The Lover's Body: The Somatogenesis of Love in Renaissance Medical Treatises

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There is perhaps no more delightful a body of opinions, theories, and anecdotes to be found anywhere on the subject of erotic love than in Part III of Burton's monumental *Anatomy of Melancholy*, and at the same time no more frustrating a work than this for trying to understand the underlying principles of the medical system on which his entire work is based. Because we attribute to him purposes as much literary as scientific, and because he is such an engaging stylist, we assume that the apparent plurality of etiological systems governing the course of erotic love in the body is merely evidence of his particular indifference to scientific rigour, or the result of his *penchant* for ambiguity. Hence we are not surprised when, on a single page, we find that love is an "anguish of mind in which a man continually meditates of the beauty, gesture, manners of his mistress," but that "Languis will have this passion sited in the liver, and to keep residence in the heart, to proceed first from the eyes, so carried by our spirits, and kindled with imagination in the liver and heart . . ."¹ We accede to the various truths inherent in his compound description – that erotic desire is a disorder of the mind, but that it is also a phenomenon of the liver, which is the seat of the passions, and of the eye, which is the organ through which the object of beauty makes its attack – yet without abandoning our belief that beneath this encyclopedic variety, with its many contradictions, there lies a central medical philosophy, familiar at least to that age, according to which the many effects of desire upon the lover's body can be accounted for as components of a rational, coherent pathological system.

In his pioneering study *The Elizabethan Malady*, Lawrence Babb, some 37 years ago, set out to explain to the readers of English Renaissance literature the scientific basis for the diseases of melancholy, including lovesickness, with the understanding that to account for melancholy love was tantamount to explaining the pathology of eros in general as it was understood by the medical philosophers of that age. His strategy was to take a synoptic survey of the principal medical texts of the Renaissance concerned with this disease – its causes, symptoms, and cures – and thereby

anatomize the system common to all these works. But the refractory nature of his materials forced him at one point to concede, against the interests of his own synoptic approach, that "the physiological psychology of the Renaissance is a body of theory containing so many contradictions, semi-contradictions, and disharmonies that any exposition of it is likely to misrepresent by introducing into it an orderliness which it does not really have."² Babb attributed this lack of cogency at the level of theory to a compulsive respect for ancient authority and hence to the conflicting traditions concerning love that had survived from the ancient world. But that is only to explain the process whereby earlier contradictions were carried forward into the Renaissance, for the malaise had been centuries in the making. The implication here is, rather, that this material did not, in fact, spring entirely from the causal elements relating to melancholy, and that we must not look to that system to explain the entire corpus of theory concerning erotic love in the Renaissance.

Babb was, of course, correct with regard to the respect for tradition shown by sixteenth-century physicians. Much of the heterogeneous nature of the medical writing on erotic melancholy in the late Renaissance can be explained in historical terms. There have been some notable historians of ideas, such as Jean Starobinski, who have traced various phases in the development of that idea in western culture,³ not only in the writings of the scholastic physicians, but in the works of their predecessors among the Arabic and ancient physicians: Avicenna, Haly Abbas, Rhazes, Oribasius, Paul of Aegina, Alexander of Tralles, Galen, Aretaeus the Cappadocian, Rufus of Ephesus, and Hippocrates, though a complete history of this medico-philosophical idea remains to be published.⁴ To a degree, this approach can account for the compounding of systems by a process of accretion, but only to a degree, since certain paradoxical elements persist at the systemic level in the foundational texts of the tradition. It does not necessarily explain the principles that account for the preservation of systemic contradictions.

In looking for the origins of these contradictions, whether in assessing the historical overlay of ideas, or in analyzing the diverse components of the medical descriptions of love, several principles emerge. If, as we understand the case to be, this body of medical thought served to explain the physiological nature of love, and the close relationship between erotic passions and the body, then much that was perceived to pertain to human sexuality in general took its basis in theories of medical pathology. That fact would encourage a close association between the course of love in the body and the elements of disease. Since the pathological systems involving the humours and the generation of melancholy were favoured by Renaissance observers, it is understandable that love, in all its phases, should be grouped under the aegis of melancholy. Yet if, at the same time, it was their

habit to allow for those forms of eroticism that could be explained only in terms of pathological systems, they would have been inclined to turn to the whole spectrum of medical theory in search of those mechanisms that would allow for a scientific description of the broadest range of sexual behaviour. Thus, implicit in the emergence of this medical idea in western medicine, namely *amor hereos* or erotic melancholy, there is also the tendency to group much more under this heading than strictly pertains to the influence of the humours. Yet insofar as all this related material required definition in pathological terms, we are confronted by the prospect, not simply of a single system full of contradictions and semicontradictions, but of an analysis that, in fact, contains elements of entirely independent pathological systems. The historical development of the tradition in the centuries before 1600 should have served to consolidate conflicting theory, whereas, in fact, both the authority in the conflicting parts, and the very complexity of sexuality itself, as it was then perceived, conspired to produce the opposite effect. Once free of the assumption that all the parts must relate to the pathology of melancholy, we are encouraged to read these treatises not only as composite statements on the diverse dimensions of sexuality, but as eclectic statements that are possible only through a plurality of causal systems, as well.

There were several lengthy medical statements written on the diseases of love in the late Renaissance which, though they remain relatively unknown today, must nevertheless form the basis of any modern appraisal of the Renaissance views of sexuality. The briefest and most schematic among them is the pair of chapters by André Du Laurens in his *Second Discourse au quel est traicté des maladies melancholiques et du moyen de les guarir*.⁵ Du Laurens was mentor to his age on this topic and therefore demands first mention, though the brevity of his work allows for an impression of cogency that is not representative of the longer treatises such as Jean Aubery's *L'antidote d'amour* (1599), or Jean de Veyries' *La Genealogie de l'amour* (1609).⁶ Before Du Laurens there was the highly innovative and influential Observation 7 in Book II of François Valleriola's *Observationum Medicinalium libri sex*, while it was the encyclopedic *Traicté de la maladie d'amour ou melancholie erotique* of Jacques Ferrand that best exemplifies the space between Du Laurens and Robert Burton.⁷ A perusal of these works in terms of their analytical procedures is highly instructive. All of these treatises were the efforts of practicing physicians – physicians concerned not only with philosophical definitions, but also with diagnostic techniques and cures. Yet they share with Burton the same eclectic approach to medical theory, the same mixture of speculation and example, the same copious employment of literary, historical, and scientific allusions. All these writers agreed with Burton that melancholy love was a product of the humours burnt by the passions, and that all of the symptoms peculiar to

lovers, as described by the poets, could be accounted for in terms of medical pathology. All agreed that there was a sequence of events in the body that led to a crisis, and that this crisis was the line of demarcation between love that was an expression of desire and volition, and love that was governed entirely by processes pertaining to chronic diseases – those in which effects reinforced causes in a way that led to depression, madness, or death from physical causes. But all of them, at the same time, offered theories concerning the nature of sexuality that did not derive from the Galenic system of the humours.

Given this insistence upon the crisis that initiates diseased love, we come to recognize that the confusion in these treatises is not due simply to the superimposition of traditional medical views associated with different areas of the body, or with different aspects of sexual behaviour, but also to the fact that each system is potentially a complete pathological sequence with its own set of physiological causes leading to a crisis that independently accounts for the emergence of a common disease with its common symptoms. Rhetorically, all of these writers professed to deal with a single disease characterized at its critical moment by the dominance of the melancholy humour caused by the burning or adustion provoked by the heat of the passions. In actual fact, there are at least four independent medico-philosophical systems that have persisted in these works, for both historical and analytical reasons. Only one of these is based on the adustion of humours and the production of melancholy.

The first system accounts for the eroticization of the psyche through the imbalance and corruption of the humours, the production of black bile and the noxious vapours that rise to the brain following the combustion of the dominant humour in the liver or heart. The entire sequence has been sufficiently well-documented in such works as Babb's and Starobinski's, mentioned earlier, to allow for summary treatment here. Yet the pattern of the particular crisis was all-important, for it most clearly revealed the generic sequence that began as a commotion in the body and that terminated as an assault upon the brain leading to a total perversion of the imaginative and reasoning faculties. Some such somatogenetic phase was essential to their explanation of the eroticization of the soul, with its manifestations in depression or frenzy.

The Arab physicians of the tenth and eleventh centuries are the first on record to have accepted erotic desire as one of the anxieties of the mind that could bring on a state of melancholy. Yet while the disease could originate with *sollicitudo*, the determining factor was the constitution of the body, for it was observed that only certain persons, in accordance with the individual temperament, actually succumbed to amorous frenzy or despair. The point is that from the earliest inception of the theory, erotic love

was ambivalently caused both by a state of the psyche, and by a state of the body. The tenth-century physician Haly Abbas in the *Pantegni* accepted that chronic erotic disorders can be caused either by an imbalance in the humours themselves, or by a powerful drive to possess and enjoy a person or object.⁸ When Ferrand defined love as “une espece de resverie, procedante d’un desir deregulé de jouir de la chose aimable, accompagnée de peur, et de tristesse”⁹ he was drawing from this tradition, for by his theory the mental dotage is both the cause and the effect of the burnt humours, while fear and sorrow are the classic symptoms of melancholy. This definition remained central and relatively unchanged from the eleventh to the early seventeenth century. Erotic love as a humoral crisis was to have a longstanding appeal to physicians in the Latin West in a way that allowed this explanation to dominate medical thought concerning love in the Renaissance.

The two major works by which these doctrines entered European thought were the *Viaticum* from the *Zād al-muṣāfir* of Ibn Eddjezzar, translated by Constantinus Africanus late in the eleventh century, and the *Liber Canonis* of Avicenna, translated between 1150 and 1187 by Gerard of Cremona.¹⁰ In the commentaries on these works by the scholastic physicians, the contrast between the psychogenetic and the somatogenetic elements inherent in the theory became more pronounced. Amplification upon the theory of the humours came about through a gradual re-Galenization of the Arabic writings, while a more extensive explanation of the psychic origins of melancholy was made possible through an appropriation of Aristotle’s theories on perception and the faculties of the soul. The result was the development of a parallel set of causes and crises attached to these respective philosophical systems which the early commentators, nevertheless, refused to distinguish one from the other.

In accordance with the tri-partite classification of melancholy diseases – those affecting the brain, those involving the entire body, and those assigned to the hypochondries – love was assigned to the diseases of the hypochondries. It was in this region of the body that the heat of the passions worked upon the humours, reducing them to fumes and to a thick melancholy sludge that was deposited in the veins, arteries, and intestines. Erotic desire, accordingly, made its assault directly upon the body, and produced a set of symptoms sufficiently unique to allow for identification by those physicians skilled in the semiotics of love. Because the disease progressed from the liver to the heart before making its assault upon the brain, it involved the major organs of the body associated with the passions, relying upon the blood and spirits to serve as messengers between the parts, and upon the principle of sympathy to account for the universalization of the commotion. These factors likewise created the grounds for speculating upon the influences of a host of related causes traditionally associated

with the diseases of melancholy. Virtually anything capable of affecting the humours and constitution were, hence, capable of influencing the course of love in the body: diet, climate, heredity, retention of waste, the stars, magic and potions, certain modes of music, and many related topics. Ferrand, Aubery, De Veyries, and Burton provide a corporate *omnium gatherum* on these *topoi*. The approach was particularly appealing because it allowed them to quantify love in terms of the material causes that play upon the isonomic state of the humours in the healthy body. Since love, so defined, functioned within their vocabulary of heat, dryness, vapours, and sludges, it also lent itself to treatment through the purgatives, alteratives, and restoratives traditionally employed by the Galenists for the curing of melancholy. Humidifying baths and topicals, for example, were a principal treatment of lovers dried out by the combustion of the passions and the long hours of intense meditation on the beloved object.

Simultaneously it was recognized, however, that erotic love, by definition, must extend beyond the accidents of the organism, that the lover must be more than the simple victim of a biological predisposition. In fact, it was universally held among the Arab physicians that love was an agitation of the psyche, a *sollicitudo* that caused fear and sorrow. Avicenna described it as "... multa cogitatio et tristitia faciunt accidere melancoliam."¹¹ This *sollicitudo* was ultimately to be glossed in terms of the scholastic perception of psychology. Gerard of Berry, in his thirteenth-century commentary on the *Viaticum*, explained how love was formed by the apprehension of the object "first through the organ of external sensation, and then through the internal powers of the senses,"¹² a theory predicated on Aristotle's concept of phantasms – images of the mind extracted from matter and passed from ventricle to ventricle of the brain and from faculty to faculty of the soul. It was held that the love object was nearly unique in its capacity to corrupt the imagination, alert the appetites, and tyrannize over the memory to the exclusion of all other considerations of the quotidian. I must pass over here the many fine-tunings of this complex theory, pointing out only that such an intense polarization of the mind not only alters habits of thought, but also the physical constitution of the brain, since intense thought has a drying and chilling effect capable of producing melancholy. Absent to all but the falsified image of the desired, the lover becomes pale; he forgets to eat or to sleep. In due course the entire body is affected. The image etched in the mind is the cause of the appetite, and thought itself becomes the pathological force that leads to the confirmation of a chronic state of disease. With its self-contained terms of reference, this psychological analysis stands in open contrast to the humoral approach, though in practice they were accommodated, with varying degrees of coherence, to form a consolidated medical tradition. Yet that internal instability was continually alluded to in one of the fixed *disputationes* of scholastic medicine, namely

whether the true seat of the disease was in the head, the heart, the liver, or the reproductive organs. The only escape was to subdivide the causes into efficient, contributing, material, internal, external, and to conflate effects with causes so that the fumes of humoural combustion managed to become a part of the corruption of the imagination that in turn caused the combustion of the humours as though part of a single pathological sequence.

A third system contributed simultaneously to this idea-cluster, namely that which derived from the nature of the genitals and the seed. Its claim to authority as an independent explanation of the erotic diseases is clearly recognized in *L'antéros ou contramour* of Battista Fregoso, a dialogue on the nature of love written toward the end of the fifteenth century and translated into French in 1581.¹³ The substance of the position taken by the three interlocutors is composed of three independent positions on the cause of erotic love in the body. The dialogue was the perfect vehicle for suggesting rhetorical movement toward a resolution concerning a topic that, in fact, necessitates a plurality of positions, as it does in Plato's *Symposium*. To the persona of Platina, Fregoso assigns the position "qu'Amour prend source de nostre pensée, et de nostre courage: neantmoins qu'il est nourry, entretenu, et accru par l'aiguillon de la charnelle sensualité," but to the persona of himself he assigns the opinion that "la racine de cest ardent et mouvant appetit, naist du corps, par le moyen du sperme."¹⁴ This theory was predicated on the ancient belief that the instinctual cravings for coitus and for reproduction were a product of the seed itself – a tenet basic to Hippocratic medicine that had great currency in the west. Jean Liébault, a representative sixteenth-century writer on sterility and the diseases of women, explains how "l'acrimonie et chaleur d'icelle [the sperm] stimule la concupiscence charnelle."¹⁵ How and where the seed was generated, how it passed through the body, of what it was composed, and how it transmitted hereditary traits were all topics of considerable importance to the age.¹⁶ The salient characteristic, for our purposes, is that among many other things, sperm was also considered a natural excrement of the body that required periodic expulsion, and that otherwise was subject to corruption. Accordingly, sperm accounted not only for the venereal drives of the eroticized lover, but in its corrupted state it became the causal agent in a pathological sequence equal to the others in its capacity to infect the entire body and to corrupt the mental faculties.

A search for the moment in medical history at which this theory was joined with the others as part of a common approach to sexuality in medical terms takes us once again as far back as the Arab physicians, for Abulcasis in the *Vade mecum* (*At-taṣrif*, written before 1009), had already attributed the rise of erotomania to the retention of superfluous seed as well as to an affection of the soul caused by the sight of something extraneous that generates intense desire.¹⁷ One need only glance at

Ferrand's treatise for a representative statement on the matter in the early seventeenth century:

la semence n'est qu'un sang blanchy par la chaleur naturelle, et un excrement de la troisième digestion qui irrite par sa quantité, ou qualité la nature à l'expeller hors du corps: autrement il se corrompt dans ses reservoirs, et de-là il jette, et darde par l'épine du dos, et autres conduits occultes mille vapeurs au cerveau, qui troublent ses facultez et vertus principales.¹⁸

Here, in brief, is a complete mechanism for the creation of lovesickness that parallels the attack of the burnt humours upon the brain. In these terms Bernard of Gordon could argue that the genitals were the true seat of the disease of *amor heroes*.¹⁹ Thereafter, no analysis of the generation of erotic dementia could be complete without this dimension. Yet Ferrand makes no effort to reconcile system with system. He simply integrates these causes and cures with the others, making each serve in as many capacities as possible within the general statement. One of the most important of the cures, for example, was phlebotomy, because it served not only to draw off melancholy blood, but also to eliminate the excess blood that could be converted into new seed, and finally, as the next section will demonstrate, to remove blood that has been infected by alien vapours.

A fourth pathological system came late to the medical tradition through the influence of Ficino's *Commentary on Plato's Symposium on Love*.²⁰ Ficino held that love could invade the body as a kind of enchantment that later physicians interpreted as an infection of the blood caused by the transfer of blood spirits from the eye of the beheld through the eye of the beholder. I am compelled to assign the entry of this theory into the clinical treatises on love in the Galenic tradition to François Valleriola in his *Observationum medicinalium libri sex* published in 1588 for want of an earlier example.²¹ Valleriola developed a long philosophical statement on the origins of erotic love in the context of a case study of a love-sick merchant he treated in Arles. He described the origins of the disease not only in the conventional humoural terms, but in terms of a fascination that enters through the eye, and as an alien vapour that spreads poisonous contagion throughout the body.

By 1597 André Du Laurens, a through and through Galenist, was willing to concede in his *Second Discourse au quel est traicté des maladies melancholiques et du moyen de les guarir*, that love entered by the eyes and moved in a material form through the channels of the body to the liver, where it served as a catalytic agent in the combustion of the humours – a compromise theory that joins the views popularized by Ficino to the dominant system.²² Ferrand at one point resisted Valleriola's assertions, but elsewhere in his treatise he allowed the idea to stand. Kornmann, in his *Linea amoris*,

makes the *fascinatio* basic to his theory of love,²³ and Burton was prepared to accept the entire pathological sequence as one among equals:

the manner of the fascination, as Ficinus declares it, is this: Mortal men are then especially bewitched, when as by often gazing one on the other, they direct sight to sight, join eye to eye, and so drink and suck in Love between them; for the beginning of this disease is the Eye.²⁴

The eye was at the centre of the exchange, not as the Aristotelian organ of perception, but as the organ whereby the blood vapours were emitted and received. Ficino had theorized that a beautiful object caused the thinnest part of the blood to be drawn first toward the image in the brain, then to be drawn toward the object itself. There was, in fact, a double jeopardy involved, for just as the alien vapours received in at the eyes could variously attack the liver, heart, and blood, so the expenditure of vapours through the very act of gazing upon the beloved could deplete the blood, dry out the body, and deposit the lees of the blood in the form of a melancholy residue in a way that allowed Ficino to join his system to that which controlled the rise of melancholy.²⁵ The adaptation of the modes familiar to conventional medical theory indicates the degree to which Ficino was influenced by his own medical training. Beauty itself, and the gaze of the lover, provoked independent reactions that became new causes in the production of common symptoms and a common disease. The dexterity with which the late Renaissance physicians juxtaposed this essentially separate etiological account of the crisis leading to erotic dementia further demonstrates the relativity of the causes and effects in the respective systems vis à vis one another.

We may conclude from the characteristically eclectic approach of the late Renaissance physicians that the lover's body was perceived as the theatre of a compound series of pathological events, each separate component of which was able to explain the transition from desire to disease. The generally Galenic bias of that age of medicine served to ensure that the critical phase of each sequence would take place in the body, even where the condition was believed to arise in the psyche. At least when it came to the cures, there was a clear shift toward an analysis of love in somatogenetic terms simply because any claim to authority in the treatment of the diseases of the soul depended entirely upon a capacity to alter the material causes in the body that gave rise to them. Ultimately the nature of erotic love, for the observers of that age, remained within the domain of physiological analysis, to the extent that the lover's idiosyncratic social behaviour was itself viewed as the by-product of a configuration of physiological events.

The insistence upon a plurality of systems suggests, moreover, that something more was at stake than deference to a plurality of traditions. In

one way, it can be said that observers refused to believe anything about the nature of erotic love that could not be documented in the ancients. In another, it can be said that the full measure of what they intuitively understood to be true about a phenomenon so complex as sexuality could only be expressed through a superimposition of views drawn from diverse areas of medicine and philosophy. By one channel of analysis, they recognized love in causal terms as a commotion of the cognitive and imaginative faculties of the soul. Only then could they comprehend the erotic fixations and amorous fancies of the poets driven by a world of images. By another channel, they allowed for the intensifying role of the passions, in an effort to account for the feeling associated with erotic volition unique to humans. By yet another, they recognized the instinctual drives relating to the craving for union and reproduction that was perceived to be a component not only of desire, but of erotic frenzy and madness. By a fourth, they brought into the sphere of medical causation, the power residing in the object of beauty that can take the susceptible beholder by surprise, seize upon the psyche, and release the appetites. Insofar as a traditional pathological sequence provided the causal explanation for each one of these received dimensions of sexuality, its place was guaranteed within a comprehensive medical analysis of erotic love.

If my analysis has been correct, these four distinct systems should, together, constitute the core of the received psychology of erotic love in the Renaissance. Furthermore, if they provide the only medical terms whereby excessive amorous behaviour could be known and understood, it stands to reason that the rich and varied allusions to medical concepts concerning love in the literature and thought of that era should correspond directly to one of these four pathological modes. In this sense, the encyclopedic approach of Ferrand and Burton is not to be looked upon as methodological confusion, but as the triumph of an eclectic methodology that allowed for a substantial enrichment of the Renaissance view of sexuality in the only analytical terms at their disposal. While the identification of the independent systemic elements will not serve to mend the anomalies within the treatises themselves, it may serve, at least, to clarify the relationship between the conflicting parts. To be sure, it means abandoning our belief in a single unifying medical doctrine capable of relegating these disparate parts to a homogeneous theoretical whole. But if modern scholars can no longer hope to provide a single rationale for these heterogeneous texts, I think, nevertheless, that the number of causal patterns is at least finite and that they are best understood as parallel pathological traditions confirmed in the Renaissance not only by their ancient authority, but also by their usefulness in explaining the diverse aspects of erotic behaviour in its diseased phases.

Notes

- 1 Eds. Floyd Dell and Paul Jordan-Smith (New York: Tudor Publishing Company, 1927), Part. 3, Sect. 2, Memb. 2, Subs. 1; p. 658.
- 2 *The Elizabethan Malady: A Study of Melancholia in English Literature from 1580 to 1642* (East Lansing: Michigan-State University Press, 1951), p. 68.
- 3 *Histoire du traitement de la mélancolie des origines à 1900*, *Acta psychosomatica*, No. 4 (Basel: J. R. Geigy, 1960).
- 4 A history of this idea will be included in the introduction to the English translation of Ferrand's 1623 treatise *On Lovesickness or Erotic Melancholy* scheduled for publication in 1988 by Syracuse University Press.
- 5 *Toutes les Oeuvres*, trans. Théophile Gelée (Paris: chez P. Mattayer [1597], 1613).
- 6 *L'antidote d'amour. Avec un ample discours, contenant la nature et les causes d'iceluy, ensemble les remedes les plus singuliers pour se preserver et guerir des passions amoureuses* (Paris: chez Claude Chappelet, 1599); *La genealogie de l'amour* (Paris: Abel l'Angelier, 1609).
- 7 *Observationum medicinalium libri sex* (Lugduni: apud Antonium Candidum, 1588). Valleriola died in 1572. *De la maladie d'amour ou melancholie erotique* (Paris: chez Denis Moreau, 1623), a substantial reworking of an earlier treatise published in Toulouse in 1610.
- 8 *Liber totius medicinae* (Lugduni, 1523), tract. ix. The work was first translated into Latin in 1080 by Constantinus Africanus, and in 1127 by Stephen of Antioch.
- 9 *De la maladie d'amour*, p. 26.
- 10 The text used is from the translation by Gerard of Cremona, *Avicennae medicorum arabum principis, liber canonis* (Basel, 1556).
- 11 Lib. I, fen. 7, tract. 5, chap. 23.
- 12 Trans. Michael McVaugh in his introduction to Arnald of Villanova, *Tractatus de amore heroico, Opera medica omnia*, Vol. III (Barcelona: Editions de la Universidad de Barcelona, 1985), p. 23.
- 13 *L'antéros ou contramour de Messire Baptiste Fulgoses, Duc de Gennes* (Paris: chez Martin le Jeune, 1581).
- 14 *L'antéros ou contramour*, pp. 145, 140.
- 15 *Trois livres appartenans aux infirmités et maladies des femmes. Pris du latin de M. Jean Liébaut* (Lyon: par Jean Veyrat, 1598), p. 68.
- 16 Pierre Darmon, *Le mythe de la procréation à l'âge baroque* (Paris: Editions du Seuil, 1981), p. 12.
- 17 The section on surgery was translated into Latin by Gerard of Cremona and was one of the main sources for the early writers on surgery, Lanfranco and William of Saliceto. The *Cirurgia* (c. 1275) of the latter also contains a chapter on *amor hereos*.
- 18 *De la maladie d'amour*, pp. 194-95.
- 19 *Lilium medicinae* (Lugduni, 1574), pp. 216-17.
- 20 Trans. Sears Jayne (Dallas: Spring Publications, 1985), esp. Speech VII, pp. 153-74.
- 21 *Observationum medicinalium libri sex*, pp. 184-219.
- 22 Du Laurens, p. 34^v.
- 23 *Linea amoris in Opera Henrici Kornmanni* (Francofurti: apud haeredes Jac. Fischeri, 1629), pp. 60 ff.
- 24 *The Anatomy of Melancholy*, Part. 3, Sect. 2, Memb. 2, Subs. 2; p. 681.
- 25 *Commentary on Plato's Symposium on Love*, Speech VII, chs. 4, 5; pp. 159-63.