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***Balance and Blockage: the Coexistence of Various Theories of Health in Antonio Benivieni's
De Abditis Nonnullis Ac Mirandis Morborum et Sanationum Causis***

Patricia Raciti

The 15th century represents a period of transition for conceptions of sickness and health and theories of disease and treatment. The contemporaneous invention of the printing press allowed medieval translations of Greek and Arabic texts to become widely disseminated among physicians and scholars, but paradoxically renewed an interest in medicine that would lead scholars to make observations that conflicted with ancient scholars. Rather than reject the ancient models for which Renaissance scholars sometimes found no proof, they developed theories to reconcile their experiences with those detailed by ancient physicians. Historians of medicine have attempted to categorize these theories: the Galenic humoral model of the balanced body, the theory of the body unhealthy because of internal obstruction, the model of the human body connected to and governed by the cosmos, and the notion of the anatomy as most related to health. Antonio Benivieni, a 15th-century Italian physician practicing in Florence, was situated in this temporal and indeed, physical crossroads for medicine: he practiced in a time when these notions of the body competed for dominance among the intellectual milieu and in a place where the most learned physicians from all over Europe came to exchange knowledge. Benivieni's collection of writings on his experiences, *De Abditis Nonnullis Ac Mirandis Morborum et Sanationum Causis* published posthumously in 1507, depicts not only the simultaneous coexistence and confluence of some of these theories, but also the dynamic interaction of these theories. Benivieni's attempts at reconciliation between theories and practical scientific observation is something physicians and researchers still do today as new technologies emerge and scientific discoveries are made that force us to question what we once held as truth.

In texts by physicians such as Benivieni that discussed practical observations in terms of theory, the authors did not so much reject one theory in favor of another as much as they emphasized one theory more than another. Physicians of the time themselves acknowledge the contested nature of these ideas. Benivieni observes that physician's "[o]pinions therefore varied" and "each treated...[patients]...according to his individual judgment (for opinions differed)" (59, 157). Moreover, since modern historians of medicine developed these four categorical theories from the corpus of medical writings to explain medical thinking over Medieval and Renaissance history, some ideas fall out of one of the four categories. The Galenic humoral model of the body centered around the notion of "complexio" defined as "the balance of the qualities of hot, wet, cold and dry resulting from the mixture of the elements of the body" that "differed in each individual" by Nancy Siraisi in *Medieval and Early Renaissance Medicine* (Siraisi 101, 121). Since disease resulted from an imbalance of these humors, cures consisted of techniques that restored the proper balance. By contrast, the theory of the body as an entity prone to obstruction, and thus, disease, promoted the notion of cures through evacuation. The third model, the cosmic model of the body, unites notions of planetary superiority over human beings and macrocosm-microcosm views of the universe and the body, respectively, to explain health and disease. Finally, theories on the anatomical body developed concurrently with the rise in autopsy and dissection in emphasizing the role of anatomy in human sickness. Of these four models, Benivieni's text relies most on the models of sickness as humoral imbalance and as a result of obstruction, however, Benivieni often uses models in combination, reflecting the period of transition during which he practiced and wrote.

The *De Abditis*... suggests that Benivieni relied most on the Galenic model of humors to identify and treat disease throughout his years of practice. Though he combines this theory with others, oftentimes Benivieni first approaches the diagnosis and treatment of an illness from the humoral model: in one case, he writes that he “considered whether this condition was from stomach or heart, whether its nature was hot, cold, dry, simple or complex” and that “[f]irst...[he]... resolved the humors, and let blood” (21, 73). The model was so pervasive that even conditions seemingly unrelated to physical well-being had humoral underpinnings for doctors such as Benivieni: he describes a condition of “laxness” which he attributes to “a bodily state [that is] too hot, too cold, too wet or too dry” (135). A series of descriptions of mental disorders reveal that Benivieni also attributed these states to humoral imbalance, and that ideas of that nature abounded so much so that the “symptoms...[were] quite obvious to investigators with any degree of learning” and that “the treatment was so well known that it...[was]...superfluous to describe...” it (185-189, 193-195). However, Benivieni’s description of the “French Disease,” a ‘new’ disease arising in 1494 which historians believe refers to syphilis, represents the most striking example of the dominance of and reliance on the humoral model despite evidence that disagrees with the theory’s principles.

Benivieni’s first letter on the French Disease reveals the reluctance of physicians to move away from ancient Galenic models of disease based on humors despite evidence that directly contradicted one of the fundamentals principles of the humor theory: the notion of individualized disease and treatment. The first letter included in Benivieni’s writings describes the French Disease as “a new kind of disease” plaguing Europe (9). Despite this, Benivieni claims that the Greeks characterized the disease, consisting of joint pain and pustules, at least partially as he associates what the Greeks call *leichenai* with the ulcers of the French Disease and Pliny’s disease *mentagra* with the French Disease (11, 13). Benivieni however describes the contents of these pustules in terms of variation in thickness of black bile, one of the four humors. Thus, Benivieni seeks to explain an epidemic disease which seemingly affects a large population in terms of individual but at the same time, wide-spread and identical, imbalances in humors.

In the case of the French Disease, visible pustules that oozed liquid could justify a humoral approach, but in the case of other disease with less outwardly visible symptoms, physicians sought other means to explain the sickness or to bolster their theories on causality. Differing opinions about disease from the physicians seem to suggest a need for autopsies: Benivieni writes that it “is not therefore surprising...[that]...the opinions and pronouncements of physicians differ in a disease...whose causes are hidden and uncertain” (157). Throughout his career, Benivieni performed many autopsies (see 27, 81, 169, 177) and was the first physician to promote autopsy as means to explain disease perhaps because he believed that the “physician...ought not only to diagnose the disease but also to locate its position with extreme care” (153). More often than not, however, Benivieni uses autopsies to simply confirm previous notions, especially the humoral model, about sickness. In one case for which he claims that he performed an autopsy to determine the “causes of...disease,” he instead concludes that an excess of black bile causes the man’s death (81, 83). Although the theory of the anatomical body relies on dissection to understand anatomy’s relationship to health, Benivieni’s early autopsies represent an openness to combining methods to categorize and understand disease.

Another such theory which Benivieni actively engaged and which lent itself to justification through autopsy involved notions of sickness as being caused by physical blockages of evacuative organs, such as the intestine and uterus. Historian Mary Lindemann describes how health hinged on the release of corrupt matter: for “most early modern people...the threat to

health flowed through the bowels, bladder, skin, and veins” and the “stoppages or unnaturally meager flow of sweat, urine, stools, and blood (menstruation...).. was sure to cause illness” (17). The importance of this notion can be seen in Benivieni’s short, pithy description of two boys with impeded anuses: the one whose anus became unobstructed survived, while the boy whose anus remained blocked died (77, 79). The notion of physical blockage could be applied especially well to the intestine and uterus since both organs were responsible for evacuating ‘corrupt’ matter, whether undigested food or menstrual blood, and a blockage of either resulted in accumulation of potentially toxic substances.

Physicians often employed models of obstruction after other models failed, or in tandem with other models indicating the flexibility of these theories. Benivieni describes one such instance when “many purges [of blood]” failed to cure a patient who experienced intestinal pain and thus, the physician “turned to another kind of remedy” which appears to resemble to use of a laxative to free an obstruction of the intestine (57). In other instances, Benivieni’s autopsies confirmed obstruction as the cause of their death; these autopsies often revealed an obstruction to the flow of bowel or blood through intestines or veins (83, 87). Because the cause of disease was physically tangible (albeit only in death), physicians could conveniently employ autopsies and anatomical observation to justify their theories on blockage and evacuation.

Nowhere in Benivieni’s writing is the intersection of these various theories and their role in practiced medicine more evident in his description of “[d]eath by difficulty of breathing” (127-128). After the patient dies, Benivieni applies theories of humors, obstruction and anatomy simultaneously. To “elicit the obscure and latent causes of...[the]...malady,” Benivieni performs an autopsy during which he finds “a considerable collection of black bile and dark blood in his heart and diffused thence through his veins” (127). In this description, the emphasis on the physicality of the disease and the role of the humors in creating a blockage reveal that in Benivieni’s—and perhaps in many other physician’s minds—these various theories worked in tandem to generate unique diseases. The most skilled physicians, familiar not only with the various theories and their nuances, but also with the application of theory to practice, would recognize the interplay of various causes and treat patients accordingly.

Benivieni not only relied on various theories and classical authorities, but also the most basic level of logical thinking when applying complex, often contradictory theories to practice. The most striking example of this is Benivieni’s short description of a boy who traveled for a long period of time in extreme heat and when he drank water to satiate his thirst he died; from this, Benivieni concludes that a “man dies of a very cold drink of water” (53). This account is not meant to exemplify the simple-mindedness of 15th-century physicians such as Benivieni, but rather, it is meant to show the supremacy of everyday observation and the extent to which physicians had to reconcile such observations with revered, classical theories which they hesitated to debunk. In many ways, current medical advances, such as in the field of energy and metabolism, have faced similar challenges; in the past, obesity might have been viewed purely as a psychological disease, but recent research and investigation have shown that numerous other factors—from environmental to genetic—have proven to play a large role in the etiology of obesity. Benivieni’s work, with his discussion of humoral, obstructed body and anatomical theories in the context of everyday practice, represents one such attempt at reconciliation, which physicians and researchers still continue to do today.

References

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