RHETORIC AND MEDICINE IN EARLY MODERN EUROPE
For more than a decade now, *Literary and Scientific Cultures of Early Modernity* has provided a forum for groundbreaking work on the relations between literary and scientific discourses in Europe, during a period when both fields were in a crucial moment of historical formation. We welcome proposals that address the many overlaps between modes of imaginative writing typical of the sixteenth and seventeenth centuries—poetics, rhetoric, prose narrative, dramatic production, utopia—and the vocabularies, conceptual models, and intellectual methods of newly emergent ‘scientific’ fields such as medicine, astronomy, astrology, alchemy, psychology, mapping, mathematics, or natural history. In order to reflect the nature of intellectual inquiry during the period, the series is interdisciplinary in orientation and publishes monographs, edited collections, and selected critical editions of primary texts relevant to an understanding of the mutual implication of literary and scientific epistemologies.
Rhetoric and Medicine in Early Modern Europe

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ASHGATE
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Among the *badinages* and missives meant for paramours and patrons, techy suitors and incorrigible sons in W. Elder’s *Pearls of Eloquence, or The School of Complements* (1656) is a model exchange between a patient and a physician. The “sick loving Patient” urges his physician to his bedside, while the physician advises his patient against excessive passion: “let a merry heart be your best Physician,” he writes, “for conceit is hurtfull, if it be not contentive, and it is past the reach of my Reason to cure a corrupted mind.” But psychic cure is the physician’s point: he gently cautions against hypochondriasis, delicately asserts his authority, and insists that his client embrace patience and “put off melancholly,” lest strong feeling amplify his pain. This imagined correspondence—in which the patient is importuning but deferential, the physician generous, voluble—suggests civility and concern, consolation and reciprocity of sentiment. “[I]magine that I am with you,” the physician writes, and do not be “weak in spirit.” As much as the physician promises freedom from both illness and treatment, he also assures: a sound imagination, moderate passions, and calm spirits are crucial to recovery, prophylaxes against relapse. Extant seventeenth century letters from physicians to patients enjoin similar caution: while explaining the cause of one distemper, John Symcotts, for example, insists that his patient forego his “author Vaughan,” whose “vain and frivolous” prognostications discomfort. Although some physicians were reluctant to consult patients from afar, casebooks and *consilia*, diaries and
collections of *historiae* evidence rich, varied forms of correspondence between sufferers and physicians, including texts that detail complex medical recipes, offer counsel, and probe regimen, recovery, reputation.⁴

Yet this imagined exchange is refractive, and invites critique. Aside from a request that the physician visit the sickbed, Elder envisions an ideal interaction, untainted by the frustrations and disappointments that accompanied medical treatment, free from criticisms directed at medical practitioners, and evacuated of the power that defined patient-physician relationships. Arguments about the uncertainty of medicine, its perils and promises, the incommensurability of medical theory and practice, the character and conduct of its agents,⁵ and the status...
of the profession—one that trafficked in urine and blood, faeces and decay—flourished in medical and non-medical texts and contexts in the sixteenth and seventeenth centuries. Although medicine was frequently lauded in encomia and paragoni, usually in university settings, physicians and surgeons were impugned in both learned and popular fora for breaking sabbath or atheism, indifference, incompetence, or lucre. Central to learned criticism is the notion that healing is “oftentymes done more by chaunce, then by any certayne Methode or Reason.”

To Robert Underwood in 1605, for example, the “chiefest rules of this Art, / yea and his greatest ground, / Stand but on observations, / and on conjectures fraile.”

In 1616, Geoffrey Goodman offers the derisive suggestion that the fullness of the materia medica is related to the deficiency of medical knowledge: the multiplication of remedies preserves the “mysteries and secrets” of the physician’s art and “raises the price of their physicke,” while physicians “doe but guesse at their physicke.”

In the preface to The Passions of the Soul (1649), Descartes writes that “nowhere is our need to acquire new learning more apparent than in things that concern Medicine.” Practitioners are unsure about common illnesses, “which all the most learned Physicians cannot understand, and only aggravate by their remedies when they undertake to dispel them.” To Descartes, medicine ignored physics, was poor in theory, and even the most “prudent” physicians were content with maxims and

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8 Underwood, A New Anatomie. Wherein the Body of Man is Fit and Aplyt (Two Wayes) Compared: 1 To a Household, 2 To a Cittie (London, 1605), 22.

9 The Fall of Man, or the Corruption of Nature, Proved by the Light of our Naturall Reason (London, 1616), 97.
rules gleaned from experience alone. Perhaps least susceptible to improvement, to the virtuoso Robert Boyle, was the “semeiotical part” of medicine.

By 1684, in a book dedicated to Boyle, Lionardo di Capoa could declare that physic is “a Profession, so doubtful and uncertain in it self, [that] has neither Learning nor Principles, upon which others may lay any firm Foundation. [it is] an Art, of its own nature in the highest degree uncertain, dubious, and unconstant.” Although it was still gentlemanly to have some knowledge of medicine, “especially the Diagonostick part … as also the prognostick part,” no “discipline is more subject to deception with regard to cause, than is medicine.” In a period that witnessed physicians’ and surgeons’ uneven arrogation of authority, various attempts to discipline unorthodox practitioners, and an accelerated investment in ‘scientific medicine’ (in the form of anatomical studies or iatrochemistry, animadversions on the methodus medendi or the classification of fevers), medicine continued to be disparaged as poor philosophy, worse practice, “the lowest of Professions.”

This ongoing debate was expressly political, as Nancy Struver argues in this volume: uncertainty may inspire dependence on ostensible expertise, and thus enhance physicians’ authority, even in the absence of adequate theoretical explanation or suitable etiologies of technique. Still, contractual ‘cure agreements,’ often specifying exclusivity between patient and practitioner, were broken or contested, for reasons ranging from failure to cure to length of treatment. As Elder’s letters show, patients were actively engaged in treatment: some were ready to change

10 The Passions of the Soul, trans. Stephen H. Voss (Indianapolis and Cambridge: Hackett, 1989), 6–7; on writing as a physician, see 17.


15 Pelling, Medical Conflicts, 249–74.
doctors or refuse payment, and many who were able consulted various practitioners during a single illness, to some physicians’ consternation.16

The pressures of medical uncertainty affected the ways in which physicians and patients imagined not only the negotiation of authority but therapy itself, especially treatment for emotional or psychological distemper. While medical theory and practice was historically contested, eclectic, for distempers caused or exacerbated by passion, early modern physicians embraced a broad, variegated ensemble of remedies, perhaps because physical therapies—bleeding, emetics, laxatives—were frequently ineffective, sometimes perilous. The problem was grave: as the physician Edward Jorden writes, the “perturbations of the minde” are often to blame for disease, and we are like “battred Citties without walles, or shippes tossed in the Sea, exposed to all manner of assaults and daungers, even to the overthrow of our owne bodies.” His remedies for hysteria include religious instruction, inspiring contrary passions in sufferers, “divers sorts of fallacies,” and “good counsell and perswasions.”17 As Francis Bacon avers in De dignitate et augmentis scientiarum, “there is no physician of any skill [paulo prudentior] who does not attend to the accidents of the mind [accidentia animi]” as essential to both remedy and recovery.18 Indeed, in Elder’s terms, physicians remedy “hurtful conceits,” assuage the imagination, urge a ‘merry heart’ as tonic; the ‘lowest of professions’ confects medical, philosophical, and rhetorical intervention, and has done so since antiquity. And it must: its theoretical and methodological resources are frequently poor, its practice rough and invasive, its results fragile. Perhaps that is why one early modern commonplace insists: illa medicum informat ubi namque desinit Philosophus ibi incipit Medicus (that physician informs [us] that where philosophy ends, medicine begins).19

16 See Pelling, Medical Conflicts, esp. 225–32, including sources and, for example, A Seventeenth-Century Doctor and His Patients, 28. ‘Misomedon,’ Mandeville’s fictional patient, visits several physicians during his lengthy illness; see A Treatise, esp. 19, 28–9. The patient was sometimes figured as both active and passive, as the physician David Abercromby suggests in 1686: the chief “Secret of Physick” consists in the physician’s timely application of remedies, but half the work is the patient’s, who “must contribute towards his own cure by an exact submission, and scrupulous performance of what he is order’d to do, take, or observe” (The Discourse of Wit, 220).
This apothegm rests on ancient authority. Greek and Roman orators, philosophers, and physicians retail broad comparisons between medicine, moral philosophy, and their interventionist programmes; medicine and philosophy shared forms of inference, interest in psychology and physiology, and commitment to theoretical inquiry and empirical practice, one often at odds with the other.20 From the Hippocratean On Regimen through Aristotle’s views about the fundamental intrication of dianoia and somatic states (especially in the Physiognomica [805a1ff.]) to Hellenistic conceptions of hygiene, ancients were certain that bodies affected minds, that the psyche disposed the soma, that medicine and philosophy were consanguine. Habits and sensibilities, temperaments and passions occasioned as well as remedied illness; dietetics might provide “a physiologically founded doctrine of ‘the good life.’”21 Physicians should be skilled philosophers, and the “most accomplished investigators into nature generally push their studies so far
as to conclude with an account of medical principles.” 22 Able physicians bolster both inquiry and practice with philosophical knowledge and, as Descartes later recognised, the finest philosophers embrace healing as a cardinal aim. 23 As one seventeenth-century physician avers, the “two grandees in the common-wealth of learning, the Philosopher and the Physician” are “happy stars” when they agree, “but opposed, they portend a deluge of Barbarisme.” 24

Not only were ancient physicians concerned with rhetorical display, 25 most doctors and philosophers agreed that healing depends, in part, on discursive therapy, on ‘contentive’ conceits. If medicine begins where philosophy ends — a maxim “‘universally receiv’d among Physicians’” in the seventeenth century 26 — one point of intersection is the ‘therapeutic word.’ 27 In the recovery of ancient philosophical and rhetorical learning, speech was figured not only as an “instrument

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22 De sensu, 436a18-b2; De respiratione 480b22–30.

23 See the preface to the French edition of The Principles of Philosophy (1647 [1644 in Latin]), where Descartes claims that the whole of philosophy is like a tree: the roots are metaphysics, the trunk physics, and the many branches emerging from the trunk might be reduced to three principal areas of study and intervention, medicine, mechanics, and morals. Earlier, in the Discourse on Method (1637), he insists that “the mind depends so much on the temperament and disposition of the bodily organs that if it is possible to find some means of making men in general wiser and more skilful .... I believe that we must look for it in medicine.” In a 1645 letter to the Marquess of Newcastle, Descartes writes that the “preservation of health has always been the principal end of my studies” (The Philosophical Writings of Descartes, ed. John Cottingham et al., 3 vols. [Cambridge: Cambridge University Press, 1985], 1.186–87, 143, 3.275).

24 Anonymous, Anthropologie Abstracted: or the Idea of Humane Nature Reflected in Briefe Philosophical, and Anatomical Collections (London, 1655), 109. A preface by the important printer Henry Herringman states that the work was authored by a physician, “esteemed ... as one of the most hopeful of his Profession” (sig. A2v).


26 Jeremiah Wainwright, A Mechanical Account of the Non-Naturals: Being a Brief Explication of the Changes Made in Humane Bodies by Air, Diet, &c. (London, 1707), sig. A2v. See also Walter Harris, Pharmacologia Anti-Empiric (London, 1683), 36. We might see in these formulations the Cartesian programme—in which moral philosophy sits somewhat awkwardly on the shoulders of medical thought—avant la lettre.

for exhortation and persuasion,” but for “consoling the afflicted and assuaging
the fears of the terrified, for curbing passion and quenching appetite and anger …”28 Early modern practitioners emulated ancient physicians and philosophers, orators and counsellors, who enlisted discursive therapies and embraced to prepon in speech and conduct. As the Hippocratean On Decorum specifies, physicians should be “serious, artless, … graceful in speech, gracious in disposition,” and must comfort patients with “solicitude and attention.”29 Consolation is central to early Greek figurations of both philosophy and medicine, as it was to Cicero, who proposed that various salves might be found even in the speeches of the sophists, and who presented some of his own work as a compendium of remedies.30 Again, speech is therapeutic: oratio could exhort, admonish, praise, and heal.31 As Daniel Gross points out in this volume, early modern physicians recognise “the ways in which everyday language can be a site for curative, psychosomatic intervention.” Robert Burton cites Galen: many “have been cured by good counsel and persuasion alone. . a gentle speech is the true cure of a wounded soul” (2.2.6.2: 475). Several early moderns follow Galen, too, insisting that confidence and trust in a physician, both secured rhetorically, are essential to healing.32 Thus the notion that rhetoric “could claim little direct relevance for medicine” depends in part on a very narrow conception of rhetoric as trope and ornament.33 In contrast, past practitioners recognised rhetoric as a form of inquiry, as a lissom method for reasoning about signs and symptoms in a suffering body, and as a discourse of kairos and krisis with close parallels to medical thought; both are uncertain, interventionist, and depend, for their authority, on systems and rules which claim to organise both occasion and practice. Rhetorical inquiry is interested in experience, attuned to assessing and changing varying capacities for speaking and listening, for ethical, therapeutic, and interpretative action. As Aristotle suggests, rhetoric

30 Cicero, De natura deorum, 2.59.49.
32 As Thomas Fienus insists, Galen “says that the faith of the sick man in the physician does a great deal for the health ... the physician will therefore heal better who can persuade better” (L. J. Rather, “Thomas Fienus’ (1567–1631) Dialectical Investigation of the Imagination as Cause and Cure of Bodily Disease,” Bulletin of the History of Medicine 41 (1967): 349–67; 363). Burton agrees (1.2.3.2: 223). Both drew on Galen's Prognostics, in which he argues that “Hippocrates shows us here how the first benefit ... that comes from a knowledge of prognosis is that it leads the sick to trust in the physician and to put themselves in his hands” (quoted in M. R. McVaugh, “Bedside Manners in the Middle Ages,” Bulletin of the History of Medicine 71.2 [1997]: 209–223; 208).
is a counterpart of both dialectic and ethics, and has the appearance (σχήμα or schema) of politics (1356a25ff.): the form of inquiry against which appear the practices noted above is hermeneutic, devoted to investigating “civil interests, tasks, performances, carried in texts, signs,” that sifts, distinguishes, and reinvents means for examining and directing, describing and redescribing civil capacities. Practical activity necessarily involves persuasion, and praxis is often figured and undertaken using rhetorical terms and concepts, methods and metaphors. If rhetoric is in part defined by the ability to discern probabilities, that ‘discernment’ is a prudential enterprise. Capable rhetors and the practically wise are interdependent; as Luis de Granada insists in his textbook on preaching (1576), “prudence … is the guide of all actions and so also of our speech.” Rhetoric as a way of perceiving probabilities and adjusting one’s argument to the audience and circumstance offers a model of ethical action and interaction; rhetorical inquiry informs the practice of private and public virtue, it ensures an effective transfer of remedial efforts between philosophy and medicine, as I have argued in my contribution to this collection. The art of persuasion is central to public life. But as an ensemble of techniques that investigates the changing vicissitudes of human experience, as an art moored to action and intervention, rhetoric is also a discourse of probability and proof. Medicine, too, is pragmatic and thus cannot be divorced from its contested figurations, its multiple styles, or its discursive practices in various contexts.

**Inquiry and Remediation**

One context is the early modern bedside. In sickbed conversations, patients told physicians “what was wrong: when and how the complaint had started, what events

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had precipitated it, the characteristic pains and symptoms, its periodicity.” The patient would describe “key lifestyle features,” like “eating and sleeping habits, his bowel motions, recent emotional traumas, and so forth.”

External causes of disease are discovered by “the inquisition of the Physitian, and the relation of the patient.” That trauma is among a practitioner’s concerns is telling: Sir Thomas Elyot’s cure for sorrow enjoins sufferers to embrace the “holsome counsayles” in scripture and “bokes of morall doctrine.” Since soul and body are knit together, remedying physical suffering means “care must be taken, to sweeten and abate the troubles of the mind with pleasing words. … A good speech is a Physitian for a sick mind.”

In order to cure “spirituall sicknesses,” the ‘frivolous’ William Vaughan recommends that physicians “invent and devise some spirituall pageant

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40 Sir Thomas Elyot, The Castel of Helth (1541 [1533]), sig. 64v.

41 Levinus Lemnius, The Secret Miracles of Nature, no trans (London, 1658), 65. For example, William Fenner notes that the affections are motions, “so they are sensible motions too. For the will stirs up the inferiour faculties of the Soul, and they stirre up the humours and parts of the body .... This is the reason why the affections are called passions, for they make the soul to suffer, and the body to suffer.” When “there is a great apprehension of either [good or evil], not only the soul is deeply affected, but also the body is mightily compatible” (A Treatise of the Affections; or The Souls Pulse [London, 1650], 6–7).
to fortifie and help the imaginative facultie, which is corrupted and depraved”—imprinting “another conceit, whether it be wise or foolish, in the Patients braine, thereby to put out all former phantasies.”42 Although sufferers commonly “hate good comfort in words when the cause of [their] comfort indeedis gone,”43 the corrupt “imaginative facultie” must be healed by ‘invention’—a technique Cardano recommends—strengthened in order to relieve suffering. A sick person “is to be wrought into an Imagination quite contrary” to the offending passions that accompany distemper.44 As the melancholy physician Caspar Barlaeus writes in a letter of 1638, “perhaps I have more to suffer from the affection of my imagination than from the obstruction in the hypochondrium, even though they … conspire against me in a less than friendly manner.”45 Those who are vigorous and cheerful seldom require medical help—or should not, at least after age thirty, according to an early modern commonplace drawn from Suetonius and Celsus.46 Writing in the early fifteenth century, one physician notes that a state of “temperate gaiety” purifies the blood, distributes natural heat, sharpens the wit and “makes the understanding more capable” as well as promoting a “healthy complexion and a pleasing appearance.”47

In this intimate scene of inquiry and remediation, both patients’ and practitioners’ activities are largely rhetorical: praying, detailing symptoms, reading self-help manuals and regimens, chatting with visitors and physicians, receiving counsel, occasioning or assuaging emotion.48 Of course, physicians attended to a myriad of circumstances, principally organised by the categories of the non-naturals and prognostic signs, but some indications were available

42 William Vaughan, Approved Directions for Health, Both Naturall and Artificiall: Derived from the Best Physicians as well Modern as Ancient, fourth edition (London, 1612), 90.


46 In De medicina, Celsus writes that a healthy man, “who is both vigorous and his own master, should be under no obligatory rules, and have no need either for a physician or an ointment-healer [iatrolepta]” (trans. W. G. Spencer, 3 vols. [Cambridge, MA., 1971], 1.1); see also Suetonius, Lives of the Caesars, trans. Catherine Edwards (Oxford: Oxford University Press, 2000), 68.131.

47 Benedetto Reguardati, Pulcherimum et utilissimum opus ad sanitis at conservacionem (1477), f. 124v–125r, quoted in Glending Olson, Literature as Recreation in the Later Middle Ages (Ithaca and London: Cornell University Press, 1982), 50.

only in discursive form, in sufferers’ narrations or in case histories. Frequently occasioned by a rote ensemble of questions, and thus somewhat restrictive of both the patient’s and the physician’s expression, *historiae* and *consilia* nevertheless pose questions concerning the relationship between particular cases and general remedies, evidence and narrative, discourse and practice. This admixture of consolation and consultation, assurance and application suggests the organising presence of rhetoric in medical practice and, as this collection demonstrates, in medical theory, in styles of care and counsel, and in establishing medical authority. Rhetoric shapes the experience of suffering as well as clinical encounters, and rhetoric’s role in propagandising shifts in medical and philosophical thought is clear: changes in theory and practice were secured rhetorically and, then as now, rhetoric was an essential component in reforming styles of investigation, scenes of inquiry, and therapeutics, as Jean Dietz Moss argues in her chapter on physicians and the waters of Bath.

**Physicians Reading**

This array of concerns—the physician’s discourse, demeanour, and style, the relationship between ancient and contemporary practice, medical uncertainty—was addressed in various prescriptions for reading, for both patients and physicians. With respect to patients, reading both caused and remedied illness; if excessive, it was considered disturbing, but it was also remedial, a notion moored to the recovery of ancient moral philosophy, particularly Stoicism and Epicureanism. But what should physicians themselves read? This question has a curious, and under-explored, history. One thorough account of medical curricula in the late middle ages demonstrates that physicians read widely in natural philosophy and philosophy, including ethics and rhetoric, logic and method, Greek, Latin, and Arabic texts, especially Avicenna. All seven liberal arts were thought necessary to the study of medicine, and there were strong efforts to “reconcile” philosophy and medicine, the Aristotelian and the Hippocratic-Galenic traditions, in medical education. Of course, what physicians read at humanist grammar schools and universities in the sixteenth and seventeenth centuries is well-established. In

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England, for example, before studying Galen and Hippocrates, often in a second
degree, like all scholars of the period students of medicine read Terence and
Seneca, Virgil, Ovid, and Horace, Cicero and Quintilian, Curtius and Suetonius.52
Should students not pursue a degree in medicine, instruction in medicine was
frequently informal, and found its place alongside standard humanist curricula.53
Even unorthodox physicians, eager to establish their own authority, confirmed
that the “man which intends the practice of Physick, must be qualified with good
Litterature, and lay a Philosophical foundation, that he may be able to discourse
and reason with himself, the causes and effects of things, both in Nature and Art.”54

But for the Spanish humanist Juan Luis Vives, all except the most gifted
physicians should abjure poetry and grammar, history and philosophy, “Cicero
or Demosthenes, Virgil or Homer,” after their initial acquaintance with the *studia
humanitatis*. Although physicians may write of their own experiences “for the
use of posterity,” they must devote time to their art, which is already “obscure”—
there is enough to master in medicine alone to fill a whole lifetime.55 Yet in the

52 There were innovative pedagogical programmes that enjoin all pupils to be exposed
to natural philosophy and medicine, but for the most part medical studies were taken after
immersion in the liberal arts, increasingly dominated by the study of logic and rhetoric. See
William T. Costello, *The Scholastic Curriculum of Early Seventeenth-Century Cambridge*
Small Latine and Lesse Greeke*, 2 vols. (Urbana: University of Illinois Press, 1944), and, for
medical education, Paul F. Grendler, *The Universities of the Italian Renaissance*
(Baltimore: Johns Hopkins University Press, 2002), 314–352, Phyllis Allen, “Medical Education in 17th
143 and Roger K. French, *William Harvey’s Natural Philosophy* (Cambridge: Cambridge
and Dialectic in the Time of Galileo* (Washington: The Catholic University of America,
2003), 12–21. For a sense of what sixteenth-century English physicians were reading,
see Eric Sangwine, “The Private Libraries of Tudor Doctors,” *Journal of the History of

53 See Gillian Lewis, “The Faculty of Medicine,” in T. H. Aston, ed., *The History of

54 Everard Maynwaring, *Medicus Absolutus ... The Compleat Physician, Qualified
and Dignified* (London, 1668), 46. On Maynwaring, see Stephen Pender, “Seeing, Feeling,
Judging: Pain in the Early Modern Imagination,” in *The Sense of Suffering: Constructions
of Physical Pain in Early Modern Culture*, ed. Jan Frans van Dijkhuizen and Karl A. E.

55 *Vives: On Education, a Translation of the De Tradendis Disciplinis of Juan Luis
See also *De disiplinis*, ed. Henry Jackson (London, 1612), 343–44 and *Opera omnia*, ed.
Francisco Fabian y Fuero, 8 vols. (Valencia, 1745; reprint London: Gregg Press, 1964),
Humanitatis* and *Litterae* in Cicero and Leonardo Bruni,” in *Perspectives on Early Modern
and Modern Intellectual History*, ed. Joseph Marino and Melinda Schlitt (Rochester:
sixteenth and seventeenth centuries physicians routinely occupied themselves, and plied their audiences, with ‘good Litterature’: as well translating Galen’s *De sanitate tuenda* and *De temperamentis*, Thomas Linacre wrote a Latin grammar; John Caius published on the sweating disease, Latin and Greek pronunciation, and English dogs; Thomas Cogan wrote on the wisdom of the old testament, edited Cicero’s familiar letters, and published the popular *Haven of Health* (1584, 1588, 1589, 1605, etc.); Philemon Holland and Thomas Lodge exerted grand efforts to present Roman history and Stoic philosophy to an English readership; and John Bulwer engaged in a broad, ambitious, and lifelong project exploring rhetoric and embodiment, natural history and anthropology.56 Niccolo Leoncino was perhaps one of the best known physician-philologues, as Andrea Carlino notes in his chapter on Vesalius. William Harvey, too, demonstrates his intimate knowledge of the history of rhetoric and philosophy by directing his listeners to Cicero for both the function of nerves and the use of the parts of the body in his early Lumleian lectures.57 Although his modern editor insists he is “overenthusiastic” in his reference to Cicero, Harvey’s point is clear: he is, in part, retracing the steps of ancient philosophers and rhetoricians, probing the body, exploring the relationships between parts and wholes, matter and spirit, as he speaks to an audience of surgeons in 1616.58 Harvey displays remarkable rhetorical sophistication, using ancient literature, particularly Terence, to impugn accepted medical tenets. His


“classical literary citations and allusions” are integral to his scientific inquiry; they underwrite his apologia for “an unclassical medicine.”

While curious to us, Harvey’s references to Cicero and his redaction of Terence are far from antic. Girolamo Cardano prided himself on “his ability to read rapidly and seize the essential content of a volume.” According to Nancy Siraisi, his reading might have been “wider” than most of his colleagues, including texts on mathematics, astronomy, and the new world. He wrote on a wide array of subjects, too, including music, ethics, dreams and, famously, himself, as Guido Giglioni demonstrates in this volume.

Though a parsimonious writer, the Hugenot physician Theodore Turquet de Mayerne read, with interest, Herbert of Cherbury’s *De veritate*. And, in his treatment of melancholy, Burton demonstrated the breadth and depth of reading that might be brought to bear on a psycho-physiological condition. Indeed, one early seventeenth-century Sussex physician turned to the *Anatomy of Melancholy* for assistance. This breadth of reading speaks to a contemporary commitment to eclecticism: medical practitioners, apothecaries included, were by far the largest group practising natural history in the period, exploring and expanding the *materia medica*, a development reflected in the increased numbers of herbals and medical books published in the later half of the sixteenth century. Natural history developed out of medical humanism, and rhetoric had a central


63 Edward Poeten of Petworth, Sussex, who was active in the 1620s and 1630s, and an assistant to Sir Thomas Bonham; see *Sloane Manuscripts 1965*, folios 122ff. and Harold Cook, “Against Common Right and Reason: the College of Physicians against Sir Thomas Bonham,” *American Journal of Legal History* 29.4 (1985): 301-322; 321.

role in refining not only historical consciousness but ‘scientific’ sensibilities. Across disciplines, attention to natural and historical particulars was inspired by a revivified and broad conceptualisation of decorum that encouraged attention to the exigencies of time and place.65 Ecumenical, then, in their attention to ancient sources of medical and philosophical knowledge, physicians were active in the new science, in natural history and natural philosophy, and central to the emergence of a republic of letters. They essayed the fragile commensurability of theory and intervention, their professional status as investigators of contingency, and the ways in which particulars might yield general knowledge.

As Giovanni Argentario notes, medical terminology — and, by implication, medical practice — cannot be immured from other disciplines, and thus it is impossible to draw a clear line between medicine and philosophy.66 But medicine is also intimate with rhetoric. Perhaps that is why Vives ends his disquisition on physicians’ reading and training with a paean to the appropriateness, decorum, and kairos that they would have learned from humanist curricula. Drawing on Hippocrates’ On Decorum and the standard skills developed and refined in rhetorical study, he recommends that physicians dress neatly rather than sumptuously, that they question the patient “in an urbane and affable fashion,” and that they form just judgements, eschewing emotion. But his focus is conversation: if “the kind of illness of body or weakness of mind disinclines the patient to conversation, the physician will transact his inquiries with few and specially prudent words.” If a patient can endure conversation, physicians should “narrate some anecdote, wittily, pleasantly, suited to the mood of [the] patient” and enlist the patient’s trust.67 Elsewhere, Vives insists that emotional distemper is susceptible to medical treatment, including phlebotomy, but he also recommends discursive therapy: meditation and the alteration of opinion (as species of aversione cognitatis), driving one passion out with another, walking, wine, and music, and “the distraction of occupations” and “pleasant little stories” (narratiumculis lepidis).68 Where might a physician gather narratiumculis lepidis but from reading?

Finders of Occasion

In the late seventeenth century, one physician worried about not only what but how physicians read. To Giorgio Baglivi, physicians should be “industrious bees,” gathering precepts and practices from various areas of inquiry, rather than spiders,

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spinning complex, unsubstantiated webs of speculation about illness and cure.69 This common Senecan metaphor appears in his De praxi medica ad priscam observandi rationem revocanda (1696), dedicated to his patron and patient, Innocent XII, at Rome. Baglivi was Croatian; he studied and taught in Italy, was a member of the Royal Society (1697), and finished his career, after three years as assistant to Marcello Malpighi, as professor of theoretical medicine at the Sapienza. De praxi medica was Englished twice in the early eighteenth century (1704, 1723). The “Learned Baglive, … a late Author of Note,” was conservative: although he supported the reigning iatromechanical model of physiology for its exactitude, he had enormous respect for the ancients, and for Galen and Hippocrates in particular.70 His own eclecticism is reflected in his advice to novice practitioners. While knowledge of “Meteors, Astronomy, Eloquence, or the Art of Persuading,” moral philosophy, and prudence is necessary for a physician, and a “considerable Ornament” (24–5), it does little for the “curative” part of medicine. Yet Baglivi frequently offers discursive and ethical strictures for his ideal practitioner: a physician must read judiciously, manage analogies and similitudes appropriately, temper his moods and dispositions, and master the art of persuading. By “the mere Force of Words,” a physician “fastens . such a Vertue upon his Remedies, and raises the Faith and Hopes of the Patient to that Pitch, that sometimes he masters difficult Diseases with the silliest Remedies” (171). The greatest sagacity and industry should be devoted to assuaging a sufferer’s spirits via “fair Words,” agreeable medicines, “pretending” that the remedies to hand are the most effective—what one late sixteenth-century Spanish physician calls “rhetorical insinuation.”71 “I can scarce express what Influence the Physicians Words have upon the Patient’s Life,” Baglivi writes, “and how much they sway the Fancy” (171). Grief, sorrow, and melancholy are “easily cur’d” by rhetorical intervention and by regimen, “by agreeable Conversation … or else by a Way of living adjusted by a prudent Physician” (162). As a contemporary English physician insists, when “a Sick Person comes to stand in need of the Physitians help, those surely of all others are most likely to do him good, who may be presumed to sympathize with him the most feelingly in his Afflictions.”72

For Baglivi, prudence is determined by the physician’s temperament and a course of sanctioned reading. Disposition effects treatment and cure: our “innate Temperaments do oftentimes oblige us to embrace Error, and make false Judgments of Things.” A physician “naturally Timorous and Melancholick” by habit of mind avoids “Spiritious Volatile Med’cines,” attempting to cure instead by remedies “less Active” (16). The “false Idols” of physicians, the “prepossession

70 The quotation is from Mandeville, A Treatise, 38.
of false Opinions,” gleaned by the “preposterous reading of Books,” impede the improvement of medicine (15). A “great Part of Wisdom” in curing diseases is keeping the mind untainted with prejudice, theory “clear of the Errors of the Schools,” and “unbypass’d by Humour and Inclination” (75). Baglivi builds his insights on Juan Huarte, whom he cites (49), and who argued that differences in capacity should organise professional calling; and those differences depend on temperament and the non-naturals.73 Physicians who are fine theorists are poor practitioners, and vice versa; imaginative facility should organise vocation. The understanding is a power “impertinent for curing,” whereas the imagination, which traffics in particulars, is condign: encountering a patient, an imaginative physician “knoweth things which seem impossible” (177, 180). Diagnostic knowledge is secured, Huarte argues, by “a grace which springeth from the fruitfulness of the imagination, which by another name is termed a readiness of capacitie, which by common signs, and by uncertain conjectures, … knoweth 1000 differences of things, wherein the force of curing and prognosticating with certaintie consisteth” (180). In addition, the imagination determines the right application of remedies, the “greatest part of practice,” which is why “Galen said, that the proper name of a phisition, was “The finder out of occasion” (182).74 The other ‘finders of occasion’ are rhetors.

Like Huarte, then, Baglivi seeks a moderate practitioner who understands theory, but practices with wit and imagination, in full awareness of the strengths and weaknesses of his own temperament. Unsurprisingly, Baglivi ardently praises experience as the ground of medical efficacy, but forms of proper reading, note-taking, and commentary assist in knowing and adjusting one’s sensibilities and compensating for the limits of experience and the uncertainty of practice. Medicine is never exclusively philological, of course, but “seasonal and considerate” reading develops sagacity and prudence (39, see 46). Reading haphazardly, reading “sorry” books (39), perusing only books indulgent in novelty or discredited ancient learning (43–4), and “over-reading” (46), which constrains the exercise of reason (42), throw physicians “headlong either into Scepticism or Madness” (41). Yet keeping a commonplace book contributes to curing by firmly rivetting sentences and precepts in the mind (47). In the production of commentary on ancient medical texts, Baglivi urges physician-philologues to avoid judgement and follow texts scrupulously, word for word (57–8). Despite its necessity, in the end erudition falters: physicians will not find “a more learned Book than the


Patient himself, whose Disease will quickly and faithfully lay open to the diligent Observer” (48, see 50). A “tumultuary and inconsiderate way of Reading” (38) might simply enforce prejudice, the “Idols of the Mind” (57), unless physicians proceed with care, and embrace the range of sensibilities and discernment that licit reading engenders.

A Salutary Conversation

Inquiry concerning the relationship between reading and medicine, literature and science, rhetoric and natural history in the early modern period is increasingly rich. Recent scholarship has developed and refined our sense of the affinities between literature and medicine: Jonathan Sawday has explored thoroughly the “culture of dissection” in early modernity, William Kerwin has argued that early modern drama ‘shapes’ medical history, and Richard Sugg has deftly suggested that “literature spurred medicine.” Gail Kern Paster has coined the phrase “early modern habits of bodily thought and sensation” to describe the ways in which perceptions of physiology intersect with cultural and political forms. Similarly, parsing “pleasures, anxieties, and interests” in early modern England, Stephen Greenblatt argues for a lineal affinity between medical discourse and theatrical practice. Medicine and theatre are not related as “cause and effect or source and literary realization,” but share a code, “a set of interlocking tropes and similitudes


that function not only as the objects but the conditions of representation.” These scholars build on early attempts to trace the broad affinities between medicine and literature, a field of inquiry now emerging from adolescence.

Recently, too, various scholars have argued for a gradual and decisive incursion of rhetoric into demonstrative argument in early modern scientific discourse and intellectual history. Rhetoric was “employed not only to frame discussions, to

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