

Articoli/Articles

CURING MELANCHOLIA IN SIXTEENTH-CENTURY
MEDICAL *CONSILIA* BETWEEN THEORY AND PRACTICE¹

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SUMMARY

In this essay I analyze the development of the genre of the consilium at the end of the sixteenth century based on recent scholarship regarding the genres of early modern medical consilia and observationes. It is my conviction that for some late sixteenth-century physicians the consilium was becoming a hybrid genre in which elements of the already existing observatio were inserted into the structure of the consilium. To prove this point, I will consider the consilia of three physicians—Giambattista Da Monte, Girolamo Capivacci and Cristoforo Guarinoni—and a specific illness, melancholy. I intend to show that while the diagnosis of symptoms, signs and causes of melancholy did not change for them, the attitude of these physicians toward the patient altered in the direction of a larger interest in the individual.

Introduction

“Indeed, the individual matter cannot be taught in school, but it is learned through practice among the sick.” Girolamo Capivacci (first decades of the sixteenth century-1589) wrote this sentence at the beginning of the introductory chapter of the first book of his *Practica medicina*.² Capivacci, a renowned physician and university professor at the University of Padua in the second half of the sixteenth century, was not trying to promote an empirical method of curing bodily illnesses, but to emphasize the difference between the treatises of

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medicina practica and the method that should be used in practice to treat a sick individual.

While interest in general, universal categories continued to be shown in medical genres written in the sixteenth- and seventeenth-century, medicine in the same period showed an increasing interest in the role of narrative and the notion of *historia*, which recent studies have interpreted as a manifestation of the growing interest in individual occurrences.³ Gianna Pomata observes that even though narrative sections can be found “folded” into medieval medical genres, it is in sixteenth- and seventeenth-century *consilia* and *observationes* that one can find a development of narrative that increasingly emphasized the individual case and the individual patient.⁴ Scholars have attributed the interest in narrative in early modern medical literature to the influence that the newly translated *Epidemics* by Hippocrates and the *Methodus medendi* by Galen had on physicians. Hippocrates’ reports tended to be neutral and to include the outcome which could be either fatal or successful, whereas Galen’s accounts tended to give detailed analysis but usually emphasized his successes.⁵ Pomata’s most recent research demonstrates that the increasing importance of empirical observation in various learned fields, and specifically in that of medicine, is related to the rising prominence of the case narrative in the related genres of *curationes* and *observationes*.⁶

The genre of the *consilium* or *consultatio*, established in the thirteenth century, was structured as written advice that one physician had sought from another generally more established and better known colleague. Alternately, the *consilium* could be a doctor’s response to a request made by a patient or by a family member.⁷ As it developed between the thirteenth and the sixteenth centuries, a *consilium* addressed to an individual patient was, in effect, a way to relate a specific illness to a “doctrinal framework” in which the authority of Galen and Hippocrates reigned more or less unquestioned.⁸ The *observationes* began to appear at the end of the sixteenth century and became extremely popular in

the seventeenth century. In the *observationes*, as recent studies have shown, center stage was given to the particular case, its narration, its own specific problems and its outcome, while the reference to medical authorities was placed in a following section, called the *scholium*.⁹ Brian Nance argues that in the *scholium* physicians not only commented on the medical authorities, *de rigueur*, but also on their own clinical experience, which they evidently thought to be a subject worthy of discussion in an academic commentary.¹⁰ According to Pomata early modern medical genres, both old, like the *experimenta* and *consilia*, and new, like the *curationes*, *observationes*, *casus*, and *historiae*, are “epistemic genres”, which are “highly structured...textual conventions” that “give a literary form to intellectual endeavour, and in so doing they shape and channel the cognitive practice of attention”.¹¹

In this essay I intend to build my argument on this scholarship in order to analyze the development of the genre of the *consilium* as an epistemic genre at the end of the sixteenth century, a period in which, as Pomata writes, *consilia* were still produced but in which “new wine was being poured in the old bottle”.¹² Adaptations and transformations of old genres into new ones are not uncommon in medical literature and, when they happen, they reveal a change in cognitive practice of a community. It is my conviction that for some late sixteenth-century physicians the *consilium* became a hybrid epistemic genre, whereby structural elements of the already existing *observatio* were inserted in the *consilium*. To prove this point, I will consider the *consilia* of three physicians—Giambattista Da Monte, Girolamo Capiavacci and Cristoforo Guarinoni—and a specific illness, melancholy. The *consilia* written by these three physicians illustrate, in my view, the increasing hybridization of the genre.

Furthermore, the physicians whose work is here analyzed typify two different social and professional profiles in the medical field, that is, the university professor—Da Monte and Capiavacci—and the town and then court physician—Guarinoni. The different social profiles of

these doctors might have also affected the way in which they composed *consilia* and how many characteristics of the new genre—the *observatio*—they decided to include in the old genre—the *consilium*. Finally, I aim to show that while the diagnosis of symptoms, signs and causes of melancholy did not change, the attitude of the physician toward the patient altered in the direction of a larger interest in the individual story and the individual patient.

Melancholy's theoretical framework: Galen and Hippocrates

Before analyzing some of the most representative *consilia* on melancholy written by Da Monte, Capivacci and Guarinoni, it is necessary to describe the theoretical framework within which melancholy was diagnosed and treated in sixteenth-century *consilia*. The authorities to whom doctors referred mostly in defining melancholy in the *consilia* were Galen and Hippocrates. Indeed, Galen's definition of melancholy and his division of the illness into three categories was still being used in early modern medical treatises that dealt with it, such as treatises of *medicina practica* and *consilia*. In chapter ten of the same book Galen distinguishes three types of melancholy according to the location of the affection in the body, that is, the brain, the blood or the stomach. In chapter nine of book three of *De locis affectis* Galen writes about atrabillious humor or blood, which can be produced either by the individual's constitution or by the transformation of digested food into this humor through the blood vessels. When the atrabillious blood obstructs the brain's ventricles, the patient can suffer epileptic attacks; when it flows into the brain it produces melancholy and provokes delirium.¹³ For Galen, individuals with certain somatic characteristics—dark complexion, hirsuteness and large veins—are more inclined to melancholy than others. However, individuals with fair complexion can become melancholic, if they are “exposed to sleeplessness, too much pain, lots of worry and a meager diet”; that is, a mixture of physical and psychological external circumstances that can affect the body.

Galen becomes very detailed when he discusses the food and drink that could generate atrabilious blood, and that therefore should be avoided.¹⁴ He devotes a specific section to the melancholy provoked in the *hypocondria*—the portion of the body between the ribs and the inwards—by offering a supplementary explanation of what Diocles of Carystus (fourth century BCE) has already written in his treatise *Disease, cause and cure*. Galen explains that the stomach of individuals affected by this type of melancholy is inflamed and the blood in it is thicker and more atrabilious than normal. Vapors from the inflamed stomach ascend to the brain and affect it.¹⁵ Consequently, the sensory images of melancholic people may also be affected. Thus, Galen tells of patients who believed that they are snails or roosters, or that Atlas would throw the world away so that all the creatures on it would be crushed. Even though Galen is aware that each melancholic person is different from others he agrees with Hippocrates when he states that fear and despondency characterize them all. The cure for melancholy proposed by Galen consists in a careful diet, phlebotomy when necessary, and bathing, even though stronger remedies should be used if the illness becomes chronic.¹⁶ On the basis of this tripartite distinction set up by Galen, melancholy in early modern medical texts could be either “per essentiam” or “per consensum.” In the second case, melancholy is usually, but not always, produced in the *hypocondria* from an excessive amount of atrabilious blood that could not be absorbed by the spleen. As is evident from Galen’s definition and description, melancholy, together with mania and more generally, insanity, was not viewed as a mental illness, but as a physiological disturbance owing to an imbalance of humoral complexion, which was usually accompanied by sadness, fear and other psychological symptoms provoked by external circumstances. In their treatises of *medicina practica*, Girolamo Mercuriale and Girolamo Capivacci give a very similar definition of melancholy. Interpreting Galen’s treatment of melancholy in *De*

locis affectis, they define melancholy as the condition of “corrupted imagination” or “corrupted discourse” or both.¹⁷ To cure melancholy, early modern physicians used a very similar treatment to the one proposed by Galen: dietary regime, along with phlebotomy and pharmaceutical remedies meant to help evacuate the stomach of the atrabilious dreges through vomiting and bowel movement.

In early modern *consilia* written for patients variously affected by the three categories of melancholy, the section in which physicians discussed the causes, signs and symptoms are very similar; what changed was the method of consulting and the way the physician approached the patient’s illness.

Giambattista Da Monte.

Between 1539 and 1551 Giambattista Da Monte (Verona, 1489-Terrazzo, 1551) taught first *medicina practica* and later *medicina theorica* at the University of Padua.¹⁸ He was a fervid supporter of the *methodus medendi* instituted by Galen in his text of the same title, newly translated by Thomas Linacre in 1519. Da Monte was a physician steeped in the humanistic renewal of the classic tradition and was especially interested in the rediscovery of Galen’s work. Consequently, in his teaching and writings he sought to introduce Galen’s method of healing, claiming by so doing to replace the a-methodical, confusing way of approaching illnesses in the human body transmitted by medieval texts and physicians.¹⁹ Da Monte used individual cases to illustrate lectures of practical medicine and to show students how to apply general rules to specific cases in his bedside visits; several of these visits have been recorded by his students and then included among his *consilia*.²⁰

Da Monte’s promotion of Galen’s *methodus medendi* is evident in his *consilia*, first published in 1554 by several of his students and printed in a definitive version of four hundred and thirty four *consilia* by Johannes Crato in 1583.²¹ Pomata states that Da Monte’s

consilia “indicate the transition from the old genre of the *consilium* to the new observational approach.”²²

Here, I will focus on a few examples taken from Da Monte’s collection of *consilia* that deal with melancholy and also other various forms of illnesses of the head, such as mania, vertigo and lethargy, to elaborate Pomata’s argument.

Several physicians who wrote *consilia* and their editors organized their collections from head to toe, according to the location of the illness in the body. For instance, Crato followed this structure with Da Monte’s 434 *consilia*.²³ This structure replicated that of the treatises of *medicina practica* which, since the Middle Ages, were connected to the *consilia* for didactic purposes.²⁴ In the *proemium* of the 1583 edition Crato divides the *consilia* into three categories: “... *partim enim sunt praescripta atque data, partim in consultationibus (quae vulgo collegia appellantur) dicta, partim in curationibus ab ijs, qui Montanum, ut praeceptorem, ad aegros sequerentur, observata*”, thus pointing to the importance given by Da Monte to bedside consultations whether at the hospital or in private homes (p. 4).²⁵ Later, he compares Da Monte’s *consilia* to a rose and the *consilia* of fifteenth-century physicians Bartolomeo Montagnana, Antonio Cermisone and Ugo Benzi to an anemone, disparagingly defining their *consilia* “*prolixas recitationes eorum, qui ne illud quidem quod norunt, novisse videntur.*”²⁶ It is evident that Crato believed that Da Monte’s activity as a physician and as a university professor constituted a watershed for the Italian—and European—medical community not only in relation to the genre of the *consilia* but also for the new way he conducted his clinical visits.

A significant example of Da Monte’s *consilia* is reported in the form of a *collegium* among three doctors—Navarra, Frisimelica and Da Monte—who collaborated to diagnose and give a cure a “deranged Jew” (pp. 49-56).²⁷ Navarra, who appears to be the physician who had the patient in his cure, gives a detailed narration of the case “*ut facilius*

iudicare possitis, quae medicamina in posterum applicanda” (p. 49).²⁸ He declares the patient “*melancholicum*”, and attributes the illness to an affected liver and a melancholic blood that circulates through the entire body. Da Monte confirms this diagnosis and asserts that, because of the warmth of the liver and the coldness of the stomach, vapors rise from these organs and ascend to the head, making the patient confused, sleepless and aphasic. As shown earlier, the identification of melancholy due to physiological causes can be placed within the Galenic traditional interpretive frame. However, there are new elements that mark a difference between earlier *consilia* and those of Da Monte, and these help the reader to develop a fuller image of the individual patient. The exhaustive narration by Navarra, Frisimelica and Da Monte throughout this long *consilium* gives the reader a vast amount of information about the external circumstances that might have led this man to melancholy and insanity. The patient exposed himself to heat and cold, he was occupied by a vast quantity of business and would get angry for nothing. It also reports the symptoms that accompanied his frightful state, (he was afraid of going outside lest he die, he did not say anything and looked at everybody in a grim way, he wanted to hit those around him), and his physical aspect (his eyes were hallow, his temples were sunken and his body was frail and dark).²⁹ All three doctors appear to have seen the patient at least once, and Navarra explicitly declares that he talked briefly with him and heard what people around him had to say about his condition. The three doctors touch the patient and checked his pulse, and point out how the passage of time modified certain elements in the patient’s body, that is, his pulse and his behavior, since his symptoms changed according to the time of the day. The three doctors are very doubtful about the possibility of curing the man. Indeed, the *consilium* ends with the sentence “*Mortus est nocte sequenti.*” The follow-up about the patient’s decease is an element that usually appeared in the *observationes* and *historiae*, but is increasingly used also in *consilia*, as we will see in Guarinoni’s work.

If it is true that the interest in narrative and in the patient's individuality is present in Da Monte's *consilia*, it is also clear that he tends to generalize individual element into categories. For instance, in another *consilium* devoted to a patient who suffers from catarrh and perhaps syphilis and who is also described as melancholic and Jewish, Da Monte asserts that the Jewish "genus" is prone to this type of illness (*consilium* 133). This statement needs to be read in the context of the negative stereotypes and prejudices related to Jews which began in early modern Christianity, were further developed during the Middle Ages and were still present in eighteenth-century popular philosophical writings. Among the psychological and mental characteristics ascribed to Jews, there was also the propensity to melancholy.³⁰ In the *consilium* about the Jew analyzed earlier the patient's frailty, dry temperament and inability to digest exemplify qualities that can be found in many other melancholic people. In Da Monte's *consilia* devoted to melancholy the reader finds several instances in which the doctor—whether it be Da Monte or one of the other physicians *in collegio*—reports what the patient said to him: "...he says that he does not trust himself and he does not dare go out lest he become weak" (*consilium* 23).³¹ The patient's fear reminds Da Monte of a man who would not get out of bed because he imagined that the surface on which he walked was made of thin glass, underneath which there were serpents. Da Monte's story recalls the examples narrated by Galen in *De locis affectis* about melancholic individuals whose imagination is corrupt,³² and it confirms the definition of the illness given by Mercuriale and Capivacci in their treatises of *medicina practica*. In this same *consilium* Da Monte alludes to the vast number of melancholic people whom he met in Venice and who showed fear, one of the two main symptoms of melancholy.³³ In the *consilia* by Da Monte analyzed earlier, the relationship between the doctor and the patient reveals not only a connection through words—pronounced by the patient himself and

the doctors, or the people around him—but through “*sensus*”, which can mean “perception”, “feeling”, and “sensation”, but also, at a more intellectual level, “sense”, “understanding”, and “opinion”. In the *consilium* for the melancholic Jew the perception of the physicians involved in his diagnosis is identified as a physical sensation.³⁴ Indeed, the physicians touch the patient’s wrist to ascertain his pulse and his arms. In *consilium* 231 the “*sensus*” can be interpreted in a more intellectual way, but it is still an understanding based on a sensorial and subjective perception which then is transformed into a more abstract notion: “...dicam primo quae videre et deprehendere possum sensu”.

Da Monte’s *consilia*, as pointed out by both contemporary and modern readers, marked a development in the structure of the genre, albeit within the framework of the Hippocratic-Galenic definition and interpretation of melancholy. The diagnosis, symptoms and cure are similar to those prescribed by the fifteenth-century physicians chastised by Crato in his introduction, but the way the material is structured and the emphasis placed at times on the patient’s subjective report of his/her symptoms and at others on the physician’s senses—touch, vision, hearing—make Da Monte’s collection of *consilia* innovative for this medical genre and for the treatment of melancholy. However, it is also true that in several of his *consilia* Da Monte states that the narration of the *accidentia* were easy to know and report, but that the difficulty lay in probing the hidden causes. The ability to do successfully revealed whether or not a physician was competent and a follower of the rational method purported by Galen.³⁵ Da Monte’s goal was to reach the hidden cause after a careful examination so that he could apply the appropriate cure to the patient.

Girolamo Capivacci

In this section I will consider two treatises by Girolamo Capivacci, meant to instruct physicians and medical students on how to do a

good consultation and how to question a patient, and then I will analyze several of his *consilia* on melancholy in order to show how Capivacci applied the notion of method in organizing his consultations and in questioning his patients.³⁶ Capivacci studied and later taught at the University of Padua from 1553 onward. He was a very important figure in the Italian medical community during the second half of the sixteenth century.³⁷ Like many of his colleagues, Capivacci was deeply interested in the issue of method, which he expounded in several of his works.³⁸ Capivacci's *De medica consultantandi ratione, seu de arte collegiandi* is a pedagogical treatise on how to perform good consultations, and in the 1603 edition of his *Opera omnia* it is significantly placed before the section dedicated to *consilia, epistolae* and *historiae*.³⁹ In the first chapter of the treatise Capivacci states that good consultations distinguish the skilled physician from the unskilled. He also explains that the method of consulting consists of seven parts, namely the history of the case, the information about "*rebus non naturalibus*" (what in the realm of nature does not have to do with the constitution of the body) the "*naturalibus*" and the "*praeter naturam*"⁴⁰, and finally the symptoms, the prognosis and the remedies. Physicians need to methodically relate these elements. The semiology of the illness under observation is very important, since in order to know the elements "*praeter naturam*" and "*secundum naturam*" which lie hidden from the physician, one needs to observe the signs that can lead him to such elements. In what seems an implicit criticism of Giovanni Argenterio's dismissal of the study of the elements "*secundum naturam*" in his *ars consultantandi*, Capivacci asserts that it is necessary to talk about them in consultations, since the physician needs to suppose a natural state of the sick person from which the body has been removed through the illness.⁴¹ Furthermore, the physician who makes the first presentation in a consultation should immediately explain diligently the history of the illness, including the things that the patient did or suffered

and any remedies administered by other doctors. If his report of this information is not complete or clear enough, other physicians involved in the consultation may not be able to make a good diagnosis or provide good remedies for the patient. Finally, a good physician needs to administer remedies that are suitable to the illness, but also must specify the quantity, the way they should be administered, and the place and time they should be taken. Implicit in Capivacci's advice is the importance of administering a specific cure according to a specific patient's natural constitution.

The responsibilities of both patient and doctor in a consultation are the focus of Capivacci's attention in a very brief treatise titled "*De methodo interrogandi aegros*".⁴² The patient needs to explain as best as she can the origin of the disease, its course and his/her complaints. If the patient is not available, those who assist him/her have to carry out this task. From this statement it seems that the patient's subjective perceptions are important for the physician's correct diagnosis. However, Capivacci also argues that if the physician can infer certain elements through conjecture, the patient should not be questioned, but, instead, the physician should impress him/her by showing his ability to recognize signs and symptoms just by looking at the patient's physical appearance.

Capivacci wrote several *consilia*, which are organized from head to toe.⁴³ The *consilium* dedicated to a noble patient afflicted by hypochondriac melancholy, sleeplessness and the remnants of syphilis (XIII, pp. 956-58) is done in *collegium* together with Girolamo Fabrici d'Acquapendente (1533 ca-1619), a renowned professor of anatomy and surgery at the University of Padua from 1565 to 1613, and a certain N. Nigri.⁴⁴ The structure of this *consilium* appears to exemplify what Capivacci states in his *ars consultandi*. Indeed, Fabrici begins with a long *historia* of the *casus*—as it is called on the margin of the printed page—followed by the symptoms that reveal the cause of the illness, the goals to be reached (*scopi*), the progno-

sis and the cure, mostly made of pharmaceutical remedies. Each of the other two doctors bases his identification of the patient's state (*affectus*) and his prognosis and cure on their colleague's detailed narration. After having listed the main symptoms reported by the patient—sleeplessness, vertigo, weakness of the stomach, pain in the joints, accompanied by a constant fear of not being able to recover his health—Fabrici's *historia* arches back to fifteen years earlier, when the patient suffered from “venereal plague” and gonorrhea. Fabrici argues that vapors formed in the stomach and brought to the brain provoked sleeplessness and a state of vertigo, and corrupted the imagination, so that the patient in his gloominess and desperation has given up all hope of being healthy again. As in Da Monte's *consilium*, the patient's individual experience is included in the category of the melancholic individuals who “desire constantly remedies and help” even though their bodies are worn out by medications (917). Not all of Capivacci's *consilia* follow the model that he has set up in his *ars consultandi*. In another *consilium* devoted to a melancholic woman (*consilium* XVII, “*In melancholia*”) Capivaccio does not start with a narration of the patient's *historia*. Instead, he describes the nature of the woman's state. In his opinion, her condition derives from a mixture of melancholic vapors that have ascended from the lower parts of the body and especially from the uterus and animal spirits to the head. Alternatively, he argues that her condition could derive from the vital spirits which are made impure by the melancholic blood that generates them and is born out of a liver affected by a warm and dry disorder (961).⁴⁵ To cure the woman, Capivacci says, the liver should be cooled down and the entire body moistened. However, it will not be easy to achieve this goal, as the woman's natural inclination is towards melancholy and one of the effects of being melancholic is to be recalcitrant to obeying the doctor's orders. The cure should start with the emission of blood from the patient's legs. Following this surgical remedy, Capivacci

gives recipes for several pharmaceutical remedies with the exact dosage for each component of the mixture and advice regarding the diet, which should incline towards cold and especially humid food. At the end of the *consilium* Capivacci asserts that above anything else the woman should be joyful in her spirit (*animus*) “without which there is no remedy that can be of help”. To achieve this goal, Capivacci devises a stratagem that will act on her imagination and will make her happy:

...since there is nothing by which she seems to be more delighted than by wealth and power, every effort must be made that she be deceived in some way, by way of persuasion, that from day to day her wealth is getting bigger, and that in a short time she would be very wealthy. And if there is anything else that makes her happy, she should be deceived by it. (962)

The medical tradition contains several episodes which depict patients—usually men—whose corrupt imagination leads them to believe false things about themselves and the world around them, as Galen reported in the section of *On the affected parts* dedicated to melancholia.⁴⁶ However, in the case reported by Capivacci, the deception is meant to modify the patient’s mood not by altering the perception of her physical body or of the world around her, as in the cases offered by Galen and Da Monte. Rather, it is a way to make the patient suppose something that fits her own belief system. It is, I think, a rather personal suggestion that could not be applied to other patients, even though it can be assimilated to the stories narrated by ancient and early modern physicians as examples of the corrupt imagination in melancholic individuals.

In the miscellanea section that includes Capivacci’s *consilia*, there are some *epistulae* and a document called *historia* (997-98) in which the physician narrates the development of the illness that affected a “nobilis adolescens” from its onset to the patient’s demise, nine months later. After the patient’s death, Capivacci had the body dissected to understand the inner causes of the patient’s symptoms which he ex-

plains in detail in the second part of the document. By observing the corpse's inner organs—liver, lungs, stomach and spleen—Capivacci reaches the conclusion that the illness that plagued the young man could be ascribed to “*pravae corporis illius constitutioni*”. (998) The exactitude with which Capivacci gauges the quantity of remedies can be connected to another medical genre, the recipe, which in several cases was tailored to the individual patient. The recipe was an element also present in the medieval *experimenta* and *consilia*, and in the early modern *curationes*. The main difference in the use of this element between the *consilia* and the *curationes* is that in the latter the case narrative is the main focus of the text.⁴⁷ It is interesting that Capivacci inserts a detailed recipe in what is also considered a new genre, that is, the *historia*. In the first part of his *historia*, perhaps following the Hippocratic model, Capivacci simply reports the course of the patient's illness, while he attaches his explanation of the causes of death to his direct observation of the body *post mortem*. Within the boundaries set by the traditional intellectual milieu of the University of Padua in the late sixteenth century, Capivacci was one of the physicians who, like Da Monte, tried to renew the medical discourse without debunking the medical authority of the Galenic tradition. Capivacci's *consilia* reflect his interest in establishing a method that would create a consultation and a way to interact with the patient that does not revolutionize the genre, but introduces elements, such as the narration of a long *historia*, that will be used later in the *observationes medicae*.

Cristoforo Guarinoni.

Unlike the physicians whose work has been treated earlier, Cristoforo Guarinoni (Verona, 15??-Prague 1602) did not pursue a university career, but spent his life as a court physician, first to the duke of Urbino Francesco Maria II della Rovere and then, probably beginning in 1590, at the court of emperor Rudolf II in Prague.⁴⁸ It ap-

pears that Guarinoni studied medicine in Padua⁴⁹ and founded an *academia*, called “dei Moderati”, in Verona.⁵⁰ According to some, he founded an anatomical school in Prague in 1576. This, however, is highly improbable since it appears from the *consilia* he wrote for various patrons and fellow doctors that he had a busy medical activity in various cities of Italy between 1576 and 1590.⁵¹

Guarinoni’s printed work, first published between 1601 and 1610, includes texts in which his interest in Aristotle is evident: *Disputatio de methodo doctrinarum ad mentem Aristotelis*, *Sententiarum Aristotelis de anima seu mente humana disputatio* and *Commentaria in primum librum Aristotelis De historia animalium*.⁵² He also wrote a treatise on veins (*De venarum principio*), and a large collection of 622 *consilia* published posthumously in Venice in 1610.⁵³ The volume, published by the editor Tomaso Baglioni for the press of Roberto Meietti, does not have a dedication or a prologue. The *consilia* are preceded by two documents. One is a privilege of printing granted by Rudolf II to Guarinoni on January 1601 in which the physician is called “*Medicinae Doctor Physicus noster primarius*”. The other document is a copy of the authorization of printing that the Chiefs of the Venetian Council of Ten gave in 1610, after having consulted the “*Riformatori*” of the University of Padua.⁵⁴

Guarinoni’s *consilia* are addressed to a wide variety of individuals, including the duke of Urbino and his family, Lucrezia d’Este, daughter of Ercole II (CCCLVI), the cardinals Ferrero and Sirleto (CCCCLII and CCCCLV) the daughter of the secretary of the duke of Bavaria (DXXXIV), the duke Vespasiano Gonzaga (DLVII, DLVIII), the duke of Bavaria William V (DLXIX), and the French queen Elizabeth, wife of Charles IX (DLXXVIII).⁵⁵ From this list it is evident that Guarinoni was sought after by an aristocratic European and Italian clientele to whom he was extremely well connected. It is also apparent that he wanted his readership to know the prestigious position he had achieved in his professional career. Guarinoni also wrote many consultations for

fellow doctors, including Cattivacci, which demonstrates a complex network of relationships with local doctors, court physicians and some university professors.⁵⁶ Guarinoni's *consultationes* are organized neither according to the illnesses that affect the body from head to toe, as was the case for Da Monte and Cattivacci's *consilia*, nor according to the date in which the *consilia* were written. Instead, they are arranged in alphabetical order according to the titles given to each *consilium*. This structure might not have been Guarinoni's choice as the volume was published posthumously. The organization "a capite ad calcem" used for the *consilia* by Da Monte and Cattivacci reflect the structure of treatises by *medicina practica* that these university professors composed, and which were in dialogue with the genre of the *consilia*.⁵⁷ Guarinoni's *consilia* devoted to melancholy are not concentrated in the sections of the illnesses of the head and of the stomach, but scattered throughout the volume from consultation III regarding the health of Johann Wilhelm duke of Julich-Cleves to consultation DXCII for the noblewoman Rambalda Vigia.⁵⁸

Even after a cursory reading of the volume, it is evident that Guarinoni's *consilia* possess characteristics that are present only occasionally in the collections of Da Monte and Cattivacci. I will first identify these characteristics and then illustrate them with examples from Guarinoni's *consultationes* that deal with melancholy and insanity. Several of Guarinoni's *consilia* have long *historiae* with detailed narrations of the individual cases. Several of them also have detailed recipes, listing the correct amount of each ingredient for a specific medication prescribed for an individual patient. Finally, in many *consilia* Guarinoni provides the reader with an update of the course of the individual illness which can be either very short—the patient "*convalescitur*" or "*extinctus est*"—or can include a description of the patient's improvement or of his/her post-mortem autopsy.⁵⁹ In *consilium* CXXIII ("*De insania adolescentulae subita*") Guarinoni spends one third of the consultation narrating the case of a young wom-

an who was seized by sudden madness (“*insania*”), which could easily fit the category of love madness. Indeed, after having long pined away from an unrequited love, the “*adolescentula*” decided to marry someone else, but the union was immediately marred on their first night together, when she left the bed, and a few nights later when she “openly turned mad”. The cause of this *insania* is in the head, Guarinoni writes, together with an abundance of melancholic humor in the whole body. Madness first pushed her towards furor and then laughter. The humor in the head boiled because of the constant torment of love. To cure the young woman, Guarinoni suggests a traditional surgical remedy: the emission of blood first from the heel “because the thickness of blood is taken out more easily from the lower parts of the body”, then from the arm, and finally from the forehead. Guarinoni also suggests keeping the patient calm by prescribing her a syrup, to check her humor and to keep the belly soft with the use of enemas. He is optimistic that the young woman could be healed, since “*novus morbus est*” even though the brain, according to the physician, must be imbued and suffused with the vapor of the existing humor. Guarinoni establishes this assertion not on an ancient or early *modern* medical authority, as he does in other cases, especially when the *consilium* is done in *collegium* with other doctors,⁶⁰ but on his own experience, as he observed –“*...vidi*” – this phenomenon in the brain of a dead man who in life was diagnosed as mad. The final sentence of the *consilium* exemplifies how in several instances Guarinoni shows skepticism toward his colleagues’ work, as he reiterates that the young woman will recover “*nisi opera medici per insaniam prohibeatur*”.

In a consultation written for a man affected by loss of memory (*consultatio* CLX, “*De Lacisiensensi memoriae symptomate tentato*”) Guarinoni brings to center stage the illness of melancholy. Indeed, he states that the symptom of memory loss is typical of melancholic individuals. The physician asks an audience—probably other doctors—to acknowledge the melancholic aspect of the patient (“*Vos*

conspectus ipso melancholicum hominem potestis agnoscere”) by his way of life, age and family traits, and also by physical conditions in his body that can be ascertained by touching the *hypochondria* in his left side, which feel obstructed. Guarinoni also invites his audience of experts to observe a symptom of this condition; that is, violent eructations accompanied by nausea indicating the presence of hypochondriac vapors.⁶¹ After the eructations, Guarinoni writes, the patient does not remember the name of things and cannot finish what he had begun saying, but rather, talks about strange subjects. At this point Guarinoni launches into a theoretical discussion with a few citations from Galen on the nature of the humor that afflicts the patient and the main organs that are probably affected by the condition. Once he starts talking about the remedies, Guarinoni suggests that blood be taken out of the hemorrhoids, and here he deploys again his knowledge of Galen by objecting to the ancient doctor’s reservations regarding this remedy. Bleeding, Guarinoni advises, should be done after the stomach has been freed of the atrabilious humor. After the medical remedies, Guarinoni suggests a series of pills, potions and syrups: for some of them he prescribes the correct quantity suitable for the patient and for how many days he should take them. After the final word of the *consultatio*— the verb “*dixi*” in capital letters—Guarinoni adds an update regarding the patient, which he must have written several months later and which shows the interest that the physician had in the development of the patient’s illness after the consultation. It appears that the patient was not purged of the atrabilious humor and that after five months his mind had quite weakened and he was unable to talk or think clearly. Consequently, he was exposed more frequently to the symptoms discussed earlier in the document. One could infer that with this update Guarinoni intended implicitly to criticize the lack of the patient’s obedience in following his advice, which led to a worse physical and mental condition. In the long consultation *in collegio* for the noblewoman

Rambalda Vigia, Guarinoni writes that she is melancholic and has heart palpitations. The physician seems to have carefully observed the young woman and states that she “understands correctly and nothing is wrong in her faculty of judging, or even in the images themselves. However, she cannot stop being sad and afraid. She is fully aware that there is no cause [for this sadness and fear], and that her sorrow and fear derives from an illness [...] She is even more inclined towards irascibility” (632). However, with the worsening of the illness her mind also seems to fail, and Guarinoni fears that perhaps her brain is also affected and that the damaged functions of the heart and of the brain would influence each other. Guarinoni’s acute observation of the patient’s attentiveness to the unfounded nature of her symptoms shows the reader an individual who is alert to her state and is actively participating with her doctors. After this introduction of the case, Guarinoni starts an erudite medical disquisition on the nature of melancholy and on the effects of melancholic humors on the organs affected, alluding to the usual suspects—Galen, Hippocrates, and Aristotle. The last page of the consultation is dedicated to the remedies that should be used to cure the patient. After having discussed the best place to draw blood from the patient’s body, Guarinoni gives a detailed description of the electuary to mollify the patient’s intestines, composed specifically for her, since he would not allow her to take the medication usually made for this purpose. Later, he gives another specific recipe for a medicament to be added to potions to affect her humoral balance. Only after the repeated ingestion of these medicated potions, Guarinoni would suggest the addition in them of specific quantities of black hellebore and mastic. (635)⁶² Guarinoni, like Capivacci, includes a *historia* titled “*Quos post exhibitas aquas thermales quidam convaluit ex gallico*” (49) which, however, does emphasize a different aspect of the term *historia* than that adopted by Capivacci. Guarinoni reports an episode that was narrated to him by the brother of a man who, after hav-

ing suffered for a long time from syphilis, was healed by the thermal baths of San Casciano dei Bagni. Guarinoni seems to narrate this episode in order to prove that not all thermal baths are deleterious for those who suffer from syphilis. However, as if he felt obliged to give an objective assessment to his readers of the effects of thermal baths for curing syphilis, at the end of the document Guarinoni states that Brunorius Zamporius from Forlimpompoli, who suffered of syphilis, died after having used the thermal baths of Abano Terme.

Conclusions

Like several genres that exist over a long period of time, the sixteenth-century medical *consilium* shows signs of change within a traditional structure and a fixed content. In the second half of the sixteenth century, starting with Da Monte, the genre of the *consilium* begins to show a renewed interest in the individuality of patients and in narrating their individual stories. Not all the physicians included these new elements in their collections, but those who did, like Da Monte, Capivacci and Guarinoni, were motivated by reasons that I have explained in this essay. The intellectual milieu in which Da Monte and Capivacci worked and taught stimulated them to reconcile the search for a method with their interest for the patient. Guarinoni exemplifies a physician who was connected mostly to the court system but also had contacts with university professors and who spent his life in two different geographical and cultural dimensions. Was his interest in post mortem dissection and in the reporting of the outcomes influenced by the growing interest in the genre of *observationes* in northern Europe? Further research may answer this question. Furthermore, the interest of physicians like Capivacci and Guarinoni in creating medications for individual patients may suggest the increasing interest in the individual case. This interest could be connected to the renewed concern for classical botany and the revival of *materia medica*, particularly at the University of Padua,

from the middle of the sixteenth century onward, which some physicians saw as a tool for improving therapeutics.⁶³ It could also be related to the growing importance of pharmacists who worked in close collaboration with physicians and whose pharmacies, at least in the Republic of Venice, became gathering places for patients and doctors alike.⁶⁴ In an increasing competitive market where charlatans, empirics, midwives and university physicians all competed for the patient's attention and business, the recipes created for individual patients could have been more attractive to patients and made the physicians who made them stand out among their colleagues. Capivacchi could have been led to introduce in their *consilia* recipes addressed for particular patients by the practice of certain medical institutions to write individualized recipes for their patients.⁶⁵ In the specific case of Guarinoni, the importance that patients assumed for his practice, both in Italy and abroad, and his interest in updating the individual cases narrated in his *consilia* might suggest a particular interest in individualized treatment rather than the use of stock medicaments.⁶⁶

In this essay the genre of the *consilium* has been analyzed by reviewing a sample of consultations on the illness of melancholy. Melancholy was viewed as one of the traditional illnesses of the head, along with mania, *phrenesis* and vertigo, and appeared frequently as a state of many of the patients for whom the physicians wrote the *consilia*. By looking at the treatment of melancholy within the development of the genre of the *consilium*, one notices that the way in which this disturbance was identified and diagnosed does not change significantly since the description and diagnosis given by Galen. However, the way in which the patient and his/ her symptoms are described, the way to cure them, sometimes with medications that appear to be tailored for the individual patient rather than for a general category of individuals on the basis of their humoral complexion, and the way in which the doctors interact with them manifest a modification in the attitude towards the illness or at least

toward the individual histories of the people affected by it. Through sixteenth-century *consilia* the human body, conceived as a generic category divided into four main groups according to Galen's humoral theory, becomes increasingly specific by the use first of social and cultural categories—patients can be noble, intellectual, well-to-do merchants and so on—and then by the description of specific characteristics that belong only to an individual patient. It is true, however, that the tension between general and specific categories regarding patients—see for instance the case of the Jew described by Da Monte—is never fully resolved in the medical genre of the *consilia*. The narrative dimension becomes more important, and the boundaries of the genre of the *consilium* are further pushed to include elements that will be found fully developed in the medical *observationes*. As a final thought, I invite the reader to go back to the story narrated by Guarinoni of the woman who becomes mad a few days after marrying a man whom she does not love and the detail of her refusal to share the conjugal bed the first night of marriage: it seems to belong more to a drama than to a medical *consilium*.

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2. "...nam individualis in scholis doceri nequit, sed exercitatione circa aegrotantes addiscitur". CAPIVACCI G., *Opera omnia*. Frankfurt, 1603, p. 457.
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 7. On the genre of the *consilium*, see LAIN ENTRALGO P., *La Historia clinica. Historia y Teoria del relato patografico*. Madrid, Consejo Superior de Investigaciones Cientificas, 1950, pp. 65-136; LOCKWOOD D. P., *Ugo Benzi. Medieval Philosopher and Physician*. Chicago, The University of Chicago Press, 1951; AGRIMI J., CRISCIANI C., *Le consilia médicaux*. Tr. Carole Viola. Turnhout, Brepols, 1994; AGRIMI J. and CRISCIANI C., note 2, CRISCIANI C., *Fatti, teorie, 'narratio' e i malati a corte. Note su empirismo in medicina nel tardo Medioevo*. *Quaderni Storici*, 2001; 108:695-717.
 8. POMATA G., note 2, p. 131. However, it is important to remember that there were many critics of Galen in the sixteenth century, such as Giovanni Argenterio, who was also called "Galenic censor". See SIRAISSI N. G., *Giovanni Argenterio and Sixteenth-Century Medical Innovation, between Princely Patronage and Academic Controversy*. *Osiris* 2nd series, 1990: 91:174, 180 (161-180). For biographical information on Argenterio, see MONDELLA F., *Argenterio Giovanni*. In *Dizionario biografico degli italiani*, Rome, Istituto dell'Enciclopedia Italiana, vol. 4 and SIRAISSI N. G., 1990. For Argenterio's

- position vis-à-vis Galen's notion of disease, cause of disease and symptoms, see SIRAISSI N. G., 1990; SIRAISSI N. G., *Disease and Symptom as Problematic Concepts in Renaissance Medicine*. In: KESSLER E. and MACLEAN I. (eds.), *Res er Verba in der Renaissance*. Wiesbaden, Verlag, 2002, pp. 217-240; MACLEAN I., note 2, pp. 21-22, pp. 73-77.
9. NUTTON V., *Pieter Van Foreest and the Plagues of Europe: Some Observations on the Observationes*. In: HOUTZAGER H. L. (ed.), *Pieter Van Foreest. Een Hollands medicus in de zestiende eeuw. Bundeling van de voordrachten gehouden op het symposium ter gelegenheid van het 25-jaring bestaan van de Pieter Van Foreeststichting*. Amsterdam, Atlanta, GA, Rodopi, 1989, pp. 25-39; POMATA G., *Contracting a Cure. Patients, Healers, and the Law in Early Modern Bologna*. Tr. Rosemarie Foy and Anna Tarabozetti-Segre. Baltimore, The Johns Hopkins UP, 1996; NANCE B., *Turquet de Mayerne as Baroque Physician*. Amsterdam, Rodopi, 2001; NANCE B., note 2; POMATA G., note 2.
 10. NANCE B., note 2, p. 115.
 11. POMATA G., *Sharing Cases: The Observationes in Early Modern Medicine*. *Early Science and Medicine* 2010; 15:196-98 (193-236)
 12. POMATA G., note 2, p. 131. Pomata refers here to the collection of *consilia* by Diomedes Cornarius, published in 1599 and covering the physician's activity from 1566 to 1597.
 13. GALEN. *On the Affected Parts*. Tr. and ed. Rudolph E. Siegel. Basel; New York, Karger, 1976, p. 88.
 14. GALEN, note 10, pp. 90-91.
 15. GALEN, note 10, pp. 91-93.
 16. GALEN, note 10, pp. 94.
 17. "*Communiter comprehendit omne delirium, quod sequitur vel febres, vel alios morbos: proprie autem significant vel discursum depravatum, vel imaginatio depravata, vel utrumque*". MERCURIALE G., *Medicina practica*. Frankfurt, 1602, book 1, 27. "*Per delirium melancholicum, intelligimus illud vitium, in quo corrumpitur imaginatio, cum timore & moerore c. 7 l.3 de loc. aff.*" CAPIVACCI G., note 1, p. 795.
 18. For biographical information on Da Monte see CERVETTO G., *Di Giambattista Da Monte e della medicina italiana nel secolo XVI*. Verona, 1839; MUCCILLO, M., *Giovan Battista Da Monte*. In: *Dizionario Biografico degli Italiani*, vol. 32. For information about Da Monte's bedside clinic, see BYLEBYL J., *The Manifest and the Hidden in the Renaissance Clinic*. In: BYNUM, W. F., PORTER R. (eds.), *Medicine and the Five Senses*.

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- Cambridge, Cambridge UP, 1993, pp. 40-60; BYLEBYL J., *Teaching Methodus Medendi in the Renaissance*. In: KUDLEN F., DURLING R. (eds.), *Galen's Method of Healing. Proceedings of the 1982 Galen Symposium*. Leiden, E.J. Brill, 1991, pp. 157-189.
19. However, earlier Latin versions of *Methodus medendi* and other works by Galen were known in the Middle Ages, so one could suggest that the innovations of physicians steeped in the humanistic revival of ancient texts were not always as striking a departure from the past as they hoped. For a description and analysis of Da Monte's method see BYLEBYL J., *Teaching Methodus Medendi*, note 15. On the importance that physicians, especially those at the University of Padua, attributed to Galen and his writings as a manifestation of medical Humanism, see BYLEBYL J., *The School of Padua: Humanistic Medicine in the Sixteenth Century*. In: WEBSTER C. (ed.), *Health, Medicine and Morality in the Sixteenth Century*. Cambridge, Cambridge UP, 1979, pp. 335-70; WEAR A., *Galen in the Renaissance*. In: NUTTON V., (ed.), *Galen: Problems and Prospects. A collection of Papers submitted at the 1979 Cambridge Conference*. London, Wellcome Institute for the History of Medicine, 1982, pp. 229-262; SIRAISSI N. G., *Avicenna in Renaissance Italy. The Canon and Medical Teaching in Italian Universities after 1500*. Princeton, NJ, Princeton UP, 1987.
20. BYLEBYL J., *The manifest and the hidden*, note 15, p. 52. For a reappraisal of the idea that Da Monte introduced clinical teaching during bedside visits see ONGARO G., *L'insegnamento clinico di Giovan Battista da Monte (1489-1551): una revisione critica*. *Physis* 1994; 31:357-69.
21. BYLEBYL J., *Teaching Methodus Medendi*, note 15. For this essay I consulted the 1559 edition of the first book of Da Monte's *consilia* edited by Donzellini (*Ioannis Baptistae Montani veronensis, medici per universam Europam ceber-irimi et in clarissima Patavina/Academia summa cum laude publici olim ac/ ordinarij professoris/ Consilia medica/omnia, quae ullibi extant,/partim antea, partim nunc edita./ Opera ac diligentia Hieronymi Donzellini Brixiani, Philosophi ac/ Medici, in congruum ordinem digest, & in tres partes distributa, ab infinitis mendis, corruptelis ac depravationibus expurgata, ut/ suo iam authore digna videantur. Partim operis totius/argumenta./ prima est de morbis partium./secunda de febribus./tertia continet Chirurgica/Noribergae, 1559*), and the 1583 edition of the four hundred thirty four *consilia* edited by Johannes Crato, (*Consultationes/ medicae/ Ioannis Baptistae Montani/ Veronensis/Olim quidem Ioannis Cratonis Vratislavensis/*

medici Caesarei opera atque studio/correctae, ampliataeque:/nun vero/Post rescundae Editionis Appendicem et Additiones,/insigni Novorum Consiliorum Auctario ex Ludovici/ Demoulini, Allobrogum Archiatri,/codicibus exornatae./ Cum privilegio caesareo, ad annos/1583).

22. POMATA G., *The Uses of Historia*, note 2, pp. 128-129. Pomata also states that a new way of taking notes introduced by Brasavola at Ferrara and then by Da Monte at Padua, where students were encouraged to pay great attention to the case history of the disease of single patients, might have affected the writing and structure of the genres of *curationes* and *observationes*. POMATA G., note 6, pp. 45-80.
23. See also the organization of *consilia* by Mercuriale and Capivacci.
24. AGRIMI J., CRISCIANI C., note 5 pp. 19 and 26; SIRAISSI N. G., note 4, p. 6.
25. DA MONTE GB, *Consilia* 1583, note 18, *proemium*. In his dedication of the 1559 edition of the *consilia* to Leonardo Mocenigo, Da Monte's colleague Girolamo Donzellini gives a similar subdivision of the *consilia*. See DA MONTE GB, *Consilia* 1559, note 18, p. 10.
26. "Hoc nunc a censoribus istis peto, ut cum his sano iudicio, si quod habent, consilia Montagnanae, Hugonis Senensis, Antonij Cermisonis, Matthaei de Cradibus, Baverij, atque aliorum etiam conferant. Apparebit certe ad rosam anemonem collatam esse, eiusque unum consilium veras curandi *endeixeis* (in Greek) rectius monstrare, quam prolixas recitationes eorum, qui ne illud quidem quod norunt, novisse videntur." DA MONTE GB, *Consilia* 1583, note 18, p. 5.
27. DA MONTE GB, *Consilia* 1583, note 18, *consilium* 22. For a few other examples of long narrative accounts of individual melancholy in the 1583 edition see also *consilia* 26, 34, 232, 236.
28. DA MONTE GB, *Consilia* 1583, note 18, *consilium* 22.
29. External circumstances are linked to the *sex res non naturales*, including the stirring of the passions of the soul by a traumatic event—the death of a loved one—as in *consilium* 34. In this case, the death of a dear friend caused physiological effects on the patient's body, such as the constriction of his heart caused by the coldness and thickness of the spirits. See also CALABRITTO, M., *Medicina practica, consilia and the illnesses of the head in Girolamo Mercuriale and Giulio Cesare Claudini. Similarities and differences of the Sexes*. *Medicina e Storia* 2006 (13): 63-83 for similar examples taken from Mercuriale's *consilia*.

30. By the beginning of the thirteenth century three threads—the theological, the astrological and the natural-philosophical/medical—which had developed up to this period more or less independently one from the other—coalesced together, thus further elaborating the already negative image of Jews. See GILMAN S., *The Jew's Body*. New York, Routledge, 1991, pp. 129–49; BILLER P., A 'Scientific View' of Jews from Paris around 1300. *Micrologus. Natura, scienze e società medievali/Nature, Sciences and Medieval Societies. Gli Ebrei e le scienze/The Jews and the Sciences* 2001; 9:137-168. See also RESNICK I. M., *Odo of Tournai and the Dehumanization of Medieval Jews: A Reexamination*. *The Jewish Quarterly Review* 2008; 98: 471–484; ZAFRAN E., *Saturn and the Jews*. *Journal of the Warburg and Courtauld Institute* 1979 (42): 16-27; NISSAN E., SHEMESH, A.O., *Saturnine Traits, Melancholia, and Related Conditions as Ascribed to Jews and Jewish Culture (and Jewish Responses) from Imperial Rome to High Modernity*. *Quaderni di Studi Indo-Mediterranei* 2010; 3: 97-128. Klibansky, Panofsky and Saxl cite J. W. Appellius, author of a *Historisch-moralischer Entwurffder Temperamenten*, (2nd edition, 1737), who “blamed [the melancholic temperament] for the avarice, betrayal and suicide of Judas, as well as for the ‘despicable timidity’ of the Jews as a race”. KLIBANSKY R., PANOFSKY E., SAXL F., *Saturn and Melancholy. Studies in the History of Natural Philosophy Religion and Art*. London, Nelson, 1964, p. 121.
31. See also DA MONTE GB., *Consilia* 1583, note 18, *consilia* 35 and 242.
32. See pp. 622 of this essay.
33. Da Monte refers to the large number of individuals whom he met with the same affliction as this patient—a young boy—and who have not been cured.
34. See BYLEBYL J., *The manifest and the hidden*, note 15, for a discussion of Da Monte's bedside visits and his interactions with patients at the hospital and in private homes. DA MONTE GB., *Consilia* 1583, note 18, *consilium* 29.
35. “*Haec sunt accidentia ab eo recitata, quae omnia sunt facilia cognitu: sed in causis indagandis est summa difficultas, nec possum mihi satis facere*”, *consilium* 23; “*Haec [symptomata] ad suas causas reducenda sunt, ut inveniatur curatio*”, *consilium* 234; “*...quia non curamus symptomata, sed ea solum consideramus in hoc finem, ut veniamus in cognitionem morbi, quo cognito & invento omittimus omni illa signa & accidentia: nam nullum symptoma trahit curam ad se, nisi sub ratione morbi: venio igitur ad affectum & morbum, hoc est, melancholiam hypocondriacam*”. DA MONTE GB, *Consilia* 1583, *consilium* 236; “*Oportet nos indagare causam, ut deveniamus ad curam*”. DA MONTE GB., op. cit., *consilium* 242.

36. Siraisi has already briefly mentioned Capivacci's *ars consultandi* as an "indication of increased interest in narrative of cases". SIRAISSI N. G., *History, Medicine, and the Traditions of Renaissance Learning*, note 2, p. 69.
37. For biographical information on Girolamo Capivacci (or Capodivacca), see GLIOZZI G., *Capodivacca Girolamo*. In: *Dizionario Biografico degli Italiani*, note 15, vol. 18.
38. See for instance Capivacci's treatise *De anatomica methodo* mentioned in MIKKELI, H., *An Aristotelian Response to Renaissance Humanism: Jacopo Zabarella on the Nature of Arts and Sciences*. Helsinki, SHS, 1992, pp. 156-59.
39. The *ars consultandi* and the *consilia* are in the fourth section, called also "mista", of Capivacci's *Opera Omnia* edited by Hartmann Beyer in 1603.
40. For an explanation of the terms "*non naturalibus*", "*secundum naturam*" and "*praeter naturam*" see MACLEAN I., note 2, pp. 251-56.
41. In 1549, while teaching at the university of Pisa, Argenterio wrote the treatise *De consultationibus Medicis sive (ut vulgus vocat) de Collegiandi ratione*. The edition I consulted was printed in Florence 1551. Argenterio argues that, when doing a consultation, the physician does not need to explain the natural temperament of the patient, as Galen prescribed, since often elements that are "*praeter naturam*" can be easily found out without recurring to those "*secundum naturam*". (16v) The online catalogue of the National Library of Medicine reveals that, in addition to Capivacci and Argenterio, several other authors wrote sections of works with titles like "*ars consultandi*" or "*methodus consultandi*" which were published in the second half of the sixteenth and the beginning of the seventeenth centuries. This may suggest the emergence of the "*ars/methodus consultandi*" as a genre, although modest, in early modern medical literature. Among the authors who wrote works of this type were Cesare Mocca (active at the end of the sixteenth century in Turin), Antonio Maria Venusti (1529-1585, active in Milan), Benedetto Selvatico (active between the second the sixteenth century and the seventeenth century in Padua), Pietro Matteo Rossi (active at the beginning of the seventeenth century) and Rodrigo de Fonseca (active in Pisa and Padua in the late sixteenth and early seventeenth century).
42. In the 1603 edition of Capivacci's *Opera omnia* this two-page document (236-37) is placed in the second section of the work, called "*pathologica*", along with writings dealing with the elements "*praeter naturam*", the pulse and the urine.
43. Capivacci's printed *consilia* are fifty-one, a modest number compared to Da Monte's four hundred-thirty four and Guarinoni's six hundred twenty-two. Eight *consilia* are explicitly devoted to melancholy.

44. I was unable to find information on the physician N. Nigri. For information on Fabrici's life and activity, see MUCCILLO M., *Girolamo Fabrici d'Acquapendente*. In: *Dizionario Biografico degli Italiani*, vol. 43; FOS-SATI P. M., *Girolamo Fabrizio d'Acquapendente. Medico e anatomista: la vita e le opere. Note in margine alla Mostra*. Acquapendente, Comune di Acquapendente, Acquapendente 1988. On Fabrici's scientific activity, see UNDERWOOD E. A., *The Early Teaching of Anatomy at Padua with Special Reference to a Model of the Padua Anatomical Theatre*. *Annals of Science* 1963 (19): 1-26; CUNNINGHAM A., *Fabricius and the 'Aristotle Project' in Anatomical Teaching and Research at Padua*. In: WEAR A., FRENCH R., LONIE I. (eds.), *The Medical Renaissance of the Sixteenth Century*. Cambridge, Cambridge UP, 1985, pp. 195-22; RIPPA BONATI M., PARDO TOMAS J. (eds.), *Il teatro dei corpi. Le 'pitture colorate d'anatomia' di Girolamo Fabrici d'Acquapendente*. Milano, Mediamed Edizioni Scientifiche, 2005.
45. For a discussion of the division of spirits into animal or psychic, vital and natural in relation to Galenic medicine, see TEMKIN O., *The Double Face of Janus and Other Essays in the History of Medicine*. Baltimore, The Johns Hopkins UP, 1977, pp.154-161.
46. See notes 13 and 14 of this essay. On this regard, see also Avicenna's section dedicated to black bile and melancholy in the *Canon of Medicine* as it is quoted by RADDEN J. (ed.), *The Nature of Melancholy. From Aristotle to Kristeva*. Oxford, Oxford UP, 2000, p. 77. Stanley Jackson also reports examples of deluded melancholic men taken from Rufus of Ephesus (first century CE). JACKSON S., *Melancholia and Depression from Hippocratic Times to Modern Times*. New Haven, Yale UP, 1985, p. 36.
47. POMATA G., note 10, p. 207.
48. For information—unfortunately still sketchy—on Guarinoni's life, see DIVISOVÁ-BURSIKOVÁ B., *Physicians at the Prague Court of Rudolf II*. In *Tycho Brahe and Prague: Crossroads of European Science*. Ed. John Robert Christianson, Alena Hadravová, Petr Hadrava and Martin Solc. Frankfurt, Verlag Harri Deutsch, 2002, pp. 264-69; DIVISOVÁ-BURSIKOVÁ B., *Sbírka konsilií císařského lékaře Christophora Guarinoniho*. *Dejiny ved a techniky* 2001 (34): 23-38. The approximate date of Guarinoni's arrival in Prague is based on the dated *consilia* in the collection: the last dated *consilium* written in Italy bears the date of June 19, 1590 (*consilium DLXV*) and the first dated *consilium* written in Prague bears the date of November 20, 1590 (*consilium DLXVIII*).

49. PERFETTI, S., *Aristotle's Zoology and its Renaissance Commentators*. Leuven, Leuven UP, 2000, p. 215. See also DE RENZI S., *Storia della medicina in Italia*. Naples, 1845, vol. 3, p. 440.
50. GUALTIERI DI BREMA L., GUALTIERI L., CANTÙ C., *Grande Illustrazione del Lombardo Veneto*. Milan, 1859, vol. 4, p. 485.
51. See DIVISOVÁ-BURSIKOVÁ B., *Sbírka konsilií*, note 43, p. 24 plus notes 6, 7, 8.
52. PERFETTI S., note 44, p. 215.
53. GUARINONI C., *Consilia medicinalia in quibus universa praxis medica exacte pertractatur...* Venice, 1610.
54. For information on the Chiefs of the Council of Ten and the Riformatori dello Studio di Padova, see WITCOMBE C. L. C. E., *Copyright in the Renaissance: Prints and the Privilegio in Sixteenth-Century Venice and Rome*. Leiden; Boston, Brill, 2004, pp. 62-65.
55. Many—but not all—the *consilia* directed to illustrious people, like well-to-do and aristocratic individuals and fellow physicians, are dated and their name and title are mentioned, thus suggesting that Guarinoni was aware of the prestige of his patients and colleagues with whom he was in contact, and intended to keep a record of these interactions.
56. *Consultatio CCCCVII*, “*Pro serenissimo G.V.V.D. ad H Capivaccio de Podagra*”.
57. The treatises of *medicina practica* were made of different layers of comments, lessons and sources, including the physician’s *consilia*. AGRIMI J, CRISCIANI C., *Edocere medicos. Medicina scolastica nei secoli XIII-XV*. Naples, Guerini e Associati, 1988, p. 175. Girolamo Mercuriale (1530-1606) introduced the story of a noble young man from Padua whose health was restored after four cauteries were applied to his arms and knees at the end of chapter on mania in his treatise on *medicina practica*. See MERCURIALE G., *Medicina Practica*, Frankfurt, 1602, p. 65.
58. Under the constraints of both time and space, I translated in their entirety only fifty of Gurinoni’s six hundred twenty two *consilia*, that is, those that are related to melancholy. Some of these fifty *consilia* deal explicitly with melancholy, while in other *consultationes* melancholy appears a side effect or an accompanying disturbance of a constellation of illnesses, like in *consilium XXXIX*. The *consultatio* for the duke Joahnn Wilhelm, written in Latin by his physicians Reiner Solenander, Lambert Wolf, Galenus Weyer, Heinrich Botte, Johann Van der Sloten and Arnoldus Manlius seems to have been composed to elicit replies from other doctors, among whom Cristoforo Guarinoni, and

- another doctor by the Latinized name of Gulielmus Clophterius. Guarinoni adds a short comment regarding several medications proposed by an English man—perhaps the John Lorimer or Lumkin who was called to cure the duke from 1596 to 1599?—the efficacy of which Guarinoni highly doubts: “*Tandem dico, quod cum de occultatis remedijs consilium ex arte dari nequeat, ad populare illud confugiendum est, ut facto in alijs periculo eorum vis prius cognoscatur.*” (5) On the madness of Joahnn Wilhelm, see MIDEFPORT E., *Mad Princes of Renaissance Germany*. Charlottesville, University of Virginia Press, 1996, pp. 99-124. On Lumkin, see MIDEFPORT E., op. cit., pp. 112-17.
59. For examples of updates see, for instance, *consilia* VIII, IX, XXX, XXXII, XLII, XCV, (illness and death of Cardinal Sforzia), CXXIX, CXXXI, CXXXIII, CXXXV, CXXXVI, CXL, CXLI, CXLIII, CLX, CLXXIV, CLXXV, CLXXXVII, CXCIV, CCIII, CCXVI, CCXVIII, CCXLII, CCLIII, CCCIII, CCCXXXIII, CCCXLI, DIII, DXXXIX.
60. See, for instance, *consilium* XXXIX.
61. If in this *consultatio* Guarinoni’s attitude towards an audience of peers is based on the shared knowledge of medical authorities and observation of the patient’s symptoms, in *consultatio* CLXXI, for a melancholic nun, he states that, because his readership is well acquainted with the symptoms accompanying a melancholic state, he will not talk about them but, instead, will focus on the probable causes of the illness and find remedies.
62. Black hellebore—*veratrum nigrum*—was a powerful and dangerous drug, used since ancient times to cure madness. In the early modern period, black hellebore was used often in small doses, together with other substances, as a emetic and purgative medication. See PADEL R., *In and Out of the Mind: Greek Images of the Tragic Self*. Princeton, Princeton UP, 1994, p. 69; HILLMAN D. C. A., *The Chemical Muse: Drug Use and the Roots of Western Civilization*. New York, Thomas Dunne Books, 2008, pp. 46-47.
63. PALMER R., *Pharmacy in the Republic of Venice in the Sixteenth Century*. In WEAR A., FRENCH R.K., LONIE I.M (eds.), *The Medical Renaissance of the Sixteenth Century*. Cambridge, Cambridge UP, 1985, pp. 100-117 (p. 103); STANNARD J., *Herba and Herbalism in the Middle Ages and Renaissance*. Aldershot, Ashgate Variorum, 1999, chapters IX-XIV.
64. PALMER R., note 60.
65. For the complexity of the medical market and the multiplicity of figures involved in the healing business in the early modern period see PALMER R., note 60, pp. 111-117; PARK K., *Medicine and Magic: The Healing Arts*.

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- In BROWN J.C., DAVIS R. C. (eds.), *Gender and Society in Renaissance Italy*. London, Longman, 1998, pp. 129-149; LINEMAN M., *Medicine and Society in Early Modern Europe*. Cambridge, Cambridge UP, 1999, pp. 193-230; GENTILCORE D., *Medical Charlatanism in Early Modern Italy*. Cambridge, Cambridge University Press, 2006; EAMON W., *Physicians and the Reform of Popular Culture in Early Modern Europe*. *Acta Historiae* 2009 (17): 615-626. In his book on early modern hospitals in Florence and in particular on Santa Maria Nuova, John Henderson observes that the *Ricettario* of the hospital of Santa Maria Nuova was “personalized by the inclusion of the names of individuals associated with S. Maria Novella who had been prescribed specific treatment.” (p. 303). HENDERSON J., *The Renaissance Hospital. Healing the Body and Healing the Soul*. New Haven, Yale UP, 2006.
66. Henderson shows that recipes given to patients at the hospital of Santa Maria Nuova “reflect the combined importance of theory and practice.” HENDERSON J., note 62, p. 334.

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