

LETTER TO THE EDITOR

Smallpox in art: considerations on some of its medical and social aspects

Dear Editor,

We read with interest N. Kluger's palaeodermatological correspondence on the late 19th century painting *Pockmarked boy from Savo*,¹ and we totally concur with him on his assertion that painters rarely depicted the faces of smallpox patients or survivors, with the notable exception of cases like that of Ferdinando II de' Medici (1610–1670).²

Building on his analysis of the problem, we would like to make some additional considerations on this mismatch between the real amount of disfigured smallpox survivors and the actual amount of art-mediated soft-tissue evidence available for historico-medical and palaeopathological scrutiny,³ particularly in that the ratio sharply differs from other conditions such as endocrinological ones.⁴

As aptly written in a 1896 article appeared in the *Journal of the American Medical Association (JAMA)*, '[e]ven those who live

through the sufferings of variola not infrequently bear traces of the attack in loss of sight or painful disfigurement for life'.⁵

Such disfiguring outcomes may indeed have been the very reason for not depicting the effects of smallpox on patients' faces, since smallpox was a disease without any highly specific moral value or religious stigma attached to it (at least in the Western World), although it was rather vaguely labelled as a divine punishment.⁶ On the one hand, it had nothing to do with another disfiguring disease such as leprosy, which on the contrary was the disease of people regarded as cursed by God, and thus destined to live as social outcasts, hence a condition on which artists would often choose to linger.⁷ On the other hand, fearing that it may have been mistaken for syphilis known in the past as the 'great pox' – as opposed to the small-pox – and that people may question a patient's moral values and sexual attitudes, its depiction was avoided altogether. The latter choice is perfectly highlighted by the English queen Elizabeth I's (1533–1603) response to the scars left on her face by smallpox, which consisted of a new policy of state-coordinated embellishment of her look both in portraiture and poetry. Such a politically driven cosmetic approach was also meant, according to Anna



Figure 1 Detail of folio 54 in Book XII of *Florentine Codex* (1540–1585), as reproduced in Fields S. *Pestilence and Headcolds: Encountering Illness in Colonial Mexico*. New York: Columbia University Press, 2008, from Wikimedia Commons, image in the public domain: https://commons.wikimedia.org/wiki/File:FlorentineCodex_BK12_F54_smallpox.jpg.

Whitelock, to protect the sovereign 'from accusations of promiscuity', which might stem from a misunderstanding of her facial scars for the outcomes of syphilis, hence indicating her 'sexual immorality'.⁸

Finally, besides the cases of depicted smallpox mentioned by Kluger (the 17th century case in the Medici family and the 1893 *Rokonarpinen savolaispoika*), we think that to the list could also be added examples from other types of artworks. One is a Roman-era (mid-5th century BC) terracotta male bust housed in the Museo Archeologico Nazionale di Napoli (MANN) characterized by a dense presentation of circles that closely resemble the vesicles of smallpox^{9,10} (although there exists no definitive palaeopathological and palaeomolecular confirmation of the existence of smallpox at the time). Another one is the stylized representation of smallpox vesicles erupting on the skin of Aztecs in Bernardino de Sahagún (ca. 1499–1590) and collaborators' *Historia General de las Cosas de la Nueva España* ('General History of the Things of New Spain', also known as *Codex Florentinus* and preserved in the Laurentian Library in Florence), dating back to approximately the second half of the 16th century AD (Fig. 1).

The future possibility to have better and more frequent correlations between historical, artistic and palaeopathological sources on smallpox may produce an integrated effort towards a comprehensive understanding of the impact of this disease in the past.

Conflict of interest

The authors have nothing to disclose.

F.M. Galassi,^{1,2,*}  E. Varotto^{1,2} 

¹Archaeology, College of Humanities, Arts and Social Sciences, Flinders University, Adelaide, SA, Australia, ²FAPAB Research Center, Avola, Italy

*Correspondence: F.M. Galassi. E-mail: francescom.galassi@flinders.edu.au

References

- 1 Kluger N. Smallpox scars in a 19th-century portrait at the Turku Art Museum. *J Eur Acad Dermatol Venereol* 2021; **35**: 572–573.
- 2 Lippi D, D'Elis JP, Caini S. Smallpox in the Medici family, Florence, 1519–1737: a historical cohort study. *Clin Microbiol Infect* 2015; **21**: e57–e58.
- 3 Rühli FJ, Galassi FM, Haeusler M. Palaeopathology: current challenges and medical impact. *Clin Anat* 2016; **29**: 816–822.
- 4 Traversari M, Ballestriero R, Galassi FM. A likely case of goiter in the Madonna col Bambino dormiente (1465/1470) by Andrea Mantegna (1431–1506). *J Endocrinol Invest* 2017; **40**: 237–238.
- 5 The Disfigurements of Smallpox. *JAMA* 1896; **27**: 716–717.
- 6 Varotto E, Ballestriero R. 17th-century sculptural representation of leprosy in Perugia's cathedral. *Infection* 2018; **46**: 893–895.
- 7 Giaveri MT. Lady Montagu e il dragomanno, Kindle edn. Neri Pozza Editore, Vicenza, 2021: 15.
- 8 Whitelock A. *Elizabeth's Bedfellows: An Intimate History of the Queen's Court*, Bloomsbury Publishing, London, 2013.
- 9 Sabbatani S, Fiorino S. La peste antonina e il declino dell'Impero Romano. Ruolo della guerra partica e della guerra marcomannica tra il 164 e il 182 d.C. nella diffusione del contagio. *Infez Med* 2009; **4**: 261–275 (in particular p. 267, figure 3).
- 10 Baggieri G, Baggieri MG. Vaiolo umano: quella dura battaglia millenaria. *Archeologia Viva* 2013; **158**: 66–73.

DOI: 10.1111/jdv.17266