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**«Genesis. Journal of the Italian Society of Women Historians »,  
1/2022 Call for Papers**

**Contagion. Knowledge, Practices and Experiences from the Late  
Middle Ages to the Twenty- First Century, edited by Giulia Calvi  
and Francesca Arena**

Within the context of the current global sanitary crisis which has triggered different ways of controlling SRAS-CoV-2, the Italian Association of Women Historians (SIS) has launched a debate on the theme of contagion from a gendered and intersectional perspective.

In the light of these first reflections, “Genesis”, the refereed journal of the SIS, is welcoming contributions for a special issue on *Contagion. Forms of Knowledge, Practices, and Experiences from the Late Middle Ages to the Twenty-First Century*.

Abstracts of unpublished articles c.400 words long - in Italian, French, English or Spanish- should be submitted to the two editors: Giulia Calvi ([giulia.calvi@eui.eu](mailto:giulia.calvi@eui.eu)) and Francesca Arena ([Francesca.Arena@unige.ch](mailto:Francesca.Arena@unige.ch)) by May 31, 2021 at the latest. Please include an indication of the sources employed and key bibliographical references. Do also add a brief bio-bibliography of the author.

Authors will be informed of the outcome of the abstract selection by June 30, 2021.

Articles should not be longer than 8000 words including footnotes and

should be submitted to the editors by October 30, 2021. A limited number of articles can be submitted and published in English, French or Spanish. The articles will be internally refereed and externally peer reviewed. The issue 1/2022 will appear in June 2022.

The word *contagion* has multiple meanings beyond the most obvious one, i.e., disease transmission. Contagion means contact, and therefore interaction, communication, exchange. During the bouts of epidemic of early modern times, the word contagion was often associated to revolution and soon acquired political overtones. Contagion, the circulation of knowledge, of social practices and experiences are therefore set in a broader political framework, hence the need to acknowledge the asymmetries of power, gender, class, age, and sexuality.

The second keyword of our title is KNOWLEDGE. At an institutional level, this implied governing the epidemic through the gradual construction of public healthcare. The action of Health Boards in Italy and then Europe from the fifteenth century onwards ushered in what Foucault defined as biopolitics. Societies learned to protect themselves from epidemic owing to social discipline and bodily control and this gradually created a shared consciousness of belonging to a well-regulated government, responsible for the healthcare in its territory and the well-being of its inhabitants. In 1851 the need to safeguard commercial exchange in times of epidemic (cholera, yellow fever and plague) encouraged eleven European states and the Ottoman Empire to organize the first International Health Conference to regulate quarantine measures: therefore, the political control of public health became one of the ways in which empires were governed.

Knowledge is also part of scientific culture and of its circulation. In Italy, in the mid-sixteenth century, the medical doctor Fracastoro elaborated the theory of *contagium vivum*. It took centuries for his contagionist

theory to prevail over the miasmatic notion that dominated scientific debates up to the nineteenth century. These three levels of knowledge – administrative, political, and scientific- on which European systems of public healthcare were built came into tension with other spheres of knowledge. Within the hierarchy of scholarly disciplines, European science and medicine became the leading model in opposition to other traditions. A Western medical tradition, supposedly free from other intellectual biases, outweighed magical practices, religious, and popular forms of wisdom, seen as archaic. One of the issues we would like to investigate concerns ‘tensions’ and ‘hybridity’ among these traditions, also in the light of European colonization, which created a further hierarchy between modern Western and traditional ‘indigenous’ knowledge.

From a cultural perspective, disease and death are part of a symbolic system of opposites - pure/impure, clean/dirty, order/disorder – that affect and at the same time embody social, racial and gender categories. Attention to these issues allows us to address the multifarious processes leading to the historical construction of disease and the ways it was governed.

We have chosen to take into account different spatial scales of epidemics: the local, national, global levels of circulation and control within specific contexts. We have chosen to consider a very long time-span, ranging from the Late Middle Ages to the present. This very broad timeframe allows us to analyze continuities within specific intersectional dynamics and to reflect on turning points that introduced new ways of conceptualizing and treating disease. In the name of scientific progress and hygiene, many types of disease were naturalized and objectified on the basis of nineteenth-century scientific criteria, mostly elaborated by men in positions of power. These criteria that form the basis of modern epidemiological categories are therefore also embedded in discourses that promote intersectional stereotypes. Scientists have often used the fear of contagion to redefine ‘Otherness’ and bring it to silence.

The third keyword in the title is PRACTICES: therapies, pharmacopoeia,

bodily manipulations belonging to different schools and traditions that refer to specific views of internal or external etiologies. Where does contagion come from? Who spreads it? In many societies and up to the present, women have been considered dangerous not only because of their social, marginal position, but especially for their physiological ‘impurities’. In the case of syphilis, the epidemic could be blamed on uterine discharges and menstruation. Likewise, puerperal fever was still considered a disease of the uterus even after scientists had proved that it was caused by bacterial infection.

The issues we would like to address include the ways in which scientific discoveries have conceptualized both contagion and its treatment. Since the end of the nineteenth century, Pasteur’s view that one microbe equals one disease became dominant, and increasingly so in the twentieth century. However, medical practice offers a more complex picture. The history of vaccines is a concrete example: set within a positivist teleological narrative of great male protagonists, the dynamics that led from inoculation to vaccination are in fact far more complex and reflect also the health practices of subaltern men and women. In a historiographical perspective, connecting the history of health to gender and intersectional dynamics, and to colonial history appears mandatory in order to explore the history of therapies that were often experimented in colonial contexts.

The symbolic dimension and the representations of masculinity, femininity, and otherness in visual, religious and artistic productions are crucial to our understanding of the ways in which disease was thought of, imagined and exorcised.

In the field of health, symbolic representations could interact with the construction of medical knowledge and practice, activating intersectional dynamics. We also welcome papers that address these issues.

EXPERIENCE is the last word of our title, but perhaps the most important.

Leaving aside forms of knowledge, representations, and practice how is

contagion experienced? What are the narratives, perceptions and life stories of men and women? How do gender and intersectional differences affect the conservation of primary sources and the construction of archives about epidemics? As biopolitical norms become more rigid, where are transgressions and marginality played out?

We encourage proposals for papers based on original research in a long time span (from the Late Middle Ages to the present), on Italian, European and non-Western geo-political contexts. The history of epidemics and pandemics is an ever-growing and broad research field. Therefore, we have chosen to focus our analysis on issues of intersectionality, i.e. on the ways in which disease has historically been represented, treated and experienced through the lens of class, gender and race, so as to shed light on connections and tensions that at times exacerbated these differences. The intersectional dimension of contagion is one aspect of various asymmetries of power. We encourage contributors to approach power dynamics not through the simple binary opposition command/subalternity, but alert to the mediation and circulation occurring within specific contexts. Traditions of knowledge, too, are part of such circulation, which stimulates hybridity and cross-fertilization. This is a crucial aspect of our research agenda.