

Introduction

The Other Voice

Around 1460, the Italian physician Michele Savonarola—paternal grandfather of the religious reformer Girolamo Savonarola, and paragon of the learned court physician encountered in this era of European history—composed a vernacular work on pregnancy, obstetrics, and pediatrics, addressed to the women and midwives of Ferrara. The work bore the Latin title *De regimine praegnantium et noviter natorum usque ad septennium*—literally, *Regimen for Pregnant Women and Newborns up to the Seventh Year*—and is translated here as *A Mother’s Manual for the Women of Ferrara*.¹ He writes in a male voice, but has made two unconventional choices: to write in the vernacular, not the Latin of learned professionals, and to address the treatise explicitly to the women actively concerned with childbirth: the mothers and midwives of Ferrara.

Having taken this bold step, Savonarola set about seeking ways of protecting his choice from criticism. It is the first time since late antiquity that a treatise on obstetrics and generation is addressed to midwives. It is the first time, within the Latin West, that such a monographic work, despite its Latin title, is written directly in the vernacular.² The brief introduction in which the author

1. The work was first edited in 1952 as *Il trattato ginecologico-pediatrico in volgare “Ad mulieres ferrarienses de regimine praegnantium” di Michele Savonarola*, ed. Luigi Belloni (Milan: Stucchi, 1952). See the Bibliography, *Works by Michele Savonarola*, #13, for manuscripts and relevant studies. The translated text will be cited henceforth as *MM*. Where the original Italian work is discussed, it will be cited as *DRP*.

2. Vernacular translations of originally Latin works on women’s medicine already circulated throughout medieval Europe, especially those connected with the Trotula texts at Salerno, masterfully studied by Monica H. Green especially in her edition and translation *The Trotula: A Medieval Compendium of Women’s Medicine* (Philadelphia: University of Pennsylvania Press, 2001). The few vernacular *regimina* (the plural, in Latin, of “regimen”) that included gynecological and pediatric topics written prior to the fifteenth century are too schematic and general to set a precedent when compared to Savonarola’s *MM*. Examples are the brief instructions in the three chapters devoted to the delivery and care of newborn babies in the *Régime du corps* by Aldobrandino of Siena (written for Beatrice of Savoy in 1256, and translated from French into Florentine dialect in 1310), or the equally generic guidelines provided by Francesco da Barberino in the fourteenth-century *Reggimento e costumi di donna*; for these, see respectively Aldobrandino da Siena, *Le régime du corps de Maître Aldebrandin de Sienna: Texte français du 13e siècle*, ed. Louis Landouzy and Roger Pépin (Paris: Honoré Champion, 1911), and Francesco da Barberino, *Un galateo femminile italiano del Trecento: Il “Reggimento e costumi di donna,”* ed. Giovanni Battista Festa (Bari: Laterza, 1910). Regarding the Trotula ensemble of texts and their vernacular translations, in addition to Green’s edition of *The Trotula*, see especially the bibliography in Green, *Making Women’s Medicine Masculine: The Rise of Male Authority in Pre-Modern Gynaecology* (Oxford:

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comments on his wish to dedicate his work to women and his choice of writing in the vernacular is a small rhetorical masterpiece, brimming with justifications and appeals to the reader, delivered in a markedly pedagogical-moral tone. What has moved Savonarola to choose the vernacular is his feeling of gratitude towards his “Ferrarese daughters,” his desire to be a good father to them, and, as a good Christian, his respect for the sanctity of human life. His concern to correct what he sees as the ignorance of midwives is also central to his purpose, although Savonarola does not berate them for this failing as much as will the authors of later midwifery handbooks.³ Rather, his fatherly desire to save future mothers and their unborn children from the awful destiny of death underlies his brave linguistic choice. By writing in the vernacular, Savonarola waives any rights to the fame, honor, and glory that a Latin version of this work might have procured him, in order to ensure that “through my book you will become both physical and spiritual healers for your children.”⁴

Oxford University Press, 2008). See also Elizabeth Dearnley, “Women of our tongue: *cunne bettir reede and vnderstonde this langage*: Women and Vernacular Translation in Later Medieval England,” in *Multilingualism in Medieval Britain, c. 1066–1520: Sources and Analysis*, ed. by Judith A. Jefferson and Ad Putter (Turnhout: Brepols, 2013), 259–72; and Orlanda S. H. Lie, “What Every Midwife Needs to Know: The Trotula,” in *Women’s Writing from the Low Countries, 1200–1875: A Bilingual Anthology*, ed. Lia van Gemert et al. (Amsterdam: Amsterdam University Press, 2010), 138–43. For a comparison with the French context, albeit during a later period, see Valerie Worth-Stylianou, *Pregnancy and Birth in Early Modern France: Treatises by Caring Physicians and Surgeons, 1581–1625: François Rousset, Jean Liebault, Jacques Guillemeau, Jacques Duval, and Louis de Serres* (Toronto: Iter Press and Centre for Reformation and Renaissance Studies, 2013); and Worth-Stylianou, *Les traités d’obstétrique en langue française au seuil de la modernité: Bibliographie critique des “Divers travaux” d’Euchaire Rösslin (1536) à l’“Apologie de Louyse Bourgeois sage femme” (1627)* (Geneva: Droz, 2007).

3. See *MM*, 150: “I will now offer clear instruction for all women who are midwives and assistants, so that they may learn the rules that must be observed in the parturition of the fetus; for surely, due to the ignorance of these midwives, many children and their mothers either die or endure hardship.” According to Monica H. Green, the *Rosegarden for Pregnant Women and Midwives* (1513) by the German physician Eucharius Rösslin “solidified the rhetoric of midwives’ ignorance that the Dominican preacher Thomas of Cantimpré had first introduced three hundred years earlier,” and it is only in the fifteenth and especially the sixteenth century that midwives move from being seen as sometimes incompetent to being dangerous and ignorant. Green, *Making Women’s Medicine Masculine*, 306.

4. *MM*, 59.

Notwithstanding the probable illiteracy of fifteenth-century midwives,⁵ and the fact that the text suggests a primarily male readership,⁶ Savonarola's *Mother's Manual* at least helped create an expectation that midwives and women in general would be able to access this new obstetrical literature. It presents, in fact, the image of a "female textual community," and an authoritative social voice; sometimes the author's own male voice seeks to disrupt this imagined community, while at other times it seems to participate in or enable it.⁷ There is no evidence that Savonarola fears competition with midwives or barber-surgeons, as might perhaps have been expected.⁸ The academic and court physician plainly asserts

5. It should be clarified from the start that the midwives, nurses and, in general, the women of Ferrara whom Savonarola is addressing in the *Mother's Manual* could not possibly have read the text. The fabric of the treatise was composed using complex arguments and rhetoric, and it is highly improbable that "all women who are midwives and assistants" (*tute le donne obstetrice et astante*) could make any direct use of it; *MM*, 150. Women were generally illiterate into the nineteenth century, exceptions being noblewomen belonging to court circles or monasteries, who were by now able to read and write, as well as some few midwives from the sixteenth century onwards. The rhetorical and literary sophistication of the dedication leaves no doubt that the work was intended for male readers, not only due to the abundance of quotations and erudite allusions—whether of a medical, biblical or literary nature—and the digressions on morality, but precisely because this idealized dedication is a stylistic artifice which draws on distinguished precedents. Aristotle, for instance, dedicated part of chapter VII of *De historia animalium* to the *maia* (midwife, in Greek), and the ancient Greek physician Soranus wrote his *Gynaecia* (Gynecology. Latinized Greek title literally meaning *Women's things*, nature and diseases, not restricted to gynecology in the modern sense) for women; but by the fifteenth century, the awareness that midwifery was once a literate profession had been completely lost. On female "medical literacy," see Monica H. Green, "The Possibilities of Literacy and the Limits of Reading: Women and the Gendering of Medical Literacy," in *Women's Healthcare in the Medieval West: Texts and Contexts*, ed. Green (Aldershot, UK; Burlington, VT: Ashgate, 2000), 1–76. As for northern Italy in the fifteenth century, my examination of a large number of manuscript epistles preserved at Milan's State Archive has not allowed me to prove that Fraxina, the midwife active from at least 1493 to 1497, who served the most important noblewomen of the time and their households, was able to read. See Gabriella Zuccolin, "Gravidanza e parto nel Quattrocento: Le morti parallele di Beatrice d'Este e Anna Sforza," *Quaderni di artes* 2 (2008): 111–45.

6. The anticipated vernacular readership of the *MM* is in fact not exclusively male or female, but it envisages a spectrum from the *litteratus*, proficient in Latin, down to the midwife; the intended audience of the work includes nobles and middle-class laymen on the one hand, and practical physicians working as professionals along with less qualified figures, such as surgeons and empirics, on the other. On the developing interest in matters of generation by experts and laypersons throughout Europe in the thirteenth through fifteenth centuries, see the section in this Introduction on "Gynecology and Midwifery in the Middle Ages," at 15–20.

7. On the concept of textual communities within the specific field of "women's medicine," see Jennifer W. Hellwarth, "I wyl wright of women prevy sekenes: Imagining Female Literacy and Textual Communities in Medieval and Early Modern Midwifery Manuals," *Critical Survey* 14.1 (2002): 44–63.

8. So established were the hierarchies of both medical learning and gender in fifteenth-century northern Italy that Savonarola's posture of superiority in dealing with these two categories of medical practitioners is unsurprising.

his dominance over the dangerous realm of the midwife: she is taught to call a university-trained doctor into the birthing room at the slightest sign of a complicated birth, and a surgeon for the thankless task of trying to save the mother by cutting the dead fetus into pieces. Savonarola may have had some “hands-on” knowledge of women’s bodies and practical experience of birth, although his knowledge remains largely theoretical, as was the case for most fifteenth-century university-trained physicians. What is certain is that this physician had full authority in diagnosing and prescribing treatments for women’s gynecological and obstetrical conditions. But since he acted vicariously in the vast majority of cases, not entering the birthing room, Savonarola probably felt—much earlier than other medical practitioners—that educating midwives had become a pressing social need in the setting of fifteenth-century Ferrara, ruled by the house of Este. This is why, as Riccardo Gualdo counsels, when reading Savonarola’s text, we should always bear in mind the “presence of a double filter”: an “operative” one, between physician→midwife→woman in labor; but also a “linguistic” one: between physician→male head of household→midwife→woman in labor.⁹

In many ways, the *Mother’s Manual* cuts across the gender and linguistic divide between the medically-trained male professional and the traditionally unlearned female practitioner, giving a distinct voice to two newly visible categories of women at one time: the midwife and the birthing mother. Through engaging fictional dialogues (perhaps testimonies of real issues raised by women in the physician’s daily routine),¹⁰ Savonarola makes both of these figures supporting yet important actors in his own drama, one in which the so-called “masculine birth of gynaecology,”¹¹ but also the rise of a new literary genre, the obstetrical treatise addressed to women and midwives, had a role. While these (imagined?) female textual communities are possibly not representative of those who actually used this text, they do imply and envision—for the first time in Western Europe—a

9. Riccardo Gualdo, “La lingua della pediatria: Il trattato di Paolo Bagellardo dal Fiume,” in Gualdo, ed., *Le parole della scienza: Scritture tecniche e scientifiche in volgare, secoli XIII–XV: Atti del convegno, Lecce, 16–18 aprile 1999* (Galatina: Congedo, 2001), 30.

10. Some instances from within the text: “But perhaps you will ask, *frontosa*: ‘tell me now, why has nature given so much pleasure to the man in impregnating and conceiving, and so much pain to the woman in giving birth?’” (*MM*, 150); or again: “But *frontosa* may say, ‘Oh my maestro, you provide sound and beautiful teachings on raising and caring for newborn babies. But who is able to observe these rules? Who will be able to observe so many of them? . . . So how is it that babies live when their caretakers fail to follow so many regulations?’” (*MM*, 181); “But it only makes sense that the midwife wonders and asks: ‘Maestro, what can I do to improve the shape of the head? Teach me.’” (*MM*, 169). For other examples of real (and imagined) cross-gender dialogues involving midwives and learned physicians, see Jennifer Richards, “Reading and Hearing ‘The Womans Booke’ in Early Modern England,” *Bulletin of the History of Medicine* 89, no. 3 (2015): 434–62. For the meaning of the term *frontosa*, see Note on the Translation, 53.

11. Green, *Making Women’s Medicine Masculine*, viii, 27, 246.

potential and desired, if not actual readership. That female readership, seemingly invoked and feared at the same time, is one that professional male practitioners, but also elite laymen aiming to gain knowledge of women's reproductive potential, seek to oversee and control.¹²

Life and Works of Michele Savonarola

Michele Savonarola's precise date of birth is unknown, although scholars point to 1385 as the likely year.¹³ We know he was born in Padua to a family that made its fortune in the wool trade. Giovanni, his father, called a *lanarius* (wool trader) in the surviving documents, travels as far as Apulia and invests his capital in land tenures and business activity. Giovanni's links with men of the Carrara court, the chancellery, and the University of Padua help to shed some light on Michele's early education. His relationship with the well-known humanist Giovanni Conversini (1343–1408), who perhaps had the young Michele among his private pupils,¹⁴ is

12. For the historical context of the *MM*, see the section in this Introduction on "Gynecology and Midwifery in the Middle Ages," at 15–20.

13. The following biographical sketch and discussion of Savonarola's work mainly draws on information collected at the turn of the twentieth century by Antonio Segarizzi, *Della vita e delle opere di Michele Savonarola, medico padovano del secolo XV* (Padua: Gallina, 1900), and more recently by 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): 45–102; and Antonio Samaritani, "Michele Savonarola riformatore cattolico nella corte estense a metà del secolo XV," *Atti e memorie della deputazione provinciale ferrarese di storia patria* 3, no. 22 (1976): 44–85. Lynn Thorndike discusses some aspects of Savonarola's scientific thought in chapter 46, "Michael Savonarola," in *A History of Magic and Experimental Science* (New York: Columbia University Press, 1934), 4:183–214. The outline of Savonarola's unique bilingual production along the lines of the Pseudo-Aristotelian *Secretum secretorum* is based on Jole Agrimi's early insight and on subsequent work on Savonarola by Chiara Crisciani and Gabriella Zuccolin; see Agrimi, review of Michele Savonarola, *Libreto de tute le cosse che se magnano: Un'opera di dietetica del secolo XV*, ed. Jane Nystedt (Stockholm: Gotab, 1982), in *Aevum* 58 (1984): 358–65; Crisciani, "Historia ed exempla: Storia e storie in alcuni testi di Michele Savonarola," in *Il principe e la storia: Atti del Convegno, Scandiano, 18–20 settembre 2003*, ed. Tina Matarrese and Cristina Montagnani (Novara: Interlinea, 2005), 53–68; Crisciani, "Histories, Stories, Exempla, and 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: MIT Press, 2005), 297–324; Crisciani, "Michele Savonarola medico: Tra università e corte, tra latino e volgare," in *Filosofia in volgare nel Medioevo: Atti del Convegno della Società italiana per lo studio del pensiero medievale (S.I.S.P.M.), Lecce, 27–29 settembre 2002*, ed. Nadia Bray and Loris Sturlese (Louvain-la-Neuve: Fédération internationale des instituts d'études médiévales, 2003), 433–49; and Zuccolin, *Michele Savonarola "medico humano": Fisiognomica, etica e religione alla corte estense* (Bari: Edizioni di Pagina, 2018). For further bibliography, see Crisciani and Zuccolin, eds., *Michele Savonarola: Medicina e cultura di corte* (Florence: SISMEL, Edizioni del Galluzzo, 2011).

14. Savonarola's choice of opening his treatise on gout, *De gotta* (see *Works by Michele Savonarola*, #11) with a story about "A Spider and the Gout" (a story of Horatian origin, later developed by Petrarch and

likely at the root of the future physician's pedagogical interests, observed in the whole of Savonarola's work.¹⁵ The educational values that underpin his medical texts and, rejecting medieval practices, adopt the gentler methods of Quintilian—the irreplaceable role of parents, the insistence on the persuasive qualities of the teacher—are shaped by the pedagogical theories advanced by the humanists Pier Paolo Vergerio (1370–1444), Guarino Veronese (1374–1460), and Vittorino da Feltre (1378–1466), all former students of Giovanni Coversini.¹⁶

Savonarola enrolled in the faculty of Arts and Medicine of the University of Padua, which was then in its heyday, enlisting some of the most distinguished professors of the day, and graduated in 1413, having studied with, among others, Giacomo della Torre da Forlì, Galeazzo Santasofia, and Blasius of Parma (who taught philosophy and astrology until 1411).¹⁷ He appears to have been tied less to these primarily theoretical authors, however, than to Antonio Cermisone, a model of extraordinary practical ability and professional creativity, who is affectionately recalled countless times in his medical works with such titles as “excellent teacher” and “father” par excellence (*praeceptor splendidus* and *pater*).¹⁸ Savonarola could not have studied with the thirteenth-century professor Peter of Abano (ca. 1250–1315), but he frequently cites the latter's *Conciliator differentiarum quae inter philosophos et medicos versantur*, the fundamental text on which Savonarola bases his theoretical knowledge of medicine. Nor did he did meet the much younger Niccolò Leonicensis (1428–1524) who, unlike Savonarola, reacted

then by Giovanni Conversini) might be in itself another small confirmation of a tight relation between the two, beyond confirming the physician's wide variety of literary interest. See Riccardo Gualdo, “Le cure e i bagni del principe nelle opere di Michele Savonarola,” in *Gli umanisti e le terme: Atti del convegno internazionale di studio, Lecce, Santa Cesarea Terme, 23–25 maggio 2002*, ed. Paola Andrioli Nemola, Olga Silvana Casale, and Paolo Viti (Lecce: Conte, 2004), 196.

15. A further note on pedagogy: Savonarola's exceptional—for his time—long life (he died aged eighty-one in 1466) also allowed him to oversee the early education of his famous grandchild Girolamo Savonarola (1452–1498), with whom Michele shared the family house in Ferrara for fourteen years. See Roberto Ridolfi, *Vita di Girolamo Savonarola*, 6th ed. (Florence: Le Lettere, 1997), 3–4.

16. Savonarola later lived in Ferrara in the same years as Guarino's residence there, but the relationship between the two, although marked by the humanist's high opinion of the Paduan physician, was superficial. For the humanist educational program, see *Humanist Educational Treatises*, ed. and trans. Craig Kallendorf (Cambridge, MA: Harvard University Press, 2002), which includes a translation of Vergerio's *De ingenius moribus* at 2–91, as well as pedagogical works by humanists Leonardo Bruni, Aeneas Sylvius Piccolomini, and Battista Guarino, son of Guarino Veronese.

17. For Savonarola's Paduan masters, see his encomium of Padua, the *Libellus de magnificis ornamentis regie civitatis Paduae* (see *Works by Michele Savonarola*, #18), at 25–29, 33, 37, 40, 43.

18. The lessons of Antonio Cermisone—whose *Consilia* (especially the *Consilium contra pestilentia*) Savonarola regularly referenced and whose medical expertise he often placed before that of the great master Avicenna—were largely delivered outside the classroom. Cermisone taught Savonarola by way of example, practice and live discussion of professional and deontological medical issues. Cermisone only began to teach at the university in 1413, the year Savonarola took his medical degree.

against astrology and the dominance of Avicenna, turning instead to Hippocrates. Savonarola never was, as Leonicensis would be, a “physician-philologist,” someone who set out a new method of scientific research.¹⁹

At Padua, Savonarola absorbed a tradition of medical learning which was both practical and formed by a naturalistic understanding of science averse to logical interests. At the same time, he developed profound links with Paduan humanism, the culture of rhetoric and the liberal arts. His work depicts, in fact, the complex totality of the Paduan dialectic of humanism on the one hand and medical and philosophical thought on the other.²⁰

After finishing his studies, Savonarola practiced medicine in Padua for some twenty years, during which his professional skill won him fame and distinguished clients, before returning to the university in 1433 for a brief stint as a professor. During the years when he was primarily a practitioner, he not only concerned himself with social diseases, such as plague or fevers, which affected a large population, but also displayed the commercial mindset he shared with his father and others of his family.²¹ In his *Practica maior (Great Compendium of Practical Medicine)*, for instance, Savonarola declares that a treatment is to be preferred to the extent that it

19. For the Italian philosopher, astrologer and physician Peter of Abano, see Jean-Patrice Boudet, Franck Collard, and Nicolas Weill-Parrot, eds., *Médecine, astrologie et magie entre Moyen Âge et Renaissance: Autour de Pietro d'Abano* (Florence: SISMEL, Edizioni del Galluzzo, 2013). Leonicensis, the prototype of the “medical humanist,” was one of the first Renaissance scholars to apply humanistic philology and ideological criticism to ancient medical texts. See the bibliography listed in Paul F. Grendler, *The Universities of the Italian Renaissance* (Baltimore, MD: Johns Hopkins University Press, 2002), 324.

20. His friend Sicco Polenton praises him with these words: *diligentiam laudo tuam quod non, utique plerique solent, Galieno et Avicene solum, sed, cum datur otium, antiquitati, eloquentiae ac omni virtuti studes. Legisti enim apud Ciceronem, puto, eum qui nesciat historias puerum semper esse* (“I praise your diligence because you do not apply yourself only to Galen and Avicenna, as many do, but you also commit yourself to the study of antiquity, eloquence, and every moral virtue, in your leisure time. I believe you read in Cicero that he who does not know history, always remains a child”). Sicco Polenton, *La Catina, le orazioni e le epistole di Sicco Polenton*, ed. Arnaldo Segarizzi (Bergamo: Istituto italiano d'arti grafiche, 1899), letter #19, at 119.

21. Savonarola pairs the teaching and practice of medicine with the same business his brothers were pursuing. They continued to boost the father's activity in wool trade and increased the real estate of the family. Savonarola, too, invested in lands and houses, joined the wool guild, and practiced money-lending. The social investment of Savonarola's family seems to mirror the same pragmatic attitude as does its economic activity: Michele is a doctor, his brother Niccolò is a lawyer, and his other brother Ludovico is *doctor in Sacra Pagina* (master of sacred theology). It is hard to imagine a more effective ascent towards the intellectual aristocracy of the city than this safe stance of the three Savonarola brothers towards the three faculties of the University of Padua.

guarantees *magnum introitum* (greater income) and that the practice of medicine aims to achieve *lucrum et gratiam* (profit and favor).²²

After a full career in Padua as a practicing physician and professor, Savonarola pursued a further one at the court of Ferrara under the patronage of the Este rulers. In September 1440, he was called to Ferrara by the Marquis Niccolò III of Este (who would die a year later) as court physician, a position held until then by Ugo Benzi. In September 1439, even before Savonarola arrived in Ferrara, Guarino Veronese had commended the physician's scientific and professional cordiality and dedication.²³ On January 28, 1443, Leonello of Este, illegitimate son of Niccolò and the new marquis of Ferrara (until his sudden death in October 1450), conferred Ferrararese citizenship on Savonarola and all his descendants, asserting once again the physician's scientific excellence, trustworthiness and piety. In June 1450, in order to preserve the health of a by then elderly Savonarola, he restricted the latter's service as court physician to his own care and that of his close relatives; at the same time, he assigned to Savonarola some fiscal proceeds (the so-called "tenths") of the village of Sant'Elena, located near Rovigo between Padua and Ferrara. In conferring the donation certificate upon him, Leonello recalls why his father Niccolò had called Savonarola a decade earlier: "he greatly honored medical science by his exceptional intelligence, his foresight and skill in caring for human bodies, and by the many volumes and books he wrote,"²⁴ words testifying that the fame the court physician possessed was based on a sound scientific production as well as on his professional skill and human qualities.

In 1452, Savonarola formally requested Pope Nicholas V (1447–1455) to allow him to enter the Gerosolimitan Order, an unusual request made because he had a wife and children (eight of them!), which should have prevented him from taking vows. At the end of the same year, after having obtained the papal dispensation from vows and the concession of wearing the habit, Savonarola also obtained from the pope the right to dispose of his property in a will. In 1461, Borso of Este, another illegitimate son of Niccolò, younger brother of Leonello and new marquis of Ferrara, granted Savonarola the rich fief of Medelana. It should be remembered that Savonarola was also a businessman, and that he had been called to Ferrara for these skills as well as for the professional and scientific credentials as a physician and renowned university professor. At court he served more as a banker than as

22. Michele Savonarola, *Practica maior* (Venice: Giunta, 1559), for example at fols.142r and 247v. For other editions, including the 1479 *editio princeps*, see *Works by Michele Savonarola*, #6.

23. In a letter addressed to Count Ludovico of San Bonifacio, Guarino wrote: "Humanity and graciousness dwells in him" (*is est humanitatis et urbanitatis hospitium*). Guarino Veronese, *Epistolario di Guarino Veronese*, ed. Remigio Sabbadini (Venice: A spese della Società [di storia veneta], 1915–1919), 2 (1916): 362.

24. Quoted in Segarizzi, *Della vita e delle opere di Michele Savonarola*, at 11–12: *suo ingegno singolari, sua in curandis humanis corporibus providentia et arte, suisque voluminibus et libris, quos plures condidit, medicine disciplinam maxime illustravit*. The English translation in the text is the editor's.

a doctor: he performed the first function throughout his stay in Ferrara, together perhaps with teaching,²⁵ whereas he abandoned the second just ten years after his arrival in the city. It has been suggested that the Este donations were granted in recognition of his fiscal services more than for his professional and academic achievements. Apparently Savonarola was called to Ferrara both because of his scientific prestige and because of his commercial skills and interests—for, as it seems, the austere and pious physician was open to the pursuit of personal profit. It is likely that the Este repaid Savonarola for the hefty loans he made them with land assets offering a lower return.

Savonarola's last years were dedicated to writing, his literary activity no doubt intensifying in response to the dynamics of the court environment. His date of death is as uncertain as that of his birth but it can be placed with some precision between March 8 and July 28, 1466.

The thirty-one works that constitute Savonarola's textual production are presented under the heading *Works by Michele Savonarola* that forms the first section of this volume's Bibliography. The works, numbered consecutively, are divided into five sections detailing medical works composed in Padua; medical works composed in Ferrara; and, also composed in Ferrara, historical works, courtly works, and religious works. For each work, full references to manuscripts or first editions are provided together with a concise alphabetical listing by author and date of the most relevant secondary literature (fully referenced in the general bibliography). Also indicated are the addressees of the works, where present, and the language chosen by Savonarola, signalled by the letter L for Latin and V for Vernacular. Some treatises bearing Latin titles were in fact written in the vernacular.

The kaleidoscopic spectrum of Savonarola's work illustrates three features of fifteenth-century medicine. The first is the growing importance, inside and outside universities, of practical medicine and the consequent development of "practical" medical genres—health regimens, advice (presented in *consilia*), collections of medical recipes, and monographic treatises on such matters as thermal baths, on food, on poisons, etc. The second is the development of courtly medicine, requiring increasingly diverse competencies, including in the related disciplines of astrology, alchemy and physiognomy, as well as politics and history. The third, not the least of these, is the increasing number of vernacular translations of medical and scientific texts and of works composed directly in the vernacular.

It is striking that Savonarola's production changes notably in quantity and quality when he moves from Padua to Ferrara in 1440, and thus from a strictly

25. Samaritani, "Michele Savonarola riformatore cattolico," 40, reports that Savonarola's university activity at Ferrara is documented, as promoter of degrees, from April 6, 1446 to January 20, 1466. This does not in itself imply that Savonarola has actually also taught up to this date, but it indicates that his presence at the medical faculty in Ferrara does not end after 1450, which is the date given by Segarizzi in his biography, *Della vita e delle opere di Michele Savonarola*.

academic context to a courtly one. In Padua, he composed medical treatises exclusively written in Latin; in Ferrara, he composed works written in Latin, or in double redaction (in both Latin and the Italian vernacular), or solely in the vernacular (which often deal not only with medical, but also with historical, ethical, political and religious subjects). Composing Latin and vernacular redactions of the same work was not unusual in Italy at the time, nor was it uncharacteristic for Savonarola. Setting aside the double redactions (*Works by Michele Savonarola*, ##7 and 20), many of Savonarola's vernacular works—for example, to consider medical subjects only, the *Mother's Manual* itself, as well as the texts on plague, gout, and dietetics (##13, 9, 11, and 12 respectively)—have in fact a Latin counterpart among his academic works. Several of Savonarola's moral and political writings, as well, testify to his bilingual approach. Savonarola's bilingualism means that the author becomes, in a sense, a translator, a compiler, a commentator on himself, giving the historian a wonderful perspective on the transmission of knowledge and the relation between different languages and types of sources and audiences within the mind of a single individual.

The analysis to be presented in this volume of Savonarola's vernacular *Mother's Manual* will tangentially examine the corresponding Latin chapter on gynecological topics in Savonarola's *Practica maior*, the source from which Savonarola draws for the vernacular work. But the complex intertwinings of the Latin and the vernacular in Savonarola's bilingual production, and the possibilities of comparison within it, are not limited to this specific work. Simultaneously interrogating Latin and vernacular textual traditions is essential, as will be seen, for a thorough analysis of the pedagogic project for the court modeled by Savonarola in all of his Ferrarese works.

The growing prominence, noted earlier, that was given to the practical purposes of medicine resulted in a broadened audience for Savonarola's work, one not exclusively academic. In many of his treatises, not only those medical in nature, he addressed the Este princes along with the nobles and citizens of Ferrara, thus presenting a unified pedagogical program that transcended traditional disciplinary boundaries. It is true that Savonarola's Latin medical treatises, more valued apparently by posterity than his other literary products, were quickly printed and reprinted (see *Works by Michele Savonarola* ##2, 3, 4, 6, and 10 for multiple incunables and sixteenth-century editions), while his writings on social, moral, and political matters survive in unique manuscript dedication copies for the Este patrons. Yet these latter, constituting the bulk of Savonarola's Ferrarese writings from 1440 onwards, must not be ignored: for they constitute a set of instructions on good governance for his Este patrons—in effect, an extensive *speculum principis*, or “mirror for princes,” as the medieval genre of advice-books for rulers was called. And it is no coincidence that these works were created in a chronological order corresponding to the order of subjects of the Pseudo-Aristotelian *Secretum secretorum* (*Secret of Secrets*), “the best known of that large family of works in which the man of the

study takes upon himself the task of telling the man of affairs what he should do.”²⁶ Of course, Savonarola’s pedagogical program for the Este court is also influenced by contemporary humanism and interwoven with religious discussions that are unrelated to the *Secretum*. Still, the similarity between the topics addressed in this ancient work and the subjects of many of Savonarola’s treatises is striking—an impression reinforced by Savonarola’s frequent quotation of the *Secretum*.²⁷

A brief summary follows of some of the correspondences between the *Secretum secretorum* and Savonarola’s works. The first book of the *Secretum* deals with the moral and political education of the prince, while Savonarola devoted four of his Ferrarese works to this subject (see *Works by Michele Savonarola*, ##20, 21, 22, and 23). Of these, two (##21 and 23) are composed in Latin; a third (#22), expressly critical of courtly vices and misbehavior, in the vernacular; and the fourth and most important work (#20), in double redaction.²⁸

26. Robert Steele, Introduction to his edition of Roger Bacon, *Secretum secretorum cum glossis et notulis* (Oxford: Clarendon Press, 1920), ix. On the circulation of this popular work, allegedly written by Aristotle to advise Alexander the Great on a number of matters related to good government (actually a kind of encyclopaedic *speculum principis* of Arabic origins compiled around the ninth century), see Mario Grinashi, “La diffusion du ‘*Secretum secretorum*’ (‘Sirr-al’arsār’) dans l’Europe Occidentale,” *Archives d’histoire doctrinale et littéraire du Moyen Âge* 47 (1981): 7–69; Agostino Paravicini Bagliani, *Medicina e scienze della natura alla corte dei Papi nel Duecento* (Spoleto: CISAM [Centro Italiano di studi sull’alto Medioevo], 1991); Stefano Rapisarda, “Appunti sulla circolazione del ‘*Secretum secretorum*’ in Italia,” in Gualdo, *Le parole della scienza*, 87–105; Steven J. Williams, “The Early Circulation of the Pseudo-Aristotelian ‘Secret of Secrets’ in the West: The Papal and Imperial Courts,” *Micrologus* 2 (1994): 127–44, reprinted in Williams, ed., *The “Secret of Secrets”: The Scholarly Career of a Pseudo-Aristotelian Text in the Latin Middle Ages* (Ann Arbor: University of Michigan Press, 2003), 109–40; Williams, “Giving Advice and Taking It: The Reception by Rulers of the Pseudo-Aristotelian ‘*Secretum Secretorum*’ as a ‘*Speculum Principis*,’” in *Consilium: Teorie e pratiche del consigliare nella cultura medievale*, ed. Carla Casagrande, Chiara Crisciani, and Silvana Vecchio (Florence: SISMEL, Edizioni del Galluzzo, 2004), 139–56; and Williams, “The Vernacular Tradition of the Pseudo-Aristotelian ‘Secret of Secrets’ in the Middle Ages: Translations, Manuscripts, Readers,” in *Filosofia in volgare nel Medioevo: Atti del Convegno della Società italiana per lo studio del pensiero medievale (S.I.S.P.M.), Lecce, 27–29 settembre 2002*, ed. Nadia Bray and Loris Sturlese (Louvain-la-Neuve: Fédération internationale des instituts d’études médiévales, 2003), 451–82. These contributions show how the *Secretum* circulated in the Latin West responding to scientific and philosophical interests common to both the papal and the imperial courts of Frederick II. In northern Italy, manuscript copies of the *Secretum* were owned by the cities of Padua, Mantua, Bologna, Milan, Venice as well as Ferrara. These studies also show that selective Italian translations of the text (privileging the scientific, dietary and practical parts rather than the philosophical ones) were more successful than complete versions. Finally, the set of interpolations present in hundreds of manuscripts of the *Secretum* suggest that parts of it were circulated even as single sheets.

27. For exact quotes from Savonarola’s texts, and the presence of the *Secretum* in medieval inventories of the Este library, see Zuccolin, *Michele Savonarola “medico humano,”* 79–90.

28. This last work, *Del felice progresso di Borso d’Este/De felici progressu* [. . .] *Borsii Estensis*, develops and molds together the typical themes of the prince’s journey toward knowledge and virtue, and the

The second book of the *Secretum* is recognized as a classic *regimen sanitatis* (rules for health), which attempts to regulate the so-called “six non-natural things,”²⁹ accompanied by a list of illnesses and cures concerning the head, eyes, chest and male genitals. Many of Savonarola’s works address the same matters, constituting in effect a series of *regimina sanitatis*: one, the *Mother’s Manual*, intended for pregnant women, wet nurses and children (in the vernacular); one for people affected by plague (in double redaction); one for those suffering from gout (in the vernacular); one focused on dietetics (in the vernacular).³⁰ As for the *Secretum*’s section on illnesses and cures, the entire *Practica maior* of Savonarola, listing diseases from head to toe and including a classic *regimen sanitatis*, performs the same function.³¹ Also worth mentioning, although different in genre, is Savonarola’s massive Latin *De balneis* arguing the therapeutic role of thermal baths, both for healthy or unhealthy individuals.³²

pedagogy of good government: it consists of a *speculum principis* paired with an historical chronicle, one *laudatio urbis* (encomium of the city), and one *disputatio artium* (competition between the arts). See *Works by Michele Savonarola*, #20, for the manuscript preserving the Latin version of the text and for the modern edition of the vernacular version. See also Maria Aurelia Mastronardi, “. . . Redeunt Saturnia regna: Città ideale ed età dell’oro nella Ferrara estense,” *Annali della facoltà di lettere e filosofia dell’Università degli studi della Basilicata* 8 (1998): 153–81; Zuccolin, Michele Savonarola “*medico humano*,” and Zuccolin, “Princely Virtues in ‘De felici progressu,’” for a comparison between the set of princely virtues proposed by Thomas Aquinas and Giles of Rome and that developed by Savonarola.

29. On medieval health regimens, see Pedro Gil-Sotres, “Els ‘*regimina sanitatis*,’” in Arnaldus de Villanova, *Regimen sanitatis ad regem Aragonum*, ed. Luis García Ballester, Juan A. Paniagua, and Michael R. McVaugh (Barcelona: Publicacions i edicions de la Universitat de Barcelona, 1996), 17–110; and Marilyn Nicoud, *Les régimes de santé au Moyen Âge: Naissance et diffusion d’une écriture médicale en Italie et en France, XIIIe–XVe siècle* (Rome: École Française de Rome, 2007). The so-called *res non naturales*, or “non-natural things,” are a Galenic set of physiological, psychological, and environmental conditions held to affect health (the quality of air and places, exercise and rest, sleep and waking, food and drink, excretion and repletion, and the passions of the mind). This category must be understood in relation to the categories of the naturals (*res naturales*) and the unnaturals (*res contra naturam*), which refer to innate human physiology and anatomy, and to diseases respectively. On the non-naturals, see Luis García Ballester, “On the Origin of the ‘Six Non-Natural Things’ in Galen,” in *Galen und das hellenistische Erbe: Verhandlungen des IV. Internationalen Galen-Symposiums veranstaltet vom Institut für Geschichte der Medizin am Bereich Medizin (Charité) der Humboldt-Universität zu Berlin 18.–20. September 1989*, ed. Jutta Kollesch and Diethard Nickel (Stuttgart: Franz Steiner, 1993), 105–15; Saul Jarcho, “Galen’s Six Non-Naturals: A Bibliographic Note and Translation,” *Bulletin of the History of Medicine* 44 (1970): 372–77; and Leland J. Rather, “The ‘Six Things Non-Naturals’: A Note on the Origins and Fate of a Doctrine and a Phrase,” *Clio medica* 3 (1968): 3373–47.

30. See *Works by Michele Savonarola*, ## 13, 9, 11, and 12 respectively.

31. See *Works by Michele Savonarola*, #6, for multiple editions.

32. As was the case for the *Practica maior*, this work on thermal baths was an editorial success (see *Works by Michele Savonarola*, #10, for the *editio princeps*, many other sixteenth-century editions, and the first critical edition), and gained the first position in the well-known 1553 collection of thermal works *De balneis omnia quae extant* (Venice: Giunta, 1553).

The third book of the *Secretum* deals with alchemy, positing the harmonious correspondence between stars, planets, vegetables, minerals, animals, and man himself. Corresponding to this text is Savonarola's treatise on the marvellous virtues of grape-spirit (seen as the quintessence, the elixir of long-life, the result of the alchemical process of distillation of terrestrial elements endowed with celestial virtues), likely to appeal to noblemen and rulers interested in the mysterious art of alchemy.³³

The last book of the *Secretum* focuses on astrological physiognomy, a subject Savonarola addresses in one of his most interesting and still unpublished treatises, the *Speculum physionomie* (*Mirror of Physiognomy*): a Latin work filled with vernacular quotations from the astrologer Cecco d'Ascoli's encyclopedic poem *Acerba*.³⁴ Savonarola presents physiognomy as a kind of knowledge that is not only useful as an "art of good government" but also as philosophical and civic ethics, a science of human passions in their complex relationship to vice and virtue. The treatise emphasizes the social role of the physician, one that Savonarola performs in giving advice to the prince on childrearing and on choosing ministers, faithful counselors, and reliable servants. He performs this role as well in offering advice that might be called eugenic: the choice of the best wife to guarantee the birth of healthy and possibly male offspring; sexual advice on the best time and methods of coitus; and how to model and shape the newborn's cranium so as to improve the infant's intellectual capacities.

In addition to the works surveyed that correspond to the themes of the *Secretum*, mention should also be made of Savonarola's well-known history of Padua (in Latin); the unfortunately lost work on the history of Ferrara (in the vernacular, judging by the surviving title);³⁵ and his many devotional and pastoral works. In this last category are two vernacular texts of instructions for a good Christian confession, one addressed to noblemen, and the other to the Carthusian monks of Ferrara. It must be viewed as highly unusual (perhaps even audacious?) that a layman, indeed a physician, presumes to instruct religious men on their confessorial duties!³⁶

Evidently, the *Secretum secretorum* provided Savonarola with a template of topics that should be addressed by the physician advisor to a prince. Savonarola, of course, is not the only one to understand his role as court physician along those lines. Although he may be considered "an atypical Renaissance physician" as does

33. See *Works by Michele Savonarola*, #7.

34. See *Works by Michele Savonarola*, #8, and related bibliography. Scholars have not agreed on the meaning of the title *Acerba*, which if derived from the Latin *acerbus* might mean "a collection of unripe things"; but if from *acerva*, "collection" or "miscellany."

35. See *Works by Michele Savonarola*, ##18 and 19.

36. See in the Bibliography the entire fifth section (on *Religious Works*) of the *Works by Michele Savonarola*, especially ##28 and 29.

Ynez V. O'Neill,³⁷ given the wide range of topics, literary genres, and large number of works that Savonarola wrote, in a deeper sense he is a *typical* representative of a new profession, spreading in Italy, it seems, before the rest of Europe: the court physician.³⁸ Recognizing the importance of this new type is essential for a correct assessment both of late medieval medicine and the court as a non-academic site of culture. The prominence of the court physician, furthermore, undermines the now outdated assumption of an irreconcilable dichotomy between scholasticism and humanism.³⁹ Indeed, academic physicians in this period, though trained in scholastic disciplines, often engaged in the broader humanist culture. Savonarola's connections with famous humanist educators, as has been seen, may explain his interest in pedagogical problems. Moreover, physicians conceived of medicine as a science containing everything needed to promote human well-being, including political advice, especially if the subject of their care was the prince.⁴⁰ Court physicians emerged, in short, as a new type of professional figure entrusted with a diverse set of responsibilities that were not confined to matters of a medical nature; for they also functioned as political counselors, reliable diplomats, financial advisors, and conscientious tutors, capable of guiding others in economic, political, astrological, meteorological, cosmetic, culinary, musical, and, as has been seen, even religious matters.⁴¹

37. See Ynez V. O'Neill, "Giovanni Michele Savonarola: An Atypical Renaissance Practitioner," *Clio Medica* 10 (1975): 177–93.

38. Among recent studies see Elisa Andretta and Marilyn Nicoud, eds., *Être médecin à la cour: Italie, France, Espagne, XIIIe–XVIIIe siècle* (Florence: SISMEL, Edizioni del Galluzzo, 2013); Jean-Patrice Boudet, Martine Ostorero, and Agostino Paravicini Bagliani, eds., *De Frédéric II à Rodolphe II: Astrologie, divination et magie dans les cours, XIIIe–XVIIe siècle* (Florence: SISMEL, Edizioni del Galluzzo, 2017); and Marilyn Nicoud, *Le prince et les médecins: Pensée et pratiques médicales à Milan, 1402–1476* (Rome: École Française de Rome, 2014).

39. That is to say, between a scholastic and a humanist Aristotelianism, and the equally dated and partially misleading assumption of the non-academic nature of the latter kind of Aristotelianism. Among many relevant titles see Luca Bianchi, *Studi sull'aristolismo del Rinascimento* (Padua: Il Poligrafo, 2003); Paul Oskar Kristeller, "Umanesimo e Scolastica a Padova fino al Petrarca," *Medioevo* 11 (1985): 1–18; Charles B. Schmitt, *Aristotle and the Renaissance* (Cambridge, MA: Harvard University Press, 1983); and Schmitt, *La tradizione aristotelica: Fra Italia e Inghilterra* (Naples: Bibliopolis, 1985).

40. Among such court physicians note may be made of Guido Parato, Giovanni Matteo Ferrari da Grado, and Benedetto Reguardati at the Sforza court of Milan; Pantaleone da Confienza in Piedmont for the Savoy; and Ugolino da Montecatini and Pierleone da Spoleto in Medici-ruled Florence.

41. The pedagogic polyvalence of Italian late-medieval physicians was also the result of a series of unique circumstances specific to the Italian context: in Italian universities, differently from elsewhere in Europe, the medical curriculum was unified with the study of the liberal arts in a joint and unique faculty (the faculty of arts and medicine). In Italy, medicine (along with law) became in fact the culmination of secular education, and its curriculum started to incorporate "lay" disciplines such as physiognomy, astrology and alchemy. This allowed learned Italian physicians to master comprehensive philosophical competencies that made them attractive, if not essential, to rulers. The strong alliance

Returning to the *Mother's Manual*, it can now be seen more clearly how and why the main aim of Savonarola in this work—to provide hygienic rules surrounding the act and the function of procreation—blurs into a more pedagogical and moral objective, also offering instructions on the best way to manage family life, emphasizing the need to procreate responsibly and to give each child a good upbringing. By providing a new context for the topic of procreation, no longer confined to medical issues but broached together with more general social, family-oriented and also political concerns, Savonarola the moralist often gets the better of Savonarola the physician, allowing us to read this gynecological-pediatric treatise as a special sort of those *libri della famiglia* that gained huge popularity during the Italian Quattrocento.⁴² In other words, as will be seen, this work serves also as a guide to married life, an aid to women's fertility, a prescription for the responsible management of birth, and a presentation of the best possible care of the newborn.

Gynecology and Midwifery in the Middle Ages

Thanks to recent, pioneering scholarship, much more is known now than even three decades ago about the history of gynecology, midwifery, and medical texts on women's bodies and diseases in the medieval and early modern period.⁴³ Much

between the arts and medicine had an enormous impact on the development of the career of Italian physicians and, from an epistemological perspective, it granted a philosophical status to medicine, which proved to be seminal for the coalescence of Aristotelianism and medical research.

42. Notably, the *Libri della famiglia* (*On the Family*) by Leon Battista Alberti, written around 1430, where the treatment of sexual issues is overloaded with stronger social values, due to the central role assigned to the family microcosm; see the edition of Francesco Furlan (Turin: Einaudi, 1994). Also see the *Booklet on the Pursuit of Good Birth Conditions* studied by Gianfranco Fioravanti: "Un trattato medico di eugenetica: Il 'Libellus de ingenio bonae nativitatis,'" *Mediaevalia* 21 (2002): 89–111.

43. To cite but a few studies: Ron Barkai, *A History of Jewish Gynaecological Texts in the Middle Ages* (Leiden: Brill, 1998); José Pablo Barragán Nieto, editor of Albert the Great [pseud.], *El "De secretis mulierum" atribuido a Alberto Magno: Estudio, edición crítica y traducción* (Porto: Fédération internationale des instituts d'études médiévales, 2012); Chiara Beneduce, *Natural Philosophy and Medicine in John Buridan: With an Edition of Buridan's "Quaestiones de secretis mulierum,"* PhD diss., Radboud Universiteit, Nijmegen (Zutphen: Koninklijke Wöhrmann, 2017); Evelyne Berriot-Salvadore, *Un corps, un destin: La femme dans la médecine de la Renaissance* (Paris: Champion, 1993); Joan Cadden, *Meanings of Sex Difference in the Middle Ages: Medicine, Science and Culture* (Cambridge: Cambridge University Press, 1993); Costanza Gislon Dopfel, Alessandra Foscati, and Charles S. F. Burnett, eds., *Pregnancy and Childbirth in the Premodern World, European and Middle Eastern Cultures, from Late Antiquity to the Renaissance* (Turnhout: Brepols, 2019); Mary E. Fissell, "Introduction: Women, Health, and Healing in Early Modern Europe," *Bulletin of the History of Medicine* 82 (2008): 1–17; Fissell, *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004); Monica H. Green, "Books as a Source of Medical Education for Women in the Middle Ages," *Dynamis* 20 (2000): 331–69; Green, "From 'Diseases of Women' to 'Secrets of Women':