

# Medical Ethics During the Renaissance

## RÖNESANS BOYUNCA TIP ETİĞİ

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### Abstract

The author reviews the main ethical problems debated during the Renaissance and the most important works on the subject. It is concluded that the main pillars on which Renaissance ethics rested were: the *Hippocratic Oath*, Aristotle's *Ethics*, Cicero's *De officiis*, and religious principles.

**Key Words:** Renaissance, medical ethics, history of medicine

Türkiye Klinikleri J Med Ethics 2007, 15:125-133

### Özet

Yazar, Rönesans boyunca tartışılan belli başlı etik sorunları ve konu hakkındaki en önemli çalışmaları incelemektedir. Rönesans etiğinin dayandığı temel taşların Hipokrat Andı, Aristoteles Etiği, Cicer'nun *De officiis*'i ve dini ilkeler olduğu sonucuna varılmaktadır.

**Anahtar Kelimeler:** Rönesans, tıp etiği, tıp tarihi

Because of the special access that the physician has to the patient's private life and to the most intimate parts of his body, since antiquity special ethical codes for physicians have been developed in several societies.<sup>1</sup> We have discussed the Hippocratic Oath and we have mentioned the "Oath of Initiation" of *Caraka Samhita*, the passages pertinent to medical deontology in *Sushruta Samhita*,<sup>2</sup> and the profiles of good and bad physicians according to the Aztecs. We have also suggested that codes for physicians may have existed in other ancient societies even if they have not reached us.<sup>3</sup>

Concerning more recent times, we mentioned the *Oath of Asaph* (possibly sixth century A.D.)

and the Arab and Christian counterparts of the *Hippocratic Oath*.<sup>4</sup> Other medieval deontological writings that followed the principles of the *Hippocratic Oath* were *De adventu medici ad aegrotum* ("The Physician's Approach to the Sick" – late eleventh century) of the Salernitan School,<sup>5</sup> *De cautelis medicorum* ("Physicians' Precautions") attributed to Arnald of Villanova (c.1240-1311),<sup>6</sup> and *De cautelis medicorum* by Alberto de' Zancari (c.1280-1350).<sup>7</sup> In addition, the surgical works of Guglielmo da Saliceto (1210-c.1280), Lanfranco da Milano (c.1230-c.1306) and Henri de Mondeville (c.1275-c.1325) contain passages dealing with deontology.

During the Renaissance, in addition to the *Hippocratic Oath*, the three pillars on which medical ethics rested were Aristotle's *Ethics*, the rediscovered *De Officiis* ("On Duties") by Cicero, and religious morality. It was at that time that Christian theologians developed the concept of *ordinary* and *extraordinary means*, which is still used in our day. The question was asked: should the obligation to preserve life always override other considerations? For example, should a person undergo excruciating

**Geliş Tarihi/Received:** 08.09.2007 **Kabul Tarihi/Accepted:** 05.10.2007

The content of this essay will be found in Volume VI (Renaissance Medicine) of: Plinio Pioreschi, *A History of Medicine, Omaha, Horatius Press, scheduled to be published in 2007.*

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and terribly mutilating surgery to save his or her life? The answer of the theologians was that no one is morally obligated to preserve life by *extraordinary* means. On the other hand, *ordinary* care to preserve life is always morally required.<sup>8</sup>

Several works on medical ethics were written during the Renaissance. The first one, which was of limited significance, was *Introductorium sive ianua ad omne opus practicum* ("Introduction, or Door to all Practical Works"-c.1440) by Cristoforo Barzizza of Bergamo, lecturer at Padua. The deontological aphorisms in Alessandro Benedetti's *Collectiones medicinae* ("Medical Collections") published c.1493 had a limited ethical content in comparison with the work of Gabriele Zerbi's *De cautelis medicorum*, which was the most important.

Published in 1495, that is a few years after Benedetti's *Collectiones medicinae*,<sup>9</sup> *De cautelis* had a great success (seven editions before 1583).<sup>10</sup> The work is largely based on the *Hippocratic Oath* and other Hippocratic deontological writings,<sup>11</sup> although it contains some independent elements. It is divided into six chapters preceded by an introduction, in which Zerbi explains that its purpose is to suggest to physicians the best ways to defend their reputations, as well as that of the profession, in the face of human weakness (ignorance, negligence, poor judgment, inattention) and evil (fraud, infamy, delusion)<sup>12</sup> of patients and people in general, who often have a hostile attitude toward the physician. Hence the need for unimpeachable behavior on the part of the physician. It must be noted, however, that Zerbi recognized that evil existed on the part of physicians as well: he states that some withhold treatment and cause the death of the patient when they have made an unfavorable prognosis (see below).<sup>13</sup> Zerbi, in fact, accepts the argument, discussed in the *Conciliator* of Pietro d'Abano (c.1250-c.1315), that the character of physicians is often flawed because medicine is under the influence of Scorpio and Mars, which, according to the astrology of the time, produced sharp but morally corrupted people.<sup>14</sup>

In the first chapter, dedicated to the characteristics of the physician, Zerbi states that he should

have a commitment to continuous studies and be of a pleasant physical aspect without being too handsome or too ugly.<sup>15</sup> We may remember that in the *Hippocratic Corpus*, in *The Physician*, it is stated that he should be "endowed of good complexion, and a fair appearance."<sup>16</sup>

The second chapter deals with the role of God in the practice of medicine. The physician can heal only with the help of God, and the absence of sin on the part of both himself and the patient is essential. Therefore the physician will advise confession to the patient before starting treatment.

The third chapter contains general rules of behavior for the physician. He must wear decorous and clean clothes, must walk slowly and with dignity, must avoid embarrassing language, etc. Above all, following Hippocratic teaching, he must maintain secret all that pertains to the patient.

In the fourth chapter, Zerbi underlines the rules of behavior toward patients and their families. The Hippocratic injunction not to administer abortifacients or poisons is emphasized:

He [i.e., the physician] shall observe the rules given by Hippocrates in the *Oath*. On nobody's request shall he give a deadly poison to anyone, nor recommend or prescribe it; he shall neither indicate it nor talk about it at all; nor shall he give a pregnant woman a potion to kill the fetus; he shall not even advise on this, but reject it outright; nor shall he explain its nature to anybody, but reproach and rebuke the person who asks for it.<sup>17</sup>

In addition, the physician should not deprive the patient of hope, must take care of the sick even if poor and unable to pay, should be careful and thorough in the interrogation and examination, should assist the patient continuously in case of acute diseases, and should be cautious in making a prognosis.<sup>18</sup>

The fifth chapter deals mostly with the behavior of the physician vis-à-vis the wife of the patient and the female members of the family and gives advice about properly dealing with consulting colleagues.

The sixth and last chapter addresses the personal life of the physician. He must not frequent

people or places of bad repute, and he must not be involved with activities that may distract him from the duties of his profession (e.g., agriculture, hunting).

Concerning patients and fees, Zerbi, like Zancari,<sup>19</sup> distinguishes three attitudes: *modus divinus*, *diabolicus* and *humanus* (“divine,” “diabolical” and “human way”):

Threefold is the way the patient behaves toward the physician. One, divine, when the patient, tormented by serious illness, begs the physician to return him to bodily health. Diabolic when, regained health, the patient does not pay his fees but avoids the physician as if marked by the devil. Human when, during the disease and after the cure, pays the physician and considers him his benefactor and friend.<sup>20</sup>

As mentioned above, Zerbi also underlines reprehensible practices on the part of some physicians:

Many puffed-up physicians, having predicted death for the patient, watch for it and to show that their prediction was correct, do not administer what is necessary for his health causing a death that could have been prevented by remedies.<sup>21</sup>

He also suggests not treating the incurable, which is a tradition that goes back to antiquity:<sup>22</sup>

As much as possible, the physician should avoid the dying patient. He should do nothing for those near death to avoid that, if the patient dies soon, that [it be concluded] he killed him. The physician should not be present when the patient dies.<sup>23</sup>

He follows the Hippocratic tradition concerning the treatment of patients suffering from the stone:

The physician should not operate on those suffering from the stone but should leave this to the experts of this practice as Hippocrates commands in his Oath.<sup>24</sup>

As for euthanasia and abortion, we have mentioned above that he follows the Hippocratic injunction not to administer abortifacients or poisons. It is of interest, however, that Zerbi does not consider the prohibition on abortion as absolute:

He [i.e., the physician] must remember that if he has to induce abortion in some special case, it is better to do so at the beginning of pregnancy than

later because of fewer complications [when performed earlier].<sup>25</sup>

A mixture of deontology and pragmatism, Zerbi's *De cautelis* gives us an overview of contemporary medical practice and of society as well.

Several works on medical ethics appeared in the second half of the sixteenth century and the beginning of the seventeenth: Joannes Siccus' *De optimo medico* (“The Best Physician” – 1551), Giovanni Battista Codronchi's *De Christiana ac tuta medendi ratione* (“Christian and Safe Medical Method” – 1591), Rodrigo a Castro's *Medicus politicus* (“The Civil Physician” – 1614), and Paolo Zacchia's *Quaestiones medico-legales* (“Medico-Legal Questions” – 1621-1635). Of these the most important are those of Codronchi and of Rodrigo a Castro.<sup>26</sup>

*De Christiana ac tuta medendi ratione* by Codronchi (1547-1628) is based on Catholic moral theology. In it the author discussed many problems faced by the practitioner; for example, whether a physician may accept money for treating an incurable dying person (he can if he does not conceal the impending death and if he does not promise a cure). Obvious immoral attitudes and actions are condemned; for example, physicians should not rejoice that many are ill and therefore require treatment and should not give wrong advice to people so that they become ill and require medical attention.<sup>27</sup>

Rodrigo a Castro, a Portuguese Jewish physician who practiced in Hamburg, in his *Medicus politicus* condemns the *pseudomedici*, who have no knowledge of medicine, and denies the utility of astrology in medicine. He states that the educated physician should know the humanities, moral and natural philosophy, anatomy and botany; he should be courteous, grave, and a good husband; he will shun anger, concupiscence, luxury, intemperance, and

those particular medical vices.... almost congenital and hereditary for physicians, avarice, pride and envy.<sup>28</sup>

Rodrigo also examines various ethical questions confronting the practitioner. Physicians may

lie to their patients only if it will help them, have an obligation to take care of all who seek their help (even enemies – although not at the risk of life and limb), should not request payment from the poor, should not visit the sick unless invited, should care for the ungrateful, and should not undertake to cure the incurable.<sup>29</sup>

Concerning induced abortion, the following passage from a work of the Sicilian physician Fortunato Fidele (1550-1630) is of interest:

I knew a girl in her flourishing youth, who consulted her physician about aborting a fetus before its time. In order to foil her undertaking, the physician, in a pious misrepresentation (*pia simulatione*), promised her he would give her something that would fulfill her expectation entirely: but in truth he mixed an antidote from ingredients that should make the fetus strong and healthy. However, the girl had hardly drunk it down, when she began to burn with the desire to bring forth, and hoping that what she had been promised falsely would certainly happen, entirely bent on this one concern, she before long felt the fetus had dropped down; and to the disgrace (*ignominia*) of the physician, she aborted in spite of the resisting medication. For the image of the abortion, so strongly conceived, both overcame the power of the medication and foiled the physician's endeavor.<sup>30</sup>

Several points in this passage illustrate both some of the ethical principles accepted by physicians and the state of medicine at the time:

a) The Hippocratic Oath's prohibition of abortion is accepted.

b) A physician was allowed to deceive if the lie served a higher moral purpose (in this case, avoidance of abortion).

c) The capacity of medicine to achieve results was grossly overvalued. We know today that the physician did not have the means to "make the fetus strong and healthy" as an "antidote" to abortion. In addition, at the time, there were no pharmacological means to induce abortion, as both the patient and the physician seemed to believe.<sup>31</sup>

d) Instead of attributing the outcome to chance, the author seems to invoke an astonishing reason: abortion by willpower.

The idea that the physician may lie to the patient to benefit the latter goes back to Plato who, in the *Republic*, says that, as any other remedy, falsehood can be used by physicians for the benefit of the patient:

.... we must surely prize truth most highly. For if.... falsehood is.... useless to gods, but to men useful as a remedy or form of medicine (*pharmakon*), it is obvious that such a thing must be assigned to physicians (*iatroi*), and laymen (*idiotai*) should have nothing to do with it.<sup>32</sup>

Aristotle, on the other hand, although he does not mention physicians in particular, seems to assert that falsehood is to be condemned in all cases and circumstances:

And falsehood is in itself mean and culpable and truth noble and worthy of praise.... For the man who loves truth, and is truthful when nothing is at stake, will still more be truthful where something is at stake: he will avoid falsehood as something base....<sup>33</sup>

In general, the discussion hinges on the question of whether the end justifies the means, a point that St. Paul decides with the phrase, commonly used in Renaissance moral discussions, stating:

One cannot do bad things so that good will result.<sup>34</sup>

The point was the focus of debate not only in medicine but in politics as well (e.g., by Machiavelli). On the other hand not everybody followed this rule. Julius Alexandrinus (1506-1590), author of *De medicina et medico* ("On Medicine and the Physician"), a book on medical ethics, asserts:

It is allowed to lie for the good of the patient.

The dilemma, however, was not easily solved, not only because to lie for the good of the patient was against a specific teaching of the Church but also because it contradicted another of its requirements, namely that a patient be given the opportunity to prepare himself for the afterlife. Codronchi, in fact, says:

Therefore, it is of enormous interest to the sick to know that he will die of his illness; and we should not listen to Galen who, since he was a pagan, resorts to audacity and rashness when he says that the physician although despairing about the health of the sick should always promise recovery.<sup>35</sup>

In view of the limitations of medicine at the time, we may speculate that the physician's reluctance to declare that the patient would die might also reflect his insecurity about the prognosis.

Another question often debated during the Renaissance was whether the physician should or should not "repair" virginity in women. Some were against it because it was a deception; others were in favor because the deception would promote peace among spouses. Juan Alonzo de Fontecha (1560-1620), who held the chair of medicine at the University of Alcalá, after mentioning some devices that may be used (e.g., the bladder of a fish inserted into the vagina), wrote:

The doubt first arises whether without danger of conscience the physician can grant the woman requesting it that kind of help. For in truth what she requests is to deceive some man.<sup>36</sup>

François Ranchin (1565-1641), chancellor at the University of Montpellier, expressed a different opinion. Not only was peace among spouses to be promoted, but in his *Tractatus de morbis virginum* ("Treatise on the Diseases of Virgins") under the heading *De corruptae verginitatis reparatione*, ("On Repairing Lost Virginity") he says:

Moreover, since such services are secret, I don't see by what reason they can be condemned. It is the duty of physicians to correct the weaknesses and defects of the parts of the body; but penitence of former sin with the desire to live properly is the concern of the theologians and the girls themselves.<sup>37</sup>

The conflict between benefit to the patient and moral principle remained unsolved. Even measures to prevent syphilis, for example, the *lindeolum* (small linen cloth) steeped in lotions that Falloppio recommended for protection,<sup>38</sup> caused controversy, as they were considered by some to remove restraints that the fear of disease may generate and to encourage lust.<sup>39</sup>

Half a century later, Ahsverius Fritsch published *Medicus peccans sive tractatus de peccatis medicorum* ("The Sinning Physician. A Treaty on the Sins of Physicians" – Nuremberg, 1684), in

which he listed twenty-three sins commonly committed by physicians. Among them: practicing medicine without sufficient learning, charging fees to the poor, overcharging the rich, prolonging treatment for the sake of gain, fleeing contagion, and revealing secrets of patients. Mentioning the oath taken at the time by the medical graduates of Jena, he underlines that a physician should never perform abortion.<sup>40</sup>

Since antiquity many authors have asserted that women also emit semen and that conception results from the mixture of male and female semen.<sup>41</sup> It was also generally believed that female seed, in the absence of sexual intercourse, could be retained, become corrupt and cause "suffocation" of the uterus with consequent complex and variable noxious effects.<sup>42</sup> When this happened, the logical therapy was the discharge of the retained semen by sexual intercourse or masturbation. This, of course, caused controversy and dispute.<sup>43</sup>

Another question debated at the time concerned the avoidance of personal risk on the part of the physician. The epidemics of bubonic plague that swept Europe in successive waves after the Black Death posed the problem of who should remain to take care of patients. The problem was not new.<sup>44</sup> The advice given to those who could flee was: *cito, longe, tarde* ("quickly, far away, tardily"), the three Latin adverbs being an abbreviation of the expression *cito longe fugas et tarde redeas*, "go quickly far away and return tardily" (a saying attributed to Hippocrates himself<sup>45</sup>). Health practitioners have had to confront the recurrent moral problem of risking their life to care for patients for as long as epidemics put in jeopardy the lives of everybody in a certain area. As happened at the time of the Black Death, many physicians fled and many remained "out of charity, patriotism, or desire for profit."<sup>46</sup> Some felt that their duty was to remain and care for patients. Guy de Chauliac (c.1290-c.1368) wrote:

Physicians dared not visit the sick for fear of becoming infected. And when they did visit, they did nothing and earned nothing, for all the sick died....

I, to avoid infamy, did not dare remove myself, but with continuous fear preserved myself as best I could.<sup>47</sup>

Later, Ambroise Paré said:

Surgeons must remember that they are called by God to this vocation of surgery, therefore they should go to it with high courage and free of fear, having firm faith that God both gives and takes our lives as and when it pleases Him.<sup>48</sup>

Still later, Samuel Pepys mentioned that Dr. Goddard defended himself and his fellow physicians for leaving plague-ridden London in 1666 by saying that their particular patients had left town.<sup>49</sup>

On the other hand, William Boghurst, an apothecary, stayed, while physicians and clergy fled, and wrote:

Everyman that undertakes to be of a profession or takes on himself an office must take all parts of it, the good and the evill, the pleasure and the pain, the profit and the inconveniences all together and not pick and choose; for Ministers must preach, Captains must fight and Physitians attend upon the sick.<sup>50</sup>

This ethical dilemma does not exist in our day thanks to the progress of medicine in controlling infectious diseases. We expect, however, that if it were to present itself again we would most likely see a resurgence of the practice of *cito, longe, tarde* on the part of physicians as well.

During the Renaissance, tracts criticizing physicians and medicine as well as works in their defense were not uncommon. Rabelais (c1494-1553), a physician, Montaigne (1533-1592), and Molière (1622-1673) made fun of physicians.

Rabelais ridicules the profession in the figure of a garrulous pedant, Dr. Rondibilis, who recited Hippocratic texts and recommended remedies prescribed by “a celebrated author dead eighteen hundred years.”<sup>51</sup> Montaigne wrote:

As far as my knowledge goes, I see no group of people so soon sick and so late cured as those who are under the jurisdiction of medicine.... because the most important science.... being the one that is in charge of our preservation and health, is unfortunately the most uncertain, the most confused, and agitated by the most changes.<sup>52</sup>

As for Molière, he asserted that medicine did not consist of very much more than

*Clysterium donare, postea seignare, ensuite purgare.*<sup>53</sup>

That is:

To give enemas, then to bleed, then to give purgation.

Antonio Carrera in his *Le confusioni de medici. Opera nella quale si scuoprono gl'errori e gl'inganni de medici* (“Physicians’ Confusions. Work in Which the Errors and Deceptions of the Physicians are Discovered” – Milan, 1652) criticizes physicians. In it he reported that a professor at Padua stated that:

.... the true definition of the medical art was the following: “medicine is the art of deceiving the world and the entire world is deceived by it.”<sup>54</sup>

Although the tradition of criticizing the medical profession is an old one, not all of those who have been mentioned as having criticized it have actually done so. Contrary to what it has been affirmed, Dante, for example, was not among them.<sup>55</sup>

In fact, some authors were impressed by the knowledge and the seriousness of physicians and of the medical schools of the time. An English physician, traveling in Italy in 1600, wrote:

The Universities of Siena and Salernum of old and esppecially of Padoa as well of old as of this day have yielded famous phsitians who in Italy are also shirgians and many of them growe rich for all that have any small means will in sicknes have their helpe, because they are not prowde but will looke upon any ordure and handle any sore, but esppecially because they are carefull for their patients, visite them diligently and take little fees which make heavy purses. They visite twice each day the poorest patient.<sup>56</sup>

Hippolitus Obicius in *De nobilitate medici contra illius obtrectatores* (“On the Nobile Behavior of Physicians Against their Detractors” – Venice, 1606) also defended physicians.

Considering the status of medicine at the time, the stinging satire about its methods and effective-

ness was justified (or at least understandable). Considering the unchanging virtues and vices of human nature, both praise and censure concerning the behavior of physicians were also justified, as they are and have always been for members of any trade or profession.

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19. Zancari uses the terms *humanus*, *divinus* and *diabolicus* to characterize the question of relations with the patient and fees (he calls it *triplex vultus*, "threefold aspect"): *humanus*: a just remuneration accompanied by friendship between physician and patient; *divinus*: the gravely ill patient humbly asks for help without mentioning fee; *diabolicus*: the patient does not pay after a successful cure. David E. J. Linden, "Gabriele Zerbi's *De cautelis medicorum* and the Tradition of Medical Prudence," *Bulletin of the History of Medicine*, LXXIII, 1, 19-37, 1999.
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30. Fortunato Fidele, *De relationibus medicorum*, Palermo, 1602, II, x, p. 184. Translated and quoted by: Schleiner in: Winfried Schleiner, *Medical Ethics in the Renaissance*, Washington, Georgetown University Press, 1995, p. 5.
31. Pharmacological means to induce abortion were not available in the ancient world. See: Plinio Pioreschi, *A History of Medicine*, Omaha, Horatius Press, 5 Vols., 1996-2003, II, Chapter V, B, h; III, Chapter IX; Plinio Pioreschi, "Contraception and Abortion in the Greco-Roman World," *Vesalius*, I, 2, 77-87, 1995.
32. Plato, *Republic*, III, 389, b. Translation by Paul Shorey in: *Plato, Collected Dialogs*, Princeton, Bollinger Series LXXI, Princeton University Press, 1961, p. 634. The Greek words in parentheses are from: Winfried Schleiner, *Medical Ethics in the Renaissance*, Washington, Georgetown University Press, 1995, p. 8.
33. Aristotle, *Nicomachean Ethics*, IV, vii, 1127a, 28; 1127b, 4-6. *The Complete Works of Aristotle*, edited by Jonathan Barnes, Princeton, Bollinger Series LXXI, Princeton University Press, 1984, 2 Vols., II, p. 1179.
34. A paraphrase of Romans, 3:8.
35. Giovanni Battista Codronchi, *De Christiana ac tuta medendi ratione*, p. 58. Translated and quoted by Schleiner in: Winfried Schleiner, *Medical Ethics in the Renaissance*, Washington, Georgetown University Press, 1995, p. 28.
36. Juan Alonzo de los Ruyzes de Fontecha, *Medicorum incipientium medicina, sive medicinae Christianae speculum*, Alcalá, 1598, p. 612. Translated and quoted by Schleiner in: Winfried Schleiner, *Medical Ethics in the Renaissance*, Washington, Georgetown University Press, 1995, p. 33.
37. François Ranchin, *Tractatus de morbis virginum*, in his *Opuscula Medica*, Lyon, 1627, p. 445. Translated and quoted by Schleiner in: Winfried Schleiner, *Medical Ethics in the Renaissance*, Washington, Georgetown University Press, 1995, p. 34.
38. Winfried Schleiner, *Medical Ethics in the Renaissance*, Washington, Georgetown University Press, 1995, pp. 172, 177, passim.
39. For a review of this subject, see: Winfried Schleiner, *Medical Ethics in the Renaissance*, Washington, Georgetown University Press, 1995, pp. 162-209.
40. Albert R. Jonsen, *A Short History of Medical Ethics*, Oxford, Oxford University Press, 2000, p. 49.
41. See: Plinio Pioreschi, *A History of Medicine*, Omaha, Horatius Press, 5 Vols., 1996-2003, II, Chapter II, A, e; Chapter IV, A, b; Chapter V, B, d.
42. The male semen, it was believed, could also be retained and would cause health problems as well.
43. For details concerning such controversies and debates, see: Winfried Schleiner, *Medical Ethics in the Renaissance*, Washington, Georgetown University Press, 1995, pp. 107-161.
44. See: Plinio Pioreschi, *A History of Medicine*, Omaha, Horatius Press, 5 Vols., 1996-2003, V, Chapter VI, E, b.
45. Jean-Nöel Biraben, *Les hommes et la peste en France et dans les pays européens et méditerranéens*, Paris, Mouton, 1975, 2 Vols., II, pp. 160-161. In the *Corpus Hippocraticum*, namely in *On the Nature of Man*, attributed often to Polybius, it is stated that in case of epidemics "one must go away as far as possible from the places affected." (*On the Nature of Man*, IX, Littré, VI, p. 56).
46. Albert R. Jonsen, *A Short History of Medical Ethics*, Oxford, Oxford University Press, 2000, p. 45.
47. Guy de Chauliac, *La Grande Chirurgie*, Paris, Nicaise, 1890, pp. 171-172. Quoted by Jonsen in: Albert R. Jonsen, *A Short History of Medical Ethics*, Oxford, Oxford University Press, 2000, p. 46.
48. Quoted by Jonsen in: Albert R. Jonsen, *A Short History of Medical Ethics*, Oxford, Oxford University Press, 2000, p. 46.
49. Samuel Pepys, *The Illustrated Pepys: Extracts from the Diary*, edited by Robert Latham, London, Bell and Hyman, 1978, p. 98. Quoted by Jonsen in: Albert R. Jonsen, *A Short History of Medical Ethics*, Oxford, Oxford University Press, 2000, p. 46.
50. William Boghurst, *Loimographia (1666)* in: *Transactions of the Epidemiological Society of London*, XIII, 59-60, 1894. Quoted by Jonsen in: Albert R. Jonsen, *A Short History of Medical Ethics*, Oxford, Oxford University Press, 2000, p. 46.
51. François Rabelais, *Gargantua and Pantagruel*, III, 32, translated by J. M. Cohen, London Penguin Books, 1981. Quoted by Jonsen in: Albert R. Jonsen, *A Short History of Medical Ethics*, Oxford, Oxford University Press, 2000, p. 55.
52. Michel de Montaigne, *The Complete Essays of Montaigne*, translated by Donald M. Frame, Palo Alto, Stanford University Press, 1965, p. 581. Quoted by Jonsen in: Albert R. Jonsen, *A Short History of Medical Ethics*, Oxford, Oxford University Press, 2000, p. 55.
53. The Latin sentence, from *Le Malade Imaginaire*, is written in a Latin purposefully and heavily corrupted with French words to make fun of the ignorance of the physicians.
54. Antonio Carrera's *Le confusioni de medici*. *Opera nella quale si scuoprono gl'errori e gl'inganni de medici*, Milan, 1652, p. 162. Quoted by Schleiner in: Winfried Schleiner, *Medical Ethics in the Renaissance*, Washington, Georgetown University Press, 1995, p. 42, note No. 2.



55. According to Siraisi, in *Paradiso XI*, 1-5 and *Paradiso XII*, 83-85 (she undoubtedly means verses 82-85), Dante criticized physicians on ethical grounds (Nancy G. Siraisi, "Medicine, physiology and anatomy in early sixteenth-century critiques of the arts and sciences," in: *New Perspectives in Renaissance Thought*, edited by John Henry and Sarah Hutton, London, Duckworth, 1990, pp. 214-229 (217, note No. 11)). This is not the case at all. Verses 1-5 of *Paradiso XI* express a commiseration for men who pursue their petty ambitions (e.g., become lawyers, doctors, priests, political leaders) instead of striving toward the eternal joys of heaven (*O insensata cura dei mortali, / quanto son difettivi i sillogismi / che ti fanno in basso batter l'ali! / Chi dietro a iura, e chi ad aforismi / sen giva e chi seguendo sacerdozio, / e chi regnar per forza e per sofismi. "Insensate mortals, how paltry are the arguments that make you flap your wings so low! Some pursue the Law, others the Aphorisms, others the priesthood and others covet power through force or fraud."*). Similarly,

verses 82-85 of *Paradiso XII* express praise for St. Dominic, who, instead of striving for earthly knowledge like Law or Medicine, became a great doctor in the knowledge of the divine (*Non per lo mondo, per cui mo s'affanna / di retro ad Ostiense e a Taddeo, / ma per amor de la verace manna / in picciol tempo gran doctor si feo. "He did not strive for the world in which men struggle to follow Ostiense [a famous teacher of law] or Taddeo [Taddeo Alderotti, a famous physician – others believe Taddeo Pepoli a professor of law at Bologna], but for the love of the true bread, and in a short time he became a great doctor."*). For a discussion of medicine in the *Divine Comedy*, see: Plinio Prioreshi, "Medicine in the *Divine Comedy* and Early Commentaries," *Journal of Medical Humanities*, XV, 1, 51-72, 1994.

56. Fynes Moryson, *Itinerary*, edited by Charles Hughes, Glasgow, J. MacLehose, 1907, p. 424. Quoted by Jonsen in: Albert R. Jonsen, *A Short History of Medical Ethics*, Oxford, Oxford University Press, 2000, p. 56.