Spectacles of Erudition: Physicians and Vernacular Medical Writing in Early Modern Spain

Abstract

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During the 16th century, the Iberian Peninsula experienced a proliferation of concise and simplified vernacular medical works designed to instruct lay people on how to keep healthy by controlling their diet, daily activities, environment, and emotions. Read more
Among these works, the 1542 (Joan de Brocar) edition of Luis Lobera de Avila’s *Vergel de sanidad o Banquete de Caualleros* [*Garden of Health or Banquette for Knights*], a health guide for the nobility, stands apart from other non-professional medical works by virtue of its curious presentation of the vernacular text.
In the Brocar edition, we find the vernacular text surrounded by extensive commentary and glosses in Latin.

Vergel de sanidad o Banquete de Caualleros [Garden of Health or Banquette for Knights] (1542) fol. 3v
As the work progresses, the space dedicated to the Vernacular text becomes smaller and smaller...
... until the vernacular is often reduced to a single line.
The presence of Latin in vernacular works of every stripe is certainly not uncommon in the 16th century, but in the case of a laymen-oriented, vernacular medical treatise, the overwhelming amount of Latin would seem to violate several generic imperatives.
Writers who set out to provide medical information for a non-professional reader frequently bemoan the physician’s excessive use of obscure medical phrases and long-winded discussions in Latin, which they claim were two of the most common impediments standing in the patient’s way of acquiring basic information related to his or her health and well-being.

Vergel de sanidad o Banquete de Caualleros [Garden of Health or Banquette for Knights] (1542) fol. 1r
As their prologues in introductory materials make clear, medical writers envisioned that their works would be highly practical. They promoted their treatises as organized, indexed, and comprehensive tools that would allow readers to easily use and to “quickly find” beneficial information.

Speculum al foderi [Mirror of Coitus] ms 3356. Biblioteca Nacional, Madrid, fol 35r. 15th Century
Bernard of Gordon's *Lilio de medicina* (1495), we read, “I intend to treat things that are common, simple and beneficial,” for the good of the poor and those of humble intellect.
Cristóbal Méndez, author of the *Libro del ejercicio corporal* (1553) [Book of Bodily Exercise], claims that he has reduced his treatment of hygienic principles to describing “the simplest thing that one can do to achieve bodily health.” And perhaps more emphatically, these authors promise readers that they will keep their exposition brief and that they will speak in a way that everybody can understand. Read more
Juan Cornejo, in his treatise on gout explains that his clear and straightforward style of writing will allow anyone to “easily and surely” understand and take advantage of his work.
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“con estilo y modo tan claro y llano, que cualquier ingenio las pueda bien entender”

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Along these lines, Alfonso Chirino, in his very popular *Menor daño de medicina* [*Least Damage from Medicine*]—published over twelve times in the first half of the fifteenth century--tells his readers:

“Everything you find written here will not be in medical jargon or obscure words, rather I will speak in a way that anybody can understand.”

*Read more*
Among the extensive tropology of utility that saturates the introductions of fifteenth century medical works, the idea that medical information would be provided in Romance rather than in Latin constituted the single most powerful convention of usefulness, standing well above other rhetorical strategies designed to encourage readers to believe that medical information in these treatises could be instrumental in preserving their health.

Francisco Franco *Tractado de la nieve y del uso della*. [Treatise on Snow and Its Use] (1569)
This was true not only for treatises designed for lay people, but for para-professionals such as surgeons, apothecaries, and bone-setters.
In his treatise on anatomy, Bernardino Montaña de Montserrate writes,

“I have been moved to write this book in Romance because many surgeons and other men of discretion do not know Latin and will want to benefit from reading it; also because I find that in these days many physicians are so obsessed with Latin that they dedicate all their thinking to the language. . . . And this is one of the strongest reasons why today we find few physicians who know anything about medicine and many who write about it” Read more

Bernardino Montaña de Montserrate. Libro del anathomia del hombre [Book of Human Anatomy]( 1551) fol 130.
Antonio Perez complains that many books on surgery, although they are written in the vernacular are obscure and difficult to read. They are so laden with copious phrases and sentences in Latin, he complains, that these works are nearly impossible to understand. He even complains that the vernacular in these works is almost Latin thus he proposes to write clear work in good Romance so all can understand. Read more
Miguel de Sabuco and his daughter Oliva were more succinct: “Let us leave Latin and Greek and speak in our language, because there is sufficient damage in the world because the sciences (especially law) are in Latin.”

(See Gil Fernández, *Panorama social del humanismo español* 74)
This resistance to Latinity, denounced as an impediment to understanding medical science for both lay readers and professionals, casts a puzzling light on the Lobera treatise. In the Brocar edition of Lobera’s health guide, the extensive use of Latin creates a cumbersome experience for the vernacular reader and would seem to contradict the prevailing idea that medical writing designed for the nonprofessional (or paraprofessional) should be succinct, brief, and easy to understand.
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For example, in the section on the hygienic selection of wines, a vernacular reader would have to move through eight pages (4 folia) to read the equivalent of one page of vernacular text, and then...
... the reader would have to pass through nine additional pages exclusively in Latin before arriving at the next chapter on the proper consumption of beer.
The extensive presence of Latin also makes this edition larger, and therefore more costly and less likely to keep on hand or circulate than the majority of vernacular medical works. The Brocar edition is comprised of eighty folia, whereas most vernacular treatises average about twenty pages.
This is a far cry from a standard medical textbook such as Avicenna’s **Canon**, whose typical Latin translation consisted of over one million words on more than 250 folia in forebodingly small print.
Linda Voigts has shown that Latin was frequently interspersed throughout English vernacular medical treatises.

(“What's the Word? Bilingualism in Late-Medieval England.”)

This is also true for Spanish 16th century works. For example, Nuñez de Coria’s treatise on sexual hygiene, *Treatise on the Use of Women*, often verifies concepts and hygienic advice with quotes in Latin from medical authorities. Read more
Voigts suggests that the insertion of Latin appealed to a bilingual reader, one who was more comfortable with the vernacular but who could appreciate the Latin source.

Along this line of thinking, we might also speculate that the Brocar edition represents a highly innovative moment in the public dissemination of medical information, offering readers the best of both worlds, or the ability to access the information in the language and level of discourse that best suits them.
But there appears to be more at stake when medical writers attempt to refashion information for nonprofessionals. While claiming to provide medical advice for laymen, the physician/author gives us a great deal of information about himself. I would go so far as to say that many of these treatises serve primarily as a vehicle for promoting the physician/author and his medical practice.
In fact, many vernacular works seem to have been written with the primary objective of promoting the physician.

For example, we have an abundance of vernacular works in the late 16th century written by physicians on the somewhat insignificant if not inane subject of the beneficial or harmful effects of drinking water and other beverages chilled with snow and ice.

Francisco Franco. *Tratado de la nieve* [Treatise on Snow] (Sevilla 1569)
These include

Francisco Franco, *Tratado de la nieve y uso de ella* [Treatise on Snow and its use] (Sevilla 1569);

Francisco Micón, *Alivio de los sedientos . . . con nieue* [Relief for the thirsty . . . with snow] (Barcelona 1576);

Nicolás Monardes *Libro que trata de la nieve* [Book on Snow and its Properties] (Sevilla 1580).
These texts served as a forum in which even medical authorities who railed against the divulgation of medical information in the vernacular could promote their erudition and display their experience, wisdom, and learning by writing in Romance about a subject that probably provided minimal useful information for lay readers.

Francisco Micón  *Alivio de los sedientes*  
*[Relief for the Thirsty]* (Barcelona 1569)
Although the treatises on snow may represent a peculiar subgenre of medical writing, the physician/author invariably presents himself in various ways in nearly all vernacular medical treatises. The medical information never appears in an impersonal and detached form. The author almost always writes in first person while making frequent references to his medical training, learned credentials, and first hand experience with therapies and drugs.

Portrait of Nicolás Monardes from the 1580 edition of his *Primera y segunda y tercera partes de la historia medicinal*. [First, Second, and Third Parts of the Medical History]
Jerónimo Soriano writes in his *Book of Medical Experiments*, referring to a nonsurgical remedy for removing a tooth, “I have used it an infinite number of times in treating my patients and myself”; referring to a treatment for asthma, he says, “I have experimented with this with astonishing results”; describing a salve for hemorrhoids, he writes “I use it and it mitigates the pain wonderfully” (*Libro de experimentos médicos* [1599] fols. 31r, 37v, 60v).
The vernacular medical treatise is replete with heroic and often exaggerated accounts of healings: “I have cured more that twenty thousand people,” writes Ruy Díaz de la Ysla in his early Spanish treatises on syphilis.

“Yo he curado más de veinte mil personas y que se han sanado más de otras veinte mil”

Ruy Díaz de Ysla  *Tractado contra el mal serpentino* [Treatise against the Serpentine Disease] (1539)
Others describe themselves as resourceful and innovative, even praising themselves for being the first to write about, investigate or cure a particular disease. Speaking of his innovative treatment of a renal disorder Francisco Díaz claimed boldly “I was the first to do it . . . something that other physicians have not even dreamed of doing.”

“yo soy el primero en hazello”

Francisco Díaz. *Tratado nuevamente impresso de todas las enfermedades de los riñones, vexiga, y carnosidades de la verga*. (Madrid 1588)
We should keep in mind that there was no profession in the late medieval and early modern period more picaresque than that of a practicing physician. A reputation gained from years of successful practice could dissipate immediately following an unsuccessful intervention or untimely death of the patient. The vernacular medical treatise would appear to be the perfect vehicle for the physician to preserve his most salient achievements, promote his most successful cures, and broadcast his learned credentials.
Thus, authors would have their readers believe that they are girded by a host of virtues and learned skills including diligence, benevolence, resourcefulness, ingenuity, and an extraordinary understanding of the major medical works from antiquity.

According to treatises on medical ethics or deontology, one of the basic skills that a competent physician must acquire before attempting to practice medicine is a solid knowledge of Latin. “First of all, he must be a great Latinist,” wrote Alfonso de Miranda in his Dialogue on the Perfect Physician.

Alfonso de Miranda *Dialogo da perfeyçam y partes que sam necessarias ao bom medico* (Lisbon 1562)
Enrique Jorge Enríquez reiterated this idea in his *Retrato del perfecto médico* [*Portrait of the Perfect Physician*] (1595), insisting that physicians also have a knowledge of Greek and Arabic (fol. 185r).
The requirement that medical practitioners know Latin appears in most sixteenth-century discussions on medical deontology. Antonio de Aguilera, in his treatise on the pharmaceutical arts, argued that the first requirement for a good apothecary is to “understand the Latin language well, or at least moderately well, having studied it in the university or with competent teachers for four years.”

Antonio de Aguilera *Exposicion sobre las preparaciones de Mesue* (Alcalá 1569)
Given the deontological imperative that physicians be steeped in Latinity, it could be that the extensive amount of Latin in the Brocar edition served as a spectacle of the physician’s erudition and as evidence of his preparedness to successfully carry out his duties as a learned healer. For late medieval and early modern patients, the imagined presence of a medical authority did not translate readily into a desirable mediator for their ailments.
Over the past four hundred years, our modern systems of medical licensing and control have encouraged us to believe that the authorized practitioner is knowledgeable and competent. This faith was not so readily assumed in the medieval and early modern periods. What Michael McVaugh has noted of the early fourteenth century holds true well beyond the sixteenth century:

Luis Lobera de Avila. *Libro del regimiento de la salud* (1551)
“[E]very physician would at the onset have had to convince his patients that he knew something they did not—what was wrong with them, and how it could be cured—and that they should concede him authority and power over them in treatment. He could not have felt at ease until he was sure that his patients fully believed in him and accepted his authority” (Medicine before the Plague 166–67).
Although the authorizing mechanisms of modern medical practice—university degrees, examinations, and licensing—emerged and were beginning to take hold during the early modern period, it would be well past the sixteenth century before a physician could expect that the majority of his patients would trust him solely on the basis of his academic or official credentials.
In fact, there was no occupation in late medieval and early modern Spain that simultaneously inspired more blind trust and more intense suspicion than the medical profession. Physicians were both desperately needed and thoroughly detested—frequently by the same patient—and the line between a “good” physician and a reprehensible charlatan was often tenuous. Thus, every physician had the ongoing obligation to convince the public that he was successful and skilled at his art, and most of all, that he could cure the patient.
The art of making the patient believe in the physician was often considered as valuable as the science of medicine itself. Estéfano de Sevilla, writing at the end of the thirteenth century, argued that a physician’s ability to make patients imagine his virtuous traits and good works is the physician’s most productive medical instrument:
“And this is because good and virtuous works invigorate the physician. His good reputation spreads and consequently the sick imagine their health in his goodness and confide more in him than in others because of his good life and works. More than the physician, this imagination and confidence, with divine assistance, are the cause behind the curing of many diseases . . . because the patient’s lively imagination is more useful to the good physician than all his other instruments.”
Controlling the patient’s faith in the practitioner was thought to be so fundamental for successful healing that some works on bedside manners outlined what appear to be ruses and tricks to keep the patient’s confidence and trust. In the brief treatise *De cautelis medicorum*, dubiously attributed to Arnau de Vilanova and included in sixteenth-century editions of Arnau’s *Opera*, we find a series of strategies that a physician could use to preserve his professional integrity and avoid being deceived by devious patients.
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*De cautelis medicorum*
For example, the work recommended that if a physician could not satisfactorily interpret a urine sample, he was to announce the diagnosis, “opilationen in epate” [obstruction in the liver] “and particularly use the word opilatio, because they do not understand what it means, and it helps greatly that a term is not understood by the people.”

In addition to detailing basic bedside manners, the *De cautelis medicorum* is particularly interested in teaching the practicing physician defensive ploys to either distract or silence mistrustful patients:
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In addition to detailing basic bedside manners, the *De cautelis medicorum* is particularly interested in teaching the practicing physician defensive ploys to either distract or silence mistrustful patients:
“When you come to a patient, you should always do something new, lest they say you cannot do anything without books. . . . Entering the sickroom do not appear very haughty or overzealous, and return, with the simple gesture, the greetings of those who rise to greet you. After they have seated themselves you finally sit down facing the sick; ask him how he feels and reach out for his arm, and all that we shall say is necessary so that through your entire behavior you obtain the favor of the people who are around the sick.”
“... so that through your entire behavior you obtain the favour of the people who are around the sick. . . .”

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There was a performative aspect to practicing medicine that required the physician constantly to stage healing events in ways that would comfort the patient and promote a salutary belief in the physicians ability to remedy the patient’s ailment.

Performing medicine. Physicians were taught to use speech and gestures to convince their patients that they were competent. Detail from the cover of Ketham’s *Humana Salud* (1475)
I would like to suggest that the extensive Latin in the Brocar edition of Lobera de Avila’s health guide not only visually stages the author’s erudition, but it also has the effect of presencing the absent physician who has provided a textual surrogate for the immediate touch of his healing hand.
At the beginning of the 14th century, the Aragonese King, Jaume I, wrote a desperate message to his personal physician, Arau de Vilanova:

“We fervently desire your presence with us . . which for the cure and preservation of our health we feel is necessary and useful.”

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Arnau’s response was to write the King a brief health guide in Latin, which was soon thereafter translated into Catalan by the king’s royal surgeon on behalf of Jaume’s wife Blanca who could not read Latin.

Arnau’s idea, like that of hundreds of treatises that would emerge in the following centuries written in the vernacular and designed for laymen, pretended to do “in text” what the physician normally did at the patient’s bedside.

Thesoro de pobres (1596) Arnau de Villanova’s *Regiment* was frequently included in *Thesoro de pobres* as seen in this edition from the late sixteenth century.
The concept of clinical medicine is linked etymologically to the idea that the physician be present at the bedside.

Could the sensed presence of a physician in the text compensate for the physician’s absence at the bedside?

Detail from Arnau de Villanova’s Regiment was included in Thesoro de pobres (1475)
Clearly, the discourses cast in first person, the numerous case studies, the medical anecdotes and empirically proven remedies create a sense that there is a human being in these treatises, a physician at the patient’s side in the textual space of vernacular medical treatises; though sickly readers may not have felt the touch of his healing hand, they certainly could have sensed his voice and imagined his presence.
The extensive presence of Latin in the Brocar edition of Lobera de Avila’s health guide functioned on a powerful visual level that promoted the physician/author while comforting the reader/patient. More specifically, I argue that Latin operates on the level of the index, pointing to a paradoxical presence of the absent physician who wrote the treatise.
By “index” I am referring to one of the categories in Charles Sanders Peirce’s semiotic trichotomy, composed of symbols, icons, and indices. The symbol is arbitrary and unmotivated, relying on conventional usage and agreed upon constructions; language is the most familiar example of Peirce’s notion of the symbol. The icon, which Peirce originally called a “likeness,” is a sign that has a topological similarity to its object. The index, however, posits an indirect representation of its referent, often a physical mark left by the object:
An example of an index is a footprint in the sand, animal tracks in the snow, stains on clothing, and the lingering scent of perfume. The index is inextricably linked with its object by virtue of a cause-and-effect relationship, and cannot function as a sign without forcing the interpreter to imagine the absent object.

An extraordinary visual example of the index appears in Victor Erice’s *Spirit of the Beehive*:
What we see is a little girl named Ana who discovers a large footprint near an abandoned and ruinous shack. The footprint that Ana discovers is monstrous, in both the etymological sense of demonstrating something, as well as the way it points to a sinister existence of a disconcerting if not terrifying being. I should mention that prior to this scene, Ana and her sister have watched James Whales’s Frankenstein, and later her older sister has informed Ana that a spirit exists on the outskirts of her small Castilian town.
The clip from Erice’s film provides a wonderful illustration of an index—the large footprint in the plowed field—and offers a remarkable example of the act of hermeneutic straining, a term that Georges Didi-Huberman used in his essay on the modalities of desire behind the so-called “discoveries” of the Christ-like stain on the Shroud of Turin

(“The Index of the Absent Wound: Monograph on a Stain”)
In the Erice clip, we see this hermeneutical straining as Ana sizes up the footprint, comparing her tiny foot with the larger trace left by the unseen monster. She looks around in all directions, and with a point of view shot, we participate with her as she surveys the barren field. The footprint creates for Ana a subtle moment of cognizant dissonance, an uncanny sensation that compels her to try to resolve the absence that the presence of the footprint creates.

This is the power of the index, a hauntological ability, to use a term used by Derrida, to make something present in its absence.
What I am suggesting is that for vernacular readers, the small, black Latin print in the Brocar edition upon which the larger vernacular text stands, functions as a prolific erudite stain, a series of learned footprints on the page, a splattering of scholarly ink that like blood on the carpet at the scene of a crime point almost overwhelmingly to its object and the origin of this erudite spectacle.
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But unlike the haunting, uncanny sense of lurking monstrosity that little Ana felt while examining the footprint in the Castilian plain, early modern readers of Brocar’s edition may have experienced a comforting and reassuring sensation. They may have perceived in the vast sea of Latinity that surrounds the vernacular text, not only a demonstration of the physician’s competence and learning, but an affective quasi-clinical encounter with an absent physician whose presence becomes palpable through the spectacle of Latin erudition on the page.
Abstract

This presentation explores Joan de Brocar’s curious 16th century edition of Luis Lobera de Avila’s vernacular hygienic treatise *The Garden of Health or Otherwise Called The Knights’ Banquette with a Regimen for Living in Times of Health as Well as in Times of Disease* (Vergel de sanidad que por otro nombre se llamava Banquete de cavalleros, y orden de Bivir: ansi en tiempo de sanidad como de enfermedad). Whereas 16th vernacular medical treatises written for laymen explicitly avoided the use of Latin, which authors believed impeded the comprehension of their works, the Brocar edition surrounds the vernacular text with extensive commentary and gloss in Latin. I argue that the Latin in this vernacular treatise held an indexical function, pointing the lay reader towards the physician/author. Although not physically present at the bedside, Latin commentary allows the physician to presence himself to the reader while creating a visual residue of his professional qualifications and competence.
These include hygienic works and *regimina sanitatis*, plague treatises, works dedicated to specific ailments such as gout and renal disorders. We can also include vernacular works for para-professionals such as surgeons and apothecaries given that the authors explicitly encouraged non-professionals to read and use their treatises. See Solomon, *Fictions of Wellbeing: Sickly Readers and Vernacular Medical Writing in Late Medieval and Early Modern Spain* (Forthcoming University of Pennsylvania Press).

Click on the images below for more detailed information on specific examples of vernacular medical works from 16th century Spain.
“Porque el ingenio pobre & pequeño las cosas difíciles y extrañas no sostiene. Por ende confiando en el señor de las ciencias entiendo tractar cosas comunes, fáciles & provechosas a provecho de los pobres & de los humildes copilar libro: conviene a saber libro de práctica. E porque para los humildes escribo: por ende los soberbios son desechados y el convite dellos apartado” (Bernard of Gordon, Lilio de medicina 2r).

Bernard of Gordon Lilio de medicina (1495)
“Leyendo en el séptimo libro de las Políticas de Aristótiles hallé que dezía: “si queréys [se quiere] curar el alma, curad al cuerpo”. Y, considerando el precepto diuino (que diximos), fui mouido con mucha razón a buscar (quanto lo que toca a medicina) la más fácil cosa que se puede hazer para alcançar esta salud corporal, de donde la del alma algunas vezes se sigue. Y, con gran cuydado y diligencia inquirido, hallé que con sólo hazer exercicio (como diximos), se podría emprender y conseguir tan gran bien y vtilidad” (Méndez, Libro del ejercicio corporal, ed. Alvarez del Palacio 243).

Cristóbal Méndez Libro del ejercicio corporal (Jaen 1495).
“[...] con estilo y modo tan claro y llano, que qualquer ingenio las pueda bien entender, y con obra tan fácil y segura, que el hombre varón prudente, prevenido y sin temor, se pueda servir y aprovechar” (Cornejo, Discurso y despertador preservativo de enfermedades [1594] fol. 9v).

Juan Cornejo Discurso particular preservativo de la gota [Particular Discourse on the Preservation from Gout] (1594)
“Todo lo que aquí fallardes escripto non será por vocablos de medeçina nin por palabras escuras salvo fablando vulgarmente que qualquier omne puede entender” (Chirino, Menor daño de la medicina, Escorial MS b.IV.34, fol. 3r).

Alfonso Chirino *Tractado llamado menor daño de la medicina* [Treatise on the Least Damage from Medicine] (1515).
E holgado de escribir este libro en romance, porque muchos cirujanos y otros hombres discretos que no saben latín, se querrán aprovechar de leerlo y también porque hallo, que en este tiempo los médicos están tan aficionados al latín, que todo su pensamiento emplean en la lengua: y lo que hace al caso, que es la doctrina, no tienen más pensamiento dello que sino la leyessen. Y esta es una de las causas potissima, por la qual el día de hoy se hallan pocos médicos que sepan medicina, y muchos que la escriban” (Montaña de Monserrate, Libro de anathomia del hombre fol. 10r).
“... ellos tienen libros copiosos en romance con escuros y dificultosos de entender, lo vno por que tienen muchas sentencias en latin copiosas, las quales sin otros principios es imposible entender, lo otro que el mismo romance es casi latin sacado de circumloquios, determiné sacar este breue examen y summa de las cosas mas generales, a las quales muchas particulares reduzir se pueden, y haziendo esto en buen romance, pienso abrirles el camino y dar occasion para que lean, visto esto los grandes y para ellos dificultosos volumenes que tienen, la qual obra no hallo ni ay a quien mejor encomendar.”

For example, the Catalan translation of Johannes de Toleto’s *Regiment de sanitat* occupies only four folia; most editions of Chirino’s popular *Menor daño de la medicina* vary from 24 to 36 folia; Gregorio Méndez’s versified *Regimiento de salud* (1562) has 17 folios; the numerous sixteenth-century editions of the *Tesoro de pobres*, a work that almost always includes Arnau de Vilanova’s *Regiment*, usually contain between 28 and 30 folio.

Plague treatises a notable brief, usually less than 20 pages. Above the cover from Fernando Alvarez’s *Regimento contra la peste* (1501)
Tractado de las en los hijares, dificultad de Anhelito, y muchas veces Escotomia y a caso, como dio Haliabas Rodozan, la tal superfluiedad de espermatozona veneno, o pócima, bionorcna, como acaso a las biudas, y a muchos varones que lo dexaron los quales murieron repentinamente. Lo mismo dixo Auicena, en los canticos dixo.

Coitus comendatur iuvenibus quateinu per cuma nocumetis perniciosis liberantur. Lo mismo Galeno, el cual encomendó mucho la expulsión de la tal superfluidad, por que dixo, que por el se escaparan de muy fuertes enfermedades, adonde dixo, que conoció a muchos, los quales por apartar fe del tal acto, se enfiaron, y encurtieron en gran trieste, y en otras penas y destituciones (entendiendo de los que primero lo acostumbraron) y trujo por ejemplo a Diogenes el qual no quiso muger alguna por deleyte ni contento sino por conferesción de su salud. Por ende como lo afirma Almano.

Arif.; pro El coito moderado descarga y aliviá el ber. 1. cuerpo repleto, alegra el ánimo, y pla la auge; col y car, qui a penas y juntas, aliada la cabeza y Gulo. de a los sentidos, lo mismo dixo Arístoteles, ni trunca, y Auere; y Galeno, el cual es sobre to
Nuñez de Coria.  
*Tractado del uso de la mugeres* (1572)
“[Y]o he visto & han passado por mis manos todas las curas y experiencias que en esta enfermedad se pueden hazer. . . . yo porne en este capítulo lo mejor & más especificadamente que yo pudiere aquellas cosas que yo usé y experimenté con infinito número de gentes con que se remediaron”

(Díaz de Ysla, *Tractado llamado fructo de todos los auctos* [1542] fols. 2v, 6v).
“Y esto o la mayor parte dellos (discreto Letor) hallarás de mi invención, y con mi sudor tratado, donde también verás los cáusticos calcinados, y con mucha curiosidad corregidos. Verás assí mismo una cosa, de que yo soy el primero en hazello, que es la última intención, que de los que han escrito ninguno lo a soñado, que es el encorecer, cosa tan necessaria para essa cura, y fin la qual no se puede conseguir perfetamente el fin, y lo que se debe de estimar es, que estén los cáusticos en punto que quemen, y gasten la carne sin dolor”

(Díaz, Tratado nuevamente impresso de todas las enfermedades de los riñones, vexiga, y carnosidades de la verga. (Madrid 1588)
“Primeramente ha de ser gran latino”
Alfonso de Miranda  *Dialogo da perfeyçam* (fol. 10r).

Alfonso de Miranda  *Dialogo da perfeyçam y partes que sam necessarias ao bom medico* (Lisbon 1562)
“[L]a primera es que el que justa y rectamente viere de usar la arte de boticarios conviene que sea latino y que a lo menos entienda la lengua latina bien, o moderadamente habiéndose ejercitado en ella, procurándola y estudiándola en universidad, o con maestros fuera della competentes, espacio de cuatro o a lo menos tres años, y pues es el tiempo necesario y que se requiere para ayer de entender la gramática y fundamentos de la lengua latina: sin la qual ciertamente no podrán ser buenos ni perfectos boticarios”

(Aguilera, Exposicion sobre las preparaciones de Mesue [1569] fol. 17r).
“Et esto porque por las buenas obras virtuosas ávidas en el médico. La fama buena es divulgada & per conssequens la imaginaçión buena del en los enfermos es contenida & ssanidat en él más que en otris son confiantes por causa del bien vivir & obrar. La qual imaginaçión e confiamiento con la ayuda divinal es causa de muchas enfermedades curar, más que al médico . . . porque más vale la imaginaçión del enfermo ávida en el buen físico que el otro con todos sus estrumentos”

(Estéfano, Libro de visitaçione e conssiliaçione medicorum, Biblioteca Nacional, Madrid, MS 18052, fol. 42v).
De cautelis medicorum, trans. Sigerist, “Bedside Manners in the Middle Ages: The Treatise De cautelis medicorum Attributed to Arnald of Villanova” 135. Also see McVaugh, Medicine before the Plague 139.

For a more extensive study of the tricks and ruses physicians used on their patient’s behalf, see Schleiner, “Mentiamur sane: Lying for Health in Renaissance Medical Ethics,” in his Medical Ethics in the Renaissance 5–48.
“Desideramus fervencius presenciam vestram nobiscum adesse . . . quia vos pro cura et conservatione salutis nostre sentimus necessarium et utilem”

Letter written April 6, 1305 (Finke 872). For the relation between Jaume’s desire to have Arnau present at his bedside and the preparation of the _Regimen sanitatis_, see Paniagua and García-Ballester, “El Regimen Santitatis” 868–69; and McVaugh, *Medicine before the Plague* 14–16.
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Alfonso Chirino

*Menor daño de la medicina*

Alfonso Chirino’s *Menor daño de la medicina* [Least Harm from Medicine] was one of the most popular vernacular health guides in early modern Spain. Written in the second half of the fifteenth century, Chirino’s health guide quickly made its way from manuscript to print in the sixteenth century.

*Tractado llamado menor daño de la medicina* (Sevilla 1515)

*Menor daño de medicina*. Toledo, 1505.

*Tratado llamado menor daño de medicina*. Sevilla: Jacobo Cromberger, 1506.

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*Tractado llamado menor daño de medicina*. Sevilla: Jacome Cromberger, 1547.

*Tractado llamado menor daño de medicina*. Sevilla: Jacome Cromberger, 1550.

*Tractado llamado menor daño de medicina*. Sevilla, 1551.

*Tractado llamado menor daño de la medicina* [Treatise on the Least Harm from Medicine] (Sevilla 1515)

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Francisco Franco

Tractado de la nieve

[Treatise on Snow]

Sevilla 1569

Francisco Franco’s treatise on the use of snow was one of many works dedicated to the health benefits and dangers related to drinking chilled beverages.
In the official aprobation that prefaces Farfán’s *Tractado breve de anathomia y chirurgia*, Ortiz de Hinososa states that he has examined the work and has “found it useful and valuable for all kinds of people in our New Spain, especially for those whose houses and dwellings are in cities and villages and places where there is a lack of physicians and pharmaceuticals.”
Fernando Alvarez

*Regimiento contra la peste*  
*[Regimen against the Plague]*  

Salamanca 1501

Alvarez’s treatise is one example of the many plague treaties that circulated in the early sixteenth century in Spain.
Spanish translation of Bernard’s well-known treatise *Practica dicta Lilium medicine* (early 14th century) provided a systematic “head to toe” discussion of a broad range of disorders, diseases, and afflictions.

Bernard of Gordon. *Lilio de medicina* (Sevilla 1495)