With Benefit of Hindsight: Girolamo Mercuriale and Simone Simoni on Plague

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Summary

Simone Simoni and Girolamo Mercuriale, both Paduan graduates, published their tracts on plague in 1576 and 1577 after they had witnessed plague epidemics in Leipzig and Venice respectively. This essay compares the style of their tracts, the ways in which they attempted to avoid responsibility for what others viewed as their failures, and their interpretations of the theories of Fracastoro on contagious diseases.

Introduction

Plague was ubiquitous in Renaissance Europe. Scarcely a year passed without an outbreak somewhere, and most European city dwellers could expect to face a devastating onslaught in their locality at least once a generation, with minor occurrences every three or four years. By the sixteenth century, continental Europe, led by Italian cities, had developed strategies for coping with plague, notably through the creation of Health Boards, official bodies, some temporary, some permanent, with the power to impose quarantines and intrusive regulations on their community. Medical men might serve as advisers to these Boards, and many took the opportunity to write their own short treatises on plague for the benefit of their fellow citizens and the wider world. Strangely perhaps, these productions have been relatively little studied, despite their numbers and geographical spread. We still lack a census of plague-tracts from the sixteenth century to compare with that of Ernst Zinner

1 Cipolla, 1981.
for medical astrology or with the recent study by John Flood of German writings on the sweating sickness\textsuperscript{2}. An enormous amount of work still remains to be done before we can gain a proper overview of Italian plague tracts, let alone the far more numerous German ones\textsuperscript{3}.

This is not the place to discuss the reasons for this remarkable neglect, but the sheer number of plague tracts cannot be the only one. Given the tendency among older medical historians to concentrate on new developments of significance for the future, one might suggest that they have been disregarded because they represent failures. They did not eliminate plague; save for Fracastoro, they did not develop new theories out of older classical material to allow medicine to progress; and, because they are often packed full with therapeutic advice and lists of remedies, they are hard to assess, not least when, in the eyes of modern epidemiologists, all their remedies would be equally useless. There might even be something to be said for the somewhat eccentric view of Lorenzo Condio, in his *Medicina filosofica contra la Peste*, that, since nothing was likely to work, the best the doctor could do was to prepare the patient’s mind to face whatever the future might bring with equanimity or even optimism and, as every doctor knew, an optimistic expectation of survival might be more effective that a a pessimistic one\textsuperscript{4}.

**Two plague tracts**

It is against this background that I want to consider the plague tracts of two-near contemporaries, both of whom studied at Padua, and went on to careers in courts and universities: Girolamo Mercuriale, who took his degree in 1555, and published his *De Pestilentia* at Venice in 1577; and the less familiar Simone Simoni, who graduated in 1562, and whose *Artificiosa curandae Pestis Methodus* appeared at Leipzig in 1576\textsuperscript{5}. Mercuriale’s treatise was reprinted in Basle later in the same year along with his work on skin diseases, again at Padua in 1580, and at Venice and Leiden in 1601. It is hard to tell whether its presence in the Lyons editions of his *Tractatus vanitii* is owed to its relevance or to his reputation\textsuperscript{6}. Simone’s book, by comparison, was not republished\textsuperscript{7}.

\textsuperscript{2}Zinner, 1964; Flood, 2003.
\textsuperscript{3}Nutton, 2003, pp. 431-437.
\textsuperscript{4}Condio, 1586.
\textsuperscript{5}Mercuriale, 1577; Simoni, 1576. All citations are taken from these two editions.
\textsuperscript{6}Mercuriale, 1618, 1623.
\textsuperscript{7}Mercuriale had a copy of Simoni among the 14 works on plague in his library by 1587, see Agasse 2002-3, p. 221.
Both tracts are relatively short: 136 and 144 pages long respectively, and both are typical in their attention to local detail. But there is an important formal difference between the two. That of Simoni is a plague tract, that of Mercuriale a series of lectures taken down by an auditor, Girolamo Zaccho. Other earlier writers had discussed plague within their general lectures on Galen, Avicenna, or Hippocrates, but this specialist production may well be unique, and exemplifies Mercuriale’s method of lecturing on specific categories of diseases. Clearly written, with an appropriate amount of detail and refutation of others, it shows just why he gained such a reputation as a teacher. The Latin is elegant, the organisation easy to follow, and the information neatly expressed. But one is never allowed to forget that this is a scholastic production, a continuation of a past lecture course, and that it is concerned with definitions, clarifications, general principles and theoretical questions. It aims to reconcile apparently divergent texts, whereas Simoni bluntly states his own point of view, and dismisses large parts of the standard discussions of plague as irrelevant to the practical advice he wishes to give.

Two careers

Both men enjoyed considerable success as doctors, albeit on different sides of the religious divide. Mercuriale was the more conventional, treating a Holy Roman Emperor and the Pope, and held chairs at the three most famous Italian medical schools, Padua, Bologna, and Pisa. Simoni, by contrast, was a far from orthodox evangelical, forced to flee from Geneva as well as from Italy, and employed as a court doctor successively to the protestant Elector of Saxony, the Polish King and the Catholic bishop of Olomouc. Wherever he went, he was regarded with a degree of suspicion, and even those who wanted to believe well of him were never quite convinced of his sincerity or his trustworthiness. More than once he was suspected of being a spy, although it was never entirely clear on whose behalf. One consequence was that, despite protestations that he wished to return to Italy, he spent almost the whole of his academic life in N. Europe, one of a flamboyant crowd of medical Italian exiles.

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8 He could not finish his earlier lectures on Hippocrates, *Epidemics II*, so did not have the opportunity to talk on ‘pestilential fevers’, Mercuriale, 1577, p. 1.
9 See p. 21, on the meaning of ‘divinum’ in Hippocrates, relevant only to those who were studying the Hippocratic texts; or, p. 39, a list of questions about fomites.
But Mercuriale and Simoni are linked together by more than a shared Italian heritage. Their plague tracts can both be interpreted as an elaborate defence of their author’s involvement in an epidemiological disaster, for both Simoni and Mercuriale were witnesses to a major outbreak of plague. Simoni was accused of doing little to help the citizens of Leipzig in 1575, and to have judiciously left the city to avoid catching the plague, a minor misdemeanor compared with that of Mercuriale and his Paduan colleague, Capodivacco, who were regarded as directly responsible for one of the most devastating outbreaks of plague ever in Venice\(^{12}\). Their refusal in 1576 to call a plague a plague and impose a quarantine on the city, with all its attendant financial economic and social costs, may well have allowed plague to rage to a much greater extent that it had for decades. Their own movements, and those of their staff, seemed to critics more likely to spread the disease than contain it\(^{13}\). These two plague tracts, composed in the immediate aftermath of the disease, can thus be interpreted as a wider justification for the behaviour of their authors.

**Plague in Leipzig**

In Leipzig, in 1575 all economic life came to a halt. The university quickly emptied of students, and the Duke and his court fled to the country\(^{14}\). Simoni’s plague tract, which he wrote in the first days of August, could not be printed because the printers refused to come into their workshops\(^{15}\). Sufferers were shut up in their houses, attended by fearful friends and family, or by no-one. The town surgeons did their best, but, claims Simoni, the credit for ending the plague was owed to the mayor Hieronymus Rauscher, who banned public assemblies and instituted firm measures of plague control, on the Italian model\(^{16}\). But Leipzig was relatively lucky in 1575; the plague buboes were less nasty than usual, being merely ‘pestilential swellings’, and more people recovered after their swellings had been opened up by the surgeon’s knife than in many other outbreaks\(^{17}\). Leipzig survived, but belief in the medical profession had taken a battering.

\(^{12}\) Ludwig, 1909; for Venice, Rodenwaldt, 1952; Preto, 1978; Preto et al., 1979. English readers have to seek out Palmer, 1978, a copy of which is in the Wellcome Library.

\(^{13}\) Palmer, 1978, pp. 253-254. See also Preto et al. 1979, pp. 123-140.

\(^{14}\) Ludwig, 1909, pp. 237-238.

\(^{15}\) Ivi, p. 236; Simoni, 1576, sig. A4r.


\(^{17}\) Simoni, 1576, p. 54.
Some people were simply fatalistic, arguing that plague could not be cured by human intervention: it was the result of the weaknesses of nature, that instrument of the divine creator, who could choose to punish the wicked for their sins as he wished. Others no longer trusted the orthodox practitioners; their doctors had failed, or had taken too long to provide a cure\textsuperscript{18}. Mayor Rauscher was furious that the university doctors had done nothing themselves, but had left everything to the humbler surgeons. He was perhaps being unfair, since, with one exception, all their households were affected by plague\textsuperscript{19}. The exception was Simoni. In his tract he claims that he had tried to join forces with the surgeons, but was compelled to leave when the Duke demanded his presence in Dresden. The Saxon archives tell a slightly different story\textsuperscript{20}. Simoni left in mid-August, not for Dresden, but for the mountain town of Annaberg, allegedly to attend a Moravian nobleman, and it was at Annaberg that he received the summons from the Duke. Indeed, not until November 1575 did Simoni return to Leipzig and his teaching duties. A request soon after for permission to visit other distant patients was peremptorily refused\textsuperscript{21}.

Simoni’s response in his treatise to the popular rejection of the medical profession is vigorous and, in part, unexpected. Neither Nature nor the art of medicine itself, he argues, is to blame. God the all merciful has provided within nature healing drugs and techniques to alleviate suffering, and it is man’s own weakness that has prevented these remedies from being swiftly and effectively used. Besides, thousands of sufferers have, in fact, been cured by the ministrations of their doctors: they are a living proof of the efficacy of the art. The fault therefore lies not with nature or with medicine as such, but with patients and their doctors as individuals. An old, true and effective medicine has been usurped by charlatans, aided and abetted by patients ever eager for novelty\textsuperscript{22}.

They do not wish to obey the doctor, but to give orders themselves; they are unwilling to follow advice, or, at the very least, they have not the patience to follow a course of treatment through. They want to live for ever, and blame the doctor when they cannot. Above all they are mean, unwilling to pay their doctors properly; when they are in pain, they promise huge sums for recovery, only to forget about their promises as soon as they recover.

\textsuperscript{18} Ivi, sigg. A2r-v.
\textsuperscript{19} Ludwig, 1909, p. 239.
\textsuperscript{20} Simoni, 1576, sig. A4r.
\textsuperscript{21} Ludwig, 1909, pp. 239-241.
\textsuperscript{22} Simoni, 1576, sigg. A2r-3r; p. 4.
They rarely call in a doctor until it is too late: two thirds of those who died, he claimed, would have been saved if they had sought medical advice quickly. But they are too parsimonious: they prefer to have death in the house rather than the doctor.

However, he concedes, the fault does not lie entirely with patients. They cannot be blamed entirely for choosing someone who offers to cure them when others ostensibly better qualified have failed. Quacks, unlearned charlatans, and travelling salesmen, however ignorant and humble, gain supporters precisely because doctors are reputed to be useless, greedy or both. Learned advice is not always easy to follow. Books on how to cure the plague are common, but often they are little more than lists of remedies, useless because they do not explain why or when one should choose one remedy over another. To produce a selection of cures without first explaining the principles behind the therapy is putting the cart before the horse. Other physicians praise drugs carried at great expense from India or America, well beyond the pocket of most patients even if they were easily available. Still worse are those who offer almanachs of astrological cures, setting out exactly what should be done on each day, as if the Angel Raphael had granted Monday a special privilege in fighting the plague, but not Tuesday or Wednesday. These authors are very popular among the lower classes - but one can hardly complain about that if all that physicians do is to produce huge commentaries, filled with a turbulent confusion of advice, impossible to read, let alone understand. No wonder that the followers of ‘good old Paracelsus’, with their instant remedies of mercury and turbith water, have won many patients, even among the patricians of Leipzig. Their successes are trumpeted around, their hundreds of failures conveniently forgotten.

Plague in Venice

Mercuriale’s defence is much more subtle. He emphasises throughout his own great experience, and his ability to diagnose and treat, but he attacks his unnamed opponents only by implication. He rejects the belief of those (particularly in the Health Boards) who claimed that plague was entirely spread by contagion, and he seeks to moderate some of the cruelties of quaranti-

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23 Ibid.; a letter to the Elector of 9 August 1575, summarised by Ludwig, 1909, p. 239.
24 Simoni, 1576, sgg. A2v-3v; p. 21.
25 Mercuriale, 1577, pp. 2-5.
ne\textsuperscript{26}. The burning of bonfires in summer, whether of aromatic woods or the confiscated clothing and furniture from the houses of sufferers, is a waste of time\textsuperscript{27}. The poor, left destitute, are likely to become even more susceptible, and they should be properly looked after. Milan and France, who had done this, were more successful than Venice\textsuperscript{28}. Swift action to clean the streets, close down brothels, ban visitors and the import of goods from infected areas, and, above all, to remove corpses of plague victims well outside the inhabited area, is relatively essential, and was not done soon enough in Venice in 1576\textsuperscript{29}. There is no word here that it was Mercuriale’s reluctance to identify plague as plague that caused the delay, or that his attacks on the contagionist Health Board led to its public humiliation.

Besides, the plague itself could have been much worse: most people did not catch the plague, and ten per cent of those who did survived, unless they were young girls or slaves worked hard\textsuperscript{30}. Numbers of sufferers were small at first, and, as Mercuriale continued to insist, the initial outbreak was not that of plague, since only relatively few people were involved. Only after July 1576, i.e. after Mercuriale’s initial intervention, did the disease change for the worse, in part in response to some very local atmospheric changes\textsuperscript{31}. Until then, the symptoms shown by sufferers were far too varied to lead to any clear diagnosis\textsuperscript{32}. And that, of course, could only be made by an experienced, learned and thoughtful physician, capable of determining precisely what proportion of the plague was spread through contagion, \textit{stricto sensu}, fomites, and bad air.

Mercuriale’s recommendations for the future are typical of the individualist, university trained physician, for whom restoring the body’s balance is the prime task. Moderation in all things is his watchword - in eating, controlling the emotions, and preferring fruit juices to heavy wine. Bleeding might work, if judiciously applied, but not cautery, and diet is, on the whole, superior to drugs\textsuperscript{33}. The air can change from area to area, which explains

\textsuperscript{26} Ibid., pp. 35, 47, 74-77. Palmer, 1978, pp. 238-254, provides a commentary from the perspective of the Board.
\textsuperscript{27} Mercuriale, 1577, p. 75.
\textsuperscript{28} Ivi, pp. 74, 78.
\textsuperscript{29} Ivi, pp. 71-76.
\textsuperscript{30} Ivi, pp. 31, 28.
\textsuperscript{31} Ivi, pp. 4, 25, 47; for weather, pp. 14, 18, 26, 54.
\textsuperscript{32} Ivi, p. 31 (noting the very varied appearance of corpses). The abundance of possible premonitory signs, earthquakes, insects, attacks by wolves, etc., p. 16, only increased the difficulty of deciding what disease was likely to occur.
\textsuperscript{33} Ivi, pp. 79-107.
why some suburbs of Padua remained unaffected, and different regions produce different bodies, with different susceptibilities. While advocating public health measures, he makes it clear that they should take place within a context determined by the physician. Simoni shares much of this with Mercuriale, but, while allotting some space to reinforcing the body’s resistance to plague, his concern is overwhelmingly with effective treatment, something that occupies only a few pages in Mercuriale. Simoni’s perspective is clear from his title. He stresses one of the watchwords of the Paduan Galenists, ‘method’, and claims to be offering a ‘artful’, ‘artificiosa’, method of cure. By contrast, the more intellectual Mercuriale hardly mentions the word in his much more theoretical approach.

The relevance of erudition

This difference can be also seen in their use of sources. There is an obvious overlap in their adherence to university Galenism, but there is an equally obvious divergence. Mercuriale’s sources are books from the past, from Greek and Latin historians to the Bible and the Church fathers, down to medieval chronicles and more recent annalists. His readings from the past provide him with essential facts for understanding plague, and allow him to deploy his considerable erudition in collecting relevant data that have been often overlooked. But modern authors are very few, Fernel, Ficino, Fracastoro, and Altomare; he cites directly no contemporary plague tract, and no work on surgery. Tellingly, the most recent book he cites is his own edition of Galen, for a new fragment of his commentary on Epipens 1.

By contrast, Simoni’s sources are much more varied. He sticks very firmly to the doctrine of the four humours derived from the Greeks, notably Hippocrates and Galen, and he regularly cites his classical authorities both to refine the practical advice of medieval authors like Avicenna and Rhazes, and to emphasise that what he is offering is the fruit of a long and successful

34 Ivi, pp. 47, 43, 49.
35 Simoni, 1576, pp. 11-15, 39-46.
36 Mercuriale, 1577, list facing p. 1. For his erudition, Agasse, 2002-3; Mercuriale owned a copy of Simoni, ibid., p. 221.
37 For Fracastoro, see below. He probably used one of the editions of Fernel’s Universa Medicina, Ficino’s Il Consiglio contro la Pesta, and Altomare’s De medecinis Humani Corporis Malis, Venice, M. de Maria, 1558. For Ficino and Fernel, see Hiro, 2005.
38 Ivi, p. 103, referring to Galen, 1576.
tradition of healing\textsuperscript{39}. His favourite modern authors stand in the same humoral tradition: the Frenchmen Fernel and Houllier, the Italians Manardi, Mondella, and Fracastoro, and the German Johannes Lange\textsuperscript{40}. Unusually for a work in Latin, Simoni quotes several passages from a German author, ‘a dear friend and a respectable scholar’, not only giving the names of some drugs in German but also quoting some larger passages, although he rejects his advice that the patient should stay warm in bed\textsuperscript{41}. Simoni’s surgery, too, is dependent on the new humanists, on Guido Guidi, Tagault and, above all, his Paduan teacher, Gabriele Falloppia\textsuperscript{42}. This is learning, but it is of a very different sort from that of Mercuriale.

\textit{Reactions to Fracastoro}

Although both scholars were trained in the same way, and display many of the typical attitudes of a university physician, they differ considerably from one another over their reaction to the Veronese physician, Girolamo Fracastoro. Both men are lavish in their praise of Fracastoro’s \textit{Contagion and contagious Diseases}, but their interpretations of what Fracastoro had said reveal substantial divergences. Fracastoro had argued that epidemic diseases like plague or syphilis were produced by ‘seeds’ capable of being transmitted from person to person by contagion. Sometimes this was the result of direct contact, sometimes it was effected through fomites, residual seeds remaining in clothing, furniture or even cups and plates used by the sick, and sometimes through seeds carried along in the atmosphere, and poisoning the air. Each disease had its own particular seed, with its own specific properties. This seed might be produced within a victim’s body, by putrefaction, but, more often, it was transmitted in a variety of ways from person to person\textsuperscript{43}. By the 1570s, Fracastoro’s ideas had become well known, at least in Italy; most writers

\textsuperscript{39} Avicenna, Simoni, 1576, pp. 5,6,7,11; Rhazes, p. 5.
\textsuperscript{40} In Simoni, 1576, Fernel, ivi, pp. 4, 7-9, 12, 14, 15; Houillier, pp. 27, 39, 55; Manardi, pp. 18-20, 43; Mondella, pp. 18, 46, 62; Fracastoro, pp. 8, 12, 15, 16, 26; Lange, pp. 10, 47.
\textsuperscript{41} Ivi, pp. 25-26. I have so far been unable to identify this author. He may have been a local author, since the relevant passage does not feature among the 68 plague tractates owned by Simoni’s contemporary, Georg Palma of Nuremberg, see the list in König, 1961, pp. 98-102. I have checked all Palma’s German texts against copies in the Wellcome Library or the British Library.
\textsuperscript{42} In Simoni, 1576, Guidi, pp. 1, 5, 47; Tagault, p. 53; Falloppia, pp. 15, 46, 52, 105, 135.
\textsuperscript{43} Fracastoro, 1546. In general, see Pastore, Peruzzi, 2006; and, on the production of seeds, pp. 57-72, 245-260; Pantin, 2005.
on plague cited him, or used his striking vocabulary, even if they still preferred to think in terms of theories of air-borne pollution\textsuperscript{44}.

Both Simoni and Mercuriale are apparently supporters of Fracastoro, but they offer conflicting interpretations of his ideas. Mercuriale, for instance, is lavish in his praise of Fracastoro, and regularly stresses the importance of contagion in spreading plague\textsuperscript{45}. He accepts a hierarchy of transmission in which the direct passage of infected material by contact is the most pernicious, followed by fomites, and, some way behind, by infected air\textsuperscript{46}. He spends several pages discussing fomites, and the ways in which they can be thought to spread the disease, scornfully dismissing those who imagined that the disease could be passed on simply on a thread\textsuperscript{47}. But he rejects Fracastoro’s emphasis on putrefaction, in favour of some type of poison, and follows Fernel’s interpretation far more than that of Fracastoro. Above all, he takes issue with any notion of specificity, emphasising the varied manifestations of plague and pestilential fever\textsuperscript{48}. An individualist explanation for disease is more soundly based, while allowing the true doctor to decide between the relative importance of the three modes of transmission in any given case\textsuperscript{49}. He offers a theoretical compromise, one that will both accommodate the contagionist practices of the Italian Health Boards and allow for the individuality of the patient. Those who explain the spread of plague only in terms of contagion reveal bad logic as well as ineffective observation. Stories of convents and nunneries preserved from plague by cutting themselves off from the outside world, or of local ‘safe areas’, he dismisses as popular invention, not born out by the facts\textsuperscript{50}. As a way of reconciling Fracastoro’s ideas to a prevailing university Galenism, this is a masterpiece of tact - or fudge. It allows Mercuriale to praise the work of councils, administrators, and Health Boards, while at the same time leaving the doctor the maximum flexibility to interpret the phenomena and to devise appropriate cures. It accepts the importance of contact and quarantine while refusing to let those administering the quarantine have it their own way. It reassures the wealthy that they are in less danger,

\textsuperscript{44} Nutton, 1990.
\textsuperscript{45} Mercuriale, 1577, p. 37.
\textsuperscript{46} Mercuriale, 1577, pp. 33, 35, 43, 46, 54 (but, of course, polluted air, although less deadly of itself, reaches a greater number of potential victims).
\textsuperscript{47} Ivi, pp. 39-43; p. 35 (for thread).
\textsuperscript{48} Ivi, pp. 37, 62-3.
\textsuperscript{49} Ivi, p. 43.
\textsuperscript{50} Ivi, pp. 47-59.
while advocating measures for the benefit of the poor\textsuperscript{51}. Yet Mercuriale’s own therapeutic suggestions are, for this type of text, remarkably brief, and there is an overall fuzziness of detail in Mercuriale’s wish to conciliate all sides. For all his praise of Fracastoro, and his greater stress on contagion, Mercuriale, like most of his contemporaries, rejects most of his theories\textsuperscript{52}.

This is in marked contrast with Simoni, for he develops Fracastoro’s ideas in an uncompromising way. For Simoni, the disease is the direct result of the seeds of the plague: without the seeds there can be no disease. Besides, these seeds act like poison; they kill indiscriminately, like poison, by attacking the very deepest and most important organ of the body, the heart, killing swiftly or over a long period: indeed, they are worse than poison for they often give no notice of their presence\textsuperscript{53}. Up to this point, Simoni says little that would not have been accepted by many, if not most physicians, but they would have rejected the conclusions that he draws from these observations. Since plague is a poison and since anyone and everyone may catch the plague, any discussion of individual receptivity is worthless. In consequence, there is no need to devise complex preventative measures of diet and lifestyle, or to talk in terms of humoral putrefaction as a cause. Nor is there any point in discussing the subtle distinctions between pest and pestilential fever so common in plague treatises. Patients are not interested in such differentiation: what matters is being cured, swiftly and effectively\textsuperscript{54}. Hence Simoni’s title, a method of \textit{curing} the plague.

At a stroke, then, Simoni dismisses much of the work of his predecessors. If, as Fracastoro showed, the seeds of disease acted like poison and, if all attempts at defining who was most likely to catch the plague foundered on the rock of experience - for any and all are equally susceptible -, the traditional medical approach to the disease is misguided. It focusses on prevention, not cure; on individual susceptibility, not practical advice to the sufferer\textsuperscript{55}. By contrast, Simoni uses Fracastoro’s notions to create his own ‘skilful and scientific’ method of effective treatment\textsuperscript{56}. The principle is simple: the deadly

\textsuperscript{51} Ivi, pp. 46 (explaining the role of bad, cramped housing in causing the air to putrefy), 79 (advising flight), 76–78 (the poor).
\textsuperscript{52} Nutton, 1990. I am grateful to Concetta Pennuto for discussing Mercuriale’s ambivalence towards Fracastoro with me.
\textsuperscript{53} Simoni, 1576, pp. 6–8, 10, 36, 40, 41.
\textsuperscript{54} Ivi, pp. 6–8, 30, 46.
\textsuperscript{55} Ivi, pp. 10, 36.
\textsuperscript{56} Mere lists of remedies without a method are dangerous and put the cart before the horse ivi, sigg. A3v; 4r; p. 46.
poison of the seeds must be repelled. The body, and particularly the heart, must be strengthened for the fight, and the poison must be either counteracted or driven outwards to parts of the body closer to the surface and further from the heart, where the immediate danger is less. That is what the body itself does as it forms buboes in regions away from the heart, or expels noxious fluids in haemorrhages\(^{57}\). Simoni recommends drugs as the best way of combatting the plague: cordials to strengthen the heart, antidotes to counteract the poison, and a further class of drugs, alexipharmaca, that will push the poison away from the central organ of the heart. Such drugs, like the poisons, work whatever the humoral balance of the individual; they are specific in the same way as the seeds of disease are specific\(^{58}\). Simoni here goes beyond what Fracastoro had argued, pursuing the logical consequences of the theory of the Veronese.

Reliance on drugs alone also removes the immediate need for bleeding or purging to alter the humoral balance of the body. Both procedures, in Simoni’s view, are unlikely to benefit the patient if performed in the first stages of the disease, and may weaken one’s ability to fight the disease\(^{59}\). Rather, the doctor should do his best to ensure that the body is in the best position to allow the drugs to do their work, following nature’s way\(^{60}\).

It is precisely here that Simoni shows his commitment to traditional humoral medicine, for he follows the older medieval notions of the non-naturals in recommending the best way for the doctor to improve the defences of the body: a clean and bracing environment, proper diet, proper sleep, proper exercise, proper evacuations, and the control of one’s passions will all aid the body in its fight\(^{61}\). There is a role for bleeding and for purgatives, but only if the doctor decides that the workings of the drugs are being hindered either by plethora, an excess of blood, or by an evil mixture of humours. But bleeding should be attempted only very carefully, and another favoured therapy, producing profound sweating, is counterproductive as it only weakens the body\(^{62}\). Similarly, gentle cathartic drugs are to be preferred to the strong purgatives recommended by the Paracelsians. One should be willing to employ a variety of drugs, for, patients respond differently, and, as the Roman author

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\(^{57}\) Ivi, pp. 10, 15, 18, 46.
\(^{58}\) Ivi, pp. 22-24, 29.
\(^{59}\) Ivi, pp. 11-15.
\(^{60}\) Ivi, pp. 47-53.
\(^{61}\) Ivi, pp. 39-46.
\(^{62}\) Ivi, pp. 11, 16-176, 27. Mercuriale does not mention sweating treatment.
Celsius said, nature may profit from one drug, but not from another\[^63\]. Hence Simoni’s long lists of antidotes and other herbal preparations in Book II.

**Conclusion**

Both Mercuriale and Simoni thus apply the new ideas of Fracastoro in their reflections on their own experiences in a devastating epidemic, but in different ways. Both men, trained in a similar Galenic tradition, seek to reassure doubters that their learned medicine has something to offer, even in moments of great crisis. Yet they do so in ways that reflect their own personal situation. Mercuriale’s is a more polished, intellectual performance, maintaining a delicate political balance between individual doctor and official administrator. Looking down from his firmly established professorial position (and speaking to a captive student audience), he emphasises that he alone possesses the experience and learning to judge what plague is, and when (and how) to intervene. Alternative views are dismissed almost entirely in silence, and one would be hard pressed to discover from the text itself just how controversial (and perhaps even disastrous) his intervention in the events of 1576 had been.

Simoni, the combative exile, still struggling to secure his own position in a foreign land, takes a very different tack. He is far more open about the crisis at Leipzig, and responds to complainants head on. He rejects many of the questions raised by his competitors as irrelevant or inappropriate. The wise doctor does not investigate what precisely plague is before attempting a cure, but looks at its analogies with other conditions for which effective treatments are to hand\[^64\]. He wastes no time on inessentials or on exotic ingredients when others are to hand in the home or the garden\[^65\]. All that is needed is a proper medical method, and that is what Simoni alone can offer.

Despite the shared intellectual origin of their authors, these two plague treatises differ considerably from one another, in scope, in organisation, and in feel\[^66\]. They neatly display the strengths and weaknesses that can be seen in their other works, notably Mercuriale’s erudition and Simoni’s sharp nose for polemic. Both authors understand the importance of Fracastoro’s work (and of Fernel’s), but interpret it very differently. Simoni draws out the conse-

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[^63]: Ivi, pp. 6, 21–23.
[^64]: Ivi, p. 30. The contrast with Mercuriale’s wide-ranging questions is striking, and is not entirely to be ascribed to the formal context of lectures v. an immediate practical response.
[^65]: Ivi, pp. 58, 59, 94.
quences of Fracastoro’s ideas in order to reject much of contemporary plague theory; Mercuriale, more academico, wishes to reconcile those ideas with earlier views and with contemporary practice, just as he reconciles apparent divergences between his favourite authors, Galen and Hippocrates. Opponents of renaissance academic learning might judge that their differences show the inability of such doctors to provide an effective cure for the sick, let alone in a plague epidemic. Others more charitable might take the variety of ideas and therapies as a sign of the continuing vigour of academic medicine, not least in Padua.\(^{67}\)

**Riassunto**

Simone Simoni e Girolamo Mercuriale, entrambe laureati a Padova, pubblicarono dei trattati sulla peste avvenuta nel 1576 e 1577 dopo aver assistito alle epidemie di Leipzig e di Venezia. Questo saggio si propone di mettere a confronto lo stile dei loro trattati, di analizzare come gli autori cercarono di evitare qualsiasi responsabilità per ciò che fu considerato un loro fallimento e di esaminare le loro interpretazioni delle teorie di Fracastoro a proposito delle malattie contagiose.

*Keywords:* plague, contagion, public health.

*Running head:* Mercuriale and Simoni

**BIBLIOGRAPHY**


\(^{66}\) Both treatises are superior to the average plague tract of the period in their range of learning, their theoretical awareness, and, an important consideration in renaissance medicine, the elegance, clarity and vigour of their writing.

\(^{67}\) Maclean, 2002, pp. 10-11.

Fracastoro Girolamo, 1546, De contagione et contagiosi morbis et eorum curatione, Venetia, Junta.

Galen, 1576, Omnia quae extant Opera, ed. 5, Venetia, Junta.


Hiro Hiroshi, 2005, Le Concept de Semence dans les Théories de la Médecine à la Renaissance de Marsile Ficin à Pierre Gassendi, Turnout, Brepols.

König Georg, 1961, Der Nürnbergter Stadtarzt, Dr. Georg Palma (1543-1591), Stuttgart, Gustav Fischer Verlag.


Mercuriale Girolamo, 1618, 1623, Tractatus varii de re medica, Lyons, A. Pillehotte.


Preto Paolo, 1978, Peste e Società a Venezia nel 1576, Vicenza, Neri Pozza.

Preto Paolo et al., 1979, Venezia e la Peste, Venezia, Marsilio.


Simoni Simone, 1576, Artificiosa curandae pestis methodus, Leipzig, J. Steinman.

Verdigi Mariano, 1997, Simone Simoni. Filosofo e Medico nel ’500, Lucca, Maria Pacini Fazzi.

Zinner Ernst, 1964, Geschichte und Bibliographie der astronomischen Literatur in Deutschland zur Zeit der Renaissance, ed. 2, Stuttgart, Fischer Verlag.