. First, Codronchi quotes some extracts from the thirteenth and sixteenth sentences of Scribonius Largus’ *Compositiones Medicamentorum* in which the first-century author proposed some methods for diagnosis, preparation, administration and preservation of the *morbo comitiale*. In order to treat epilepsy, the thirteenth *Compositio* recommends taking the gastric juice of a fawn collected within nine days from its secretion, to let it dry “neither by the light of the sun nor by the light of the moon”, and to administer it in the quantity of the size of a single lentil. Furthermore, it advises killing the fawn “with a knife a gladiator had been slaughtered with” (Largus 2016, p. 39). Similarly, the sixteenth *Compositio* describes a treatment practised in Rome by an ‘honest matron’ and based on the use of animal blood. The *Compositiones* of Scribonius circulated widely in the early modern age, especially in Protestant countries.

Next, Codronchi turns to Alexander Trallianus’ *De epilepsia* (sixth century). The *De Epilepsia* represents chapter 15 of Book I of the *Therapeutica*, entirely dedicated to diseases affecting the head; as Alexander explains, epilepsy is a pathology located in the head. Ill people in the acute phase ‘can neither listen, nor see, nor completely understand, nor remember anything. They lie without any sensitivity and differ in nothing from the dead’ and still ‘some people call this disease as sacred because the brain is sacred and honored’ (Alessandro di Tralles, pp. 640–43). Hippocrates’ naturalization of this once sacred disease forced the medical tradition to address the problem of its possibly physical or spiritual nature. Alexander Trallianus interprets epilepsy in the light of the Neoplatonic philosophy, and, for this reason, after having described the disease and its causes, he devotes a whole book to the

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20 “Parimente mando un’Indice di libri in materia di Medicina, osservati dal S<ign>ore Baptista Choderoncho, Imolese, deputato sopra la correttione de libri Medicinali, quale h à osservato de […] passi sopra Galeno etc. quali mandarò a V.S. Ill<ustri>ss>ma et Rev<erendiss>ss>ma.

21 “censurae in quaedam opera Medicinalia receptae sunt ab Inq<uisito>re Faventins."

22 “merge an hemin of ivory filings and a pound of attic honey. Then, if the patient is a boy, you add the blood of a male tortoise and a male pigeon; both wild, […] instead, if the sick person is a girl, the animals must be of female sex as well […] . Who uses this medicine must not taste neither wine or pork, and has to keep an ivory bracelet on his arm”.

23 All the editions were based on the Parisian edition of 1528 edited by the French physician Jean Du Rueil. The text was published afterwards in Basel in 1529 by Andreas Catander in Venice in 1547 and it was then printed in Paris in 1567 by Henri Estienne.
magical remedies to be used to cure the illness. Inevitably, it is precisely this last section that is targeted in Codronchi’s proposal for censorship. Codronchi also suggests the expurgation of other parts of the work of Alexander which no longer concern epilepsy, but still recommend magical remedies to fight hiccups (Lib. 7 chap. 15), kidney stones (Lib. 9 chap. 4), intestinal colic (Lib. 10 chap. 1), and fevers (Lib. 12 chap. 7).

Next, Codronchi focuses on Nicolaus Myrepsius’s De compositione medicamentorum (thirteenth century). Chapter 353 describes the remedies used by married people who hated each other because of a maleficium. Codronchi proceeds to expurgate antidote 298 which claimed that evil spirits are driven away by the ciphers, an ancient perfume used by Egyptian priests, antidote 405 which recommends prayers, formulas and magical observations in case of exaggerated blood flow, and antidote 419, which describes some general magical remedies. Finally, Codronchi proposes the expurgation of sections 21, 12, 24 and 37, which suggest the employment of superstitious remedies and magical words for the treatment of internal and external tumors.

Other types of expurgation deal with maternity and female diseases. Of the four volumes of the Rerum Medicamentorum by Theodorus Priscianus (fourth century), Codronchi suggests the expurgation of the first part of the Gyneciorum Harmoniae, and, in particular, of the parts concerned with remedies to help or to prevent conception. The text originally constituted the third book of Priscianus’ Euporiston, which illustrated remedies that could be adopted even by non-specialists (Formisano 2004). In order to further spread medical knowledge, it was Priscianus himself who published a second abridged version of the book in Latin, the only version now actually preserved. Priscianus advised women who wished to avoid pregnancy to adopt magical remedies in order to suspend their fertility.

Then, Codronchi addresses chapter 8 and 29 of Isaac Israeli’s Pantegni, concerned, respectively, with gynecological and obstetrical remedies and male impotence caused by magic. Since this pathology was often deemed to originate in maleficium, the prescribed cure had to be just as magical. However, it is also plausible that Codronchi’s strong anti-Jewish attitude may have encouraged this proposal (Romeo 2005). In fact, already in the De Chistiana, Codronchi had dedicated an entire chapter to the restrictions that Christian physicians should have observed when consulting Jewish physicians (Codronchi 1591, ff. 110–13; Schleiner 1995, pp. 103–4).

Other proposals examine Giovanni Michele Savonarola’s Practica Maior (1561), and, in particular, heading 20 of chapter 1, which causally connected epilepsy to the female menstrual period and encouraged the use of magical remedies and prayers. Section 32 of chapter 20 is also targeted, insofar as it offers therapeutic solutions against male impotence.

Next, Codronchi proposes the expurgation of Niccolò Falcucci’s Sermones Medicales (1491) specifically, sermon 3, which describes how to force the blood flow through enchantments (chp. 2), sermon 6, dedicated to the anatomical, physiological and therapeutical analysis of the reproductive

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24 “ad coniugatas quae viros aliquo maleficio invicem odio habent”.
25 “ad extirpandas maricas adhibit si neriosis radice cum quibusdam vanis observationibus [ . . . ] ob huius libri defectum non potui singillatim haec magica remedia describere, quae alias notavi sic”.
26 “ad malum spiritum fugandum nonnulla proponit sortilegia”.
27 “Cum peperit mulier eadem hora antequam aliquid suma, aut sanguis eius purgetur, tolle carbones vivos, et extingue eos in sanguine suos idi ter dicens: extinguo conceptionem mulieris huius, et nomina eam, ab omni coitu virili ex hui die vel ex hac hora qua ipsa voluerit, salvis eius menstruis etc. Et statim carbones in pixide pone quantum volueris, et claude deinde ipsam pixidem in lisitro involve, et diligenter liga et signa, et absconde eam, ut non aperiatur, ita ut nec sol nec luna eam videam”.
28 Israeli’s work was divided into two parts, Theorica and Practica, each divided into ten chapters, and the same division was followed by the translator Constantine the African who gave it the name of Pantegni. The 1536 Basleian edition contains only the Theorica part. Instead, Codronchi refers to the Practica that is found only in the Lyon edition of 1515, but that, as highlighted by Monica Green, has little to do with the original Arabic, and can be considered almost entirely the work of Constantine. (Green 1994).
29 Michele Savonarola then took up to some sections of Practica maior to propose them again in the De regimine pregnantium, a gynaecological and pediatric work which was particularly significant because it was addressed to women. His intention was to disclose the expertise of the medicine for pregnant women and infants up to seven years, and for this reason, is written in the vernacular.
organs of both men and women, magical remedies (chp. 2), and remedies to find out whether a woman claiming pregnancy is really pregnant (chp. 19).

Other passages are taken from John Anglicus’ *Rosa Anglica* (fourteenth century). Once again, Codronchi opposes superstitious remedies and prayers used in the treatment of pain and hiccups. For example, chapter 3 of the third book prescribed to treat toothache by reciting the prayer “in the name of God and his Son Christ” and by writing sacred names on the patient’s jaw. The same holds for Giovanni di Vigo’s *Practica copiosa in arte chirurgica ad filium Aloisium* (1517) and Bernardo Gordonio’s *Practica medicine* (1303), in which Codronchi expurgates magical remedies against epilepsy, which involves the use of stones and prayers.

Codronchi also proposes the elimination of a chapter of Marco Gattinara’s *De curis aegritudinum* (1542)—which is actually nothing more than a comment of the ninth book of the *Liber medicinalis ad Almansorem* by Rhazes— in which magical remedies for excessive nosebleed are recommended. Then, Codronchi deals with book 2 of Domenico Leoni’s *Ars Medendi*, in which Leoni explains the power of succubus, incubus, the necromantic faculties of Merlin and insane love.

Lastly, the proposal to expurgate chapter 16 of Jean Fernel’s *De abdits rerum causis* (1548) deserves particular attention. In the preface of the text, dedicated to the newly crowned Henry II of France, Fernel encourages the exploration of the Hippocratic statements concerning the ‘divine aspects of diseases’ (Forrester 2005, p. 119). He refers to the question of Hippocrates’ *Prognostica* where physicians are encouraged to consider the possibility of divine elements in the disease before making a diagnosis (Thivel 1975). His intention is to propose a medicine which goes beyond the epistemic horizon of the ancient scholars. From Fernel’s point of view, ancient medical science has been improved by the Christian doctrine. It is only through this reading that Hippocrates could be better understood, and specifically because occult causes play a role not only in medicine but also in the whole natural philosophy (Hirai 2005; Lavenia 2013). Fernel was part of a generation of scholars permeated by Renaissance naturalism who believed that magic could act both in *physis* and on *physis*. The rediscovery of Platonism and Hermeticism and the spread of Ficino’s translation of the *Corpus Hermeticum* recreated a framework which embraced all the magical and astrological ancient wisdom and where Fernel’s occult causes represented a legitimate part of natural philosophy. Moreover, such a framework represented an alternative to the materialistic naturalism of the physicians who read Galen through Avicenna. Not a rejection of Aristotelianism tout court, but the recovery of some peripatetic categories within the broader Ficino’s *spiritus mundi*. (Walker 1972).

The discussion of classical themes of Aristotelian philosophy in the first part of Fernel’s book prepares the ground for the central argument concerning the hidden causes of diseases displayed in the second part. From Fernel’s Galenic point of view, ordinary diseases are the consequence of humoral imbalances, while occult diseases are described as “evils of the total substance” (Forrester 2005, p. 549; Deer Richardson 1985). From an Aristotelian perspective, these latter did not act on the humors of the body only, but on the body as a whole; accordingly, they do not cause a simple humoral imbalance but a complex symptomatology affecting the whole body. In contrast, venefical diseases are not only unmeasurable but also detectable. These occult remedies are distinguished from magical remedies that Fernel refuses to acknowledge, for only a rational and methodical analysis of occult faculties can be advocated. Fernel’s intention was not to establish a magical or hermetical medicine or philosophy

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30 It is John of Gaddensen (ca. 1280–1361) who was probably the first English court physician (Cholmeley 1912). The original Latin text was translated and circulated extensively in the Irish version and in manuscript form since the beginning of the fourteenth century, then was printed for the first time in Pavia in 1492. The Irish translation is not accurate and often presents interpolations of Bernardo Gordonio’s *Lilium medicinae*. There were many re-editions of the work, including a handwritten Irish translation from 1450, and Codronchi refers to the last of these printed in Augsburg in 1585.

31 These included the *bursa pastoris*. The “shepherd’s bag” is a plant with hemostatic and astringent properties mainly used to stop or calm the excessive menstrual flow.

32 “quamplurima recenset remedia superstitiones, et fortasse magica nonnulla, quibus, ut ipse scriti, quamplurimi sanari morbi creditum est. a car. 277. ibi superstitionem dico morbum comitalem etc. usque a car 279. inclusivē et in finem capitis”.
on the example of Ficino, but simply to solve those pathological questions that Aristotelian-Galenic medicine could not solve by appealing to occult causes.

Chapter 16 of Fernel’s book, the one that Codronchi proposes to expurgate, deals with the actuality of supernatural diseases and diabolical possession. It reports the case of a young boy suffering from convulsions and strong and rapid shocks, apparently not associated with alterations of the mind or the senses. In fact, the boy’s mind was healthy even during the fury of the convulsions. All the doctors who visited him diagnosed epilepsy caused by harmful vapors placed on the spine and spreading from the column to the limbs through the nerves, but the vapors did not reach the brain. Only after three months was the actual cause of the disease discovered: a demon presented himself by speaking Latin and Greek through the boy’s voice, although the patient did not know Greek at all (Forrester 2005, pp. 652–55). Fernel briefly describes the powers of demons, how they enter bodies and afflict them in many ways by intervening either directly in the structures or by causing an imbalance of humors in the body. At least to that point, it does not seem that Fernel’s discourse is in any way opposed to that of Codronchi. However, Fernel proceeds to explain that demons are responsible for all this, and since they belong outside nature, remedies against them will have to transcend the sensitive: among transcendent remedies, some are genuinely divine, others are magical. Moreover, superstitions occur not only in what transcends nature, but also in most natural remedies—such as when powers are attributed to herbs, plants, stones or metals, powers that are related neither to manifest qualities nor to their entire substance. Once again, Codronchi’s concern is not related to the understanding of the hidden origin of diseases, but rather to their magical resolution. Therefore, Codronchi’s attempt is to reaffirm once again the primacy of the physician in the therapeutic dimension.

Codronchi’s proposals to the Congregation of the Index regarding the expulsion of medical works appears to be motivated by two sorts of reasons that proceed hand in hand. First, it should be noted that proposals mainly concern extracts from ancient and medieval texts which offer treatments for epilepsy and female illnesses. In the works listed by Codronchi the sacred disease is interpreted as similar to other common brain diseases. However, even when naturalized, epilepsy is cured with magical remedies and practices. Scribonius Largus treats epilepsy as a disorder of the head, along with headaches, dizziness and sinusitis; Alexander of Tralles also refers to epilepsy as a headache; Savonarola deals with epilepsy in the broader chapter on brain diseases; similarly, Domenico Leoni clarifies that ‘the cause of epilepsy is in the proper essence in the brain’ (Leoni 1583, f. 126). The therapies offered by these authors all involve magical remedies or religious means, such as the prayers proposed by Gordonius. In the sixteenth century, despite the rationalistic efforts of the followers of Hippocrates and Galen, the echo of the supernatural explanation of epilepsy had not yet subsided (Temkin 1971; Eadie and Bladin 2001). We could even suppose that such a supernatural explanation went through some sort of a revival in this period: in the European context of witch-hunting and diabolical obsession, the rational explanation of epilepsy was rejected in favor of an explanation which accounted for convulsion and momentary aphasia and which was compatible with diabolical possession.

To return to what Codronchi stated in the De morbis veneficis, superstitious activities are evil not only because they are contrary to God, but also because they are ineffective. In fact, such superstitious activities are not only based on an erroneous knowledge of the natural order of things, but they may also involve powers that a good Christian should never attempt to use. In addition, in the De morbis veneficis, Codronchi explains how peripatetic rationalism is to be philosophically rejected because it was incapable of explaining diseases caused by venefici. Hippocratic and Galenic science needed to be revised as well, inasmuch as they made exclusive reference to the principles of natural philosophy.33 Thus, on the one hand, the naturalization of epilepsy following the Hippocratic example would have

33 Codronchi (1595), ff. 21r-22: “[... ] At Deus horum morborum causa esse non potest, nec caeteri morbi ita appellantur: ideo sequitur morborum hunc sacrum alia ratione dici. Malefici enim ac Magi (ut arbitrour), Hippocratis tempore, quo rudes satìs erant homines ut improbitates suas ac scelerata tegerebant imponebant plebi, hunc morbum esse divinitus dimissum: et divinis est remediis et expiationibus abolendum esse. Quae remedia et expiationes quoniam in cultum et venerationem...
totally emptied of meaning the whole analysis that Codronchi makes of demons and their powers. On the other hand, Codronchi is a physician and he cannot accept that a toothache could be cured with prayers, as suggested by John Anglicus. Therefore, Codronchi was caught between two medical orthodoxies which he despised: one which denied ‘supernatural’ causation, the other advocated for supernatural but magical cures.

For the same reason, it should come as no surprise that Codronchi’s other major concern is women’s disease. Codronchi had already expressed his opposition to Aristotelian and Galenic rationalist theories. His refusal then extends from the strictly medical field to the more general sixteenth-century paradigm concerning obstetrical and gynaecological pathologies, which had seen the galenic-paradigm totally overturned. If, for Galen, menstruation represented a sort of natural bloodletting, a purge against many pathologies and also a nourishment for the foetus, in early modern times the relationship between disease and menstruation was reversed, and menstrual blood, to which nefarious vapors are associated, was instead conceived as the cause of pathologies, able to infect others.

All the extracts presented by Codronchi in the list treat gynaecological and sexual problems with heterodox and typically magical methods. This aspect is not unusual, since female genital anatomy was fundamentally ill-understood until the end of the eighteenth century; as a consequence, the attribution of psychological and moral causes was typical of women’s medical manuals. Medieval and early modern treatises inevitably took into account magical elements (Niccoli 2006; King 2007; Green 2008). The passages that Codronchi proposes to expurgate in the works of Priscianus, Falucci and Savonarola are part of this context. It looks like Codronchi’s anti-magical concerns are grounded in both medical—scientific—and religious principles. What Codronchi wants to eliminate from the textual medical culture is the part of medical production that admits the possibility of magical treatments and remedies, for, in the Italian context of the sixteenth and the seventeenth centuries, this would have meant legitimizing the work of folk healers, charlatans and magicians to whom the sick turned for help. These also included midwives to whom women appealed not only during pregnancy and childbirth but also to solve any other gynaecological problem.

Another set of reason may concern the published editions of the works expurgated. It is certainly unlikely that Codronchi had direct access to the original copies of the works listed. Alexander Trallianus’ work represented a fundamental text for the teaching of medicine throughout the Middle Ages, then, in the early modern age, it was translated from Greek to Latin and found a widespread audience in the territories of the German area. Furthermore, it is repeatedly mentioned by Girolamo Gabucini in the De comitiali morbo libri III and by Thomas Mouffet, an English Paracelsian physician; Myrepsius’ book circulated thanks to the Greek-to Latin translation of Leonhart Fuchs, a well-known Lutheran physician and botanist and had been proposed as a model for the official pharmacopoeia by William Bullein in England. However, it is possible to suppose that all the ancient sources recorded by Codronchi had a single origin, namely the Medicae artis princeps published in Paris by Henri Estienne in 1567. The work is a summa of pharmacological notions elaborated over the centuries by combining the Greek and Latin traditions with Arab and Byzantine medicine. All these editions manifestly contained heterodox theses, were produced in German-speaking lands and were particularly widespread in Protestant countries. If Codronchi’s source was actually Henri Estienne, we should not forget that the author was the son of Robert Estienne, the official royal printer under Francis I who was accused of heresy by the Sorbonne in 1547 for having translated the biblical texts. This aspect may not have gone unnoticed within Codronchi’s project of ensuring not only medical but also political and religious orthodoxy.

To conclude, a parallel reading of the De morbis veneficis and of the list sent to the Congregation of the Index suggests that more than sincere spirituality, Codronchi’s motivation exposes his intention...
to emancipate medicine both from theology, with which he expects and hopes to form a dialectic, especially from that medical marketplace mostly composed of non-specialists. In effect, even in the De morbis veneficis, Codronchi appears to be in line with the Counter-Reformation policies and with the deepest Christian morality; the book simultaneously emphasizes the metaphysical and theological reality of demons and their power within the physical space, as well as the fundamental role of the physician in fighting them. Therefore, the aim is to establish an autonomous space for medicine, even if, for Codronchi, this happens within the field of theology and not outside it.

Demonology offers an opportunity to reaffirm the substantial common purpose of physicians and exorcists, and, at the same time, to emphasize the primary role of the physician in acting on the body. The only forward step medicine can take is before the under the aegis of ecclesia. For this reason, even if Codronchi insists that the physician must turn to the exorcist in case of devilish possession, as the devil actually represents an earthly expedient.

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