

The *Gettatelli*: Educational Dimensions of Institutionalized Care for Abandoned Newborns in Renaissance Tuscan Hospitals

I *gettatelli*: Dimensioni formative della cura istituzionalizzata per neonati abbandonati negli ospedali toscani del Rinascimento

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ABSTRACT

Methodological concerns about the use of visual sources in the social history of education prompt a re-evaluation of Ariès' claim regarding the sentiment of childhood in the Late Middle Ages and Early Modernity. The analysis of late 15th-century German and French illustrations reveals that newborns were cared for with affection, attending to both their health and moral needs. This study questions the extent of such sentiment: did it extend beyond the household to involve society as a whole? After reframing Ariès' thesis through visual sources drawn on Early Modern French and German illustrations, the paper answers this by examining organized care for abandoned infants in 15th-century Tuscany, a region that pioneered the institutionalization of children surrendered by their families. The collective nature of this childcare is explored through linguistic shifts, the transition from outsourced nursing to residential wet nursing, and the ongoing struggle against poor sanitary conditions. Finally, visual analysis of frescoes from Siena's Santa Maria della Scala hospital uncovers key insights: (i) care for abandoned children integrated moral, spiritual, and logistical concerns; (ii) advanced educational practices, including literacy, were present; and (iii) gendered divisions of labour and specialized staff played a crucial role. These findings suggest that institutionalized childcare operated as a Foucauldian dispositif, shaped by urbanization and the need for record-keeping, challenging the claim of some Ariès' interpreters that medieval society was indifferent to childhood.

Le questioni metodologiche relative all'uso delle fonti visive nella storia sociale dell'educazione invitano a una rivalutazione dell'affermazione di Ariès riguardo al sentimento dell'infanzia nel tardo Medioevo e nella prima età moderna. L'analisi delle illustrazioni tedesche e francesi della fine del XV secolo rivela che i neonati erano accuditi con affetto, prestando attenzione sia ai loro bisogni sanitari che morali. Questo studio si interroga sull'estensione di tale sentimento: si limitava al contesto familiare o coinvolgeva l'intera società? Dopo aver riformulato la tesi di Ariès attraverso le fonti visive tratte da illustrazioni francesi e tedesche della prima età moderna, l'articolo risponde a questa domanda esaminando le pratiche di cura organizzata per gli infanti abbandonati nella Toscana del XV secolo, una regione caratterizzata da pionierismo nell'istituzionalizzazione dei bambini lasciati dalle loro famiglie. La dimensione collettiva di questa cura è esplorata attraverso i cambiamenti linguistici, la transizione dall'allattamento esternalizzato a quello residenziale e la continua lotta contro le scarse condizioni igienico-sanitarie. Infine, l'analisi visiva degli affreschi dell'ospedale di Santa Maria della Scala a Siena rivela importanti intuizioni: (i) la cura dei bambini abbandonati integrava preoccupazioni morali, spirituali e logistiche; (ii) erano presenti pratiche educative avanzate, inclusa l'alfabetizzazione; e (iii) divisioni di lavoro di genere e personale specializzato svolgevano un ruolo cruciale. Questi risultati suggeriscono che la cura istituzionalizzata dei bambini operava come un dispositivo foucaultiano, plasmato dall'urbanizzazione e dalla necessità di tenere registri, sfidando l'affermazione di alcuni interpreti di Ariès secondo cui la società medievale fosse indifferente all'infanzia.

KEYWORDS

15th century Tuscany, Foundlings and dumped babies, Social history of education, Ospedale degli Innocenti and Santa Maria della Scala, Childhood iconography, Institutionalized Renaissance childcare, Quattrocento toscano, Gettatelli e trovatelli, Storia social dell'educazione, Ospedale degli Innocenti and Santa Maria della Scala, Iconografia dell'infanzia, Servizi per l'infanzia nel Rinascimento

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1. Introduction

1.1 Subject: infant abandonment

Infant abandonment has been known since antiquity and its understanding has notably expanded in later ages, and especially at the turn of the 15th century. Demographic data and causal explanations have been the subject of controversy. For example, Tilly objects to Boswell's (1988) argument that infant abandonment was an unconscious form of 'birth control,' and maintains our sources for Late Antiquity attest the existence of systems for the "redistribution" and reallocation of "extra" children (Tilly et al., 1992, p. 3). In other words, Tilly sees the phenomenon not just as a way to 'get rid of an unwanted child' when birth control was unavailable, but as part and parcel of an economic system that would redistribute individuals across the social spectrum. As Europe transitioned from Roman polity to Christianity, religious institutions became the most prominent receivers of abandoned children and actively participated in the redistribution—including absorbing such children into their own ranks, through a practice called "oblation:" donating the child to the Church (Tilly et al., 1992, p. 5).

With the increase of available resources, oblation declined and, in the Late Middle Ages, historians register the creation of dedicated institutions for *gettatelli* [foundlings]. Starting with the 13th century, it became a habit to accommodate abandoned babies in hospitals (Sá, 1992, p. 20)—that is, in facilities that formerly used only to host, vagrants, or poor people suffering from illness. Institutionalization "spread throughout western Europe in the 16th and 17th centuries, until the phenomenon was so rationalized that it became a welfare system and, as such, engendered a surge in abandonment rates" (Tilly et al., 1992, pp. 5–6). To appreciate the steep increase in abandonments, paired with a growing population, Kertzer draws on data from Hunecke's (1988) study: 181,169 babies were abandoned at the Milan foundling home between 1659 and 1843 (185 years) and, between 1844 and 1900 (56 years) another 162,237 were abandoned (Tilly et al., 1992, p. 15).

During the Renaissance, the phenomenon of infant abandonment became one of the most significant social and moral challenges for Italian communities. Abandoned babies were often the result of a series of factors, such as extreme poverty, high maternal mortality, and social stigma on 'illegitimate' births (Pullan, 2016, pp. 125–126). In such a context, Tuscan hospitals emerged as cornerstone institutions for the accommodation and upbringing of abandoned or orphaned children. They also developed a support network to both safeguard the lives of newborns and later integrate them in society through education and training. Such trailblazing hospitals endeavoured to provide the best possible options for the minors, notwithstanding limited resources and precarious conditions.

Tuscan hospitals—and especially those of Florence, Siena, and Pistoia—committed to guarantee *gettatelli* with both means of survival and an environment that afforded them social integration. By analysing primary visual sources (on top of records, chronicles, and secondary literature) this study inves-

tigates the role of Tuscan hospitals in contrasting the phenomenon of infant abandonment in the 15th century.

Angelelli (2019) shows that such century could be considered a turning point in many fields. For instance, it was the 1401 competition to contract the creation of Florence's Baptistery that marked a shift in the practice and management of public art—at a time in which Italian cities were undergoing a process of transition from Communes to Signories. This is evidence of an increased influence of the State in the public sphere. However, Angelelli also argues against privileging historical account based on discontinuity over continuity and regards the historiographical separation between Middle Ages and Renaissance as the spurious attempt to understand societal change in terms of 'revolutions' or 'miracles.' Therefore—and despite the historical relevance of the period hereby addressed—this study will also draw on earlier sources to demonstrate how the phenomenon of institutionalized care for abandoned babies was far from being an 'invention' of the Early Modern civil entrepreneurs. Analogously, occasional reference to later periods (and especially the 'proximal' 16th century and the 'distant' 18th and 19th centuries) shall remind the reader that managerial reforms could not really shake the *status quo* of minors without the aid of new technologies—such is, for example, the case of sanitation.

Results will show that 15th century Tuscan hospitals were not just healthcare providers but also educational centres, as well as hubs for social security services. In turn, this reflects an emerging sensitivity towards children and their future, which counters the already-criticized narrative of 'adult indifference' popularized by both Ariès and those who misinterpreted him (Dekker & Groenendijk, 2012).

Concurrently, this article aims to better understand the motivations that led to the abandonment of newborns, how hospital facilities worked, and which impact they had on the policies of Tuscan society in the Renaissance, thus offering a perspective on the intersection of poverty, religion, and social services in a key moment of Italian history—each with its peculiar educational challenges concerning vulnerable children.

1.2 Main argument

Dealing with methodological issues connected with social history of education, this study advocates the usage of visual sources to corroborate our understanding of childcare in the Renaissance (*Section 2.1*). Although this perspective was introduced by Ariès (1960), the analysis of woodcuts (xylography) in Laufenberg's (1491) printed handbook cast doubts on Ariès' argument on the pervasiveness of adult indifference and shows that the 'sentiment of childhood' as something that was already established in the Middle Ages (*Section 2.2*). This is also corroborated by early 16th century illuminated manuscripts pertaining to the French *koine*. Hence, as the investigation moves away from Ariès' categories, a question is raised: was the sentiment of childhood confined within the household walls or were communities able to express it in a more systematic way? The answer is

to be found in the institutionalization of childcare for abandoned babies (Section 2.3), with particular focus on the region of Europe that pioneered it—Tuscany (Section 2.4). In such context, infant abandonment is characterized by linguistic specificities (Section 3.1), a secular transition from outsourcing to institutionalized care (Section 3.2), and a long-range struggle against limited resources and dire sanitary conditions leading to increased mortality rates (Section 3.3). All the above are reflected in Domenico Di Batolo's frescoes, located in Siena's Santa Maria della Scala hospital (*Pellegrinaio* rooms) which constitute an example of public art that depicts the everyday practices of institutionalized care for abandoned children (Section 4). Detailed analysis of the frescoes do not just corroborate the historical narrative of Sections 1–3, but allow for additional discoveries: (i) the institutionalization of abandoned children intersected moral, spiritual, and logistic concerns; (ii) learning outcomes for the children 'of the hospital' were advanced and included literacy; (iii) the hospital worked by balancing actions between the feminine and masculine sphere; (iv) specialized personnel was dedicated to either the upbringing of the children or to cater to their daily needs (including: wet nurses, foster mothers, waiting staff, instructors, and top managers); (v) the reception of abandoned children was represented as a 'necessity,' as further illustrated by this article's reinterpretation of one of the main characters of the central scene (Figure 12, below). In conclusion (Section 5), institutionalization stands as a Foucauldian *dispositif* that deploys already-existing *apparatuses* whose existence is justified by the increasing organization of civil life in urban settings. A possible objection is considered: that the existence of a collective sense of childhood (with its associated *formalized* care) does not dispel Ariès' vulgate, according to which societies in the European Middle Ages had developed indifference towards childhood 'the way we know it.' However, such objection is refuted if the connection between urbanization and a certain type of record-keeping is taken into account—thus making the problem a not a historical one, but a historiographical one.

2. Methodology

2.1 Visual and iconographic sources in history of education

Pozo Andrés and Braster (2020) explain that it is important to draw on iconographic sources in investigations concerning social and educational contexts. In fact, a wealth of frescoes populates churches and other public places where community life took place. Analogously, illustrations in books are part and parcel of the reader experience.

Images are valuable to the historian not just because they might represent educational practices, but because they constitute an educational tool in their own right—with didascalical and instructional functions. Indeed, everything visual has always played a key educational role in all human history—and especially in contexts where visual and verbal stimuli had to make up for lack of literacy. Furthermore, images have the advantage of conveying complex meaning in

a fairly condensed way, and they enjoy a high degree of user-friendliness. Such characteristics were well known by Christian religious authorities: as Chazelle (1990) proves, the role of images in educating the illiterate became part of the Church's institutional discourse at least since the late sixth century.

Therefore, this study acknowledges that visual sources are precious not just to understand the role of art but also the social and educational dynamics of past societies. Gabowitsch and Topolska (2023) identify different educational functions of images:

- a) *Didascalical function*. Frescoes and other visual artworks aimed to instruct and convey moral, religious, and social values through images that enjoyed symbolical and narratological dimensions. In particular, churches used visual representations to teach believers the principles of Christian faith, the lives of the Saints, and Biblical stories. Images were powerful instruments to convey complex ideas in a simple and accessible way: their public outreach was broader and included the illiterates.
- b) *Visual communication and society*. At a time in which literacy was limited to a small elite, images served as universal media of communication. Their ability to convey messages through symbols, colours, and the organization of visual clues was key to social and religious cohesion. Through visual codes, which were acknowledged and shared by the community, images educated the people on the fundamental moral and social aspects. Such practice created a shared language that, again, overcame illiteracy—though this time the focus, here, is more on communication, rather than education.
- c) *Mass induction*. Frescoes and other visual sources located in public places would not just convey religious teachings, but also social and behavioural norms. Depicted scenes could showcase examples of virtuous life, as well as warn against sin. Hence, images served also as a tool of social control, enshrining dominant value worthy of being represented. Additionally, the placement of images in areas of gathering or transit would impact a greater share of the population compared to rare books or even public speeches.
- d) *Persistence and development of the educational role*. The role of images has changed over time, but their educational function has not disappeared. Up until the end of the 19th century, images kept playing a pivotal role in instruction thanks to book illustrations, educational wallpapers, and didactic films. Even today images are a powerful teaching instrument, thanks to their immediacy *vis-à-vis* the amount of information they convey.

It is thus understandable why something such as "visual history" has eventually emerged, adding images, films, and other visual media to traditional historical research. This interdisciplinary approach entails the usage of art, media, and cultural history to explore how visual representations contribute to historical narratives (Calenda, 2021).

This is also one of the approaches pioneered by Ariès (1960), who applied visual history to the history of childhood and family relationships. By doing so, he

crossed the bridge between social history and history of education. As such, he was targeted by criticism because his work broke up with the traditional historiographical model in which educational science had been grounded until the early 1960s. As shown by Dekker (2021), at the beginning, even the innovative *Annales* school was oblivious to the importance of visual sources. Brief:

“[For Ariès, the new approach] would [...] require reconsiderations <and> re-readings of texts and documents that already belonged to the public domain or<, alternatively,> sources he would introduce *ex novo*, <together with> revisions, <and> novel investigations that would force educational scientists to commit to fields of study they were unfamiliar with—such as the critical analysis of iconographic sources” (Minello, 2013, p. 11 unless otherwise noted, all translations of non-English sources are by the Authors of this paper).

2.2 From methodological critique to the research question: visual challenges to Ariès’ view of Late Medieval childhood

Dekker and Groenendijk (2012) invite to a moderate reading of Ariès. Accordingly, his view is not evolutionary and does not posit that childhood was not addressed by society beforehand. They also add that Ariès never denied pre-Modern attitudes towards childhood. Instead, they maintain, Ariès was trying to map a change in the European mindset, which eventually resulted in the current conception of childhood: “His main argument was not about affection or parental love, but about indifference of medieval parents towards the specific childhood character of young people” (Dekker & Groenendijk, 2012, p. 137). This means that, drawing on Ariès, although it is acknowledged that parental love has always been a thing, before the 16th century Europe lacked a conception of childhood that would put the child at the centre. According to Dekker and Groenendijk, that is made apparent by the absence of dedicated environments for children during the Medieval times, as well as by the lack of educational theories that would rival

with those of the Antiquity. As Heywood argues, for Ariès the argument was grounded on (lack of) visual evidence:

“The main evidence for the non-existence of this concept in the Middle Ages was the absence of specific childish elements in medieval portrayal and sculpture, and the lack of books, games and clothes tailored to a child’s condition” (Dekker & Groenendijk, 2012, p. 135).

This claim is considerate and restores some legitimacy to Ariès, who, according to the aforementioned authors, was misinterpreted ever since the publication of *Centruies of Childhood*. However, Minello still believes that the overall interpretive framework of Ariès is hardly defensible:

“[His work is,] above all, the history of an idea: the idea of childhood in the ‘premodern’ world. According to Ariès (1962[1960]), it was characterized by an alleged indifference of the adults towards children in their early infancy, evolving into a modern conception of childhood that is more attentive to it and is capable of conceiving of its care in a systematic way” (Minello, 2013, p. 95).

By intersecting Minello’s with Dekker and Groenendijk’s concerns, it emerges what follows: the challenge to Ariès does not lie in contending the existence (or absence) of personal and private attitudes towards children, but in ascertaining whether society as a whole was able or not to systematically tackle childcare. This paper argues that the latter could be settled precisely by recurring to illustrations—that is, the same approach that contributed to Ariès’ main thesis.

Consider, for example, the work of Heinrich von Louffenburg [Laufenberg] (1391 – 1460). His medical handbook, which the Author claimed to have completed in 1429 (Ruhrah, 1932, p. 188) is titled *Versehung des Leibs [Regimen (sanitatis)]* and its final sections constitute a veritable manual of paediatrics and parental science. Its publication in print (Laufenberg, 1491) includes several woodcuts illustrating advanced upbringing and weaning techniques (*Table 1, Figures 1 – 6*).

Visual source and original caption

Interpretation and summary of the original text



Figure 1. Original text: "I have given birth to a delicate baby and need someone to support me" (Laufenberg, 1491, pp. 295–296).

When the baby is born, Laufenberg recommends sprinkling the baby's body with water and roses, cutting the umbilical cord and putting the baby in tight wrappings (Laufenberg, 1491, pp. 295–297).

The statement in the caption is revealing: a postpartum mother is vulnerable and needs the support of others. The figure to the left does not look like a wet nurse: her flowing hair suggest she is not married, and this means she might be either a younger family member, a servant, or even a widow (Hopwood Griffiths, 2020, p. 43).

Furthermore, the image provides insights on the target readership of the *Regimen sanitatis*: the bulk bed and the presence of a servant suggest a family of some wealth, but not necessarily aristocratic. Additionally, the checked pattern of the pillow recall the practice of block printing textiles, which is attested in Augsburg (where the incunable was published) since 1475 (Lemire & Riello, 2006, Note 38).



Figure 2. Original caption: "I must wash and bathe the child thoroughly and carefully to prevent many harms" (Laufenberg, 1491, pp. 297–298).

Bathing the baby is another act of care, which—according to the author of the *Versehung des Leibs*—requires the use of lukewarm water; after the bath, the mother or the wet nurse should massage the baby's limbs with rose oil, believing this practice will strengthen the baby (Laufenberg, 1491, pp. 296–299).

Cazes' (2009) study on Simon De Vallambert's 1564 book—*L'art de nourrir et gouverner les enfans*—shows that this practice of baby bathing endured throughout the century following Laufenberg's recommendations.



Figure 3. Original caption: "I rock the child back and forth; I lift it up and lay it down" (Laufenberg, 1491, pp. 299–300).

Laufenberg (1491, pp. 299–303) recommends waiting for the navel to heal after cutting the cord and, after some days from birth, spreading a mix of wine and eggshells powder on the wound. The usage of eggshells might not be too far-fetched, considering it is nowadays acknowledged they have regenerative properties owing to the presence of collagen (Chibuzor Onwubu et al., 2018). Additionally, eggshells are rich in calcium, and calcium dressing are known to aid wound healing (Subramaniam et al., 2021).

When lying down, the baby's head should be placed higher than the rest of the body, in a comfortable bedding; sweet melodies will induce drowsiness. During sleep, the environment should be fresh and dark, and upon awakening the head of the baby should be directed towards the light, to attune her to circadian rhythms.

Eventually, the baby shall be subject to sponging with a clean cloth and anointed with honey (except for the healing navel). The baby shall then be subjected to further massage and gentle friction, as if to shape her future adult body.



Figure 4. Original caption: "I feed and nurse my little child according to its nature and necessity" (Laufenberg, 1491, pp. 303–304).

According to Laufenberg (Laufenberg, 1491, pp. 303–308), breastfeeding should occur on cue. No food other than breast milk should be administered before the growth of the baby's first tooth (6–30 months), on pain of early death (see Ntani et al., 2015 for the time interval of first dentition). However, it is recommended the mother eats well, to better nourish her child. To ease breastfeeding, some honey could be administered (possibly from a pot matching the one displayed in the picture), and the mother should express foremilk before morning feed. Laufenberg does not encourage feeding the baby with wine (seemingly a common conviction at the time), unless it is very diluted.

A wet nurse should be sought if the mother's breasts are inflamed, to prevent harm to the newborn. The choice of a wet nurse is discussed in detail in later pages (Laufenberg, 1491, pp. 311–316). The physician acknowledges that mothers do not breastfeed for different reasons: some are too weak to breastfeed, other ones refuse to do it, and a third group experiences problems with their milk. The wet nurse should be between 25 and 35 years of age, of robust complexion, not too close and not too far from childbirth, and healthy. Also, her behaviour is relevant, because babies pick the attitude of their nurses and are influenced by it (again, the socio-educational element emerges). Her milk should be white and clear, of average density, and deprived of impurities. Laufenberg also prescribes a strict diet to the nurse to preserve her breastfeeding ability, and his prescriptions also include avoiding sex because the outset of pregnancy would spoil the milk.



Figure 5. Original caption: "After the emergence of the teeth, I must wean my child" (Laufenberg, 1491, pp. 316–317).

In the following section (Laufenberg, 1491, pp. 309–311) the *Regimen sanitatis* discusses the weaning of the baby, which shall begin with dentition. To ease and soften the gums, it is recommended to rub them with olive oil, goose fat, chicken fat, or even rabbit brain if suitable. To reduce soreness, it is recommended the baby's gums should be rubbed also with a salve of violet oil. The head could be washed with a concoction of chamomile. Nourishment should include boiled pears, tender meat in small amounts, nuts to chew, and breadcrumbs soaked in honey water or wine. Once the child begins to speak (around 12 months), his gums should be rubbed with salt, honey, frankincense, and a little liquorice. Gum health is understood by Laufenberg to be connected with the early onset of speech—this highlights, again, the connection between health and education. The section, in fact, concludes with an appeal to education: it is time to educate well the children because, at that age, everything they learn will become solidly ingrained. Ruhrär (1932, p. 188) identifies three key objects in the scene: the bowl, the spoon, and the baby bottle (see also Minello, 2013, pp. 202–203).



Figure 6. Original caption: "I would gladly teach my little child to walk, thus I lead it very carefully" (Laufenberg, 1491, pp. 308–309).

Weaning is furtherly explained in another section of the text (Laufenberg, 1491, pp. 316–320). The physician says that experts recommend weaning is done gradually rather than abruptly, and that it should be usually done when the child is 2 years old. However, occasionally it might happen earlier. If the baby is reluctant to give up breastfeeding, Laufenberg recommends spreading a myrrh and mint paste on the nipples, to make the taste unpleasurable.

Weaning, for Laufenberg, is also a moment of emotional learning.

Table 1. Selection of images (xylography) dedicated to early childhood in the 1491 printed edition of Heinrich von Louffenburg's [Laufenberg's] *Vrsehung des Leibs*.

Drawing on them, it is possible to infer that

“[in 15th century Europe,] health [and] child custody are legitimate worries. Moreover, sweet manners and healthy diet are highlighted as a relevant and fundamental part of children’s health and care. Children ‘matter’—<and,> indeed, they *must* matter if they are perceived as physically and psychologically vulnerable, and as needing specialized treatment. Contrary to common belief, they were not supposed to be tied to tables and hanged on walls” (Minello, 2013, p. 203).

Additionally, the analysed text displays a specific didactic technique: whenever a figure is shown, it is preceded by a caption in which the mother speaks in first person. This motherly “I” contrasts with the voice of the expert, who yet expresses himself in verses, possibly for better entertainment of the reader and to nurture memorization. Such a blend of imagery, affordable poetic lines, and character figures with which the female reader can identify herself, speak volumes of the scientific dissemination practices of 15th-century Southern Germany. There is also a clear practical effort in putting the woman—i.e., the mother—at the centre of the stage, surrounded by an aura of accountability. The character utters her maxims in an assertive tone: “*Ich hab geborn ein kindlin zart und bedarf, dass man mein eben war* [trans. from Late Middle High German: ‘I have given birth to a delicate baby, < so > I need someone to be at my side (lit. be my equal, support me)’].” There is no sense of doubt in her words, and her epistemology is straightforward: she *is certain* of what she is saying.

Reference to the fragility and tenderness [*zart*] of the baby prompts further reflections. From the Middle Ages onwards painters, paediatricians, and pedagogues testified the deep concern and the sensitivity that characterized children—including newborns. This care is mirrored not just by medical and educational practices, but also by the approach to childhood welfare—that is, by the idea that dedicated care would constitute the cornerstone of healthy growth and future well-being of the individual. That is very

different from what Ariès claims quite literally about the nature of the “Medieval family”—i.e., that parents did not worry about the well-being, careers, and future of their children (Ariès, 1960, 1962, pp. 403–404).

Fondness and care for children’s wellbeing in the Late Middle Ages is established by a well-known image (Figure 7): an illumination titled *La mort de la nourrice entraîne celle de l’enfant* [The Death of the Wet nurse Entails that of the Baby] by Maître de Philippe de Gueldre (1464–1547), a Parisian artist. Again, a visual source conveys a powerful comment on the fragility of babies’ lives and on the key role of wet nurses: charged with nourishing and caring for the newborn, a nurse is hereby represented wearing her typical clothing and at a time of vulnerability (the plague). The picture highlights not just her responsibility towards the corporal needs of the baby, but also towards their emotional and spiritual survival.

In an educational perspective, Figure 7 underlines the importance of the wet nurse not just as a nurturer, but as the replacement of a motherly figure that takes up an almost sacred role in the life of the baby. We know from Laumonier (2017) that, in 15th-century France, that was particularly true for ‘residential wet nurses,’ who would live in the house premises, rather than ‘freelance wet nurses,’ who would feed the babies at their own place.

If, as Laumonier highlights, wet nursing might have been key to the survival of some children even in families with little means, the role of wet nurses was decidedly essential when it came to hospitals. In those institutions, wet nursing was the only way to care for newborns. As shown in the illumination, the character representing Death is ready to intervene, and this highlights the high child mortality rate (Terpstra, 2005, p. 19). If anything, the proximity of Death makes nurses’ care and affection even more valuable. Thus, French literature and art of the period, analogously to the German medical school represented by Laufenberg and his colleagues, agree on how important it is to educate in a way that does not just cater for the bodily need of the child but also for their emotional and psychological dimension—both of which are key to children’s wellbeing.



Figure 7. *La mort de la nourrice entraîne celle de l’enfant*, by Maître Philippe de Gueldre (c. 1500). This illumination decorates the *Danse macabre des femmes* of Martial d’Auvergne, contained in manuscript *Français 995* of the French National Library.

2.3 Social segment: abandoned infants

The above Early Modern French and German examples establish that a culture of care for the babies was indeed present and active. But the practice of wet nursing foreshadows that of foster care, which, in turn, reflects a situation in which motherhood is removed. And, upon the removal of motherhood, foster care is not just found in the household (through wet nursing), nor just in the books that disseminate early parenting science, but it is *also* found as an institutionalised practice aimed at the reception and up-bringing of abandoned infants (0 – 24 months old).

Going back to challenging Ariès' framework, one thing is to show that family life was caring and mindful of the children's health, safety, and education, whereas another thing is to demonstrate that society as a *whole* was able to articulate a discourse on infancy and to act collectively for its safeguard. For example, the concept of illegitimate birth is very rare in Ariès, and it is mostly mentioned in connection with aristocracy (Ariès, 1962, pp. 62, 110). Hence, tackling institutions and their workings is the way to go if one wants to explore what lies beyond the affordances of single individuals or nuclear families.

2.4 Context: Tuscany

Addressing infant abandonment shifts the focus from the transalpine landscape to the Mediterranean: as both Pullan and Gavitt point out, in the 15th-century Tuscany was among the cradles of innovation in terms of charitable practice (Gavitt, 1993, p. 10; Pullan, 1971). In particular—says Gavitt—Florence enjoyed less corporative charities, which experienced a greater intervention of the commune or the Signory. Tuscany was also a role model: Florence set an example for Venice, and the Siennese management of hospitals was explicitly cited by the Milanese ruler Visconti as a prototype to be adopted (Gavitt, 1993, p. 11). According to Bruscoli, the San Gallo hospital in Florence was already receiving surrendered babies as of 1294, but the practice of institutionalizing abandoned children might be older than that, considering there are records of a previous hospital being active in 1192 (Bruscoli, 1900, pp. 7–9). In an early study, Albini (1896) claims Siena had institutions for abandoned children ever since the ninth century—but, unfortunately, his sources are unclear to the contemporary historian of education.

3. Abandoning infants in Renaissance Tuscany

In a sociocultural perspective, abandoning a baby was often seen in the 15th century as a desperate action dictated by poverty or shame—the latter connected to the notion of 'illegitimate birth.' Nonetheless, in his study on the Ospedale degli Innocenti in Florence, Gavitt draws a distinction between authentic shame and feigned shame: avoidance of scandal is recurrent in the notes sent by alleged parents to the Hospital.

For example, Gavitt suggests that citing 'shame' might have worked as a ploy to advance family interests and give the Hospital grounds to accept the child.

That is, because not all illegitimacy was connected to shame, and involved other types of sentiments, such as the jealousy of the wives or the need to secure a waiver from full financial or educational accountability (Gavitt, 1993, p. 262, Note 43). To the contrary, Pullan still maintains shame—or at least scandal—was the greatest motive behind surrendering a baby, especially if we look at things in a female perspective (Pullan, 2016, pp. 125–126).

Both views (Gavitt's and Pullan's) are consistent with the above-cited remarks on the existence of widely accepted systems for the redistribution of children across the social spectrum (Tilly et al., 1992): whatever the reasons for abandonment might have been, redistribution was a fact that fuelled a special economic niche. But there is a moral niche as well: by acknowledging and recording the challenges that determined the crucial choice of abandoning a newborn, Tuscan society tended to show compassion towards surrendered children—a *collective* sentiment.

Said challenges were mostly likely related to poverty and disease, and resulted in harsh circumstances characterized by an extremely high degree of attrition. When explaining that, Presciutti maintains that conditions after abandonment in Tuscany might not have differed much from those in Pavia, some 240 km to the North-West, which were recorded in official documents leading to the eventual creation of a dedicated hospital:

"[The institution shall be founded] in order to prevent the poor *esposti*, or *bastardelli*, from dying because of the little or no care that is taken of them, not only with respect to their bodies but also their souls; as even recently multitudes of them have been found in various places around the city of Pavia, others devoured or lacerated by dogs and by hogs, and others dead from the cold chiefly during the winter season, and that many even, it is believed, are secretly killed by their mothers" (1479 document of the City of Pavia, cited in Magenta, 1838, p. 13; translated by Presciutti, 2011, p. 765).

This is evidence that local communities and religious institutions would strive to offer solutions—albeit temporary ones—to the conditions of orphans and foundlings: either to save their lives, to save their souls, or both.

3.1 A lay taxonomy of infant abandonment

Everyday language is a first indicator of differing practices in the management of abandoned babies. By exploring substantial aspects of each term's etymology, together with respective chronological placements, further insights could be gained about the phenomenon of infant abandonment.

3.1.1. *Esposti, proietti, innocenti*

The term *esposti* [exposed ones, displayed ones, surrendered ones] is directly related to *ruota degli esposti*. The *ruota* [wheel] was a revolving wooden hatch

installed in religious and other publicly accessible places to enable women (or caretakers) to surrender babies without disclosing their identities. The first of such devices was introduced in 1188 in France (Marseille), in 1198 in Italy (Miglionico, 2019, pp. 17–18), and quickly spread to most Mediterranean countries (Paolillo et al., 2020, p. 2). It is thus arguable that the usage of a term such as *'esposti'* predated the introduction of the *ruota*.

The concept of 'exposing,' 'displaying,' and 'surrendering' a child took different linguistic turns depending on the region of the Peninsula. Albinì (1896) underscores that terminological usage corresponds to the regional distribution of surnames:

"In the Roman *Brefotrofio* a procedure was in place to brand foundlings with a hot iron, to place a permanent mark on their shoulders. Everyone, with no distinction, would be forced to adopt the surname Proietti, like in Naples and Florence, whose respective collective [foundling] surnames were Esposito and Degl'Innocenti. After 1870, such customs were abolished" (Albinì, 1896).

Aside from the gruesome practice of hot iron branding, this passage highlights how the concept of *esposti* soon became regionalized, with each city picking the term that most suited the local language or dialect: *Esposito*, *Esposta*, *Esposito* in Naples, *Proietti* in Rome, and *Degl'Innocenti* in Florence (lit. 'Belonging to the Innocent Ones,' a more neuter surname, based on a genitive construct). *Sportello* is another surname that is strongly connected with the way the baby was surrendered: it means 'found in a basket [*sporta*]' (Miglionico, 2019, p. 19).

3.1.2. *Gettatelli*

Gettatelli or *getadi* [throwaways, castaways] (Origo, 1955, p. 346; Pullan, 2016, p. 129) means 'dumped babies': it is a term that derives from Late Latin *ject re* [throw] and does not seem to have specific regional connotations except for vowel shifts. It is definitely established by 1298, as shown by an inscription concerning the expansion of the Santa Maria della Scala hospital in Siena, which sanctioned the construction of a "*domus pro gittatellis*" — meaning a place to take care of abandoned babies (Boldrini & Parenti, 1991, p. 103; Pellegrini, 2014, p. 67).

Bibliographical research revealed no systematic linguistic study of the Italian expressions used to refer to abandoned children. However, a blog post by Chiaselotti (2020) provides an overview of everyday language use:

"Literally, the term [*gettatello*] is a diminutive of *gettato* [thrown one; dumped one], which is used as a noun; but if one wants to explain its meaning with different words we might say it denotes a baby that was thrown away; additionally, given that the document [examined in this article] features some Italianised dialectal words, we believe that the *gettatelli* of San Marco were in fact called *jettatièddri* [...]. If the word 'throw' may sound atrocious or exaggerate, let us think of the expression '*throwing away the baby with the (dirty) bath-water*' and, even today, [within the territory of

Naples], in the place called la Motta, the eldest claim: '*na volta ci jittavanu i picciriddri* [in the old times they would throw here the babies]'" (Chiaselotti, 2020).

3.1.3. *Trovatelli*

Trovatelli [foundlings] appears later, and it is a more general term. It refers to all children that, at some point in their lives, have been found and possibly assigned to foster care. It became an established expression during the Renaissance and spread widely in the subsequent centuries (Cavallo, 1995; Klapisch-Zuber, 1987; Terpstra, 2005). According to Miglionico, the term '*trovatello*' is still used nowadays, although surnames such as *Trovato* are less popular, and the managers of the hospitals would rather pick something related to religion, such as: *Diotallevi* [lit. 'God raise you'], *Dioguardi* [lit. 'God watch over you'], *Donadio* [lit. 'Gifting god'], and *Benedetto* [lit. 'Blessed'] (Miglionico, 2019, p. 19).

3.2 From outsourcing to institutional care

The earliest procedures for the reception of *gettatelli* were informal and would go through the charity networks afferent with churches, monasteries, and other associations. Such procedures, although characterized by further challenges and limitations, represented a consolidated attempt to respond to the issue of baby dumping. Religious authorities struggled to catch up with the phenomenon of organized abandonment: the first Papal bull to mention "foundlings" was 1291's *Charitatis opera*, but it was not until the late 15th century that Roman hospitals—the closest to the Holy See—would start including in their statutes references to the care for abandoned children (Prescitti, 2011, p. 763).

Meanwhile, Tuscan charities were already thriving. As anticipated in Section 2.4, there is evidence that 'foundlings' were catered for in 1294 in Florence by the San Gallo hospital, which was managed by the wealthy Silk Guild [*Arte della Seta*]. Moreover, as of 1425, the Florentine Confraternity of Bigallo was merged with the management board of the hospital of Santa Maria della Misericordia, sealing a connection that had begun in 1245 (Gavitt, 1993, pp. 11–16). Also, in other cities, Tuscan civil society saw a reorganization of charity services:

"In 1404, the commune of Siena undertook a reform of the hospital of Santa Maria della Scala that greatly extended communal authority over the institution. In Pistoia, the Bishop of Pistoia and the commune struggled tenaciously over the Ospedale del Dolce and the Ospedale della Misericordia" (Gavitt, 1993, p. 17).

At the beginning, hospitals worked as receptive hubs, but did not have a permanent population of foundlings: abandoned children would be placed at the premises of recruited wet nurses; only circa 1450 children began to stay longer at hospitals, such as the Innocenti of Florence (Gavitt, 1993, p. 25).

Some early sources record modest figures. Bruscoli notices that the Florentine hospital of San Gallo

received only 20 foundlings in 1395 (11 males and 8 female), and that up until 1425 the yearly average of surrendered babies was below 13 units; eventually, San Gallo merged with the Innocenti hospital, and in 1456 – 1463 the average number of *gettatelli* soared to 39 units/year (Bruscoli, 1900, p. 10). However, such figures should not fool the reader into thinking child abandonment was a fringe phenomenon: for example, in the already cited 1298 inscription of Siena, the number of *gettatelli* is indicated as “300” (Pellegrini, 2014, p. 67).

It was standard practice to outsource breastfeeding to wet nurses, and this is already attested by documentation dated between 1339 and 1413. However, Bruscoli argues that a residential (non-freelance) wet nurse must have always been present, to provide emergency care to the abandoned children. For example, records show that Margherita di Apollonio was contracted with such duties in 1445 (Bruscoli, 1900, p. 12). After weaning, children could be returned to the hospital to complete their education and care (Bruscoli, 1900, p. 12).

Rossi (2012) outlines different existential pathways for children involved in institutionalized care. Abandoned children would side with orphans and, at a later stage in life, other minors estranged from their families—because of abuse, neglect, or poverty. Breastfeeding aside, children would eventually begin to reside permanently at the hospital premises, although the institutions would attempt to place them with foster families. The latter would take care of clothing, food, and education; females would receive a token dowry, whose amount was outlined in the contract of adoption. However—adds Rossi—being adopted did not automatically grant rights to the inheritance of the foster family.

3.3 A varying offer

Notwithstanding the goodwill, many receptive facilities were very poor, with dramatic variations in sanitary and social conditions (Brackett, 2007). Even if some institutions were carefully organized and managed to provide children with satisfactory healthcare and food, other facilities were overcrowded and the poor hygiene led to high rates of infant mortality. Musti’s (2023) study outlines a daunting 15th-century urban landscape, worsened by plagues:

“Children are more susceptible to infections, malnutrition, and fluid losses than are adults who do not receive adequate care. The mortality data concerning children indicates that both recurring epidemic diseases and persistent unsanitary conditions coupled with malnutrition were pervasive elements in this depiction of urban mortality in 15th-century Florence. To substantiate this assertion, the *Book of the Dead* records that there was a direct correlation between plague-related mortality rate and poverty” (Musti, 2023, p. 94).

Musti’s data paint a clear picture for hospitals too. Institutionalized care for abandoned infants followed the urban trend:

“In societies with limited hygiene awareness and minimal access to proper medical care, gathering a significant number of infants in one place resulted in a shockingly high mortality rate. In the later fourteenth-century, 20 percent of the infants perished within a month of arriving at San Gallo, and an additional 30 percent passed away within a year. Only 32 percent survived to reach the age of five. At La Scala in the following century, the figures were even more distressing, with 25 percent succumbing within a month and another 40 percent within a year. A mere 13 percent managed to reach their sixth year of life. While the statistics were somewhat less dire at the Innocenti when it initially opened, within a century, abandoning a child there often meant essentially condemning them to death” (Musti, 2023, p. 90).

A study on Milan’s *brefotrofi* (singular: *brefotrofio*) [orphanages for little children] found that, between the 18th and the 19th century, one such facilities still experienced 43% mortality rates between 1761 and 1770 (Gioia, 2002, p. 3). Accordingly, Empress Maria Theresa had ordered an inspection, which resulted in a report delivered on May 14, 1772, by Dr. Bernardino Moscati:

“Dearth of space, being quite noxious for the health of such poor children, is to be found in the Greater Hospital [*spedal Maggiore*], so that it is necessary to cram up to fifty children in only three rooms, none of which is particularly large, with four children per bed” (Moscati, 1772).

The 1772 date of Moscati’s letter to the Empress could be regarded as an adequate benchmark for two reasons: (i) first, because it marks more than a century (115 years) after the plague ceased to “visit” Italy—a fact that, as Cipolla shows, was important enough to be noticed by the contemporaries; (ii) second, because the 1770 – 1789 demographic data represent unusual peaks of “extraordinary” mortality for the period, owing to different causes (Cipolla, 1965, pp. 573–575). Although such data do not relate to the Renaissance, they show that, by the 18th century, living conditions in hospitals had not improved in any significant way and had possibly been worsened by industrialization.

Going back to Florence’s hospitals, Takahashi (2003) claims something analogous. Children would often die before turning five years old owing to illness and malnutrition: the most frequent diseases striking children were scabies and other dermatoses, parasites, pulmonary infections, syphilis (beginning with the 16th century), and other unexplained ailments resulting in high temperatures. Infectious diseases would ravage vulnerable populations, and this means orphans and abandoned children were particularly hit by plague and smallpox. Exposure to diseases was worsened by malnourishment, given institutions did not have enough finances to guarantee an adequate diet.

Hence, Medieval and Modern records show that most abandoned children were unable to survive for long after having been accepted into an orphanage or hospice. Again, infant abandonment could turn into a

death sentence for the child. Even so, hospitals still constituted an important support network for *gettatelli*, which testifies the commitment of European medieval society in facing the issue in an organized fashion. Even if they experienced limitations, such institutions still managed to make many *gettatelli* reach adulthood and integrate them in the society of the time (Palombarini, 2005).

4. Santa Maria della Scala: Visualizing *gettatelli* in 15th century Tuscany

There is a specific type of images that relate to institutionalized care. These are the artwork meant to adorn hospital facilities. They participate in a process that is akin to what Giroux (2001) calls *public pedagogy*, except that such label does not fully apply to the work of the Renaissance artist: because patronage prevented him from being oppositional, and because the lively and confrontational nature of Renaissance Tuscan politics make it hard to classify art under Giroux's umbrella term, which was coined for contexts of neoliberal hegemony. As Musacchio (2004) puts it, patronage can be viewed "as a constant and purposeful family activity with both overt and covert political implications."

However, when it comes to institutions such as hospitals, visual elements located in public spaces are indeed expected to convey meaningful representations of the purpose of the building that hosts them, its history and heritage, and the glory of its founders and supporters. Additionally, it could be argued that pictorial representations worked as a hypertext that connected a facility to a broader network of services and segments of society—at least symbolically. Finally, as already mentioned in *Section 2* Medieval, Renaissance, and Modern images crossed the gap between literacy and illiteracy and offered publicity to processes that otherwise would have been performed in secret.

The *Pellegrinaio* of Siena's Santa Maria della Scala hospital is one of the places that blended State pedagogy, images, and charity. It is what Dr gan calls a "unique combination of civic ideology and religion," which resulted from a blend of Commune, confraternities, the Cathedral, and the hospital (Dr gan, 2023, p. 124).

A *pellegrinaio* (pl. *pellegrinai*) is an annex to a hospital dedicated to sheltering pilgrims (the term emerged in the 14th century). Its construction was consistent with hospitals' plurality of functions (see *Section 3*): as the etymology suggests, a 'hospital' is first and foremostly a hospitality hub, and Renaissance hospitals were all about catering to human fragility—embodied by vagrants, pilgrims, and the poor. This is summarized in Vauchez's (1978) words: "[hospitals] accommodated, donated, and healed."

"It is not a case if Medieval sources make use of different terms to indicate institutions that nowadays we gather under the same unilateral denomination of "hospital"—from the more general *hospitale/is*, *hospitium*, *domus*, *mansion*, to the more specific ones, such as *xenodochium*, *brephotrophium*, and *domus pontis* [...]. Our usage of the term resulted in a loss of awareness of the fact nowadays' hospitals—which are nosocomial institutions charged with taking care of the ill and, in some cases, perform scientific research—are quite different from the plural, often small-sized, hospital grounds of the Medieval Age. Such social service facilities performed diverse functions without a specific focus (only in case of highly contagious diseases some dedicated institutions were created, such as leproseries and lazarettes), and were tasked with a vast range of interventions" (Gazzini, 2012, p. 211).

Hence, together with medical assistance, *pellegrinai* were a fundamental component of the social security network provided by Late Medieval and Renaissance hospitals, and this reflects the relevance the values of charity and hospitality had in the religious and social milieu of the period (Cardini & Russo, 2019; Gazzini, 2012).

But *pellegrinai* were also crucial in aiding *gettatelli*: in the *pellegrinai* they received care, food and, quite frequently, basic education (Moriani, 1997). Drawing on Gazzini's (2012) study on medieval hospitals, the role of *pellegrinai* emerges: there, abandoned babies would not just survive—sanitary conditions permitting—but also access an educational career that provided them with necessary competency to integrate in society at large. At *pellegrinai*, children would be trained to become useful and productive members of the community. By achieving such goal, a community could claim it had performed the highest act of mercy (Terpstra, 2005).

That is epitomized by Domenico di Bartolo's (1441–1442) fresco, which is located in the premises of Santa Maria della Scala's *Pellegrinaio* and belongs to a series of paintings, completed in the 1440s, that constitute "the first decorative program" of the facility, at a time in which "Siena was still an independent republic" (Presciutti, 2013, p. 133). Its title is revealing: *Sheltering and educating gettatelli and the wedding of a daughter of the hospital*. According to Orlandini (1997), it depicts everyday scenes (*Figure 8*), which add even more value to the fresco in the perspective of social history of education. Indeed, this art piece narrates in close details the everyday life of the hospital, providing the viewer with a vivid representation of 15th-century Siennese society. In this respect, Bent (2017) remarks this is one of the most significant works ever realized by its author.



Figure 8. Surrendering of a baby. Detail of *Sheltering and educating gettatelli and the wedding of a daughter of the hospital* by Domenico di Bartolo (1441– 1442). *Pellegrinaio* of the former *spedale* of Santa Maria della Scala, Siena (picture of the artwork by Sailko, 2017b).

The work is divided into three main scenes, each complemented by elegantly depicted architecture that highlights complex structural elements. According to the chronology of the depicted narrative, the scenes are:¹

- a) *Central scene (Figure 8)*: “at the center, a man dressed in black hands a swaddled infant, presumably a new foundling, to a ward attendant” (Sperling, 2013, p. 17). The character handing over the child is the rector of the hospital, identifiable by his attire (Bell, 2021, p. 84). The identification of the ward attendant is case in point, because the woman receiving the baby is not dressed in red, as the wet nurses, but shares the same attire of the cook that could be seen emerging from a door in the upper left scene (compare with *Figure 9*). The gesture is strongly connected with a transition from the masculine to the feminine sphere.
- b) *Left scene (Figures 9 and 10): Sheltering and education of the gettatelli*. This scene shows how abandoned babies were received. At the centre, a wet nurse with veiled hair hugs a baby, symbolizing the care given to orphans or abandoned children. The wet nurse is surrounded by other female figures, which, much like she does, take care of other babies—e.g., by cuddling with them, by tidying up their linens, or by breastfeeding. This is a capstone to the role of the hospital as a place of charity and mercy. It tells a tale of kind and caring gestures being performed by women. In fact, the

stark contrast is between the wet nurses and the school master, who wields a stick and goes on about his business with a serious and detached attitude.

- c) *Right scene: (Figure 11) Wedding of a daughter of the hospital*. On the right, the fresco displays the wedding of a young lady who grew up at the Hospital. The bride, elegantly dressed, is accompanied by two individuals that represent either the Hospital or her later foster family. This detail highlights the fact the Hospital did not only provide immediate assistance but also participated in the upbringing of abandoned children, including wedding arrangements (Norman, 1995).

¹ The Authors of this paper were unable to ascertain if a symbolical meaning was associated with the *sequencing* of the scenes in the fresco. Their intuition, however, is that the depicted scenes follow one another as the viewer performs the ‘Sign of the Cross’ according to Roma Catholic tradition: ‘right hand touching the forehead, then the heart (centre), then the left shoulder, and then the right shoulder.’ But this might be an over-interpretation.



Figure 9. Cuddling. Detail of *Sheltering and educating gettatelli and the wedding of a daughter of the hospital* by Domenico di Bartolo (1441– 1442). *Pellegrinaio* of the former *spedale* of Santa Maria della Scala, Siena (picture of the artwork by Sailko, 2017b).

All scenes are saturated with educational significance. In the leftmost one, characters are represented with realism and detail: their faces express emotions and feelings; their bodies are rendered in a three-dimensional space that is mindful of Domenico di Bartolo's connection with the Florence schools of painting. Clothes are shown to be richly decorated,

and all objects are clearly outlined. Wet nurses don traditional womanly dresses, which are as colourful as it was customary in the European Middle Ages—although the current state of the fresco prevents a full appreciation of their vivacity. But their red clothing has also another meaning: it is the colour of charity (Warr, 2004, p. 207).



Figure 10. Writing practice. Detail of *Sheltering and educating gettatelli and the wedding of a daughter of the hospital* by Domenico di Bartolo (1441– 1442). *Pellegrinaio* of the former *spedale* of Santa Maria della Scala, Siena (picture of the artwork by Sailko, 2017b).

Most importantly, older *gettatelli*—likely 6 to 7 years of age—appear busy writing something on a board or a piece of paper (Figure 10): that is not just in line with the values of *humanae litterae*, but also shows that *gettatelli* were supposed to be raised like sufficiently learned urbanites. Hence, illiteracy was banned and there is a possibility that, as future young adults, *gettatelli* would be given the opportunity to

become at least clerks for a local business. In her thesis, Melli demonstrates that, in 15th century Tuscany, early literacy was considered a responsibility of the mother; instead, private instructors, who introduced at a later stage in child development, were mostly male—notwithstanding evidence of at least a couple of Florentine women who managed schools during the second half of the century (Melli, 2021, pp. 45–47).



Figure 11. Wedding. Detail of *Sheltering and educating gettatelli and the wedding of a daughter of the hospital* by Domenico di Bartolo (1441– 1442). *Pellegrinaio* of the former *spedale* of Santa Maria della Scala, Siena (picture of the artwork by Saikko, 2017a).

The wedding scene (Figure 11) is meant to represent the achievement of the life of the female *gettatella*. Her pose is that of a modest Virgin Mary (*Madonna di Pudicizia* [Lady of Modesty]) and her shy attitude, as well as her humble dress, appear to be a direct citation of Saint Bernardino's sermons—that is, a Franciscan intellectual that was very influential in Siena and who had passed away about the time the *Pellegrinaio* was decorated (Dr gan, 2023, p. 130). Bolzoni (2002) concurs with such link: Saint Bernardino made explicit usage of images in public places to advance the understanding of his sermons, and it is not unthinkable that he might have had a role in setting the stage for the painting or that his fellow citizens might have wanted to pay tribute to him through public art.

It is unclear why Dr gan subscribes to Barzi's idea that the character on the left, behind the wedding scene, would represent a "sodomite" being punished (Barzanti, 2013, p. 393). Dr gan and Barzi claim that the demise of such figure is meant to show marriage is a victory of society over same-sex relations—again, in line with Saint Bernardino's preaching. Conversely, the authors of this paper maintain the restrained character might also represent the mother of the surrendered baby.

If that was the case, the narratological continuity would be preserved throughout the fresco, without the interpolation of an inhomogeneous and relatively spurious element such as the depiction of a man being punished because of his sexual preferences. That would mean the scene misinterpreted by Dr gan and Barzi should be clustered *not* with the wedding, *but* with the surrender of the baby. Continuity is also suggested by the fact the restraining man on the right looks like the rector, while the headgear of the man on the left of the struggle, whose actions are unclear, extends beyond the central column—even though that is hard to notice owing to heavy discolouration (see Figure 12).

Indeed, if the restrained character is a woman, either she might have lost her composure because of the separation from the child, or she is acting up because of a presumable mental illness. According to the former interpretation (the loss of composure), this might be evidence that many mothers might have been forced to surrender the child (e.g., by their husbands). Conversely, according to the latter interpretation (the 'possessed' woman) the fresco might be trying to convey the idea that the institutionalization of the baby was an attempt by society to prevent further harm at the hands of an incapable mother.



Figure 12. Wedding. Detail of *Sheltering and educating gettatelli and the wedding of a daughter of the hospital* by Domenico di Bartolo (1441– 1442). *Pellegrinaio* of the former *spedale* of Santa Maria della Scala, Siena (picture of the artwork by Saikko, 2017a).

Again, the symbolical dimension of the fresco reflects the multifaceted functions of the hospital. That is, because each function is connected to values, which, in this case, underline the connection between *charity* and *upbringing*—the latter including *education* and *safeguard*. In her exploration of the Santa Maria della Scala's frescoes, Wallentine (2024) claims that di Bartolo reconciles the ideal dimension of values with the practical function of the hospital; because of that, his art works as an accreditation system that cradles religious in civil society and vice versa. In sum, it is shown how the *Pellegrinaio* of Santa Maria della Scala was not primarily a place where one could heal their body but first and foremostly a socio-educational institution that was pivotal in preparing the youngest for their future roles in society (Dalena, 2021; Lugarini, 2011; Pellegrini, 2006)

5. Conclusions

Was there an “ignorance of childhood” in the Middle Ages (Ariès, 1962, p. 10)? Was 15th-century Tuscany (and Western Europe, with it) merely beginning to develop an awareness of the needs of childhood, setting the pioneering stage for the later boom in child welfare activities? Is it true that babies in particular were subject to generalized feelings of indifference, as Ariès posits (1962, p. 38)?

Analysis of visual sources led us to think otherwise and corroborate Minello's (2013) thesis. Private and personal care for early infancy was established in Early Modern German handbooks of medicine, dedicating ample space to parenting science and child development; additionally, French iconography of the same period shows that the emotional and spiritual connections between adults and children was not just limited to the nuclear family but also to the extended one. Finally, Renaissance Tuscany testifies that charitable, well-meaning, and protective attitudes towards childhood were not just experienced as part of personal relations, but as a broader societal concern. That is, a widespread sentiment of worry for abandoned infants that was not just a social emotion but also the mobilizing force behind a rationalization of early childhood welfare. That is evident not just in the constitution of dedicated hospitals for foundlings, but also in the visualization of their practices, such as that offered by the frescoes of Siena's *Pellegrinaio*. Furthermore, it is precisely through art that the intersubjective nature of early infant care got enshrined in local heritage, because such visual medium—together with its self-evident educational impact—enjoyed the ability to cast the factual dimension of institutionalized care onto the ideological realm of Statehood, Religion, and—generally speaking—shared values.

But why the relatively *late* records? A possible objection to the argument of this paper is that, at best, it shifts Ariès' ‘sentiment of childhood’ from peak Modernity to the Late Middle Ages and the Renaissance: that is, by showing that maybe the collective understanding of childhood was not-so-pioneering in 15th-century Tuscany. According to such possible objection, little it shows about the pre-Renaissance period, let alone some scant evidence on the existence of institutionalization for abandoned babies as early

as the 12th century—and only in some selected instances. Wouldn't this chronological argument reinforce, instead of weaken, Ariès' core thesis?

The authors of this contribution believe that such problem is ill-stated because the answer lies not in the presence or absence of a ‘sentiment of childhood’ in a given historical period, but in the way it was recorded (directly or indirectly) and constituted a collective worry. In other words, the issue is more historiographical than historical. The reason of the wealth of records for Renaissance Tuscany's concern for abandoned babies lies with the strong connection between statehood and urbanization. The latter fuels the former: in non-urban settings, care for abandoned babies (if any) is necessarily distributed and is mostly confined to the realm of what is *informal*. Conversely, it is with urbanization that *formalization* of practices take place—as required by what Braudel's (2021) called the transition from material economy to market economy. Consistently with Foucault (see Frost, 2019), this research acknowledges that the institutionalization of abandoned children is just another contextual *deployment* [French: *dispositif*] of a general *apparatus* [French: *appareil*], which could not have been possible when such apparatus was absent—for contingent reasons (for a discussion of these epistemological categories, see Marcelli, 2023). In an architectural perspective, Leontidou speaks of the gradual institution, during the Renaissance and Early Modernity, of “*grand ensemble[s]*” (Leontidou, 1990, p. 14). To borrow her terminology as a metaphor, we might conclude that the first *grand ensemble* is Modern society itself: that is, with its institutions, rationalizations, community-driven systemic actions—all of which lead up to peak Modern society as we know it through the words of Foucault (1961). However, the absence of a familiar urban landscape should not be traded with evidence of absence of communal and shared concerns for given social segments, such as that of abandoned newborn children. Eventually, this could constitute a future development of the present study, moving away from evidence of formalized practices and delving into times in which the transition from *informal* to *formal* practices was not fully accomplished.

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