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978-0-521-80648-0 - Logic, Signs and Nature in the Renaissance: The Case of Learned Medicine

Ian Maclean

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LOGIC, SIGNS AND NATURE IN THE RENAISSANCE

The Case of Learned Medicine

How and what were doctors in the Renaissance trained to think, and how did they interpret the evidence at their disposal for making diagnoses and prognoses? *Logic, Signs and Nature in the Renaissance* addresses these questions in the broad context of the world of learning: its institutions, its means of conveying and disseminating information, and the relationship between university faculties. The uptake by doctors from the university arts course, which was the foundation for medical studies, is examined in detail, as are the theoretical and empirical bases for medical knowledge, including its concepts of nature, health, disease and normality.

The book ends with a detailed investigation of semiotic, which was one of the five parts of the discipline of medicine, in the context of the various versions of semiology available to scholars at the time. From this survey, a new assessment is made of the relationship of Renaissance medicine to the new science of the seventeenth century.

IAN MACLEAN is Senior Research Fellow at All Souls College, Oxford, and Titular Professor of Renaissance Studies at the University of Oxford. His many publications include *The Renaissance Notion of Women* (1980), *The Political Responsibility of Intellectuals* (edited, with Alan Montefiore and Peter Winch; 1990), *Interpretation and Meaning in the Renaissance: The Case of Law* (1992) and *Montaigne Philosophe* (1996).

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IDEAS IN CONTEXT

Edited by Quentin Skinner (*General Editor*), Lorraine Daston,
Dorothy Ross and James Tully

The books in this series will discuss the emergence of intellectual traditions and of related new disciplines. The procedures, aims and vocabularies that were generated will be set in the context of the alternatives available within the contemporary frameworks of ideas and institutions. Through detailed studies of the evolution of such traditions, and their modification by different audiences, it is hoped that a new picture will form of the development of ideas in their concrete contexts. By this means, artificial distinctions between the history of philosophy, of the various sciences, of society and politics, and of literature may be seen to dissolve.

The series is published with the support of the Exxon Foundation.

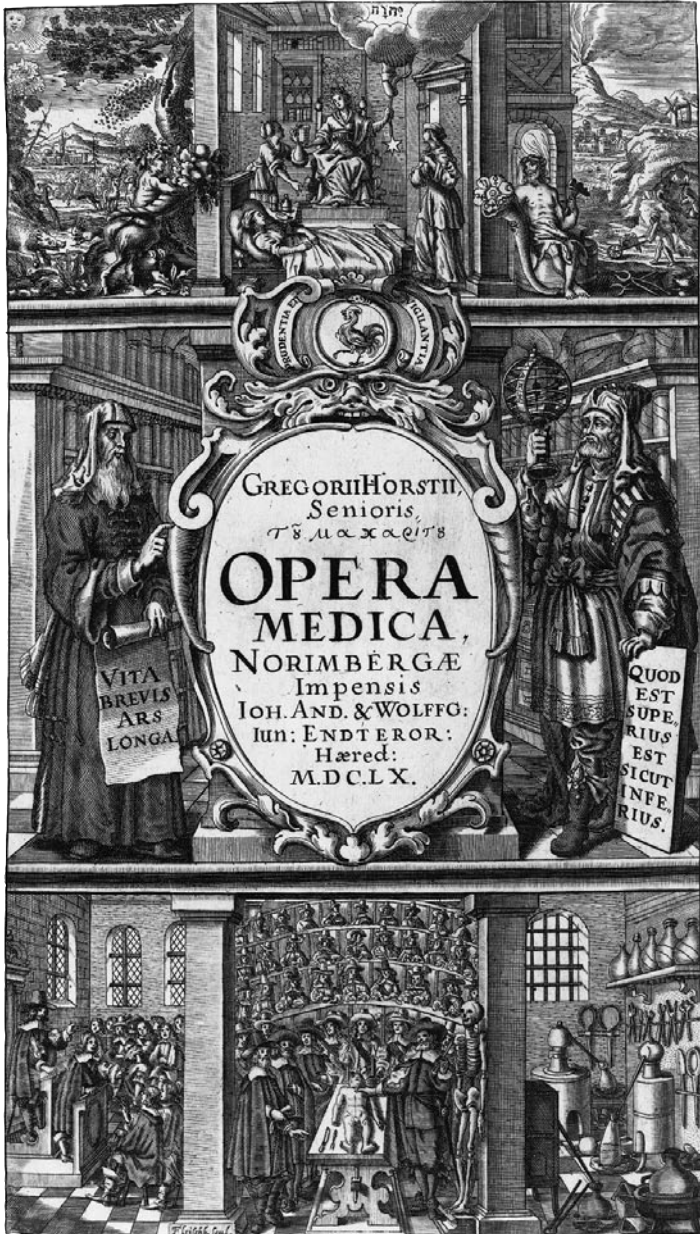
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For my long-suffering family

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[More information](#)*Notes on the text and its modes of reference*

I have followed the Harvard conventions for bibliographical reference except where I have not myself seen an original text, and have felt constrained to cite its full title. In chapter 2, which discusses formats and books as such, I have sometimes included bibliographical details in the footnotes where they are germane to the argument. I have cited Greek as it occurs in quotations; elsewhere I have transcribed it according to the usual conventions for distinguishing long and short vowels.

I have left a number of Latin words in their original form as they are terms of art: 'scientia', 'circumstantiae', 'experientia', 'practica', 'theoria', 'quaestio/quaestiones', 'differentia/differentiae', 'spiritus', 'locus'. I have used both 'semiotic' and 'semiology' to designate this area of medicine; the former is the more common in humanist texts, but the latter has become subsequently dominant. For the form of names (whether vernacular or latinised), I have consulted (but not always adopted) the form given in the published Wellcome Library catalogue; I have where appropriate adopted the modern distinction between 'i' and 'j', 'u' and 'v', and have omitted accents on Latin words where these do not contribute to the sense. There is a great inconsistency in usage in the transcription of surnames (even between the published Wellcome catalogue, and its www version); this I have perpetuated, as my major concern has been to ensure that the reader can locate copies of the texts to which I refer in library catalogues, especially in difficult cases such as Dubois/Sylvius, du Chesne/Quercetanus, Giachini/Jacchinus/Iacchinus and da Monte/Montanus. In cases where it is relevant, I give the dates of the most important authors when these are first mentioned in the text; but it would be wrong to suggest that one could create out of these a simple chronology of influential writers. Not all texts were made available to the wider public at the time of their composition. Some were first published a long time after the death of their authors, but were well known to the academic community

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before their death; the treatises of Pomponazzi on incantations and fate are good examples of this. Other authors taught generations of students who disseminated their views before they appeared in printed form; a few were ‘discovered’ after their demise by other scholars or entrepreneurial publishers. The story of the reception of medical ideas is therefore very complex, except in some very striking cases such as those of Vesalius and Fracastoro; this fact (together with the other reasons given above) led me to adopt an ideal-typical rather than chronological approach to Renaissance semiology, although I do offer broad accounts of the development of theories in this area over the period under investigation here.

I have cross-referenced to numbered sections rather than pages throughout. All the longer quotations in Latin in the text (but not in the notes) have been translated, in a freer style than that used in the rendering of the Greek Galen by the assembled scholars whose versions go to make up the standard Giunti edition (1541–2; 9th edition 1625). In some but not all cases, these translations were adopted in the Kühn edition of Galen, 22 vols., Leipzig, 1821–33; I have where possible made reference to this edition also (K, followed by volume number and page); but not all the references and quotations found in Renaissance texts can be easily located there. I refer also to the *Patrologiae cursus completus, series latina*, ed. J. P. Migne, 222 vols., Paris, 1844–1904, via the abbreviation PL.