

CONTRARY SIGNS: CATEGORIZING ILLNESS IN EARLY MODERN LITERATURE

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ABSTRACT

SARAH E. PARKER: *Contrary Signs: Categorizing Illness in Early Modern Literature*
(Under the direction of Jessica Wolfe)

Contrary Signs: Categorizing Illness in Early Modern Literature investigates the relationship between particular experience and universal categorization as represented in literary and medical writings from the sixteenth and seventeenth centuries. In early modern Europe, the disciplinary boundaries that now divide the humanities and the sciences had not yet been established, and the debates over the relative importance of an individual's experience with illness and the priority of classification extended into disciplines that we would now consider literary. *Contrary Signs* traces the extensive literary engagement with medicine's conflicting aims: the growing concern to name and classify diseases and the palpable fact of the patient's particularity. Following literary medical works from the early sixteenth-century writings on syphilis through the late seventeenth-century corpus of Thomas Browne, I identify two key developments that influenced the debate over the particular patient's position within the study of theoretical medicine. First, the move towards introspection created more narrative space for the valorization of particularity. This development was connected to the growing interest in Hippocratic medicine evidenced by physician-authors like François Rabelais and Girolamo Cardano, and its import for autobiography can be seen in the writings of Cardano and French essayist Michel de Montaigne. The second factor influencing these debates over categorization is the

development of individual spirituality, fostered by the growth of Protestantism. The work of John Donne and Thomas Browne evidences the opportunities for self-evaluation and diagnosis that such spiritually inflected writings on medical topics allowed. *Contrary Signs* argues that the joint emphasis on autobiographical perspectives and the privileging of a personal relationship to the divine in early modern literary texts posed a significant challenge to the contemporaneous ascendancy of biological classification in medical writings. As such, *Contrary Signs* offers an alternate narrative to the histories of science that trace a progressive movement towards increasingly rigorous models of classification, traditionally seen to culminate in the eighteenth century with the work of Linnaeus. While classification was central to early modern medicine, the influence of autobiographical elements and the rising fascination with the individual spirituality encouraged by Protestantism provide an important counterpoint to the impulse towards classification.

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CHAPTER 1

INTRODUCTION

The experience of being diagnosed with an illness and the suffering that follows is often intensely personal and individual. Yet, at precisely this moment, one's bodies is subjected to the classificatory rigors of medicinal categorization.¹ The tension, between the personal experience of disease and the universalizing categories of diagnosis and treatment, has been a major concern in western medicine since the fifth-century writings attributed to Hippocrates. On the one hand, the Hippocratic treatises emphasized each patient's particular encounter with illness while, less than a century later, Greek philosopher Aristotle insisted that we only truly know that which we can classify and organize. In the early modern period, Hippocrates and Aristotle were among the most-cited figures in discussions of medicine, and their divided understandings of the human body as a site of knowledge led to extensive epistemological debates in learned medicine.

Contrary Signs investigates the relationship between particular experience and universal categorization as represented in writings, simultaneously literary and medical. In early modern Europe, the disciplinary boundaries that now divide the humanities and the sciences had not yet been established, and the debates over the relative importance of the

¹ The emphasis in this dissertation will be on this tension between the idiosyncratic individual's experience with disease and the classificatory structures of medicine more broadly. The communal nature of many diseases cannot, however, be ignored. From the plagues and plague-like outbreak of the French disease in the early modern period to the communities of suffering that formed around plague in the 1980s, sickness also often has the effect of drawing people together in their suffering.

individual's experience with illness and the priority of classification extended into disciplines that we would now consider literary.² From an epic poem that developed the modern name for syphilis to the proto-encyclopedic writings of Thomas Browne, I will be tracing the extensive literary engagement with medicine's conflicting aims: the growing concern to name and classify diseases and the palpable fact of the patient's particularity. The debate over where to position the particular patient within the study of theoretical medicine was influenced, I argue, by two key literary developments. First, a growing trend towards introspection in early modern writing created more narrative space for the valorization of particularity. This focus on the individual is manifested in the increase in autobiographical work in this period. Though the genre of autobiography was as yet undeveloped, the use of first person and the concern to represent the self as unique point to a broader interest in the potential usefulness of the eccentric and particular qualities of the individual patient in the early modern period.³ Secondly, the Protestant critique of communal forms of worship in

² On the link between sciences and the humanities before the emergence of the disciplines, see Grafton and Siraisi, *Natural Particulars: Nature and the Disciplines in Renaissance Europe*.

³ Most scholars are hesitant to use the term "autobiography" to describe Renaissance works in the first person, and many locate the beginning of autobiography in the eighteenth-century *Confessions* of Rousseau. Philippe Lejeune's *Le Pacte Autobiographique*, for example. But we find many of the qualities that Lejeune uses to describe autobiographical writing in authors like Montaigne and Cardano. In *Le Pacte Autobiographique* as well as in *L'autobiographie en France*, Lejeune locates the beginning of autobiography in the eighteenth century, arguing that the genre's identity relies more on its readership than the fact of its authorship. First person accounts and biography from the Renaissance are often grouped together under the genre of "life writing" and fall under the umbrella of historical discussions in the early modern period. See, for example, the edition of "France's Plutarch," André Thevet, *Portraits from the French Renaissance and the Wars of Religion*; as well as Katherine MacDonald's *Biography in Early Modern France 1540-1630: Forms and Functions*, which uses Caravaggio's *Narcissus* as a cover image despite the work's focus on biography rather than autobiography. Where later autobiography could serve to make an author well known and heighten his fame, it was usually biography, written by devoted

favor of an emphasis on individual spirituality afforded greater opportunities for self-evaluation and diagnosis. In England especially, where Protestantism enjoyed the status of a national religion rather than a religious heresy, writers engaged head on with the fundamental tensions between Christian humility and natural philosophy. While the former served as a constant reminder of humanity's imperfect knowledge, the latter promised the possibility of eventually understanding the natural world more fully. English writers navigated this tension by focusing on the promise of personal salvation through humility, while nevertheless holding out hope for a better understanding of the world as a sign from the divine creator. This joint emphasis on autobiographical perspectives and the privileging of a personal relationship to the divine in early modern literature posed, I argue, a significant challenge to the contemporaneous ascendancy of biological classification in medical writings.

The Hippocratic corpus provided an important precedent to this focus on particularity within medicine. These writings treat a range of medical topics and were attributed to Hippocrates in the early modern period, though philologists have since concluded that the various texts were composed at different times and by different persons. While the Hippocratic corpus does not represent a consistent ideological approach to medicine, many of the treatises tend to focus on the importance of the individual patient's encounter with illness rather than on the development of universal categories of disease. The Hippocratic text, *Regimen in Acute Diseases*, offers a particularly cogent example of such an approach. It

students or admirers, that served this purpose in the Renaissance. Thomas F. Mayer and D.R. Woolf, ed., *The Rhetorics of Life-Writing in Early Modern Europe* offers a broad selection of essays on this topic that covers the continent as well as England. More recent work has taken into account the role of gender and the body in these narratives. See Susanne Scholz, *Body Narratives: Writing the Nation and Fashioning the Subject in Early Modern England*; and Megan Matchinske, *Women Writing History in Early Modern England*. Joan Weber's *The Eloquent 'I': Style and Self in Seventeenth-Century Prose*, is a foundational work in studies of first person narrative structures.

opens with an attack on doctors who attempt to classify and name all possible illnesses. The author rejects this therapeutic strategy that would treat patients according to a pre-determined classification of their medical problems, arguing that such an approach is ultimately bad for the patient, because a doctor relying on the abstract classification of diseases to treat a patient's sickness risks ignoring the patient in question. Furthermore, the very task of classifying the different illnesses is, in fact, impossible: "For the number will be almost incalculable if a patient's disease be diagnosed as different whenever there is a difference in the symptoms, while a mere variety of name is supposed to constitute a variety of the illness" (Hippocrates, *Regimen in Acute Diseases*, 65).⁴ Instead of focusing on identifying and naming the illness, the good physician should instead get to know the habits and customs of his patient and devise treatment accordingly. Such an approach to therapeutics rejects the notion that a physician's training would involve learning the abstract classifications of diseases in favor of focusing on the particular affective relationship between physician and patient.

In the initial passages of his *Metaphysics*, by contrast, Aristotle sets up a project that would describe why and how we accumulate knowledge. Knowledge is created, according to Aristotle, by gathering a group of experiences that seem to correspond, and determining a cause and effect relationship from them that allows the philosopher to create meaningful categories of phenomena that explain that cause-effect relationship. To clarify the point, Aristotle gives medicine as the central example of this kind of knowledge: "Art is produced when from many notions of experience a single universal judgement is formed with regard to like objects. To have a judgement that when Callias was suffering from this or that

⁴ "mê gar ouk euarithmêton ê, ei toutô tis sêmainetai tên tôn kamnontôn nouson, tô to heteron tou heterou diapherein ti, mê tôuto de nosêma dokei einai, ên mê tôuto onoma echê." (64).

diseases this or that benefited him, and similarly with Socrates and various other individuals, is a matter of experience; but to judge that it benefits all persons of a certain type, considered as a class, who suffer from this or that disease (e.g. the phlegmatic or bilious when suffering from burning fever) is a matter of art” (981a.1-10).⁵ True knowledge results from the activity of marking off and distinguishing certain kinds of people and their shared experiences with illness. The focus within this framework is on the ability to draw universal generalizations out of particularized experience.⁶

The importance of Aristotelianism to Renaissance medicine should not be underrated. While the Renaissance witnessed the development of humanism as an intellectual movement that critiqued the Aristotelian approach of Scholastic theology and philosophy, as Charles Schmitt has shown in *Aristotle and the Renaissance*, Aristotelianism continued to have a decisive effect on intellectual culture in the Renaissance. Schmitt challenges the notion that a divide between humanism and scholasticism characterized Renaissance thought. Because of the link between scholasticism and Aristotelianism, this false binary has, he argues, led to misconceptions about Aristotle’s role in Renaissance intellectual culture. In fact, many important humanists were also involved in the study of fields heavily influenced by the Aristotelian corpus, such as medicine, mathematics, law, metaphysics, natural philosophy, and logic. He cites Paul Oscar Kristeller’s 1954 lecture “The Classics and Renaissance Thought” to illustrate the historical proximity of scholasticism and humanism in

⁵ “gignetai de technên hotan ek pollôn tês empeirias ennoêmatôn mia katholou genêtai peri tôn homoiôn hupolêpsis. To men gar echein hupolêpsin hoti Kallia kamnonti têndi tèn noson todi sunênenke kai Sôkratei kai kath’hekaston houtô pollois, empeirias estin: to d’hoti pasi tois toioisde kat’eidos hen aphoristheisi, kamnousi têndi tèn noson, sunênenken, hoion tois phlegmatôdesin he cholôdesi hê purettousi kausô technês” (981a.1-10).

⁶ It is important not to overstate the systematicity of Aristotle’s work. As G.E.R. Lloyd has shown there are numerous tensions and complexities within the Aristotelian corpus.

thirteenth-century Italy. Humanism did not so much edge Aristotelianism out of the intellectual culture of the Renaissance as engage this philosophical tradition in fruitful dialogue. As Kristeller puts it, “In spite of a widespread revolt against the authority of Aristotle, the tradition of Aristotelianism continued to be very strong throughout the Renaissance period, and in some ways it even increased rather than declined” (24). The humanists themselves often argued that they were fighting against an antiquated system, but that was part of the rhetoric justifying their enterprise.

Sixteenth-century humanists, like Desiderius Erasmus of Rotterdam and François Rabelais, participated in the rhetoric that created an anti-Aristotelian history of the Renaissance. They mocked the scholastic adaptations of Aristotelian logic as unnecessarily elaborate and consequently muddled, associating it with a different age that had been surpassed by their own. In the description of his hero’s education, Rabelais’s *Gargantua* narrates the early scholastic training of the young giant. His teacher is “a great Doctor of Theology called Magister Thubal Holofernes” (252).⁷ The narrative mocks the uselessness of this education, recounting Gargantua’s belabored study of intricate medieval grammatical theories: “His tutor then read with him *On Methods of Signifying*, with commentaries by Windbaghius, Plodmannius, Billonius, Quimius and a heap of others. He spent over eighteen years and eleven months over it and he knew it so well that he recited it backwards in the exam and proved to his mother on his fingers that *On Methods of Signifying* has nothing to

⁷ “un grand docteur en théologie nommé maistre Thubal Holofernes” (79). The name Holofernes refers to the general of Nebuchadnezzar in the Book of Judith, who was notorious for attacking the Jews. Thubal refers to a Hebrew word for ignominy (n. 78). The name suggests a level of impiety in Scholastic interpretation.

do with learning” (252-253).⁸ This passage, parodying the futility of a scholastic education and its philological inheritors, evidences Rabelais’s general disdain for the scholastic fascination with what the humanists viewed as useless detail. The emphasis on thoroughness without a real sense of purpose for the learning, satirized in Gargantua’s great success in being able to recite an entire book backwards, frustrated humanists, like Erasmus and Rabelais, who valued learning for the effects that it could have on the moral and ethical development of the scholar. The passage also pokes fun at the extensive commentaries that characterize such learning. Rather than enhance or deepen the scholar’s knowledge, the humanists argued, excessive commentary only drives the discussion further and further from any potential relevance. Montaigne famously lamented that with all of these commentaries, we have more to do with reading interpretations and interpretations of those interpretations than we do with the text itself.⁹ The extensive use of glosses tended towards evermore nuanced and esoteric categorical divisions that many humanists found intellectually stifling.

The typical characterization of the between divide between scholastic and humanist thought has prompted the prevalence in histories of science of several notorious moments in which Renaissance Aristotelians are represented as stubbornly fixated on antiquated epistemologies, despite their obvious faults. Cesare Cremonini, for example, was

⁸ “Puis lui lut de modis significandi, avec les comments de Hurtebise, de Fasquin, de Topditeulx, de Gualehault, de Jehan le Veau, de Billonio, Brelinguandus, et un tas d’autres, & y fut plus de dix huit ans & onze mois. Et le sut si bien que au coupelaud il le rendait par Coeur à revers. Et prouvait sus ses doigts à sa mere que de modis significandi non erat scientia.” (79-81).

⁹ “Il y a plus affaire à interpreter les interpretations qu’à interpreter les choses, et plus de livres sur les livres que sur autre subject: nous ne faisons que nous entregloser” (1068). “It is more of a job to interpret the interpretations than to interpret the things, and there are more books about books than about any other subject: we do nothing but write glosses about each other. The world is swarming with commentaries; of authors there is a great scarcity” (996).

a staunch Aristotelian and even argued for the priority of adherence to Aristotelian doctrines over Christian dogma when he perceived the two to be in conflict. He interpreted Aristotle's philosophy of the soul as material, therefore jeopardizing the Christian dualism that allowed for immortality. A colleague of Galileo's, he was also persecuted by the Inquisition. He is most remembered, though, for refusing to look through Galileo's telescope when Galileo claimed to have found imperfections on the moon's surface. Cremonini held firmly to the Aristotelian argument that the moon is a perfect sphere, and he came to serve as an exemplar of Aristotelians who preferred to maintain the arguments and claims of their teacher rather than admit any ideas that might challenge these models.¹⁰

The descriptions of Aristotelianism as a backwards and stubbornly entrenched worldview that dominated European theology and the university system in the years preceding the work of authors like Erasmus and Rabelais have their place in our narratives of intellectual history. They can, however, over-emphasize strict binary oppositions where, in fact, the situation was much more complicated. As Schmitt illustrates, there are numerous examples of important Renaissance figures who were continuing to use Aristotle and Aristotelian philosophy in innovative ways. While the story of Cremonini's refusal to look through Galileo's telescope might make all Aristotelians seem backwards, it overlooks the fact that he was challenging entrenched church doctrine with the very Aristotelian outlook that made his refusal of Galilean science so famous. Some humanists were also Aristotelians, such as the early historian Leonardi Bruni, whose late fourteenth- and early fifteenth-century translations of Aristotle into elegant Latin were masterful works of both humanist and

¹⁰ On Cremonini see, Charles B. Schmitt, *Cesare Cremonini, un aristotelico al tempo di Galilei*; and Maria-Assunta Del Torre, *Studi su Cesare Cremonini, Cosmologia e logica nel tardo aristotelismo padovano*.

Aristotelian scholarship. Even the famous work of William Harvey over three hundred years later was prompted by the researcher's Aristotelianism. Heralded as one of the great experimental scientists of the Renaissance because of his discovery of the circulation of the blood, Harvey made early use of what would come to be known as scientific method. His many tests and his treatise that invited the reader to conduct the same experiments for him- or herself mark a seminal moment in the development and elaboration of modern scientific method. He withstood vehement criticism for making claims that denied older systems of understanding the body, and it took many years for his physiological description to gain wide acceptance. His original motivation for focusing his study on the heart, though, was his dedicated Aristotelianism. In Aristotle's biology, the heart is the first organ to be formed in the generation of the animal, which made it the seat of the soul and the causal source of all further development. The centrality of the heart in the Aristotelian model contrasted with other ideas about the physical seat of intelligence and the soul, such as Galen's focus on the combined powers of the brain, the heart, and the liver. The reason that Harvey decided to study the heart and set about his work with such diligence and scientific rigor was because of his desire to learn more about what he, because of his Aristotelianism, believed was the "king" or the "sun" of the body. Adhering to Aristotelianism, therefore, was not always a sign of a thinker's scientific backwardness or institutional conservatism. It led, in this case, to one of the great scientific and medical discoveries of this era.

We need, therefore, to overcome some of the prejudices against Aristotelianism that many of the humanists were themselves careful to create in order to understand more fully the nature and complexity of the intellectual debates that characterize this period. Aristotle was still a fundamental part of university education in all parts of Europe. His

works were more widely available in new Latin editions, Greek editions that were discovered in this period, and even vernacular translations, making his writings accessible to a broad audience. His philosophy covered discussions of the soul pertinent to theological studies and debates about interpreting “pagan” authors in a Christian context as well as physiological and biological treatises that were a fundamental part of medical education. Most importantly, Aristotelianism was a vibrant field of study, and the Aristotelians themselves rarely agreed on the interpretation of his works. This field is one of the major areas in which we find what we would now consider the separate fields of “sciences” and the “humanities” constantly intersecting and dialoging with one another.

The French Disease and the Challenge to the Ancients

Aristotle’s work on the problems of knowledge-formation and the importance of categorization was particularly relevant to early modern medicine. Learned physicians were educated in the highly Aristotelian context of the early modern university. The logical foundation of Aristotelian philosophy was considered important for training doctors in the modes of thought and argument necessary to reach sound conclusions about their patients. Galen had famously argued in his treatise “The Best Doctor is Also a Philosopher” that the physician must study logic in order to learn the various names, classes, and categories of diseases, and the works of Aristotle were believed to contribute to this goal. The philosopher’s foundational work to describe and classify the natural world provided a precedent for understanding the natural phenomena that medical practitioners had to interpret successfully in order to do well in their practice. As we have seen, though, the Hippocratic corpus offered a challenge to this model of medical education, and it was thanks to the efforts

of many humanists reviving Greek literature through new translations and commentaries that Hippocratic medicine enjoyed a new vogue in the Renaissance. This revival of interest did not always signal a newfound respect for the classical authors, though. The most well known instance of such critical scholarship is probably Niccolò Leonicensi's *De Plinii et plurium aliorum medicorum in medicina erroribus* (1492). Instead of recognizing Pliny the Elder's authority in his encyclopedic *Natural History*, the erudite Paduan physician who was, along with Thomas Linacre, one of the most notable translators of ancient Greek medical texts, outlined the numerous faults and inconsistencies that he found in Pliny's widely revered work.¹¹ The work stirred up a great controversy and opened up the field for a more complex early modern medical engagement with the writings of classical antiquity.¹² This relationship between the early moderns and their predecessors was neither slavish devotion nor outright rejection. Instead, they draw inspiration akin to what Petrarch in his letters to Boccaccio called *imitatio*. *Imitatio* demanded a certain amount of innovation and improvement upon one's predecessors that went beyond mere slavish imitation of the ancients (Mann). Many learned physicians were influenced by the Renaissance fascination with using print to make better editions and translations more widely available, developing complex relationships to and dialogues with the classical writings of Hippocrates, Aristotle and Galen as well as authors like Pliny and Theophrastus.

¹¹ Vivian Nutton, "Medicine in the Age of Montaigne," 16; and Richard J. Durling, "Linacre and Medical Humanism."

¹² On Leonicensi and the Pliny controversy see, Paula Findlen, "Natural History." Walter Pagel also addresses the event in "Medical Humanism – A Historical Necessity in the Era of the Renaissance." Vivian Nutton gives a succinct overview of the controversy in "The Fortunes of Galen." Ian Maclean credits Leonicensi with setting the trend for "error literature," a genre that will be central to the final chapter of this dissertation, in *Logic, Signs and Nature in the Renaissance: The Case of Learned Medicine*, 21.

In the late fifteenth century, the appearance of a seemingly new disease that did not appear in the medical writings of the ancients startled learned physicians and tormented large portions of the population with its excruciatingly painful and embarrassingly visible symptoms. Often called the “pox” or the “French disease,” it seemed to appear out of nowhere and spread with the rapidity of the plague, sparking debate in medical circles over the possible limitations of using texts that were hundreds of years old to describe contemporary medical problems. Debates flourished over whether the disease was in fact new or just a re-manifestation of an older illness. This historical moment provides an ideal starting place for our exploration of the role that literature played in such debates over medical categories because one of the most important interventions in these debates was an epic poem written by the Italian author and physician Girolamo Fracastoro. *Syphilis, sive Morbus Gallicus* (*Syphilis, or the French Disease*, 1530) fit this apparently new disease into an old literary form. The classic genre conventions of Latin epic, complete with Vergilian metaphors and the dactylic hexameters of the *Aeneid*, provided a balance between the new and the old that was more palatable to both Fracastoro and his audience.

Fracastoro’s work was unique among his contemporaries’ many responses to the French disease. The copious literature on this topic includes medical treatises outlining the author’s opinions about the disease’s nature, polemics attacking those who disagree with the author’s position on how to interpret the disease, detailed accounts of particular patients’ experiences with the pox, and even boasts about the author’s special ability to cure the embarrassing affliction; all of these were published in order to draw more patients and spread

the practitioner's fame.¹³ Rather than use any of these genres and approaches available to the early modern learned physician, Fracastoro instead composed a literary work of epic poetry. On the one hand, this generic decision served to elevate Fracastoro's claims about a lowly, and even shameful, disease. He aimed to give his professional opinions about the disease's origin and cure the level of legitimacy and cultural import that was accorded to the loftiest of poetic genres in the humanist circles of Renaissance Italy that he frequented. On the other hand, though, the use of epic to describe a venereal disease raised, as might be expected, some difficulties. The fundamental task of appointing the epic's hero posed a unique problem in a poem about a disease of plague proportions that also carried shameful connotations. The narrator is hyper-conscious of the clash between the implications of epic poetry and the discussion of a lowly and even disgusting disease. The literary genre helped Fracastoro to discuss a topic that was controversial with respect to both its sexual implications and its questionable place in the extant corpus of respected medical writings. Furthermore, writing a work of poetry created a connection between the identity of the poetic narrator telling a story of triumph over disease and Fracastoro's identity as physician able to effect the cures discussed in the poem to the advantage of his patients.

The *Syphilis* poem is divided into three books, each of which has a particular focus. The first book outlines Fracastoro's claims about the origin of the disease, where he rejects the hypothesis that it was an importation from the New World, and offers instead theories for its appearance that draw both on astrology and on Lucretian atomism to explain its advent

¹³ The secondary literature on the French disease/pox/syphilis in the early modern period is vast. The most thorough overview is Jon Arrizabalaga, et al. *The Great Pox: The French Disease in Renaissance Europe*; Irem Sahinkaya, *An Examination of Syphilis ...*; Claude Quétel, *History of Syphilis*; and Raymond Anselment. *The Realms of Apollo*, which includes a chapter on venereal disease (131-171).

and spread. The last two books provide mythical origin stories for the two most effective treatments of syphilis, mercury and the wood guaiacum, which was imported from the New World. Each of the myths involves a character who blasphemes the gods and is in turn punished with the French disease. The final book is where we find the story of Syphilis, a shepherd who eventually lends his name to the disease in question, and, despite the fact that Fracastoro had rejected the New World hypothesis in the first book, this closing book and its celebration of the guaiacum cure is set in the New World. Though each section of *Syphilis* contains literary tropes typical of epic – such as the invocation to the muse, the use of epic simile, and references to myth – in many ways the poem as a whole does not correspond to the reader’s expectations of epic as a genre. The tension between Fracastoro’s goal to fit the new disease into a more familiar framework and the fact that the disease does not seem to correspond to the precedents provided by medicine creates a series of incongruities in the poem. While the ancient epic style aims to familiarize the disease, it also results in the odd coupling of a lofty genre with a base subject, and this combination troubles the poem’s generic identity.

The poem’s vexed relationship to its epic precedents is evident from the beginning. In the traditional epic style inherited from Homer and Vergil, the hero would be named in the very first lines. The *Iliad* announces Achilles’ role as the hero of the poem as it opens, “The wrath, sing goddess, of Peleus’ son, Achilles, that destructive wrath” (1-2).¹⁴ Vergil follows this tradition in the opening lines of the *Aeneid*, “Arms and the man I sing, who first made

¹⁴ “mênin aeide thea Pêlêiadeô Achilêos / oulomenên” (1-2).

way, / predestined exile, from the Trojan shore / to Italy, the blest Lavinian strand” (l. 1-3).¹⁵

The subjects, war and the hero, are both clear right away. The opening of *Syphilis, or the French Disease*, though it echoes the metrical rhythm found in Homer’s Greek and Vergil’s Latin, begins instead with a question: “What were the varied accidents of matter, what the seeds which brought on an unaccustomed disease through long centuries seen by no one [...] further what was the cure and what the recourse experience and man’s great skill in straitened circumstances discovered, and the help shown by the Gods, and the gifts bestowed by heaven, these I shall now begin to sing.”¹⁶ These lines do not clearly announce a poetic project in terms of the subject matter and the hero, the wrath of Achilles, arms and the man Aeneas, and the poem’s opening is much more ambiguous than we might expect of the genre. If there is a hero in this poem, it does not appear to be the typical warrior, but rather a non-human agent: the Lucretian “seeds” that carry the long-forgotten disease through the centuries as well as the cures discovered to treat it.

The first subject, “seeds which brought on an unaccustomed disease through long centuries seen by no one,” was in fact a controversial one. The appearance of the disease corresponded almost exactly with the return of Christopher Columbus’s ships to Europe with their tales of a newly discovered land. The temporal coincidence led many to consider the disease a new phenomenon, an importation from the Americas that had never previously existed in Europe. The suggestion that ancient authoritative texts did not in fact discuss all

¹⁵ “Arma virumque cano, Troiae qui primus ab oris / Italiam, fato profugus, Laviniaque venit / litora” (1-3).

¹⁶ All citations and translations of Fracastoro are taken from the Geoffrey Eatough volume. “Qui casus rerum varii, quae semina morbum / Insuetum, nec longa ulli per saecula visum / Attulerint [...] Necnon et quae cura, et opis quid comperit usus, / Magnaque in angustis hominum solertia rebus, / Et monstrata Deum auxilia, et data munera coeli, / Hinc canere” (I. 1-10).

possible human illnesses and treatments sparked intense debate. In addition to suggesting the fallibilities of the ancients, the new disease pointed to the disturbing possibility of a radically unstable order of nature. In response to these concerns, a number of physicians took up the pen to offer alternate explanations for the origins of the French disease. Ulrich von Hutten, a German scholar and reformer, wrote the treatise *De guaiaci medicina et morbo Gallico liber unus* (1519) on the use of guaiacum as a cure and gave an overview of various explanations for the disease. While astrologers argue that it came about as a result of a particularly unfortunate alignment of the stars, religious figures argue that it is a punishment for sin; physicians claim that it is, like any other illness, the result of humoural imbalance. In other words, he says, each group of specialists makes an effort to fit what might at first seem to be a new disease into an old and established epistemological framework. Otherwise, the appearance of something so new and also so destructive threatens the very foundations of knowledge, whether astrological, theological, medical, or otherwise. Fracastoro stabilizes the disease by yoking it to a cure and establishing these paired phenomena as the hero of his poem. Not only has the disease in fact existed throughout history, a claim that rejects newness in favor of a hidden but sure cyclicity, but it also appears almost simultaneous to its miraculous treatments. By linking the disease and the cure and placing them in the position of the poem's "hero" within the parameters of epic convention, Fracastoro establishes an important role for the physician, who interprets the advent of diseases in terms of history more broadly and who reassuringly understands the proper therapeutic response to this seemingly new and frightening epidemic. Rather than simply make the physician the hero, however, he takes his place in the background as the narrator, the poet, the master craftsman who directs and manipulates the story's trajectory.

The opening of the second book reinforces this narrative device by announcing that the book's subject will be the "regimen" or "cure" to combat the French disease: "Come now, what regimen, what cure must be adopted to combat this great plague and what is appropriate at each stage of the illness (which is the second part of our undertaking) I shall disclose and I shall expound the wonderful discoveries of men."¹⁷ The narrative use of first person calls attention to the poetic voice as a storyteller seeking to captivate his auditors and readers. Significantly, this voice merges with the voice of the physician, who also shares knowledge, namely the knowledge of diseases and how to treat or cure them. By creating an analogy between the poet-audience relationship and the physician-patient relationship, Fracastoro's poem lends medical authority to the poetic voice and cultural authority to the medical voice. In this case, the lack of focus on a heroic figure allows the poet-physician to take on a more prominent role. The poet-physician is not the hero but rather the important mediator who brings the audience-patient much-needed knowledge. The heroic figure is the same as it was in the opening lines of the poem: the abstracted regimen, the treatment and cure that alleviate the horrors of the disease. But this non-human hero clearly requires the mediating power of the poet-physician in order to realize its "heroic" potential.

Prioritizing poetic knowledge over a heroic subject does not, however, address the problem raised by using a lofty genre to discuss a lowly disease. This problem is evident in narrative passages addressing Pietro Bembo, a renowned humanist and scholar and the person to whom Fracastoro dedicated his poem. At several key points in the course of his epic, Fracastoro expresses concern that the subject might be below the interest of a scholar

¹⁷ Nunc age, quae vitae ratio, quae cura adhibenda/ Perniciem adversus tantam, quid tempore quoque / Conveniat (nostri quae pars est altera coepti) / Expediam, et miranda hominum comperta docebo." (II.1-4).

most well-known for his aim to elevate the vulgar Tuscan Italian to the literary level of ancient Greek and for his neo-Platonic writings on love. Within the first twenty lines of the opening book, Fracastoro beseeches Bembo not to “disdain my undertaking, this labor of medicine, such as it is.”¹⁸ The lines evidence awareness of the disjuncture between the medical subject matter and the epic form. Fracastoro justifies his dual fascination for medicine and poetry by referencing Apollo, who was the god not only of poetic creation, but also of medicine: “The god Apollo once dignified these matters: small things, also, often have within them their own particular delights. Be certain that beneath the slender appearance of this topic there lies concealed a vast work of Nature and of fate and a grand origin.”¹⁹ Apollo’s link to both medicine and poetry serves to dignify and justify the presentation of humble medical subject matter in an epic context. The paradox generated by joining the high and the low, the great and the lowly, he argues, creates its own artistic or poetic pleasure for the reader, because even the subtlest manifestations of Nature’s intricate workings can reveal greater, and ultimately more useful, knowledge.

Fracastoro’s addresses to his friend and literary critic Bembo are not always so confident, though, and at the beginning of the second book, Fracastoro again expresses concern about the lowly nature of his topic. He references Bembo’s place in the papal court of the great patron of the arts Leo X only to contrast his own artistic endeavors with Bembo’s: “Therefore while others sing of these great events and make poetry from his [Pope Leo X’s] famous deeds, while you too perhaps are girding yourself to compose and weave on

¹⁸ “Ne nostros contemne orsus, medicumque laborem, / Quicquid id est.” (I. 19-20).

¹⁹ “Deus haec quondam dignatus Apollo est: / Et parvis quoque rebus inest sua saepe voluptas. / Scilicet hac tenui rerum sub imagine multum / Naturae, fatique subest, et grandis origo.” (I. 22-23).

everlasting pages an immortal work, let us, whom the fates call to tasks which are not so great, continue with this amusement we have begun, as far as our slender Muse allows.”²⁰

The reference to the poetic project as “amusement” and his muse as “slender” stands in contrast to the potential subject matter provided by his times. The heroic accomplishments of the age, especially the flourishing of the arts and the return of Rome’s former grandeur thanks to Leo’s sponsorship would indeed merit the praise of epic poetry. Fracastoro, however, while acknowledging that Bembo himself would be a fit poet for such a task, has chosen in his own work to discuss instead a grotesque illness and celebrate the hope for its cure.

The poem defends its project, though, by immediately and even abruptly moving past these concerns. While this quotation refers to Bembo in the second person address, the very next lines also address a “tu,” but this time the addressee is the reader-patient: “To begin with, since the blood when it is affected can be in different conditions, you should be more optimistic with this disease when it settles on uncontaminated blood.”²¹ This sudden shift in the identity of the addressee calls to mind the difficulties that arose in Fracastoro and Bembo’s differing opinions regarding the poetic qualities of *Syphilis*. Bembo was enthusiastic for Fracastoro’s epic project to describe the disease, but sometimes his friendly and supportive enthusiasm spilled into something more like control as he attempted to alter over 100 lines of the poetry and even encouraged Fracastoro to take out much of the second book. Fracastoro’s abrupt shift in address from his friend and literary critic to a patient in

²⁰ “Ergo, alii dum tanta canent, dumque illius acta / Inclyta component, dum forte accingeris et tu / Condere, et aeternis victurum intexere chartis, / Nos, quos fata vocant haud tanta ad munera, lusus / Inceptos, quantum tenuis fert Musa, sequamur.” (II. 61-65).

²¹ Principio, quoniam affecti non sanguinis una / Est ratio, tibi sit morbo spes major in illo / Sanguine qui insedit puro” (II.66-68).

need of his medical advice comes across as a maneuver to prove the poem's worth by giving it immediate relevance for an addressee suffering from a painful and very real illness.

Though the subject matter may not appear sufficiently lofty, it nevertheless has a concrete value for the many people suffering from this disease and perhaps even reading the poem for relief and medical aid. Again, Fracastoro emphasizes the legitimacy of his project by foregrounding the parallels between poet and audience and the relationship between doctor and patient. While the cares of the body may at first appear more mundane than cares of the mind and soul, even to the point of being distasteful, they are nevertheless important and worthy of attention. By couching the physician's voice in the legitimizing language of poetry, Fracastoro underscores the significance of this relationship.

At other moments in the poem, Fracastoro explicitly distances himself from the typical epic project. The third book celebrates guaiacum, a new cure for the French disease that was imported from the New World. In order to discuss this cure, Fracastoro turns his attention to the discovery of the Americas. This background story offers the epic poet an opportunity to discuss the heroic deeds and discoveries of Columbus and his men. Rather than take advantage of this potentially heroic subject matter, the narrative voice again insists on his distance from such typical epic subjects, and even hypothesizes a different narrator who would recount such events: "Someone gripped perhaps by a marvelous vision of these strange novelties, one accustomed to tell of heroes and great deeds, might sing of ships, guided by more encouraging omens, which dared to attempt the perils of the untried ocean. He might also recall the variety of lands and rivers and cities, the variety of races and

monsters discovered.”²² The “aliquis” or “someone” – implying someone else – distances Fracastoro’s own narrative voice from the more traditional epic narrator who would leap at the chance to employ the trope of epic catalogue towards the description of the “lands, rivers and cities, the variety of races and monsters” discovered by Columbus and his sailors. Fracastoro notes the absence of such catalogues as a violation of epic convention, but he does so in order to draw attention to the singularity of the third book’s unlikely hero: a tree. There were classical precedents for making trees the subject of epic catalogue, as in the epic tone that Vergil takes on in the *Georgics*’ catalogue of trees. Fracastoro instead chooses to focus his poetic energy on the “powers of a single tree and its use” (26-27), the guaiacum that would eventually rescue many sufferers from the French disease.

Fracastoro’s ultimate goals in the Syphilis poem are twofold. First and foremost, he aims to describe the disease and narrate its cures in a way that will prove both pleasing and useful to the reader who might be suffering from it. Yet he also aims to use this dual function of poetry, to please and to instruct, in order to valorize and elevate the role of the physician. Drawing on the representation of the poet as the *vates*, or prophet, as Vergil portrays the poet’s role in the *Aeneid*, Fracastoro praises the knowledge of the physician who interprets this seemingly new disease that resists interpretation. Like the physician’s ability to predict the eventual course of a disease, often accomplished in the early modern period through his astrological knowledge, the poet too can predict the eventual outcome of the history he narrates. Fracastoro’s strategy for combining these two forms of prophecy is to insist on the cyclical nature of history. The disease is not new, just new to his Renaissance

²² Unde aliquis forsitan novitatis imagine mira / Captus, et heroas, et grandia dicere facta / Assuetus, canat auspiciis majoribus ausas / Oceani intacti tentare periculum puppes. / Nec non et terras varias, et flumina, et urbes, / Et varias memoret gentes, et monstra reperta” (III. 13-18).

contemporaries. That is why it is so important that the physician set about sharing his knowledge; by creating a lasting poetic monument that contains information about this dreadful disease, he ensures that future generations will begin with the basis of knowledge he can provide when they consult his poem not only for its pleasure, but for its profit: “For perhaps in the future our descendants will find pleasure in reading them [referring to “these memorials of mine”] and in recognizing the plague’s symptoms and shape. For a time will come again, by permission of the fates, as the years slip by, when the plague will pass away and lie sleeping deeply in black night: in turn after long centuries that same disease will rise again, and once more visit the heavens and air, and again some age to come will regard it with wonder.”²³ The choice to compose a literary work that would persevere through the ages is a direct response to his medically informed belief that the disease participates in a larger historical cycle as well. Despite the evidence to the contrary within the poem itself, Fracastoro insists that the disease was not a new importation from a strange land, but an eternally present, though perhaps latent, feature of the natural world. Like the long-lasting genre of epic poetry, the disease and its cure endure as proof of the utility and power of medicine.

Chapter Outline

Contrary Signs traces five scholars who manifest an interest in medicine’s relationship to first person voice and, eventually, autobiography in their writings: French

²³ “Forte etenim nostros olim legisse nepotes, / Et signa, et faciem pestis novisse juvabit. / Nanque iterum, quum fata dabunt, labentibus annis / Tempus erit, quum nocte atra sopita jacebit / Interitu data: mox iterum post saecula longa / Illa eadem exurget, coelumque aurasque reviset, / Atque iterum ventura illam mirabitur aetas.” (I. 312-318).

physician François Rabelais, Italian physician Girolamo Cardano, French essayist Michel de Montaigne, English poet and divine John Donne, and English physician Thomas Browne. Representing both professionally trained physicians and amateur explorers of the human body's fallibilities, these authors all illustrate what is at stake in medicine's attempts to navigate between the categorizing impulse and the attention to personal experience. All five were renowned authors, three were university-trained physicians and active practitioners, and two were patients writing about their experiences with illness. While I will be considering the medical writings of the authors who were also physicians, the primary works under consideration were not strictly intended for an audience of medical professionals. These writings all evidence, though, an engagement with the relationship between the categorizing aims of medical theory and the attention to the patient's particularity involved in medical practice. Each of these authors comes to a different conclusion with respect to the proper relationship between the universal and the particular, which leads to different positions on the proper mode of understanding medical epistemology and even the relative value of medicine as a mode of interpreting natural phenomena. The Hippocratic focus on the individual patient that was, as we shall see, so dear to Rabelais's understanding of medicine takes on a deeply personal valence in the work of Cardano. This interest in the first person continues to play an important role in each of the later authors under consideration, and I argue that the increased prevalence of the individual voice in writings dealing with medical topics evidences a widespread interest in the individual experience with illness. In the final two chapters dealing with English authors of the seventeenth century, I argue that this focus on the first person was coupled with the Protestant attention to individual spirituality. This combination of the autobiographical and the spiritual leads to intense reflections on the role of knowledge itself,

including medical knowledge. The writings of both Donne and Browne question the relationship between salvation and the investigation of the fallen world with respect to their very different encounters with medicine and medical knowledge.

The *Tiers Livre* (*Third Book*, 1546) of French physician and author François Rabelais's comic work illustrates what was at stake for doctors in the relationship between medical theory and the particulars of medical practice. Rabelais, like his contemporaries, was attentive to the difficulties posed by medicine's dual adherence to a system of diagnosis according to generalized categories of diseases and the Hippocratic injunction to focus on the particular patient. His professional biases tended towards the latter, as he was one of the major proponents of Hippocratic medicine in this period. One of the first intellectual figures in Montpellier to become proficient in Ancient Greek, he was famous for lecturing on Hippocrates with his own copy of the Greek manuscript beside him, correcting the Latin in the students' textbook copy as they read along. He advocated studying Hippocrates in the original Greek and even edited a volume of certain Hippocratic writings that was published with his corrections and commentaries in the margins. Like so many other aspects of his extensive scholarship, Rabelais's classical medical training made its way into his fiction in complexly humorous ways.²⁴

Throughout the *Tiers Livre*, the anti-hero Panurge consults a litany of figures representing the key areas of expertise in the mid-sixteenth century in order to decide whether or not he should get married. He fears that, if he marries, he will be cuckolded and beaten by his wife. Each and every consultation seems to affirm that Panurge will in fact be cuckolded and beaten, but he refuses to accept these conclusions. The book's humor derives

²⁴ The scholarship on this aspect of Rabelais's work is extensive. See the work of M.A. Screech as well as the volumes edited by Carron and Lemaire.

from this repeated joke about Panurge's inability to see in himself and his own future what everyone around him can recognize. Amidst the learned figures that Panurge consults is a doctor, the bumbling "Rondibilis." The work uses comedic devices to critique physicians who err too much on the side of generalizations, forcing their patients' symptoms into the Procrustean bed of diagnostic categories rather than attend to the individual at hand. Rondibilis, for example, recommends that Panurge might drink excessively to curb his concupiscence, a bit of advice that fails to take into account Panurge's track record with wine and women, which certainly has not led to celibacy. Given Rabelais's particular interest in Hippocrates and his constant critique of the pedantic use of rigid categories, I argue that his legendary linguistic excess coincides with his admiration for Hippocratic medicine. The linguistic trope of *copia*, where language is pushed to its limits through listing and continual variation, and the Hippocratic medical practice of focusing on each and every patient's many particularities come together in Rabelais's writings. In both his linguistic and medical exercises, we find a preference for the superabundance of the minute and particular over the classificatory systems of Aristotelian natural philosophy.

Like Rabelais, Italian physician Girolamo Cardano was also an avid proponent of Hippocrates. By the time that Cardano was writing, the Hippocratic corpus was much more widely available thanks to the work of medical humanists like Leonicensio. As Ian Maclean has pointed out, the Hippocratic revival "led not only to the growth of interest in certain books, notably the *Epidemics*, but also a renewed attention [...] to prognosis, to surgery, to case histories, and to aphoristic expression of medical doctrine (which found support in the humanist vogue for collections of 'loci communes')" (*Logic, Signs and Nature in the Renaissance* 77). Cardano was interested in the potential usefulness of the Hippocratic

interest in idiosyncrasy not only for his patients, but also for his presentation of his own personality in many of his writings. He draws on anecdotal experience and genres of autobibliography and autobiography in his oeuvre in order to paint a self-portrait that is decidedly eccentric.

Unlike Rabelais, though, Cardano was not interested in an outright rejection of the Aristotelian model. Cardano certainly was not a slavish adherent to the basic Aristotelian doctrines that led to the categorization of diseases and symptoms according to cause-effect logic, but neither did he want to throw Aristotle out altogether. His solution was to resolve the imbalance between Hippocratic and Aristotelian medicine by developing a new mode of natural inquiry that would create more space for the unusual within the Aristotelian framework. In his treatise *De subtilitate* (*On Subtlety*, 1550), Cardano develops *subtilitas*, or ‘subtlety,’ as an analytic strategy that allows for a more complex navigation between the scientific rigors of Aristotelian natural philosophy and the phenomena that seem to escape the possibility of classification within that structure. Rather than reject Aristotle as a symbol of pedantry, Cardano alters Aristotelian interpretive strategies by incorporating them into a new system that also allows the physician to discuss phenomena that would otherwise be difficult to categorize.

Cardano is especially fascinating for his decision to apply the principles of *subtilitas* to his discussions of his own life in his *De vita propria* (*The Book of My Life*), a work that is considered one of the first “modern” autobiographical texts. The autobiography, in a feature that became typical of the genre, aimed to prove the author’s unique worth and particularity as an individual in the face of social, religious, and institutional structures that proved difficult to access for him. Cardano was of illegitimate birth, which led to a number

of troubles throughout his life. Among these was his lack of access to standard education as a young person, and he was, as a result, largely self-taught. This fact in itself helps to explain his ability to re-think the traditional modes of Aristotelian inquiry, since he did not have the formal training in Aristotelian logic that would have been the bread and butter of his peers. Furthermore, his illegitimate birth made it difficult for him to get a position even after he had finished his medical training. Despite his qualifications, he was repeatedly denied license to practice or promotions within the university structure. He was an extremely prolific writer, though, and his fame spread across Europe thanks to his voluminous publications. As he wrote the autobiography at the end of his life, he was careful to point out the many personal qualities and wondrous events that made his life and experiences unique. Just as Cardano sought a mode of interpreting Aristotelian causality that would make allowance for strange, wondrous, and curious events that cause-effect logic could not easily explain, he was similarly eager to insist on his own unique particularity.

Having attended to the perspective of the early modern physicians on this debate, my work turns to the patient's perspective. French essayist Michel de Montaigne began to suffer at the age of forty-five from the malady of the stone that had killed his father ten years earlier. As he endures excruciating and frightening pain, his physicians are frustratingly unable to offer any consistent advice that would ease or heal his ailment. While each of his doctors seems to have legitimate reasons behind the cure that he prescribes, they still contradict one another and leave their tormented patient confused and deeply critical of the entire discipline. As a patient undergoing illness and threatened with death, Montaigne relays to his reader the profound urgency of his position and the exasperating inadequacy of the doctors that should be able to treat it. His work represents the only unmitigated criticism of

medicine that we will consider, and it deserves a place in this study because his concerns stem from precisely the dilemma facing a discipline that both claims to be a systematic art and must nevertheless respond to the individual patient. Montaigne argues that medicine has had no success whatsoever in this complex process, and at several points in the essay, he even claims to feel “hatred and contempt” (702) for doctors and their teachings.

The real source of Montaigne’s frustration, I argue, is his commitment to self-exploration and autobiography. His major work and the project of his retirement is the *Essais* that are written in a delightfully candid and deeply personal style. Having spent a great deal of time thinking about himself and his body, Montaigne finds the medical claim to understand something that so clearly belongs to him and his realm of expertise absurd. He accuses physicians of presumption, claiming that they “are not content with having control over the sickness; they make health itself sick, in order to prevent people from being able at any time to escape their authority” (704). Furthermore, he calls into question the very principles that undergird medical authority, claiming they are “various and weak” and characterized by “inconsistencies of judgment” (709) that do not rest on any kind of solid foundations. These are strong accusations, and they dismiss any possible validity that medicine might claim as an art designed to help people and assuage their discomfort.

While Montaigne’s frustrations with the limits of medicine’s claims to be an art are understandable, he nevertheless shared certain affinities with the discipline that he so despised. He even admits to these in the essay “Of the Resemblance of Children to Fathers” (“De la ressemblance des enfans aux peres”) in which he launches his most sustained attack. His fascination in many parts of the *Essais* with things like the examination of personal habits and the important role that he attributes to the process of learning by experience is

related to the methodologies informing medical knowledge formation. Furthermore, Montaigne's attack on inconsistency seems out of place for an author who often prides himself on his own inconsistencies. The *Essais* are notorious for their slippery tendency to shift an argument and take multiple positions from one essay to another, or even within the same essay. He even embraces inconsistency and insists that it would not make sense to write an autobiography presenting a consistent self, since he feels that he is always changing. Montaigne's decision to distance himself from medicine at this point in the *Essais* is significant, however, because it allows him to distinguish between the unique personal nature of his writing project and medicine's tendency to convert the knowledge gained from particular experiences into more widely applicable, even universal, categories. His autobiographical act becomes, I argue, a mode of resisting the categorizing tendencies of medicine. What frustrates this particular patient is the mere possibility of being forced into a classificatory model when he has spent so much time in self-reflection discovering his own infinitely unique qualities. As a patient and a philosopher, Montaigne is skeptical of medicine's ability to understand the intricate and particular workings of the human body. The *Essais'* autobiographical emphasis on the infinite particulars that make up the individual and the world around him eventually disprove the possibility of a heuristic model.

Montaigne's experience with illness and indeed his process of self-narrative is surprisingly devoid of religion in a period when the introduction of Protestantism led many to embrace their religion with heightened fervor. He was writing during the extremely violent and bloody conflict of the civil wars that ravaged France throughout the sixteenth century, and he narrates at several points the close calls and near-death experiences that he had in the midst of the skirmishes that plagued the country for the majority of his lifetime. Montaigne's

response to these turbulent political conditions was to reject conflict born from religion in all of its forms. He advocated adherence to the Catholic church and loyalty to the crown, while also condemning the use of torture or other aspects of religious inquisition that would introduce division and conflict. Aside from these declarations, he generally avoids talking about religion or spirituality. Religious belief is a duty that corresponds to serving one's king and acting according to one's social and political role.

Montaigne was unique in this regard, however, for most of his contemporaries had very strong feelings about religion. The introduction of Protestant models of spirituality in particular gave individuals a new sense of power within their religion. Protestants claimed that a priest's mediating authority was no longer necessary to connect with God, and typically advocated for translations of the Bible into the vernaculars of Europe. These were accessible for those with a minimum of literacy, since formal schooling involved learning Latin. This new focus on the individual fed into debates over the relative value of authority versus experience in the medical world. John Donne's *Devotions upon emergent occasions* (1624) provides a particularly compelling example of the way that the focus on individual spirituality inflected and changed the position of the patient suffering from illness in this period. This work introduces the Protestant emphasis on spiritual self-analysis to the autobiographical particularity of the patient's encounter with sickness.

The speaker of Donne's *Devotions upon emergent occasions* (1624) reflects at length on his experience with illness. Each devotion begins with a line from a Latin poem narrating the progress of the subject's disease. These poetic lines, which guide the overall structure of the *Devotions* would seem to signal a focus on the advent of sickness and the physician's role in treating it: "Medicusque vocatur" (The physician is sent for); "Metuit" (The physician is

afraid); “Socios sibi jungier instat” (The physician desires to have others joined with him). The text that follows, however, touches only tangentially on these events in order to prompt an almost enforcedly private process of philosophical reflection and devout repentance. In fact, though the poetic lines that function as headings reference the concerns, admonitions and diagnoses of the physicians attending the suffering patient, the *Devotions* never represents the voice of these medical figures. Instead, by avoiding any direct quotation of his attendant physicians, the speaker mediates and perhaps even effaces the medical interpretation of his illness. Absenting any medical rhetoric from the work allows the suffering speaker to emphasize his individuality by narrativizing his illness in strictly spiritual terms. The focus is not on the relationship between patient, physician, and illness. Instead, the *Devotions* narrate a spiritual relationship between the sick, fallen sinner and his God. The drama of the *Devotions* rests not on the concern over whether or not the physicians will cure the speaker’s sickness, but on whether or not the sickness is a sign of the speaker’s sins and therefore a punishment from God. The *Devotions* therefore undermine the physicians’ authority by trumping the generalizations of corporeal diagnosis that medicine offers with special claims to a spiritual experience of suffering as a process of punishment and atonement for past sins.

Both Montaigne and Donne are interested to circumvent the authority of their attendant physicians. Their approaches are significantly different, but each involves the insertion of a strong and willful first person voice that supersedes the claims that their learned physicians would make to be able to interpret their illnesses. It is within this context that, interestingly enough, each author engages in the contemporary debates over the relative value of simples. There were intense arguments at this time over the relative value of

“simple” prescriptions, that involved minimal and usually local ingredients, as opposed to “compounds,” more complex concoctions that were often much more expensive and included exotic ingredients from foreign lands.²⁵ Both Donne and Montaigne express a preference for these remedies guided more by nature than by art. Donne addresses God, reminding himself that “thou didst make phisick before there was any grudging of any sicknes; for thou didst imprint a medicinall virtue in many simples, even from the beginning” (74), and Montaigne prefers to take medical advice from the rustics living nearby who only use garlic to cure their ailments. Though Donne's critique of medicine is not nearly so direct as Montaigne's and holds none of the rancor that characterizes Montaigne's attack, I argue that the critique is nevertheless a central aspect of the *Devotions* and for similar reasons. In the same way that Montaigne expresses frustration with the fact that his physicians seem to ignore his interpretation of his own body and thereby deny him an active position in his own diagnosis and cure, the *Devotions* repeatedly gives the reader the sense that the subject going through this agonizing illness similarly feels put in a passive position.

The dissertation concludes by returning to the perspective of another learned physician, Thomas Browne. Browne's *Pseudodoxia Epidemica* (1646) contributed to a medical genre that aimed to categorize and enumerate all of the “popular errors” held by those untrained in medicine. In the context of England's religious and political debates, however, Browne locates the vexed relationship between universal true understanding and particular erroneous beliefs within a religious cosmology, so that the former becomes the sole

²⁵ See Andrew Wear, *Knowledge and Practice in English Medicine, 1550-1680*, 69 ff. The overly elaborate compounds were often contrasted with the universal availability of simples, which sometimes allowed the patient to circumvent the services of a learned practitioner in favor of a local wisewoman or even one's own skill with the help of a manual like William Coles's *The Art of Simpling*.

province of the divine while the latter belongs to fallen man. Browne brings closure to the debates guiding the dissertation as he attempts to resolve the tension between the universal and the particular with a spiritual caveat: understanding the categories that make up the world is an ultimate goal, but one that is not attainable for the fallen man of science. Perfect knowledge does exist, but it is out of reach for us in our fallen state.

Browne's acknowledgement of the limitations of human knowledge do nothing, however, to curb his enthusiasm for collecting the seemingly infinite bits of information and potentially useful knowledge that make up this masterpiece of seventeenth-century erudition. His interest in the epistemological potential of fallen man outweighs his concerns about his postlapsarian state. Browne's approach to his encyclopedic topic draws on the work of Francis Bacon, who had called for a work addressing popular errors in the *Advancement of Learning*. The *Pseudodoxia* is not only responding to Bacon, though; and Browne points out in his opening address to the reader that he considers his work an correction to the medical genre of popular error that dated to the sixteenth century writings of several continental physicians. Though, Browne acknowledges the role of community in Bacon's methodology, he ultimately chooses the solitude of private inquiry and contemplation over the more social model that the Royal Society had adopted by that time. This introspective turn reinforces Browne's fascination with the eccentric and particular qualities of his subject. Though error is a sign of man's fall from grace and can even represent the work of satanic forces in the world, as a topic of intellectual inquiry it holds a longstanding fascination that captivates the attention of the devout physician and scholar for more than 25 years.

My work on literature and medicine in the Renaissance argues that there was a rising interest in the use of first-person narrative in this period that, coupled with the religious

shift to a focus on the individual, created a strong cultural argument for the importance and relevance of unique individual experience. The dissertation thus offers an alternate narrative to histories of science and medicine that trace a progressive movement towards increasingly rigorous models of classification, traditionally seen to culminate in the eighteenth century with the work of Linnaeus. While classification was certainly an evermore intriguing problem for sixteenth- and seventeenth-century medicine, the influence of autobiographical elements and the rising fascination with the individual spirituality encouraged by Protestantism provide an important counterpoint to this narrative.

CHAPTER 2

THE *TIERS LIVRE* AND THE RABELAISIAN RESPONSE TO MEDICAL CATEGORIZATION

Medical training in sixteenth-century France was heavily engaged in categorical modes of thought. Medicine, like other university disciplines, was influenced by the Aristotelian tradition, which emphasized the natural philosopher's ability to understand and interpret the world by creating categories of knowledge. As is well known, François Rabelais was active as a physician and medical professor, and his works repeatedly engage with the problems and concerns of medicine. His literary oeuvre was shaped by these medical studies and thus responds to the problems that categorization poses. While, on the one hand, the epistemological approach that categorization provides allows the doctor to classify illnesses and temperaments of patients in order to recognize and diagnose them more effectively, on the other hand such an approach can easily introduce debilitating limitations that cause the physician to miss key aspects of the patient's illness.

Often, the problem of overly rigid categorical interpretations had to be overcome by the physician, each of whose patients would have encountered their illnesses in complexly different ways. One of the most significant ancient bodies of medical texts, dating from fifth-century Greece and known as the Hippocratic writings, offered a more flexible approach to diagnosis. Among these, the structure of the Hippocratic aphorism stood out because of its

adaptability to particular situations. The Hippocratic aphorism was a pithy saying that the doctor could easily memorize, and therefore have available at all times. The aphorism did not, however, provide strict guidelines of interpretation; instead, it was meant to be interpreted according to the particulars of patient and case. Furthermore, because the aphorism was so short, it demanded elaboration within a flexible framework. The Hippocratic aphorism, in contrast to the Aristotelian approach to categorization, provides an ethical model in Rabelais's *Tiers Livre*, a book that is deeply concerned with the ethical and moral pitfalls of learning and rigid epistemologies. In proposing the model of elaboration within a flexible framework as an ethical alternative to rigid categories, the book eventually takes on a poetics of elaboration as well.

At a time when most medical practitioners did not have university training, Rabelais had studied extensively at a prestigious medical university, and this he began after his substantial theological studies. He engages most directly with his intellectual formation in the *Tiers Livre*, the third book in the popular Rabelaisian cycle. The *Tiers Livre* takes a mocking tone towards all forms of erudition as the story parades caricatured representatives of every important branch of learning, from medicine and astrology to theology and dream interpretation, in order to mock and dismiss each one in turn.¹ The book opens by re-introducing the key characters from its predecessor, the *Pantagruel*: Pantagruel, a gigantesque prince renowned for his humanist learning, the productivity of his bodily excess, and his prowess in battle, and Panurge, the anonymous trickster figure who appears on the scene without background, family, or money, but immediately becomes a lifelong friend to

¹ Aside from his studies in medicine, Rabelais also had extensive training in theology, and he may have been a student of law as well. Law, theology, and medicine were the three main disciplines of the early modern university and Rabelais's grounding in these forms of study

Pantagruel. In the *Tiers Livre*, Pantagruel establishes his friend as governor of newly conquered lands, and Panurge subsequently announces his desire to marry and his attendant fears of cuckoldry. Unable to make a decision that reconciles these two emotions, Panurge reaches an impasse and refuses to decide for himself whether or not he should marry. His good friend Pantagruel considers a number of decision-making strategies, and sets up consultations with figures of knowledge for Panurge. Panurge, in turn, consults this litany of figures representing the key areas of expertise in the mid-sixteenth century: Virgilian and Homeric lots, prophecy, law, various schools of philosophy, the advice of the wise fool, theology, and medicine. While Pantagruel is willing to help Panurge follow through on this series of consultations, he nevertheless warns his friend that he suffers from “*philautia*,” or self-love, and constantly repeats the advice that Panurge cannot rely on others to make his decision about whether or not to marry. Instead, he must take to heart the injunction to “know thyself,” coming to a conclusion based on that grounding of self-knowledge. The book thus sets up a conflict between an egotistical love of oneself and a morally responsible self-knowledge. The clash between self-knowledge and *philautia* is represented by Pantagruel’s repeated insistence that Panurge needs to make a decision about his marriage for himself on the one hand, and Panurge’s refusal to take a definite course on the other. This tension creates the narrative conflict that drives the entire *Tiers Livre*.

Pantagruel insists throughout the book that exterior models of learning cannot provide decisions and answers, and his ethical injunction to self-knowledge is echoed by the mocking attitude that the book takes towards the various figures who seek to provide Panurge with answers to his question about marriage and cuckoldry. Yet in spite of the book’s apparent dismissive attitude towards learning, the humor of these episodes would be almost entirely

lost on an uneducated reader, and it is clear that in this mocking litany of learned figures, Rabelais as a narrator is deeply engaging with his own background in many kinds of learning. The jokes in the *Tiers Livre* reference scores of texts, both ancient and contemporary, and their humor demands knowledge of Greek and Latin. Among these citations, we find frequent use of medical language and references to both ancient and contemporary medical texts. Thus, the book's references to medical epistemology support and elaborate the tension between *philautia* and self-knowledge.

The oft-cited role of the Rabelaisian narrator as physician to his reader provides one possible approach to the paradoxical marshaling of erudition to mock intellectual traditions. The prologue to *Pantagruel*, the first book of the series in terms of chronology of composition, presents the work as a healing tonic to those suffering a wide array of maladies. The narrator references a common practice at the time, reading the life of Saint Marguerite to women going through child labor because the saint was believed to protect mother and child in the labor process. The narrator of *Pantagruel* claims that his book will serve a function similar to that of the saint's life for those suffering from gout and syphilis, diseases resulting from excess of food and sensual pleasure (295-296, 12-13). In a similar vein, the prologue to the *Gargantua* emphasizes the important benefits of laughter to human health. It opens with an address exhorting the reader to laughter and explains the importance of laughter by drawing on Aristotelian categories that distinguish humans from gods and animals because of their ability to laugh: "Pource que rire est le propre de l'homme" (3, "Laughter's the property of Man" 203).² Finally, the *Quart Livre* opens with a letter to Rabelais's friend, Odet de Chastillon, which specifically deals with the proper comportment of doctors with respect to

² This is referencing Aristotle's *De partibus animalium*, X, 9.

their patients, arguing that doctors must adapt their mannerisms and appearance to the needs of their patients. Here, Rabelais considers the effect that a doctor's temperament and comportment can have on his patient, from "the pouring of the doctor's spirits, serene or gloomy, aerial or terrestrial, joyous or melancholic, from that doctor into the person of his patient" (641).³ Drawing on these prefatory remarks, many critics have argued that Rabelais takes on the role of a physician to his reader, healing through the benefits of laughter.⁴ Reading the Rabelaisian narrator as a physician provides a compelling model for interpreting Rabelaisian humor and the relationship between the narrator and his reading public. It can help to explain the *Tier Livre*'s paradoxical critique of learning aimed at a learned audience; for we can see the entire farce as a therapeutically-minded admonition to scholars who would take themselves too seriously and thereby miss out on the benefits of laughter.⁵

If scholarly *philautia* is characterized by taking one's disciplinary position too seriously, the laughter of the *Tiers Livre* is healing because it allows for the partial

³ "par transfusion des esperitz serains ou tenebreux, aerez ou terrestres, joyeux ou melancholiques du medicin en la persone du malade" (875).

⁴ Guy de Rocher makes this argument by relating Rabelais's work to the work of a later Montpellier doctor, Laurent Joubert, who wrote an influential piece on laughter. See *Rabelais's Laughers*. See also, Jean-Yves Pouilloux, Guy Demerson, *Humanisme et Facétie*, Alison Williams, "Sick Humour, Healthy Laughter," Raymond C. La Charite, "Rabelais: The Book as Therapy." Ian Maclean also touches on the idea in his brief "Dr. Rabelais's 500 Year Old Prescription."

⁵ We also find evidence of Rabelais's medical training in the many uses of and references to anatomy in the Rabelaisian oeuvre. He signed his name to a document testifying his presence at an anatomical demonstration on October 18, 1530. On the use of anatomical language and violent humor see Allison Williams, *op cit*. On the anatomization of Quaresmeprenant, see Marie Madeleine Fontaine, "Quaresmeprenant: L'Image litteraire et la contestation de l'analogie medicale," In *Rabelais in Glasgow*. Glasgow: Glasgow University Printing Unit, 1984: (87-112). See also Emile Aron, *Le Docteur François Rabelais*, Chambray: C.L.D. 1993:65-75.

breakdown of such rigid categories. Renaissance medicine imagined laughter as a moment when the body is simultaneously traversed by contradictory emotions.⁶ Such an experience was not universally accepted as healthy, however. Medical epistemology owed a great deal to Aristotelian philosophy, where the principle of non-contradiction provided a foundational guideline for understanding and interpreting the world. If laughter creates a moment where a person experiences contradictory emotions simultaneously, such an experience defies the principle of non-contradiction and potentially endangers the health and well being of the laugher. Fracastoro's *De sympathia et antipathia rerum* (1546) argues that the experience of contrary actions is dangerous for the soul because it is traversed by feelings of exuberance (*laetitia*) and wonder (*admiratio*), a combination that has contrary and yet simultaneous effects.⁷ Moreover, many writers express concern at the indecorous consequences of laughter, seeing it as not only impolite, but even dangerous (Pouilloux). Erasmus calls "loud laughter and the immoderate mirth that shakes the whole body" *sunskrouision* (discord); and though it is important to laugh when appropriate, such laughter must not get out of hand, for "the face should express mirth in such a way that it neither distorts the appearance of the mouth nor evinces a dissolute mind" (*De Civilitate* 275-276).

Though, as critics of Rabelais have been eager to point out, the early modern doctor was generally enjoined to take on a happy countenance and cheer up his patient, Rabelais's laughter in his comic work goes well beyond the politesse demanded of a benevolent doctor

⁶ The most extended medical discussions of laughter from this period are Girolamo Fracastoro's work as well as Joubert's *Traité du Ris*, but we find the argument that laughter is caused by contrary experiences elsewhere as well. See Guy Demerson *Humanisme et facétie*.

⁷ Vincenzo Maggi's *De ridiculis* (1550) also sees laughter as an experience of contradictions, though he interprets it in a more Platonic vein, emphasizing the struggle between mind and body.

with good bedside manner. The Hippocratic treatise on the proper comportment of the *Physician* encourages the doctor not to be melancholy or misanthropic, “but on the other hand, the man of uncontrolled laughter and excessive cheerfulness is considered vulgar” (103). Though the dedicatory letter preceding the *Quart Livre* cites many aspects of this Hippocratic treatise, Rabelais’s references to the importance of keeping up one’s appearance and character do not mention the demand that the doctor refrain from disproportionate cheerfulness. Instead, we find a work that consistently encourages excessive laughter. The Rabelaisian oeuvre certainly suggests that the author-physician sees laughter as an important aspect of health, and yet the kind of laughter that the books provoke often goes outside the bounds of balance and decorum that Erasmus and others counseled. The *Tiers Livre*’s mockery of all varieties of learning uses this excessive laughter as a remedy for the dangers of *philautia*, a strategy that suggests an important link between Rabelaisian gelotherapy (laughter therapy) and the kind of self-knowledge that does not insist on rigid adherence to categories.

The Praise of Debts: Panurge’s Misuse of Medical Discourse

If laughter and self-knowledge are linked in their tendency to traverse and press on the limits of categorization, we find the first evidence of Panurge’s *philautia* in his attempts to insert himself into the rigid social categories of vocation and marriage. As Thomas Greene has argued, the Panurge of *Pantagruel* was able to play the role of the trickster because he appeared almost out of nowhere, a character outside the social structures of family, history,

and profession (“The Unity of the *Tiers Livre*” 294).⁸ The *Tiers Livre*, on the other hand, opens with Panurge’s appointment as governor of the newly founded Salmigondin colony in Dipsodie, and following this appointment he announces his interest in joining the social structures of family and inheritance through marriage. Yet it is clear that Panurge has not considered the necessity of entering such institutions in a thoughtful and responsible way. Instead, his plan to insert himself into certain societal roles without undergoing a process of self-reflection indicates the problem of *philautia*, from which he suffers throughout the entire *Tiers Livre*. The self-love which plagues Panurge’s attempts to act as a good prince and to enter the social position provided by marriage is contrasted with the ideal of self-knowledge that Pantagruel represents. Panurge sees the categories that social roles provide as a shortcut allowing him to avoid the complexities demanded by thinking through those roles and entering a process of mutual adaptation and engagement with them.

When Pantagruel entrusts Panurge with the rule of the new colony, Panurge ignores his gubernatorial duties and instead spends three years of the province’s revenue in fourteen days, as the text is careful to point out: “He did not, as you might say, literally dilapidate it [his income] by founding monasteries, erecting chapels, building colleges and hospitals nor, indeed by casting his bacon to the dogs, but spent it rather on hundreds of little banquets and jolly parties open to all-comers, particularly to good fellow, young girlies and big cuddly women, chopping down his timber, burning their trunks to cell the cinders, borrowing in

⁸ Greene follows this observation with a reading of the *Tiers Livre* that I find less compelling, however, arguing that the book’s resistance to interpretive models exposes the aural vulnerability of the (male) reader, who in turn becomes a kind of Pantagruelion soldier defending his vulnerable ear from misinterpretations.

advance, buying dear and selling cheap, and eating his corn when ‘twas but grass” (418).⁹

Panurge’s opening gesture signals his inability to see social roles in flexible terms. The text is careful to point out that Panurge’s spendthrift habits are not necessarily antithetical to good princely behavior; in fact a good prince could well spend a great deal of money in a short time on the establishment of institutions that would benefit the population, such as monasteries, hospitals, and schools. But instead of adapting his tendency towards profligacy to the circumstances of his new position, Panurge continues to act as though he had no political responsibilities, spending government revenues on extravagant parties open to all of his subjects. Panurge’s inability to see himself in relation to his subjects and his new political position signals his *philautia*.

Pantagruel recognizes that Panurge’s overspending manifests a misunderstanding of his of new social role. Unlike Panurge, Pantagruel’s entire background and education has prepared him for the sovereign role that he will one day inherit from his father, king Gargantua. As a good friend, Pantagruel therefore draws on this knowledge to advise Panurge, and he chooses the instructive proverb that one should not “manger son blé en herbe.” The expression translates as “eating one’s wheat in the blade” (Screech translates it “eating his corn when ‘twas but grass”), or spending money before it has gained interest. Yet rather than understand the metaphorical drift of Pantagruel’s advice, Panurge takes it much more literally. He fashions a self-defense that draws on the language of medical regimen, justifying his unprincely actions with an extensive account of the virtues and benefits derived from eating *le bléd en herbe*.

⁹ “Non proprement dilapida, comme vous pourriez dire en foundations de monasteres, erections de temples, bastimens de collieges et hospitaux, ou jectant son lard aux chiens. Mais despendit en mille petitz banquetz et festins joyeux, ouvers à tous venens” (565).

In order to understand the force of Panurge's arguments about the health benefits of eating *le bléd en herbe*, we must understand the basic contours of the relationship between food and medicine in the Renaissance. Regimen in early modern medicine broadly refers to the manipulation of the non-naturals in accordance with a patient's constitution in order to reach an ideal state of health.¹⁰ Since the earliest Hippocratic texts, food and diet were considered one of the most important aspects of medical regimen because they seemed to have a direct effect on the patient's condition in addition to being fairly easy to control and monitor.

Regimen was one of the most flexible and variable aspects of medicine, because it was particular to each individual patient. While many aspects of medical study emphasized the importance of classification and ordering (the classification of diseases, for example, or the study of anatomy and physiology), regimen was infinitely variable. The Hippocratic tradition emphasized this aspect of regimen in a number of texts. The Hippocratic author of *Regimen for Acute Diseases*, in spite of the treatise's title, does not give standard regimens that should be followed in all cases of acute disease. Instead, he begins by attacking the group of doctors that wrote the *Cnidian Sentences*, a lost ancient text that attempted to categorize all diseases. Doctors who rely on such abstract categorizations, the Hippocratic author argues, risk harming rather than helping their patients. Instead of attending to each patient's particular needs they are more concerned to identify and name diseases. Their

¹⁰ As Nancy Siraisi puts it, the natural was divided into three categories: naturals, non-naturals, and contra-naturals: "The non-naturals were a mixture of physiological, psychological, and environmental conditions held to affect health: air, exercise and rest, sleep and waking, food and drink, repletion and excretion, and the 'accidents of the soul,' or passions and emotions. [...] The list of things natural differed slightly in terminology and number of subdivisions in different versions; it usually included elements, complexions (sometimes divided into *commixtiones* and complexions), humors, members, virtues, operations, and *spiritus*" *Medieval and Early Renaissance Medicine*, 101.

therapeutic approach would therefore apply remedies based on an identification of the disease that ignores the patient. Such doctors expend energy in naming and classifying illnesses but, the Hippocratic author tells us, their labors are in vain, “For the number [of diseases] will be almost incalculable if a patient’s disease be diagnosed as different whenever there is a difference in the symptoms, while a mere variety of name is supposed to constitute a variety of the illness” (65). This dismissive approach towards naming diseases implies that what might appear to be the same disease is in fact unique for each person suffering from it. While some symptoms might seem universally common to some diseases, it would be impossible to record and categorize the infinite combinations of symptoms that can manifest in different sick people. Instead of basing diagnosis and care on abstract categories, the doctor must be intimately familiar with the individual patient and plan treatment based on that knowledge.

The ideal regimen in the case of acute disease is thus not universalizable, but should instead follow each particular patient’s regimen when in health. Any drastic changes to a person’s regimen are always dangerous, the author asserts, and even more so when the disease is acute (85). Therefore if a person is accustomed to eating large quantities of meat or taking hot baths when healthy, the doctor might advise such regimental activities in illness as well. For someone unaccustomed to these things, on the other hand, such a suggestion could be fatal, even if it has helped many other patients exhibiting similar symptoms.

The Hippocratic treatise *Tradition in Medicine* considers regimen more specifically in terms of food. This author suggests that there is in fact a general regimental guideline that can work for the average person. One should eat according to the seasons, consuming more food in the winter and more drink in the summer, with the autumn and spring periods as

transitional phases between these general regimens. Yet in spite of the fact that this author seems more willing to speak in generalizations about regimen, he is still reticent to speak in specific terms about the kinds of food each person should eat. Such particulars must be worked out depending on the individual's constitution. He takes the example of cheese, which

is not equally harmful to all. Some can eat their fill of it without any unpleasant consequences and those whom it suits are wonderfully strengthened by it. On the other hand, there are some who have difficulty in digesting it. There must then, be a difference in their constitutions and the difference lies in the fact that, in the latter case, they have something in the body which is inimical to cheese and this is aroused and disturbed by it. Those who have most of this humor and in whom it is at its strongest, naturally suffer most. If cheese were bad for the human constitution in general, it would affect everyone. (83-84).

While the author is interested to develop general eating guidelines for patients with respect to the changing seasons, such advice cannot be too specific. The variable reactions that people have to different foods renders general advice on this account virtually impossible.

As is typical of the Hippocratic corpus, all of these complex engagements with the variability of a patient's regimen can be encapsulated in an aphorism: "With regard to food and drink, it is better to take something slightly less suitable but pleasing than something more suitable but less pleasing" (*Hippocratic Writings*, Aphorism II, 38). As this example illustrates, the aphorism does not insist on a rigid guideline for regimen that would require the doctor to place each patient in a pre-defined category, but instead provides the physician with a pithy saying that can expand and adapt to the particular patient's customs, habits and tastes.

Regimen's flexibility as a discourse, however, lends itself to Panurge's rhetorical game of self-justification. Rather than take Pantagruel's advice sincerely, Panurge manipulates everything that Pantagruel says into a justification for profligacy and the

accumulation of debts. The text provides a number of signals to show that Panurge's use of the flexible discourse of regimen is in fact a misuse of medicine's principles of elaboration and expandability. We find evidence of this in his description of the many health benefits of eating wheat in the blade:

From corn when 'tis yet but grass you can make a lovely green sauce: it is easily concocted and readily digested; it enlivens your brain, gladdens your animal spirits, delights your sight, whets our appetite, flatters your taste-buds, steels your heart, tickles your palate, clarifies your complexion, tones up your muscles, tempers the blood, lightens the diaphragm, freshens up the liver, unbungs the spleen, comforts the kidneys, settles the bladder, limbers up the spondyls, voids the ureters, dilates the spermatic vessels, tightens up the genital sinews, purges the bladder, swells the genitals, retracts the foreskin, hardens the glans and erects the member; it improves the belly and makes you break wind, fart, let off, defecate, urinate, sneeze, hiccup, cough, gob, spew, yawn, dribble snot, breath deep, breathe in, breathe out, snore, sweat, and get your gimlet up, together with hundreds of other extraordinary benefits. (420).¹¹

Panurge's expansive list has the veneer of a Hippocratic justification. He provides a number of physiological effects that *bléd en herbe* creates, and the list of these appears to provide an example of the principle of elaboration according to circumstance that the Hippocratic methodology of the aphorism demands.

If we look closely, however, Panurge's elaboration and expansion of the regimental effects this drug creates does not follow the central principle of regimen, namely that it is not universalizable, but should be adapted to each individual's constitution. Panurge's claims

¹¹ "De bled en herbe vous faictes belle saulse verde, de legiere concoction, de facile digestion. Laquelle vous esbanoist le cerveau, esbaudist les espritz animaulx, rejouist la veue, ouvre l'apetit, delecte le goust, assere le Coeur, chatouille la langue, faict le tainct clair, fortifie les muscles, tempere le sang, alliege le diaphragme, rafraischist le foye, desoppile la ratelle, soulaige les roignons, assouplist les reins, desgourdist les spondyles, vuide les ureteres, dilate les vases spermaticques, abbrevie les cremasteres, expurge la vessie, enfle les genitoires, corrige le prepuce, incruste le balane, rectifie le membre: vous faict bon ventre, bien rotter, vessir, peder, fainter, uriner, esterner, sangloutir, toussir, cracher, vomiter, baisler, mouscher, haleiner, insipirer, respirer, ronfler, suer, dresser le virolet et mille autres rares adventaiges" (569).

about the green sauce one can make from *blé en herbe* do not allow for particularities of constitution, environment or circumstance. His use of the “vous” form addresses an audience as though all involved could benefit from the sauce he describes. Quite the opposite of the Hippocratic statement about cheese, that it is decidedly good for some constitutions and dangerous for others, Panurge proposes that his green sauce is ideal for everyone. Furthermore, many of the effects that he describes are particular to his own physiological preferences, for example the benefits to appetite, digestion and virulence. Panurge ignores that such effects might not be universally desirable. Instead he frames his own personal, unique situation in a universalizing discourse to the rhetorical end of justifying his behavior. His misuse of the medical language of regimen, with its emphasis on particularities, signals the nature of his *philautia*. Panurge’s attempt to draw on rigid modes of categorization, even as he slyly wraps his arguments in the flexible language of regimen, illustrates his inability to engage in the kind of knowledge that Pantagruel advocates, the self-knowledge that allows for a more dynamic engagement with categories.

Panurge follows his praise of eating *bléd en herbe* with an encomium to debt that brings the complex dynamics of the entire universe, from the movements of the spheres to the functioning of each individual’s physiology, under the sign of the relationship between debtor and creditor. His exuberant use of rhetoric seems to mirror the verbal profusion that the Rabelaisian oeuvre embraces. Yet Pantagruel’s reaction to Panurge’s encomium signals that such rhetorical flourishes risk perverting the ethical framework established by Pantagruel’s valorization of self-knowledge. Rather than engage with Panurge’s lively verbal overproduction, Pantagruel responds at first with the rebuke that Panurge is adopting the rhetoric of figures like Nero and Caligula (421, 569), and when Panurge insists on following

the same line of argument, Pantagruel's response is merely silence (423, 571). Finally, he calls Panurge "good at your Topics" (a "bon topicqueur"), rejecting "vostre beau parler" and "fine graphic terms and vivid descriptions" ("belles graphides et diatypoyses" 431, 583). Panurge, however, politely refuses to heed Pantagruel's advice and the friend's reach an impasse: "'Let's drop the subject,' said Pantagruel. 'I have already told you once'" (433, "Laissons (dist Pantagruel) ce propos, je vous l'ay ja dict une fois." 587). This philosophical dispute between Panurge's rhetorical flourish and Pantagruel's ethical sincerity sets the tone for the *Tiers Livre* as Panurge refuses to decide for himself whether or not he should marry and Pantagruel continues to insist on the importance of self-knowledge.

Table Talk: Medicine and the Critique of Courtly Politesse in the Tiers Livre

Despite the fact that Pantagruel clearly disapproves of his friend's behavior, he nevertheless performs the office of a good friend by setting up a number of consultations with experts that aim to help Panurge reach a decision about his marriage. Panurge encounters these consultations in many different ways. Several episodes remain contained within the entourage of friends that travel with Panurge: in the dream interpretation and Virgilian lots episodes Pantagruel is the resident expert, and both Epistemon and Frère Jean offer their own kind of advice as well. Panurge leaves Pantagruel's castle to seek out some of his advisers, traveling to benefit from their wisdom, as we find with his journey to the Sybil and the diviner Herr Trippa. Some figures of consultation are sent for, such as the deaf-mute Nazdecabre, and the four university scholars invited to supper: Hippothadée the theologian, Rondibilis the doctor, Trouillogan the philosopher, and Briddoye the lawyer.

The episode involving the advice of these scholars separates itself structurally from many of the other episodes of consultation. As Edwin Duval has put it in his work on the structure of the *Tiers Livre*: “The early consultations (the *sortes*, the dream, the Sibyl of Panzoust, and Nazdecabre) all tend toward burlesque and consist of traditional forms of prophecy, while the later consultations appear to be somewhat more serious and involve specialists in the four major branches of human learning” (383). Furthermore, these representatives of university learning are invited to share their knowledge in the context of a dinner. Their advice thus becomes part of the extensive tradition of “table talk,” or learned conversation held at table.

The presentation of a dinner party accompanied by learned conversation draws on the rich tradition of the literary symposium. These philosophical dinner conversations were typically characterized, however, by an emphasis on decorum that jars with the bodily and verbal excess of Rabelais’s characters.¹² For Rabelais’s Renaissance contemporaries, the rules of decorum set up certain boundaries within which one must function depending on whether the social context was the court, the university space, a dinner, etc. Such boundaries were, however, not absolute, and behaving within the limits of decorum required adapting one’s conduct to the particularities of circumstance. In this way, decorum as a concept shared certain attributes with the Renaissance notion of health. For Rabelais and his contemporaries, health was not a neutral background against which symptoms of illness stood out. Rather, health was in a constant dynamic relationship to sickness, and the frontier separating the two was flexible and permeable. Any quotidian encounter with the non-naturals offered an opportunity for medical symptomology. What one ate for breakfast, how much one slept,

¹² On decorum in the Renaissance, see Frank Wigham, *Ambition and Privilege*.

whether or not one exercised and the nature of that work, when and how much one defecated, and the vagrancies of emotional upset: all of these could affect the balance of the body's humours. Sickness was therefore not a condition that stood out in antithesis to health, but was rather the result of a gradual accumulation of quotidian signs. Furthermore, actions that contributed to health for one person, such as restricted consumption of wine or morning exercise, might contribute to a state of sickness for another person. The boundaries between health and sickness were therefore flexible and, importantly, contextualized by each individual's complexion and situation.

The contemporary conception of decorum was similarly characterized by flexible boundaries and rules that were particular to individual and occasion. Decorum's seeming fluidity was complicated by the fact that its bounds were definitely not infinitely flexible, but appeared hard and fast in certain circumstances. In his popular and influential work *The Courtier*, Castiglione's interlocutors attempt to define the perfect courtier, yet their efforts run up against the tension between the flexibility of their category and their recognition that courtly decorum does set up boundaries defining good behavior. For every absolute statement about the courtier's proper manners, another interlocutor is able to present a counter example, showing that the perfect courtier's actions must not be rigidly defined but rather flexible and adaptable to various situations and circumstances. Yet on the other hand, the courtier was certainly in danger of transgressing these flexible and elusive boundaries thereby risking the loss of the prince's favor. Courtly decorum was a category that thwarted categorical definitions, a way of setting parameters for proper action without rigidly defining those parameters.

The seeming contradictions that decorum sets up, where it establishes rules and yet demands a degree of flexibility, highlights the difficulty of following the rules of decorum without tending too far in one direction or the other. Rabelais's characters especially enjoy mocking those who tend to circumscribe their behavior with inflexible rules. This rigid approach uses decorum to provide ready-made categories into which characters insert themselves in order to avoid reflection and self-exploration. Such characters are continuously the butt of practical and sometimes cruel jokes meant to expose the absurdity of following the limits that decorum imposes. In *Pantagruel*, the narrative that precedes the *Tiers Livre*, Thaumaste is an English scholar who travels to France in order to debate with Pantagruel and is mocked for his excessive attention to decorum. He appears in Pantagruel's lodgings and requests a promenade in the garden to philosophize with the book's hero, who is also a famous intellect. Thaumaste follows the rules of decorum so slavishly, however, that he comes across as a babbling fool. He shows off the vastness of his classical and biblical learning with an impressive list of people who have traveled in order to meet figures of wisdom, and compares himself to such disciples seeking out Pantagruel's teaching. His flourishing mannerisms lead Panurge to accuse him of vainglory, however. To teach the scholar a lesson, Panurge proposes that he take Pantagruel's place in the debate, and with an exaggeratedly confusing series of lewd gestures, he exposes the folly of scholastic argument and "defeats" Thaumaste at his own game. Similarly, the *Pantagruel* story of the Haute Dame de Paris punishes over-scrupulous attention to the rules of decorum. The Haute Dame pursues the proper role of an aristocratic woman, insisting on proper chastity and religious observation. Yet the narrative punishes her attention to such rigid categories of behavior by forcing her outside of this role. Panurge's practical joke causing the Haute Dame to be

pursued by dogs in heat mocks her insistent chastity and details the destruction of her fine apparel.¹³

Since Rabelais's comic work tends to reject rigid adherence to decorum as a useful guideline for proper conduct, Pantagruel's suggestion of a learned dinner in the *Tiers Livre* might seem incongruous. Yet, as we will see, the symposium Pantagruel suggests fits into the book's concern to address the importance of self-knowledge and the dangers of *philautia*. As the unsuccessful dinner conversations prove, while decorum may seem to provide easy formulas for guiding one's behavior, the book shows us that such rigid rules can in fact prevent the development of self-knowledge. Just as the delicate guidelines of proper conduct are violated if they are rigidified, the philosophical utility of learned conversation is lost if the participants are carried away by the self-satisfaction that comes from following the rules of proper speech and comportment regardless of their effects. If the goal of a symposium is to benefit from the delights of the table as well as the insights of the talk, then its participants must enter into a dynamic engagement with the rules of decorum rather than fall into the trap of pre-coded discourse. The interlocutors, and especially Rondibilis the doctor, are overly concerned to appear sufficiently learned for the verbal competition the dinner sets up. They often end up taking over the conversation, thereby badly navigating the rule of decorum whereby one must present oneself humbly, and only take the floor out of absolute necessity or politeness and not out of pride and self-satisfaction. As Stefano Guazzo later points out in

¹³ The Haute Dame episode and many other episodes of violence have drawn the attention of critics because of the moral problematics that they pose. While the violent punishment of characters like the Haute Dame and the Ecolier Limousin signals the narrative desire to humiliate haughty characters, the physical and social punishments in turn redraw boundary lines of acceptable behavior, which the narrative had seemed eager to abolish. In the case of the Haute Dame, this redrawn territory expresses its misogyny in its exclusion of women. See Carla Freccero "Damning Haughty Dames" and E. Bruce Hayes, "Putting the 'Haute' Back into the 'Haute Dame de Paris.'" Hayes revisits this reading in *Rabelais's Radical Farce*.

his dialogue on *La Civil Conversazione*, taking over the floor is as indecorous as refusing to share the wine.¹⁴

In addition to presenting the problem of decorum and its attendant tensions, the feast Pantagruel proposes enters into relation with the symposium as a genre that navigates between the pleasures of the body and the pleasures of the soul. Plato's *Symposium* provides an important precedent in the dinner conversation genre, because it establishes the symposium's greater concern for the philosophical conversations had at table rather than for the pleasures of the feast. The characters specifically decide to abstain from heavy drinking and instead embark on an abstracted discourse praising love. The dialogue thus lays the foundation for a host of symposium literature that will emphasize the pleasures of intellectual conversation over the bodily pleasures of the table. Plato's most important successor in this generic tradition was Plutarch's *Symposiacs* (translated as *Table Talk*), another work that emphasizes the intellectual rewards of conversation over the physical pleasures of the meal.

Renaissance writers were interested to adopt this literary tradition that provided a space for integrating food and conversation. Yet, as Michel Jeanneret has shown, many of these inheritors of the symposium genre were eager to re-emphasize the importance of the sensual pleasures of food and drink. Ficino provides an excellent example of such reintegration; one of the foremost Plato scholars of his day, Ficino's commentaries on Plato, including the *Symposium*, were largely responsible for the reviving interest in Platonism at the end of the fifteenth century. Yet, as Jeanneret points out, Ficino sees the meal and the intellectual conversation it fostered as necessarily united: "Only the meal *convivium* embraces all parts of man, for ... it restores the limbs, renews the humours, revives the mind,

¹⁴ See Virginia Cox, *The Renaissance dialogue*, 41.

refreshes the senses and sustains and sharpens reason” (20.) For Ficino, therefore, the corporeal aspects of the dinner conversation are important because they contribute to the overall health of the interlocutors, enabling them to converse in a freer and more sophisticated way.¹⁵

Rabelais introduces an adaptation of the symposium genre in the *Tiers Livre* when Pantagruel invites the university savants to a dinner. The rules of politesse suggested by a refined dinner featuring scholarly conversation at first seem incompatible with the presentation to dining we find in Rabelais’s earlier comic work. The most significant representation of a dinner up until this point in the Rabelaisian cycle is the dinner at the beginning of the *Gargantua* where his mother, Gargamelle, overindulges in tripe and dies from the double exertion of voiding this gustatory excess and birthing her enormous son. The conversation at this dinner is characterized by the exuberant and staccato exclamations of the guests as opposed to the extended erudite conversation typical of the symposium genre:

“Tire, baille, tourne, brouille! Boutte à moi! Sans eau! Ainsi, mon ami : foute-moi ce verre galamment! Produit-moi du claiet! Verre pleurant! Trèves de soif. [...] Quelle difference est entre bouteille & flacon? Grande: car bouteille est fermée à bouchon & flacon à vitz”

(33). The bon vivants enjoying the meal share conversation that does not risk distracting

¹⁵ Virginia Cox’s book on dialogue in the Renaissance argues that there are two main classical precedents upon which Renaissance authors could draw: the Ciceronian dialogue, characterized by attention to historical accuracy, speakers of a high social status, and careful attention to the rules of decorum; and the Lucianic dialogue, characterized by fictional interlocutors and a moralizing satire that blended amusement and instruction. While Ciceronian dialogues tended to propose and grapple with philosophical questions, the Lucianic tradition introduced philosophical problems in a surprising context in order to mock cultural norms. Though Rabelais tended more towards a Lucianic approach, the style of dinner that Pantagruel here proposes (in spite of its use of fictional characters) seems to recall the more Ciceronian style, where philosophical problems are explored in the decorous context of a dinner. Yet, Rabelais in turn subjects this learned dialogue to a Lucianic critique by placing it in the surprising context of his own, more Lucianic, work.

from the pleasures of food and drink, and when a pseudo-philosophical question is proposed, the proper response is a ribald one-liner rather than an extended scholarly excursus. This episode and the fascination with consumption and defecation that Gargantua's subsequent birth implies, make up a significant part of Pantagruel's inheritance for readers of the *Tiers Livre*, and in order for him to follow through on the book's exhortation to self-knowledge, it is necessary that Pantagruel not commit himself entirely to the rules guiding the learned table talk of scholars that he proposes, since such rules always pose the risk of rigid interpretation.

Pantagruel's insistence on self-knowledge establishes him as a moral center for the *Tiers Livre*,¹⁶ and this position is evidenced at several points by the narrative gloss on the influence Pantagruel has on Panurge's actions. We see that at several points Pantagruel's presence does exercise a certain amount of restraint on Panurge, such as when Panurge refrains from hitting the mute Nazdecabre after he has pronounced that Panurge will be cuckolded, robbed and beaten if he marries.¹⁷ By contrast, when Panurge is away from Pantagruel's guidance, he exhibits his *philautia* and his rejection of the exhortation to know thyself in a particularly flagrant way. For example, when Panurge sets off on a voyage to seek out more consultations accompanied only by Epistemon, Frère Jean and the narrator, the absence of Pantagruel is noticeable. Panurge is clearly thinking of his king and makes several references to the need to check in with him whenever they might change their plans or be gone for longer than anticipated. Yet while Panurge is able to remain conscious of his duties as a courtier, he is not able to retain Pantagruel's moral guidance when away from his king.

¹⁶ M.A. Screech describes him as the "wise man of Rabelais's last two authentic books." *The Rabelaisian Marriage*, 38.

¹⁷ "Panurge, de ce fasché, leva le poing pour frapper le Mut: mais il revera la praesence de Pantagruel et se retint" (673).

Panurge receives Her Trippa's pronouncement that he will be cuckolded with outraged accusations that the diviner is himself a cuckold and dismisses Her Trippa with a disdainful, "He is ignorant of the first line of philosophy, which is KNOW THYSELF, and while boasting that he can see a mote in the eye of another he fails to see a great beam poking out of both of his" (506).¹⁸ Panurge's "tu quoque" tactics make up part of this episode's humor, where his blustering defenses only highlight his own lack of self-knowledge. This episode importantly takes place when Pantagruel is not present to provide the moral guidance of a more informed interpretation. Panurge's companions, rather than gently rebuke his *philautia*, cheer him up with a *copia* of bollocks jokes.

Pantagruel's position as the figure of self-knowledge explains his attitude towards the dinner of learned men that he arranges for Panurge. Before proposing the dinner of scholars to Panurge, he repeats his assertion that his friend should decide for himself: "when venturing into wedlock each man must be the arbiter of his own thoughts and seek counsel from himself. That has always been my opinion and I told you as much when you first brought it up with me: but you quietly laughed, I remember, and I realized that your *amour de soi* – your *philautia* – *vous déçoit*" (522).¹⁹ Although he maintains that Panurge should reach his own conclusions, Pantagruel takes advantage of his proficiency in matters of learning to invite the proper university experts: a theologian for the soul, a doctor for the

¹⁸ "Il ne sçait le premier trait de philosophie, qui est COGNOIS TOY, et, se glorifiant veoir un festu en l'oeil d'aultruy, ne void un grosse souche laquelle luy poche les deux oeilz" (701). This also brings to mind Erasmus, *Adages* I, vi, 95 ("Nosce te ipsum") and 91 ("Festucam et alterius oculo eiicere").

¹⁹ "en l'entreprinse de mariage chascun doit estre arbitre de ses propres pensées et de soy mesmes conseil prendre. Telle a toujours esté mon opinion: et autant vous en diz la premier foyz que m'en parlastez. Mais vous en mocquiez tacitement, il m'en soubvient, et cognois que *philautie* et *amour de soy* vous déçoit" (731).

body, and a lawyer for assets, with the addition of the philosopher Trouillogan to reach the “Pythagorean four.” Yet readers of the *Tiers Livre* may well recall that Pantagruel gained his knowledge of the university in a manner consistent with his belief in the importance of self-knowledge.

In chapters five and six of *Pantagruel*, the titular hero has his first encounters with university culture. He tours all of the major universities of France, forming his opinions about them with a perspicacity that allows him to see through the hypocrisy of these institutions and develop his own opinions. For example, at one point he finds himself at Montpellier, Rabelais’s own alma mater for medical school, and assesses the possibilities of studying there thus: “he then came to Montpellier, where he found joyful company and some ver good Mirevaux wines. He considered starting to read Medicine there but considered that calling to be far too tedious and melancholy; and the physicians there stank of enemas like aged devils” (32).²⁰ Pantagruel is able to navigate his interests and make informed decisions because, even at this young age, he has a fully developed understanding of himself. Though, for example, he might find the study of medicine appealing, he recognizes the risks of melancholy and decides that it would not be a good fit for his more sanguine disposition. Furthermore, he maintains his characteristic scatological humor with a popular joke at the expense of doctors who seem to relish a bit too much their duty to administer clysters. Rather than approach the university with awe and try to force himself into the various disciplinary categories of learning that he finds, whether medicine, law, or theology, he is able to see

²⁰ “Puis vint à Montpellier où il trouva fort bons vins de Mirevaux et joyeuse compagnie, et se cuida mettre à étudier en Médecine: mais il considéra que l’état fâcheux par trop mélancholique, et que les médecins sentaient les clystères comme vieux diables.” (325).

through the problems that university study poses and his use of low humor deflates the pomp that such disciplines often tried to garner for themselves.²¹

Pantagruel's encounter with the écolier Limousin during this tour of university culture confirms his decision to avoid studying at the French universities. The episode mocks the Parisian scholastics and especially their tendency to invent their own sort of Latin so as to create an exclusive community of scholars with no concern to communicate outside of that group. The écolier Limousin is a perfect example of the *philautia* the *Tiers Livre* examines, because he is not concerned to communicate his knowledge but rather to show off how masterfully he has fit himself into the mold demanded by the Sorbonne. Pantagruel's response is to cut through this ineffective pedantry by seizing the young scholar by the throat, and as a result of this threat the lad begins to void both feces and comprehensible, provincial French.²²

Pantagruel's response to the écolier Limousin's *philautia* illustrates a commonplace of the Rabelaisian narrative, that humor and its often attendant violence are efficacious for dealing with problems of *philautia*. Pantagruel cannot, however, follow the same tactic with his friend Panurge, a fact that explains in part the degree to which the Pantagruel of the *Tiers*

²¹ To follow Bakhtin's interpretation of the low or "folk" humour characteristic of Rabelais, this degradation of the university's pomp "has not only a destructive, negative aspect, but also a regenerating one. To degrade an object does not imply merely hurling it into the void of nonexistence, into absolute destruction, but to hurl it down to the reproductive lower stratum, the zone in which conception and new birth take place." M. Bakhtin, *Rabelais and His World*, 21.

²² This episode has received a great deal of scholarly attention and a variety of interpretations. On the tension between the Rabelaisian critique of language and the paradoxical quest for the originary word, see Zegura and Tetel, 28. For a claim that the violence of such episodes has a salutary effect, see Alison Williams, 672. Demerson draws a connection between the écolier and the opening scene where we meet Panurge because of the transition from artificial or "borrowed" language to a more natural language that we find in both episodes (198).

Livre absents himself from the typical exuberance of scatological and bawdy humor that characterizes the Rabelaisian oeuvre. In this episode, he instead takes the more polite route of organizing a learned dinner, a symposium, for the benefit of his friend Panurge, in spite of the fact that Pantagruel himself has long since considered and dismissed the benefits of university learning.

In spite of the fact that Pantagruel is organizing a dinner that will be conducted according to the basic guidelines of courtly politesse, he takes care to distance himself from this potentially restrictive rhetoric. Pantagruel separates himself from the convivial tradition of witty repartee in his response to a direct reference that Panurge makes to *The Courtier*. Panurge shows his awareness of this work in his response to Pantagruel's initial proposal of the dinner conversation with a theologian, a doctor, and a lawyer. Paraphrasing *The Courtier*'s clever interlocutor Lord Giuliano de Medici, Panurge dismisses all three saying, "We entrust our souls to theologians, most of whom are heretics; our bodies to physicians, who all abhor medicines; and our possessions to lawyers, who never go to law with each other" (522).²³ Though Panurge's response would perhaps suggest that he is ready for the clever banter of a dinner dialogue, Pantagruel finds no humor in his remark. "Vous parlez en Courtisan" (731, "You are talking like *Il Cortegiano*" 522), he replies dryly, and then proceeds to refute Panurge's arguments: theologians in fact make it their business to banish heresies from their flock, doctors avoid prescriptions because they practice preventative medicine, and lawyers selflessly take up the concerns of their clients and thereby neglect their own affairs. Pantagruel's solemn and sincere response seems atypical for the character,

²³ "nous baillons en garde nos ames aux Theologians, les quelz pour la plus part sont haereticques, nos corps es Medicens, qui tous abhorrent les medicamens, jamais ne prennent medicine, et nos biens es Advocatz, qui n'ont jamais process ensemble" (731).

who had in his adolescence joyfully participated in satirizing the various fields of university learning.²⁴ Yet his rebuke of Panurge's *esprit* further establishes Pantagruel as a figure of self-knowledge who does not accept a predefined style of humor.

Rondibilis and the Critique of Medical Categorization

Pantagruel's defense of doctors against Panurge's witticism draws on the book's valorization of self-knowledge. The relationship that Pantagruel's response establishes between preventative medicine and the physician's knowledge sets the stage for the entrance of Rondibilis, the spokesperson for medicine in the *Tiers Livre* and the only doctor represented in all of Rabelais's work. Pantagruel's position as the wise man and moral compass for the *Tiers Livre* lend credence to his praise for the physician's combination of medical knowledge and self-knowledge and give the reader a guideline to follow in evaluating Rondibilis and his advice. The Hippocratic text "The Science of Medicine" discusses the importance of self-knowledge in medicine, in the process allowing the doctor special access to a deeper kind of knowledge than most people have even about themselves. The author describes diagnosis as one of the physician's most challenging tasks because he must rely on the patient's capacity to describe symptoms not visually recognizable: "when sick men suffer from delay in diagnosis, it is due rather to the nature of the disease and of the patient than to the failure of the physician. It is made more difficult by the fact that the symptoms which patients with internal diseases describe to their physicians are based on

²⁴ This inconsistency is normal in Rabelais's characters, who are more characterized by the flux and flow of their language and rhetoricity than by anything like "character traits." I make the point to indicate something about the difference between the concerns of the *Tiers Livre* and those of *Gargantua* and *Pantagruel* rather than to make an argument about Pantagruel as a "character" in Rabelais's.

guesses about a possible cause rather than knowledge about it. If they knew what caused their sickness they would know how to prevent it” (*Hippocratic Writings* 145). This passage suggests that a thorough knowledge of disease would allow one to prevent its original onset, and therefore that physicians are themselves less likely to suffer from disease thanks to such preventative knowledge. The doctor’s knowledge of illnesses should be converted into a mode of self-reflection that prevents illness, a train of thought that parallels Pantagruel’s claim that doctors can avoid medicine because they practice preventative strategies.

Rondibilis does not, however, fulfill the reader’s hopes for a physician figure trained in the importance of self-knowledge and diagnosis. His first words, when Panurge poses the key question, “Me doibz je marier ou non?” are: “By the amblings of my mule!” replied Rondibilis, ‘I have not idea how I ought to answer that problem” (528).²⁵ Rondibilis’s response is a clumsy gesture at the humility demanded by the decorum of a learned dinner. Yet his choice of oath, what Screech translates as “by the amblings of my mule,” references the physician’s habit of using mules for transportation and associates him, as a representative of his profession in the *Tiers Livre*, with the slow, stubborn animal. The connection between doctor and mule mocks the doctor for his bumbling inability either to effectively diagnose and treat his patient or to captivate his dinner audience.

In spite of the fact that Rondibilis begins his consultation by admitting his ignorance with respect to Panurge’s problem, he wastes no time launching into a generalized counsel on the various ways to reduce concupiscence, a speech he gives that proceeds almost without interruption. He seems indifferent to the possible particularities of his patient’s case, and instead shows a preference for elaborating his medical theories without pausing to consider

²⁵ Par les ambles de mon mulet (respondit Rondibilis), je ne scay que je doibve respondre à ce probleme” (741).

how they might relate to Panurge. This kind of response represents to the reader a doctor who falls back on theoretical categories of medical problems whenever he doesn't know quite how to advise the patient at hand. "I find from our faculty of medicine – and we have taken it from the conclusions of the ancient Platonists – that carnal concupiscence can be restrained by five means" (528).²⁶ Rondibilis launches into several pages of elaboration on these five principles, some of them completely contradictory: over-consumption of wine, various herbs and medicines, assiduous labor, fervent study, and engaging in the sexual act. His stubborn elaboration of all points regardless of their relevance to Panurge's particular case implies a critique of doctors who show off their knowledge while ignoring the specific cases of their patients. Furthermore, Panurge speaks only once during Rondibilis's presentation of the first four remedies, and his input in this case is neither solicited by Rondibilis nor acknowledged by the doctor. Rondibilis's interest in presenting abstract categories of knowledge to treat Panurge shows that he takes no interest in examining his patient, but rather hopes to show off his own learning. The doctor thus evidences the same fundamental problem as Panurge, immoderate *philautia*.

Rondibilis's consultation strategy of applying categories in the diagnosis of his patient contrasts with the Hippocratic model of elaboration and attention to particularities. The following excerpt from the Hippocratic *Epidemics* is a typical representation of the procedure the physician should follow in a consultation with a patient:

The factors which enable us to distinguish between diseases are as follows: First we must consider the nature of man in general and of each individual and the characteristics of each disease. Then we must consider the patient, what food is given to him and who gives it – for this may make it easier for him to take or more difficult – the conditions of climate and locality both in general and in particular, the patient's

²⁶ "Je trouve en nostre Faculté de Medicine, et l'avons prins de la resolution des anciens Platoniques, que la concupiscence charnelle est refrenée par cinq moyens" (741).

customs, mode of life, pursuits and age. Then we must consider his speech, his mannerisms, his silences, his thoughts, his habits of sleep or wakefulness and his dreams, their nature and time. Next, we must note whether he plucks his hairs, scratches or weeps. We must observe his paroxysms, his stools, urine, sputum and vomit. We look for any change in the state of the malady, how often such changes occur and their nature, and the particular changes which induce death or a crisis. Observe, too, sweating, shivering, chill, cough, sneezing, hiccough, the kind of breathing, belching, wind, whether silent or noisy, haemorrhages and haemorrhoids. We must determine the significance of all these signs. (*Hippocratic Writings* 100).

The Hippocratic author, following a poetics of elaboration that echoes Rabelais's own copious style, advocates beginning with a broad consideration of the "nature of man in general," but this is a mere preliminary to the more particular considerations of the patient's symptoms and habits of life that might contribute to a knowledge of the illness. Rondibilis's approach to Panurge's problem clearly ignores the Hippocratic focus on the patient's particulars; instead he tellingly cites a mysterious group of "anciens Platoniques." The source for Rondibilis's list has not been identified, though most scholars think that Rabelais likely took it from a source.²⁷ The reference to Platonic philosophy calls to mind the Platonic doctrine of the *eidos* (form, idea). Rondibilis seems to believe that remedies, too, have an ideal form, and that the doctor should try to adhere to these as closely as possible. Such an abstracted approach does not, however, take Panurge's particularities into account, but instead risks exacerbating his vices.

Rondibilis's first suggestion of a cure for concupiscence is immoderate consumption of wine. Though this solution would perhaps prove pleasing to Panurge, it seems doubtful that over-consumption of wine would be the best remedy for him. Although the healing properties of wine might at first seem fitting in a book that opens with an address to its

²⁷ Screech states that no one has "suggested a ready-compiled source from which Rabelais can have drawn his remedies. He may have compiled them himself, though I doubt it" (*The Rabelaisian Marriage* 100).

readers as “Bonnes gens, Beuveurs tresillustres” (543), the book’s opening conflict over Panurge’s irresponsible spending and his ensuing praise of debts illustrated that Panurge’s love of wine did not seem to decrease his concupiscence. Panurge’s extravagant parties were characterized by the over consumption of wine, and the narrator specifies that “jeunes fillettes” were especially welcome (565). Rather than curing Panurge’s concupiscence, abundant wine seems to have made it more acute, a fact that Rondibilis even acknowledges in his admission that “Signor Priapus was the son of Bacchus and Venus” (528).²⁸ Thus from his very first point of counsel, Rondibilis prescribes a treatment that ignores what the Hippocratic author refers to as the particular “customs, mode of life, pursuits and age” of his patient, in addition to contradicting and undermining his own advice.

Rondibilis’s second suggestion, that Panurge might use drugs and medicinal plants to curb his sexual appetite, at first appears to be an approach more in keeping with his professional duties, since physicians would typically prescribe certain drugs and arrange a regimen for their patients. Typically, however, this would be the last stage in the consultation. Rather than examining his patient in order to determine which therapeutic measure to follow, Rondibilis brings up this option near the beginning of his interview. Because he is suggesting drug therapies without having examined his patient, he catalogues something like a complete list of drugs that curb concupiscence drawn from the two major ancient sources of natural history on healing plants: Pliny’s *Natural History* and Dioscorides’ *De Materia Medica*.

At the time of the *Tiers Livre*’s publication in the mid-sixteenth century, the inclusion of natural history in the medical curriculum was a fairly recent phenomenon. The

²⁸ “messer Priapus feut filx de Bacchus et Venus” (741).

introduction of Greek medicine into Europe effectively began in 1499 with the Aldine edition of Dioscorides' *De materia medica*, a work on the medicinal uses of plants (Vivian Nutton, *Ancient Medicine*, 7), but it wasn't until the 1540s that medical universities began regularly offering courses on natural history and planting botanical gardens in which students could study the medicinal uses of plants. Significantly, Rondelet himself, supposedly the man behind the Rondibilis character, was the first to teach such a course at Montpellier, where he began lecturing on Dioscorides in 1545 (Paula Findlen, "Natural History," 443). As a fellow professor and expert in medical knowledge, Rabelais, like Rondelet, would have been familiar with the contemporary debates over the relative utility of the ancient works on pharmaceuticals. Pliny's work had been attacked for its many errors in the well-known and controversial "Errors of Pliny" written by Niccolò Leonicensi in 1492. Rather than accepting Pliny as an ancient author to be revered almost as scripture, Leonicensi exposed the many grammatical errors and factual inconsistencies in Pliny's encyclopedic work. This critique opened up the possibility of critically engaging with ancient texts, and as a consequence Pliny's work (as well as the work of many other ancient authorities) was subjected to a great deal of scrutiny and criticism. Within the context of this re-evaluation of ancient knowledge Dioscorides was, by contrast with Pliny, praised for his relative precision and accuracy (Vivian Nutton, *Ancient Medicine*, 177).

Although Rondibilis mixes his references to Pliny and Dioscorides, the two were importantly different authors. While Dioscorides saw the study of the natural world as a means for improving our understanding of medicine, Pliny was notoriously critical of medicine. Pliny therefore felt no compunction about dismissing medicine as a potentially useful epistemology and merely taking the fruits of its learning as a means to the ends of

understanding the natural world.²⁹ This difference between the two authors' approach to medical learning, combined with the blow Pliny's writings suffered from the critique of Leonicensis and his successors, made Dioscorides the more popular and trustworthy medical authority in the university culture of mid-sixteenth-century France. Pliny wrote in a manner that would teach his readers to go out and find the herbs necessary to treat themselves,³⁰ Dioscorides wrote for a more professional audience of medical practitioners. All of these factors combined to give more weight to Dioscorides' writings on *Materia Medica*.

Rondibilis's list of possible herbal remedies, though it does reference certain aspects of the Dioscorides, follows the recommendations of Pliny more closely. Many of the remedies that he recommends would be difficult for Panurge to acquire (such as the skin of a hippopotamus), and he neglects to select a receipt that Panurge could use to begin treating his illness. Such negligence leads the reader to wonder whether Rondibilis is actually concerned to help his patient, or rather prefers merely to show that he has perfectly memorized the recommendations of Pliny. Within the context of debates over the relative merits of Pliny or Dioscorides' writings, Rondibilis would come across not only as a pedant, but also as a physician wedded to ancient dogma that had been severely critiqued and even overturned. If indeed Rabelais's Rondibilis references his friend and colleague Rondelet, the presentation of

²⁹ Pliny's rejection of medical epistemology goes so far as to reject medicine *tout court*. He instead insists on the notion that each man should be his own doctor, a belief consonant with the Renaissance valuation of the "know thyself" maxim. As we will see, Michel de Montaigne draws on Pliny's precedent for his critique of medicine in the *Essais*. See Vivian Nutton, "The Perils of Patriotism," On the debates over the relative merits of Pliny and Dioscorides, see Paula Findlen, "Natural History."

³⁰ Vivian Nutton describes Pliny's purpose with respect to medicine as a threefold project: "to warn his fellow-citizens, to encourage them to go out and hunt for herbs and simples themselves, and to offer a collection of remedies that will enable the Roman reader to treat himself, just like old Cato." "Murders and miracles" 44.

a pedantic doctor advocating outdated remedies would have constituted an important aspect of the scene's humor as an "inside joke," since it demands an audience knowledgeable in *materia medica*.

Rondibilis's next suggestion follows the same pattern, ostentatiously presenting a solution well elaborated with exempla from ancient and modern sources though devoid of attention to the particular needs of Panurge as a patient. This third possible remedy, following the "anciens Platoniques," is "labeur assidu." Rondibilis's argument that assiduous labor takes away sexual appetite is convincingly backed by references to the medically respected writings of Hippocrates and Aristotle in addition to anecdotal and mythological references to Ovid, Diogenes, Theophrastus and the sculptor Canachus of Sicyon.

The argument that assiduous labor draws energy from the sexual organs is based on Aristotle's widely known theory of generation. The theory draws on an understanding of digestion as a series of "concoctions" where the food is processed in several stages, becoming more and more refined at each step. The stomach and intestines perform the first concoction, transforming food into "chyle." From there it goes through a second concoction, where the liver transforms it to blood, and the final stage represents the most refined stage where blood joins with airy *pneuma* to create the white foamy semen. This theory was widely accepted in medical writings, and was adopted most significantly by Galen in his *On Seed*.³¹ Since sperm is not produced until the final stage of concoction, the body can arrest its creation by burning up the food in activities that stop the process of continual refinement at

³¹ For more on the trajectory of this theory of concoction in ancient writings, see James Longrigg, *Greek Medicine*, 66.

the second stage. The over-active body will use up all of the food's resources in the creation of chyle and blood, thereby creating less sperm and decreasing a person's desire to release the sperm in the sexual act. Rondibilis's argument that over-exertion would draw the body's energies away from the creation of sperm therefore appeals to a respected medical logic.

Rondibilis reveals his own incapacity as a doctor once again, however, in his insistence on constantly piling reference upon reference in order to appear more learned. In order to back up the Aristotelian argument he is making about the relationship between labor and generation, he superficially cites the famous Hippocratic text *Airs, Waters, Places*, an ancient medical work arguing that a peoples' geographical milieu contributed to the kinds of physical disorders from which they would suffer. Rondibilis refers to the work's description of the Scythians, a group of northern European origin, who suffer from a number of infirmities due to their region's climate and their lifestyle. Rondibilis, however, ignores the overall argument of the book as well as its particularities, in order to make a superficial reference that will presumably impress his audience.

Rondibilis's reference to the Scythians would have been recognizable to any Renaissance reader, as the male Scythians' problems with impotence and effeminacy were well known. The Hippocratic author describes the Scythians as the "least prolific of all peoples" (*Hippocratic Writings* 163), and attributes their low reproductive rate to a number of causes. Importantly, Rondibilis latches onto only one of the reasons the treatise gives for Scythian impotence: "being perpetually worn out with riding they are weak in the sexual act when they do have intercourse" (165). Yet in the treatise, this is only a secondary reason explaining the Scythians' infertility. The primary reason follows the line of argument that characterizes *Airs, Waters, Places*; the Scythians, because of their climate, have a

constitutional makeup that least inclines people to intercourse. The Scythians, the treatise tells us,

differ little in physique as they always eat similar food, wear the same clothes winter and summer, breathe moist thick air, drink water from snow and ice and do no hard work. The body cannot become hardened when there are such small variations in climate; the mind, too, becomes sluggish. For these reasons their bodies are heavy and fleshy, their joints are covered, they are watery and relaxed. [...] The men lack sexual desire because of the moistness of their constitutions and the softness and coldness of their bellies, a condition which least inclines men to intercourse. [...] In the case of the women, fatness and flabbiness are to blame. The womb is unable to receive the semen and they menstruate infrequently and little. The opening of the womb is sealed by fat and does not permit insemination. The women, being fat, are easily tired and their bellies are cold and soft. Under such conditions it is impossible for the Scythians to be a prolific race. (165).

Whereas the treatise attributes the Scythians' impotence to a number of factors related to diet, climate, food, habits of dress, air and overall physical makeup, Rondibilis latches onto one aspect of this argument, the fact that the Scythians ride frequently, in order to claim that Panurge could curb his sexual desire through "assiduous labor." Taken out of context, the reference creates a veneer of learning, though anyone familiar with the Hippocratic treatise would find reason to laugh at Rondibilis's reference to the fat and sluggish Scythians as a prime example of those engaged in diligent labor.

Rondibilis's pedantic citation of numerous examples combined with the fact that he tends to select in such a way as to misrepresent his sources create a joke at the expense of certain kinds of doctors who are more interested to show off their learning and education than to help their patients. The Hippocratic *Airs, Waters, Places*, which would have been a crucial text for any student of medicine, makes it clear that the horseback riding Rondibilis is counseling Panurge to take up as a remedy for his concupiscence in fact creates a number of other problems. The text states that "those who ride the most suffer most from varicose veins, pain in the hips and gout and they are the less able to perform their sexual functions" (166).

This passage implies that the specific activity of horseback riding creates a number of medical complications in addition to sexual impotence. A reader familiar with the particularities of the Hippocratic text, as anyone trained in medicine would certainly have been, might question Rondibilis's medical counsel that would advise an activity the treatise links to medical problems rather than solutions. Aside from the clearly dubious usefulness of such advice, Rondibilis (in collusion with the entire narrative structure of the *Tiers Livre*) mocks Panurge's fears of impotence represented by his obsession with cuckoldry by suggesting that he become like the notoriously impotent and effeminate Scythians.

Rondibilis's fourth possible remedy for concupiscence is "fervente estude," a recommendation that perhaps sticks most closely to medical discourse but yet again ignores the propensities of his patient. Rondibilis supports his claim that fervent study can curb sexual appetite by launching into a poetic description that encourages his audience to imagine the all-absorbing ecstasy of the philosopher/scholar, incapable of attending to anything beyond the joys of contemplation and study:

That such is the case, contemplate the form of a man concentrating on any subject of study: you will see all the arteries of his brain as taut as the string of a cross-bow in order skillfully to provide enough spirits to fill the ventricles of his common sense – that is, of his imagination, apprehension, ratiocination and judgement, memory and recall – and to flow expeditiously from one to the other through the conduits at the extremities of the *rete mirabile* (manifest in dissections) in which terminate those arteries which originate in the left ventricle of the heart and which, along their complex circuits, refine the vital spirits into animal spirits: with the result that in such a studious person you will see all his natural faculties suspended and all his external senses cease: in short, you would conclude that he no longer lives inside himself but is abstracted out of himself by ecstasy, and you would say that Socrates did not abuse the term when he said that philosophy was nothing else than practising dying. (530).³²

³² "Qu'ainsi soit, contemplez la forme d'un homme attentif à quelque estude; vous voirez en luy toutes les arteres du cerveau bendées comme la chorde d'une arbaleste pour luy fournir dextrement espritz suffisans à emplir les ventricules du sens commun, de l'imagination et apprehension, de la ratiocination et resolution, de la memoire et recordation, et agilement courir de l'un à l'autre par les conduictz manifestes en anatomie sus la fin du retz admirable,

Rondibilis's argument that fervent study decreases sexual desire draws on the pre-Socratic and Hippocratic medical theory of pangenesis for its evidence. According to the pagenetic argument, all parts of the body contribute to the generation of the seed. This theory was developed in response to the ancient "furrowed field" description of generation, where the male semen is analogous to a seed and the female womb to a furrowed field. This mode of understanding generation, called "preformationist" argued that the male provided a form of himself *in nuce* and the female only a safe place to foster the seed's growth, herself contributing nothing to its form. Aeschylus' *Eumenydes* and Euripides' *Orestes* both draw on this theory in order to defend Orestes' matricide and Aristotle also offers a version of the furrowed field model at the beginning of his *De generatione animalium*.³³ The furrowed field model offers no explanation, however, of how female offspring might be formed or why children resemble both parents. In response to this deficiency, several ancient medical texts support a theory of "pangenesis," arguing that both male and female seed are formed by drawing on all parts of the body; in coitus the two seeds mix in order to create offspring that

on quel se terminent les arteres: les quelles de la senestre armoire du coeur prenoient leur origine, et les espritz vitaulx affinoient en longs ambages, pour estre faictz animaulex, de mode que, en tel personnage studieux, vous voirez suspendues toutes les facultez naturelles, cesser tous sens exterieurs: bref, vous le jugerez n'estre en soy vivant, estre hors soy abstraict par ecstase, et direz que Socrates n'abusoit du terme, quand il disoit Philosophie n'estre aultre chose que meditation de mort." (745)

³³ The first book of the *De generatione animalium* describes the female as providing matter to be acted upon and the male as providing the source of movement or change. Galen argued that Aristotle's readers were wrong to stop here and assume that Aristotle accepted the furrowed field theory, arguing that the more important Aristotelian metaphor for generation is the way that rennet curdles milk by acting on it in an extended way but without changing any of its fundamental properties. On ancient theories of generation, see Michael Boylan, "The Galenic and Hippocratic Challenges to Aristotle's Conception Theory," and Anthony Preus, "Galen's Criticism of Aristotle's Conception Theory."

resembles both parents to varying degrees. Alcmaeon of Croton's work understood the seed to be drawn from the brain and the marrow (including the spinal marrow), an argument supported and further developed in the Hippocratic *On the Nature of Man*. The Hippocratic *On Seed* claims that seed is secreted by the entire body and, like the rest of the body, is made up of the four humors. The Hippocratic work on epilepsy, *On the Sacred Disease*, similarly uses the pangenetic argument to explain how offspring can inherit diseases and deformities.

The pangenetic argument proves useful to Rondibilis, because it provides a physiological explanation for the relationship between fervent study and concupiscence. *On Seed* claims that the seed is derived from all of the fluid in the body and is the most "potent" part of that gathered fluid. According to the treatise, the fact that the entire body feels exhausted after intercourse proves that semen comes from all parts of the body. The physiological explanation for the seed's formation imagines the seed passing through the body, collecting from all areas (including the brain) to converge in the spinal cord, which connects to every part of the body. It then moves downward through the kidneys to the testicles and out of the penis. This physiological description of pangenesis supports Rondibilis's claim that the body would produce less seed if its energies were directed to mental rather than reproductive activity. If the brain were using up the most potent of the body's productions, then the body would in turn produce less seed, making one less inclined to intercourse. Rather than moving down from brain to the loins, as described in *On Seed*, the body's resources would all be directed to the brain, which supports mental activity.

In spite of the important foundation to pangenetic theory that the Hippocratic works provide, Rondibilis's explanation of the physiology of human thought is not only drawn from the description we find in the Hippocratic *On Seed*. In addition, he uses what anyone familiar

with medical writings would have recognized as a Galenic physiology because of his reference to the controversial *rete mirabile*. Galen claims to have found in his dissections a complex network of arteries at the base of the brain. These, he argues were responsible for refining the blood and vital spirits, transforming them to “animal spirits” as they pass from the heart to the brain.³⁴ The *rete mirabile* were themselves the focus of a medical debate taking place contemporary to Rabelais’s composition of the *Tiers Livre*. Vesalius’ dissections leading to the 1543 publication of his *De humani corporis fabrica* had famously challenged a number of Galen’s anatomical and physiological claims, and one of the most important changes he proposed to the Galenic model was the rejection of the *rete mirabile*. Any physiological argument that insisted on the role of the *rete mirabile* by the *Tiers Livre*’s publication in 1552 would therefore stand out as specifically pro-Galenic within the context of this debate. This Galenic stance seems especially noticeable if we consider the fact that Rondibilis did not even need to draw on Galen in order to make his pangenetic argument, since Galen, unlike the Hippocratic authors, did not subscribe to a straightforwardly pangenetic mode of understanding generation. Instead, as is typical of Galen’s work, he took a syncretistic approach to his discussion of generation, combining the Hippocratic model with pre-Aristotelian right-left theories (that the right testicle or side of womb produced a male and the left a female), as well as the Aristotelian theories of form and matter. If Rondibilis were merely interested in presenting a pangenetic argument, he could easily have drawn on the simple Hippocratic description outlined above, merely reversing it to show that

³⁴ “Animal” is the adjective referring to *anima*, the Latin for soul. Animal spirits are thus an interesting locus of the intersection between physiological and ethereal. The *rete mirabile* were fundamental to Galenic physiology, and Vesalius’ claim that they do not in fact exist in the brain generated an important medical controversy around the time of the *Tiers Livre*’s composition and publication. See C.D. O’Malley, *Andreas Vesalius*.

the refined fluid that becomes the seed would be drawn up the vertebrae rather than down it. Introducing the Galenic model must therefore be serving him in some way.

One important difference between the Hippocratic and the Galenic descriptions of generation is that the Galenic model introduces a discussion of the materiality of the soul. Galen, like the Stoics, is concerned to argue that the soul has a material basis. This material soul, or *pneuma*, is transferred to the fetus itself in the process of generation. The *rete mirabile* were an important part of Galenic physiology because they explained the physiological transformation undergone by the cruder materials (blood and vital spirits) as they became *animal*, or part of the spirit. By referencing Galen in this way, Rondibilis brings the soul under the umbrella of medicine as a discipline, an important maneuver in the disciplinary rivalry that provides the context of Panurge's dinner party. With a theologian, a philosopher and a lawyer all present to hear the presentation of his medical advice, Rondibilis is eager to show that medicine's care for the body extends to the all-important care of the soul, thereby raising medicine above law as a discipline and placing it on a more equal footing with theology.³⁵

Oddly enough, Rondibilis couples this reference to the medical claim for the soul's materiality with a closing allusion to the most dualistic of all Platonic dialogues, the *Phaedo*. Socrates's famous conclusion that to philosophize is to meditate on and practice a form of death is part of his argument for the immortality of the soul. In the *Phaedo*, Socrates argues that the soul is immortal by claiming that it is the essence of life, and in its purest form would

³⁵ On the rivalry between medicine and the other disciplines, see Siraisi, *Medieval and Early Renaissance Medicine*, 65. See also Maclean, *Logic, Signs, and Nature*.

live eternally.³⁶ He believes that by withdrawing from the external senses as thoroughly as possible, the philosopher can strive towards a pure connection to the soul. This is the phenomenon Rondibilis references at the end of the quotation cited above, because the serious scholar who withdraws from the sensory input of the world in order to become fully engrossed in study comes as close as possible to the “out of body” experience of death where soul and body are finally separated, and the soul can thereafter live without the encumbrance of the lower body. The *Phaedo* does not describe this process in physiological terms, though, and Plato’s most dualistic dialogue separates the soul from the body without really considering how these supposedly discreet entities can belong to a seemingly whole subject. Rondibilis’s reference to the *Phaedo*’s theory of the soul in the context of a physiological explanation of “vital spirits” improbably pairs a philosophical work famous for its rejection of the body with medical theories that explain the relationship between body and soul, corporeal and ethereal.

Rondibilis, I argue, pairs these improbable arguments, as part of an effort to trump his rival interlocutors. Rondibilis, as the physician at the dinner party, has presumably been called upon to reference medical writings that would shed light on the physiological aspects of Panurge’s problem, while the theologian would reference scripture to take care of Panurge’s soul, the philosopher philosophical texts that deal with ethics and how to live, etc. Rondibilis maneuvers the rhetorical presentation of his expertise so that medicine becomes a mode of understanding not just the body, but also the soul, an aspect of human makeup typically considered the territory of theologians and ethical philosophers. I would argue that by referencing Galen’s psychological materialism and yoking that monistic materialism to

³⁶ The belief that the soul is immortal was not commonly held in Ancient Greece. See David Bostock, *Plato’s Phaedo*.

the dualistic philosophy of Plato, Rondibilis seeks to prove the superiority of medicine as a discipline that provides a mode of understanding body *and* soul.³⁷ Yet in spite of the fact that Rondibilis presents an impressively convincing argument that fervent study would reduce concupiscence, he ignores the potential hazards that fervent study poses to overall physical health,³⁸ and neglects the fact that Panurge does not come across as a particularly studious scholar.

Only at the very end of his speech does Rondibilis reach a diagnosis that even acknowledges Panurge's presence as the patient seeking a consultation. The fifth and final

³⁷ On this debate, see John P. Wright and Paul Potter ed. *Psyche and Soma*.

³⁸ Rondibilis's claims about the effects of mental activity on the physical body also conveniently avoid the dangers that this mind/body relationship could pose to the health of the scholar. Marsilio Ficino's *De Vita Libri Tres* (1489) elaborated the effects of study on the scholar's health. The most important of these was the overabundant development of black bile, the humor responsible for melancholy: "But of all learned people, those especially are oppressed by black bile, who, being sedulously devoted to the study of philosophy, recall their mind from the body and corporeal things and apply it to incorporeal things. The cause is, first, that the more difficult the work, the greater concentration of mind it requires; and the second, that the more they apply their mind to incorporeal truth, the more they are compelled to disjoin it from the body. Hence their body is often rendered as if it were half-alive and often melancholic" (115). Ficino's work outlines meticulous advice for the scholar to follow, including restrictions on diet, sleep, the best times of day to study new material or to review old material, what temperature of water to use for bathing, etc. These suggestions are meant to help balance what could become an unhealthy development of a too melancholic temperament. Rondibilis does not address the potentially unhealthy aspects of the remedies he offers, further proof that he takes no real concern for Panurge's health, but is instead interested in showing off his rhetorical skills rather than care for his patient. Other important early modern French writings on melancholy include: André du Laurens, *Discours des Maladies Melancholiques* (1597) and Jacques Ferrand *Traité de l'essence et guérison de l'amour* (1610). In England the major treatises are: Timothie Bright, *A Treatise of Melancholy* (1586); Nicholas Breton, *Melancholike Humours* (1600); Samuel Rowlands, *Democritus, or Doctor Merry-man his Medicines Against Melancholy Humours* (1607); and Robert Burton, *Anatomy of Melancholy* (1621). Scholarly works on melancholy include: Lawrence Babb, *Sanity in Bedlam*; Raymond Kilbansky, Erwin Panofsky, and Fritz Saxl, *Saturn and Melancholy*; M.A. Screech, *Montaigne and Melancholy*; Olivier Pot, *Inspiration et Mélancolie*; Winifred Shleiner, *Melancholy, Genius, and Utopia in the Renaissance*; Douglas Trevor, *The Poetics of Melancholy in Early Modern England*.

way to respond to concupiscence, he says, is to engage in sexual intercourse, with the exhortation to a proper marriage implied. Rondibilis, after four pages of rhetorically sophisticated advice delivered almost without interruption, finally offers an evaluation of the body and temperament of his patient:

‘Panurge, now, I see,’ said Rondibilis, ‘Is well-proportioned in his limbs, well-tempered in his humours, well-complexioned in his spirits, of the proper age, at the appropriate moment and with a balanced determination to get married. If he were to meet a wife of similar temperament they would beget offspring worthy of some transpontine monarchy. And the sooner the better if he wants to see them provided for.’ (531).³⁹

This analysis of Panurge’s physical condition with regards to the question of whether or not he should marry seems misplaced at the end of Rondibilis’s examination rather than at the beginning. The physician does not examine his patient and then diagnose him according to that particular examination, but instead chooses to show off his medical knowledge and rhetorical skill. And when he finally does deign to consider Panurge as an individual patient, his analysis of Panurge’s condition does not correspond to the way that the *Tiers Livre* has presented his character up until this episode. While Rondibilis gives a glowing analysis of Panurge’s age and health, just a few chapters earlier Frère Jean had teased him about how old he is getting: “Already I can see the hair greying on your head. Your beard with its shadings of grey and white and tan and black, looks to me like a *mappamundi*! [...]’Pon my thirst, my friend, when the snows are on the mountains (I mean the head and the chin) there is no great

³⁹ Je voy Panurge [...] bien proportionné en ses membres, bien temperé en ses humeurs, bien complexionné en ses espritz, en aage competent, en temps oportun, en vouloir equitable de soy marier: s’il rencontre femme de semblable temperature, ils engendront ensemble enfans dignes de quelque monarchie Transpontine. Le plus toust sera le meilleur, s’il veult veoir ses enfans pourvez.” (747).

heat in the vales of the codpiece” (516).⁴⁰ Where Rondibilis asserts that Panurge evidences a “vouloir equitable de soy marier,” the reliable judgment of Pantagruel has been that Panurge does not know himself well enough to be sure of his desire to marry, a point born out by Panurge’s indecisiveness throughout the endless consultations of the *Tiers Livre*. We therefore find in Rondibilis a negative example of the uses of medical epistemology. His overlong and often boring discourse evidences that he, like his undiagnosed patient, suffers from *philautia*. Rather than exemplifying the kind of doctor Pantagruel had anticipated, a doctor using the strategies of preventative medicine to avoid illness, Rondibilis better fits the proverb, “Doctor, cure thyself.”

Pantagruel’s Dream Interpretation: The Good doctor is a Friend

Rondibilis provides the *Tiers Livre*’s reader with an example of a doctor making poor use of his learning. He ignores his patient in order to show off his erudition, he fails to diagnose Panurge’s *philautia*, and he is only capable of seeing through the abstracted categories he has learned in his medical training, rather than adapting that learning to his particular patient. Significantly, Rondibilis is the only university-trained physician to appear in Rabelais’s oeuvre, though there are references to medicine and medical theory

⁴⁰ “Desja voy je ton poil grisoner en teste. Ta barbe, par les distinctions du gris, du blanc, tu tanné, et du noir, me semble une Mappemonde. [...] Par ma soif mon amy, quand les neiges sont es montaignes, je diz la teste et le menton, il n’y a pas grand chaleur par les valées de la braguette” (719). M.A. Screech attributes Rondibilis’s mistake to bedside manner, though it seems peculiar that Rondibilis would suddenly have a gift for proper bedside manner when he has ignored his patient until this moment (*The Rabelaisian Marriage* 86). On the the description of the body as a map in geographic terms, see Auerbach’s reading of the episode in Pantagruel’s mouth in *Mimesis*. See also Tom Conley, *An Errant Eye* on topographic metaphors in Rabelais.

throughout.⁴¹ In contrast to Rondibilis's approach to diagnosis, Pantagruel follows a methodology much closer to the Hippocratic model when he offers his skills in dream interpretation to his indecisive friend. Unlike Rondibilis, Pantagruel assembles his knowledge in a way that responds to the particularities of his friend's situation, and he adapts his learning to Panurge's customs and habits of life. The episode narrating Pantagruel's interpretation of Panurge's dream provides the reader with an example of medicine's capacity to expand and change in order to accommodate a particular patient's needs.

While it may seem strange to the modern reader to pair Rondibilis's diagnosis with Pantagruel's interpretation of his friend's dream, for a sixteenth-century audience the two episodes would have been linked. Beyond the fact that Pantagruel's description of dreams draws heavily on language taken from ancient and contemporary medical texts, dreaming and dream interpretation were absolutely integral to the system of symptomology and interpretation that Renaissance physicians inherited from the writings of Hippocrates, Herophilus, Galen and others. The Hippocratic writings list dreams among the signs to be interpreted in the process of diagnosis along with more physiological symptoms like sweats or vomit.⁴² Furthermore, Rabelais himself wrote a commentary on the Hippocratic *Prognostications*, which specifically dealt with the relationship between dream interpretation and predicting the result of an illness (Antonioli, "Rabelais et les songes"). One of the ways

⁴¹ In the major representation of diagnosis and healing, Panurge miraculously brings Epistemon back to life after his decapitation. Panurge's use of remedies like wine and magical proximity to the codpiece are hardly a representation of learned medicine, though they offer a specifically Rabelaisian kind of approach to healing. On the link between this episode and Rabelais's poetics see Andre Winandy, "Rabelais' Barrel."

⁴² Passage quoted in full above. *Epidemics*, Book I, section 23 in Hippocrates, *Hippocratic Writings*, 100.

that sixteenth-century doctors signaled their skill and gained a reputation was through their ability to predict the outcome of a sickness, including when the patient would recover or die. Interpreting a patient's dream factored into such prognostications, and a consultation with a physician (that is, a physician unlike Rondibilis, who was actually interested in examining the patient) would have involved recounting one's dreams in order that they might be interpreted for signs related to one's illness.

When Pantagruel offers to interpret a dream of Panurge's in order to reach a decision about a potential future marriage, his numerous references to medical language and his attention to Panurge's physiology locate the episode within a medical framework. Yet, unlike Rondibilis, Pantagruel does not assemble these references to dreaming and dream interpretation in order to come up with a set of abstractly categorized remedies. Instead he draws on his vast knowledge of dreams, the relationship of body to soul, the complexities of interpretation, and so on in order to relate that knowledge to Panurge's particular case. The care that Pantagruel takes to tailor the physiological preparations for dreaming to Panurge's situation and customs provides a good illustration of the difference between his approach and that of Rondibilis.

Though Pantagruel's excursus on dreams largely takes the form of a monologue, unlike Rondibilis, he leaves Panurge the space to ask questions related to his personal concerns about this strategy, and he adapts his response to those concerns. First and foremost Panurge, as is typical of his habits and customs, wants to know whether or not he will be allowed a good dinner before this night of dreaming his friend proposes: "Must I eat a lot or a little for supper this evening? I don't ask that without a cause: for if I go without a good substantial supper I get no proper sleep and have nothing at night but silly dreams, dreams as

hollow then as my belly is” (458).⁴³ Panurge is rightly concerned that this remedy might require that he skip his beloved evening meal, for Pantagruel had already pointed out that the soul dreams because it has a moment to free itself from the cares of the body, as a nurse will wander while the well-nourished and content baby she is charged to look after sleeps (457, 625). Since the animal spirits become more attached to the body in digestion, most theories on dreaming demanded that the dreamer avoid eating before bed.⁴⁴ Pantagruel at first echoes this advice: “‘No supper at all would be better for you,’ replied Pantagruel, ‘given your plumpness and your habits’” (458).⁴⁵ Because Panurge is in good health, he would be able to skip the evening meal entirely in order to ensure the best possible kind of dream.

Yet in spite of the fact that most dream theorists advocate a minor fast, Pantagruel is quick to accommodate this rule to his friend’s particular situation: “We shall not follow so extreme and strict a regime. I do indeed believe that a man stuffed with viands and awash with wine finds it hard to receive notice of matters spiritual: I am not however of the opinion of those who think that after long and stubborn fasts they can enter more deeply into a contemplation of matters celestial” (458-459).⁴⁶ Though Pantagruel at first felt that Panurge

⁴³ “Faudra il peu ou beaucoup soupper à ce soir? Je ne le demande sans cause. Car si bien et largement je ne souppe, je ne dors rien qui vaille, la nuict ne foyes que ravasser, et autant songe creux que pour lors estoit mon ventre.” (627).

⁴⁴ Rondibilis too cites the theory that the animal spirits become more attached to the body when they are drawn on for digestion or copulation. His point, however, was linked to the effects of studying rather than dreaming, and he was not careful to adapt his theory to Panurge’s situation as Pantagruel does.

⁴⁵ “Poinct soupper (respondit Pantagruel) seroit le meilleur, attendu vostre bon en point et habitude” (627).

⁴⁶ “Nous ne userons de tant extreme et rigoureuse diaete. Bien croy je l’homme replete de viands et crapule difficilement concevoir notice des choses spirituelles: ne suys toutesfois en l’opinion de ceulx qui après longs et obstinez jeunes cuydent plus avant entrer en

should follow the strict injunction to avoid all food before his dream in order to make the dream as effective as possible, he is willing to moderate this initial “diagnosis” in order to accommodate the customs and habitudes of his friend. Such advice follows the spirit of the Hippocratic approach to medicine, as evidenced by aphorisms such as, “With regard to food and drink, it is better to take something slightly less suitable but pleasing than something more suitable but less pleasing” or, “Neither a surfeit of food nor of fasting is good, nor anything else which exceeds the measure of nature” (211, 209). The medical approach advocated by such sayings demands of the doctor an ability to adapt principles rather than applying them in a Procrustean fashion. Pantagruel’s ability to respond to his “patient” show that he has understood the basic tenets of medicine better than the erudite Rondibilis.⁴⁷

The narrative also signals its valorization of Pantagruel’s medical approach in contrast with Rondibilis on the level of stylistic interest. Though Pantagruel is just as erudite as the doctor, he elaborates his knowledge in a much more captivating style. Where Rondibilis had tiresomely trotted out every detail of his five cures for concupiscence, Pantagruel exemplifies the rhetorical virtues of *copia*. Terence Cave has argued that *copia* as a rhetorical figure characterizes the Rabelaisian text, describing the figure’s appeal because of its energetic quality of “speech in action” (5). Cave argues that *copia* appeals to Rabelais

contemplation des choses celestes” (627-629). This idea is also part of the important Rabelaisian critique of theological extremism. See Marie Madeleine Fontaine, “Quaresmeprenant” for a medical reading of this critique. Antonioli in “Rabelais et les songes” relates the Quaresmeprenant episode to the recent re-affirmation of fasting at the 13 January 1547 meeting of the Council of Trent.

⁴⁷ In addition to adapting the proposed regimen for Panurge, Pantagruel also provides Panurge with a specific list of foods to eat before sleep based on their ebullient qualities that “facilement evapore es parties animales” (631), thereby creating a better physiological environment for dreaming. This specificity contrasts with Rondibilis’s exhaustive list of herbs that reduce concupiscence because the doctor never narrowed the list down to a prescribed remedy that would fit his patient’s needs.

(and other Renaissance authors) because it disrupts the traditional hierarchy of *res* and *verba*. Rather than seeing extra-linguistic reality (*res*) as primary to the verbal expression of that reality (*verba*), *copia* shows that, in fact, reality can be generated and constituted through language (19). The contrast between Rondibilis and Pantagruel aptly illustrates the difference between an approach to language that imagines *res* as a pre-existing language (thereby leading to *loquacitas*, or mere verbosity) and an approach that allows the exploratory qualities of language to create, shift and adapt changing circumstances. Pantagruel offers his auditors a richly varied and complex discourse that explores the contradictions and debates over dream interpretation. His ability to expand and elaborate upon what he knows based on the particular circumstance of the consultation illustrates the link between Rabelaisian *copia* and the good Hippocratic doctor, who can adapt the aphorism to the protean changeability of each patient's particular experience of illness.

Conclusion: Pantagruelion, *Materia Medica*, and the Breakdown of Categories

The concluding episode of the *Tiers Livre* shifts from Panurge's consultations with various savants in order to focus on a different kind of character, the wondrous herb Pantagruelion. The closing chapters describing Pantagruelion, I would argue, illustrate how the Hippocratic injunction to elaboration can transform the rigid language of categorization. The chapters open with a discourse recalling the *materia medica* tradition and its drive to name and categorize various medicinal plants. Yet the narrator transforms this stolid methodology into a demonstration of the exuberant and vivacious potential that a poetics of elaboration in the Hippocratic style can create.

As the *Tiers Livre* draws to a close, Panurge has still not reached a decision on the question of his marriage. The troupe of characters decides to set out on a journey in order to seek an answer from the oracle of the “Dive Bouteille.” Before their voyage they take care to stock their ships with all of the skilled laborers, supplies, and munitions that they might need in their travels, and among these essential provisions is a large quantity of the herb Pantagruelion. Since the reader might not be familiar with this wondrous plant, the narrator takes the four closing chapters to describe its properties and advantages.

Many critics have felt frustrated, confused, and even bored with the description of Pantagruelion that the narrator provides.⁴⁸ The text at first closely follows the style of medical herbals in its careful description of each aspect of the plant: a physical description from root to leaf, the best time of year to harvest it, its preparation and uses. The narrator then introduces the reader to a system whereby plants are categorized according to their names. The narrative flirts with the tedium of categories in this section, and as with Rondibilis’s insistence on the categories of remedy for concupiscence, the narrative insistently enumerates the different categories into which plant names can be classified: for the people who discover, invent, cultivate, and domesticate them; for the regions where they originate; for a metamorphosis that created them; for what they do or accomplish; for their unique qualities; for their resemblance to some other thing; for certain aspects of their form, etc.

Yet, having introduced these various modes of classifying plants, the narrative transitions into a rhetoric of exuberant creativity characterized by the rhetorical entrance of

⁴⁸ See Thomas Greene; Mazouer 145; and Demerson, *Humanisme et Facétie*, 237. Pantagruelion shares qualities with a number of plants. For the argument that it is hemp, see Stewart Peltó, *Rabelais, Pantagruélion & Utopia*. MA thesis (UNC, 2009).

the *copia* figure. Rather than adhering to the categories of naming that he had set up, the narrator illustrates how Pantagruelion flouts these arbitrary divisions. This clever turn recalls the Hippocratic rejection of the Cnidian sentences and that document's attempt to name and categorize all diseases. Each illness is unique to the circumstances of the patient who suffers from it, and if each name corresponds to a difference in symptoms, then the number of illnesses would be almost infinite and therefore beyond any powers of naming and categorization. The section on naming Pantagruelion follows a similar line of argument. Though at first the narrator appears to be setting up a mode of categorization, the narrative shows the impossibility of effectively inserting *Panatagruelion* into any of these categories. The plant is in fact named, the author argues for *all* of these reasons: for Pantagruel because he discovered the uses of the plant and how to cultivate it; for Pantagruel because its size is the same as Pantagruel's at his birth; for Pantagruel because the herb is harvested around his birthday; and the reasons go on. The closing chapters re-introduce epistemological categorization as a problematically limited way of understanding the world in its complexities, and the wondrous Pantagruelion provides an example of one phenomenon that marvelously exceeds the descriptive capacity of such categorical limitations.

The ways in which Pantagruelion exceeds the boundaries of naming are mirrored in the introduction of the narrative "je," who relates the qualities of the herb to his readers. Though the narrator had referenced himself here and there in the *Tiers Livre*, the closing chapters on Pantagruelion make up the only part of the book that is extensively narrated by a narrator in the first person addressing his audience as "vous." This appearance of the narrative "je" is significant in the *Tiers Livre*, since the book marks the first publication where the title page announces "François Rabelais, docteur en Medecine" as the author. The

two previous books had borne the name of his anagrammatical pen name Alcofribas Nasier, “Abstracteur de quinte essence.” The book’s opening with a “real” name, the doctor identifying himself to his readers, closes with the lively exuberance of a charlatan hawking his cure-all herb, by showing that naming is not a strategy for pinning down and defining, but rather for opening up the healing potential of *copia*.

CHAPTER 3

THE SUBTLE SELF: CARDANO'S REVISION OF ARISTOTLE THROUGH AUTOBIOGRAPHY

For Rabelais, dedication to the particularity of each patient's illness required an outright rejection of the Aristotelianism, which he viewed as limiting and pedantic in contrast to the Hippocratic model. He devoted his scholarly energies and Hellenistic training to recuperating a more accurate version of the Hippocratic corpus, while rejecting the Aristotelian models of inquiry that had dominated the medieval scholastic university. His near-contemporary, Italian doctor and professor of medicine Girolamo Cardano (1501-1574), was similarly concerned to avoid the Procrustean bed of categorical diagnosis. Cardano's solution, however, was very different from Rabelais' mockery of the diagnostic limitations he saw in the non-Hippocratic model. Where Rabelais developed a solution to this problem through a linguistic *copia* that mirrored the medical practice of acknowledging proliferating signs, Cardano's linguistic solution was to adopt a more digressive style. Significantly, though Cardano did not hesitate to critique the Aristotelian system, he nevertheless maintained a certain allegiance to the great philosopher in his writings. Rather than reject Aristotle outright, Cardano embarked on an extensive project to re-imagine many of the methodological tenets of Aristotelianism. Perhaps most important among these reformulations was Cardano's development of the concept of *subtilitas* as a mode of

deemphasizing the focus on causality that drives much Aristotelian logic. Rather than insist on a proper order of philosophical inquiry that would group phenomena according to final cause, Cardano's style allows for digression and gives special prominence to the idiosyncratic and the peculiar.

Cardano explains the importance of thinking outside of the limits of Aristotelian philosophy in the opening pages of his treatise, *De subtilitate, libri XXI*. The work was first published in 1550 at the height of Cardano's international fame as a successful physician, astrologer, and mathematician. In it, he takes on the difficult task of exploring what he calls *subtilitas*: "My purpose in writing this work is to expound the significance of *subtilitas*. Now *subtilitas* is a certain intellectual process whereby sensible things are perceived with the senses and intelligible things are comprehended by the intellect, but with difficulty."¹

Cardano warns his reader from the opening lines of the book that describing the subtle often means abandoning the dominant Aristotelian model of inquiry, where causes must be discovered before describing their potential effects. In Aristotle's *oeuvre*, the search for cause-effect relationships is often the philosopher's most important job, because it answers the key teleological question: why does this thing exist and function as it does in the world? For Cardano, however, these questions are not always answerable. What is more, the exclusively teleological focus of Aristotelian inquiry leaves the philosopher without a method for understanding a vast number of phenomena that do not necessarily have a clear cause and effect relationship. Instead of restricting inquiry to clear causal relationships,

¹ Girolamo Cardano, *The First Book of Jerome Cardan's De Subtilitate*, 75. "Propositum nostri negotii in hoc Opere est, de Subtilitate tractare. Est autem subtilitas ratio quaedam, qua sensibilia à sensibus, intelligibilia ab intellectu, difficilè comprehenduntur." Hieronymus Cardanus, *Opera Omnia*, vol. 3/testi/opera, 357.

subtilitas allows the author to explore the contradictions, paradoxes, and mysteries that he can locate, even though they are difficult to explain.

Cardano asserts that he is justified in suggesting emendations and corrections to Aristotelian philosophy despite the imposing hold that the philosopher had over fundamental aspects of intellectual training in the early modern period. At the beginning of the second book of *De subtilitate* Cardano points out that, though he personally has a great deal of respect for Aristotle's work, the reader of *De subtilitate* must nevertheless admit that even the great ancient philosophers were subject to the fallibilities of being human. It is clear, for example, that Aristotle made practical mistakes in his work: "Therefore, I return to Aristotle, he was a man, and he went astray in dissection and in many [other] particulars."² In simply pointing out that Aristotle was mortal and subject to error like anyone else, Cardano suggests the importance of approaching the work of the ancients with a critical eye. The fact that the revered ancient writings of Greece and Rome contained a number of mistakes and gaps was abundantly clear to Cardano and to his contemporaries. Cardano takes advantage of this widely known fact to create the space for interpreting the world in ways that could extend beyond the restrictive parameters of Aristotelian natural philosophy. He asserts that the ancients did not intend for their writings to stand as incontrovertibly authoritative. In fact, he points out, Aristotle was himself revisiting the work of his predecessor Plato and making fundamental changes to the Platonic philosophy that he had studied.³ Similarly, the new

² "Ergo ut ad Aristotelem deveniam, homo ille fuit, & in dissectione, ac singularibus in multis aberravit." (373).

³ "Quinetiam illo posteriores & Theophrastus, & Galenus plura perperam scripsere: itque si licuit illi Platonem ob veritatem relinquere, cur etiam ob eandem illum nobis deferere non licebit? Propositiones quasdam conatus est generals astruere, quas experimentum falsas esse docet: ut quod nullum animal bene oleat, quodque grave non possit, utrinque prominere,

generation of scholars should also feel empowered to adapt, challenge, and change the work of the ancients for the sake of working to arrive at the truth.

Cardano considered *De subtilitate* an engagement with this process of intellectual history. In claiming that philosophical precepts and methodologies are neither eternal nor infallible, he creates the space necessary to insert his own ideas and observations into a discourse dominated by Aristotelian concerns. Cardano's confidence in the potential for his individual contribution to this discourse is crucial, I argue, to his lifelong fascination with autobiography. Aside from the many references to his personal experience that we find throughout his medical and proto-scientific writings, Cardano also published in the genre of autobibliography and at the end of his life wrote a posthumously published autobiography. His continual interest in studying himself and interpreting the various events of his life relates to his interest in the particularity and eccentricity that are key qualities of the subtle.

Subtilitas, as Cardano points out, is characterized by difficulty. Things that are difficult to perceive and understand are, by extension, difficult to discuss and write about, and the process of recognizing and discussing such phenomena itself requires exceptional faculties of perception and intellect. In the opening chapter of *De subtilitate*, Cardano implies that he is among a special elite group of scholars gifted with such faculties. He emphasizes the difficulty of his subject matter by repeating the many ways in which it is difficult to pin down and discuss.⁴ As opposed to the Aristotelian emphasis on sweeping categorization and definitions that group similar beings together, *subtilitas* demands an attention to the

atque ideo terra non ex utraque parte aquis promineat, quae tamen experimento falsa esse depraeheruntur.” (373).

⁴ He claims that discussing things characterized by their *subtilitas* is “magnum negotium” (a great labor) and “difficillimus” (very difficult). The subtle is “obscurissimum” and therefore poses great difficulties for one undertaking to discuss it (357).

particularities and odd features that set beings, phenomena, and individuals apart from their respective groupings. This focus on particularity parallels Cardano's interest in his own eccentricities and links his autobiographical writings with his emphasis on his personal qualifications for discussing *subtilitas*. *De subtilitate*'s use of digression to challenge and rework Aristotelian modes of categorizing knowledge recalls Cardano's focus on the eccentric in his own life and suggests a relationship between personal narrative and the challenge to Aristotelian inquiry.

Aristotelian Logic and the History of Anatomy

De subtilitate argues that the presence of *subtilitas* in the world demands a new approach to philosophical inquiry that re-works the teleological method characterizing Aristotelianism. In the *Parts of Animals*, Aristotle aims to develop a methodology that will be useful for the natural philosopher: "the following question about how one is to carry out an examination should not be overlooked - I mean the question of whether one should study things in common according to kind first, and then later their distinctive characteristics, or whether one should study them one by one straight away" (2, *PA* 639b3-5). In other words, should an investigation begin with categories into which observed phenomena can be placed, or should the investigation begin with the individuality and particularity of each phenomenon? Aristotle concludes that observation of particulars must precede categorization, while still holding the creation of classificatory systems as an ultimate goal. The philosopher bridges the gap between the observation of particulars and their classification by employing a cause-effect methodology. In order to understand, for example, why some animals have a backbone, it is necessary to understand the purpose of the

backbone, what Aristotle would call its final cause. He thus specifies that the backbone must accommodate the dual purpose of maintaining the length and straightness of the animal while also allowing the animal to move its body. Therefore, the structure of the backbone, which is both continuous and made of many parts, permits it to perform the dual function of keeping the animal straight while also allowing the body to move and bend (2, *PA* 654b10-20). The combination of these two final causes, in other words the teleological purpose of the backbone, explains why it is made up of individual vertebrae that form a cohesive whole while also allowing for a range of motion. Having understood the final cause of the backbone allows the natural philosopher not only to account for its structure, but also to set up a classificatory system that separates the many particular animals that have a backbone from the many particular animals that do not. This intimate relationship between teleological explanation and classification requires a methodological approach in which understanding cause-effect relationships is a fundamental step in the process of classification.⁵

Aristotle's rigorous attention to logic and classification had a longstanding effect on the development and organization of scientific knowledge. As far as the study of the human body is concerned, this influence is evident in the signal medical writings of Galen.⁶ His treatise "That the Best Doctor Is Also a Philosopher," argues that part of medical training should include a study of logic which, Galen argues, can be deduced from the pre-Aristotelian

⁵ See Gotthelf and Lennox. This volume provides a varied and extensive investigation into the particular relationships between Aristotle's proto-scientific writings and his metaphysical claims. G.E.R. Lloyd has convincingly argued that Aristotle was not the paragon of systematic thought that he is often represented as being. See *Aristotelian Explorations*. Aristotle's work was, however, received both as an argument for systematic thought and as a model of such thinking.

⁶ Aristotelian philosophy also influenced the early Hellenistic physicians before Galen. See Von Staden, "Teleology and Mechanism."

writings of Hippocrates. The treatise states, “Hippocrates also pointed out that an inability to distinguish diseases by species and genus leads to the failure of the doctor in his therapeutic aims; his attempt was to encourage us to train ourselves in logical theory.” Galen attributes the development of logical theory in medicine to Hippocrates here, but the logical theory that leads to establishing species and genus of a disease derives from Aristotelian philosophy, not the Hippocratic corpus.⁷ It was Aristotle who established the strategies of logical inquiry that Galen attributes to Hippocrates in his claim that a good physician needs philosophical training in order to examine the body and diagnose its illnesses. Galen passionately argues that a good physician must study philosophy, and more specifically logical philosophy, in order to understand the classificatory guidelines of recognizing and organizing symptoms for proper diagnosis. Furthermore, Galen argues that such study in turn improves character, promoting the development of qualities such as justice and temperance (*Selected Works*, 34). Finally, and perhaps most importantly for Galen, proper use of logic allows the physician to understand the work of his predecessors quickly and effectively, so that he can move on to the work of expanding and enlarging upon that foundation of knowledge: “And, if we practice philosophy, there is nothing to prevent us, not only from reaching a similar attainment [to Hippocrates], but even from becoming better than him. For it is open to us to learn everything which he gave us a good account of, and then to find out the rest for ourselves” (34). According to Galen, logic is fundamental both to the study of established medical doctrine and to the development of new knowledge, and the logic that he describes derives from Aristotelian method.

⁷ Galen, *Selected Works*, 30. On Galen’s use of classification, see Johnston, *Galen on Diseases and Symptoms*, as well as Siegel, *Galen’s System of Physiology and Medicine*. On some links between Galen’s philosophy and Aristotle in early modern medicine, see Wear, *Knowledge and Practice*, 131.

For Galen, and for the early modern physicians who continued his project, the study of anatomy was an important site for expanding on the writings of his medical predecessors, such as Hippocrates. Galen's commitment to the organizational schema derived from Aristotelian logic is especially evident in his anatomical studies. In terms of his own training, Galen was influenced by a number of schools of philosophy, and never considered himself a strict Aristotelian. He does, however, reference Aristotelian philosophy throughout his work, and many of his close friends, patients, and colleagues considered themselves adherents to the Peripatetic school. The historical circumstances that Galen describes in the many autobiographical moments we find throughout his writings illustrate that he was continually surrounded by a group of fellow enthusiasts for anatomy who were also affiliated with Peripatetic philosophy, and it is often at the encouragement of these Aristotelian friends that Galen writes his anatomical works.

Galen's *On Anatomical Procedures* provides an important example of the influence Aristotelian philosophy had on his work. Around 177 A.D., Galen gave a series of lectures on anatomy that were compiled and published as, *On Anatomical Procedures*. In the beginning of the work, Galen adds a preface detailing the circumstances that led him to compile these notes for publication. He tells a story of friendship between himself and Flavius Boëthus, a prominent Roman citizen who served as a consul and was also appointed governor of Palestine. It was Boëthus who introduced Galen to the Roman court and secured him his most famous patient, the emperor Marcus Aurelius. Boëthus was also a well-known Peripatetic, and he was among several Roman citizens who considered themselves followers of Aristotle and urged Galen to perform dissections and vivisections that would enhance their knowledge of natural philosophy in the Aristotelian tradition. The product of these

demonstrations fairly early on in Galen's career was a set of preliminary notes on anatomical procedures in two books that were lost in a fire after the death of Boëthus. In consequence, Galen decides to collect his previous notes and add to them his new observations; *On Anatomical Procedures* was the result of this labor.

The genealogy of Galen's anatomical writings illustrates the links that his work had with Aristotelian philosophy, though many other rival schools of philosophy, such as Platonism, Stoicism, and Epicureanism, influenced his thought as well. The spur to investigating anatomy, however, he largely attributes to his contemporaries who studied Aristotle, not only Boëthus but also Alexander of Damascus, who was probably the first imperial chair of Aristotelian philosophy at Athens appointed by the emperor Marcus Aurelius,⁸ as well as Eudemus the Peripatetic. The earliest audience for the dissections leading up to *On Anatomical Procedures* was a group deeply influenced by the methodology and logic that characterized Aristotelian philosophy. This Aristotelian context for Galen's work influences his writing on anatomy, and especially the hierarchical schema that he establishes for discussing the order of the body.

Another of Galen's important anatomical works, *On the Usefulness of the Parts of the Body* illustrates the profound influence that Aristotelian teleology had on Galen's anatomical investigations. In this work, the Aristotelian claim that "every instrument is for the sake of something, and each of the parts of the body is for the sake of something" (2, *PA* 645b15-16) determines Galen's investigative methodology. The entire book explains the human body by providing answers to the key Aristotelian question that Cardano would later find unanswerable: why does this thing exist and function as it does in the world? Galen

⁸ Falcon, "Commentators on Aristotle."

describes each part of the body by explaining its final purpose or teleology, and using that explanation to guide the classificatory schema for his exploration of the body. According to this logic, if the bones share a final purpose of providing a structure and foundation for the body, then Galen groups them together for discussion and explanation. Aristotelian methodology creates the orderly organizational structure that Galen held as a goal in his anatomical writings.

Cardano and Sixteenth-Century Anatomy

In the period when Cardano was writing the majority of his *oeuvre*, new developments in anatomy and physiology were challenging certain aspects of the Galenic interpretations of anatomy that had dominated the medical world for hundreds of years. Cardano, who considered himself first and foremost a physician despite his proficiency in many areas of study, was familiar with these debates, controversies, and publications. In his autobiographical writings, he consistently touts his skills in medicine, including his expertise in anatomy. Throughout most of his life he lived and worked in northern Italy near the Paduan medical university where many of the greatest physicians and anatomists of the time studied and taught. In terms of his own scholarship, Cardano was familiar with the history of anatomical study from the canonical medical writings of ancient Greece, to the medieval treatises of the Arabic and European traditions, while also maintaining familiarity with the more recently published works of his contemporaries. In the course of his long career as a writer, Cardano published an *oeuvre* that is almost overwhelming. His works, which were collected for an *Opera Omnia* edition printed in the seventeenth century, comprise ten folio

volumes of several hundred pages each, and almost half of these numerous publications could be classified as medical.

Despite his impressive output of medical writings and his professional interest in anatomy, Cardano never considered himself a specialist at the practice of dissection, and his works do not include an anatomical treatise. He was writing at a time when it was just becoming acceptable for learned physicians to touch the body, and hands on dissection was a relatively new part of medical training. He did, however, consider himself an expert on the procedures that guided dissection as they were passed down from antiquity. In his autobiography *De vita propriis*, written in the last years of his life and first published in 1643, he recounts with pride an anecdote in which he amazes the audience of an anatomical dissection with his knowledge of the Greek text that is guiding the demonstration. This story, which takes place at the university in Bologna, describes the typical pre-Vesalian anatomy lesson guided by the authoritative text rather than the cadaver.⁹ The professor of medicine, an eminent anatomist named Fracanziano, presides. Rather than perform the dissection himself, he lectures primarily from his memory of Galen. This faithfully memorized text guides the activity of dissection, most likely performed by an anonymous surgeon. In a discussion of the stomach, Fracanziano gives a citation from the Greek, at which point Cardano speaks up to assert that he has left out the negative particle *où* in his quotation. When the presiding professor brings out the text to check Cardano's correction, the text proves that the citation was in fact as Cardano remembered it. Cardano recounts with satisfaction how his perfect

⁹ Andrea Carlino provides a compelling history of the changes in Anatomical teaching before and after Vesalius. The style described by Cardano, where the authoritative text holds more importance than the cadaver being dissected, is known as the 'quodlibertarian model,' which Carlino discusses in detail in his first chapter. For an account that is specific to the changing attitudes towards Galen in medicine more generally, see Temkin, *Galenism*.

knowledge amazed both Fracanziano and all of the students in attendance: “He was silenced, amazed, and filled with admiration; the students, who had literally dragged me forcibly to the place, marveled even more.”¹⁰ Cardano prizes his knowledge of the study of anatomy so highly that his ability to show such learning off to a crowd becomes an important moment in the image of himself he hopes to leave with others, from those in attendance at the anatomy lesson to the future audience of his autobiographical writings. He even goes so far as to claim that the embarrassment caused by this incident led Fracanziano to avoid meeting him in public, and that the distinguished professor eventually resigned because of the humiliation of having been publicly proven wrong.

Cardano also put his anatomical knowledge to practical use as a physician in post-mortem autopsies. He considered himself especially skilled at this newly popularized procedure, which usually involved an aristocratic patient who had been attended by multiple doctors at the moment of his or her death. Each of these attending physicians would have a hypothesis as to where the seat of disease had been located, and this theory would have guided the prescribed remedies. The ceremony of opening the body after death was a central moment in the competition among these doctors, for the location of the disease could either vindicate the physician in his theories about the illness and his prescribed remedies or, on the

¹⁰ Cardano, *The Book of My Life*, 45. The entire anecdote, summarized with select quotation above, is recounted thus in Cardano’s original: Alterum Bononiae cum Fracanziano primo professore in praxi Medicae artis: cum venisset in contentionem de meatu fellis ad ventriculum, & recitasset Graecè coram tota Academia (dissectio enim Anatomica exercebatur) dixi deficit où tum ille non profectò, cum ego quietius affirmarem, exclamant discipuli, mittatur pro Codice: mittit ille laetus, statim affertur, legit, invenit ut dixeram ad unguem, si luit, obstupuit, admirabatur, sed magis etiam discipuli, qui eo me per vim traxerant, ex illa die, adeò congressum meum fugiebat, ut monueri’t famulos, ut me venientem ostenderent, atque ita devitabat ne in via occurreret. Cumque semel per dolum assidenti Anatomiae superinduxissent, aufugit, & togae implicitus pronus cecidit, ex quo omnes qui aderant obstupebant, & ipse paulo post discessit, cum esset conductus ad plures annos.’ Cardanus, *Opera Omnia*, vol. 1, 10.

other hand, it could prove a source of embarrassment if those theories were not confirmed by the location of putrefaction in the body. At many points throughout his works, Cardano recounts with pride the number of times that he was proved correct in his identification of the disease and the cause of death when the autopsy was performed. An avid gambler, he even boasts that he was able to make money by betting his rivals that his prediction would be proved on opening the body. In his autobiography, he recounts a number of such successes, posing rhetorical questions to his reader as though these stories would be famous enough to precede him: “very many, openly eager at first to be able to prove that I had been mistaken, had dissected bodies, as that of Senator Orsi, of Doctor Pellegrini, and of Giorgio Ghisleri. In the last case, does not my prediction that the source of the ailment would be in the liver seem astonishing, when the urine was in no way affected?”¹¹ As in his story of triumph of the anatomical lectures of Fracanziano, Cardano boasts that his predictions were so unfailingly proven by autopsy, that his rivals began to keep their cases secret from him and henceforward avoided accepting his challenge. Finally, in at least one significant instance, Cardano himself performed an autopsy on his friend Gianbattista Pellegrini. Just one day after Pellegrini died, Cardano conducted the autopsy and wrote a lengthy description of the course of his friend’s illness and what he discovered upon opening the body after his death.¹²

In addition to proving his capacities as a physician and his loyalties as a friend, the work

¹¹ Cardano, *The Book of My Life*, 58. ‘Itaque cum plurimi apertè primùm sperantes me arguere posse, quod aberrassem, corpora dissecuissent, ut Senatoris Ursi, Doctoris Peregrini, Georgii Ghisleri: In quo illud visum est admirabile praedixisse me morbum fore in iecore, cum urinae essent optimae?’ Cardanus, *Opera Omnia*, vol. 1, 33.

¹² A captivating account of this autopsy is provided in Siraisi, *The Clock and the Mirror*, 116-117.

highlighted Cardano's ability to conduct a dissection even though the occasions when he was directly involved in such dissections were rare.

At the time when Cardano was practicing medicine and writing, the most famous among anatomical publications was the 1543 publication of the *De corporis humani fabrica* by his younger contemporary, Andreas Vesalius (1514-1564). Cardano knew Vesalius personally and was proud of this acquaintance. He reports in his autobiography that Vesalius had been instrumental in procuring a professional offer that would have allowed Cardano to serve as the personal physician to the King of Denmark. Though Cardano declines this offer because he does not want to move to a colder climate and risk persecution as a Catholic, he nevertheless deems the event significant in his life, as it is included in the "Brief Narrative" that begins his autobiography.¹³ In a different chapter of his autobiography entitled "Concerning my friends and Patrons," Cardano specifically mentions Vesalius as one of only two "highly esteemed" professional associates, and he describes Vesalius as "the foremost exponent of his day of the science of anatomy."¹⁴ Cardano's admiration for Vesalius is evident in his inclusion of the famous anatomist in his list of one hundred notable people for

¹³ Cardano, *The Book of My Life*, 16. The anecdote is included in his chapter, "Vitae ab initio usque ad praesentem diem (finem scilicet Octobris, an. 1575.) enarratio brevis." He recounts the story thus: "Sed post aestatem redii ad profitendi munus, & sequenti anno instante Andrea Vesaelio viro clarissimo, & amico nostro, oblata est conditio D. ccc. Coronatorum in singulos annos à Rege Daniae, quam recipere nolui cùm etiam victus impensam suppeditaret, non solum ob regionis intemperiem, sed quod alio sacrorum modo consuevissent: ut vel ibi malè acceptus futurus essem, vel patriam legem meam maiorùmque relinquere coactus." Cardanus, *Opera Omnia*, vol. 1, 4. This event is also described in terms of Vesalius's biography in O'Malley, *Andreas Vesalius of Brussels*, 234.

¹⁴ Cardano, *The Book of My Life*, 58. "Ex Professoribus Franciscum Vicomercatum Mediolanensem Philosophum, & suspexi Andream Vesalium in Anatomica arte primarium." Cardanus, *Opera Omnia*, vol. 1, 12.

whom he gives a horoscope in the 1547 publication of the *Liber de exemplis centum geniturarum*.¹⁵

Vesalius is most famous in the history of anatomy for his anatomical treatise *On the Fabric of the Human Body* in which he attacks Galenic anatomy. In the dedicatory epistle to King Charles V, he justifies his critique of Galen on the grounds that his work was based on the dissection of apes and not humans: “I am quite certain [...] that he himself [Galen] had never cut open a human body and furthermore that, deceived by his apes (although he did chance upon two human skeletons) he frequently and quite wrongly finds fault with the ancient physicians who actually did their training by dissecting human material.”¹⁶ Since Galen’s treatises comprised the major classical precedent to studies in anatomy and physiology, Vesalius’s seemingly harsh description of Galen as an inept anatomist, “deceived by his apes,” set off a debate in the medical academies where many important professors of anatomy took offense at Vesalius’s dismissal of Galen, and refused to believe that new discoveries could upset the authority of the classical master. The most famous of these debates took place between Vesalius and his former teacher at Paris, Jacobus Sylvius (Jacques Dubois). Sylvius openly attacked Vesalius, insisting on the accuracy of Galen’s writings, and Vesalius responded with a public letter in defense of his discoveries.

¹⁵ Cardanus, *De exemplis centum geniturarum*. In *Opera Omnia*, vol. 5. 500. For a discussion of this horoscope, see Siraisi, *The Clock and the Mirror*, 107 ff. For a translation of the full text of Cardano’s horoscope for Vesalius, see Cushing, *A Bio-Bibliography of Andreas Vesalius*.

¹⁶ Vesalius, *On the Fabric*, lii-liv. The original reads, “nobis modò ex renata dissectionis arte, diligentique Galeni librorum praelectione, & in plerisque locis eorundem non poenitenda restitutione constet, nun quam ipsum reseuisse corpus humanum: at verò fuis deceptum simiis (licet duo ipsi arida hominum cadaver occurrerint) crebro ueteres medicos in hominum consectionibus se exercentes immeritò arguere.” Vesalius, *De humani corporis fabrica*, 3.

Presenting Vesalian anatomy as simply anti-Galenic, however, risks ignoring the fact that Vesalius maintained an allegiance to the works of Galen in other aspects of his anatomical research. Most significantly for this discussion of classification, Vesalius followed Galen's methodology, drawn from Aristotelian philosophy, of ordering the study of the body according to the uses of the individual parts. By using Galen's teleological approach, Vesalius was in fact recuperating elements of Galenic anatomy that had been lost in the medieval period.

In the many years between Galen's writings and the fourteenth century, most physicians and medical practitioners neglected the study of anatomy. Though Galen's texts were assiduously translated, copied, and studied in the Arab world, few of these scholars conducted any new research.¹⁷ It was not until the dissections carried out by Mondino de' Luzzi around 1318 in the university at Bologna that students of medicine recommenced the use of dissection to study anatomy and physiology.¹⁸ Mondino published a textbook of anatomy drawn from his dissections but, significantly, he did not follow the classificatory system of Galen. Despite the profound influence of Galen on Mondino, he opted to follow a different order of dissection and therefore description of the body. Where Galen had created an order based on a hierarchy of purpose, Mondino's ordering prioritized practical necessities rather than philosophical dicta. He began with the areas most prone to quick decomposition, namely the stomach and the viscera, and ended with the bones, part of the body that one would arrive at last when proceeding from the outside in.

¹⁷ Nutton cites Abd-al Latif al-Baghdadi (d. 1231), whose osteological research constitutes the major exception. Nutton, "Introduction."

¹⁸ For a history of this group of anatomists, see Siraisi, *Taddeo Alderotti and His Pupils*.

Vesalius's decision to follow Galen's philosophical model in the ordering of his discussion of the body signals a respect for Galen's attention to methodology, despite *De Fabrica*'s harsh critique of Galen's lack of experience with human dissection. In fact, Vesalius justifies his assiduous observation of Galen's mistakes by pointing out that Galen often critiqued his own writings and changed or modified earlier statements in his later works.¹⁹ Even as he critiques his important predecessor for making claims about the human body while dissecting animals, Vesalius suggests (albeit not very humbly) that he is in fact continuing a project that Galen had begun and in a similar spirit of inquiry and pursuit of knowledge.

Vesalius's debt to Galen is, as I have already suggested, largely evident in his arguments for the purposefulness of each anatomical structure under discussion. This focus on purpose in turn implies a proper order to be followed in anatomical study. He expresses admiration for Galen's decision to emphasize this organizational structure of the body in his treatise rather than follow the more practically convenient procedure, such as the one used by Mondino. Importantly, this attention to Aristotelian teleology does not necessarily demand adherence to Aristotelian conclusions about the body. For example, Aristotle insists that the heart is the primary organ and the seat of intelligence, while Galen disputes this point and argues, with Plato, that the head and brain are more important. And yet, in his discussion of the head in *On the Usefulness of Parts*, Galen makes this argument through an Aristotelian focus on the final purpose of the head, namely, to hold the eyes. In Galen's opinion, the eyes are the major sensory receptor that could not be located anywhere else on the body, since their primary purpose is to see as accurately and as far away as possible. Whereas other

¹⁹ Vesalius, *On the Fabric*, lii. Vesalius, *De humani corporis fabrica*, 3.

animals have their mouths or ears located in various places, the eyes are always as high up as possible, as evidenced by the fact that some creatures without heads have their eyes at the end of antennae.²⁰ The human head must therefore be formed for the sake of the eyes. The brain, in turn, is also formed for the sake of the eyes, and he concludes the discussion of the head and the sense organs arguing, “For the encephalon seems to have been placed in the head because of the eyes, and the other sense instruments to have been placed there because of the encephalon.”²¹ Though Galen clearly prioritizes the head, and specifically the organs of sight, over Aristotle’s insistence on the heart’s importance, he nevertheless employs Aristotle’s teleological methodology when making his argument for a different understanding of the body.

Vesalius’s discussion of the head follows the Galenic precedent, prioritizing the head over the heart while maintaining an attention to Aristotelian cause-effect logic. The fifth chapter of the first book, “Why The Head is so Shaped; The Number of Different Shapes,” unreservedly agrees with Galen’s claim that the head and the brain were both formed for the sake of the eyes.²² Moreover, his citation of Galen’s argument is rather brief and passes over the nuances of several pages of logical development that led Galen to his final conclusion.

²⁰ Galen, *On the Usefulness of the Parts of the Body*, 457.

²¹ Galen, *On the Usefulness of the Parts of the Body*, 460.

²² Vesalius, *On The Fabric of the Human Body*, 46. The chapter is titled, “Capitis structurae ratio, quotque, eiusdem figurae.” The passage on Galen reads: ‘Humanum caput oculorum gratia efformari, cancrorum, scarabeorum, & quorundam quae capite destituuntur animalium oculos manifestò commonstrare, Galenus docuit. His fiquidem oculi super processus praelongos locantur, neque imi, quemadmodum os, nasus, & aures in pectore ipsis conduntur. Oculos enim alta eguisse sede, attestantur hostium incursus latronumque speculatores, qui muros, montes & altas tures eodem usu ascendunt, quo nautae navium antemnas, terram ocyus, quàm qui subsunt in navi, conspecturi.’ Vesalius, *De fabrica*, 18.

Vesalius's casual reference to Galen as an authoritative predecessor whom he can quickly point to and move on from offers a sharp contrast to his previous reference to the anatomist "deceived by his apes." The positive reference to Galen illustrates that Vesalius valued Galen's use of Aristotelian logic to explain the purpose of each part of the human body, despite his harsh critique of Galen's mistakes in deducing information about human bodies from other animals.

Though he is most famous for revolutionizing the study of anatomy and sparking debates over the accuracy of Galen's claims, Vesalius nevertheless maintained the focus on Aristotelian methodology that had guided Galen's dissections. Such teleological explanations of the body continued to dominate anatomical discussion throughout early modern Europe, even among anatomists influenced by Vesalius's challenges to Galenic authority. One such anatomist, French physician Charles Estienne of the famous Parisian publishing house, published an elaborate anatomical treatise, *On the dissection of the parts of the human body* (Latin edition, 1545; French 1546). Estienne was so inspired by Vesalius's strategy of combining detailed discussion of the body with rich illustrations that he followed a similar strategy in his work which draws on the work of *De Fabrica*.²³ Following the Galenic emphasis on the use of each part of the body in order to describe its teleological purpose, Estienne includes the study of the body's cause and effect relations in his definition of anatomy. The anatomist therefore not only examines and describes the various parts of the

²³ There is some evidence that Vesalius was not flattered by this imitation. See Cushing. He proposes that Vesalius's reference to a 'Paris offender' who stole his anatomical drawings might be a reference to Estienne. The family Estienne was also known as Stephanus, a famous family of printers, which for three generations had rivaled the Aldine press in Venice. Cushing points out that Vesalius had spoken slightly of Parisian anatomists and printers by the name Stephanus.

body, but he also uses that knowledge to make claims about the purpose or usefulness of each part of the body. Taking up the very same Galenic example that Vesalius cites in the opening of his *De Fabrica*, Estienne references the eye and its teleological purpose to allow vision. The various structures, nerves, and “humors” of the eye contribute to this final purpose, allowing humans to see. The purposefulness of the eye provides the opening, exemplary model that guides the discussion of the human body throughout the book.

In his proem to the first book, Estienne refers to the Aristotelian argument that the purposefulness of the body confirms the perfect logic of a divine maker, an argument that Galen thoroughly explores in *On the Usefulness of the Parts of the Body*. Estienne, like many early modern anatomists, takes up this argument by adapting it to a highly Christianized interpretation. The study of anatomy, he argues, has both practical and spiritual uses; it not only improves our ability to treat the body when it is not working properly, but dissection also illustrates the impressive power of the Christian God. Estienne thus claims a special place for “the contemplation of man,” and argues that the study of this “unique artifice and work allows us to understand the incredible power of our immortal God.”²⁴ Though Aristotelian philosophy did not argue for a divine creator intentionally assigning each element of the world a purpose, his philosophy nevertheless lends itself to this theological interpretation. Estienne was not alone in adapting Aristotle thus, as Christian thinkers who had read and interpreted Aristotelian philosophy since the medieval period adjusted it to their cosmology by envisioning a purposeful deity directing the final outcome of each naturally occurring phenomenon. Aristotelian logic corresponded to a basic tenet of Christian

²⁴ Estienne, *La dissection*, from the Huntington LACMA collection, #621850, 2. My translation. The French reads: “A nous, entre aultres choses, a semble meilleure la contemplation de l'homme: duquel le singulier artifice & ouvrage, nous donne a congnoistre l'incredible puissance de nostre Dieu immortel.”

cosmology, which argued that the world could be explained by the purposive motivation of divine providence. The link between Aristotelian logic and a Christian understanding of the world illustrates the extensive influence that such modes of thought had on everything from medicine to theology.

The Logic of Digression

Following Galen's example, both Vesalius and Estienne organize their discussions of the human body according to the shared purposefulness of the various parts. Both anatomists begin with a discussion of the bones, and both use the argument that the bones serve as a foundation for the body to rationalize their chosen starting point. Just as the process of building requires that one begin with the foundation that would support the house, so must the anatomist begin with a discussion of the bones, since their purpose is to support the rest of the human body. This approach seems counterintuitive as far as the process of dissection goes, as all fat, nerve, muscle, and tissue would first have to be removed before one could even see the skeleton; but, in terms of the methodological commitment to purposefulness, it makes sense that an anatomical treatise would begin with the skeleton. Similarly, these two treatises share an overall organizational structure that emphasizes an orderly and logically considered progression from one part of the body to another, based on the purpose or use of each part.

While Aristotelian methodology gives anatomical works like those of Vesalius and Estienne an overarching organization and a coherent purpose, Cardano's approach to organization is guided instead by the logic of *subtilitas*. Rather than follow the patterns suggested by cause-effect logic, Cardano follows *subtilitas* wherever he finds it. The ordering

of the 21 books that make up the larger treatise suggests an overarching structure that moves from low to high with man at its center. The opening chapters discuss the most fundamental and basic features of the world, such as first principles and the elements. Subsequent chapters follow a progression through metals, plants and animals to arrive at the chapters on humans at the center of the book. This section is followed by explorations of the heavens, angels, and the work exultantly concludes with a chapter entitled, “De Deo et Universo.” So many digressions interrupt this progression from the small to the great, though, that ultimately digression seems to characterize the work more than the organizational outline. The discussion of “man” finds itself in a central place in the treatise’s pattern of topics,²⁵ yet all the while Cardano’s focus on *subtilitas* as the guiding thread that connects all of these objects of inquiry troubles this seemingly clear organization. Because the work aims to avoid topics that seem typical, standard, or easy to understand, Cardano’s prose is consistently swept up into a fascination for the strange and the exceptional. There is, for example, an elaborated consideration of the generation of chickens in the chapter on human form and temperament, and a quick discussion of mountainous climates appears in the middle of the closing chapter on “God and the Universe.” This desire for digression transforms the book from a generically classifiable work into a complex hybridization of the many areas of intellectual inquiry that captured the attention of Cardano’s learned public. From natural philosophy to theology, from architecture to ethnography, from astrology to mathematics, from alchemy to dietary

²⁵ Chapter eleven, ‘*De hominis necessitate et forma*’ and chapter twelve, ‘*De hominis, natura et temperamento*’ treat man’s purpose on earth and his ‘form’ or appearance, then human nature and temperament. These chapters make up the middle portion of the twenty-one-book volume.

regime, *De Subtilitate*'s wide-ranging subject matter attests to Cardano's own broad fascination for a number of pursuits.²⁶

When *De Subtilitate* arrives at the chapters dedicated to the human body, Cardano's position as an expert in medicine does not, as one might expect, lead to a more systematic treatment of this particular topic. Indeed, the chapters that focus on the human are just as full of digressions and seemingly unrelated topics as the rest of the book. Though Cardano touches on many of the same properties of the human body that one finds in the more strictly organized medical writings of his contemporaries, these discussions are not guided by a systematic organization. The tendency toward digression and the tendency to juxtapose seemingly unrelated topics corresponds, however, with Cardano's claim that *subtilitas* does not allow the philosopher to consider natural phenomena according to the Aristotelian focus on teleology. The organizational schema guiding works by authors like Vesalius and Estienne disintegrates, since the various topics under discussion are not necessarily driven by a cause-effect relationship that we can understand.

Guided by the search for the subtle rather than an overarching teleological description of the body, Cardano's work on the human tends to focus on various (often unrelated) aspects of the human body that qualify as "difficult to understand with the mind or perceive with the

²⁶ Cardano is now most famous as a mathematician because he published a formula for finding the roots of a cubic equation. Yet his wide range of interests is reflected in the different critical and biographical works published about him in the last century. Markus Fierz's biography touches on many of Cardano's interests, focusing especially on his identity as a physician, natural philosopher, and interpreter of dreams. Anthony Grafton has written about Cardano's work in astrology, *Cardano's Cosmos*. Ole Øystein speaks to Cardano's fascination with gambling. As mentioned above, Nancy Siraisi's perceptive work focuses on his medical writings. Ian Maclean's careful scholarship explores many components of Cardano's oeuvre, focusing especially on his place in Renaissance thought as an interpreter of Aristotelian psychology and natural philosophy: "Cardano's Eclectic Psychology" and "Cardano and his publishers."

senses.” The bones of the skull qualify for Cardano as an example of *subtilitas* manifested in the body. Though a basic tactile encounter with the human head makes it seem as though the skull were one continuous bone, in fact there are multiple bones that make up the skull, all joined by tiny sutures. Nature has fashioned the skull in such a subtle way, Cardano informs us, for a multitude of reasons. This structure protects the head, “so that if one part is broken, it is not necessary that the entire structure be compromised and broken.”²⁷ Furthermore, he argues that the tiny openings allow veins and arteries to pass through the skull while permitting the head to release extra heat or waste matter, so that it does not risk illness or death through suffocation.²⁸ Because these sutures are so small as to be nearly imperceptible, they serve these functions while allowing the bones themselves to be thick and strong for the protection of the brain.

These observations about the bones of the skull are almost identical to the points that both Vesalius and Estienne make in their anatomical treatises. *De Fabrica*’s first book

²⁷ The passage on the bones of the skull reads: ‘Sed ut ad hominis revertar compositionem, os capitis è pluribus frustis constare necesse fuit, ut tutius esset: nam parte fracta non est necesse totum vitiari, ut venae, arteriaque ingredi commodius possent, egredique excrementa fuliginosa. Suturis tenuissimis partes eius iunxit, ut firmitus continerentur, ut calor cerebri non evanesceret, ut frigori aditus minus pateret, ut firmitus membranae illis haerent: & quanquam suturae tenues essent, ossa tamen non parum crassa sunt.’ Cardanus, *Opera Omnia*, vol. 3, 559. Cardano often uses *subtilitas* and *tenuis* interchangeably, though *subtilitas* refers more frequently to abstractions, while *tenuis* tends to be used in discussions that refer to more exclusively physical qualities, as in this description of the fine sutures joining the bones of the skull.

²⁸ The skull’s ability to release waste matter was especially important for the early modern conception of the humoral body. Drawn mostly from Galen, humoral theory understood disease as a result of imbalance within the body or the putrefaction of a particular humour. A remedy restored balance by evacuating the humour that was causing the problem. Within this framework, the sutures of the skull provided a natural evacuation for the body, since noxious humours could be released through them to prevent a potentially dangerous imbalance. For a clear summary of humoral theory and the early modern challenges to its dominance in medical treatment, see Harold J. Cook, “Medicine.”

enumerates the bones and ligaments that support the body, and its sixth chapter, “On the eight bones of the head and the sutures connecting them” treats the bones of the skull in great detail. Using arguments almost identical to those found in the Cardano, Vesalius cites the same two reasons motivating this particular structure for the skull. He contrasts the structure of this unique “helmet” protecting the brain with a clay pot; while many solidly formed vessels are easily destroyed upon impact, “if it [the skull] were ever struck and broken, the cracks would not proceed throughout the skull as through an earthenware pot, but would stop at the point where the bone itself ended, at the sutures.”²⁹ Chapters eight and nine of Estienne’s first book also discuss the bones of the skull, and he makes a similar claim regarding the usefulness of the sutures, “so that if a blow were to fall on the head, it would not split like a pot from one side to the other or in many pieces.”³⁰

Vesalius and Estienne also concur with Cardano’s second point that the sutures provide a way for the body to release noxious or heated humors, so that they cannot become trapped at the top of the head, potentially endangering one’s health. Vesalius again uses a metaphor to explain this useful quality of the skull, comparing it to a house that requires a chimney. As the domicile of the brain, “the head somewhat resembles the roof of a hothouse, in that it forms a receptacle for all sorts of smoky and vaporous waste which rises from below, and since for this reason the head itself requires an even more efficient exhaust

²⁹ Vesalius, *On The Fabric of the Human Body*, 61. The chapter is titled, “De octo capitis ossibus, & suturis haec committentibus.” The passage reads, “sed conducebat ex multis ossibus ipsam compingi, ut si quando percussa rumpatur, ipsius rupturae in totam calvariam veluti per fictile vas, non procedant, sed destineantur, & in illis sedibus cessent, in quibus ipsum quoque os suturis terminatum definit.” Vesalius, *De Fabrica*, 26.

³⁰ ‘A ce que si quelque coup se bailloit sur la teste, ledict tez ne se sendist comme ung pot d’ung coste jusques a l’altre: ou en plusieurs pieces.’ Estienne, *La dissection des parties du corps humain*, 16.

system, the wise Parent of everything made the helmet surrounding the brain not solid all over but full of holes and interlaced with sutures.”³¹ Vesalius’s metaphor attributes a teleology to the structure of the head and credits a divine creator with that purposefulness. Estienne too remarks on the need for the brain to expunge its excess humours: “Such a conjunction of several bones together was also necessary in order to allow the humours of the brain to exit.”³² And, as with his other anatomical observations, Estienne consistently attributes the proper functioning of the human form to the Christian God, described as a “divine architect” designing each body part with its end purpose in mind (14).

Though the descriptions of Cardano, Vesalius, and Estienne all use the same line of reasoning to explain why the bones of the skull are multiple and joined by tiny sutures, Cardano’s observations do not rely on a teleological understanding of the body for their foundation. In other words, he does not describe the bones of the skull in order to relate their structure and function to an overall description of the bones, ligaments, muscles, and organs that make up the human body. Instead, *subtilitas* guides the work’s discussion of physical phenomena, directing the investigation towards those parts of human anatomy and physiology that are difficult to understand with the mind and to perceive with the senses. This contrast between Cardano’s work and that of Vesalius and Estienne is especially evident

³¹ Vesalius, *On The Fabric of the Human Body. Book I: Bones and Cartilages*, 60. “Verum quum caput tectum quoddam domus calidae referat, fumida vaporosaque subiectarum partium recrementa, quaecunque sursum conscendunt, excipiens, atque huius gratia copiosiore evacuatione caput ipsum egeat, galeam cerebro inductam non omni ex parte solidam, sed cavernosam, futurisque intertextam sagax rerum Parens efformavit, non quidem spongiae modo tenuibus inaequalibusque foraminibus, velut quibusdam cavernulis, utrinque os perforans.” Vesalius, *De fabrica*, 26.

³² Estienne, *La dissection des parties du corps humain*, 14. The French reads: “Telle conjunction de plusieurs os ensemble a este aussy necessaire pour donner passage aux Vapeurs du cerveau.”

in *De subtilitate*'s different genre aims characterized by its unique organizational structure. While Vesalius and Estienne discuss the bones of the skull in the context of the anatomical treatise, Cardano's discussion is part of a discussion of all things that fall within the parameters of his understanding of *subtilitas*. Given the different generic aims of the two works, it follows that the organization of Cardano's book is radically different from that of his anatomizing contemporaries.

The genre of the anatomical treatise demanded a systematic approach to organization. The books were pedagogical in their aim to supplement or replace the study of anatomy for students of medicine, surgery, or midwifery. This demanded that the organization of anatomical works be guided by a clear methodology. As we have seen, Vesalius and Estienne followed the Aristotelian of beginning with the bones as the foundation of the body and working outwards. Their treatises include instructions for the dissector so that he could proceed from one aspect of dissection to the next in a clear and orderly way. Given these generic goals, both Vesalius and Estienne contextualize their discussions of the cranium within an overall presentation of the skeletal system, providing detailed discussions of the organization and names of the bones of the skull that parallels a similarly systematic description of the entire body. In both Vesalius and Estienne, the first book of the respective treatises takes the bones and the structural support of the body as its theme, and opens with an abstract discussion on the nature of bones, the various varieties, and the groups of different sizes and shapes of the bones. The bones of the skull clearly fit within an overall discussion of other bones of the head and the structure of the entire skeleton. Though Vesalius and Estienne's prose shows just as much fascination and wonder as Cardano's in his explanation of the bones of the skull, they follow a systematic approach to organization

based on the structure of the body and the purposefulness of each part in their discussions of these corporeal phenomena.

Cardano's description of the skull, on the other hand, is not contextualized by a systematic discussion of other bone groups. Cardano is aware of this shift in organizational focus, and he specifically points out that he will not be elaborating the various parts of the body: "But since Galen wrote extensively in the books *On the Usefulness of the Parts of the Body*, I need not repeat what he has said well already."³³ Rather than give a systematic account of the entire body, *De subtilitate* focuses on the particular aspects of the body that are characterized by subtlety. Since subtle things are precisely the surprising and unexpected phenomena that are difficult to describe, the account of bodies characterized by *subtilitas* does not follow a clear organizational logic. A discussion of the teeth precedes the account of the bones of the skull, which would suggest a loose organization following the tradition in anatomical treatises to move from the head down to the feet. However, this account of the subtle qualities of teeth, such as their tendency to fall out or grow in at unexpected times, is interrupted without logical transition by an account of a lactating man that Cardano claims to have witnessed first-hand. This interruption disrupts the logic of organization according to the human body, but it follows the focus on *subtilitas* and its attendant logic of digression. Because subtlety is characterized by things that are difficult to perceive or understand, the authorial recollection of any number of things that could be thus described intervenes in the overall organizational structure to disrupt the larger patterns and introduce digressive information.

³³ "Sed cùm de his Galenus abundè scripserit in libris de usu partium, non est cur repetam, quae ab illo bene dicta sunt" (559).

Rather than speak in abstracted terms on the various subtle qualities of the head, Cardano is constantly recalling his own personal experiences with subtle phenomena. As he points out in the introductory pages of *De subtilitate*, discussing *subtilitas* is extremely difficult precisely because it resists typical modes of categorization and description. This demands that the author draw on all of his faculties of sense and intellect, including his personal past experiences. Such narratives are not linear, but digressive, and the common thread that links the discussion of teeth and the story of the lactating man is that Cardano has personally witnessed these subtle phenomena. He tells of a man he knows personally who lost his teeth unexpectedly: “when they [the teeth] do not line up straight, they weaken in turn, and thus fall out. In this way it happened to M. Antonio Maioragio, our friend, a most erudite and eloquent man.”³⁴ The account places emphasis on the personal quality of the anecdote. He names someone who has suffered from this subtle ailment, and specifies that the man is a personal friend, and to underscore this fact, he provides specific character traits that imply familiarity. The personal tone of the story lends the authority of personal experience. It is this quality that links the discussion of teeth to the account of the lactating man that follows. Cardano gives no other kind of transition from the account of teeth to the story of a man who was able to produce enough milk to nurse an infant, and he returns to the discussion of the head quickly and without ceremony, “But I return to the composition of man.”³⁵ The anomalies represented by his friend who lost all of his teeth and the lactating man are not subordinated to the more universal discussion of the skull that use the language

³⁴ “cùm non rectè sibi invicem occurrant, mutuò se debilitant, atque inde cadunt. Ita contigit M. Antonio Maioragio amico nostro, viro certè erudissimo & disertissimo” (559).

³⁵ “Sed ut ad hominis revertar compositionem” (559).

of anatomical treatises. Each of these accounts elaborates and contributes to the overall discussion of *subtilitas*.

In keeping with the logic of digression, Cardano does not go on to talk about the parts of the body in a systematic way, but instead transitions to another story about the quality of the human skull drawn from ethnographic history and the Spanish colonization of the New World. He tells of the Spanish conquistador's claims that the newly discovered "Indians" have particularly thick skulls, and compares this to Herodotus' report on a similar quality in Ethiopians in his *Histories*. Cardano is summarizing Gonzalo Fernández de Oviedo y Valdés' account of the Spanish colonization of New Spain: "and they are so hard that the Spanish agree in this, that one should not strike the heads of the Indians, even when they are bare, since the swords would be broken on them."³⁶ The casual reference to violence is unmarked for Cardano and his readers in the context of *subtilitas* except insofar as it indicates an extraordinary quality characterizing the skulls of a particular population. Without commentary on the violence of the colonizers, the story serves as a reminder that even though certain qualities of *subtilitas* may be universal (such as the sutures of the skull), other aspects of the body are decidedly particular. The unique thickness of the New World inhabitants' skulls recalls the ethnographic writings of Herodotus, an author fascinated with the many differences that there are between cultures and population groups. In referencing the relationship between the historical writings of Herodotus and the contemporary context of the discovery of the New World, Cardano emphasizes the non-universal qualities of the human body. The fact that Oviedo gives the reader access to this anecdote through reference to the extreme violence of the Spanish colonization provides a momentary reference to the

³⁶ "atque adeò dura, ut consensus inter Hispanos convenerit, non esse ferienda capita, tametsi nudo Indorum, quòd enses frangantur" (559).

politically charged conflicts that lurks just underneath the surface of Cardano's valorization of particularity. *De subtilitate* avoids addressing these problems, and even seems oblivious of their potential importance. Its interest in difference and digression provides a counterpart to the contemporary anatomical treatise's focus on the universal features of the human body. This shift in focus changes the organizational motivation of Cardano's work, so that where Vesalius and Estienne pursue a linear organizational scheme that logically develops a presentation and explanation of the body, *De subtilitate* is guided by the potentially digressive relationships that *subtilitas* reveals.

Cardano's discussions of the human body in *De subtilitate* evidence his knowledge of the new developments in contemporary anatomical treatises. As a physician, Cardano was drawn to the epistemological optimism of the classificatory project that Vesalius came to represent with the publication of *De Fabrica*. Throughout Cardano's medical, autobiographical, and philosophical writings, he is careful to emphasize his knowledge of anatomy and his mastery of theoretical medicine more broadly. Anatomical classification was, however, deeply indebted to the cause-effect model of Aristotelian inquiry that *De subtilitate* found too limiting. The anatomical treatise as a genre was indebted to an Aristotelian logic that delimited and restricted discussions of the human body instead of providing a mode through which all possible varieties of human form could be represented, t. While Cardano finds certain anatomical topics, like the peculiar form of the skull, fascinating, his work does not group such discussions within the organizational schema dictated by the anatomical treatise. In foregoing these generic restrictions, Cardano opens up the possibility of exploring the parts of the human body that would not necessarily fit within the purview of the descriptions found in Vesalius and Estienne. Cardano's name for this

methodology is *subtilitas*. The wondrous experience of seeing a lactating man with his own eyes or the contemporary interest in the relationship between European heads and the heads of newly discovered peoples both provide accounts of non-standard bodies. Presenting these anomalies contrasts with the more or less universal descriptions of the body that anatomical treatises sought to develop. Vesalius and Estienne describe the tiny sutures in the bones of the skull as a universal human feature that fits into an overarching schema of other universal truths concerning the standard human body. Cardano's work acknowledges this universal quality of anatomical makeup, and the title of his chapter on the human body, "On the Nature and Temperament of Man," implies that there are certain universal qualities that characterize the human body. Nevertheless, the work illustrates a continuous resistance to the strict organizational structure of the anatomical treatise and a fascination for digressive discussions of anomalies and variations in human bodies. Admitting descriptions of these bodily aberrations challenges the fundamental claims of Aristotelian cause-effect logic. While a woman's lactation seems easily explained as the effect of a clear cause (pregnancy and the resultant need to nourish a newborn baby), a male body performing the same function appears inexplicable within this framework. To the modern reader, Cardano's claim to have witnessed such a monstrosity may seem fantastical and even naïve, but it is significant for its challenge to such explanations of human physiology. As Daston and Park have argued, Cardano's wonder at the variety and complexity of the world is not Aristotelian wonder at the regular and functional qualities of nature, but rather wonder at the infinite multiplicity that he finds in all areas of philosophical inquiry.³⁷ As a practicing physician, Cardano was well aware of the many potential variations in human form as well as the seemingly infinite

³⁷ Lorraine Daston and Katharine Park, *Wonders and the Order of Nature*, 167.

varieties of illnesses that could attack and undermine the body. His challenge to Aristotelian models of inquiry corresponds to this basis of practical knowledge. Though *De subtilitate* acknowledges the usefulness, and even the intellectual pleasure, of anatomical classification, it nevertheless develops a mode of inquiry that allows the natural philosopher to move outside of the potentially Procrustean boundaries set up by the anatomical treatise as it was reimagined by Vesalius and his successors.

The Particular and the Monstrous

Cardano's interest in non-universal phenomena frequently leads him to reflections on monstrosity, a topic that was of interest to many early modern writers.³⁸ Yet monstrosity for Cardano is not just an exception that proves the rule, the deformed that illustrates the normalcy of an ideally proportioned body. Instead, references to the monstrous are intriguing to the natural philosopher because they represent seemingly natural phenomena that are hard to explain with cause-effect logic. As Paula Findlen argues in *Possessing Nature*, the sixteenth century witnessed a shift in the possible interpretations of monstrosity. Although many of Cardano's contemporaries understood monstrosity as a sign that demanded interpretation, usually as a negative portent with divine significance, this supernatural understanding of monstrosity was beginning to shift around the time that Cardano was composing *De subtilitate*. In the mid-sixteenth century, it was increasingly possible to interpret monstrosity as a natural occurrence that fell within the scientific parameters of

³⁸ See Daston and Park as well as Kenneth Borris, ed. *Same-Sex Desire*. Monstrosity and wonders were a key concern for physicians as well. Ian Maclean even argues that the division in medicine was not so much between theory and practice as between *certa praecepta* justifying medicine's status as 'science' and the record of *mirabilia* and monsters, where knowledge is less organized. *Logic, Signs and Nature*, 274.

natural philosophy. Cardano addresses both of these modes of interpretation in *De subtilitate*, and in that work as well as in the *De vita propria*, we find references to the monstrous in terms of both the natural and the supernatural world. While these two interpretive strategies may seem to be in conflict with one another, Cardano's work illustrates the coexistence of two seemingly different worldviews in an historical moment of transition from an emphasis on the supernatural to a more scientific mode of interpretation. Rather than an historical break or paradigm shift, we find a surprisingly easy coexistence of two worldviews that would seem to be in competition with one another.

Paula Findlen opens her book on the history of the museum with the story of a monstrous dragon that was discovered near Bologna on May 13, 1572, the same day that Ugo Buoncampagni was returning to his hometown to be invested as Gregory XIII. Findlen reminds her readers that such a sign could easily have been interpreted as a negative portent and would, as such, have had negative political effects on the new pope. The naturalist and collector Ulisse Aldrovandi, who was connected to the new pope, interpreted the dragon's surplus feet as a collection of natural material explicable within the parameters of natural philosophy and the plenitude of nature. Aldrovandi's explanation avoided a diabolical interpretation of the event that could have led to political disaster and established a place for science within the complex realm of political and religious power (*Possessing Nature* 17-22). The event, Findlen suggests, signals a larger shift in the early modern understanding of monstrosity.

Cardano's references to monstrosity in both the mid-century publication of *De subtilitate* and the composition 25 years later of his autobiography also interpret various instances of monstrosity as a "wonder" rather than as a "sign" (Findlen 22). *De subtilitate*

mentions monstrosity frequently, and most instances are dissociated from the historical and geographical occurrences that might have made the appearance of something monstrous significant as a sign or portent. Cardano is, however, clearly interested in the possibility of interpreting monstrosity as a sign. The closing sections of the twelfth book of *De subtilitate*, “De Hominis Natura et Temperamento,”³⁹ contains one of the most extensive and sustained discussion of monsters in a book that mentions monstrosity throughout. Cardano introduces monstrosity in a context that seems to belong strictly to the realm of natural philosophy.

Monsters are, he argues, an example of Nature’s aberrations (*Opera Omnia* 567), and provide evidence of the fallibilities of nature. Representing monstrosity as a natural phenomenon, even if it signals a moment of nature’s failure, demands an interpretation of monstrosity as a natural rather than supernatural occurrence. What makes monstrosity an apt subject for his work on *subtilitas*, though, is that despite its seeming connection to the natural world, monstrosity cannot be interpreted within the Aristotelian cause-effect model that sorts the natural world into categories. As Cardano puts it, “There are many kinds [of monsters,] and it is not possible to refer to species of monsters, because they are of infinite species.”⁴⁰ The sheer variety of monsters puts a strain on their natural interpretation through an Aristotelian model, and they come to evidence instead the abundance of nature. In such cases, *subtilitas* inheres in the process of recognizing that variety and marveling at it, while also seeking out a variety of interpretations and interpretive models that can more accurately reflect the superabundance of nature. Rather than insist on the interpretation of monstrosity as a failure of nature, therefore, Cardano explores a variety of questions concerning monstrosity. He

³⁹ “Of the nature and temperament of man.”

⁴⁰ “Horum plura sunt genera, neque enim in species referuntur, quam obrem infinitarum furit specierum” (*Opera Ominia*, 567).

entertains explanations that include the supernatural as well as the scientific and sees the two models as compatible rather than mutually exclusive.

Cardano poses five questions about monstrosity at the end of the twelfth book: Why do monsters often survive in the womb but die when born? Why do they survive or not? Does nature have a purpose in generating monsters, or are they a complete mistake? Does the word monster come from the verb “monstro”, and if so are they always a sign of future calamity? And why is there an abundance of monsters in Egypt compared to their relative scarcity in more northerly climates like Italy and Germany? These five questions consider the possibility of both supernatural and natural interpretations of monstrosity. The first question, for example, regarding the early death of most monsters despite their survival in the womb, takes an approach guided by natural philosophy. Cardano explains that this frequent occurrence is not in fact so surprising, since the environment of the womb is radically different from the environment outside of it. Monsters must, he argues, survive more easily in warm environments, so that when they encounter the relatively cold quality of the outside air, they are not able to survive it. This reasoning also explains the relative frequency of monstrous births in the warm climes of Egypt as opposed to the relatively cooler climates of Italy, where monstrous births are rarer, and Germany, where monstrous births are even more scarce. The interpretation of monstrosity as natural wonder rather than supernatural sign in answering these two questions does not preclude, however, the possibility that monsters might also serve as portents in some cases. In answering the question about the etymology of monster and whether it is linked to the Latin “monstro” for “point out.” (*Opera Omnia*, 568-569), Cardano cites with great the *Progymnasmata* of Melanchthon, whom he considers a “vir eruditus.” Though the work was primarily a pedagogical manual of rhetoric, it includes,

Cardano reminds his reader, an account of a monstrous birth that was interpreted as having prophetic significance for the outcome of a German war. Cardano does not dismiss this account as inconsistent with his interpretations of monstrosity as a natural phenomenon, but instead insists on the possibility that such events might always have prophetic significance. *Subtilitas* demands that we entertain all possible interpretations of complex events: “If monsters indicate a future event, this belongs to the books of eternal secrets.”⁴¹

Though Cardano is open to the possibility that monstrosity can involve a supernatural interpretation in *De subtilitate*, for the most part he views the monstrous as wonder rather than sign. Within this context, monstrosity can be understood alongside other seemingly quite dissimilar phenomena that are characterized by *subtilitas* and illustrate the variety of nature. Such is the case in the eleventh book on “the necessity and form of man,” which couples descriptions of deformity and ugliness with descriptions of remarkable beauty. A description of macrocephalics is followed by an account of the beauty of Alcibiades (*Opera Omnia*, 554). The logic of *subtilitas* views both perfect beauty and extreme deformity as unique qualities that deviate from the standard appearance of most people, by contrast with worldviews that would interpret monstrosity as its own abstract category characterized by deformity. Perfect beauty is not the ultimate culmination of human qualities that proves the potential perfection of man. By instead grouping the perfect proportion of Alcibiades with the disproportion of macrocephalics, Cardano highlights the potential relationship between these two exceptions to the general appearance of people.

Interpreting monstrosity as a phenomenon of nature and placing it on a continuum of other natural occurrences in appearance makes monstrosity less of an exception and more of a

⁴¹ “Verum an semper talia aliquid praesagiant, ad libros de Aeternitatis arcanis, demonstrare pertinet” (*Opera Omnia*, 569).

rule. Just as Aldrovandi's interpretation of the dragon makes it proof of nature's fecundity rather than a supernatural portent, Cardano's connection between macrocephalics and Alcibiades places monstrosity on the same plane of experiences as any number of naturally occurring physical irregularities. This conception of monstrosity, we learn in *De vita propria*, was important for Cardano's interpretation of his personal experience as well. He opens his second chapter on the circumstances of his birth "Nativitas nostra" ("My nativity") with an account of the unique circumstances that surrounded his birth. In addition to the fact that his mother used "various abortive medicines"⁴² to try to prevent his birth, he was also born under an inauspicious horoscope. He gives a brief summary of the horoscope, which involved several inharmonious conjunctions of the stars in which, "Mars was casting an evil influence on each luminary because of the incompatibility of their positions, and its aspect was square to the moon."⁴³ Cardano asserts, on the second page of his biography that "I ought to have been a monster, and indeed was so near it that I came forth literally torn from my mother's womb."⁴⁴

Cardano was an ardent believer in astrology and, like many of his contemporaries, the position of the stars and planets at the moment of his birth affected his sense of self

⁴² "abortivis medicamentis" (*Opera Omnia*, 2). Cardano's parents were not married, and he struggled throughout his life to gain social and professional acceptance in a society and university culture that deemed the circumstance of one's birth to be of the utmost importance.

⁴³ "Mars tamen utrunque luminare damnabat ob locurum odium, & cum Lunda quadratum" (*Opera Omnia*, 2).

⁴⁴ "debui esse monstrosus: imòifacile era tut discerptus ex ventre matris prodirem, à quo parum absui." (*Opera Omnia*, 2).

throughout his life.⁴⁵ Furthermore, astrology was a central part of medical practice in the sixteenth century and influenced when physicians would perform certain procedures, the analysis of “critical days” in the course of the disease’s progression, and even the temperament of a particular patient. Both astrology and medicine involved skills in predicting outcomes, and any physician hoping to succeed in court needed to be an expert astrologer as well.⁴⁶ Cardano was an avid astrologer and published numerous books on the subject. His *De exemplis centum geniturarum* gives horoscopes of 100 people drawn from both his contemporaries and significant historical figures. He included twelve horoscopes in his commentary on Ptolemy’s work, *Ptolemaei de Astrorum Iudicium*, including his own.⁴⁷ Astrology was also widely criticized, though, as contrary to the Christian doctrine of free will. Pico della Mirandola published the most influential critique of astrology, the *Disputationes adversus astologiam dvinatricem (A Polemic Against Astrological Divination, 1495)*.⁴⁸ Though many popes were interested in astrology and kept astrologers in their court, astrology was nevertheless in tension with foundational aspects of Christian doctrine, and Cardano was prosecuted by the Inquisition for writing a horoscope of Jesus Christ that

⁴⁵ Astrology was a respected and sought after realm of knowledge in the early modern period. Catherine de Medici’s court included astrologers (McFarlane, I.D., 207), and this was not uncommon throughout the major courts of Europe, including those of many popes.

⁴⁶ Siraisi, *Medieval and Early Renaissance Medicine*, 67. As Ian Maclean reports, “A Paris edict ordained that every physician and surgeon must have a copy of the current almanach to use in their practice (of phlebotomy); and astrology was taught at Bologna, Paris and Montpellier as an aid to prognosis.” *Logic, Signs and Nature in the Renaissance*, 91.

⁴⁷ In this chapter of the *De vita propria*, he refers the reader desiring more thorough details on his horoscope to this work.

⁴⁸ See Rutkin, “Astrology.” Pico’s work did not go unchallenged, however, and Leipzig professor Simon Pistoris specifically argued that his criticism of astrology did not take its importance to medicine into account. See Grafton, *Cardano’s Cosmos*, 52.

predicted his death based on the positioning of the stars at the time of his birth. In spite of this incident and a few embarrassingly unsuccessful predictions,⁴⁹ Cardano remained devoted to astrology and it held a position of supreme importance in his professional success as a physician and in his writings. The reference to his own horoscope and the fact that he ought to have been a monster would have held special importance for him.

The summary of his horoscope at the beginning of the autobiography represents monstrosity as a proximal experience for the writer of *De subtilitate*. The combination of this bad horoscope and his parents' attempts at abortion should have, quite literally, created a monster. While he is clear that certain forces intervened to prevent this from happening, Cardano nevertheless attributes certain personal qualities to these monster-making conditions his is birth. He is almost shockingly candid about his struggles with impotence from the age of 21 to 31, and this deeply personal natural "failure" is described as an aspect of monstrosity: "Since Jupiter was in the ascendant and Venus ruled the horoscope, I was not maimed, save in the genitals, so that from my twenty-first to my thirty-first year I was unable to lie with women, and many a time I lamented my fate, envying every other man his own good fortune."⁵⁰ The logic of subtlety suggests a continuum between the failure of nature that results in monstrosity and the perfection of nature that results in ideal beauty, as seen in the case of Alcibiades and the macrocephalics. This allows Cardano to consider the potential for monstrosity in his own person as opposed to seeing monstrosity as a quality of the Other, a

⁴⁹ The most notorious of these was Cardano's claim that the young Edward VI of England would have a long and prosperous reign. By the time the horoscope was published, the young king had died at the age of fifteen.

⁵⁰ *The Book of My Life*, 6. "Sed cum Jupiter esset in ascendente, & Venus totius figurae domina, non fui oblaesus, nisi in genitalibus: ut à xxi. Anno ad xxxi. Non potuerim concumbere cum mulieribus, & saepius deflerem fortem meam: cuique alteri propriam invidens" (*Opera Omnia*, 2).

strangeness defined in contradistinction to one's own experience. Guided by his belief in astrology, Cardano interprets monstrosity in a proximal way. The conjunction of the planets almost made him a monster, and this fact opens the autobiography and provides the context for the presentation of many of his personal attributes that he regards as fundamental to his sense of self in the second chapter. He explains that the near-monstrous position of Venus and Mars was closely averted by the influence of Virgo, a human sign. Though this presence secured Cardano a place close to the human realm, the various oddities of his person are explained as the vestiges of this monstrous influence.

In addition to seeing monstrosity as something close to his own personal experience, Cardano also presents some of the potentially monstrous effects of his horoscope on his life in positive terms. While he describes the decisively negative effects of this influence on his life, such as his impotence or his struggles with stuttering, he also claims that his special gift with “a kind of intense and instinctive desire to prophesy”⁵¹ is a result of this same set of astrological influences on his person. As becomes clear throughout the course of *De vita propria*, this was one of Cardano's most valued traits, something that he thought made him unique. The thirtieth chapter on “Perils, Accidents, and Manifold, Diverse, and Persistent Treacheries”⁵² opens with several accounts of near accidents that Cardano was able to avoid thanks to this prescience. In each instance, it occurs to him that he ought to change his path, and just after he does so something disastrous happens right where he would have been (or in

⁵¹ *The Book of My Life*, 6. Stoner's translation of “id est rapacem & inconsultam divinationem” (*Opera Omnia*, 2) as “intense and instinctive desire” misses some of the force of Cardano's language. “Rapax” means “furious” or “violent,” words that are much stronger than “intense desire” would suggest, and “inconsultus” means “unasked,” implying that Cardano would use his gifts whether others were interested in hearing his prophecies or not.

⁵² “Pericula & casus, & de insidiis multiplicibus, variis, & assiduis” (*Opera Omnia*, 18).

one case, ignores his hunch and harm befalls him anyway). In this way, he avoids several falling objects that would otherwise have hit and injured or killed him. In listing several instances of this, he aims to prove to the reader that these are not mere coincidences, but the result of his special and involuntary gift: “It is not on account of this single incident [referring to the single preceding story] that I marvel at the outcome; but because on so many occasions [referring to the group of stories that open the chapter] I have changed the direction of my going, always involuntarily, except in perils of this sort, or perhaps in other dangers I have not been aware of. Nevertheless, it is not the significant event which ought to be wondered at, but rather the frequent recurrence of similar instances.”⁵³ Cardano provides both proof from experience and leaves open the possibility that there were other similar instances that he was simply not aware of. This latter addition to his “proof” of this special ability recalls the logic of *subtilitas* through which Cardano can make claims using even the phenomena that are imperceptible. Cardano believes that this special gift of prophecy originally stems from the same astrological forces that led to his minor “monstrosities,” namely his impotence and his stuttering. The monstrous influence of his horoscope is, therefore, not entirely negative, and even contributes to one of the major aspects of his own life that is characterized by *subtilitas*.

Conclusion:

Cardano’s logic of *subtilitas* subverts the possibility of abstract categorization. As a physician, he was acutely aware of the various and diverse ways that bodies respond to and interact with their environments, but his lifelong fascination with the eccentric comes just as

⁵³ *The Book of My Life*, 91-92. “Non de hoc miror quòd ita contigerit, sed quòd cum toties viam mutaverim, nunquam sponte, nisi in huiusmodi periculis, forsan alias non animadverti: Attamen res magna, non admiranda, si exemplum frequens non adesset” (*Opera Omnia*, 19).

much from his personal experience as from his professional identity. Though he wrote an autobiographical work at the end of his life, he was fascinated with self-exploration throughout many of his writings. He included his own horoscope with commentary in other publications, he published an autobibliography with extensive commentary on his own thought, and he sprinkled his writings with first person accounts drawn from his many odd experiences.

Cardano's interest in the particular qualities of everything from the natural world to his own life events resulted in a scholarly approach that lacked a clear methodology. He himself acknowledged this fact in his *De vita propria* in the tenth chapter titled, "Concerning my course of life" ("De vitae instituto"). The Latin *institutum* means "purpose, intention, design, mode of life"⁵⁴ and suggests the presence of order. The content that follows, though, argues for a mode of life that eschews order in favor of digression and multiplicity: "For such men as have no sure procedure in life must, perforce, try many plans, and make progress through devious ways."⁵⁵ The contrast in this quotation is between the words *ratio* and *anfractus*. *Ratio* in its literal meaning refers to a computation or calculation, and its figurative meaning follows from this sense of mathematical exactitude to describe a manner or methodological approach to other areas of study or attention.⁵⁶ *Anfractus*, by contrast,

⁵⁴ Charlton T. Lewis, Charles Short. *A Latin Dictionary*. Accessed on *Perseus Digital Library*. Ed. Gregory R. Crane. Tufts University.
<http://www.perseus.tufts.edu/hopper/morph?l=institutum&la=la&can=institutum0> (accessed May 30, 2012).

⁵⁵ *The Book of My Life*, 35. "ubi enim nulla est certa vitae ratio, necesse est illos, multas tentare, & per varios anfractus procedere" (*Opera Omnia*, 8).

⁵⁶ Lewis and Short. Accessed on *Perseus Digital Library*.
<http://www.perseus.tufts.edu/hopper/text?doc=Perseus%3Atext%3A1999.04.0059%3Aentry%3Dratio> (accessed May 30, 2012). The first definition is I.I and the second is II.B.(a)

describes a winding, curving road, or the curve of a serpent, or in the context of discourse it can refer to circumlocution, digression, ambages.⁵⁷ The chapter presents the paradox of ordering one's life by abandoning *ratio* in favor of *anfractus*. It is this logic of digression that characterizes both Cardano's conception of *subtilitas* and his account of his own life.

The link between autobiography and *subtilitas* is apparent in Cardano's interest in the many minor events that can accumulate to create something of significance. Just as some natural phenomena still deserve attention despite being difficult to understand with the mind and perceive with the senses, so does Cardano pay attention to the many minute details of his quotidian experiences in order to draw meaning from them. As he states in a chapter "Concerning natural though rare circumstances of my life" ("Ostenta naturalia visa, rara tamen de vita propria" (*The Book of My Life* 166, *Opera Omnia* 34): "It is ever legitimate to draw inferences from even the most insignificant events, when they are uncommonly persistent, since, as I have elsewhere declared, even as a net consists of meshes, all things in the life of man consist in trifles repeated and massed together now in one figure now in another like cloud formations."⁵⁸ This cumulative quality of experience, Cardano argues, may seem nebulous, but it nevertheless has legitimate qualities.

Cardano's broad interpretation of scientific methodology did not go unchallenged, however. His most famous critic was Julius Caesar Scaliger, whose *Exotericarum exercitationum liber XV de subtilitate ad Hieronymum Cardanum* has been described as "the

⁵⁷ Lewis and Short. Accessed on *Perseus Digital Library*.
<http://www.perseus.tufts.edu/hopper/text?doc=Perseus%3Atext%3A1999.04.0059%3Aentry%3Danfractus2> (accessed May 30, 2012).

⁵⁸ *The Book of My Life* 171. "Nonnunquam ex minimis cum immodice perseverant, coniecturam facere licet: cum ex minimis, ut alias declaravi, ac uniusmodi, velut retium maculis omnia apud homines constant, repetitis, & in diversas figuras ut nebulae formati" (*Opera Omnia* 36).

longest and most vitriolic book review in the annals of literature.”⁵⁹ In this work of over 900 quarto pages, the strict Aristotelian attacked the arbitrariness of *subtilitas*, finding the various nuances of meaning that Cardano attributed to the phenomena he described muddled, incoherent, and simply wrong. While Scaliger was Cardano’s most zealous critique, there were many others who found fault with his lack of methodology.⁶⁰ Cardano’s interest in the potential for forming new knowledge when one steps outside the bounds of Aristotelian methodology had a certain appeal in the Renaissance, and he was admired by many important figures. Though Michel de Montaigne never read Cardano’s autobiography (which was not published until the seventeenth century), both men’s use of a frank autobiographical style and their shared preference for the valorization of the eccentric and particular stands out to the modern historian of life writing. While Cardano was an ardent believer in medicine, though, Montaigne was more skeptical of medicine’s ability to take into account the various particularities of each individual. The challenge to Aristotelian categorization takes on a new set of meanings in Montaigne’s work, as he critiques the discipline that Cardano held in highest regard.

⁵⁹ Anthony Grafton, “Introduction” to *The Book of My Life*.

⁶⁰ Yet their criticism did not stop Cardano from listing each in the chapter concerning the “Testimony of illustrious men concerning me” (“Testimonia de nobis in libris” 46 ff.). Though he appears to divide the chapter into a section of positive references and a section of negative references, he still includes many of his attackers, including J.C. Scaliger, in the first list.

CHAPTER 4

QUESTIONING THE ART OF MEDICINE:

MONTAIGNE'S *ESSAIS* AND THE PATIENT'S PERSPECTIVE

At the age of forty-five, the introspective French essayist Michel de Montaigne contracted the kidney stones. This event intensified his long-standing interest in personal reflection and his considerations of the legitimacy and relevance of individual experience. As a patient writing about the events taking place for him both mentally and physically in the course of his illness and treatment, Montaigne provides a unique and valuable account of the layperson's experience with learned practitioners of medicine in sixteenth-century France. Well before the advent of his illness, Montaigne had developed a first-person writing style characterized by digression and a fascination with contradiction. When he falls ill, he uses these autobiographical writing techniques to navigate the new changes in his person. Though he is subject to excruciating pain, he finds that the illness has a useful, and even positive, effect on his life. He does not view his disease as an unmitigated disaster, but is instead able to take a certain ironic distance from its appearance, describing it as an "acquisition" of his old age,¹ as opposed to a "loss" of health. He also locates a unique benefit in the reflections on death and human mortality that disease provokes. Even the extreme discomfort in his

¹ Je me suis envieilly de sept ou huict ans depuis que je commençay: ce n'as pas estee sans quelque nouvel acquest. J'y ay pratiqué la colique par la liberalité des ans" (759).

body prompts him to think more carefully about the nature of pain and, by contrast, to appreciate and reflect on the qualities of pleasure.

Despite his ability to locate the positive and productive qualities in his new relationship to illness, Montaigne criticizes without reserve the disciplinary field that claimed the power to understand and the right to interpret his disease. Medicine, as Montaigne represents it, is a discipline that claims the status of an art without having the epistemological consistency that art demands. As we have seen, Aristotle's definition of art (*techne*) at the beginning of the *Metaphysics* takes medicine as its primary example of art, in that it groups numerous, disparate experiences together to make claims about certain classes of disease or shared humoral temperaments. Montaigne claims, though, that medicine is not sufficiently systematic to be included among the learned disciplines. His physicians are unable to offer any consistent advice that would ease or heal his ailment, and they even blatantly contradict one another: "It is good to pass water often, for we see by experience that by letting it stagnate we give it an opportunity to discharge its excrement and lees, which will serve as matter to form the stone in the bladder. It is good not to pass water often, for the heavy excrements it draws along with it will not be carried away unless there is violence, as we see by experience that a stiffly rushing torrent sweeps the place through which it passes much cleaner than does the course of a gentle and sluggish stream" (588).² The first doctor's advice seems well reasoned and the logic guiding his argument sound, but then another doctor

² "Il est bon de tomber souvent de l'eau, car nous voyons par experience qu'en la laissant croupir nous lui donnons loisir de se descharger de ses excremens et de sa lye, qui servira de matiere à bastir la pierre en la vessie ; il est bon de ne tomber point souvent de l'eau, car les poisons excrements qu'elle traine quant et elle, ne s'emporteront point s'il n'y a de la violence, comme on void, par experience, qu'un torrent qui roule avecques roideur, baloye bien plus nettement le lieu où il passe, que ne le fait el cours d'un ruisseau mol et lâche" (775).

provides equally persuasive rationale, complete with a compelling metaphor, for an entirely opposite course of behavior. Montaigne also gets contradictory advice regarding the dangers or usefulness of sex, as one physician claims that the sexual act will help to discharge the stone, and then a different doctor warns against copulation, arguing that it endangers the kidneys by overheating them (588, 775). If doctors cannot provide consistent advice regarding the simple quotidian acts of urinating or sexual intercourse, Montaigne argues, the claim that medicine is an art working from scientifically established theories would seem to be a misrepresentation of medical practice as he encounters it. Instead, it is the least systematic of all the disciplines that claim the status of art: “As for the contradictory and unsound reasoning, it is more apparent in this art than in any other” (713).³

Montaigne’s concentrates his most vitriolic attacks on medicine in his essay “De la ressemblance des enfans aux peres” (“Of the Ressemblance of Children to Fathers”). The stone itself is central to this discussion, for Montaigne resembles his father in contracting kidney stones, the disease that had killed his father a decade earlier. From the beginning, the “acquisition” of this disease is an object of wonder: “It is probable that I owe this stony propensity to my father, for he died extraordinarily afflicted with a large stone he had in his bladder” (601).⁴ But Montaigne’s father did not contract this disease until he was sixty-seven years old, dying after seven years of suffering. Montaigne points out that he was born over twenty-five years before his father’s illness, conceived when his progenitor was in perfect health. How was this physical record preserved, he asks:

³ “Quant à la variété et foiblesse des raisons de cet art, elle est plus apparente qu’en aucun autre art” (775).

⁴ “Il est à croire que je dois à mon père cette qualité pierreuse, car il mourut merveilleusement affligé d’une grosse pierre qu’il avoit en la vessie.” (764).

Where was the propensity to this infirmity hatching all this time? And when he was so far from the ailment, how did this slight bit of his substance, with which he made me, bear so great an impression of it for its share? And moreover, how did it remain so concealed that I began to feel it forty-five years later, the only one to this hour out of so many brothers and sisters, and all of the same mother? If anyone will enlighten me about this process, I will believe him about as many other miracles as he wants; provided he does not palm off on me some explanation much more difficult and fantastic than the thing itself. (702).⁵

Montaigne is amazed by the sheer persistence of the disease, which could transmit itself in the tiny amount of semen that inseminated his mother and then remain dormant for so many years. His wonder at this event is tempered, though, by his skepticism about the capacity of any member of his readership to explain it. Though he calls for someone to shed light on this fascinating phenomenon, he makes it clear that overly elaborate explanations even more esoteric than the wondrous fact itself have no space in his epistemological framework.

It is precisely this impatience with convoluted and inept descriptions of the natural world that informs what follows of the essay. Montaigne inherited not only the stone from his father, he tells his reader in the very next breath, but also an intense dislike of medicine: “Let the doctors excuse my liberty a bit, for by this same fatal infusion and insinuation, I have received my hatred and contempt for their teachings. The antipathy I have for their art is hereditary with me” (702).⁶ At first, the language suggests that the only connection between these two trains of thought is the zeugma that connects the inheritance of a physical ailment

⁵ “Où se couvoit tant de temps la propension à ce défaut? Et lors qu’il estoit si loing du mal, cette legere piece de sa substance dequpy il me bastit, comment en portoit elle pour sa part une si grande impression? Et comment encore si couverte que, quarante cinq ans après, j’aye commencé à m’en ressentir, seul jusques à cette heure entre tant de frères et de soeurs, et tous d’une mere? Qui m’esclaircira de ce progrez, je le croiray d’autant d’autres miracles qu’il voudra; pourveu que, comme ils font, il ne me donne pas en payement une doctrine plus difficile et fantastique que n’est la chose mesme” (763-764).

⁶ “Que les medecins excusent un peu ma liberté, car par cette mesme infusion et insinuation fatale, j’ay recue la haine et le mespris de leur doctrine: cette antipathie que j’ay à leur art, m’est hereditaire” (764).

with the inheritance of a prejudice against doctors. The chapter goes on to attack the kind of epistemological confusion and presumption that Montaigne references in his admonition against overelaborate descriptions of something like heredity, and it is precisely this kind of presumption and ornate nonsense that he locates in medicine as an area of study.

“De la ressemblance” undergoes a shift in tone as Montaigne turns to his attack on medicine. Instead of the irony that characterizes the opening discussions of his new “acquisition” and the wonder that he feels at the mysteries of inherited traits, the chapter shifts to a series of acerbic attacks that seem to lack the intellectual playfulness of much of Montaigne’s writings. This change in the tenor of Montaigne’s writings signals some of the qualities that mark patient, as opposed to physician, narratives about illness. Examining the writings of Montaigne takes us from the position of the physician as author, which we can locate in writers like Rabelais and Cardano, to the perspective of the patient writing and reflecting on his experience of illness. This new perspective raises the stakes on many of the problems we have been discussing thus far, since the patient’s experience can quickly become a face-to-face encounter with the possibility of death. As we have seen, medical epistemology demands an exploration of the problematic relationship between the symptom and its interpretation. Rabelais’ *Tiers Livre* illustrates the dangers of thinking along the lines of abstract categories without considering the particularities of the patient in question. Such an approach to medicine ignores the necessity of interpreting each patient’s unique symptoms, which demand analysis in order for medical diagnosis to be effective. Cardano similarly took pride in his own capacities as a physician in terms of the care he took to follow the Hippocratic demands that each patient be examined in his or her distinctive context and habitudes. And yet, from the perspective of the physician, a misinterpreted sign represents a

mistake to be analyzed and reflected on in the context of ancient precepts and past experience; for the patient, on the other hand, a misinterpreted symptom can mean death. The Hippocratic case studies in the *Epidemics* carefully record the various symptoms of each patient and the progress of the disease, but many of them end with an abrupt, “It was impossible to help her; she died” (I.9). The distance that the physician can ultimately take from the fatal outcome of an illness is a privilege unavailable to the patient facing death, and this crucial shift in perspective makes up a large part of Montaigne’s reflections on his own illness in his writings.

Montaigne locates this problematic distance in what he considers the pedantry of learned medicine. Though he has focused a great deal of time and energy in developing self-knowledge, the learned physician nevertheless feels entitled to make claims and prescribe treatment for the body that Montaigne considers first and foremost his own. The clash between medical knowledge and Montaigne’s autobiographical project creates the fundamental tension between his literary work and medical discourse. The *Essais* hold philosophical and ethical goals that stem from a valorization of self-knowledge. Montaigne develops the many meanings of the verb *essayer* in the process of writing his “tries” or “attempts” at developing his thoughts and opinions. Referring to a form of repetition that shifts with each new manifestation, *essayer* also signals the process of “practicing” experiences or ideas that would make the author (and the reader) a better person. Medicine makes the fundamental mistake of claiming to know the patient devoted to the process of practice better than he knows himself, and it is this presumption that Montaigne cannot abide. Furthermore, it seems to deny the most important lesson that illness has to teach us, the recognition of our mortality and the practice of death. Medicine’s fascination with

prolonging life ignores the philosophical foundations that undergird the *Essais*.⁷ Even as his philosophical allegiances shift, Montaigne sustains a continued dedication to the ethical and philosophical implications of self-knowledge developed through the many meanings of *essay*.

The Limits of Knowledge

It has been common, ever since the careful research of Pierre Villey in the early twentieth century, to see the earliest period of Montaigne's writing as primarily influenced by Stoic philosophy, followed by an interest in Skepticism, and finally an Epicureanism that dominates the final book as well as the revisions and additions that Montaigne left at his death in his own personal copy of the second edition of the *Essais*. Many scholars have rightly contested this understanding of Montaigne's chronology as overly rigid, arguing that it tends to limit readings of the essays to the biographical model.⁸ Regardless of whether or not Montaigne personally underwent several philosophical transformations, the influence of these three main philosophical schools on the *Essais* is undeniable, and certain essays are especially characterized by one philosophical school or another (as in the Pyrrhonism of "The Apology of Raymond Sebond" or the Epicureanism of "De l'Experience").

Though each of the essays takes a slightly different approach from the others and approaches the topics that recur with the new perspectives provided by fresh experience and new readings, the *Essais* nevertheless evidence certain repeated concerns and interests. Primary among these, I argue, is Montaigne's critique of rigid epistemologies that would claim to understand and interpret the world in all of its complexity. Montaigne's hostility

⁷ See R. Marcus Jackson on the debates surrounding prolongevity in the Renaissance.

⁸ See the literature review in the introductory chapter to Rendall, *Distinguo*.

towards medicine in “De la ressemblance” is attached to his ambivalence about the possibility of categorizing knowledge. Whereas many of Montaigne’s contemporaries were optimistic about the human potential to seek out and organize knowledge as a mode of interpreting the world around them, Montaigne tended to regard this kind of project as either a naïve perpetuation of customary ways of seeing things or as dangerous presumptions that signaled a human incapacity to understand the richness and complexity of the world.

One of Montaigne’s more famous attacks on the limits of knowledge occurs in his essay on the European encounter with the New World, “Des Cannibales” (I.31). In the essay Montaigne shares with his reader an account of the opportunity he had to see and meet men from the New World who were visiting Europe. As was typical of the European impression of these newly discovered people, the men are labeled as savages or “cannibals.” Yet Montaigne’s reflections do not rely on the typical categories dividing the savage from the civilized. Instead, he challenges his valorization of the European over the foreign by invoking another binary that resonated in sixteenth-century France: the debate over the relative value of art with respect to nature. While the systematicity and orderly beauty of art was highly prized, in a period dominated by Christian cosmology precedence was almost always given to the natural creation of the divine. Poets and artists of the Renaissance were concerned to acknowledge the superiority of divine creation as manifested in nature over the limited capacities of human art. For example, in Leon Battista Alberti’s work on architecture, which was deeply concerned with the potential usefulness of human arts, he was nevertheless careful to acknowledge the supremacy of Nature as the touchstone by which any human artistic endeavor might be judged. Alberti, makes Nature the guiding principle by which we can judge *concinnitas*, or the ideal proportion and arrangement that creates beauty in

architecture: “Beauty is a form of sympathy and consonance of the parts within a body, according to definite number, outline, and positions, as dictated by *conncinitas*, the absolute and fundamental rule in Nature. This is the main object of the art of building and the source of her dignity, charm, authority, and worth.”⁹ Nature is superior to art and provides the artist with the guiding principles for achieving perfect harmony and beauty as they are found in the natural world.

Montaigne takes up this widespread valorization of nature over art to destabilize his readers’ binarizing response to the introduction of members of another culture to sixteenth-century Europe. He accomplishes this by pointing out that the so-called savages are in fact much closer to this ideal of an originary God-created nature than European culture with its artificial accumulation of centuries of elaborated strategies for altering nature: “Those people are wild, just as we call wild the fruits that Nature has produced by herself and in her normal course; whereas really it is those that we have changed artificially and led astray from the common order, that we should rather call wild”(185).¹⁰ This horticultural metaphor draws on the vexed question of the garden in Renaissance debates over the relative merits of art and nature. The garden was a place where ideally art and nature could find a perfect harmony, allowing cultivation developed by human art on the one hand, but also leaving space for nature to flourish and make the various plants grow. Instead of merely employing the binaries and categories of thought available to his reader to argue that the cannibals are either good or bad, Montaigne takes advantage of their ambivalent new place in the European

⁹ Alberti, *On the Art of Building in Ten Books*, 303.

¹⁰ “Ils sont sauvages, de mesmes que nous appellons sauvages les fruicts que nature, de soy et de son progrez ordinaire, a produits: là où, à la verité, ce sont ceux que nous avons alterez par nostre artifice et detournez de l'ordre commun, que nous devrions appeller plutost sauvages” (205).

cultural imaginary to show that the seemingly neat divides between epistemological categories like civil and savage are in fact in tension with other preconceived notions, such as the valorization of Nature. The essay, more than a commentary on his particular encounter with the New World, illustrates the arbitrary divisions that human intellect places on the things, people, and circumstances that it encounters. By showing that the European judgments about Cannibals are in fact inconsistent with their own religious valorization of something as simple as the importance of God's creation of the natural world, Montaigne illustrates to his reader that what we consider trustworthy knowledge is, in fact, often arbitrary. This fundamental aspect of Montaigne's doubts about the usefulness of epistemological categories informs his critique of medicine in the essay "De la ressemblance des enfans aux pères."¹¹

Though Montaigne distrusts the European tendency to classify the inhabitants of the New World, he does not allow the full implications of his to unfold. The *Essais* are consistently wary of the political and social implications implied by the relativism that unmitigated skepticism can imply. While Montaigne illustrates the contradictions contained in seemingly clear binaries, such as the line between civil and barbarous or between art and nature, he does not encourage his reader to throw out all preconceived notions of what is right and wrong as a result. Instead, the *Essais* consistently present a cautious solution to the problem posed by relativism, encouraging the reader to uphold custom and habit rather than throw old systems out in order to create new ones. For example, in "De le coutume et de ne changer aisement une loy receüe" (I, 22), Montaigne argues that humans can become

¹¹ On Montaigne's writings on the New World, see Zahi Zalloua, *Montaigne and the Ethics of Skepticism*; and Hassan Melehy, *The Poetics of Literary Transfer in Early Modern France and England*.

accustomed to just about anything if they are merely familiarized with it over the years. The essay proves this point by enumerating the many bizarre customs that belong to peoples in various parts of the world, and for several pages the grammar follows a structure like the following: “Où on fait circoncire les femmes. Où l’on mange toute sorte d’herbes, sans autre discretion que de refuser celles qui leur semblent avoir mauvaise senteur. Où tout est ouvert, et les maisons pour belles et riches qu’elles soyent , sans porte, sans fenestre, sans coffre qui ferme” (114). Each sentence follows a repetitive structure in which “where” introduces a custom that would strike Montaigne’s contemporaries as odd, distasteful, or barbaric. This loss of an absolute guide demands that we cling more carefully than ever to the customs granted to us in the circumstances where we find ourselves: “C’est la regle des regles, et generale loy des loix que chacun observe celles [les coustumes] du lieu où il est.” The use of “où” here recalls the repeated clauses earlier in the essay that linked particular customs to unknown places signaled only by “où.” Just like these other groups, Montaigne argues, he and his readers must share a common sensibility about custom attached to a particular place. Though Europeans have accumulated a damaging artifice in their customs that separates them from their more “natural” new neighbors, the historical moment demands that these customs remain in place for society more broadly, since innovations and changes (reasonable though they may be) cause terrible disturbances and devastating violence.

Montaigne’s capacity for questioning the quotidian assumptions that guide our most basic actions is most on display in the central essay of the second book, “The Apology for Raymond Sebond.” The influence of skepticism on Montaigne, and more specifically the skepticism of Pyrrho of Elis called Pyrrhonism, is most on display in this essay. The *Apology* was addresses the work of Spanish theologian Raymond Sebond who attempted to reconcile

the potential conflict between faith and reason. Montaigne's father believed that the work would be helpful in reconciling the religious conflicts dividing France with the advent of Protestantism, and he asked his son to translate the work. Montaigne's "apology" for the work does not so much defend Sebond's conclusions about the relationship between reason and faith as his articulate Montaigne's Pyrrhonist views on resolving this potential conflict.¹² While Sebond believes that we can learn from studying God's creation, the natural world, and use that knowledge to strengthen our faith, Montaigne, by contrast, throws into question the very possibility of any kind of knowledge formation. His aim is less to defend Sebond than to point out the fallibilities of his critics, the pedants who make claims to knowledge that would allow them to attack another author:

The means I take to beat down this frenzy [of Sebond's critics], and which seems fittest to me, is to crush and trample underfoot human arrogance and pride; to make them feel the inanity, the vanity and nothingness, of man; to wrest from their hands the puny weapons of their reason; to make them bow their heads and bite the ground beneath the authority and reverence of divine majesty. It is to this alone that knowledge and wisdom belong. (397).¹³

Rather than defend Sebond's arguments, Montaigne attacks his detractors by launching a devastatingly thorough skeptical account of the world and the limits of human knowledge of it. The various theologians who engage in learned disputes forget the fundamental point that, "Our powers are [...] far from conceiving the sublimity of God" (447).

¹² M.A. Screech's introduction to his translation of *An Apology for Raymond Sebond* gives more detailed historical background about the translation as well as a reading of Montaigne's philosophy in this essay.

¹³ "Le moyen que je prens pour rabattre cette frenaisie et qui mesemble plus le plus proper, c'est de frosser et fouler aux pieds l'orgueil et humaine fierté; leur faire sentir l'inanité, la vanité et deneantise de l'homme; leur arracher des points les chetives armes de leur raison; leur faire baisser la teste et mordre la terre sous l'autorité et reverence de la majesté divine. C'est à elle seule qu'appartient la science et la sapience" (448).

The essay, as Ann Hartle has argued, stretches the limits of the human conception of the strange in order to leave Montaigne and his readers more open to the moral innovation that the *Essais* hold as a goal throughout.¹⁴ Beginning with reflections on the possibility of animal consciousness (perhaps most memorably articulated in Montaigne's question, "When I play with my cat, who knows if I am not a pastime to her more than she is to me?" (401)).¹⁵ the *Apology* opens up the possibility of a world that far exceeds our ability to conceptualize it. The numerous hypotheses and musings that make this piece so memorable ultimately serve to illustrate the fact that human knowledge is much more fragile than the pedants would like us to believe: "Presumption is our natural and original malady. The most vulnerable and frail of all creatures is man, and at the same time the most arrogant" (401).¹⁶ Using the metaphor of illness, Montaigne provides insight into the feelings about his own illness that he will develop in "De la ressemblance des enfans aux peres." The true malady is not the physical breakdown of the body, but the ossification of the stubborn mind.

Montaigne insists that human knowledge has distinct limitations. And yet, as he claims at the beginning of "De l'experience," "There is no desire more natural than the desire for knowledge. We try all the ways that can lead us to it" (992).¹⁷ This opening references the opening sentence of Aristotle's *Metaphysics*: "All men naturally desire knowledge. An

¹⁴ Ann Hartle, "Montaigne and Skepticism," 194.

¹⁵ "Quand je me jouë à ma chatte, qui sçait si elle passe son temps de moy plus que je ne fay d'elle" (452).

¹⁶ "La presumption est nostre maladie naturelle et originell. La plus calamiteuse et fragile de toutes les creatures, c'est l'homme, et quant et quant la plus orgeuilleuse" (452).

¹⁷ "Il n'est desir plus naturel que le desir de connoissance. Nous essayons tous les moyens qui nous y peuvent mener" (1065).

indication of this is our esteem for the senses” (*Aristotle in 23 Volumes*, 980a.21.).¹⁸ The word that is usually translated as “to desire” is the Greek “*oregô*” meaning to “reach out” or “stretch out.” (LSJ). Aristotle goes on to associate this longing for knowledge with the development of epistemological categories. The human fascination with knowledge leads us to valorize the experience we can gather from sensory perception. We store these perceptions in our memory, and when we have repeated experiences of the same sensory input, it creates an experience that stands on its own as knowledge: “It is from memory that men acquire experience, because the numerous memories of the same thing eventually produce the effect of a single experience” (980b.21).¹⁹ By collecting and grouping together these experiences, humans can reach universal judgments about the natural world. This capacity to pass universal judgment, grounded in a variety of experiences, Aristotle calls *technê*, which I will call “art,” which implies a method or set of rules that apply to a particular art (LSJ, *technê* III).²⁰ Medicine is Aristotle’s first example of an art, and its place as such is further secured by Galen’s extensive writings supporting this claim. As Galen argues in his letter “To Thrasyboulos: *Is healthiness a part of medicine or of gymnastics?*” – medicine deserves the higher status of art because is concerned with the result rather than the process. Just as a house-builder’s art is characterized by his interest in the final house, the thing that extends

¹⁸ “*Pantes anthropoi tou eidenai oregontai phusei. Sêmeion d’hê tôn aisthêseôn agapêsis*” (*Aristotle’s Metaphysics*, 980a.21).

¹⁹ “*Gignetai d’ek tês mnémês empeiria tois anthrôpois: ai gar pollai mênai tou autou pragmatos mias empeirias dunamin apotelousin.*”

²⁰ The concept of “art” in the Renaissance extends well beyond its ties to Aristotelian *technê* though, as we have already seen. On the link between art or artifice and meaning of *technologia* extending from the Greek concept of *technê*, see Jessica Wolfe, *Humanism, Machinery, and Renaissance Literature*. See also Michel Foucault’s work on *technê* as a *technê tou biou*, a guiding principle for shaping Greek ethics, “On the Genealogy of Ethics: An Overview of Work in Progress.”

beyond the mere activity of building, so the healthiness of the patient will (ideally) endure beyond the practical process of treatment.²¹

Despite his clear reference to Aristotle's conclusions about the process of accumulating knowledge into an organized form, Montaigne does not draw the same conclusions from his opening argument about the human desire for knowledge. Instead of glossing over that desire as a feeling in the service of the development of classificatory structures, Montaigne dwells on the pleasure and rewards of the desire itself. This is where we find another of his philosophical influences, the Epicurean valorization of pleasure. While modern uses of the designation "Epicurean" tend to confuse its philosophical origins, Montaigne was well aware of the ethical rigor of Epicureanism as received in the writings of Epicurus and Lucretius. As Epicurus states in his Letter to Menoeceus, "For what produces the pleasant life is not continuous drinking and parties or pederasty or womanizing or the enjoyment of fish and the other dishes of an expensive table, but sober reasoning which tracks down the causes of every choice and avoidance, and which banishes the opinions that beset souls with the greatest confusion."²² The search for knowledge and the indulgence of an inquisitive mind affords one of the greatest pleasures available to man. This valorization of the search itself contrasts with Aristotle's interest in the ends towards which the process of inquisition leads us. In fact, for Epicureanism it is precisely the moment of interpretation that puts the conclusions we reach at risk. While all sensory interpretations are true, the risk of falsehood comes at the moment when we interpret those sensory experiences. The moment

²¹ Galen, *Selected Works*, 77.

²² In A.A. Long and D.N Sedley, ed. *The Hellenistic Philosophers*, 127-32, 114.

that defines the creation of *technê*, the systematization of human knowledge, for Aristotle is the greatest potential moment for error according to Epicurean philosophy.²³

Montaigne illustrates the point about the risk of moving from sensory perception to categorization with the unlikely example of eggs. Eggs, he argues, seem to be among the most homogenous, and therefore easily classifiable, of natural phenomena. And yet, even two eggs that seem absolutely identical in fact, he claims, contain differences so distinct that some people with an especially trained eye for eggs would never mistake one for another. This case for the absolute difference of natural phenomena disallows the possibility of creating universal categories that would group like things together. The radicalism of this is further underscored by Montaigne's opening reference to Aristotle's *Metaphysics*, the fundamental text for arguments about the potential for categorical knowledge formation. As Steven Rendall puts it, Montaigne's example of the eggs "shakes the very foundation of Aristotle's epistemology by questioning whether it is possible to move, by inductive generalization, from experience of particulars to universal judgments" (*Distinguo*, 32). Montaigne's conclusion in this chapter and elsewhere in the *Essais* is consistently dismissive of this possibility. Nature does not work through repetition, but through difference: "Resemblance does not make things so much alike as difference makes them unlike. Nature has committed herself to make nothing separate that was not different" (993).²⁴

²³ As Brunschwig and Sedley put it in their summary of Epicurean epistemology, "In reality [...] falsehood lies in the interpretation, never in the sensory event itself," a point taken from the Epicurean maxim that "All sensations are true." ("Hellenistic Philosophy," 157).

²⁴ "La ressemblance ne faict pas tant un comme la difference faict autre. Nature s'est obligée à ne rien faire autre, qui ne fust dissemblable" (1065).

Creating abstract categories to describe the world places the infinite variety of natural phenomena on the arbitrary Procrustean bed of inept epistemological frameworks. Montaigne gives examples from two disciplines that he finds especially guilty of this presumptuous claim to understanding the world: law and medicine. Laws, Montaigne complains, are proliferating at an alarming rate. As opposed to the simple dictates of natural law that should guide our actions, the legal system has created law upon law and case upon case in a futile attempt to cover all possible instances of human action. Montaigne would have been especially sensitive to this problem, having studied and practiced law before he “retired” to write his *Essais*. Despite its best efforts, though, the endless categories of fault and examples from precedent will never approach the infinite varieties of legal instances in the quotidian experience of legal practice: “Multiplication of our imaginary cases will never equal the variety of the real example. Add to them a hundred times as many more: and still no future event will be found to correspond so exactly to any one of all the many, many thousands of selected and recorded events that there will not remain some circumstance, some difference, that will require separate consideration in forming a judgment” (993).²⁵ The legal effort to draft evermore esoterically classifiable laws that would cover all possible circumstances of human behavior is evidence of human vanity in our refusal to merely accept the laws available to us thanks to nature. Law errs in using the logic of precedent because this interprets a past event that was unique and particular as a universal dictate governing future actions that will always deviate from that instance in one way or another.

²⁵ “La multiplication de nos inventions n’arrivera pas à la variation des exemples. Ajoutez y en cent fois autant: il n’advient pas pourtant que, des evenemens à venir, il s’en trouve aucun qui, en tout ce grand nombre de milliers d’evenemens choisis et enregistrez, en rencontre un auquel il se puisse joindre et apparier si exactement, qu’il n’y reste quelque circonstance et diversité qui require diverse consideration de jugement” (1066).

Though Montaigne was trained in law, he had no formal education in medicine. The two disciplines share, however, this same fault of drawing universal conclusions from decidedly particular cases. Though he does not give the Hippocratic reference, Montaigne's opinion about the signs and symptoms of each individual's body is very close to the Hippocratic claim in *Regimen in Acute Diseases* that it is impossible to classify illnesses because each experience with disease is particular. Given this infinite variety of experiences, Montaigne rejects the possibility of Aristotelian knowledge formation in favor of a focus on his own unique person: "I study myself more than any other subject. That is my metaphysics, that is my physics" (1000).²⁶ This turn to the autobiographical project is Montaigne's response to and rejection of the epistemological categories that characterized medicine. It serves as a remedy to the vanity and presumption of the art that would claim to understand the world in flagrant disregard of the evident limitations of human understanding.²⁷

The Pedantry and Presumption of Medicine

In the face of the infinite diversity of the world that Montaigne affirms throughout the *Essais*, medicine has assigned itself a hopeless task in attempting to organize and categorize observations about the human body, since it is the most variable of all things. This counts, for Montaigne, as an act of extreme presumption. His claim in "De l'expérience" that not even two eggs are alike resonates with his fundamental point in "De la ressemblance" that

²⁶ "Je m'estudie plus qu'autre subject. C'est ma metaphisique, c'est ma phisique" (1072).

²⁷ There is an important ethical dimension to Montaigne's critique of Aristotelian *technê*. As Jacques Rancière argues in *The Politics of Aesthetics*, *technê* is not an ethically neutral term, as its tendency to impose the form of thought onto the inert matter of the world involves a questionable violence (43). Hassan Melehy addresses Montaigne's reworking of the gendered violence implied in the Aristotelian model in *Writing Cogito*, 18.

diversity is the only universal quality of the world: ‘And there were never in the world two opinions alike, any more than two hairs or two grains. Their most universal quality is diversity’ (725).²⁸ This is the final statement of Book II, which would have made these the concluding words of the *Essais* first edition.²⁹ This claim – that the only universal truth is that there is no universal truth but rather infinite variety – provides the foundation for Montaigne’s condemnation of human presumption throughout the *Essais*. Medicine is a key offender in this regard. As we saw in Montaigne’s affirmation of the limits of knowledge, taking certain actions is unethical when the actor does not work from a solid foundation of knowledge. Since such foundations are rare and shaky at best, we must be exceedingly cautious when planning to intervene in another person’s life in a way that could bring harm. Just as it is a dangerous act of presumption to dismiss the customs of the New World cannibals as barbaric, or to attempt to change the accepted political order based on one’s ideas, or to torture or kill someone who does not accept the same interpretation of religion, so does medicine risk killing a patient in the process of treatment for the sake of a rigid worldview that has no guarantee of its accuracy. Medicine’s optimism about the possibility of describing the body and its hidden workings contrasts with Montaigne’s profound skepticism about the capacity of humans to understand anything beyond themselves.

²⁸ “Et ne fut jamais au monde deux opinions pareilles, non plus que deux poils ou deux grains. Leur plus universelle qualité, c’est la diversité” (786).

²⁹ Montaigne’s *Essais* came out in three versions. The first was published at Bordeaux and consisted of the first two books. The second was published in Paris, and included all three books and some changes (mostly additions) Montaigne had made to the first two books. The third edition was published after Montaigne’s death and edited by his friend and young admirer Marie de Gournay. She drew on Montaigne’s personal copy of the second edition in which he had made numerous notes and additions. These three versions are collated in most modern editions, and the content is signaled with a I, II, III or A, B, C structure to indicate whether the text is from the first, second, or third edition. This quotation is from the first edition, “A,” and would have been the closing passage of that first publication of the *Essais*.

Montaigne's valorization of self-reflection in sickness comes into conflict with the doctor who would intervene in the relationship between the patient and his body and claim the priority of interpretation in that space.

The problem with medicine, according to Montaigne, is that it takes something that is infinitely complex, and claims to be able to circumscribe and define it. Whereas authors like Rabelais and Cardano found in the endless particularities of each patient's condition a fascinating point of departure that points to the infinite complexities of the human body, for Montaigne the Hippocratic focus on the patient's particularities seem impossibly overwhelming and leaves little hope for reaching a definite conclusion as to a possible cure:

He [the doctor] needs too many details, considerations, and circumstances to adjust his plan correctly: he must know his patient's constitution, his temperament, his humors, his inclinations, his actions, his very thoughts and fancies. He must be responsible for the external circumstances, the nature of the place, the condition of the air and weather, the position of the planets and their influences. He must know in the disease the causes, the symptoms, the effects, the critical days; in the drug the weight, the power, the country it comes from, the appearance, the age, the way of dispensing it; and he must know how to proportion all of these factors and relate them to one another in order to create a perfect symmetry. Wherein if he makes ever so slight an error, if among so many springs there is even a single one that pulls askew, that is enough to destroy us. (711-712).³⁰

The excessive listing coupled with the almost cartoonish final image creates a comic effect mocking the absurdity of medicine's claim to status as an art when it would be impossible to approach such a variety of symptoms and environmental factors in a systematic way. Despite

³⁰ "il a besoing de trop de pieces, considerations et circonstances pour affuter justement son dessein ; il faut qu'il connoisse la complexion du malade, sa temperature, ses humeurs, ses inclinations, ses actions, ses pensements mesmes et ses imaginations ; il faut qu'il se responde des circonstances externes, de la nature du lieu, condition de l'air et du temps, assiette des planettes et leurs influances ; qu'il sçache en la maladie les causes, les signes, les affections, les jours critiques ; en la drogue, le poix, la force, le pays, la figure, l'aage, la dispensation ; et faut que toutes ces peices, il les sçache proportionner et rapporter l'une à l'autre pour en engendrer une parfaite symmetrie. A quoy s'il faut tant soit peu, si de tant de resorts il y en a un tout seul qui tire à gauche." (773).

Montaigne's mocking tone, though, he evidences a clear sense of frustration and even fear regarding the power that doctors claim over the tenuous separation of life and death for the ill patient. Unlike the passages elsewhere in the *Essais* in which Montaigne delights in the infinite variety of natural phenomena (as we saw with the eggs in "De l'expérience"), here he presents these infinite variations of the body in a negative light. The key difference is that medicine claims a special ability to interpret and understand these many signs. Unlike the Epicurean philosopher's wonder at Nature's variety that nevertheless acknowledges the potential fallibility of all attempts to systematize and explain that variety (or the Skeptic philosopher's questioning of our ability to even perceive that variety in the first place), doctors claim an ability to organize these phenomena into systems. Furthermore, they hold the power of their knowledge over their patients. The claim to know the unknowable coupled with the imposition of that supposed knowledge onto another precisely fits Montaigne's definition of presumption in the *Essais*.

The chapter that treats this topic most directly is "De la praesumption," in the second book of the *Essais*. Villey points out in his edition that "De la praesumption" and "De la ressemblance des enfans aux peres" were probably written around the same time, as the two have a similar set of references. I mention this point, not to make a biographical argument about what Montaigne was or was not thinking about at this moment of his life, but rather to point out that the two have thematic links evidenced by their shared interests in criticizing pedantic modes of interpreting the natural world. "De la praesumption" by contrast with "De la ressemblance," though, evidences the first-person reflection and meandering style that is more typical of Montaigne's prose. While "De la ressemblance" uses vitriolic language to attack medicine, the tone of "De la praesumption" allows more space for Montaigne to

identify himself with the object of his critique and explore what that might mean for his overall consideration of his changing person. For example, he admits that he is sometimes naïve when it comes to judging the worth of things that seem to evidence scholarship, “I realize that Latin, by its dignity, beguiles me more than it should, as it does children and common people” (583).³¹ Montaigne contrasts such erudition to his own work, insisting that he is not a scholar. Writing in the vulgar tongue, he insists that even his French is corrupted by local dialects, while his formerly impressive Latin has gotten rusty and useless (588, 639). And rather than carefully peruse the works of the greats, he claims to read them and retain snippets of their contents without recalling the details of author and place (600, 651). While he does admit to his own vanity, the picture painted from these statements is of a man entirely free from the pedantry that characterized presumption. Montaigne instead presents himself as the potentially gullible admirer of presumptuous scholars. But this potentially unflattering position is better than that of the presumptuous scholar, beguiled by the promise of glory that encourages people to stretch beyond their natural capacities often to dangerous effect. His book, Montaigne reiterates in this essay, is merely an extension of himself, complete with flaws and inconsistencies. It will not be of interest to the “learned men to whom it falls to pass judgment on books [and] know no other value than that of learning, and admit no other procedure for our minds than that of erudition and art. If you have mistaken one of the Scipios for the other, what is there left for you to say that can be worth while? Anyone who does not know Aristotle, according to them, by the same token does not know

³¹ “m’apercoy que le latin me pippe à sa faveur par sa dignité, au delà de ce qui luy appartient, commeaux enfans et au vulgaire” (634).

himself” (605).³² The pedants to whom Montaigne gives ironic voice insist on a certain kind of knowledge packaged in a way that they can recognize. Though Montaigne is clearly fascinated with learning, he shuns this kind of presumption that would only permit certain forms of knowledge into the conversation.

Montaigne was himself highly learned, as evidenced by the thousands of references and quotations to a variety of sources sprinkled throughout the *Essais*. What is more, he had an early humanist education thanks to the efforts of his father. Yet though Montaigne makes ample use of the erudition of the classics, drawing on various sources to contribute to, complicate, and confuse many of the essays, he does not shy away from using more popular or ‘vulgar’ sources alongside his erudite references. Medicine, however, is one topic in the discussion of which Montaigne will almost without fail reference popular rather than erudite sources. He much prefers the writings of someone like French surgeon and medical maverick Ambroise Paré to the classics of Aristotle or Hippocrates, which his audience (especially the imagined audience of pedants) would have considered more erudite or specialized.

The discourse of medicine during Montaigne’s time was becoming increasingly popularized, to the chagrin of physicians like Estienne Gourmelen who vehemently critiqued Paré for writing in the vernacular and publishing on medical topics when he was only a surgeon. (Paré, xx).³³ Montaigne, on the other hand, seems to prefer the more vulgar medical

³² “Les sçavans à qui touché la jurisdiction livresque, [et] ne connoissent autre prix que de la doctrine, et n’advouent autre proceder en nos esprits que celui de l’erudition et de l’art: si vous avez pris l’un des Scipions pour l’autre, que vous reste il à dire qui vaille? Qui ignore Aristote selon exux s’ignore quand et quand soyemesme” (657).

³³ Cited from Pallister’s introduction. Gourmelen criticized Paré for publishing in the vernacular because it made what should be a subject limited to the erudite commonly

writings. Whenever he references the ancient medical authorities, especially Galen, in the *Essais*, he scoffs at them almost without fail as authors of an over-specialized discourse that proves too theoretical and useful only for pedants. He explicitly critiques the contemporary approach to medicine practiced by the followers of Galen in “Du Pedantisme.” He claims of pedants, / “They know Galen well, but the patient not at all” (123).³⁴ Montaigne’s critique relates specifically to the over-emphasis on theories with no relevance to actual lived experience that he perceives in learned medicine.

Yet, he draws freely and often unquestioningly on the more popular contemporary writings on medicine, surgery, and natural prodigies as fruitful sources for his reflections. These popular sources provide a better fit with Montaigne’s essayistic project. Whereas the writings of Galen, Aristotle, and the Hippocratic corpus have become solidified in the universities and endlessly recycled by boorish pedants, the newer, popular medical writings lend themselves more easily to the possibilities of contemporary interpretation.³⁵ Their interest in reaching a broad audience and using French rather than Latin matches more clearly with Montaigne’s own project. In fact, he begins the paragraph condemning Galen with a reference to the local dialect: “My Perigordian patois very comically calls these little

available and because it was immoral to make such descriptions and images (many involving discussions of sex, genitalia, etc.) available to women and children. The distinction between a physician and a surgeon was an important one at this time. While physicians were educated in the university and would write in Latin for a select audience, surgeons were apprentices to barbers, had limited university training, and wrote in the vernacular. In his essay “Humanist Surgery,” Nutton claims that the two were not as separated as many argue, yet acknowledges these differences.

³⁴ “Ils congnoissent bien Galien, mais nullement le malade” (139).

³⁵ Starobinski has argued that Montaigne’s rejection of empirical science relates to his desire to “preserve within himself an irreducible realm that would be sheltered from the invasions of an objectifying knowledge (*connaissance*)” (304-305).

men of learning *Lettre-ferits*, as if to say *letter-ferus* (letter struck), men whom letters have dealt a hammer blow, as they say” (123).³⁶ Montaigne’s self-identification with the local dialect through the use of the possessive adjective *mon* and the delight that he takes in this local appellation show him identifying himself with the ‘vulgar’ dialect rather than the pedantic classical writings.³⁷ Thus, in the opposition between the contemporary medical and pseudo-medical writings, published in French and distributed to a popular audience, and the elite Galenic writings, Montaigne aligns himself with the former and disdains the pedantry of the latter.

***Essayer*, the Remedy for Presumption**

Despite his tirade against medicine’s inability to interpret symptoms with any certainty, Montaigne gives ample evidence that he finds medicine’s goals and often even its approaches to learning about the body and illness compelling. He is interested in examining the particularities of his own person in ways that recall the medical attention to physiological and emotional (not entirely separate in Renaissance conceptions of the body³⁸) detail. Montaigne’s attention to the philosophical usefulness of practice, one of the meanings of that fundamental verb *essayer*, is important in understanding the ways that he distances himself from medicine despite his interest in interpreting the signs and “symptoms” of his own body.

³⁶ “Mon vulgaire Perigordin appelle fort plaisamment ‘Lettreferits’ ces sçavanteaux, comme si vous disiez ‘lettre-ferus’, ausquels les letters ont donné un coup de marteau, comme on dict” (139)

³⁷ While I disagree with the argument that Montaigne believed that he himself could reach the “*naïve* truth” that he idealizes in the use of dialects in “De l’institution des enfans” (Atkinson, 186), I do think that he valorized the possibility of communicating more frankly and with a broader audience through the use of the vernacular.

³⁸ See Floyd Wilson and Paster, *Reading the Early Modern Passions*; and Lucie Desjardins, *Le Corps Parlant*.

Montaigne engages in varieties of practice – what he alternately calls “exercitation,” “essayer,” “goûter” (taste, sample, try), or the process of gathering “experience” – in order to learn about unfamiliar things by practicing them and making them familiar. The process of learning and creating knowledge through practice is fundamental to the sixteenth-century understanding of medicine in France and early modern Europe more broadly, but for Montaigne the conclusions apply only to his person rather than to the human body more broadly understood.

Montaigne shows a fascination throughout the *Essais* with describing and mulling over the consequences of habits. From his own personal preferences, such as having a fresh napkin when eating, to the shared predilections that can end up defining a people or a nation, habit is an extremely powerful force that fascinates Montaigne for its paradoxical ability to define a person or a group while often seeming completely arbitrary. In *De l’expérience*, he gives a particularly amusing list of his own habits that have become almost unalterable as he ages due to their repetition over the years. It would now be, he argues, impossible to drink pure wine or pure water after years of mixing the two, or repugnant to drink out of a metal glass, and out of the question to sleep without curtains surrounding his bed. Medicine also acknowledged the power of habit, specifically with respect to its capacity to change one’s very physiology. In the anecdote that opens Montaigne’s essay *De la coustume*, (I,23) he highlights this fundamental point about habit with the story of a girl who had become so accustomed to holding a young calf in her arms, that when it was a fully grown cow she was still able to bear its weight. This somewhat fantastical account serves to prove Montaigne’s point that the repeated actions of habit or custom have a profound effect on, and even can radically rework, a person’s physiology.

The relationship between habit and the formation of the body's basic health and physiology is also fundamental to early modern medicine. Ficino, in his work on melancholy, for example, insists on the important relationship between daily habits and the overall health of the melancholic patient. His work points out a fact well-known in early modern Europe - that extensive study and contemplation can lead to the accumulation of black bile in the body, a condition that creates a melancholic temperament and the various health complications that accompany this humoral imbalance. The more time spent in contemplation or the higher the level of contemplation (for example, thinking on the heavens or on divine matters in general) leads to the greater accumulation of black bile, which can endanger the scholar's health. Ficino's advice to himself and to his fellow melancholic readers, who also wish to continue a life of scholarly contemplation without risks to their health, is to balance this excess of black bile by cultivating good habits that counteract it. If black bile poses a threat to the scholar, other activities like over-consumption of food and wine, sex, and sleeping late in the morning can also be dangerous. It is therefore especially important for the contemplative patient to cultivate good habits, like temperance, early rising, and a carefully considered diet of foods that do not exacerbate melancholy. Such daily habits can counteract the accumulation of black bile brought on by contemplation and help the scholar to achieve a healthier balance.

The patient's daily, repeated habits are themselves capable of affecting and reworking physiology for other early modern medical writers as well. Robert Burton, writing over a century later but on the still-hot topic of melancholy, also insists on the importance of daily habits in the construction of the patient's physiology. In his typical paradoxical fashion, right after an argument that melancholy is often hereditary, Burton states, "For custom doth alter

nature it selfe” (225). He takes this idea directly from a famous Hippocratic aphorism, drawing on a 5th century B.C.E. text that was absolutely foundational to early modern medicine. The aphorism (2, 50) maintains that things might be harmful or noisome in themselves, but nevertheless a patient who is accustomed to them will not suffer the same ill effects as a person who does not typically consume them. Thus, in Burton’s example, cider is a “windy drink” that causes flatulence, but those living in Normandy and certain parts of England are so accustomed to it that it produces no ill effect on them. This argument about habitudes prohibits the medical practitioner from insisting on the “strict rules of physick,” since medical dogmatism would ignore the particular patient’s customs or habitudes.

Another physician, Laurent Joubert, addresses the relationship between habit and health in his vernacular work on *Popular Errors* in medicine. Joubert’s work was published in 1578 by the same Bordeaux press that would publish the first edition of Montaigne’s *Essais* in 1580. Joubert makes a point about habit in his argument that courtiers often suffer from poor health because of their lifestyle and the habits it encourages. Standing too long without any movement, eating quickly and without fixed hours, staying up late, and even the emotional effects of constant jealousy, avarice and ambition that often accompanied the competitive context of court life combined to create a series of health problems unique to the courtier lifestyle. Both Joubert and Montaigne point out that medicine need not look to exotic locations like the Americas or Africa to see the differences that various customs create on the physiological level; as Joubert points out in Montaignesque fashion, simply ask a person from Lyon to live a while with the habitudes of Spain, and he will not be comfortable because of the thousands of tiny differences in everyday customs and lifestyle between the

two places. Similarly, a man born to a family of farmers will lose his physical capacity to work the land if raised in the sedentary lifestyle of a scholar.

Within the framework of early modern medicine, the customs and habitudes of a person create that person's physiology. As Swiss medical student and later physician Felix Platter learns the hard way. In the course of his journey from Basel to Montpellier in order to study at the medical university of Rabelais, Nostradamus and Rondelet, he makes an important decision regarding his hair. Though he had always worn it long, the fashion of his new locale favored short hair, and he was being mercilessly teased for his longer tresses. He gives in and cuts his hair only to catch a catarrh as a result of this drastic change of custom – and he is careful to point out that prior to this instant, he had never suffered from catarrh before in his life (34). Platter's decision to cut his hair seems relatively minor by modern standards, but in the medical world of early modern France, any change of custom can have an effect on one's overall health and physiology.

Montaigne's interest in habit is directly connected to early modern medicine. The *Essais*' emphasis on learning through practice also bears an important relationship to the focus on practice in medical knowledge-formation. Every medical incident, from providing advice to deciding what approach to take towards accomplishing a cure, is itself a practice that leads to the formation of medical knowledge. Practice thus takes something that seems unfamiliar to the untrained eye – a disturbing symptom or an odd physiological reaction – and makes it familiar, or interpretable.

The concept of practice is absolutely fundamental to Montaigne's understanding of his own project in the *Essais*, and it recurs at fundamental moments in that work. One such moment occurs in his essay on practice, *De l'exercitation*, in which he uses the concept to

reflect on death and his own mortality. Montaigne relates a near-encounter with death when he was thrown from his horse and knocked unconscious. This experience came surprisingly close to death: he recalls that it felt like a shot from an arquebus, he lost all consciousness of his surroundings, and he even describes himself as “dead” in the anecdote. The major virtue of this experience, he reflects retrospectively, was that it served as an opportunity to “practice” death, the one major event in our lives that seems impossible to prepare oneself for through practice. As Montaigne points out in this essay, sleep can also be seen as a chance to “practice” death because it takes away from us our capacity to act and to feel. But the “practice” provided by sleep is not nearly so dramatic as that provided by a momentary fainting or loss of consciousness, such as Montaigne experienced. His encounter with death took a frighteningly unfamiliar experience and made it more familiar. Montaigne in the end appreciates this kind of knowledge formation, and he describes his experience with the kidney stones and other illnesses similarly as practice for the pain and suffering of death. Practice allows Montaigne to face the unknown with a certain amount of confidence that accompanies the process of making the unfamiliar familiar, as opposed to seeing death as a frightening and unfamiliar phenomenon.

While medicine also encourages learning through practice, there is an important difference between Montaigne’s style of knowledge-formation through practice and medical practice: Montaigne’s practice is limited to himself. His near-death experience and his encounters with sleep or illnesses are deeply personal, making him simultaneously the person undergoing the experience and the person evaluating that experience. For the medical student or practitioner, on the other hand, knowledge formation through practice typically splits

Montaigne's process in two, where the patient experiences illness or suffering on some level and the physician evaluates that process in order to learn from it.

Montaigne's essay "Que philosophe c'est apprendre a mourir" ("To Philosophize is to learn to die," I.20), though its title draws on a Ciceronian quotation of Plato's *Phaedo*, develops the contrast between his valorization of a philosophical approach to death that involves practice as opposed to medicine's naïve denial of death and insistence on the possibility of always prolonging life. The essay insists on the close connection between a proper attitude towards death and the development of philosophical virtue on the one hand, while dismissing as immature the way that many people try to avoid death, on the other. What distinguishes the philosopher from the common people is an ability to reflect on and face death, so that it cannot creep up unexpectedly (84,69). Though death is the most universal of human experiences, in general people are unable to acknowledge and confront it. Instead they develop euphemisms to avoid naming it, and even older people would rather think that they have a long time yet to live instead of facing the fact that they must die.

The essay aligns this human tendency to avoid confrontations with death with the profession of medicine, creating a binary where medicine helps people to avoid thinking about death while philosophy encourages the important process of reflecting on it. While most university-trained physicians would not have been comfortable with this division that would separate medicine from philosophy, it was nevertheless quite common for medical writers to defend their profession by arguing that medicine serves the important function of prolonging human life. When Laurent Joubert, at the beginning of his *Erreurs Populaires*, seeks to prove medicine's importance as a discipline, he defines it as "conservant le corps en

santé, chassant les maladies, & preservant de mort, autant que Dieu le permet.”³⁹ Joubert distinguishes the responsible learned physician from the dangerous charlatan by claiming that the physician has a more sober approach to the risk of death. Charlatans, by contrast, promise miracle cures with no effort on the patient’s part.

Despite the attempts of physicians like Joubert to improve the reputation of doctors, they nevertheless were criticized for giving patients false hope in order to continue treatment plans that did not always seem to be working. Montaigne contrasts this denial of mortality with a proper, philosophical approach to death that requires an acceptance of the inevitable fact. The point is not to avoid death at all costs, but to prepare oneself for its eventual arrival, as Montaigne does through his commitment to practice. He acknowledges that this is not always easy, and even reproaches himself for his own desire to believe the false promises of physicians:

Furthermore, poor fool that you are, who has assured you the terms of your life? You are building on the tales of doctors. Look rather at facts and experience. By the ordinary run of things, you have been living a long time now by extraordinary favor. You have passed the accustomed limits of life. (70).⁴⁰

Importantly, the figure who is the most culpable in encouraging people to resist thinking about death is the physician. As the medical practitioner advertised an ability to maintain and prolong life, physicians understandably encouraged their patients to believe that death was not necessarily inevitable.

³⁹ “maintaining the body in health, driving out illness, and preserving from death.” Laurent Joubert, *La première et seconde partie des erreurs populaires*, 2. English translations from Laurent Joubert, *Popular Errors*, 34.

⁴⁰ D’avantage, pauvre fol que tu es, qui t’a etably les termes de ta vie? Tu te fondes sur les contes des Medecins. Regarde plustost l’effect et l’experience. Par le commun train des choses, tu vis pieça par faveur extraordinaire. Tu as passé les termes accoustumez de vivre. (84).

Montaigne takes advantage of this stereotype about doctors to set up a binary between the willful ignorance about death that doctors in their arrogance represent and the proper, philosophical perspective on death that confronts rather than avoids it. The text sets up an internal dialogue where the philosophically-minded self addresses and chastises the irresponsible “tu” who seeks to avoid the difficult problems that death presents in order to rid himself of the unreasonably optimistic attitude towards death that physicians represent. This irresponsible “tu” relies on the “contes des Medecins,” the “fables” or “stories” that doctors tell him, promising him a long life. The speaker, who on the other hand addresses this “tu,” aligns himself with “l’effect” and “l’experience,” “truth” and “experience.” Designating physicians’ knowledge and advice as *contes* undermines medicine’s claims to an ability to generate and apply knowledge about the human body and its workings to everyday concerns, such as possibility that an illness would lead to death. By opposing the philosophical tone of the essay to the immature *contes* that doctors fabricate, Montaigne denies medicine a role in the important question of the proper perspective that one should have towards death. The authorial technique of addressing oneself in the model of a *psychomachia* or interior battle illustrates the appeal that medicine has for a patient eager to avoid the possibility of death.

Conclusion

Though Montaigne’s early essay on death draws on Stoic doctrine, he continued to value the concept of practice even as he shifted his allegiances to other philosophical schools. Each of the philosophical models he embraces involves some form of essayer and its valorization of both adapting to and learning from new circumstances. Montaigne’s refiguration of illness in the *Essais*’s final chapter, “De l’experience,” illustrates in particular

the epicurean argument for the importance of free will. Ultimately, it is up to the patient to make what he will out of his physiological experiences with pain and suffering. The illness is a kind of practice for the day-to-day demands of learning from one's circumstances and using those to become a more take up the responsibilities that follow from the Epicurean belief that, as Reid Barbour puts it in his work on the influence of Epicureanism on Stuart politics, "since the gods are minding themselves, it is left to human beings to shape their own destinies" (94). Montaigne is, of course, not engaging in the religious controversy over free will that divided the English Protestants, and he refused to participate in the religious controversies that divided his fellow French citizens. Instead, the importance of free will for Montaigne is about the ethical obligation that it entails.⁴¹ The Epicureanism removal from politics held a great deal of promise for Montaigne, because it allowed him to maintain the ethics of individual essayer. Ultimately, Montaigne's condemnation of the divisive religious dogma that generated the French Wars of Religion is related to his attack on medicine. Any dogmatic approach, whether political, spiritual, or natural, to understanding the world will always impose a Procrustean order on what we should instead be open to exploring in all of its various messy and chaotic qualities.

⁴¹ See David Quint's excellent study on this point, *Montaigne and the Quality of Mercy*.

CHAPTER 5

“MORE THAN DUST AND ASHES”: MEDICINE AND AUTOBIOGRAPHY IN JOHN DONNE’S *DEVOTIONS UPON EMERGENT OCCASIONS*

In London in the mid-1620s, illness was a quotidian concern. The plague of 1625 reduced the population of London by one-fifth, demonstrating the unsettling power of illness to touch the individual lives of an entire social group. The plague not only brought sudden and unexpected death to most who caught it, it also disrupted everyday life to an extreme degree, often leading to the temporary disintegration of social and economic systems and widespread panic. People were, quite understandably, frightened and sought out ways to make sense of this tragic phenomenon. Religion and the doctrine of divine punishment seemed to provide one answer to potentially unanswerable questions about why illness hit when it did and in the way that it did. The practice of interpreting the sickness brought on by the plague as a sign of God’s anger, meted out by his “destroying angel,”¹ provided a potential rationale for the horrifying devastation so many experienced. Donne addresses these concerns about the plague in his 1625 sermons, but he had already been considering the divine use of illness as a sign of bodily sin in the year before, when he was ravaged by a serious and life-threatening sickness that left him bedridden with a great deal of time to

¹ This phrase is used by an Anonymous pamphleteer in the *Lachrymae Londinenses*. It recalls the destroying angel sent to punish the Egyptians in the biblical story of Jewish liberation and signals a relationship between plague and divine wrath.

reflect on his mortality.² The literary product of these deliberations is the *Devotions upon emergent occasions* of 1624, a work that articulates the complex relationship between spirituality and bodily failure from a deeply personal perspective. As opposed to the plague, which seemed to signal the sins of an entire group, Donne's private experience with his own particular illness provokes the anguished reflections of a first person voice.

In religious contexts, illness was often interpreted as a sign of divine displeasure or a test designed to put the sufferer's faith on trial. Indeed, religion provided an important lens through which most people understood and interpreted their experiences with the vagaries of their health, and much of the medical literature in this highly religious period described the misfortunes that befell the healthy body in terms that included a spiritual element within a broader framework of medical explanations. Doctors, though eager to prove medicine's superiority to rival areas of study, like law, were quick to give way to theologians and the preeminence of spiritual concerns over mundane considerations of the fallen body.

Despite their deference to the special place of theology among the advanced disciplines, though, most physicians were reluctant to relinquish all care of the soul to churchmen. Proper application of medical theory, after all, suggested the importance of uniting the treatment of bodily and spiritual illness in order to address the needs of the whole patient. The work of Paracelsus, which was becoming more important in England at this time, even argued that the doctor could be a kind of pastor to his patients, serving their all of their spiritual and corporeal needs simultaneously. While not all physicians went so far as to support this radical argument, most nevertheless insisted on the links between the workings of the body and the patient's soul, suggesting a spiritual use for medical inquiry. Physical

² Donne was not suffering from the plague. His symptoms have indicated to some that it was a form of typhus.

symptoms could serve as signs of a disturbance of the soul that might otherwise have been difficult to detect. Given the injunction to treat the entire patient, dating from the time of Hippocrates, it was not uncommon for doctors to seek out relationships with their patients that were spiritually inflected.³ Furthermore, the Christian tradition understood Christ as a healer thanks to the many stories of miracles that he performed. This led many to view Christa as the ultimate physician (Beier 155).

The narration of illness that we find in Donne's *Devotions* provides a rare intimate glimpse into the relationship between early modern patient and doctor. The speaker of the *Devotions* is reluctant to allow his doctor to take on the role of spiritual guide that doctors were often interested to draw on. Instead of seeing the physician as a mediator between himself and the potentially divine implications of his illness, he replaces the physicians' medical language with a spiritual language that limits the actors to himself and God. By giving the physicians only a minimal place in his meditations on the meaning of illness, the speaker of the *Devotions* effectively distances the learned physician from a spiritual role. This, I argue, allows the speaker to take a more active part in the description and interpretation of his illness than medicine would seem to allow the suffering patient. The speaker shifts from the relatively passive position of an invalid having his disease interpreted by a group of medical experts to the troubled position of an anguished sinner who dynamically explores a complex and troubling relationship to divine providence and divine punishment. Within the spiritual framework, even the moments of passivity in the face of an

³ There was a permeable metaphorical language for describing the care of the body and the care of the soul. Divines often used metaphors of physic and the body in their sermons, drawing on the metaphor of the church body from Paul's letter to the Corinthians. Doctors, to a lesser extent, drew on spiritual language, thinking of themselves as ministering angels or seeing their work as the *imitatio christi* of healing. See, for example, Thomas Adams, *Diseases of the Soul*.

omnipotent God carry the paradoxical empowerment of exaltation in humility central to Christian doctrine. By abandoning the disempowered role of the invalid subject to learned medicine in favor of a strictly spiritual interpretation of his illness, the speaker of the *Devotions* effectively dismisses the relevance of medical discourse in its own right by putting it in the service of spiritual description.

While Donne makes use of both spiritual and medical language in his devotional meditations on illness, he presents the spiritual description of his encounter with illness as superior to and even exclusive of the possibility of describing that experience in medicalized terms. Though medical language was clearly available to Donne as a mode of describing his experience with illness, he instead opted for a spiritual understanding and interpretation of the breakdown of his physical body. The speaker of the *Devotions* bypasses the specialized language of learned medical theory, which often seemed obscure or esoteric to the layperson, in favor of a spiritual narrative that introduces the possibility of interpreting his suffering for himself. This allows him to regain interpretive control over this unsettling proximity to his impending mortality and its attendant final judgment. Reluctant to put himself in a passive position with respect to medical authority, the *Devotions*' speaker takes advantage of a key paradox of Christianity in which he can gain control over his spiritual life by instead putting himself in a passive relationship with God. The frightening disempowerment of illness takes on a positive valence, as it creates the humility necessary for grace and divine redemption.

The language and structure of the *Devotions* chronicle this struggle for interpretive control. Each devotion begins with a line from a Latin poem that serves almost like a "table of contents" describing the progress of the disease and its treatment. The Latin verses are followed by the three-part devotional structure of a Meditation, Expostulation, and Prayer.

These consist of reflections on the Latin lines narrativizing the progress of the illness. The lines excerpted from the initial poem that appear as headings to each devotion paint the picture of a personal event that does not maintain privacy, but is instead subjected almost from its very beginnings to the description, diagnosis, and treatment of medical experts. Donne gives these in the Latin, followed by his translations (rather wordy by comparison with the terse Latin). The first five begin: "Insultus morbi primus, The first alteration, the first grudging of the sickness. / Actio Laesa, The strength and the function of the senses and other faculties change and faile. / Decubitus sequitur tandem, The patient takes his bed./ Medicusque vocatur, The physician is sent for. / Solus adest, The physician comes." Later lines describe the doctor's concerns, the decision to summon more physicians, and the various treatments they apply. These lines are fundamental to the work's structure. They constitute an outline for the simultaneous progression of the disease and the devotional reflection that it provokes, and each individual line serves as a starting point for the particular thoughts and concerns of that devotion's meditation, expostulation, and prayer. The structural significance of these lines would seem to suggest a focus on a medical description of the *Devotions*, or at least that the medical description and its attendant discourses will be a central part of the work. The content of the *Devotions* themselves, however, meaning the lengthy meditation, expostulation and prayer that accompany each Latin verse, contains almost no reference whatsoever to the physicians' interpretation of the illness or the medically dictated treatments. Instead, the speaker gives a more strictly spiritual description of each of these events.

Though medical language appears throughout the *Devotions*, it is always put in the service of spiritual interpretation. The description of the illness' appearance in the opening

devotion almost immediately rejects the possibility of understanding this phenomenon through medical theory: "We study *Health*, and we deliberate upon our *meats*, and *drink*, and *Ayre*, and *exercises*, and we hew and wee polish every stone, that goes to that building; and so our *Health* is a long & a regular work; But in a minute a Canon batters all, overthrowes all, demolishes all; a *Sicknes* unprevented for all our diligence, unsuspected for all our curiostitie" (2-3). Each of the italicized words in this quotation taken from the text's opening pages makes up part of a basic medical lexicon that was well established in common parlance. Aside from the obvious, "*health*" and "*sickness*," Donne also references "*meats*," "*drink*," "*Ayre*," and "*exercises*." These four terms referred to what was commonly known as the "non-naturals" within the Galenic system of medicine. The non-naturals described the various possibilities of change or flux that could affect the body's humoural balance. They included aspects of daily personal regimen, such as food and drink, waking and sleeping, or evacuation; environmental factors, such as the quality or humidity of the air; and the impact of psychology on the body, specifically the ways that the "passions of the soul" could affect physiology. The non-naturals were a fundamental aspect of prescriptive medicine, for they represented the factors that were available to manipulation in the process of maintaining the balance that described what early moderns understood as "health." This was, as we know, never viewed as a more or less stable state, but rather as a delicate and easily disrupted harmony of the interrelationship between a given body's humoural makeup and its environment. The non-naturals were the essential tools available to both the physician and the individual seeking to take control of his or her health.

The process of managing the non-naturals was incredibly intricate for the physician and his patient. Established in Hippocratic medicine and elaborated by Galen, the

manipulation of the non-naturals towards health was a fundamental part of the medical theory that the early moderns inherited in the vibrant re-discovery of Hippocratic and Galenic medicine thanks to major publications of these works by the Aldine press in 1525 and 1526 respectively. Galen's important treatise considering health, *Hygiene (Hugieinà)*, illustrates the role of the non-naturals in medical theory. Galen describes the science of medicine as consisting of three parts: the body that the physician studies and learns about, the signs that the body manifests that can be interpreted along the continuum of health and illness, and the means through which one manipulates the body's health in response to those signs.⁴ These "means" for controlling health include the careful manipulation of the non-naturals. In the treatise, Galen provides elaborate and detailed instructions for pursuing health. His advice varies based on the temperament, age, habits, and geographical location of each person. The amount that one eats, when one eats, how vigorously one exercises and how soon after eating, the kind of massage that one gets after exercising and the effect of the masseur's pressure, whether light or hard, the frequency and timing of sexual relations, etc. Each of these variables had an effect on the overall balance of the body. The daily acts of eating, sleeping, evacuation, and exercise were therefore coded as specifically medical within the discourse of the non-naturals.

Though the writings of Galen and Hippocrates only became widely available in the 1520s, even before that writers were concerned with the relationship between the non-naturals and health. Italian humanist and Neo-Platonist philosopher Marsilio Ficino is well known for his discussion of the non-naturals in his writings on the health of the scholar. His

⁴ "For the science of hygiene, like that of therapeutics, consists in these three primary topics - bodies, means, and signs, the bodies which are healthy, and which must be kept so; the signs which occur in them, from which diagnosis is made; and the means by which the guardianship of health is accomplished." Galen. *De Sanitate Tuenda*, 47 (Book I, Ch. 15).

work *De Vita* (1489), deals at length with the risks that extensive studying posed to the overall wellbeing of a person engaged in scholarly endeavors. The solitude and intellectual intensity of the scholar generates an excess of black bile that, in moderation, can be useful to the life of the mind and the process of ascendancy towards the divine but, in excess, it can be extremely dangerous to one's health. Just as a runner must take care of his legs, Ficino argues, the scholar has to care for his brain, heart, liver, and stomach, since these are the vital organs that allow him to continue his work, and keep the balance of melancholic humours in check.⁵ Proper care for these fundamental parts of the body involves a complex manipulation of the non-naturals. It is, for example, supremely important to get up early, since the sun, a planet analogous to the mind, moves away from the earth at night and is closest in the morning. Study early in the day will thus activate the humours of the brain and make for more successful intellectual work. The scholar must be mindful of how he combs his hair and whether or not he eats certain foods, since these small activities can easily tip the balance of the humoral equilibrium that is ideal for successful study and overall health. Most importantly, sex and heavy meals are to be avoided when one wants to study, since they draw the humours away from the brain and into the process of copulation or digestion (123 ff.).

The discourse of health that informed any mention of the non-naturals pointed to an elaborate medical discourse that was widely practiced and well established in the basic early modern understanding of the body. Donne calls attention to this medical understanding of the body in his opening lines as a way of setting up the medicalized context of the *Devotions*' concern for sickness and health: "We study *Health*, and we deliberate upon our *meats*, and *drink*, and *Ayre*, and *exercises*, and we hew and wee polish every stone, that goes to that

⁵ Ficino, Marsilio. *Three Books on Life*. 111.

building; and so our *Health* is a long & a regular work” (2). The verbs that he uses to describe the practice of self-maintenance within the Galenic model reference the extensive scholarly labor that characterized the elaborate study and mastery of the non-naturals demanded: "We study," and "we deliberate" regarding the maintenance of our health. The metaphor of constructing an edifice signals an arduous task requiring a great deal of detailed attention, for we are required to "polish" and "hew" each and every individual stone that go into this daunting construction. Such attention to the non-naturals and the exertion that it requires does not, as we might expect, refer to the nobility of such labor, though. One of the most famous medical aphorisms of Hippocrates, "Ars longa, vita brevis" ["ho bios brachus/hê de technê makrê"] suggests the nobility, importance, and ultimate utility of concentrated labor, but Donne dismisses such work as an exercise in futility. This constant and meticulous attention to the details of our disposition in the end does nothing to fortify the body against illness and disease: "But in a minute a Canon batters all, overthrowes all, demolishes all; a *Sicknes* unprevented for all our diligence, unsuspected for all our curiositie” (2-3).

The *Devotions* thus opens with a dismissal of the medical approach to maintaining health and protecting oneself against sickness. This opening casts a critical light on the Latin "table of contents" poem and its narrative of the *Devotions*' progress in medical terms. Though the opening verses implied a focus on medical concerns and a medicalized description of the illness afflicting the speaker, the content of the *Devotions* themselves belies this approach to understanding the process of suffering and disease. This dismissal of medicine as a futile enterprise opens up for the speaker the possibility of a specifically non-medical interpretation of his experience with illness. Rather than accept the power of medical language to understand his illness and cure it, he instead focuses on the Christian story of the

Fall, emphasizing the link between the vulnerability of the body and the original, sinful quest for knowledge: "O miserable condition of Man, which was not imprinted by *God*; who as hee is *immortall* himself, had put a *coale*, a *beame* of *Immortalitie* into us, which we might have blowen into a *flame*, but blew it out, by our first sinne; we beggard our selves by hearkening after false riches, and infatuated our selves by hearkening after false knowledge." The mortality that sickness signals is a punishment following the moment of sin in the Fall and the rift that it created between humans and their divine creator. The nature of this rift was a quest for knowledge beyond what the bounds of what was properly available to humankind within the original Christian cosmology. Such a reference to the Fall and humankind's Original Sin directly after the *Devotions*' rejection of medical interpretation links medicine's quest for knowledge pertaining to the maintenance of the body with the vain and mistaken search for knowledge that led to the single greatest moment of error within Christian cosmology. By implication, such attempts at gathering knowledge are not only unavailing in the face of our incontrovertible mortality, but they might also be sinful. Medicine, the text implies, does not so much improve the human condition as attempt to ignore the fact of our fallen state. In this way, medicine risks recapitulating the same mistakes that lost us our immortal and perfect bodies in the first place. The emphasis placed on the italicized words shifts from the focus on discourses of health that we saw above with the words "*health*," "*sickness*," "*food*," "*ayre*," and so on. These are replaced with an attention to spiritual discourse, signaled by words like "*God*," "*Immortalitie*," and metaphorical references to the immortal soul described as a "*beame*," a "*flame*," a "*coale*."

The first-person speaker of the *Devotions*, I argue, gains a certain amount of control over his terrifying experience with illness by effecting this shift from medical to spiritual

language. Though much medical language was esoteric and difficult for the layperson to understand, the non-naturals were the area within medicine that allowed the patient to take a decidedly active, involved, and personal role in his or her own treatment. The *Devotions* dismiss even this more accessible form of medical discourse in order to shift the focus of the text's engagement with illness. In arguing that medical attention to the body is limited and perhaps even spiritually dangerous, given the context of the Fall and the role of sickness as divine punishment for original sin, the *Devotions* effectively separates medical interpretation from any claims that it might have on the spiritual meaning of illness.

Anatomizing the Soul

The ninth devotion's use of the language of anatomy dramatizes the movement of medical language into the realm of the spiritual. The opening verse describes the process of consultation and prescription among the doctors: "Medicamina scribunt. Upon their Consultation, they prescribe" (201). At this point the illness has become serious enough to merit the attention of a consulting group of doctors, one of whom (we discover in the eighth devotion just before this) has been sent by the king himself. The simple and unmarked language of the verse represents this group of doctors in a neutral or even positive light. Their process of consultation and prescription is in accordance with simple and straightforward medical procedure. The Latin that describes the prescription of medicines consists only of a present active verb with object, and the translation adds the benign and even potentially reassuring act of consultation as a contextualizing circumstance.

The simple language of the verse with its neutral tone stands in contrast, though, to the content of the devotion that follows. Here, the way in which the doctors reach their

conclusions is described as much more invasive than the initial Latin heading would suggest: “They have seene me, and heard mee, arraign’d mee in these fetters, and receiv’d the *evidence*; I have cut up mine own *Anatomy*, dissected my selfe, and they are gon to *read* upon me” (201). The medical investigation, described in the aggressive language of arraignment and fettering, accusation and imprisonment, casts the process of diagnosis and prescription as invasive. In response to the feelings of vulnerability and powerlessness that the speaker experiences while subject to this investigating eye, he enacts a process of reclaiming the use of anatomical language and its implied aggression. The metaphors of intrusion that describe the anatomical process signal a concern over the practice of anatomy and specifically over the loss of personal control that the bodily investigation of an outside expert implies.

Critics have argued for a relationship between the increasing prevalence of anatomical study in the training of doctors and surgeons in seventeenth-century England and a more widespread interest in the metaphorical uses of “anatomy” as a model for various kinds of inquiry.⁶ As with any metaphor, the relationship was not neutral, and many authors express deep concern about the necessarily invasive quality of anatomical investigation. As Suggs points out, the use of anatomy as a metaphor often carried violent implications. Thomas Nashe’s episodic *The Unfortunate Traveller* (1594) represents the process of anatomical inquiry as the nefarious work of pitiless and miserly Jewish doctors. At one point in the complex story, the main character, Jack, falls into the hands of the Pope’s Jewish physician and is threatened with the possibility of becoming the subject of one of the physician’s anatomies. He is deeply afraid and imagines every bite of a flea or trickle of

⁶ See Devon Hodges, *Renaissance Fictions of Anatomy* and Richard Sugg, *Murder after Death*.

sweat as the pierce and slice of a knife. Within the Protestant context of its publication in Tudor England, *The Unfortunate Traveller* associates dissection with Rome, the city at the center of Catholicism, and with merciless Jewish doctors. The process of such invasive inquiry could be read as a sign of a spiritually flawed and morally decrepit population, and the anti-Catholicism and anti-Semitism of the episode is fundamental to its comedic aims for an audience that held strong aversions to these groups.

In the time between the writings of Nashe and Donne's composition of the *Devotions*, from the late sixteenth century and into the seventeenth century, the word "anatomy" also referred to any kind of close investigation that considered a complex subject in its many parts. English titles using the word anatomy were not limited to medical works, but were also common in such well-known investigations as Burton's *Anatomy of Melancholy*, which described that humour in all of its parts, and John Donne's own poem *Anatomy of the World*, mourning the state of the world at the untimely death of a future patron's daughter.⁷ Many other less famous examples abound: Oliver Almond, *The Uncasing of Heresie, or the Anatomie of Protestancy* (St. Omer: C. Boscard, 1624), a Catholic work using the metaphor of anatomy to outline the aspects of Protestantism that the author finds heretical; John Andrewes, *The Anatomie of Baseness* (London: Richard Redmer, 1615), which outlines various qualities of moral failure, such as pride or vanity; and a sermon of Imanuel Borne, *The Anatomy of Conscience* (London: Nathaniel Butter, 1623), picking apart the aspects of Christian conscience. In fact, of the works making frequent use of the term anatomy at this

⁷ The poem, along with the *Anniversaries* was one of the few pieces aside from the *Devotions* that Donne published. It commemorated the death of Elizabeth Drury. Thanks to his efforts, he was taken up for patronage by the Drury family, traveled to Europe with them from November 1611-September 1612, and Sir Robert Drury provided Donne with housing. (Donne, John, *The Major Works*, n. 462)

time, only about half were strictly medical, and many contain moralizing content that valorizes the philosophical worth of close investigation. Donne's use of the term "anatomy" in this context takes on some of these attributes of reflection and careful investigation.

The speaker of the *Devotions* is, however, clearly uncomfortable with attributing that process of investigation to his medical attendants. While the external examination of the sickly patient performed by the doctors is represented as problematically aggressive, the *Devotions* emphasizes the importance of rigorous self-inquiry and relentless investigation into one's own soul in order to attain spiritual salvation. The problem that the ninth devotion presents is the tension between attributing that investigative manner to an outside figure and the process of taking on such investigation for oneself that spiritual salvation demands. Allowing the doctors to perform the "anatomizing" holds the metaphorical risk of displacing and thereby disrupting the deeply personal redemptive project and the self-knowledge that is a necessary first step to the narrative of repentance and rebirth. This conflict between exterior and interior authority helps to explain the aggressive language that characterizes the doctors' examination of the speaker's body. He is not merely expressing concern about the process of anatomization but suggesting that the real source of that concern stems from the moral failing implied in the inability to examine oneself. The reliance on outside experts leaves the speaker vulnerable not only physically, but also spiritually.

In order to mediate this problem and shift the investigative agency from the doctors to himself, the speaker enacts a shift in voice. The mid-sentence change of perspective, from the third person "they" referring to the team of physicians to the "I" of the speaker, creates an abrupt transition, polarizing the investigators and the object of their inquiry: "They have seene me, and heard mee, arraign'd mee in these fetters, and receiv'd the *evidence*; I have cut

up mine own *Anatomy*, dissected my selfe, and they are gon to *read* upon me” (201, my underlining). Though the opening of the sentence puts the doctors in the active position while the first-person patient remains the direct object of their investigation, the grammatical position of the subject shifts halfway through, so that the first-person voice of the patient takes over the action of the sentence, while also remaining the object of his own investigation. No longer a passive patient examined by his doctors, the speaker asserts that he has “cut up [his] own anatomy,” which the doctors will then “read upon” or onto him.

The claim to perform one's own anatomy might at first seem incongruous, bizarre, and even (taken literally) gruesomely impossible. The use of the term “anatomy” in a medicalized context, especially coupled with the activity of “cutting up”, calls to mind the disturbing and invasive activity of the knife, a literal cutting up of the body in order to learn more about its intricate workings. Skilled physicians and surgeons usually completed such a task either in the context of their educational training or as a post-mortem procedure that would allow the practitioner to discover more about the nature of the fatal disease. Such medical anatomization would be of place in the context of diagnosis and prescription that the ninth devotion describes. While increasingly common for educational purposes and post-mortem diagnostics, few physicians would cut into a still-living patient in order to discover the source and nature of his or her illness. Because of the high risk of complications, surgery often led to death and was typically more of a last resort than a diagnostic tool,⁸ and it is clear in this devotion about diagnosis and prescription that Donne’s physicians are not engaging in

⁸ Montaigne recounts with disgust the story of a man whose doctors believed that he had kidney stones and decided to cut him open in order to remove them. Upon opening him up, though, they discovered that he did not in fact have kidney stones, but was suffering from a different disease. He thus received no relief from his pain and ended up dying from the diagnostic complications of the surgery, when he might well have recovered had the enterprising surgeon not interfered.

any literal cutting of his body.

The reference to medical dissection makes sense, however, within the *Devotions*' overall valorization of intensive and often painful investigation. The "Anatomy" is not a literal self-dissection, but the figurative autodissection that becomes a part of the introspective nature of the book that he is writing and that his readers are reading. The *Devotions* and the process of reflection and introspection that absorbs Donne's attention throughout his writings on his experience with illness are associated with the medical knowledge produced in the process of engaging in the active dissection of a human body. This "anatomy" is not physiological, but psychological, an anatomy of his own soul. When the physicians "read upon" him, Donne suggests, they are "reading" the wrong book. Ignoring the narrative of his soul's struggle in the face of mortality and impending divine judgment, they look only at his body. Rather than admit the physicians' position of authority in this moment of inquiry, Donne insists on his power to interpret the deeply personal event of his illness. In claiming to perform his own anatomy, the speaker positions his knowledge as not only equal, but even superior to the knowledge of his physicians. By taking over medical language in the metaphorical service of a descriptive spiritual project, the speaker regains a certain amount of control over his disturbingly helpless situation as an invalid subject to the inquiry of experts.

The ninth devotion illustrates the shift from medical to spiritual discourse by taking up the medical language of the body's various parts in the service of a spiritual rather than physical anatomy. The physicians' investigative goals, signaled by the opening Latin verse and, more indirectly, the references to anatomy, look to the body to discover the reasons behind the development of the sickness. This would lead to a process of diagnosis and the

recommendation of a prescriptive model that would treat the illness and help the body to attain the humoral balance that characterized health. Within a spiritual context, though, that original state is highly problematic because of the traces of original sin that any mortal body holds. The imbalance of sickness signals the fact of humans' physical fallibility and ultimate mortality. The body, as a fallen object carried through a fallen world in the course of one's lifetime, carries the traces of personal sins.

The process of enumerating his past sins demands a different kind of audience. Whereas the anatomization of the body in its purely physical state would be for the sake of the doctors, the anatomization of the soul becomes part of a personal confession to God. In the process of seeking to gain a sense of control over his passive position as a patient subject to the examination of his doctors, the speaker shifts the audience for this investigation away from the bodily expertise of the doctors and towards the spiritual expertise of the holy trinity that sits in judgment on the sins of the sickly sinner: "How much more must I apprehend, that al you blessed, & glorious persons of the *Trinitie* are in *Consultation* now, what you wil do with this infirm *body*, with this leprous *Soule*, that attends, guiltily, but yet comfortably, your determination upon it. I offer not to counsel them, who meet in *consultation* for my *body* now, but I open my infirmities, I anatomise my *body* to them. So I do my soule to thee" (214-215). The metaphor of investigative anatomy guides the speaker's ensuing description, linking the specialized language of anatomy with a lament over the extent of the body's distance from spiritual perfection.

Following this logic, the various parts of the body that would serve as the foundation of medical knowledge in an instructive anatomy instead point to the remnants of original sin and the fallen state of the body. Donne describes his physical body using the anatomical

terms of medical investigation, but this use of physical language does not provide any information about his earthly body or his illness. Instead, it is laden with a history of sin both in the cosmic sense tracing back to the Fall and in the individual particularity of his various transgressions.:

O my *God*, in an humble confession, That there is no *veine* in mee, that is not full of the bloud of thy *Son*, whom I have crucified, & Crucified againe, by multiplying many, and often repeating the same sinnes that there is no *Artery* in me, that hath not the *spirit of error*, the *spirit of lust*, the *spirit of giddiness* in it, no *bone* in me that is not hardned with the custome of *sin*, and nourished, and soupled with the *marrow* of *sin*; no *sinews*, no *ligaments*, that do not tie, & chain sin and sin together” (215-216).

The passage draws on the technical language of anatomy, using words like “veine,” “artery,” “marrow,” and “ligament,” but each serves the metaphor of spiritual sin and highlights the miraculous hope for redemption.

The reference to bones “hardned with the custom of sin” and “sinews” and “ligaments” that “tie & chain sin and sin together” emphasizes the relationship between the body’s physicality and its fallen state. Just as we saw at the very beginning of the *Devotions*, sickness serves as an occasional reminder of our fallen state. Though at first the body and soul had the potential to live eternally just as God does, at the moment of the first sin and disobedience to God that privilege was lost. The body is a troubling and constant sign of that sin, and the language that the speaker uses to describe his bones, sinews, and ligaments emphasizes the feelings of complete despair that the trappings of his mortal body bring on. Imagining the more solid features of his anatomy in the language of hardness would call to mind for Donne’s audience the language of the King James Bible in the story of Exodus. In that account, the translation uses the language of “hardening” almost twenty times to represent Pharaoh and the other Egyptians’ unwillingness to let the enslaved Hebrew people go: “And I will harden Pharaoh’s heart, and multiply my signs and my wonders in the land of

Egypt. But Pharaoh shall not hearken unto you, that I may lay my hand upon Egypt, and bring forth mine armies, and my people the children of Israel, out fo the land of Egypt by great judgments.”⁹ In this story, and in references to the “hardening of hearts” elsewhere in the Old Testament, the hardened heart is represented as an act of God’s providence. The Jewish God is always in control, and so when the Jews encounter an enemy, it is because God has hardened the heart of that enemy, whether it be Pharaoh of the book of Exodus or other unsympathetic rulers that they encounter later, like Sihon the king of Heshbon.¹⁰ Yet the language of hardening takes on another set of meanings in the Psalms of the Old Testament, which are then cited as admonishment to those who would refuse God’s grace in the Christian New Testament. For example, the 95th Psalm states, “For he is our God; and we are the people of his pasture, and the sheep of his hand. To day if ye will hear his voice, / *Harden not your heart*, as in the provocation, and as in the day of temptation in the wilderness” (Psalm 95:7-8, my emphasis). This exact language is taken up in the New Testament book of Hebrews, where the author quotes this passage from the Psalms in order to warn his audience: “Take heed, brethren, lest there be in any of you an evil heart of unbelief, in departing from the living God” (Hebrews 3:12).

The use of the verb “harden” refers to an action or a process rather than a mere descriptive quality. Medical anatomists, by contrast, understood the bones as ontologically hard, where the state of hardness was central to their classifiability as bones. Vesalius, for example, in his definition of the bones describes their hardness as a key purposive feature of

⁹ Exodus 7:3-4. The language of “hardening Pharaoh’s heart” is used in the following verses of the King James Version: Exodus 4:21; 7:3; 7:13; 7:14; 7:22; 8:15; 8:19; 8:32; 9:7; 9:12; 9:34; 9:35; 10:1; 10:20; 10:27; 11:10; 14:4; 14:8; and 14:17.

¹⁰ Deuteronomy 2:30.

the skeletal structure: "Of all the constituents of the human body, one is the hardest, the driest, the earthiest, and the coldest; and, excepting only the teeth, it is devoid of sensation. God, the great Creator of all things, formed its substance to this specification with good reason, intending it to be like a foundation for the whole body; for in the fabric of the human body bones perform the same function as do walls and beams in houses, poles in tents, and keels and ribs in bones."¹¹ The speaker of the *Devotions* does not see the hardness of his bones as a basic feature of their function to hold up the body. Instead, he focuses on the spiritual meaning of hardness and its Biblical metaphors. Hardness is part of a process that signals a turning away from God more than it is a physical quality. Reading his continual sinning and his resistance to salvation in these terms, the bones come to signify the negative effects of custom and the daily erring of sin.

The body's bones did not typically play a role in the process of early modern diagnosis. Their presence was seen more as a foundation for the body, the last thing to decay after death. The blood, on the other hand, was an important factor in the diagnosis and treatment of most diseases. Associated with the logic of humoural balance and flow, the blood could serve as an indication of overall imbalance and could, in response, be treated or drained in the process of restoring balance to the humours. The blood for Donne, however, references instead the rich and complex metonymy of sacrifice and salvation according to Christian eschatology. The speaker's veins and arteries contain signs of physical corruption only insofar as this points to the spiritual decay that is the true concern of the *Devotions*. In the Christian story of the crucifixion of Christ, the son of God bears all of the sins of the world, and this is metonymized in his blood. The blood serves as a sign of both the guilt that

¹¹ Vesalius. *On the Fabric*, 1.

each Christian feels for adding more and more to the burden of that sacrifice with each sin and of the potential for redemption despite the continual and inevitable multiplication of such offenses that is part of living in the fallen world. When the speaker imagines his blood as “full of the bloud of thy *Son*,” it is a reminder of his past sins that “crucif[y], and Crucif[y] againe” the savior. The blood is a diagnostic sign, not of illness, but of the bodily corruption resulting from the speaker’s repeated errors. a bodily reminder of the spiritual moment of divine sacrifice for the sake of the speaker’s salvation. Within the context of the Christian story of salvation, the blood The blood indicates both the physicality of God’s son, who was able to inhabit the paradox of a perfect human body, and the fallen state of the speaker’s corrupted blood. The two intermingle in the veins and arteries, making the physical blood that was present in most early modern treatment plans a sign of the complicated intermediary state of fallen man.

In insisting on the spiritual valences of the fallen body as opposed to its potential for medical interpretation, the ninth devotion participates in the *Devotions*’ broader shift away from medical and towards spiritual discourse. The “consultation” references in the English translation of the opening Latin verse, “Upon their Consultation, they prescribe,” transforms the process of medical consultation and prescription into the religious language of confession and forgiveness. The resolution to Donne’s anguished confession of his continual transgressions relies on this reinterpretation of medical consultation: “yet upon these *consultations* (these *confessions*, these takings of our particular cases, into thy consideration) thou intendest all for *physick*, & even from those *Sentences*, from which a too-late *Repenter* will sucke *desperation*, he that seeks thee early, shall receive thy *morning dew*, thy seasonable *mercy*, thy forward *consolation*” (220-221). The parenthetical clarification

redefines the medical consultation in terms of each individual's special place in the eyes of God. Though he may be guilty of continual transgressions, the speaker has the promise of a divine "phisick." The "consultation" is a first step to the "*consolation*" of divine forgiveness. In this transformation of medical procedure into spiritual narrative, medicine's final goal to heal sickness and restore health becomes a limited way of understanding the greater place of the individual body and soul within a divine cosmology: "Take me then, *O blessed, & glorious Trinitie*, into a *Reconsultation*, and prescribe me any *physic*; If it bee a long, & painful holding of this *soule* in *sicknes*, it is *phisick*, if I may discern thy hand to give it, & it is *phisick*, if it be a speedy departing of this *Soule*, if I may discerne thy hand to receive it" (225-226). Even a long-suffering illness or death can be reinterpreted as "phisick," as beneficial treatment, if these come from God with the promise of eternal salvation. This reconfiguration of the medical language of anatomy, consultation, and treatment shifts the speaker away from the disempowering position of a passive patient subject to medical scrutiny. Instead, the speaker takes over medical language in order to marshal it in the service of a spiritual interpretation of his personal experience with illness.

Medical Knowledge and the Devotional Sensibility

The *Devotions*' use of medical language in the service of spiritual discussions implies that medicine's focus on the details of the body is not only beside the point but perhaps even trivial in the face of larger cosmic problems of sin and salvation. From the opening lines of the first devotion, Donne suggests that medicine's curative goals pretend to ignore the fundamental fact of our mortality and the punishment of sickness and death after the Fall. There are a number of references to the questionable status of medicine as an epistemological

field throughout the *Devotions*, and at each point the text draws attention to the fundamental risk of attempting to thwart or claiming to understand the workings of divine providence in the case of sickness and human mortality. The *Devotions* are never polemical or completely dismissive in tone, but the content and structure of each devotion suggests that there are more important things for fallen mortals to do than to contemplate than the details of medical treatment and to entertain potentially vain hopes for a cure.

The fourteenth devotion provides a good example of the complexity of Donne's critique of medicine. The Latin verse and translation read: "Idque notant Criticis, Medici evenisse Diebus. The Physicians observe these accidents to have fallen upon the criticall dayes" (331). "On Critical Days" was the title of one of Galen's more well known and widely read medical treatises in the early modern period. The doctrine of critical days held that certain acute diseases had symptoms that would be interpreted differently, depending on the particular day when they manifested. It was a branch of medical astrology, in which context the position of the various heavenly bodies would have an effect on the treatment plan. The time to bleed a patient in order to balance out the humours and ride the body of those that were corrupt varied based on the relationship between the patient's temperament and the position of the heavens at that point.¹² Related to doctrine of critical days was the theory that a disease would reach a certain "crisis" or climax of symptoms and considering the day on which that moment of crisis fell could help to predict whether the patient would be cured or would die. Timing was therefore of supreme importance in medical theory and

¹² See, for example, the *Petit traitté des pronostics*. This treatise opens with detailed instructions concerning the proper timing for bleeding people of various temperaments based on the astrological position of the various heavenly bodies. It was especially important to consider the location of the moon, because it was considered watery and could have a disastrous effect on a patient with a tendency towards moist humours if he or she were to be bled with the moon was also in a watery sign.

the process of successfully treating an illness.

The fourteenth devotion notes that the doctors find that the appearance of malignant spots, discussed in the preceding devotion, corresponds to such critical days. The speaker does not directly mock this medical notion that the pattern of a disease is predictable based on observations of the heavens in conjunction with a close monitoring of the body. The first observation of the devotion's opening meditation on critical days does, though, focuses on the relationship between the quotidian experience of time and the godly scale of eternity: "if this *Imaginary half-nothing*, *Tyme* be of the Essence of our *Happinesses*, how can they be thought *durable*? *Tyme* is not so [...]. If we consider *Eternity*, into that *Tyme* never Entred; *Eternity* is not an everlasting flux of *Tyme*; but *Tyme* is as a short *parenthesis* in a longe *period*; and *Eternity* hath bin the same, as it is, though time had never been" (335-336).

Though the text does not directly criticize or dismiss the doctrine of critical days, it sets up the notion of daily, lived time that this medical approach assumes in contrast with the vast eternity of time that is beyond human comprehension. While the happy occasions and tribulations that make up the central focus and concerns of many people's lives might seem significant, in comparison with the vast sweep of eternal time, they are in fact minor or even irrelevant. The fact that medicine requires attention to such mundane and ultimately unimportant details sets it up in contrast to a spiritual understanding of the world that seeks to consider the quotidian within a much vaster context of divine eternity.

The content of the devotion as it unfolds takes up a different definition of the word "critical" and its meaning in the medical context. The word "critical" comes from the Greek verb *krinein*, meaning to separate or discern, and it is also the root of the word "crisis." In the "critical" days of a disease, as in the "crisis," there is a potential moment of division when

the disease could turn either towards a healing resolution or a downward spiral towards death. The critical days were a series of more minor potential turning points in this narrative drama. “Critical” also went on to mean, of course, the act of criticism, looking closely at something to evaluate its relative merit. This action also derives from the Greek root and suggests discernment and a dividing of the worthwhile from the less meritorious. The fourteenth devotion lifts “critical” from its medical context and applies it to the spiritual act of auto-criticism, through which the believer discovers his own faults to himself in the process of confession. Within the context of eternity, the risk of spending an amount of time inconceivable by day-to-day standards, either in the company of the divine or the ravages of hell, the speaker decides that not only is the critical day too small of a temporal increment, but it also misses the true point of critical discernment: “So far then our daies must be *criticall* to us, as that by consideration of them, we may make a *Iudgment* of our *spiritual health*; for that is the *crisis* of our *bodily health*” (380 [344]).¹³ The only valid reason for engaging in reflection on the individual days of a life, the speaker insists, is Christian reflection that would lead to spiritual health and rightness with God. Bodily health serves only as an indication of the much more important status of the soul.

The *Devotions* argue for the usefulness of sickness as a reminder of our mortality and a sign of the ways that the mundane body both endangers and highlights the flaws of the potentially divine soul. The ninth devotion proposes that sickness can also serve as an example to the fallen by making manifest the limits of mundane knowledge. While medicine may hold as a goal the development of true and thorough knowledge of the many varieties

¹³ There is a printer’s error in the pagination of the 1624 edition of the *Devotions*, and the page number at the top of the page is 380, while in fact it should be 344 in the progression of the numbers up until this point.

and forms of sickness, the speaker argues that such understanding is in fact impossible in our fallen state:

If there were no ruine but sicknes, wee see, the Masters of that *Art*, can scarce *number*, not *name* all sicknesses; every thing that *disorders* a faculty, & the function of that is a sickness: The names will not serve them which are given from the *place affected*, the *Plurisy* is so; nor from the *effect* which it works, the *falling sickness* is so; they cannot have name ynow, from *what it does*, nor *where it is*, but they must extort names from what *it is like*, what it *resembles*, and but in some one thing, or els they would lack names; for the *Wolf*, and the *Canker*, and the *Polypus* are so; and that question, *whether there be more names or things*, is as perplexed in sicknesses, as in any thing else; except it be easily resolved upon that side, that there are more *sicknesses* then *names*. If *ruine* were reduc'd to that one way, that Man could perish noway but by *sickness*, yet his danger were infinit; and if sicknes were reduc'd to that one way, that there were no *sicknes* but a *fever*, yet the way were infinite still; for it would overlode, & oppress any natural, disorder and discompose any artificiall *Memory*, to deliver the *names* of severall *Fevers*; how intricate a worke then have they, who are gone to *consult*, which of these *sicknesses* mine is, and then which of these *fevers*, and then what it would do, and then how it may be counterminde. (202-205).

The “Masters of that *Art*” clearly refers to doctors and their study of medicine, but the use of the respectful terms “Masters” and “*Art*” is subsequently undermined by the complete loss of art that the passage suggests.¹⁴

In Aristotle’s definition of an art in the opening of the *Metaphysics*, he describes it as the process by which we move from the natural desire to gather discrete moments of knowledge through the senses to the organization and patterning of this knowledge into a more systematic set of intellectual and interpretive skills. This process allows for the movement of experience, which is unique to the individual and therefore far from universal truth, to “art” (or *techne*), which is universal and can be taught and shared. The primary example of an art that he gives is medicine: “To have a judgement that when Callias was

¹⁴ Unlike Montaigne, Donne is grateful to the physicians who are attending him, and he is not attacking them ad hominem. His critique is never vitriolic and focuses only on the limitations of art after man’s fall from perfect knowledge.

suffering from this or that disease this or that benefited him, and similarly with Socrates and various other individuals, is a matter of experience; but to judge that it benefits all persons of a certain type, considered as a class, who suffer from this or that disease (e.g. the phlegmatic or bilious when suffering from burning fever) is a matter of art” (Aristotle. *Aristotle in 23 Volumes*, 981a1-10). Donne’s description of sickness in this passage argues, however, that drawing universal knowledge from the many varieties of illness is almost impossible. As he points out, the varieties of sickness surpass our capacity for naming them.

The focus in this passage on the problem of naming the various kinds of sickness is significant in relation to the reference to the Fall at the very beginning of the *Devotions*. From the moment that Adam and Eve defied God’s command and ate from the Tree of Knowledge, the perfect relationship between words and the things that they referenced was broken. When Donne asserts that “the names wil not serve” the masters of medicine, he suggests that attempts to establish medical knowledge are futile in a postlapsarian world. He lists of some of the various ways that illnesses acquire their names – through the place affected, through the effect that the sickness produces, through its resemblance to other things – only to illustrate that these various strategies for categorizing and naming illnesses in the end do not inspire confidence in the physicians’ ability to name, diagnose, and treat any particular illness for the suffering individual. The assertion that doctors “cannot have names ynow” or that “they must extort names” from various sources implies an intellectual powerlessness and perhaps a certain degree of presumption in even trying to establish such knowledge in the first place. The description of the variety of illnesses serves the *Devotions*’ overall project to shift the discussion of the speaker’s illness away from the medical models of interpretation that would exclude the suffering patient from the process of understanding

and interpreting this intensive experience. No longer a passive subject of medical inquiry, the sufferer recognizes the futility of attempting to know anything for certain, and this humble acknowledgement of his fallen state in fact brings him closer to divine revelation.

Removing the Physician from the Drama of Disease

In the Hippocratic *Epidemics*, the author describes the process of treating illness as the complex interaction among the patient, the doctor, and the illness: “There are three factors in the practice of medicine: the disease, the patient and the physician. The physician is the servant of the science, and the patient must do what he can to fight the disease with the assistance of the physician” (Hippocrates, *Hippocratic Writings*, 94). The formulation of the disease as an entity in dialogue with the physician and the patient is surprising given the Hippocratic understanding of disease as an imbalance of the humours brought on by personal habit or change in environment. The notion of the disease as its own entity has typically been understood as a challenge to Hippocratic and Galenic humoralism, posed by Paracelsus in the early modern period and given scientific weight with the development of germ theory. The Hippocratic reference to the “disease” as its own entity should be understood, not as an independent group of germs or a virus, but as the set of physical symptoms that pointed to an imbalance in and disruption of the body. The disease is a set of phenomena that would not be entirely distinct from the patient (because its existence is reliant on the humoral imbalance of the patient’s body), but it would still not encompass the entirety of the patient’s identity. The Hippocratic invention of bedside manner stems from precisely this conception of illness and treatment in which the physician must address the patient as a person with his or her own set of fears, hopes, and particularities that exceed the mere experience of illness.

While this formula might seem to hold great promise for an approach to medical treatment that keeps the patient reassured, in fact the patient could easily feel left out of the happy threesome the *Epidemics* describes. This anxiety is evident in the concerns that the speaker of *Devotions* has about his ambiguous position within the drama of disease as it unfolds. By manipulating the various instances in which he takes on the disturbingly passive role of the patient in the course of treatment, the speaker is able to take an active part in the interpretation of his illness. The *Devotions* uses spiritual autobiography to overcome the concerns about passivity and powerlessness that often accompanied illness. In making the disease a sign in the service of the self's relationship with God, the *Devotions* moves the relationship between patient and doctor outside of the parameters of its narrative concern. This allows for a shift in focus to the relationship between the patient and God, and it is in this relationship that passivity becomes more promising as a position that can lead to the humility necessary for divine grace.

The distance between the patient and his physicians is highlighted by the structure of the work where the discourses characterizing the medical and spiritual voices are almost entirely separated by the neutral Latin verse headings and the introspective devotional content. This distance is underscored by the speaker's reflections on solitude when the physician first appears in the narrative of illness that the *Devotions* chronicles. The arrival of the doctor in devotion 5, "Solus adest. The Phisician comes," prompts the remark, "AS Sicknesse is the greatest misery, so the greatest misery of sicknes is *solitude*" (92-93). The patient hopes that the company of his doctor will help to ease the burden of this solitude, providing him with companionship and even friendship in his despair. Yet despite this hope, the content of the entire devotion focuses on the solitude and isolation that the speaker is

suffering because of his past sins and the current sickness that he interprets as divine punishment for them. The devotion continues to hold out hope that the physician will be his “faithful *friend*” sent by God in this desperate moment (110), but the overall tone of the meditation, expostulation, and prayer suggest otherwise. Ultimately, the original feeling of separation from the physician and identification with his disease that the speaker feels (“His *diseases* are his owne, but the *Phisician* is not; he hath them at home, but hee must send for the Phisician” (73)), works to isolate the physician from the drama between patient and disease. Rather than allow the physician’s focus on treating the disease to risk excluding him from the treatment plan, the *Devotions*’ patient claims a deep identity with his disease as a sign of God’s punishment for past sins.

The threat that the patient might be excluded from his own treatment narrative appears most clearly in the way that the opening Latin verses narrate his role. In this context, the patient is often excluded entirely or, when he does enter the action, he is put in impersonal or even a passive position. The Latin text heading devotion three, for example, “Decubitus sequitur tandem” translated as “The patient takes his bed.” involves an impersonal construction, and the following Latin heading, “Medicusque vocatur, The physician is sent for” specifically puts the patient summoning a physician in a passive position. In the devotion that elaborates this moment in the course of the sickness, though, the speaker gives himself a more active role mediated through his spiritual relationship to God. After lamenting the fact that sickness necessitates the help of a physician at all, (which refers us back to the opening link between learned medicine and original sin,) and suggesting that we would be better off in a more pure, natural state like the animals who can treat themselves, the speaker goes on to put his dilemma in the hands of God, “*My God, my God,*

how soone wouldest thou have me go to the *Physician*, and how far wouldest thou have me go with the *Physician*?" (74). Rather than rely on information that he might have from his knowledge of medicine, the *Devotions'* speaker feels intimate enough with the Divine for a direct address and request for advice. This connection to divinity helps the sickly patient to bypass the authority of the physicians and regain a sense of control over his situation.

Donne uses the address, "my god, my god" and variations on it (also, "O my God") almost 150 times in the course of the *Devotions*. The phrase is taken from the moment of the Passion when Christ calls out to his divine Father in despair, the most intense moment of suffering he was believed to have experienced in the crucifixion right before dying. Donne is acutely aware of this context, and he even references it explicitly in the prayer of the seventeenth devotion. This devotion, in which the speaker believes that he is going to die from his illness, includes the famous reflections on the individual's link to others, specifically other members of the church as the metaphorical body of Christ. The notion that "No Man is an *Iland*" (415) means that his suffering is meaningfully tied in with a larger spiritual community, and it is this context that he uses to provide a reading of this most anguished moment of the Passion:

When thy *Sonne* cried out upon the *Crosse*, *My God, my God, Why hast thou forsaken me?* he spake not so much in his *owne Person*, as in the person of the *Church*, and of his afflicted *members*, who in deep distresses might feare thy *forsaking*. This *patient*, O most blessed God, is one of *them*; In his behalf, and in his name, heare thy *Sonne* crying to thee, *My God, my God, Why has thou forsaken me?* and forsake him not; but with thy *left hand* lay his *body* in the *grave* (if that be thy *determination* upon him) and with thy *right hand* receive his *soule* into thy *Kingdome*, and unite *him & us* in one *Communion of Saints*. Amen." (434-435).

While the physician was not able to provide consolation in the solitude of the sickly speaker, the invalid finds that consolation in the context of a spiritual community that connects him to God. By taking on the voice of Son to Father, Donne's suffering first person assumes a

strikingly intimate relationship with God that serves to bypass the interpretive authority of medical discourse. Instead, he shifts the privilege of interpretation to the realm of the spiritual, and is thereby able to gain more of a sense of control over a potentially disempowering situation

Drawing on the obvious links between medicine and the care of the body versus spirituality and the care of the soul, Donne's speaker creates a more active role for himself by effectively dismissing the interpretive power of medicine and replacing it with spiritual discourse. The body's illness does not signify of itself, but rather serves as a sign for interpreting the soul. While the physician may be able to read and interpret the signs that the body is currently manifesting, only the speaker knows his own past history of sin. For example, at the very beginning of his illness when the patient must take to his bed, his thoughts fly immediately to the many sins that he had committed in the bed as a younger man. He addresses God in despair over this connection between his sickness and his sin: "Whither shall I come to thee? To this bed? I have this weakness and childish frowardnes too, I cannot sit up and yet am loth to go to bed; shall I find thee in bed? Oh, have I alwaies done so? The bed is not ordinarily thy *Scène*, thy *Climate*" (48-49). The appearance of the sickness serves as a reminder of the distance between the patient and God because of his past sins. The most important approach to interpreting the sickness, then, is to seek out the ways that God might be using it to communicate with the fallen Christian: "*Lord*, dost thou not accuse me, dost thou not reproach to mee, my former sins, when thou layest mee upon this bed?" (49). Near the end of the *Devotions*, when the speaker is clearly healing and destined to survive, he returns to this relationship between sickness and sin: "My *bed of sinne* is not *evill*, not desperately evill, for thou doest call mee out of it; but my rising out of it is not *good*

(not perfectly good) if thou call not *louder*, and hold me now I am *up*” ((556-557). The healing of the sickness is meaningful to the extent that it signals a closer relationship between the speaker and God. Unlike the physicians, for whom healing is the ultimate goal that holds its own usefulness, the speaker sees the end of the sickness as relevant only insofar as it can help him to improve himself spiritually and make him a better follower of God.

Finally, the *Devotions* most clearly remove the concerns of the physicians from its narrative of disease in the discussion of death that predominates in the fifteenth through the eighteenth devotions. Where typically the Latin inscriptions allowed the physicians and their medical concerns a central place, in these four devotions even the introductory verses exclude medical discourse from their narrative of the course of the disease. This sudden exclusion derives, I argue, from the simple fact that medicine seemed not to have any role at all in the discussion of death that is the focus of these devotions. While, for the speaker, death plays a central role in the spiritual narrative that would ideally end with a place in heaven for his errant soul, for the doctors, death signifies the failure of their attempted remedies. Rather like Montaigne, Donne finds that medicine has little to offer in reflections on mortality. While Montaigne’s focus primarily drew from pagan philosophical traditions with less attention to Christianity, Donne’s focus remains within the Christian cosmology that has been the central preoccupation of the *Devotions*. Yet each of these traditions argues for a certain amount of power in death. While suicide was contrary to the Christian tradition, because it risked the pride of deciding one’s own destiny when such things should be left to God,¹⁵ the moment of the believer’s death when it came naturally was a triumphant moment

¹⁵ Donne did nevertheless consider the benefits of suicide. Though this thought does not appear in the *Devotions*, when his soul is already in a precarious state, he had written the controversial *Biathanatos* in the period between 1607 and 1608 when his own life seemed

of the passage from the fallen world to the glory of paradise. For the speaker of the *Devotions*, death itself is not a concern so much as is his fear that he might not be received into the holy kingdom because of his past iniquities. The only "physick" that he desires is spiritual: "doe thou [God], who onely art the *Physitian* of my *soule*, tell her, that thou wilt afford her such *defensatives* as that shee shall *wake* ever towards thee, and yet ever *sleepe* in thee" (383-384). The doctors' concern over whether or not he will live is entirely beside the point in the spiritual context, and by emphasizing a spiritual healing over its bodily counterpart, he once again assures the importance of his own position within the drama of the illness.

Conclusion

From the very beginning, the *Devotions* reiterate that the speaker's most important aspect is his soul. Though medicine can interpret the body, the body is mortal and ephemeral, "But I am more then *dust & ashes*; I am my best part, I am my *soule*. And being so, the *breath* of *God*, I may breath back these pious *expostulations* to my *God*. *My God, my God*, why is not my *soule*, as fensible as my *body*? Why hath not my *soule* these apprehensions, these presages, these changes, those antidotes, those jealousies, those suspicions of a *sinne*, as well as my body of a *sicknes*?" (9-10). The sickness is reduced to a simple indication of bodily dysfunction, and the nuances of that interpretation are ultimately irrelevant beyond the simple point that the body evidences past sin. The soul, by contrast, is much more complex and difficult to understand. As such, it deserves the extensive and almost agonizingly

hopeless. In that work, he argued that Christ's self-sacrifice could be seen as a form of suicide, since he knew that he had to die. The work was too controversial for publication, and only went to press after his death.

detailed attention of the devotions. If the sickness means anything, it can only take on meaning through this important process of interpreting and understanding the "best part" the soule. As Donne clearly expresses it at the *Devotions*' conclusion: "My *God*, my *God*, what am I put to, when I am put to *consider* and *put off*, the *root*, the *fuell*, the *occasion* of my *sicknesse*? What *Hyppocrates*, what *Galen*, could shew me that in my *body*? It lies deeper than so; it lies in my *soule*" (580).

CHAPTER 6

THOMAS BROWNE'S *PSEUDODOXIA EPIDEMICA*: BACONIAN INQUIRY AND THE CONTINENTAL TRADITION

Seventeenth-century physician and author Sir Thomas Browne is most well known for his *Religio Medici* (1643), a short piece that he wrote as a young man reconciling the relationship between his role as a physician and his religious beliefs. Like Donne's *Devotions*, the work makes use of a strong first person voice that questions the relationship between individual spirituality and religious dogma. While the *Devotions* was the work of a mature divine, near the end of his life and facing an illness that threatened his mortality, Browne's *Religio* was the work of a young man just finishing his education and considering his personal opinions about the relationship between his profession and his spirituality. As an older and wiser man, Dr. Donne reflects on the sins of his younger self, the "Jack" who violated the virtue and decency that should properly guide the believer's life. Will Donne be judged in his maturity for the sins of his youth, and is his illness just such a judgment? The concerns of the *Devotions* revolve around these unanswerable questions about the way that God perceives individual selfhood, namely whether the self to be judged is cumulative and includes all past misdeeds, or whether the individual can redeem himself through later piety. While the *Religio* considers some of these questions about the relationship between the younger and the older self, it does so through the process of textual editing and revising. Claire Preston has argued that the book is in fact dialogic, because it contains both the early

reflections of the young medical student and the more mature revisions of a professional concerned about the particularities of his self-presentation in print (Preston, *Thomas Browne*). Rather than an intense anxiety about the repercussions of sin, we find a fascinating engagement with the tension between the reflections of the private self regarding an individual spirituality and the public realm of the printed work.

The *Religio Medici* is characterized by a first-person voice anxious to parse out the relationship between personal belief and religious doctrine. In contrast with the apprehensive tone of Donne's *Devotions*, with their anxiety about the threat of damnation, Browne's young voice exudes confidence and surety, even as he reflects on the unorthodoxy of his beliefs.¹ Though quick to acknowledge the importance and authority of scripture, Browne nevertheless asserts an intention to abide by the dictates of his own reason in religious matters: "where the Scripture is silent, the church is my text; where that speaks, it is but my comment: where there is a joint silence of both, I borrow not the rules of my religion from Rome or Geneva, but the dictates of my own reason" (8). Following the conclusions of his own mind leads Browne in many delightfully surprising and even bizarre directions. Browne asserts that he is glad to live in a time after miracles, so that his belief can be an act of faith rather than compulsion (17); he admires the tiny intricate insects of the world more than the great monstrous beasts (29); he insists that belief in an underlying order to the natural world precludes the possibility of monstrosity (33); he doubts the usefulness of the printing press (53) and affirms an avid belief in witchcraft (64); admits to a distaste for sexual intercourse

¹ Despite his seeming confidence, Browne's young voice often comes across as eccentric and disorganized. See Conti, 150. The foundational article on this topic is Warren, "The Style of Sir Thomas Browne," though his argument is too broad to catch many of the nuances of Browne's style.

(154-155) and the wish that he could study in a dream state in order to access the more subtle and divine portion of his soul (165). These and many other themes in *Religio Medici* signal the beginnings of what would be lifelong interests for the physician and scholar.² In particular, the consideration and representation of vulgar misconceptions was to be one of the themes in the *Religio Medici* that would be central to the catalogue of popular errors that was his major writing project, the *Pseudodoxia Epidemica*. This work, first published in 1646 when Browne was in his early forties and repeatedly revised over the next 26 years, with a final edition appearing in 1672, was to be the great scholarly endeavor of Browne's life.

The Idea of the “Vulgar” in *Religio Medici*

In the *Religio Medici*, Browne delights in the distinctive quality of his intellectual exercises, and he attributes his ability to reach original conclusions to his interest in solitary study: “I content mee that I was bred in the way of study: The advantage I have of the vulgar, with the content and happiness I conceive therein, is an ample recompence for all my endeavours, in what part of knowledge soever” (23-24). Browne reminds the reader at many points in the *Religio* of his disposition towards solitude and study. This is in part due to the astrological argument that he was born under the sign of Saturn, and he claims to have a more studious and melancholy disposition thanks to having “a piece of that Leaden planet in me” (164).³ Beyond a mere preference for solitude, though, Browne claims that this is in fact

² See Preston on Ezekiel's vision of the valley of the bones in *Religio Medici*, *Urne-Buriall*, and *Pseudodoxia Epidemica*. On the relationship between nature and artifice in relation to divine providence in *Religio Medici* and *The Garden of Cyrus*, see Seeling, “Speake, that I may see thee.”

³ Though Browne subscribes to a certain degree of astrological determinism, he is careful to reign this viewpoint into the parameters of proper Christian doctrine, arguing that any

an advantage he has over what he calls the “vulgar,” meaning the common people (OED 3a), but also the uneducated or ignorant among this group (OED 2a). He articulates the nature of his pleasure in study in comparative terms; as a man of contemplation, he feels content with his labor because of the advantage that it gives him over the common sort.

Despite a seemingly smug satisfaction in his own superiority, Browne views solitude and the study that comes from it as a spiritual endeavor. The purpose of his contemplation is to strive after the possibility of gaining wisdom, the gift of God that separates man from the animals. God made the world as a place of habitation for animals but as an object of contemplation for man. The act of studying the world is not just a delightful pastime or something towards which certain people are astrologically disposed; it is “the debt of our reason we owe unto God” (25). Browne sees his writing project and the labor that it entails as a fulfillment of that spiritual debt. This distinguishes him from the vulgar because, he argues, the response of the scholar is more pleasing to God. Though the vulgar “rudely stare about and with gross rusticity admire his works” (26), they bring no deeper understanding to their gawking appreciation of the world. Since God is in part defined by his supreme wisdom, the purpose of man is to live up to the scriptural account that he was made in God’s image by seeking to refine his own wisdom. This is accomplished through “judicious inquiry into his acts, and deliberate research into his creatures” (26), in other words, the activity of the early modern natural philosopher guided by a sound theological foundation. According to this logic, nothing is off-limits for the philosopher, there is “no *Sanctum Sanctorum* in Philosophy” (25), nothing that God would have humans leave untouched by curiosity.

determinism in astrology is in fact due to God’s role in having a person born at a particular time and under a particular sign (39).

Browne's interpretation of his debt to his creator gives him the license to pursue any form of inquiry that might relate in some way to spiritual questions or the investigation of the natural world. Such energy for scientific pursuit must be tempered, though, by a strength of faith that can at times seem at odds with reason. He condemns those who would attempt to provide natural explanations for all of the miracles (41-42), and argues that the natural philosopher is perfectly justified in believing in the miraculous works of God. It is "no vulgar part of faith, to believe a thing not onely above, but contrary to reason, and against the arguments of our proper senses" (20). There is a difference, as this quotation asserts, between the ignorant belief of the vulgar and the spiritually sound faith of the scientifically minded believer who can put aside his reliance on reason and the senses to "exercise [his] faith in the difficultest point" (17) and admire the power of the divine. The distinction between learned and unlearned faith seems fairly tenuous and threatens to leave the vexed relationship between the *religio* and the *medicus* of the title unresolved. As Browne moves into riskier topics, like the role of the devil in the fallen world and the dangers of witches, he expresses precisely these concerns. Re-working the Platonic description from the *Republic* of the tripartite soul as a struggle for balance amongst the vegetative, later work departs, and rational parts, Browne imagines the three key competitors over the soul as affection (meaning passion or emotion), faith, and reason. The three are in constant battle with one another; reason casts doubt on faith and passion refuses to heed the arguments of reason, while reason finds the conclusions of both faith and passion untenable (40-41). The drama is not merely individual for Browne, and his learning and preference for the reason that aims to triumph in solitudinous contemplation in the end flirts with sin. The near triumph of reason is no victory for the Christian scholar, but a sign of the risky imbalance that can ensue from the influence

of nefarious powers that would use an overdeveloped reason to have the believer reject his faith: “Thus the Devill played at Chesse with mee, and yielding a pawne, thought to gaine a Queene of me, taking advantage of my honest indeavours; and whilst I labored to raise the structure of my reason, hee strived to undermine the edifice of my faith” (42-43). As he confesses to the reader, the early process of learning was not entirely positive, despite the fact that God encourages such higher levels of thinking in his most favored creation. The metaphor of the game of chess that Browne uses calls to mind the risk of his position and the danger of losing the most important part of his soul. His wily cosmic opponent uses tactics that appear close to the divine injunction to understand and interpret God’s creation, but these patterns of study are instead used to disprove miracles and cast doubt on the presence of God in the first place. Browne communicates the urgency of his misinterpretation by comparing his studies to the work of a diligent but oblivious builder who continues to build despite the fact that an unnoticed enemy is undermining the very foundations upon which his edifice needs to stand. Though he had thought that his process of learning would only lead to a closer proximity to divine wisdom, in fact he risked tipping the delicate balance of his soul.

The peril of this moment in his education requires Browne to consider more seriously the strategies available to him for ensuring that the development of his reason not outweigh the humble credulity of his faith. His argument that God desires the admiration and wonder of the informed scholar rather than the naïve admiration of the uneducated believer is key in providing him with the tools necessary to avoid the pitfalls of atheism. The remedy for reason’s tendency to battle with faith is not to banish reason, but to develop an individual and unique use of reason that explores spiritual questions with a daring diligence. By contrast with the vulgar sensibility that would accept anything presented with a pleasing rhetoric and

followed by the general sort of people as true, Browne continually affirms and associates himself with the seclusion and sobriety of study. He values the individual sensibility that allows him to reach original conclusions that might deviate from commonly held beliefs, because he views this process as a realization of his full potential as a human being.

Browne's discussion of monstrosity provides a key example of his ability to develop original arguments that he can sustain within the framework of his faith. Browne refuses to locate monstrosity in even the most creepy-crawly aspects of divine creation. He argues that if we take the basic Christian belief that God created the universe seriously, we cannot conclude that there is anything grotesque or disgusting in the natural world. Rather than cast this as a peremptory, universalizing demand on his readership, though, he represents the idea as peculiar to his own first person voice: "I cannot start at the presence of a serpent, scorpion, lizard or salamander: at the sight of a toad or viper I find in me no desire to take up a stone to destroy them. I feel not in myself those common antipathies that I can discover in others" (126). This passage, in its expression of a singular idea that distinguishes the speaker from the widely held opinions of others, is typical of the *Religio Medici*'s repeated claims distinguishing the scholar and man of faith who writes from the "vulgar" or "common" sort of people, and it is central to the work's attempt to find a place for reason and scientific inquiry that maintains an emphasis on spiritual faith. By distinguishing himself from the "common antipathies" of "other," Browne asserts his connection to a more unique form of spirituality that fulfills the "debt of our reason we owe unto God" (25).

While Browne does not find monstrosity in aspects of God's creation that might seem odd or disgusting to us because of the limits of our understanding, he does, on the other hand, identify a kind of monstrosity in what he calls "the Multitude: "If there bee any among those

common objects of hatred I doe contemn and laugh at, it is that great enemy of reason, vertue and religion, the Multitude, that numerous piece of monstrosity, which taken asunder seem men and the reasonable creatures of God; but confused together make one great beast, and a monstrosity more prodigious then Hydra” (127). The troubling entity Browne calls “the Multitude” is reprehensible because a person loses reason, one of the fundamental aspects of his or her soul, when participating in the irrational consensus of a crowd. The terms that Browne uses to designate this phenomenon, from the “multitude” of this passage to “the common people” and “the vulgar” that appear elsewhere in *Religio Medici*, all imply a lack of individuality and the identification of a group. The homogenizing effect of groups contrasts with the decidedly individual narrative voice that is one of the most recognizable stylistic characteristics of *Religio Medici*. The implication, according to Browne’s valorization of faith coupled with rational inquiry, is that the individual devoted to study and solitude is more capable of reaching the correct conclusions about the natural world that fulfill the “debt” to his divine creator. While the individuals who make up the “multitude” that Browne references in the above passage could well be capable of following their own God given reason as Browne does, when grouped together they become irrational and confused. Browne’s conclusion here seems to be that what passes as knowledge is often in fact error when it is reached via the shared assumptions of groups as opposed to the pious process of solitudinous contemplation.

Browne is careful to point out that he does not necessarily believe that the problem of the multitude and the vulgar is simply a question of wealth and station. Though the term has often been associated with the plebian class (OED 3), it is not their exclusive domain. Browne argues that “there is a rabble even amongst the Gentry,” and that the plebian is also a

phenomenon of the mind, for some wealthy people are still vulgar and plagued by “a sort of Plebeian heads” (127). Wealth does not protect the mind from false arguments and the pressure of group consensus, though among the wealthy their riches may “somewhat guild their infirmities” (128). The possibility of fulfilling the debt of learning that God requires would therefore seem to be attainable by anyone who endeavored to take the time for individual and thoughtful inquiry that it requires.

In its distinction between the unreflective gullibility of the multitude and the sober reasoning of the individual, the *Religio Medici* comes across as highly skeptical of knowledge generated by groups. When Browne states that “three or foure men together come short in account of one man placed by himself below them” (128), he underscores the value of solitude in knowledge formation. Browne asserts the capacity of his individual and rational mind to confront and reject the erroneous conclusions of the group, and claims that such intellectual seclusion is necessary for spiritual development: “In my solitary and retired imagination [...] I remember I am not alone, and therefore forget not to contemplate him and his attributes who is ever with me” (20). The argument of the *Religio*, published in 1643, stands in marked contrast to the ideals of Baconian scientific inquiry. Where Browne’s early work asserts the importance of individual investigation, Bacon’s utopian vision of a scientific community in *New Atlantis* (1624, English 1627) asserts that knowledge formation in groups far surpasses the limitations of individual enquiry. While *Religio Medici* was written and published before Bacon’s arguments had been put into action by the Royal Society, *Pseudodoxia Epidemica*, the work of Browne’s maturity, was written and published after this new model had taken hold. The later work takes up the problem of “common error” first addressed in *Religio Medici*, but it must grapple more seriously with the difference between

assumptions reached through unreflective participation in groups as opposed to the valid scientific knowledge that many began to argue could only be generated in a social and community-based context.

Pseudodoxia Epidemica and the Limits of Individual Inquiry

The *Pseudodoxia Epidemica*'s central focus is on the risks and pitfalls of widely held beliefs. In the process of writing the book from the 1640s until the final edition of 1672, Browne was focusing his energy on an encyclopedic work about the risks of group-based knowledge just as the Royal Society's arguments for communal learning was gaining prominence in seventeenth-century English scientific culture. The *Pseudodoxia Epidemica* is not anti-Baconian, however, and as such it marks a more sophisticated development of Browne's reflections on the complexities of knowledge formation. Though the *Pseudodoxia Epidemica*'s specific concern with the very real damage that can be caused by human error develops the younger Browne's condemnation of the misconceptions of the Multitude, the later work departs significantly from the willful voice, elaborate style and brash tone of Browne's youthful production. In a complex modification of the youthful conclusion he had reached regarding extra-individual knowledge, Browne later allows that knowledge formation accomplished by a group does in fact have intellectual value. While the Multitude represents the "popular" or "vulgar" group that makes erroneous assumptions about everything from medicine to religion, when the group is instead made up of learned and scientifically minded experts, its conclusions can be superior to those reached by the private individual.

The different routes to publication that the *Pseudodoxia Epidemica* and the *Religio Medici* took helps to explain the way that Browne was working out his ideas about the relationship between community and the process of communication that it implies as opposed to the individual's reflections in solitude. Despite the fact that the *Religio Medici* has become Browne's most widely read work, he did not write it for the general consumption of publication. He composed the piece as a young man in his late twenties around the time that he was finishing his continental medical training and coming back to England to apprentice with a physician and earn his license to practice. Like many learned English practitioners, Browne completed his medical training in the renowned universities of Montpellier, Padua, and Leiden. Going through the curricula of these three very different universities provoked a number of questions for Browne that were subject to debate within these different intellectual, religious, and political contexts, topics, such as monstrosity and the relationship between body and soul, that he treats in the *Religio Medici*. His interest in controversial religious questions may even have been a reaction to the focus on praxis in Leiden, the last place where Browne studied in his educational tour.⁴ Browne composed the *Religio* with its many controversial statements as a private, personal reflection, and at first it only circulated in manuscript form among friends. Unbeknownst to him, an enterprising publisher ended up with a copy and decided to print it in two quick editions. Browne was apparently disturbed by this turn of events, and responded by working with the printer to bring out a revised version that included prefatory material explaining that the work was intended as a "private exercise directed to my selfe" ("To the reader") and not originally composed for public

⁴ See Reid Barbour's forthcoming biography of Thomas Browne with its thorough discussion of these relationships in the chapters on Browne's medical education at the universities of Montpellier, Padua, and Leiden.

consumption. He insists that the publication took place without his permission and begs his readers and critics to take this into account before they judge the *Religio*'s worth. Given these circumstances, Browne's prefatory voice takes a certain distance from the arguments of the *Religio*, insisting, "all that is contained therein is in submission unto maturer discernments" (To the reader").

Browne's developing respect for a collaborative approach to intellectual inquiry after the publication of *Religio Medici* is, I argue, influenced by the rise of Baconian methodology in seventeenth-century English scientific culture. Acknowledging the importance of intellectual community, however, is in direct tension with his pointed choice to nevertheless write from a private and individual position. Browne works out this tension between his admiration for Baconian methodology and his tendency towards solitudinous study through his choice to adopt the pre-Baconian medical genre of the popular errors treatise to a post-Baconian scientific context. While previous medical writings on popular errors typically addressed an audience at risk of falling subject to such errors, Browne instead imagines an audience of scientific peers who are similarly interested in eradicating error from English culture. Rather than adopt the collaborative inquiry of Baconian methodology, Browne instead imagines the process of collaboration through his relationship to an audience of intellectual peers.

The popular errors manual pre-dates the development of Baconian scientific method. It had been developed by learned physicians as a strategy for warning their potential clientele away from the dangers of seeking out non-professional medical help. Though the examples that we have from this genre vary widely (and Browne comments on this fact in his letter "To the Reader"), they all enumerate the various misconceptions that would lead the general

public to follow a course of medical treatment without the help of the learned physician. In his letter to the reader, Browne mentions several titles that had come to define the genre by the seventeenth-century. These include the work of Italian physician Girolamo Mercurio, French physician and chair of the medical university at Montpellier Laurent Joubert, and the French-born English doctor James Primrose. Each of these authors was a university-trained physician eager to assert the superiority of medical knowledge drawn from this learned context and to denigrate any claims to expertise among the laity. By asserting that the medical knowledge commonly held was in fact not knowledge but error, these works held specifically professional goals. Their claims about the superiority of official medical knowledge were part of a professional strategy to convince a broader public that the comparatively expensive services of a learned physician were worthwhile.

In addition to their professional goals, popular errors treatises often aimed at an encyclopedic totality in their description of the various flaws and problems that characterize public opinion about medicine and remedies. Though, as Browne points out, they were mostly unsuccessful, the authors of these treatises shared the hope that a thorough description of these problems would help to eradicate them. As such, the genre was optimistic about the usefulness of categorization in its tendency to group popular errors into various classes and sub-classes of problems (e.g. concerning women's health, conception, maternal imagination and producing a male heir, etc.). The belief was that people merely held these errors because they were misguided. The simple act of presenting the errors in a systematic and clear way would help to educate a population misguided by superstition, charlatans, popular practitioners, and even the disproven claims of ancient writers. This enthusiasm for

taxonomies of error is overcome, however, by the digression that such lists encourage and the seeming infinitude of the subject.

Laurent Joubert's *Erreurs Populaires* illustrates these difficulties. Perhaps the most well-known popular errors treatise that predates Browne's *Pseudodoxia*, Joubert's vernacular work was published in 1578, near the end of his life, and was widely read. Laurent Joubert studied at Montpellier under Guillaume Rondelet.⁵ His medical formation thus took place at one of the best medical universities in Europe under one of its most pre-eminent physicians. Joubert went on to become chancellor only eight years after earning his medical degree, and eventually *médecin ordinaire du roi*, the highest-ranking physician to the royal court. He thus had an extremely successful career both in the context of both the established medical university and the court. Despite these official contexts that fostered a separation between learned and popular medicine, Joubert wrote his treatise in the vernacular for a general audience, because he believed that such people were most likely to benefit from the corrections he offered to erroneous and often superstitious medical beliefs. His aim was to educate a broader audience about the importance of committing one's health to the expertise of a learned physician, rather than trust the proverbial knowledge of women and charlatans. The work fastidiously sets out to categorize and sub-categorize the varieties of popular ignorance and superstition. Yet intriguingly, the *Erreurs Populaires* takes surprising delight in its own superabundant enumeration of these popular beliefs. The work's affective appeal lies in discovering the bizarre assortment of ideas that people hold as opposed to categorizing and eliminating them.

⁵ This is the same Rondelet Rabelais knew, and some scholars believe that he is the man behind the Rondibilis satire.

The impossibility of enumerating all popular errors is particularly evident in Joubert's work. From the first edition, he invited his readership to write to him and send in popular errors that they were familiar with and wanted to learn more about. In the 1587 edition of the work, Joubert lists a "Meslanges d'autres propos vulgaires, et erreurs populaires" (113) that are given in question form, but without the elaboration and explanation that characterizes the rest of the book. This is followed by a similarly styled list that, he claims, comes directly from his readership. "Rams de Propos Vulgaires, et Erreurs populaires, avec queleques problèmes, envoyez de plusieurs à Monsieur Joubert" (118 ff.) that gives even more. The questions and suggestions for additions to his book are only loosely organized and encompass a wide variety of popular concerns.⁶ The fascination for the errors themselves takes over the organizational and ameliorative goals of the work. Instead, we are left with a treatise that seems to delight more in the variety of the errors themselves than in their orderly organization for the sake of getting rid of them.⁷

⁶ Some examples include, #44 "Est-il possible de prendre la verole, pour aller à ses affaires sus la chaire percee d'un verolé, qui n'en fait que partir?" (120); #59 "Y-a-il quelques maladies, desquelles passez certains jours, le patient ne peut mourir?" (121); #71 "Si coucher avec une vieille, rend un jeune homme sterile." (122); #79 "Que toute notre vie, n'est qu'une maladie." (122); etc.

⁷ The edition of Joubert's pharmacopeia follows a similar pattern. Though the point of the work is to set up the abstract categories of plants and group different varieties accordingly so that they might be of the most possible use to the doctor, the work nevertheless finds a certain fascination in the difficulty, and even near impossibility, of such projects. Near the end of the work, he includes a "Catalogue des Simples Requis & necessaries pour faire toutes les compositions descrites en ceste Pharmacopee." In his effort to be thorough, Joubert includes the Latin for each of these simples as well as the French translation "afin que chacun s'accoustume d'entendre & l'un & l'autre; que si quelque sois tu ne trouves point de mot françois, c'est signe que les François n'ont encore point de mot propre autre que le Latin." Though the limits of the French language that has not yet caught up to the complexity of sampling might be a setback, Joubert nevertheless finds ways around such problems. He organizes the chart according to orders and classes, he says, putting first roots, then barks, then wood, leaves and others, and within each class he follows an alphabetical order (359).

Browne's *Pseudodoxia Epidemica* is clearly drawing on this tradition of enumerating popular errors in order to justify medical learning. The genre had been established by the work of Joubert along with the Girolamo Mercurio's *De gli errori popolari* and James Primrose's *popular Errours, or the Errours of the People in Physick*.⁸ Browne's work, however, departs from and attempts to surpass these predecessors. While the popular errors genre had a specifically medical focus as represented by the works of these three authors, Browne aims to catalogue and discuss human error in its broadest sense rather than in the strictly medical context of the learned treatise. In accordance with this goal, his work includes discussions of everything from the original "error" of the Fall to misrepresentations of animals in pictures and the exaggerated claims of Herodotus. The broader scope of Browne's project occasions a new challenge in terms of the limits of categorization. While he, like his predecessors, will sometimes evidence more fascination for the sheer infinitude of error in the world than for the possibility of eradicating it, the nature of error's extent has more sinister connotations. As a deeply spiritual writer, Browne associates the appearance of error in the world with the Fall and the continued influence of the evil forces of Satan in the postlapsarian world. He is thus conflicted between a spiritual duty to minimize the errors of the world through his project to enumerate them and the need for personal pious humility in the acknowledgement that he is himself also a part of this world afflicted by error. Where

⁸ Though Primrose's work was written and published in England, I argue that it can be considered with the other "continental" influences of Joubert and Mercurio. Primrose spent the majority of his mature professional career in England under the protection of the royal court, but he grew up in Bordeaux, France and studied in universities and medical schools in Bordeaux, Paris, and Montpellier. When presenting his candidacy to practice medicine in England before the Royal College, he cited his experience studying with Jean Riolan at the Paris medical faculty. Just as Primrose went on to become Harvey's major opponent in England, his former teacher Riolan was Harvey's most vehement detractor in Paris (William Birken).

perfect knowledge is only available to the divine, the role of the natural philosopher hoping to bring more pious truth to the world risks shading into an overweening pride in one's ability to achieve something that is, in fact, only available to God.

Browne shifts the content of his work away from the strictly medical subject matter of his predecessors and towards a broader discussion of error that addresses the spiritual dilemma of the fallen human state. This shift in content occasions an overall shift in approach for the work. Rather than address himself to an audience of potential patients in the attempt to convince a broader public of the need for learned medicine, Browne instead imagines an audience of intellectual equals interested to learn more about popular errors as part of a larger scholarly project. His letter "To the Reader" specifies the groups that he believes would look favorably on his project, including those who study "*Theologie*" and "Philosophy," as well as "Philologers and Criticall Discoursers," "our brothers in Physicke," and indeed any among "those honoured Worthies, who endeavor the advancement of learning" (3-4). At the moment when Browne introduces the possibility of a more communal approach to his work through a consideration of audience, he makes reference to *The Advancement of Learning*, the first volume of Bacon's *Instauratio Magna* and a book that was in Browne's library.⁹

Browne's opening address to a community of scholars that includes learned physicians as well as philosophers, theologians, and philologists stands out in marked contrast with Joubert's stated intentions for his work. He addresses the *Erreurs Populaires* to Marguerite de France, the wife of Henri de Navarre. In his dedicatory epistle, he explains to the queen that he believes his duty to physic involves two responsibilities. First, he must care

⁹ Thanks to a catalogue of works sold from Browne's collection after his death, we have at least some idea of what he was reading. Published London: Thomas Ballard, 1710.

for the body, “to keep it in health and, when it has fallen from that healthful state, to return it thence” [“Je me tiens à ce qui est de ma vocation: c’est d’avoir soin du corps humain, pour le conserver en sante, & l’y remettre quand il en est décheu”(6). Secondly, he must also “stamp out and annihilate the many false opinions and ignorant errors that have for so long been valued and fashionable in matters of medicine, surgery, and apothecaryship” [“estaindre & anéantir plusieurs fausses opinions, & les erreurs (engeance d’ignorance) qui ont longuement eu valeur & vogue en la Médecine, Chirurgie, & Apothicairerie” (7)]. The relationship between care for the patient’s body and care for his reader’s mind puts Joubert in the position of an author-physician tending to the dangerous ills of his reader-patient. Medical knowledge has made its way into the common parlance, but, he laments, it has been thwarted and corrupted along the way. Just as a physician would treat the corrupted humours that affect a patient’s physiology, so too must he respond to and treat this corruption that occurs in their minds. Joubert asserts, “C’est donc aux Médecins de remedier à ce mal” (8). The verb “*remedier*” links the *Erreurs Populaires*’ scholarly project with the professional task of healing, and “*mal*” rounds out the metaphor, being a broad word that can refer to an evil, or something generally bad, but also holding the more specific meaning related to “*maladie*” of “illness” or “disease.”

In his candid attempt to respond to these ailments of the mind, Joubert targets a noticeably broad readership in his choice to write in French rather than Latin, his chatty and entertaining style, and in releasing the work in a number of relatively inexpensive editions. Many of these were astonishingly tiny, making them relatively cheap to purchase and also easy to carry around as a constant reference. The goal would have been to make the work accessible financially as well as practically in quotidian circumstances when one might want

to consult it for advice. The *Erreurs Populaires* was not by any means Joubert's first work in French. As a learned physician with important positions in both the medical university at Montpellier and later the royal court, Joubert established his reputation early on in his career through his charismatic teaching. While a professor at Montpellier, he attracted the attention of Catherine de Medici and was called to the court to become physician to the royal family. Much of his early scholarly publication in Latin was realized through the efforts of his students, who helped to publish his commentaries on Galen and his discussions of medical topics, such as the interpretation of urine. These were designated for an audience of learned physicians. Joubert built up his personal fame and a large part of his professional success, though, through the strategic use of medical publications in the vernacular. His well-liked and broadly read *Traité du Ris, Treatise on Laughter* (1579) provides a delightful read, giving medical explanations for different kinds of laughter. He also translated and annotated the *Chirurgia Magna* of Guy de Chauliac, a French practitioner who wrote a fundamental medical treatise on surgery in the fourteenth century (1578). In the same year, he published the *Erreurs Populaires*, written in the vernacular and specifically addressed to an audience of laypersons.

Joubert's contemporaries criticized him for his ecumenical approach. Fellow physicians worried that in revealing knowledge exclusive to the profession he might cause them to lose patients who would use that knowledge to treat themselves instead of calling in and paying for a physician. Joubert clearly disagrees with this argument advocating professional secrecy. He argues that the errors regarding medicine, which pose a threat to the health of the general public and also lead some to think that they are sufficiently knowledgeable to self-treat, have created a vast problem that learned physicians cannot

ignore. The best way to deal with the situation is therefore to address such errors frankly. This will, according to Joubert's logic, actually generate clientele for the learned practitioner rather than encourage people to treat themselves. Joubert underscores this argument most clearly by including numerous examples of the inadequacies of other kinds of practitioners in his list of popular errors. Treatment by everyone from the street charlatans hawking their wares in the town square to the trusted local apothecary who may have an inflated sense of his ability to prescribe drugs as well as mix them is, Joubert argues, not only inadequate, but even risky. He gives these discussions a great deal of space and energy, and they make up almost half of the content of the total work.¹⁰ In a similar vein, he gives detailed rebuttals of many common arguments proffered against the use of physicians. His arguments are clear, easy to follow, and maintain a lively interest thanks to the often vehement tone. To the argument that seeking a physician is futile in illness, since all things are fated by God he responds, "It is as if his house were on fire and he did not want any water thrown on it, saying 'If God wants it to be saved, the fire will go out some other way.'" (50) ["Non moins que si sa maison brusloit, et il ne vouloit qu'on y jettast de l'eau, disant si Dieu veut qu'elle se sauve, feu s'estaindra bien autrement." (25)]. Such use of simple metaphor is often coupled with rhetorical questions addressed to the sympathetic reader, creating an overall writing style that is clear, entertaining, and convincing without being overly complex.

Writing in the vernacular with an accessible style also made the book available to a female audience, a point that Joubert underscores by addressing his work to an important

¹⁰ The *Erreurs Populaires* is an incomplete work. Though Joubert had envisioned a much larger project, he only wrote the first two books of the work. This is probably why both Primrose and Browne express disappointment in the disparity between Joubert's claim for the broad and thorough nature of the project and the limited scope of the project as it was realized – a problem exacerbated by the fact that the Latin translation available to Primrose and Browne only included the first of the two finished books.

woman in late sixteenth-century France, Marguerite de Valois (also known as Marguerite de France – married to Henri IV and Queen of Navarre at time of the dedication. She would later become Queen of France (1589)). This was an especially bold decision, because the *Erreurs Populaires* contained long and detailed discussions of sensitive topics, including instructions for conceiving a male heir, a description of the sensual pleasure of breast feeding, which he as at pains to advocate, and even proof that nursing women enjoy sex that Joubert draws from personal experience with his wife. Though he was accused of impropriety and indecency for, not only making such information accessible to women, but even addressing the work to a prominent aristocratic woman, Joubert defended his work and had it republished, arguing that it contained nothing more scandalous than the literature such audiences enjoy. He argued that popular works like the *Heptameron* and even the *Bible* contain scandalous stories meant to instill virtue through means more complex than simply spurring the reader to imitation. One learns also, he claims, through a process of discernment. By showing the reader what popular conceptions are in fact false as well as explaining *why* certain popular notions are true (as opposed to merely allowing the public to believe something without understanding the reasoning behind it), Joubert argues that he is acting according to the basic principles of medical ethics. Tending the minds of his patients, a group that includes women as well as men, is on a par with tending their bodies, and this demands a frank discussion of all matters pertinent to health, including sensitive topics that are typically under-discussed in print.

Joubert's desire for a certain amount of intimacy with his audience corresponds to his sense of the medical ethics of bedside manner. As he argues in the twelfth chapter of the first books of popular errors, the physician must develop a relationship with his patient in order to

win the patient's confidence. The purpose of this point is not just to argue that physicians should be likeable; it also relates to arguments about the power of the imagination on the body that were so popular in early modern medical treatises.¹¹ Since the physician can have an effect on the patient's physiology through the non-physical contact of imagination, he can manage this influence by earning his patients' trust and maintaining an overall pleasant persona. "*Celuy geurit plus de malades, à qui plusieurs se fient*" (49), he quips, making the point that part of the success of a doctor depends on his ability to make the patient believe that he or she will heal. This means that the doctor has an obligation to be pleasant and agreeable, "*fort agreable au malade*" (51). If all goes well, the two should have not only a professional relationship, but a friendship. The two relationships do not always fit so well together, though, and there are many moments when Joubert transgresses the boundaries of professional circumspection in his attempts to be affable.

Joubert's use of the first person throughout the *Erreurs Populaires* engages with this tension between appropriate professional reserve and the open candor of the friend-physician. Though he maintains the chatty forthrightness that he believes characterizes the good physician who would win the trust of his patients, the use of first person also slips into a near confessional mode, giving evidence that his jolly openness has at times hurt him professionally. The dedicatory epistle to Marguerite de France takes on a defensive tone at certain points, as he addresses the critiques of his detractors and attempts to dismiss them. Having been criticized for immodesty in his discussion of delicate matters, Joubert argues that his language was always judicious, "I think I have written rather modestly, considering

¹¹ Montaigne also addresses this topic in his essay "De la force de l'imagination." It appears in any treatise that discusses maternal imagination, the power of suggestion, the use of ploys to trick mentally disturbed patients into believing they are well, etc.

the subject (the organs and functions that decency orders us to keep covered and hidden), speaking of them in a similarly covered and masked manner, in disguised words” (6). The indignant and defensive tone of this passage gives way to the confession that, though offensive language has never been a quality of his speech, he may have let certain uncouth jokes slip while performing a dissection: “Such expressions have never been in my vocabulary, even though I admit to joking during my public dissections and speaking freely and lightly about these very parts when the subject inspires me” (8). In his professional capacity as a lecturer of anatomy, Joubert admits to having perhaps made inappropriate jokes. His undoubtedly likeable character and tendency towards joviality, qualities that make him an excellent physician in terms of his ability to win his patients’ trust, nevertheless jeopardize his professional persona, as evidenced in this response to the backlash against his book.¹²

Joubert never wavers in his conviction that his book should be addressed to a general audience of those afflicted by popular error, since they are the ones most in need of such edification. This approach is more typical of the popular errors genre. Both Scipione Mercurio’s *De Gli Errori Popolari D’Italia* (Venice, 1603),¹³ and James Primrose’s vernacular version of *De vulgi in medicina erroribus* (London, 1638), revised and translated as *The Errours of the People in Physick* (London, 1651), specifically address a broad

¹² Joubert’s treatise on laughter, the *Traité du ris* (1579) is perhaps his most well-known work, and evidences a doctor who valued the qualities of laughter and joviality in a physician, though the work is by no means an unadulterated praise of laughter. Laughing can also be harmful to the body and evidence an unhealthy physiological condition in some cases.

¹³ Robbins gives Verona, 1645 as publication information on this work. This is the more commonly available edition, but the original publication was Venice, 1603. Mercurio is believed to have died around 1615.

audience of potential patients. Each also names women as a targeted audience group in particular need of such information, since women were often in charge of treating and tending the sick. Mercurio's reasoning is accusatory and misogynistic, arguing that women are the chief offenders in matters of vulgar error: "lo più tale errori sono commessi da donne, lequali troppo presumono nella medicina" (1) ["the majority of such errors are committed by women, who presume too much in medicine."] Since women are going to take it upon themselves to treat the sick without consulting learned physicians, he argues, he has an obligation to make correct medical knowledge available to this troublesome audience. The tone in Primrose's work is significantly less accusatory and comes mediated through the translator's prefatory remarks to the reader. Primrose's original Latin work was printed thirteen years before the translation appeared. He was practicing in Hull around the time that the work came out in the late 1630s, and it was there that he met fellow physician and future Royal College of Physicians colleague Robert Wittie. Wittie was interested in working on a translation of Primrose's Latin treatise as both men shared a desire to make the work available to a population that had most need of it because they were the ones suffering from such misconceptions. Making a description of such errors available, following the logic that encouraged Joubert, would help to accomplish the ultimate goal of eradicating errors in medicine. Though their work was delayed by the events of the Civil War, it eventually appeared in 1651.¹⁴ In his address to the reader, Wittie assumes an audience that does not have Latin but would nevertheless benefit from the work: "My desire of profiting those that cannot understand the Latine, first prompted me to this Worke; as for others, I referre them to the Originall. But my especiall aime was to doe an acceptable service for my countries

¹⁴ J. A. R. Bickford and M. E. Bickford, "Wittie, Robert (*bap.* 1613, *d.* 1684)."

Gentlewomen, to whom this subject will be exceeding usefull and delectable; and therefore I have endavoured to be as plaine as the Nature thereof, and my taske would permit.” (no page number, 1651 ed.). The work aims for a simple, clear style that would be accessible to an audience of literate “Gentlewomen” and others who do not have the Latin required to read Primrose’s original.

The authors who established the medical genre of the popular errors manual did not address their work to an audience of peers and learned equals. Instead, they imagined a broad audience that included those literate in the vernacular but lacking formal education and its attendant training in Latin. Furthermore, the relationship between the author and his audience involved a certain power dynamic in which the author presented his own knowledge as valuable and superior to the limited and often erroneous understanding of his audience. Joubert draws out the relationship between this dynamic and the physician-patient relationship, where the patient must trust the physician and try to learn from and benefit from the physician’s superior knowledge, and this relationship is implied in other popular errors treatises as well. In each case the author takes on the professional persona of a learned practitioner addressing an audience of potential patients, using clear language as an argumentative strategy for convincing this audience of the central importance of learned medicine to promoting health and preventing the dangers that attend mistakes in medicine.

Browne was certainly familiar with the history of this genre and its strategic use of accessible language and style to solve the problem of vulgar error in the very population that was perpetuating the problem. Browne names each of these works in his preface and the *Pseudodoxia Epidemica* contains numerous references to content from Mercurio, Joubert, and Primrose. As a learned physician, Browne was attentive to this genre that epitomized the

vexed relationship between the ideals of theoretical knowledge and the tricky problem of adapting that training to practical application amongst less learned and often misinformed patients. Browne's understanding of the relationship between author and audience departs from his predecessors, though, and he makes a particular point of shifting the focus of the popular errors genre away from its goal of re-educating a broad audience of potential patients. In his prefatory "To the Reader," he says that he at first wanted to write the *Pseudodoxia* in Latin rather than the vernacular, "to propose it [the book] unto the Laitne republike and equall judges of Europe" (2). But rather than address a community of intellectual peers abroad, he decides that he has a prior duty towards his own country and especially towards the high-minded nobility, the "ingenuous Gentry," of England. The choice to write in the vernacular is contextualized by the specific mention of this learned audience, and Browne's subsequent remarks unquestionably clarify the point: "Nor have wee addressed our penne or stile unto the people, (whom Bookes doe not redresse, and are this way incapable of reduction) but unto the knowing and leading art of Learning" (3). This assertion shows a decided pessimism about the potential for books in the vernacular to educate or change the intellectual makeup of their popular readership. The reader must come to the text with a certain amount of learning and on a more-or-less equal footing with the author if there is to be a meaningful intellectual exchange through the author-reader relationship. The verb "redresse" holds the broadly used meaning of setting something right or rectifying a situation. If "Bookes doe not redresse" the common people, it would be futile to attempt to change popular opinion through print.

Browne's use of the word "redresse" would also have suggested a more specifically medical reading for his seventeenth-century readers. First so used in the c.1425 translation of

Guy de Chauliac's *Grande Chirurgie* into English, "redresse" meant "to cure, heal, relieve (a disease, wound, etc.)." In stating that a book cannot "redresse" the errors of the people, Browne's shift in audience points to a self-conscious rejection of the typical doctor-patient relationship that characterized the medical genre he had inherited. Browne's disappointment in the popular errors manuals that preceded his foray into the genre manifests itself in his conclusion that addressing such publications to the people does not ultimately ameliorate the widespread misunderstandings and false assumptions that characterize most people's presuppositions about everything from illness to theology. Though he names the work of Joubert, Primrose, and Mercurio, Browne asserts that "we finde no open tract or constant manuduction in this Labyrinth; but are oft-times faine to wander in the America and untraveled parts of truth" (3). Describing his project to gather and explain popular errors as a foray into the uncharted territory Europeans encountered in America, territory that would have to be explored without aid of guide or precedent, Browne represents his predecessors' work as so incomplete or limited as to be almost irrelevant in the face of such an ambitious goal. In shifting his focus away from an audience of those who mistakenly cling to such errors, Browne asserts the need for a new methodology if error is to be named, described, and eventually disentangled from proper knowledge.

Browne's identification of the weaknesses of older forms of inquiry with the aim to seek out a new methodology suggests the influence of Baconian science that was shifting seventeenth-century conceptions of what constituted valid knowledge formation. As many scholars have noted, Browne's work could be read as a response to Bacon's clarion call in book two of *Advancement*, for a "*Kalender of popular Errors, [...] chiefly, in natural Historie such as passe in speech & conceit, and are neverthelesse apparently detected and*

convicted of untruth, that Mans knowledge be not weakened nor imbased by such drosse and vanitie” (*AL*, 212^r 35-36). On the one hand, Browne’s work is clearly learning from the medical tradition of the popular errors manual. His expansion of the genre and his attention to a learned rather than a popular audience, on the other hand, imply a Baconian re-working of a pre-existing style of inquiry that did not have a clear methodology or an effective strategy for using such lists of popular errors to change and improve the overall state of knowledge. Bacon’s call for a thorough study of popular error appears as he is beginning to work out his theories about the shortcomings of the established strategies of knowledge formation.

The second book of *Advancement of Learning*, which Bacon would later identify as a partial description of the first part of the *Instauratio Magna* project, describes the various fields of knowledge that Bacon identifies as important. Within the context of this list, Bacon calls for further work on a “Kalender of doubts” to which he would have appended the “Kalender of popular Errors.” These lists would serve as compliments to one another. Listing doubts, Bacon argues, can provide the skeptical approach necessary to ensure that the philosopher does not make assertions that have not yet been duly proven. This “Kalender of doubts” would accordingly serve to keep the philosophical process rigorous and prevent the formation of new conceptual errors. The Kalendar of popular Errors would work from the other direction, aiding the advancement of learning by helping to clean up the errors that have already made their way into our day-to-day understanding of the world. For Bacon, we will never start with a *tabula rasa*, but we can nevertheless develop rigorous methods to help us identify and start to remove some of the dross of erroneous learning that plagues the human condition.

Bacon's discussion of the various defects in human knowledge would eventually crystallize into the famous discussion of the idols in the early aphorisms of the *Novum Organon*. His concern about solitudinous inquiry in these aphorisms is of particular relevance for our discussion of Browne's response to Baconian methodology. Bacon labeled the limitations of one's individual perspective the *Idols of the Cave*,

For everyone has (besides vagaries of human nature in general) his own special cave or den which scatters and discolours the light of nature. Now this comes either of his own unique and singular nature; or his education and association with others, or the books he reads and the several authorities of those whom he cultivates and admires, or the different impressions as they meet in the soul, be the soul possessed and prejudiced, or steady and settled, or the like. (F3^v, Aphorism 42).

Collaborative inquiry was the essential remedy for this problem. Rather than remain in one's individual "cave," the scientist and philosopher should instead share the process of intellectual inquiry with a group. While this will never be a perfect solution, it can nevertheless reduce the risks posed by the severe limitations of individual perspective.

In his prefatory letter to the reader, Browne is sympathetic towards the collaborative inquiry that Bacon endorsed. He expresses concern about the risks of attempting such a large project alone and suggests that perhaps a more Baconian approach would have been better given the ambitious goals of the *Pseudodoxia*:

we crave exceeding pardon in the audacity of the Attempt; humbly acknowledging a worke of such concernment unto truth, and difficulty in it selfe, did well deserve the conjunction of many heads: And surely more advantageous had it beene unto Truth, to have fallen into the endeavours of some cooperating advancers, that might have performed it to the life, and added authority thereto: which the privacie of our condition, and unequall abilities cannot expect. Whereby notwithstanding wee have not beene diverted, nor have our solitary attempts beene so discouraged, as to despaire the favourable looke of learning upon our single and unsupported endeavours. (1)

Browne acknowledges the risks that Bacon identified in the *idol of the cave*, but he nevertheless reaffirms his dedication to private inquiry. Though Browne is duly humble

about the scope of his accomplishment, he is still careful to argue for its worth. The *Pseudodoxia*, he freely admits, was written without the collaboration that Bacon advocated and that eventually came to characterize the key institution of scientific learning, the London Royal Society. But this is by no means a rejection of Bacon's important innovation, but a relocation of the Baconian collaborative sensibility into his re-working of the popular errors' audience. In addressing his work to a community of peers who also care about the "advancement of learning," Browne takes up the new methodology of Baconian science and uses it to expand the generic borders that had traditionally circumscribed the popular errors treatise. In contrast with the learned voice that relies on the power dynamic of the physician addressing his patient, Browne is able to imagine himself amid a community of likeminded scholars, even as he went about the daily practice of medicine and took advantage of the "snatches of time, as medical vacations, and the fruitlesse importunity of Uroscopy would permit" to write in solitude. Ultimately his life in Norwich removed him from the geographical parameters of London and the Royal Society, but he was able to adapt the values of the contemporary scientific movement to the practical demands of the medical profession and his personal penchant towards the private life of the mind.

Conclusion

In Joubert's *Erreurs Populaires*, he specifically engages with his audience in a collaborative way that is nevertheless importantly different from the collaborative project Browne imagines through his interpretation of Baconian methodology. Joubert asks for direct participation from his readers when he encourages them to send in popular sayings and adages that they have run across. He specifically states that regardless of social status or

profession, the reader should send in questions and ideas that might be popular errors, so that he can respond to them and contribute them to his overall project. Joubert promises then to arrange and categorize the readers' contributions for the future editions and volumes of his work, so that even the ignorant, poor, or non-male reader might find his or her contribution in print in the context of a famous learned physician's writings. This invitation to superabundant collaboration from any and all potential readers for the purpose of creating a complete catalogue of errors is not the same as Browne's sense of a collaborative audience. Whereas Joubert allows for a potentially infinite and even haphazard contribution to his work, Browne reroutes this Joubertian multiplicity through a more organized Baconian project of method. While Joubert's list, included in later editions of the *Erreurs Populaires*, are disorganized, overwhelming, and characterized by an overall inattention to systematicity, Browne's potential interaction with his audience is circumscribed by his choice to name a group of like-minded and equally educated peers. Browne ultimately does not accept the "Montpellier-esque" embrace of *copia* that Joubert would allow into his publication.¹⁵

In their respective works, Joubert, Bacon, and Browne all cite the question of whether humans learn through a process of remembering things drawn from the perfect knowledge that our souls had before they came to earth or whether we in fact gather knowledge throughout our lives as Aristotle claimed. All three side with Aristotle. The process of learning cannot in fact be a process of remembering as Plato argued, because humans are susceptible to error. While Joubert does not dwell on the religious implications of this claim, both Bacon and Browne find the relationship between knowledge and the story of original sin compelling and of particular urgency in justifying their intellectual inquiry. If the Fall is the

¹⁵ A definitive work on medicine at Montpellier at this time was James Primrose's *Academia Monspelienses descripta*.

source of this error, we can work towards the prelapsarian state by pursuing forms of scientific inquiry that will restore us to the position of knowledge that is closer to God. The hope for this project must be balanced, however, with a proper humility. Such humility does not seem to preoccupy Joubert, but it was central to the Protestant concerns of seventeenth-century England.

CHAPTER 7

CONCLUSION

Monsieur DIAFOIRUS

Allons, Thomas, prenez l'autre bras de Monsieur, pour voir si vous sçauvez porter un bon jugement de son poux. *Quid dicis?*

Thomas DIAFOIRUS

Dico, que le poux de Monsieur, et le poux d'un homme qui ne se porte point bien.

M. DIAFOIRUS

Bon

T. DIAFOIRUS

Qu'il est Duriuscule; pour ne pas dire dur.

M. DIAFOIRUS

Fort bien.

T. DIAFOIRUS

Repoussant.

M. DIAFOIRUS

Bene.

T. DIAFOIRUS

Et mesme un peu caprisant.

M. DIAFOIRUS

Optime.

T. DIAFOIRUS

Ce qui marque une intemperie dans le Paranchyme splenique, c'est à dire la rate.

M. DIAFOIRUS

Fort bien.

ARGAN

Non, Monsieur Purgon dit que c'est mon foye qui est malade.

M. DIAFOIRUS

Eh oüy, qui dit paranchyme dit l'un et l'autre, à cause de l'étroite sympathie qu'ils ont ensemble par le moyen du vas breve du pylore, et souvent des meats cholidioques. Il vous ordonne sans doute de manger force rosty.

ARGAN

Non, rien que du bouilly.

M. DIAFOIRUS

Eh oüy, rosty, bouilly, mesme chose. Il vous ordonne fort prudemment, et vous ne pouvez estre en de meilleures mains.
(*Le Malade Imaginaire*, Scene vi)¹

Molière's play *Le Malade Imaginaire*, first performed in 1673, voices the playwright's famous critique of medicine as an absurdly imprecise discourse that takes advantage of foolish people's ignorance. Argan, the titular hypochondriac played by Molière himself, undergoes a consultation with Diafoirus, one of his many doctors, and the man's son, a student of medicine. The young physician in training, who is also a candidate for the hand of Argan's daughter in marriage, takes advantage of the situation to examine and diagnose Argan before his more experienced father. The two physicians attempt to isolate themselves from the patient in an exclusive discourse by using Latin phrases and uncommon words drawn from medical terminology, like "paranchyme" to refer to an organ and "duriuscule" simply to state that something is hard. Argan's reaction creates a comic effect because he is impressed by their inflated discussion, though the audience can easily recognize the two as fraudulent imposters. Though he specifically notes that their advice contradicts that of another physician he has recently consulted, Argan nevertheless continues

¹ Moliere, *Le Malade Imaginaire*. Paris: Librairie des bibliophiles, 1877.

to place faith in his doctors, going so far as to force his daughter into a marriage with the younger Diafoirus in order that he might in turn receive free medical care.

Molière's critique of medicine focuses on the imprecision and contradiction that he finds in the advice of various doctors. As a member of the court of Louis XIV, Molière was familiar with the ways that certain cures or solutions could become fashionable regardless of their efficacy, and he rarely missed an opportunity to mock the physicians who took advantage of this faddish milieu.² Monsieur Diafoirus' scrambling attempt to justify his praise for the accuracy of his son's diagnosis when Argan contrasts it to that of another physician illustrates the troublingly uncertain link between symptom and illness that medicine proves unable to resolve. The young Thomas goes about his examination by taking his patient's pulse, a sign that only learned physicians would be qualified to interpret, and thereby Thomas' initial gesture signals his medical training.³ Yet Molière illustrates what was a concern for many suffering from illness, that such signs do not necessarily lend themselves to ready interpretation. Instead, as we see in Argan's response to Thomas' diagnosis, different physicians might well interpret the same sign in a variety of ways. The scene playfully mocks Argan's gullibility, as he believes the roundabout excuses that Monsieur Diafoirus gives for the inconsistencies between his approval of the younger Diafoirus' diagnosis and that provided by another of Argan's doctors. For many suffering

² In 1686, for example, Louis XIV was successfully operated on for an anal fistula, which led a number of courtiers and admirers to seek out a similar operation, regardless of whether or not they suffered from a fistula. Surgeon Pierre Dionis turned away thirty such "patients," "whose stupidity was so great that they had no necessity of under-going [the operation]" (Quoted in Brockliss and Jones 316).

³ Hankinson, "The Man and his work," 16. Galen considered this one of his greatest contributions to medicine, and along with interpreting the appearance of a patient's urine, it was the most significant sign that a physician would read in order to diagnose an illness.

from illness and potentially facing death, however, such discrepancies in diagnosis could prove disastrous. Molière himself, a lifelong skeptic when it came to medicine, collapsed on stage in the fourth performance of *Le Malade Imaginaire*, an event that brought the disquieting gap between medical symptom and its interpretation into the play's foreground. These farcical doctors, with their pompous indifference to whether or not they communicate with their patient or diagnose him correctly, are all too often the gatekeepers of the tenuous frontier between life and death. Though Argan's case is funny because he is in fact quite healthy and merely enjoys the attention, for those suffering real maladies such diagnostic inconsistencies could easily occasion feelings of hopelessness or desperation.

Molière's satire dismisses medicine entirely, but even those most frustrated with medicine will admit the importance of classification systems for diagnosing illness, though these are often inadequate and alarmingly Procrustean in approach. A seminal publication in the theory and practice of classification, *Sorting Things Out: Classification and Its Consequences*, was largely devoted to the problem of classification in medical contexts. Sociologists Geoffrey C. Bowker and Susan Leigh Star address what they identify as both an aspect of human nature (they state on the very first page, "To classify is human" (1)) and a perpetually flawed methodology with myriad negative repercussions. From Apartheid racial categories to the World Health Organizations International Classification of Diseases (ICD), classification, and especially the relationship between classification and health and disease, is decidedly in the problematic realm of the biopolitical. This, as Agamben has aptly defined it, is for Foucault "the growing inclusion of man's natural life in the mechanisms and calculations of power" (119). Such categories rest on principles of mutual exclusion, delimiting the ways that people's physiological experiences can be explained and defined.

As Bowker and Star navigate the tensions inherent in describing a critique of categorization, they find a number of solutions including (perhaps surprisingly for an academic publication) autobiography. In the introduction we find a “text box” rather like the ones found in textbooks or academic handbooks targeting a wider audience. The material included is not the expected definition of key terms or image caption, but an autobiographical account that Star gives to elucidate why categorization is important:

I grew up in Rhode Island, a New England state largely populated by Italian-Americans and French-Canadians that is known chiefly for its small stature. When I was a kid in our neighborhood, the first thing you would ask on encountering a newcomer was "what's your name?" The second was "what are you?" "What are you" was an invitation to recite your ethnic composition in a kind of singsong voice: 90 percent of the kids would say "Italian with a little bit of French," or "half-Portuguese, one-quarter Italian and one-quarter Armenian." When I would chime in with "half-Jewish, one-quarter Scottish and one-quarter English," the range of responses went from very puzzled looks to "does that mean you're not Catholic?" Wherein, I guess, began my fascination with classification and especially with the problem of residual categories, or the "other," or not elsewhere classified. (11).

Though exemplary anecdotes are typical of both sociological and historical writing, it would seem academically risky for researchers to draw on their own stories to provide those examples. Star’s use of autobiographical narrative at first appears to be a surprising choice for addressing the topic at hand. She finds autobiography, however, a useful and powerful tool for parsing out the potential conflict between her profound interest in classification and her desire to critique and subvert its consequences. From the foundational prejudices she faced throughout her childhood to the gaps and inadequacies that her scholarship locates in information systems, her work as a sociologist of science and information infrastructures is inflected by the introduction of a unique, personal narrative. The introduction of this first-person voice, complete with the “chime in” and “puzzled looks” that signal the literary

trappings of creative non-fiction, serves as a strategy to demonstrate the epistemological limits of categorization.

The key point that Bowker and Star make in their seminal work on categorization has, I argue, a foundation within the literature of the early modern period. Though the systematic use of classification that we have come to associate with the encyclopedias of the enlightenment and the Linnaean taxonomy were not coming to their full fruition until the eighteenth century, early moderns were highly aware of the difficulties and challenges, as well as the appeals, of organizing the world into a comprehensive classificatory structure. Montaigne in his reflections on law argues that we can never generate cases enough to reflect the complexity of even the most everyday situations: “Multiplication of our imaginary cases will never equal the variety of the real example. Add to them a hundred times as many more: and still no future event will be found to correspond so exactly to any one of all the many, many thousands of selected and recorded events that there will not remain some circumstance, some difference, that will require separate consideration in forming a judgment” (993).⁴ We find echoes of these sentiments in each of the authors discussed in this dissertation. Though Browne and Cardano are more optimistic about the possibility of encyclopedic projects, they nevertheless acknowledge the infinite and wondrous variety of the natural world.

The concerns about the relationship between medical classification and individual narrative continue into the present day. Anyone reflecting on an experience with the medical

⁴ “La multiplication de nos inventions n’arrivera pas à la variation des exemples. Ajoutez y en cent fois autant: il n’advient pas pourtant que, des evenemens à venir, il s’en trouve aucun qui, en tout ce grand nombre de milliers d’evenemens choisis et enregistrez, en rencontre un auquel il se puisse joindre et apparier si exactement, qu’il n’y reste quelque circonstance et diversité qui require diverse consideration de jugement.” (1066).

field will usually express some complaint of medical practitioners who seem less and less empathetic as a result of the pressures they face from hospitals hoping to run more “efficiently” and the effective classificatory structures that serve insurance providers with clear parameters for filing patient histories in the right folder. Within this debate, there are strong voices arguing for a more rigorous training in the humanities among healthcare practitioners. The burgeoning field of medical humanities is attempting to respond to these concerns. In their statement of purpose, the NYU medical humanities database (the largest resource on the topic available on the web as of now) states,

The humanities and arts provide insight into the human condition, suffering, personhood, our responsibility to each other, and offer a historical perspective on medical practice. Attention to literature and the arts helps to develop and nurture skills of observation, analysis, empathy, and self-reflection - skills that are essential for humane medical care. The social sciences help us to understand how bioscience and medicine take place within cultural and social contexts and how culture interacts with the individual experience of illness and the way medicine is practiced.” (Aull, *Medical Humanities*).

The statement that practitioners should pursue studies that would develop not only empathy but “self reflection” illustrates the persistent link between autobiographical narrative and medicine. Whether from the perspective of the suffering patient coming to terms with a new experience or from the writings of practitioners reflecting on the limits of their claims to objectivity, personal narrative continues to have a place in medicine.⁵

⁵ This is evidenced in myriad writings today. The success of physician-authors writing their memoirs is evidenced by the success of physician and writer for the New Yorker Atul Gawande as well as the best-selling books of physician Abraham Verghese, who attended the Iowa Writer’s Workshop. Patients are also sharing their stories, from fictionalized accounts like Margaret Edson’s hit play *Wit* to the passion for self-expression experienced by the author of *The Diving Bell and the Butterfly*. The current rage for blogging has led to an infinite number of blogs in which people reflect on their diagnoses with terminal illnesses, making use of an often poignantly untutored narrative “I.”

Galen's development of autobibliography as a genre provides a beginning point for medical autobiography in the West, but it was not until the early modern period that we began to see a more widespread interest in the potential of such reflection. This dissertation aims to contribute to a history analyzing the importance of this part of western medicine while locating its literary beginnings in the early modern period. The increase in narrative use of the first person in these centuries contributed to changes in the understanding of medicine, and this feature of medical history deserves a place in both literary and historical accounts of the European Renaissance.

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