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Governing Health: The Doctor's Authority, the Patient's Agency, and the Reading of *Regimina sanitatis* Literature

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Abstract

This article examines the ways in which, in the last centuries of the Middle Ages, the emergence of a literature aimed at preserving health by means of dietary rules or advice establishes a connection between the physician's authority in matters of health and the capacity of patients and readers to take care of themselves when they are in good health. Born at the same time of social demand and medical necessity (the latter due to the dangers and uncertainties of therapeutic practice), these *regimina sanitatis* disseminate to a literate public the principles of good hygiene. Some *regimina* are even adapted to the singularity of a given individual. But the agency of readers, characterized by their capacity for choice and deliberation, also clashes with the claim that a medical authority is necessary for the governance of health.

Keywords

Regimina sanitatis – regimen – Middle Ages – dietetics – non-naturals – Galen – Avicenna – Taddeo Alderotti – Barnabas Riatini – Michele Savonarola

1 Introduction

Over recent decades, our western societies have promoted well-being as an ideal to reach and health as a good to be maintained.¹ Public policies have

¹ Since 1986 (Ottawa Charter), the World Health Organization has defined what is called “health education” as the process of informing people so that they can remain healthy; see

developed numerous compelling campaigns to encourage health education in order to prevent disease.² These policies have been intended to act not only at the collective level, but also at the individual level. They are based on the idea of the necessary participation of individuals in healthcare and aim to promote everyone's responsibility in maintaining his or her own health. By embracing the rules of dietetics, especially in terms of exercise and nutrition, and by changing one's lifestyle habits to adopt behaviors adapted to the age and characteristics of each person, it is considered possible to act for one's own health, so as to follow a safe way of life and avoid specific diseases.

These concepts have had an impact on the relationship between patients and doctors. Sociologists have identified that a signal change in the patient-doctor relationship occurred with the rise of clinical medicine in the nineteenth century.³ Doctors assumed full power over their patients, who, in turn, lost their own capacity for initiative and control over their own health. With the newer focus on dietary and exercise regimes, we have moved toward some restoration of the patient's power: the preservation of health regains its importance and the patient his or her responsibility. These developments are often presented as innovations. It is instructive, however, to draw some parallels here with a medieval context, not to find exact similarities, but to draw some analogies. The social and cultural context of the development of medicine in western societies from the thirteenth century onwards, along with the epistemology of the discipline, can explain why the end of the Middle Ages offers an interesting starting point for studying the development of well-being guides based on the idea of personalized medicine and on the agency of patients. The use here of the concept of 'agency' – forged in gender studies and used mainly

L'éducation pour la santé. Manuel d'éducation pour la santé dans l'optique des soins de santé primaires (Geneva, 1990); Gustave-Nicolas Fischer and Cyril Tarquinio, *Les concepts fondamentaux de la psychologie de la santé* (Paris, 2014), 189–213.

- 2 According to the definition proposed in 1946 by the World Health Organization, health is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"; see <www.who.int/about/governance/constitution>, accessed 26 February 2023. This implies not only a biomedical definition, but also social and psychological dimensions that could be regarded as beyond the state of the body and involving areas over which doctors have no control. As it turns out, the WHO's definition of health is not so far from the ancient medical definition.
- 3 Michel Foucault, *Naissance de la clinique* (Paris, 1963); Eliot Freidson, *The Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York, 1970); Ivan Illich, *Medical Nemesis: The Expropriation of Health* (New York, 1975); Nicholas Jewson, "The Disappearance of the Sick Man from Medical Cosmology, 1770–1870," *Sociology*, 10 (1976), 225–244, doi: 10.1177/003803857601000202; Robert Nye, "The Evolution of the Concept of Medicalization in the Late Twentieth Century," *Journal of History of the Behavioral Sciences*, 39 (2003), 115–129, doi: 10.1002/jhbs.10108.

to study the capacity of subjugated people to act (particularly the capacity of medieval women to do so) – may seem paradoxical. The readers of these books on well-being mostly belonged to the richest part of society and could choose their way of life.⁴ Their power to make decisions was challenged, however, by those who claimed to master the knowledge essential to staying healthy. In this specific context, it seems interesting to question the patient's agency in the face of the physician's authority.

In a competitive medical market where, despite efforts toward regulation, there were many different kinds of practitioners, an elite was nevertheless emerging: 'learned doctors' trained at universities.⁵ If obtaining a physician's license was a pledge of official recognition that not only authorized a practitioner to teach but was also often required in order to practice, patients could still choose, according to their financial means and according to the local medical marketplace, among a wide range of different practitioners.⁶ Therefore, the authority of physicians could always be challenged by other doctors. So, it was imperative that they not only convince patients of their skills, but that they also gain their patients' trust in order for there to be any hope of a successful treatment. Trust was not only essential from economic and ethical points of view but also from a practical perspective: a patient's trust and admiration can be clinically efficacious.⁷ These specific conditions are one of the reasons why, in order to build up a regular 'clientele', medieval doctors – and especially those who were trying to become practitioners to the social elites – had to negotiate with patients. Relations between them, based on reciprocal responsibilities,

4 Martha Howell, "The Problem of Women's Agency in Late Medieval and Early Modern Europe," in *Women and Gender in the Early Modern Low Countries*, ed. Sarah Joan Moran and Amanda Pipkin (Leiden, 2019), 21–31.

5 Luis García-Ballester, "The Construction of a New Form of Learning, and Practicing Medicine in Medieval Latin Europe," *Science in Context*, 8 (1995), 75–102, doi: 10.1017/S0269889700001903.

6 For some examples, see: Danielle Jacquart, *Le milieu médical en France du XII^e au XV^e siècle* (Geneva, 1981); Michael R. McVaugh, *Practitioners and their Patients in the Crown of Aragon, 1285–1345* (Cambridge, 1993); Irma Naso, *Medici e strutture sanitarie nella società tardomedievale. Il Piemonte nei secoli XIV e XV* (Milan, 1982); Katherine Park, *Doctors and Medicine in Early Renaissance Florence* (Princeton, NJ, 1985).

7 Michael R. McVaugh, "Bedside Manners in the Middle Ages," *Bulletin of the History of Medicine*, 71 (1997), 201–233, doi: 10.1353/bhm.1997.0093. On the importance of trust in the practice of medicine, Jacques Jouanna, "La lecture de l'éthique hippocratique par Galien," in *Médecine et morale dans l'Antiquité. Dix exposés suivis de discussions (Vandoeuvres-Geneva, 19–23 août 1996)*, ed. Hellmut Flashar and Jacques Jouanna (Vandoeuvres-Geneva, 1997), 211–253.

can in some respects be described as contractual, and sometimes they were indeed formalized by a notarial act.⁸

But there are also epistemological dimensions to the explicatory parallels with the Middle Ages on the role of the patient in treatment and more especially in the prevention of disease. Thanks to the translations – from Greek and Arabic into Latin – of a corpus of philosophical and medical texts, originally written in Greek Antiquity and the Islamic world, a new doctrine emerged in the twelfth century, which considered medicine both as a science – based on the principles of natural philosophy –, and as a practical skill.⁹ Its object was the human body insofar as the body was treatable (*sanabile*), which *a priori* excluded incurable patients.¹⁰ This means that the body, in its individuality, was both an object of knowledge (which implies that its functioning and nature can be understood, just as diseases can be observed), and the subject on which the medical art was exercised. But medieval medicine was seen as more than just a therapeutic science. It also dealt with the preservation of health as the normal state of human beings. The emphasis on *maintaining* health was not only due to the uncertainty of treatments, the danger of certain drugs and the complexities of dosage, but also due to surgical risks.¹¹ This was a holistic approach that implied a complex definition of health: health was seen not as a fixed and unalterable state, but as always subject to change.

Based on Hippocratic and Galenic theories, perfect health was conceived as an equal balance between the mixture of primary qualities which made up all substances: hot, cold, dry, and moist. More precisely, balance was to be maintained among the fluid components of these qualities, that is, among

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- 8 Luis García-Ballester, “Medical Ethics in Transition in the Latin Medicine in Thirteenth-Fourteenth Centuries: New Perspectives on the Physician-Patient Relationship and the Doctor’s Fee,” in *A History of Medical Ethics*, ed. Andrew Wear, Johanna Geyer-Kordesch and Roger French (Amsterdam – New York, 1993), 38–71; Gianna Pomata, *Contracting a Cure: Patients, Healers, and the Law in Early Modern Bologna* (Baltimore, MD, 1998).
- 9 Jole Agrimi and Chiara Crisciani, *Edocere medicos: Medicina scolastica nei secoli XIII–XV* (Naples, 1988); Danielle Jacquart, “La scolastica medica,” in *Storia del pensiero medico occidentale*. Vol. 1: *Antichità e Medioevo*, ed. Mirko D. Grmek (Rome – Bari, 1993), 261–322; Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (London, 1990).
- 10 Danielle Jacquart, “Le difficile pronostic de mort (XIV^e–XV^e siècles),” *Médiévales*, 46 (2004), 11–22, doi: 10.4000/medievales.782.
- 11 Danielle Jacquart, “De la faillibilité de l’art médical aux erreurs du praticiens au début du XIV^e siècle: une imperceptible marge,” in *Errors and Mistakes: A Cultural History of Fallibility*, ed. Mariacarla Gadebusch Biondo and Agostino Paravicini Bagliani (Florence, 2012), 129–146; reedited in Danielle Jacquart, *Recherches médiévales sur la nature humaine. Essais sur la réflexion médicale (XII^e–XV^e siècle)* (Florence, 2014), 277–296.

the humors.¹² However, this perfect balance was an ideal that did not occur in nature. In general, as Galen pointed out in the *Tegni* (one of the fundamental texts of medieval medical teaching), people were characterized by a specific complexion, which could be sanguine, choleric, phlegmatic or melancholic, depending on the predominant humors in the body. This explained the concept of ‘health latitude’ (*latitudo sanitatis*) used to define this wide range of specific health states (*aequalis complexio ad iusticiam*), which were the result of different physiological, environmental and social parameters such as age, sex, climate, habits, or occupation.¹³ Women were thus considered colder and drier than men, and the ageing process led to a phlegmatic complexion. If it was deemed *a priori* impossible to act on the physiological components of the human body (the *res naturales*) – even if some philosophers and alchemists tried to find recipes to restore ‘radical moisture’ and to prolong life –, it was possible to deal with the *res non naturales*, a set of factors necessary for daily life. These included air, food and drink, motion and rest, sleep and waking, evacuation and repletion, affections of the soul, baths, sexual activity, and phlebotomy.¹⁴ Knowledge of these factors constituted dietetics, which along

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- 12 Hippocrates, *De la nature de l'homme*, ed. Jacques Jouanna (Paris, 1975), 172–175; Galen, *De complexionibus*, ed. Véronique Boudon (Paris, 2000). Arabic-speaking authors such as Avicenna added to this definition the fact that a healthy state (*dispositio*) was characterized by the perfect working of natural functions (*operationes*): “Sanitas est dispositio a qua perfecte proveniunt operationes et converso egritudo a qua proveniunt imperfecte.” By contrast, the pathological condition was identified by imbalance and dysfunction (Avicenna, *Canon*, book 1, fen 1, doc. 2, cap. 1). On the definition of health states, in medieval thought, see Paul O. Ottosson, *Scholastic Medicine and Philosophy: A Study of Commentaries on Galen's Tegni (ca. 1300–1450)* (Naples, 1984).
- 13 ‘Climate’ here refers to the parts of the world. Cf. Patrick Gautier Dalché, *La Géographie de Ptolémée en Occident (IV^e–XVI^e siècle)* (Turnhout, 2009), 97–142. The ‘non-naturals’ are what Avicenna also called *causae efficientes*, because they act on the individual complexion: “Efficientes autem causae sunt causae permutantes et conservantes humani corporis dispositiones, sicut sunt aeres et que eis continuantur et comestiones et aque et potus et que eis continuantur et evacuatio et retentio et regiones et civitates et que eis continuantur et motus et quietes et corporei animales et ex eis sunt somnus et vigilie et alteratio in statibus et diversitas in eis et in generibus et in artibus et in moribus et in rebus, que humano superveniunt corpore ipsum tangentibus, sive sint contra naturam, sive non sint contra naturam.” (Avicenna, *Canon*, book 1, fen 1, doc. 2, cap. 2).
- 14 The *res naturales* are the elements, the complexions, the humors, the members, the virtues, the operations and the spirits. On this concept of ‘radical moisture’ acquired at birth and essential to life, see Michael R. McVaugh, “The *humidum radicale* in Thirteenth-century Medicine,” *Traditio*, 30 (1974), 259–283, doi: 10.1017/S036215290006528; Chiara Crisciani, “Aspetti del dibattito sull’umido radicale nella cultura del tardo medioevo (secoli XIII–XV),” in *Actes de la 11 trobada internacional d'estudis sobre Arnau de Vilanova*, ed. Josep Perarnau (Barcelona, 2005), 333–380. On prolonging life, see Agostino Paravicini Bagliani,

with pharmacology and surgery represented one of the components of the *ars medica*. Doctors considered these physiological, psychological and environmental parameters not only as therapeutic tools, but also as necessary for the prevention of sickness.¹⁵ What is more, they operatively determined health or disease. If their use was adapted to each natural complexion and allowed the preservation of health, their misuse was considered to be a risk factor and, even more, a cause of sickness or death. According to ancient and medieval medical doctrine, the right or wrong use of ‘non-natural things’ was the dividing line between health and illness. But unlike other curative instruments – i.e., the pharmacopeia and surgery, recommended and controlled by practitioners –, dietetics engaged the patients’ participation and even collaboration, especially when they were not sick. The ‘non-natural things’ indeed involved different fields that concerned daily life, habits, and even personal tastes. Thus, they were determined by individual choices.

These peculiarities of dietetics – therapeutic and health-preserving tools, and risk factors involving patient participation – can explain why from the thirteenth century onwards, we observe the development of a new genre of medical writing devoted to the dissemination of rules of life, useful for the preservation of health. Often dedicated to wealthy people, these *regimina sanitatis* were mostly written by renowned doctors, sometimes on their own initiative, but usually at the request of their patient.¹⁶ These writings not only

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- “Il mito della *Prolongatio vitae* e la corte pontificia del Duecento. Il *De Retardatione accidentium senectutis*,” in *Medicina e scienze della natura alla corte dei papi del Duecento*, ed. Bagliani (Spoleto, 1991), 281–326; Chiara Crisciani, Luciana Repici, and Pietro B. Rossi, eds., *Vita longa. Vecchiaia e durata della vita nella tradizione medica e aristotelica antica e medievale* (Florence, 2009). As for the “necessary factors” (*res necessariae*), these were defined by Galen and were widely examined in Arabic-language works (*Isagoge Iohanitii*, *Pantegni*, *Canon*, etc.). Western authors borrowed the concept of *unnatural* from the Arabic works to qualify these parameters. Cf. Luis García-Ballester, “On the Origin of the Six Non-Natural Things in Galen,” in *Galen und die hellenistische Erbe*, *Sudhoffs Archiv*, Beihefte 32, ed. Jutta Kollesch and Diethard Nickel (Stuttgart, 1993), 105–115.
- 15 Ludwig Edelstein, “Antike Diätetik,” *Die Antike*, 7 (1931), 255–270; Pedro Gil Sotres, “Les régimes de santé,” in Grmek, *Storia*, 257–281; Gundolf Keil, “Regimen sanitatis – râtes leben. Gesundheitsregeln des Mittelalters,” in *Voeding en geneeskunde/Alimentation et médecine*, ed. Ria Jansen-Sieben and Frank Daelemans (Brussels, 1993), 95–124; Karin van’t Land, “Internal, yet Extrinsic: Conceptions of Bodily Space and their Relation to Causality in Late Medieval University Medicine,” in *Medicine and Space: Body, Surroundings, and Borders in Antiquity and the Middle Ages*, ed. Patricia A. Baker, Han Nijdam and Karin van’t Land (Leiden, 2012), 85–116.
- 16 Marilyn Nicoud, *Les régimes de santé au Moyen Âge. Naissance et diffusion d’une écriture médicale*, 2 vols. (Rome, 2007); Melitta Weiss-Adamson, *Medieval Dietetics, Food and Drink in Regimen Sanitatis Literature from 800 to 1400* (Frankfurt am Main, 1995).

provided for the spread of a dietetic culture to a lay audience by responding to a social demand for care, they also answered to a medical necessity. By disclosing rules of life adapted to individuals, these texts promoted both personalized medicine and the need for individuals to act on their own health, under the control of medical authority.

2 *Regimina sanitatis*: A Social Demand for Care

The western Middle Ages saw the rise of a new medical genre.¹⁷ Based on dietetic knowledge from antiquity and the Islamic world, and geared toward maintaining health, it opened the way to a tradition that continued into early modernity.¹⁸ Between the beginning of the thirteenth century and the end of the fifteenth century, more than a hundred *regimina sanitatis* were written, in part by anonymous authors, but more often by famous doctors. By contrast with almost all the medical literature of the time, these texts were aimed mainly at a lay readership. Only a minority of the treatises, indeed, presented the encyclopedic dimension and scientific content intended for a medical audience (students and colleagues), like the long *regimen* written between 1331 and 1333 by Maino Maineri (d. ca. 1364–1368), professor at the University of Paris. Although the text was dedicated to the bishop of Arras, Andrea Ghini Malpigli, the Master Regent was in fact writing for young and poor students who lacked books and wanted to learn and practice the medical art.¹⁹

Furthermore, a large number of *regimina* were not only written for a lay public, but some were composed at the request of wealthy patients who wanted to know the rules of healthy living. Around 1293, for example, Taddeo Alderotti (1223–1295), a famous professor at the university of Bologna, sent his *Libello per chonservare la sanità del chorpo* to his very close friend Corso Donati, a Florentine political leader, who wished to remain in good health and

17 Laurence Moulinier-Brogi and Marilyn Nicoud, eds., *Écritures médicales. Discours et genres, de la tradition antique à l'époque moderne* (Lyon, 2019).

18 For the modern period, see Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (New York, 2013); David Gentilcore, *Food and Health in Early Modern Europe. Diet, Medicine, and Society, 1450–1800* (London, 2016); Guido Giglioni, "Health in the Renaissance," in *Health: A History*, ed. Peter Adamson (Oxford, 2019), 141–173; Nancy G. Siraisi, *The Clock and the Mirror: Girolamo Cardano and Renaissance Medicine* (Princeton, NJ, 1997), 70–90.

19 "Necnon ad omnem utilitatem iuvenum et specialiter rudium pauperum nequencium habere copiam librorum, nichilominus in hac arte studere et praticare". (Vatican City, Biblioteca apostolica vaticana, MS Pal. lat. 1331, fol. 228r).

to avoid danger and illness.²⁰ Several decades earlier, the Emperor Frederick II had ordered Master Theodore of Antioch, his Byzantine doctor and astrologer, to write him certain rules to preserve his health.²¹ We find other examples from the fourteenth century: around 1317, Arnold of Bamberg, physician to the Palatine count Rudolf of Bavaria, composed a short *regimen* at the request of the bishop of Zagreb, Augustinus Kazotic, whom he probably met at the Papal Court of Avignon.²² In 1331, the *condottiere* Simon of Correggio received from Barnabas Riatini (ca. 1300–1365), a practitioner in Mantua, a *Libellus de conservatione sanitatis* that he sought.²³ Between 1333 and 1336, Maino Maineri presented to Antonio Fieschi, a nobleman from Genoa and canon of the Parisian church, a short *compendium* that the latter had insistently requested.²⁴ The *regimen* addressed by the Catalan physician Arnau of Villanova (ca. 1240–1311) to the King of Aragon, James II, around 1305 was also, in all probability, issued as a response to a request for advice.²⁵

The dietetic treatises of the fifteenth century were also addressed to the ecclesiastical and lay elites. If some were the result of an order made to a physician, they could also represent a way to benefit from a prestigious patronage. This literature was, in fact, part of a long tradition of books devoted to the conservation of health and intended for a privileged readership, for whom advice in matters of dietetics was always given close attention. For the doctor, the writing of a *regimen* and sending it to a powerful man held out the promise of support and patronage; for the potential patron, the *regimen* represented

20 “Ecco che ti scrivo a te amicho charissimo acciò che tu desideri di chonservare la tua vita in santà et di evitare e d’ischifare molti pericoli e malizie del chorpo tuo [...]” (ed. Girolamo Spina and Angelino Sampalmieri, “La lettera di Taddeo Alderotti a Corso Donati e l’inizio della letteratura igienica medioevale,” in *xxi Congresso internazionale di storia della medicina*, vol. 1, [Siena, 1968], 94–99). Cf. Nancy G. Siraisi, *Taddeo Alderotti and His Pupils. Two Generations of Italian Medical Learning* (Princeton, NJ, 1981).

21 “Celsitudo vestra precepit ut de conservanda sanitate cartas scriberem vobis regulas”. (ed. Charles B. Burnett, “Master Theodore, Frederick II’s Philosopher,” in *Federico II e le nuove culture. Atti del xxxi Convegno storico internazionale [Todi, 9–12 ottobre 1994]* [Spoleto, 1995], 225–285).

22 “Quia petivistis a me ut aliquid de regimine sanitatis breviter vobis inscriptis redigerem [...]” (Munich, Bayerische Staatsbibliothek, MS Clm 7755, fol. 267r).

23 “Quia nobillitati [sic] vestre placuit velle meum habere consilium ad sanitatem vestri corporis conservandam [...]” (Venezia, Marciana National Library, MS Lat. Cl. VII.34, fol. 1ra).

24 “Hinc est quod ingenuitas vestra a me vero cum instantia requisivit compendium breve de vestri corporis regimine sanitatis ut melius et facilius possitis vacare operibus virtuosis”. (Paris, Bibl. de l’Arsenal, MS 873, fol. 2r).

25 Arnau of Villanova, *Regimen sanitatis ad regem Aragonum*, ed. Luis García-Ballester and Michael R. McVaugh (Barcelona, 1996).

an opportunity for them to address their dietetic and health needs. Thus, the Paduan professor Michele Savonarola (1384–1464), around 1450–1452, addressed his *Libretto de tutte le cose che se magnano* to his new master Borso of Este, lord of Ferrara. The Florentine Antonio Benivieni (1443–1502) did the same with his close friend Lorenzo de' Medici, in order to thank him for support during his studies. Benivieni offered to share those aspects of the medical literature that he had studied which would be best suited to the needs of the Florentine political leader – namely, those aspects which dealt with the preservation of health.²⁶

This attention paid to the *conservatio sanitatis* was important for the nobility, a special category unto themselves, deemed by physicians to have a special and delicate complexion, close to a temperate complexion, which required specific advice. An analysis of this literature and the conditions of its production and dissemination shows that these texts were considered as necessary in the field of health as was the instruction for the princes in the moral-political field, i.e., in the field of government.²⁷ Better yet, they represented a part of a larger project to educate rulers. So it is not surprising to find these two kinds of literature in princely libraries at the end of the Middle Ages or being copied in the same codex.²⁸ *Regimina sanitatis*, like mirrors for princes, belonged to these 'arts de gouverner';²⁹ master Theodore, who quoted the Latin translations of the *Secret of Secrets* in his letter, makes the governance of the self and of others dependent on good advice for self-government.³⁰ Nor is it surprising to find points of correspondence between dietetic discourse and astrological knowledge, given the wide dissemination of the latter in court circles and the fact that astrology was regarded as a source of guidance on matters of government and personal conduct. Like the author of the pseudo-Aristotelian *Secret of Secrets*, which had already combined dietetics and astrology in order to give the best advice for good self-conduct, the physician and astrologer Conrad Heingarter (d. after 1504) offers one of the most complete examples of this

26 "Cum statuissem aliquid in hoc tempore ad te scribere, mi Laurenti, quod et tibi gratum et studiis meis aptissimum esset, ex multis medicine partibus nulla mihi accomodatior et etati tue convenientior visa est, quam ea que valitudinem conservare nos docet". (*Antonii Benivieni [1443–1502]. De Regimine sanitatis ad Laurentium Medicem*, ed. Luigi Belloni [Milan, 1951], 20).

27 It is not uncommon for these texts of moral instruction to include physiological data as well. See Romana Martorelli Vico, "Fondamenti biologici di uno *Speculum principis*. Il *De regimine principum* di Egidio Romano," *Micrologus*, 16 (2008), 257–280.

28 Nicoud, *Les régimes*, vol. 1, 456–465; 535–543.

29 Michel Senellart, *Les arts de gouverner. Du regimen médiéval au concept de gouvernement* (Paris, 1995).

30 "Te reges et alios, si te consilium regat". (ed. Burnett, "Master Theodore," 268).

combination in his astrological regimes composed respectively for the Duke John II of Bourbon, in 1477, and for his governor general of finance, Jehan de la Goutte, in 1469.³¹

Thanks to these kinds of treatises, dietetic knowledge spread among social elites concerned with the preservation of their health and open to written culture. This knowledge represented a medical response to the preoccupation with the self and to an aspiration for well-being.³² Soon these texts reached a larger audience. *Regimina* were among the earliest medical genres to be translated or written in vulgar languages.³³ *Ex-libris* and library catalogues give an account of the diffusion of these books among the clergy and scholars, and also among the urban bourgeoisie.³⁴ A great number of anonymous texts produced in the fifteenth century and the very numerous copies and editions of *regimina* up to the sixteenth century also bear witness to this phenomenon of wide distribution. These texts responded to a new attention to self-care reflected in the regular presence of doctors at court and the development of the medical profession.³⁵ Practitioners were called not only in cases of disease but were also employed by communities to take care of them. Health had become an important thing to preserve, a public value (*publica utilitas*), and physicians

31 See the article by Steven Vanden Broecke in this issue, "Astrological Self-government at the Fifteenth-century Court of Bourbon," and the related bibliography on astrology in the court milieu. On the role of astrology in self-care, see also in this issue, Silvia Manzo, "Francis Bacon on Self-care, Divination, and the Nature–Fortune Distinction."

32 See Michel Foucault, *Histoire de la sexualité*, vol. 3: *Le souci de soi* (Paris, 1984), 53–85, where the author links self-care with medical care. For a contextualized study of this concern for the preservation of the body and health, see also Agostino Paravicini Bagliani, *Il corpo del papa* (Turin, 1994).

33 In the medical field, see the special issue "The Vernacularization of Science, Medicine and Technology in Late Medieval Europe," *Early Science and Medicine*, 3 (1998); Marilyn Nicoud, "Les traductions vernaculaires d'ouvrages diététiques: la double translation du *Libellus de conservacione sanitatis* de Benedetto Reguardati," in *Les traducteurs au travail, leurs manuscrits et leurs méthodes, Actes du colloque international organisé par le Ettore Majorana Centre for Scientific Culture* (Erice, 30 septembre–6 octobre 1999), ed. Jacqueline Hamesse (Turnhout, 2001), 471–493; Luis Cifuentes, "Vernacularization as an Intellectual and Social Bridge: The Catalan Translations of Teodorico's *Chirurgia*, and of Arnau de Vilanova's *Regimen sanitatis*," *Early Science and Medicine*, 4 (1999), 127–148, doi: 10.1163/157338299x00265.

34 Nicoud, *Les régimes*, vol. 1, 529–596.

35 McVaugh, *Practitioners*; Elisa Andretta and Marilyn Nicoud, eds., *Être médecin de cour (France, Italie, Espagne, XIII^e–XVIII^e siècle)* (Florence, 2013); Marilyn Nicoud, *Le prince et les médecins. Pensée et culture médicale à Milan (1402–1474)* (Rome, 2013); Vivian Nutton, ed., *Medicine at the Courts of Europe* (London, 1990); Vern L. Bullough, *The Development of Medicine as a Profession: The Contribution of the Medieval University to Modern Medicine* (New York, 1966).

were considered experts in health matters. The *regimina* literature testified to new relationships between patients and practitioners – relationships not limited to the therapeutic field, but which extended to general health and well-being.

3 (And) a Medical Necessity

If writing a *regimen* answered to a request for care, it also addressed a medical necessity, both theoretical and practical. Due to the limits of the medical art, of which medieval doctors were well aware – the fallibility of diagnoses and the uncertainty surrounding therapeutic procedures –, the best medicine was to try to preserve health as much as possible.³⁶ In so doing, practitioners were sure to be helpful to their patients and not to harm them, and to thereby conform to one of the Hippocratic principles set out in *Epidemics*.³⁷ Because health was considered to consist in an ever-precarious balance, its preservation required daily attention; patients needed to follow rules for living, based on an ideal of temperance and adapted to them as individuals.

However, while people who were engaged in manual occupations could only experience, according to medical doctrine, a degraded state of health due to an unbalanced lifestyle and complexion, wealthy people were deemed to have the possibility to remain healthy: first, because their complexion, considered close to temperate, was nearest to perfect health; and secondly, because their wealth allowed them to best adapt their lifestyle to their needs. An idle life was the most suitable to taking care of oneself. But it also required the doctor's help. The English physician Gilbert Kymer (d. 1463), who wrote a *Dietarium de sanitatis custodia* in 1424 for Duke Humphrey of Gloucester, explained that 'non-natural things' had to be used according to certain parameters that he called "circumstances" (*circumstantiae* [*circumstantiae*]), and according to certain "specificities" (*particularia*). While the examination of specificities – i.e., complexion, composition, disposition of limbs, age, sex, condition, natural virtue, habit, region, and time of year – concerned the patient's physiology and fell

36 Petrus Hispanus (d. 1277), in his *Summa de conservanda sanitate*, asserted: "Unde cum sit melius custodire sanitatem quam morbum repugnare, tractandum est de sanitate. [...] Utilius est enim infirmitatem prevenire quam ipsa concepta forte irrecuperabile auxilium postulare" (ed. Maria Helena da Rocha Pereira, *Petrus Hispanus. Obras Medicas* [Coimbra, 1973], 447–492: 447); see Michael R. McVaugh, "The Nature and Limits of Medical Certitude at Early Fourteenth-Century Montpellier," *Osiris*, 6 (1990), 62–84, doi: 10.1086/368695; Jacquart, "De la faillibilité."

37 Hippocrates, *Epidemics*, I, 5.

under the responsibility of the physician, the circumstances (quality, quantity, time and order) concerned the *res non naturales* and also depended on the goodwill of the patient. The learned doctor defined the *circumstantiae* of his *regimen* according to the individual *particularia* of the patient: “a good and healthy *dieta* consists of using these things in moderate quantities, with the right quality, in the right order and at the right time.”³⁸ But these *circumstantiae* had to be implemented by the patient. As the practitioner was not usually meeting his patient on a daily basis, except in specific contexts (like court physicians), the writing of a *regimen* could compensate for his absence. For example, it was because his sons were far from home, as students in Toulouse, that Peter Fagarola, master of medicine in Valencia, sent them dietary advice by letter in 1315.³⁹ By following the instructions that their father recommended, they could hope to stay healthy and avoid certain illnesses.⁴⁰

This compelling necessity, however, was less obvious from the point of view of healthy people, especially when the rules went against their habits, or when, despite an apparently bad diet, they were still in good health.⁴¹ Practitioners were aware of such contradictions between the diet they recommended and the bad habits of some people. Bernard of Gordon (ca. 1258–1318), professor at the University of Montpellier, thus evoked those who followed a very incorrect diet and nevertheless thrived, and who therefore poured scorn on the recommendations of the physicians.⁴² But if they enjoyed good health for the time being, he promised them a less bright future, suggesting that they would not escape the shock caused by disease.⁴³ They had to be aware that they were

38 “Circumstancie sub quibus iste res uti debent sunt qualitas, quantitas, tempus et ordo. Particularia in comparacione ad quas res predictae utentur sunt complexio, compositio, membrorum dispositio, etas, sexus, habitudo, virtus, consuetudo, regio et tempus anni. [...] Bona dieta et salutifera est usus predictarum dicti rerum sub moderata quantitate, congrua qualitate, debito ordine et competenti tempus”. (London, British Library, MS Sloane 4, fol. 69v).

39 Lynn Thorndike, ed., “Advice from a Physician to His Sons,” *Speculum*, 6 (1931), 110–114, doi: 10.2307/2847833.

40 “[...] si hoc feceris habebis membra [sic] sana, intellectum sanum et memoriam, et vitabis reuma”. (ibid., 113).

41 Marilyn Nicoud, “Salute, malattia e guarigione. Concezioni dei medici e punti di vista dei pazienti,” *Quaderni storici*, 136 (2010), 47–74.

42 “Et est hic intelligendum quod multi sunt qui utuntur malo regimine non solum in cibis et potibus et in aliis, sed etiam in pessimo, et tamen bene est eis et bene digerunt aut ratione etatis, aut ratione consuetudinis aut regionis. Et gaudent multum in tali regimine et derident medicos et alios, qui tali regimine utuntur”. (Bernard de Gordon, *Tractatus de conservacione vitae humanae* [Leipzig, 1570], 874–875).

43 “Et tamen sententiam data est contra eos; non gaudeant malo cibo utentes quoniam si in presenti non leduntur in posterum percussione non evadent”. (ibid., 875).

acting against their own good, because of bad habits contrary to their individual nature, that would nowadays be referred to as ‘risky practices’. In brief, staying healthy meant, according to the learned doctors, being governed by medical doctrine.

In order to convince their readers to follow the rules, authors regularly stressed the dangers of bad lifestyles, but also the importance of health and the need to preserve it. In 1345, writing for the King of France, Philip VI, the physician to Queen Joan of Burgundy, Guido of Vigevano (ca. 1280–ca. 1349), justified his book as follows:

But because no work in this world can be accomplished without the intermediary of bodily health, and because health cannot be freely preserved without the intervention of the medical art; and so that [the king] could continue on his way in good health and prolong his life and specifically to guard against poison, I therefore first compared for him the authorities and best texts of the medical doctrine of the ancient philosophers regarding the conservation of health and especially that of the elderly man when he declines into senescence.⁴⁴

He reminded the forty-two-year-old king that without good health, he could not hope to succeed in his crusades project. Children, old people and convalescents required special medical attention due to specific complexions.⁴⁵

In a few manuscripts of Aldobrandino of Siena’s *Livre de Physique* (d. ca. 1296–1299), the vernacular dietetic treatise most widely distributed in the Middle Ages, a prologue was added in order to lend importance and respectability to the text: it described this text as the result of a double translation (from Greek into Latin and then from Latin into French) at the request

44 Paris, Bibliothèque nationale de France, MS lat. 11015, fol. 32ra: “Sed quia nullum opus huius mundi perfici potest nisi mediante corporis sanitate, nec sanitas libere conservari potest nisi mediante operatione artis medicine, et ad hoc ut possit suum iter sanum perficere et vitam ipsius prolongare, et a veneno specialiter sibi cavere, igitur primo sibi componam auctoritates et flores antiquorum philosophorum doctrine artis medicine conservationis sanitatis et specialiter senis cum iam declinet per senectutem.” The *regimen* is followed by a poliorcetics treatise by the same author; see Giustina Ostuni, ed., *Le macchine del re. Il Texaurus Regis Francie di Guido da Vigevano. Trascrizione, traduzione e commento del codice lat. 11015 della Bibliothèque Nationale di Parigi* (Vigevano, 1993).

45 Luke Demaitre, “The Care and Extension of Old Age in Medieval Medicine,” in *Aging and the Ages in Medieval Europe*, ed. Michael M. Sheehan (Toronto, ON, 1990), 3–22; Silvia Nagel, “Puer e pueritia nella letteratura medica del XIII secolo,” in Egle Becchi, ed., “Per una storia del costume educativo (età classica e medio evo),” *Quaderni Fondazione G. G. Feltrinelli*, 23 (1983), 87–108.

of Emperor Frederick II. The copyist declared that the medical art had been invented to preserve health; it was only afterwards that it was also used therapeutically: "All the authors who so far have dealt with medicine say in truth that medicine was discovered principally to keep the body healthy. And after to remove diseases."⁴⁶ Drawing inspiration from the history of medicine, traced in the Hippocratic treatise *On Ancient Medicine*, the Sieneese author added at the beginning of the text that "phisike est faite especiaument por la santé garder."⁴⁷ The preservation of health, largely based on a fair diet, was thus identified as the very origin of the medicinal art. This kind of statement justified medical authority regarding self-care and the writing of *regimina* as guides for a healthy life.

This idea of a necessary government of the body is further confirmed by the word *regimen* commonly used to define the path to be followed in order to preserve health (*custodire sanitatem*). If in the Latin version of 'Alī ibn al-'Abbās al-Mağūsī's *Kitāb al-Malakī (Pantegni)*, one of the texts used to teach medicine, Constantine the African (d. 1081) translated as *regimen* the Arabic word *tadbīr* to stress the idea of planning, directing, and guiding, it is employed for the first time in the dietetic literature by the Catalan physician Arnau of Vilanova, in the title of his *Regimen sanitatis ad inclitum regem Aragonum*, one of the most widely distributed texts in the genre. It quickly became customary to refer to treatises as *regimina sanitatis*.⁴⁸ The parallel between dietetics and the art of governing is further underlined by the influence and role of the model played by the *Secret of Secrets* attributed to Aristotle. First translated into Latin in the twelfth century by John of Seville in a short version limited to the parts of the book concerning hygiene, this apocryphal Arabic text dedicated to Alexander the Great strongly influenced the writing of the oldest treatises on dietetics, also written for the social elites.⁴⁹

46 "Tous les acteurs qui oncques traitterent de medecine dient et verite est que medecine fut trouvee principalement pour garder le corps en santé. Et est apres pour oster les malladies" (Oxford, Bodleian Library, MS Bodl. 179, fol. 1r). On the manuscript tradition of this text that I refer to as *Livre de Physique* according to the older manuscripts, see Françoise Féry-Hue, "Le Régime du corps d'Aldebrandin de Sienna: tradition manuscrite et diffusion," in *Actes du 10^e Congrès national des Sociétés savantes, Histoire médiévale*, vol. 1 (Montpellier, 1985), 113–134.

47 *Le Régime du corps*, ed. Louis Landouzy and Roger Pépin (Paris, 1911), 5.

48 In the same period, *regimen* was also chosen for the title of the Latin translation, composed between 1294 and 1303 by John of Capua, of Maimonides' dietary treatise for Sultan al-Afdal: *Regimen ad regem hispanie* (Vatican City, Biblioteca apostolica vaticana, MS Pal. lat. 1298).

49 Steven J. Williams, *The Scholarly Career of the Pseudo-Aristotelian Secretum secretorum in the Latin Middle Ages* (Ann Arbor, MI, 2003).

Because staying healthy depended on the regulation of ‘six non-natural things’, a group of factors largely beyond the doctor’s control (and not just because the doctor was not necessarily in daily contact with the patient), this kind of guide was helpful for the reader dealing with these elements of daily life. Thus, the reader was told how to choose healthy air to breathe, the best place to live, the right food to eat, the appropriate activities to practice, but also – and especially for the younger readers –, with whom to engage in discussion. In his *De sanitatis custodia*, written in 1341–1342 for James of Achaia and his son Philip, the Piedmontese Giacomo Albini (d. 1348) also dealt with the company of young noblemen, advising them to avoid those of inferior social status or bad morals, because of their bad influence.⁵⁰ The extent of fields theoretically subjected to the intervention of learned doctors reflected a form of medicalization of all moments of life.⁵¹ But to be effective, it required the participation of patients. This is the reason why some authors like John of Mirfeld (d. 1407), a practitioner at St. Bartholomew hospital in London, in his *Breviarium* written at the end of the fourteenth century, insisted on the importance of dietetics, the following of rules, and the involvement of the readers: he recommended that readers learn the art of diet in order to maintain health, avoid diseases, and live until the natural end of life.⁵²

These guides were presented as a promise of long life and healthy living; they were therefore seen as essential to the conservational goal of medicine. But, contrary to therapeutic practice, they involved the participation of readers in maintaining their own health, not only by following the rules, but also by learning the dietary principles.

4 Learning Dietetics: Rules, Advice or Education Manual?

The aim of *regimina* was to instill the principles of a healthy lifestyle adapted to each individual, defined by that individual’s complexion, age, sex and, most of

50 “Summo opere conandum est et precavendum ne filii liberorum et nobilium cum servis natura et viris viciosis in moribus conservationem habeant, nam de facili in hac etate ad ea que audiunt et vident alliciuntur”. (Giacomo Albini, *De sanitatis custodia di Maestro Giacomo Albini di Moncalieri*, ed. Giovanni Carbonelli [Pinerolo, 1906], 64).

51 Marilyn Nicoud, “Formes et enjeux d’une médicalisation médiévale: réflexions sur les cités italiennes (XIII^e–XV^e siècles),” *Genèses*, 82 (2011), 7–30, doi: 10.3917/gen.082.0007.

52 “Oportet igitur qui vult esse longevum et corporis sanitatem illibatam servare, scire et cognoscere artem regiminis sanitatis, aliter non poterit venire ad terminum naturalem [...]. Qui diligenter et studiose in tractatu de regimine sanitatis studuerit et doctrinam illam integre servaverit, nunquam morietur nisi morte naturali”. (Cambridge, Corpus Christi College, MS 177, fol. 254r).

the time, aristocratic status. Based on a large set of rules, they proposed a range of habits destined to become, in Aristotle's words, 'second nature', acquired through training and practice. They promoted a self-regulation that allowed the reader to do without a doctor. It is not surprising to find, in these regimes, echoes of an Aristotelian morality inspired by the *Nicomachean Ethics*.⁵³ They are based on the ideal of temperance, which is also one of the virtues highly recommended in the medieval tradition of princely mirrors (*specula principis*).⁵⁴ As a virtue of the wise man, temperance was also considered a voluntarily acquired disposition.⁵⁵ It is only through the practice of temperance, informed by prudence, that man can obtain the goodness that is health. Health thus represents a well-run self-government, which also allows for the exercise of moral virtue. But, because the use of 'non-natural things' depended heavily on the patient's choices, dietetics could be a source of conflict between the claims of physicians and the lifestyle preferences of healthy patients, especially when the latter were considered to engage in risky behaviors or when doctors' recommendations went against, say, courtly habits.

This is why *regimina* often reflect the various strategies used by authors to convince readers to adopt their precepts and follow them daily. Borrowing models from other types of writings, and drawing inspiration from a wide range of texts from antiquity, the Islamic tradition and contemporary literature, they often wavered between prescription and education, rules and advice. But from the thirteenth century to the fifteenth century, these texts trace a progressive evolution in the relationship between the author and his audience: beginning as orders to be followed and applied, they gradually became education manuals accompanied by points of advice, leaving more and more room for the reader's deliberation. The authors recognized the importance of the cognitive faculty in choosing the good path to health. That is, the ethical virtue of temperance, generated by good habits, required the dianoetic virtue of prudence, produced by deliberation and reason.

A prescriptive dimension prevailed in the oldest texts, as was frequently manifested in the words chosen by authors to qualify the content of their treatises: we often find the term "rules" (*regulae*) or, less often, constraints (*habena*) or bonds (*retinacula*). These early texts seem to leave the reader no choice

53 David A. Lines, *Aristotle's Ethics in the Italian Renaissance (ca. 1300–1650): The Universities and the Problem of Moral Education* (Leiden, 2002). Taddeo Alderotti translated into Tuscan a summary of Aristotle's *Ethics*, the *Summa Alexandrinorum*; see Sonia Gentile, "L'Etica volgarizzata da Taddeo Alderotti (m. 1295). Saggio di commento," *Documenti e studi sulla tradizione filosofica medievale*, 17 (2006), 249–281.

54 For example, Giles of Rome, *De regimine principum*, I.ii.3.

55 Aristotle, *Nicomachean Ethics*, II, 2, 6; II, 6, 15; III, 11, 3 *et alibi*.

in deciding whether to follow them or not. *Regula* is preferred, for example, by Arnau of Vilanova to qualify the precepts he provided to the King of Aragon in matters of health prevention; it is also frequently used in *Regimen sanitatis* by Konrad of Eichstätt (d. before 1341), physician to the abbot of the monastery of St. Emmeran in Bavaria.⁵⁶ The term *habena*, borrowed from the *Canon* of Avicenna, and *retinaculum* are used for the first time in a *Sermo de conservatione sanitatis* written by a fourteenth century Tuscan author, Filippo of Arezzo (d. 1348). The metaphor of the chain, which would bind patients and by which their lives would be controlled and directed, clearly designated the text.⁵⁷ In these *regimina*, it seems that the readers' agency is reduced to making themselves the instrument of the medical will. The text aimed to model the patients' behavior, habits, and gestures through a set of "techniques of the body" intended to regulate his needs, appetites and, more broadly, his practices.⁵⁸ These were modes of 'bodily action', in the sense that the body was also considered an instrument of health.

In texts by Petrus Hispanus or Taddeo Alderotti, this intention is evident: both chose as a pattern the course of the day, and the four seasons of the year, to indicate the different hygienic gestures repeated throughout life. The vocabulary, which designated actions to be followed, underlined the performative dimension of the regime. In order to drive out impurities, to aid digestion or to make people feel cheerful, both gave more or less the same orders, largely excerpted from the *Secret of Secrets*: do some stretching when getting out of bed, comb your hair, wash your hands, your face, your teeth, get dressed, and so forth. These orders were emphasized by the use of the imperative mode, which left little choice to the reader. Here the texts were models to imitate. At the beginning of his letter, Taddeo Alderotti recommended to Corso Donati that he pay scrupulous attention to his advice (*monita*) if he wished to maintain a healthy life for a long time and to avoid the dangers of illness.⁵⁹ In concluding

56 *Das Regimen sanitatis Konrads von Eichstätt. Quellen, Texte, Wirkungsgeschichte*, ed. Christa Hagenmeyer (Stuttgart, 1995).

57 "Et intendimus per habenas retinacula sive regulas quibus regimur et dirigimur" (Vatican City, Biblioteca apostolica vaticana, MS Vat. lat. 4462, fol. 1ra). Avicenna, *Canon*, book 1, fen 3, doc. 3.

58 Marcel Mauss, "Les techniques du corps," in *Sociologie et anthropologie*, ed. Mauss (Paris, 1950), 365–386. Mauss lists among these 'techniques' a large number of medical non-natural things (sleep and wakefulness, rest and activity, nutrition, sexual activity, and hygiene).

59 "Ecce tibi scribo et narro amice karissime quod si tuam vitam in sanitate longo tempore conservare desideras multas quod malicias atque pericula tui corporis evitare, diligenter attende hec mea monita de libris medicinalibus diligenter extracta et sub brevi compendio compilata". (Rome, Bibl. Angelica, MS 1506, fol. 32v).

the first part of his *Summa*, Petrus Hispanus went even further, with the assertion that: “he who obeys my principles will not need the advice of a doctor.”⁶⁰ These texts listed a set of constraints that are to become forms of self-restraint acquired through a process of discipline and incorporation of norms.⁶¹

These models of behavior, which the doctor sought to impose and which were supposed to apply at all times, could tend to transform the traditional understanding of a patient as one who chooses his physician and engages a practitioner who was at his service, into a patient subject to medical authority. But their precepts must have very often seemed tedious, and some readers may have been reluctant to follow the rules, especially when they were already in good health and remained so, even without following the doctors’ orders. Transgressions of diet must have been frequent. This is the reason why without completely disappearing, the injunctive tone increasingly gave way to the idea of advice: instead of issuing orders, some authors adopted the softer approach of offering advice or recommendations, without being too proscriptive. This evolution followed the progressive development of the genre of *consilia*, which, for therapy, played the same role as a *regimen* for health.⁶² If the doctor remained the guide who could help the patient to stay healthy, the latter was responsible for his choice of whether or not to follow the hygienic proposals. The recognition of the patient’s agency, and of the diversity of choices regarding *res non naturales*, explain the didactic dimension of the texts. By choosing to deal with each of the ‘non-natural things,’ or to focus on foods and drinks, learned doctors provided readers with knowledge to clarify the rules but also to help them in their choices. This didactic dimension was necessary not only to obtain their consent and obedience, but, more especially, it required their commitment to follow the principles of dietetics by their own free will.

The ability to act in accordance with one’s own nature and to maintain health was considered to be the fruit of learning, which in turn was based on repeated readings of *regimina*. When addressing his treatise to Simon of Correggio, Barnabas Riatini insisted on the regular use of the text: his *Liber* might be a “daily use manual” for the person to whom it was dedicated. To maintain his health, he might use non-natural things in an appropriate way,

60 “Qui ergo meis preceptis obediens fuerit nullis medicorum consiliis indigebit”. (ed. Da Rocha Pereira, *Obras Medicas*, 451).

61 Even if Norbert Elias did not highlight the role of practitioners in the “process of civilization,” that is, in courtly education, these *regimina* could represent a set of rules appropriate for producing standardized behavior; see Roger Chartier, “Comment penser l’autocontrainte?,” *Communications. Le gouvernement du corps*, 56 (1993), 41–49.

62 Chiara Crisciani and Jole Agrimi, *Les consilia médicaux* (Turnhout, 1994).

which forced him to know them and to remember them every day.⁶³ In his astrological-dietary treatise, Conrad Heingarter urged Jehan de la Goutte to read carefully and put into practice not only the first part of his text – which was dedicated to his nativity –, but also the second, which proposed a *regimen* of life.⁶⁴

These guide-books involved active reading with different goals, not only formative but also practical. Thanks to the acquisition of dietetic knowledge, the patient could do the best for his health. In the fifteenth century, *regimina sanitatis* became part of a broader educational programme (which often also involved pedagogues) in the milieu of the court.⁶⁵ It was a process of health and self-care education through books and reading.

In order to simplify the reading of their works, the authors emphasized the brevity and clarity of their expositions, which made it easy to memorize the content, the best way of acquiring knowledge.⁶⁶ They highlighted what needed to be known: the expressions “you must know” (*debetis scire*), “it must be known” (*sciendum est, convenit scire*), “we must take into consideration” (*considerandum est*) were frequently used to insist on the most important points. The idea of dietetic education, for example, is underlined in the French translation of *Libellus de sanitate conservanda* written by Guido Parato (d. ca. 1471), physician to Francesco Sforza, duke of Milan, and dedicated to the duke of Burgundy: the title for this compilation was rendered in translation as *Ensegnemens de garder et conserver la santé*.⁶⁷ In his gynecological-pediatric *regimen* written for the women of Ferrara, Parato’s contemporary Michele Savonarola urged his readers to engage with his text and study without fear of fatigue.⁶⁸ Konrad of Eichstätt, Giacomo Albinus and Guido of Vigevano

63 “Presentem librum composui quasi vobis cotidie manualementem [...]. Quando cum competentis usu [res non naturales] aproximantur corpori volentes conservare diu vestri corporis sanitatem, oportet vos eorum habere notitiam et cotidianam memoriam cum effectu”. (Venice, Biblioteca nazionale Marciana, MS Lat. 3473, fol. 1ra).

64 “Quamobrem magno pare hortor te, mihi pater, ut non solum priorem particulam, sed hanc etiam de sanitatis tue regimento studiosius et legas et pratices”. (Paris, Bibliothèque nationale de France, MS Lat. 7446, fol. 15v).

65 For example, at the court of Milan; see Monica Ferrari, “*Per non manchare in tuto del debito mio.*” *L’educazione dei bambini Sforza nel Quattrocento* (Milan, 2000).

66 Mary Carruthers, *The Book of Memory: A Study of Memory in Medieval Culture* (Cambridge, 1990).

67 Saint-Petersburg, Bibliothèque impériale, MS 173. Ernest Wickersheimer, “Le régime de santé de Guido Parato, physicien du duc de Milan,” *Bulletin de la Société française d’histoire de la médecine*, 12 (1913), 82–95.

68 “Si che, madone mie ferrarexe, a le quale pure il libretto mio drizzato ho, cussì in questo studiare e lezere vogliate, et non temiate la fatica, a bene utele vostro e di fantini vostri” (*Il trattato ginecologico-pediatrico in volgare*. Ad mulieres ferrarienses de regimine

frequently addressed the reader as a *sanitatis conservator* (it is even the title of Konrad's *regimen*), urging said reader to do the right thing. While this expression was used in certain authoritative texts such as the *Viaticum* or the *Canon* to refer to the physician, in these *regimina* it clearly defined one of a much broader readership; those who wanted to remain in good health.⁶⁹ Like a *conservator civitatis* who looked after the interests of the city and protected its inhabitants, the *conservator sanitatis* was supposed to take care of himself, and if he was a ruler, to act not only with temperance but also with prudence, the princely virtues of good government.⁷⁰

5 Personalized Dietetics, the Reader's Agency and the Pleasure of Reading

For a regime to be effective, however, it was necessary not only to make the patient an actor in his own health, but also to personalize his diet. Theoretically, it required a personal knowledge of the individual for whom the text was intended, because it was supposed to be tailored to this person. Determining the natural complexion was the first, but not the only thing the physician had to do. The hygiene of the child was not that of the old man, the diet of the man differed from the diet of a woman. Age was considered one of the main factors in the process of the transformation of an individual complexion. Some authors therefore proposed different regimes according to age, following the *Canon* of Avicenna: for instance, the first part of Guido of Vigevano's *Texaurus* was given the title *Liber conservacionis sanitatis senis*, because the king of France, forty-two years old in the year when the book was given to him (1335), had just entered into old age according to the conceptions of the time. Others, like Bernard de Gordon and Giacomo Albin, chose an encyclopedic form and offered advice adapted to each age, from the diet of pregnant women and newborns to that of the elderly. For expectant mothers, specific diets were prescribed, such as that outlined in Michele Savonarola's *De regimine pregnantium*.

pregnantium et noviter natorum usque ad septennium *di Michele Savonarola*, ed. Luigi Belloni [Milan, 1952], 199); see Gabriella Zuccolin, "Nascere in latino e in volgare. Tra la *Practica maior* e il *De regimine pregnantium*," in *Michele Savonarola. Medicina e cultura di corte*, ed. Chiara Crisciani and Gabriella Zuccolin (Florence, 2011), 137–209.

69 It is used, for example, in the Latin versions of Arabic encyclopedias: Ibn al-Jazzar's *Viaticum*, translated by Constantine the African, and Avicenna's *Canon*, translated by Gerard of Cremona.

70 István P. Bejczy and Cary J. Nederman, eds., *Princely Virtues in the Middle Ages. 1200–1500* (Turnhout, 2007).

These diets offered rules drawn from general doctrine and adapted to the specific cases to be treated.⁷¹ The rules were based on a medical anthropology that developed within the framework of scholastic thought, initiated in the eleventh and twelfth centuries thanks to the translation of the philosophical and medical corpus from antiquity and from the Arab-Islamic world.⁷²

But while the concept of complexion was, of course, central to an understanding of human nature, this medical anthropology, which aimed to understand the nature of man and his relationship with the natural world, also took into consideration the cultural and social aspects that determined a wide range of habits and could influence natural health.⁷³ In his *Libellus de conservacione sanitatis*, Maino Maineri recalled that before writing his book, he had taken into consideration Antonio Fieschi's complexion, age, habits and lifestyle.⁷⁴ When the Parisian master Jacques Despars (d. 1458) wrote the *Régime et l'ordonnance comment l'en doit nourrir enfants de roys, de princes et de tous grans seigneurs jusques a l'age de v ou de vj ans* – probably for the young count of Charolais (the future Charles the Bold), whom he had cured –, he combined physiological parameters with social characteristics. This was the first in a series of specific diets focused on children's health.⁷⁵ Physicians also paid attention to particular situations such as travel, military campaigns, or the need to prevent specific diseases.⁷⁶ Less often, they considered

71 This process is exactly the opposite of the case studies reviewed by Gianna Pomata, wherein specific cases informed generalized conclusions ("The Medical Case Narrative: Distant Reading of an Epistemic Genre," *Literature and Medicine*, 32 [2014], 1–23, doi: 10.1353/lm.2014.0010).

72 On this anthropology constructed by medieval philosophers and physicians, see Danielle Jacquart, "La reconstruction médicale de la nature de l'homme aux XI^e et XII^e siècles," *Revue de Synthèse*, 134 (2013), 445–472, doi: 10.1007/s11873-013-0235-6; Joël Chandelier and Aurélien Robert, "Nature humaine et complexion du corps chez les médecins italiens de la fin du Moyen Âge," *Revue de Synthèse*, 134 (2013), 473–510.

73 On the notion of complexion, Danielle Jacquart, "De *crasis* à *complexio*: note sur le vocabulaire du tempérament en latin médiéval," in *Mémoires v. Textes médicaux latins antiques*, ed. Guy Sabbah (Saint-Étienne, 1984), 71–76.

74 "[...] considerata vestra complexionem, etate et consuetudine et modo vivendi". (Bibl. de l'Arsenal, MS 873, fol. 20v).

75 Danielle Jacquart, "Naissance d'une pédiatrie en milieu de cour," *Micrologus*, 16 (2008), 271–294, reed. in eadem, *Recherches*, 195–219.

76 For instance, Adam of Cremona's *Regimen iter agentium vel peregrinantium* written for Frederik II and his crusade project, Arnau of Vilanova's *Regimen Almarie* for the army of Jaume II and many preventive *consilia* among which the extensive literature of *regimina contra pestem*. At the end of the thirteenth century, the Paduan Zambonino da Gazzo (d. between 1298 and 1310) devoted different chapters of his *Tractatus de conservacione sanitatis* respectively to the choice of a house, to the diet of people living in military camps, and to the *regimen* in case of pestilence.

religious parameters. Like the *De esu carniū* written by Arnau of Villanova for the Carthusian monks, the *De cibis quadragesimalibus* – addressed in 1490 by Bernardo Torni (1452–1497), professor at the University of Pisa, to Giovanni di Lorenzo de' Medici – excluded meat from the diet recommended to the future Pope Leo X.⁷⁷

In their attempts to respond to all situations with a suitable diet, learned doctors started to turn out truly encyclopedic works. The foods which constituted their patients' diets were considered dangerous for several different reasons; because of the wide variety of the foodstuffs on offer, of very different nutritive qualities, and of new productions arriving on European markets which generated new patterns of consumption, but also because of the role of food as a marker of distinction which pushed the nobles to eat too much and with too varied a selection of dishes prepared with refinement by their cooks.⁷⁸ Whereas suitable food was believed to become a nutrient during the digestion process whereby it was transformed into bodily matter, inappropriate food, not well digested, changed the natural complexion like a drug.⁷⁹ Hence, there was another reason for viewing food as a potential sanitary risk, alongside air. Both penetrated directly into the body and could quickly transform the natural complexion if misused. Food could thus be the cause of an illness.

All these reasons explain the long discussions devoted to foodstuff in *regimina* and the writing of food catalogs.⁸⁰ Some adopted a dictionary form, which allowed a free reading, driven by the curiosity of the patient who could easily

77 Bernardo Torni, *De esu carniū*, ed. Diane M. Bazell (Barcelona, 1999). Torni wrote two treatises for the same recipient; in addition to the *De cibis quadragesimalibus*, he also wrote *De sanitate tuenda*.

78 Bruno Laurioux, *Le règne de Taillevent. Livres et pratiques culinaires à la fin du Moyen Âge* (Paris, 1997); idem, *Gastronomie, humanisme et société à Rome au milieu du xv^e siècle. Autour du De honesta voluptate de Platina* (Florence, 2006); Nicolas Bock, "Edatis et bibatis in regno meo: repas d'apparat et représentation royale dans la Naples angevine du xiv^e siècle," in *Le Banquet. Manger, boire et parler ensemble (xii^e–xvii^e siècles)*, ed. Bruno Laurioux, Agostino Paravicini Bagliani and Eva Pibiri (Florence, 2018), 77–102.

79 Danielle Jacquot, "La nourriture et le corps au Moyen Âge," *Cahiers de recherches médiévales (xii^e–xv^e siècles)*, 13 (2006), 259–266, doi: 10.4000/crm.868; Marilyn Nicoud, "L'alimentation, un risque pour la santé? Discours médical et pratiques alimentaires au Moyen Âge," *Médiévales*, 69 (2015), 149–170, doi: 10.4000/medievales.7634.

80 See, for example, Barnabas Riatini's *Compendium de naturis et proprietatibus alimentorum*, written for Guido of Guisus, bishop of Concordia in 1337; Konrad of Eichstätt's *De facultatibus ciborum*; Benedetto Reguardati's *Libellus de conservatione sanitatis*, written for the bishop Astorgius Agnese around 1431; Michele Savonarola's *Libreto de tutte le cosse che se magnano*; and Bernardo Torni's *De cibis quadragesimalibus* for Giovanni de' Medici. We should also note that there were many anonymous texts on the medical properties of foods.

find the desired information thanks to the alphabetical order.⁸¹ The style being encyclopedic, the purpose here was general. The objective was less a matter of adapting doctrine to the particularity of the cases than of providing the reader with an overarching knowledge. For instance, Barnabas Riatini examined more than a hundred different kinds of food in his *Compendium de naturis et proprietatibus alimentorum* and passed a medical judgment on each of them based on various criteria. The chapters devoted to fruits and fish generally give rise to the mention of the different edible varieties, with references to their names in common languages in order to make them more easily identifiable, in order for the healthiest options to be more easily selected.⁸² These food sections often referred to tastes and habits that might contravene dietary rules. But instead of prohibiting these foodstuffs outright, writers anticipated possible opposition from patients by proposing amendments to the rules.

This position is especially obvious in Michele Savonarola's *Libreto de tutte le cosse che se magnano*. Addressing his lord Borso d'Este, he sought to offer a book both useful and pleasant that met the criteria of Horace's *Poetic Art*.⁸³ Beyond the classic *captatio benevolentiae*, which aimed to capture the benevolence but also the attention of his reader, the author defended the idea of reconciliation between the necessities of medical science and the idea of pleasure. First of all, there was the pleasure of flavors. Because some foods that could be dangerous to the reader's health were nevertheless appreciated for their taste, Savonarola proposed culinary preparations to correct their effects.⁸⁴ He anticipated the

81 "Suscipiat igitur benigne si placet vostra dignitas hanc seriem litterarum per sententias et capitula ordinatam iuxta ordinem alphabeti incipientem primo a rebus inchoantibus ab A, secundo ab inchoantibus a B et sic deinceps. [...] Enim ea que hic traduntur facilius poterunt a quolibet inveniri". (Barnabas Riatini, *Compendium*, Parma, Bibl. Palatina, MS Par. 3284, fols. 1ra, 12ra).

82 "Sciendum autem quod poma que apud nos meliora existunt sunt poma paradisia dicta deaso, alba et poma dactilina" (ibid., fol. 18ra); "De pomis maxime laudantur appiola rosacea et que vulgo dicuntur testacea". (Bernardo Torni, *De sanitate tuenda* for Giovanni de' Medici, Florence, Biblioteca Medicea Laurenziana, MS Plut. 73. 34, fol. 77r).

83 "E domandandoti cossa cussi digna e a mi debita per tuo cussi più sano vivere e tua longa vita menare, disposto me ho a tale tuo desiderio cum ogni mia forza diligentia satisfare [...]. E il perché mio desiderio è di far cossa che a te utile sia, dela quale anco molti altri di zò piacere ne prenda, scriverò de tutte le cosse che se magnano communamente [...]. Per più anco a te piacere, che a tua sanità mantenere molto vale [...]." (Michele Savonarola, *Libreto de tutte le cosse che se magnano; un'opera di dietetica del sec. xv*, ed. Jane Nystedt [Stockholm, 1988], 57).

84 For example, see ibid., 61–62, 66–67, 69, 72–73, et passim. On this strategy more generally, see Bruno Laurioux, "La cuisine des médecins à la fin du Moyen Âge," in *Maladies, médecines et sociétés. Approches historiques pour le présent. Actes du VI^e Colloque d'Histoire au Présent*, vol. II (Paris, 1993), 136–148.

exercise of the readers' agency by providing them with the means to break the rules. Pleasure and health were no longer seen as opposites. According to Hippocrates' *Aphorisms*, it was better for people to eat a smaller quantity of good food that they are accustomed to eating than to force them to eat better food that they don't like.⁸⁵ Far from castigating greedy appetites earlier considered as bestial, physicians at the end of the Middle Ages tried to reconcile rules and personal appetites, under the guidance of reason.

But taste is not the only pleasure to be considered; there is also the pleasure of reading and debate. Savonarola chose to write his *Libreto* in everyday language.⁸⁶ He constantly used rhetorical devices like *exempla*, narratives, and proverbs to illustrate his words.⁸⁷ He cited not only the medical authorities, but also the Bible and authors from outside the discipline. He often referred to specific productions of the Ferrara region and the eating habits of its populace, which underlined the common interest of the prince and of the doctor in the sanitary conditions of the marquisate and its population. More broadly, by regularly addressing his reader, by challenging the reader in the form of a fictitious discussion, by answering the questions put to him under the medieval form of *dubia* – albeit modified by a humanistic tone –, Savonarola made the reader an actor of the book.⁸⁸ If all these rhetorical procedures produced the illusion of equality between the one who knows and the one who learns, it nevertheless referred to a very different social reality, that of a reader with the freedom to choose his doctor as he chose his lifestyle.

85 “Duodecim(o dubbio) che'l cibo usitato, bench'el sia cum alquanto nocumento, è miglior che el non usitato. E la rasone de questo dè il medico a soi infirmi più tosto concedere uno cibo convincto cum alquanto nocumento, cussi siando dalo infirmo desiderato, che darge uno migliore contra el suo volere, e ciò vole anco Ypocrate nei suoi afforismi” (ibid., 178). Hippocrates, *Aphorisms*, 11, 38.

86 The *Libreto* is not the only one of his productions to have been written in vernacular – all his treatises are characterized by bilingualism; see Chiara Crisciani, “Michele Savonarola medico: tra università e corte, tra latino e volgare,” in *Filosofia in volgare nel Medioevo, atti del XII convegno della Società italiana per lo studio del pensiero medievale*, ed. Nadia Bray and Loris Sturlese (Turnhout, 2003), 433–449.

87 Chiara Crisciani, “Histories, Stories, *Exempla*, Anecdotes: Michele Savonarola from Latin to Vernacular,” in *Historia: Empiricism and Erudition in Early Modern Europe*, ed. Gianna Pomata and Nancy G. Siraisi (Cambridge, MA – London, 2005), 297–324; Marilyn Nicoud, “La rhétorique des régimes de santé,” in *La rhétorique médicale à travers les siècles. Actes du colloque international de Paris, 9–10 octobre 2008*, ed. Joël Coste, Danielle Jacquart and Jackie Pigeaud (Geneva, 2012), 171–208.

88 “Ma domandarai se manzar se debbe inanti o drieto pasto; di ciò responderò in ultimo capitolo dele questione. [...] Ma toa Signoria domandarà se la rostita è meglio che la lessa. Io te respondo che [...]” (*Michele Savonarola Libreto*, 83, 103, *et alibi*); see Nancy G. Siraisi, *History, Medicine, and the Traditions of Renaissance Learning* (Ann Arbor, MI, 2007).

Despite all these efforts to reconcile reason with pleasure, and medical knowledge with readers' habits, it still remained difficult to make these constraints seem necessary and acceptable, as evidenced by some examples from the court milieu. Conrad Heingarter thus reprimanded the recipients of his astrological regimes who were unable to resist the pleasures of the table. He urged them to avoid the infinite variety of foods, reminding them that too much abundance was harmful, and of the extent to which illness and damage threatened the body and soul if they indulged too greatly in the carnal pleasures of drunkenness.⁸⁹ If the doctors reproached their patients, the latter did not hesitate to criticize the precepts and advice of the doctors either, in the manner of Petrarch's well-known recriminations; he reproached the physicians not only for their false knowledge made up of pure rhetoric, but also for forbidding what was beautiful and good.⁹⁰ In the archives of the chancellery of the Sforza court, which preserves the correspondence between the dukes and their doctors, it is not unusual to find them at odds with each other over dietetic advice. The proposed way of life, based on moderation and the right balance, was often out of step with the ostentation, luxury and abundance of a court life that was synonymous with power and magnificence. Thus we see the physician, Cristoforo da Soncino, who accompanied the young heir, Galeazzo Maria Sforza, to the court of the lords of Ferrara in 1457, trying to impose dietary restrictions that neither he nor his host, Borso d'Este, wanted to follow, because not only did they not consider them necessary from the point of view of health, but they also contravened the habits of court life.⁹¹ Here we see how the teaching given a few years earlier by Michele Savonarola through his *Libreto* had little effect on the lifestyle of the lord of Ferrara, whose physician

89 "Sed nequeo (inquies fortasse) inter lances mensasque regalibus epulis opipare intentes atque splendentes appetitum frenare naturalem quoniam voluptatis blandiciis non facile obsistimus. [...] Mala est copia! [...] Vides igitur (vir prudentissime) quantum morbi pestis atque incommodi tum corpori tum animo ex corporeis crapule voluptatibus imminet. [...] Fuge inmoderatam epularum varietatem et delectare moderatis conviviiis" (Paris, Bibliothèque nationale de France, MS lat. 7446, fols. 26v–27r); see also Vanden Broecke, "Astrological Self-government," in the present issue of this journal.

90 Pétrarque, *Invectives*, text translated, presented, and annotated by Rebecca Lenoir, book 1, 6 and book 1, 2 (Grenoble, 2003); Pétrarque, *Lettres de la vieillesse, IV–VII*, vol. II, v, 3, ed. Elvira Nota (Paris, 2003).

91 Marilyn Nicoud, "Les médecins à la cour de Francesco Sforza ou comment gouverner le Prince," in *Le Désir et le goût. Une autre histoire (XIII^e–XVIII^e siècle)*, ed. Odile Redon, Line Sallmann and Sylvie Steinberg (Paris, 2005), 201–217. From an extensive bibliography on court life, see the recent volume Lauriou, Paravicini Bagliani and Pibiri, eds., *Le Banquet. Manger, boire et parler ensemble*.

he was at that time.⁹² These difficulties, made more acute by the fact that the individuals who had to comply with the rules were in good health, are regularly attested to in these correspondences and underline the fact that, in matters of health, self-government was constantly the subject of negotiation between those who claimed to know about the body and those who claimed to know how to govern themselves.

6 Conclusion

Throughout their medieval development, *regimina sanitatis* borrowed different models. If their purpose remained practical and aimed at urging the patient to take care of himself and to follow a healthy lifestyle in accordance with his nature, they often wavered between prescription and education, rules and advice. Depending on the period, the author, or even the relationship he had with his reader, one or the other of these dimensions prevailed. But a trend was emerging in favor of leaving room for the deliberation and the agency of readers. As a university professor, the practitioner knew the importance of pedagogy, the role of the written word, and the usefulness of diets for the prevention of ill health. Those who became court physicians knew also the habits of luxury life, the pleasures of the table, and the need to please in order to be heard. At the frontier between knowledge and practice, between the academic world and the court milieu, this literature thus offered the ambiguous mirror of a complex relationship in which the authority of the physician was possibly challenged by the willfulness of the patient. To be effective, dietetics needed the reader's agency; but this agency produced the best outcomes when, for the most part, it remained under the influence and control of the learned doctor.

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92 On Savonarola's career in Padua, then Ferrara, see Tiziana Pesenti Marangon, "Michele Savonarola a Padova: l'ambiente, le opere, la cultura medica," *Quaderni per la storia dell'Università di Padova*, 9–10 (1977), 45–103.