CHARLES HOMER HASKINS
PRIZE LECTURE FOR 2010

A Life of Learning
Nancy Siraisi

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Charles Homer Haskins (1870–1937), for whom the ACLS lecture series is named, was the first chairman of the American Council of Learned Societies, from 1920 to 1926. He began his teaching career at the Johns Hopkins University, where he received the B.A. degree in 1887 and the Ph.D. in 1890. He later taught at the University of Wisconsin and at Harvard, where he was Henry Charles Lea Professor of Medieval History at the time of his retirement in 1931, and dean of the Graduate School of Arts and Sciences from 1908 to 1924. He served as president of the American Historical Association in 1922, and was a founder and the second president of the Medieval Academy of America (1926).

A great American teacher, Charles Homer Haskins also did much to establish the reputation of American scholarship abroad. His distinction was recognized in honorary degrees from Strasbourg, Padua, Manchester, Paris, Louvain, Caen, Harvard, Wisconsin, and Allegheny College, where in 1883 he had begun his higher education at the age of 13.
HASKINS PRIZE LECTURERS

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1985  Lawrence Stone
1984  Mary Rosamond Haas
1983  Maynard Mack
Nancy Siraisi has been a prolific and leading scholar in the history of medicine and science of the Middle Ages and the Renaissance. Her research has ranged widely across these two distinct fields, from her first book on the university curriculum in medieval Padua to her current work on the role of doctors in history-writing in the Renaissance.

Through her numerous publications and professional activities, Nancy Siraisi has contributed to the growth of the history of science and medicine while also fostering the continued close interaction of these fields with “mainstream” history, notably through her faithful teaching of general medieval and Renaissance history and her insistence on careful contextualization.

In her practice of intellectual history Nancy Siraisi attends not only to texts and textual traditions, but also to individual lives and daily practices, institutional settings and social relations, and disciplinary distinctions and literary genres. Her award-winning *Taddeo Alderotti and His Pupils: Two Generations of Italian Medical Learning* (Princeton UP, 1981) reconstructed from extensive manuscript research the teaching of medicine in thirteenth- and fourteenth-century Bologna. In *Avicenna in Renaissance Italy: The Canon and Medical Teaching of Italian Universities after 1500* (Princeton UP, 1987) she traced the longevity of the *Canon* of Avicenna through commentaries in Italian universities after 1500. In *The Clock and the Mirror: Girolamo Cardano and Renaissance Medicine* (Princeton UP, 1997) she illuminated the medical activities of the sixteenth-century Italian physician Girolamo Cardano, from his authorship to his bedside practices. Her most recent book *History, Medicine, and the Traditions of Renaissance Learning* (U of Michigan P, 2007) is an investigation

Nancy Siraisi received her B.A. from Oxford University, then moved to New York where she spent her career in New York City’s public university system: she received her Ph.D. from The Graduate Center, City University of New York (CUNY), and taught in the Department of History at Hunter College, CUNY, from 1970 until her retirement as Distinguished Professor in 2003. The most critical scholars in Europe and America hold her work in the highest esteem.
When John William Ward became president of the American Council of Learned Societies in 1982, he sought to commemorate the ACLS tradition of commitment to scholarship and teaching of the highest quality with an annual lecture. Each year since, we have asked the lecturer

"...to reflect on a lifetime of work as a scholar, on the motives, the chance determinations, the satisfactions (and the dissatisfactions) of the life of learning, to explore through one's own life the larger, institutional life of scholarship[,]...to share with other scholars the personal process of a particular lifetime of learning."

This lecture is the twenty-eighth in this series, named for Charles Homer Haskins, first chairman of ACLS and himself a famed medievalist who brought attention to the work of the medieval university and the liberal arts. He recognized what has ever since been called the Renaissance of the twelfth century, a movement that looked ahead to the achievements of the coming Middle Ages and Italian Renaissance that 2010 Haskins lecturer Nancy Siraisi has studied in depth for over three decades.

It is the responsibility of the Executive Committee of the Delegates of ACLS to nominate each year's Haskins lecturer, and no candidate to our memory has received a nomination from so many societies at the same time. The Renaissance Society of America, the Medieval Academy of America, the American Association for the History of Medicine, and the History of Science Society all agreed when nominating her for this honor that "Nancy Siraisi's 'life of learning' has been distinguished, varied, international, and collegial. She has had a profound influence not only on the scholarship but also on the scholars in her field."
You have in this slim volume a biographical sketch of this prodigiously productive scholar, so there is no need for me to detail here this "profound influence." But I do wish to stress how Professor Siraisi's work offers the best of the tradition that the Renaissance enshrined in the humanities: a deeply historical reflection upon the past on its own terms that at the same time brings to bear contemporary methodological tools and insights.

Professor Siraisi's chosen field has been the history of science and medicine, generally from the thirteenth to the sixteenth centuries, and beyond that the broader intellectual and social contexts of university faculties and learned urban professionals. As she put it in her introduction to *Medicine and the Italian Universities 1250–1660* (Brill Academic Publishers, 2001), her work has sought to explore "the social and cultural context and interactions of medical ideas and activity."

Her inclusive approach to the methods and tools of history writing to reveal what she has termed the "particularities" of studying the past has been just as important as this continuum between theory and practice. Professor Siraisi's work is based not just on the scientific and medical treatises made known through detailed research into manuscript and archival collections but also on a sweeping command of other materials: chronicles and hagiographies, accounts of miracles, prosopographical studies, and the visual arts.

Much of this might be said to be a commonplace now. We expect cross-disciplinary methodologies and studies; we rely on humanist scholars to apply the latest theoretical insights to the materials at hand. And in fact contemporary medieval and Renaissance studies are precisely that: deeply cross-disciplinary and informed by the latest theoretical frames. But the grace and ease with which Nancy Siraisi has accomplished this synthesis has been remarked upon again and again by her readers. After the publication of her dissertation by the prestigious Pontifical Institute of Mediaeval Studies, she began to branch out from the narrower methods and concerns that dissertations dictate to establish broader questions and methodologies and has contin-
ued to offer exemplary models in seven books, about 50 articles, several co-edited volumes—and counting.

Certain themes run throughout appraisals of Professor Siraisi’s work: the precision and the breadth of its scope and the “unconventional” nature of her intellectual history, which includes new insights on gender and the body and their wider cultural and social contexts. Critics speak of its “elegance,” “readability,” and “lucidity”; its “magisterial,” “authoritative,” and “definitive” execution.

As one reviewer of her *The Clock and the Mirror: Girolamo Cardano and Renaissance Medicine* (Princeton UP, 1997) has remarked, Professor Siraisi pursues her subjects “across boundaries,” and these boundaries have been of all sorts: synchronic, diachronic, disciplinary, and methodological.

We at ACLS are therefore honored that two of Nancy Siraisi’s books are now part of the permanent collection of ACLS Humanities E-Book: *Taddeo Alderotti and His Pupils: Two Generations of Italian Medical Learning* (Princeton UP, 1981) and *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (U of Chicago P, 1990). It seems that this learned student of manuscript and print cultures has also successfully crossed yet another boundary, that between the codex and the digital.

We are fortunate that Professor Siraisi has agreed to share with us her pursuit of learning across all sorts of boundaries. ACLS is honored to bring her story to a wider audience.

—Pauline Yu, President  
American Council of Learned Societies
When I consider the distinction and varied accomplishments of previous speakers, I am especially sensible of the honor of being asked to give the Haskins Prize Lecture. Unlike some of my predecessors, I can offer neither significant achievements in the public or institutional sphere nor a striking or particularly unusual life history. What I do share with a number of previous speakers is the feeling that if I have been fortunate enough to have enjoyed a life of learning, that privilege has owed much to chance—or, more bluntly, been due more to good luck than good management. But the good luck surely included encountering teachers—and later in my career, colleagues—who inspired and helped me; I will have occasion to mention a number of them.

The England of my earliest childhood is doubtless now gone beyond recall from collective memory as well as from my own. All I can say is that mine was a conventional middle-class family with many connections among the Anglican parish clergy. Ours was not an intellectual home, but I owe to my mother's example the most important of all qualifications for a historian, a lifelong pleasure in reading. My memories of early schooling are vague, largely because of constant moves caused by my father's service in the British Air Force. In just three years when he was stationed in various parts of Canada, my educational experience ranged across public schools in small towns in
Alberta and Saskatchewan, a one-room schoolhouse in rural British Columbia, and a semester in a private school in Montreal. Not surprisingly, I recall more what I learned about adjusting to change than about the curriculum in any of these institutions.

Our family’s return to England when I was 11 evidently meant to my parents that it was time to get serious about my education. I spent the next six years in a girls’ boarding school—and hated every minute of its collective living arrangements and enforced togetherness. Since the school was small and sent few students on to universities, any possibility of success in what was then called Higher School Certificate or in university entrance examinations meant intensive coaching in subjects in which the student was likely to do well, and the elimination of most else. The result in my case was an intensive focus on history, which by the last two years of high school meant almost exclusively nineteenth-century English political history. Deplorable as this educational approach may have been in terms of broad culture, it was in its own terms fairly effective. At any rate, I succeeded in obtaining admission to Oxford; what made it possible for me to go there was a “state studentship” (i.e., scholarship) provided under the terms of the Butler Education Act of 1944, which paid entirely for all costs associated with my university education. (State support for British university students was subsequently scaled back considerably as demand for access to higher education broadened, but a fortunate few of us in the 1950s and 1960s benefited from a level of public generosity unequalled before or since.)

I went to Oxford—my college was Saint Hilda’s—to read history in 1950. I have to admit I was a frivolous undergraduate. In my defense I can only offer that I had, after all, just emerged from six years confined in the hated boarding school. By contrast, the university seemed to offer limitless freedom and autonomy, even given the considerable restrictions surrounding students in the women’s colleges in the early 1950s. In retrospect, it is, alas, clear that I wasted many of the intellectual opportunities that Oxford could have given me.
Nevertheless, it was there that I encountered the first of the teachers who inspired me and first made the acquaintance of the Middle Ages as an object of serious study. That teacher was my tutor Beryl Smalley, a distinguished medievalist whose publications include books on important and fascinating topics in intellectual history: *The Study of the Bible in the Middle Ages* and, later, *Historians in the Middle Ages*. I cannot now remember if I actually read the first of those books as an undergraduate or a little later; if I did read it as an undergraduate, it can only have been for private relaxation. For it was a time when medieval studies in Britain were powerfully influenced by T. F. Tout's work on administrative history, while the requirements of the then Oxford history curriculum in general were strongly focused on the history of England. Consequently, the medieval history I actually studied with Beryl Smalley was, once again, English—and I do mean English, not British—political and administrative history. I do not know that the household administration of Edward I is an entirely desirable way to introduce 18-year-olds to the Middle Ages. Yet I also glimpsed a somewhat different and more engaging view of the emergence of medieval and indeed of Christian Europe by selecting the earliest chronological period offered—the third to the seventh centuries—for the required study of a span of history of some part of the world outside the British Isles.

At the end of the undergraduate curriculum I emerged, as I deserved, with a second-class degree. Naturally, it occurred to none of my teachers to suggest that I go on to pursue graduate work in history with an academic career as a possible ultimate goal, any more than it occurred to me to imagine such a future for myself. The picture of university education that I have just sketched seems no doubt as remote as that of the medieval and Renaissance universities with which I subsequently concerned myself. A few years ago, Peter Brown provided the audience for the Haskins Lecture with a view of 1950s Oxford as it appeared to a brilliant graduate student and junior fellow of All Souls; alongside those recollections you may now place my memories of a much more ordinary undergraduate.1
No thoughts of an academic career—or indeed a serious profession of any kind—entered my mind for about the next 15 years. A brief first marriage ended with the untimely death of my first husband. And after setting aside various well-meant suggestions for my future that did not appeal to me—especially that of applying for a position teaching history in a girls’ boarding school—I followed a random collection of decidedly nonprofessional occupations. At different times and successively, I was, in London, an editorial assistant on a trade magazine published by an association of cement manufacturers, and a research assistant on a company history; in Rome, a teacher of English in a commercial language school; and, in New York, a personal secretary to an administrator at the original Museum of Modern Art, and, later, an editorial assistant on a children’s encyclopedia. The move to New York was dictated by a desire to see a little more of the world—in Rome I had for the first time worked alongside American colleagues and liked them—but not made with any intention of staying in the United States permanently. But in New York I met my husband, then also a recent arrival in the States, and so we stayed.

By the mid-1960s, with two small children, I began to reconsider my options. In particular, I began to wonder whether some kind of teaching might not be preferable to a return to full-time editorial work. A first step seemed to be to accumulate some graduate credits, and to that end I enrolled as a part-time nonmatriculated student in the M.A. program in history at Hunter College of the City University of New York (CUNY). All I had in mind was a pragmatic, tentative move toward a modest, probably part-time, teaching job. I did not, of course, know that the fates were waiting for me in the shape of the instructor in the first class I took at Hunter. Professor Pearl Kibre was a widely respected medievalist, whose research interests lay in the history of universities and the history of science and medicine; she was a long-time collaborator of Lynn Thorndike, with whom she produced the monumental *Catalogue of Incipits of Mediaeval Scientific Writings in Latin*. She was also a powerful personality. Brushing aside my own reservations, she urged me to enroll full time in the Ph.D. Program in
History (then recently established) of the CUNY Graduate Center, where she would be my mentor.

My memory of graduate school, spent commuting between home responsibilities and a properly demanding mentor, is, I must admit, one of permanent exhaustion; I’m sure it bore hardly on my family, good though they were about it. Nevertheless, in professional terms the results were worth the effort. My completion of the Ph.D. in 1970 coincided with Pearl Kibre’s retirement, and she recommended me for a position at Hunter College. I taught general medieval, Renaissance, and early modern European history in the undergraduate and M.A. programs at Hunter—and from 1976 also in the Ph.D. program at the Graduate Center—until my own retirement in 2003.

I am in no doubt whatsoever that just two things—both encountered after my arrival in this country—made my life of learning possible, and that without either I would not have had a professional career at all, let alone the opportunity to address this distinguished audience. The first was Pearl Kibre’s very determined encouragement and guidance; opportunities offered by public higher education in New York were the second. Without the CUNY Graduate Center and a generous Lehman Fellowship from New York State I would have been very unlikely—for both financial and family reasons—to have had any other opportunity for graduate education. Thereafter, Hunter College, to be sure, imposed a heavy teaching load (I taught three courses a semester for 20 years, until a promotion in 1990 reduced the number), but successive department chairs were consistently very supportive of my research, and research leave policies were relatively generous. (In this and other respects CUNY faculty benefit from the existence of a faculty union.) And of course in New York I was excellently placed for local and regional library resources, as well as for summer travel to European libraries (which became easier as my children grew older).

If there is a moral to my talk it is perhaps a plea for support of public higher educational institutions, even in hard economic times. I might add that after I was fortunate enough
to be granted a MacArthur Fellowship in 2008, I received a letter from a slight acquaintance of many years earlier, in effect assuming that a scholarly career in a public institution must have been pursued in the face of many difficulties and disadvantages. His sympathy was well intentioned, but in my view misplaced. From graduate school to defined benefit pension, the City University of New York treated me very well, and I have no complaints. So much for the external circumstances that enabled me to pursue the pleasures of historical research and writing.

But social, historiographical, and personal intellectual developments all had a part in shaping the work that resulted, and indeed in reshaping my ideas and interests as the years went by. Fresh from writing a dissertation on the early history of the University of Padua, I began as a medievalist with a very narrow view of intellectual history, albeit one that was, thanks to Pearl Kibre’s influence, already directed toward science and medicine. In the early 1970s, the by then 50-year-old “revolt of the medievalists” was still in some quarters a living cause. From the 1920s, Charles Homer Haskins, for whom this lecture is named, and other scholars of the European Middle Ages had stressed the originality and lasting importance of medieval culture as a corrective to the Burckhardtian emphasis—the medievalists would have said over-emphasis—on the special significance of the fifteenth-century Renaissance. Lynn Thorndike of Columbia University, the author of the massive, multivolume History of Magic and Experimental Science, went a good deal further; he denied not just the significance but the very existence of the Renaissance as a distinct historical moment and viewed humanism as having been a negative influence for the development of science.

Thorndike had a strong intellectual influence on Pearl Kibre, who had, as I have already noted, been his collaborator, an influence that did not end with his death in 1965. As a result, during my graduate student years I became very familiar with Thorndike’s historical views. It would be hard to find any historian of science now who would endorse that outlook in its entirety; yet in its own day, Thorndike’s approach, like the views espoused
even earlier by Pierre Duhem and George Sarton, helped to inspire research into significant but hitherto little-explored aspects of the Middle Ages. The call for attention to the sciences in the Middle Ages bore fruit in the detailed investigations by Marshall Clagett and others that made the 1960s and 1970s something of a golden age for the history of medieval physical and mathematical knowledge.

In the meantime, of course, Renaissance studies had not stood still, and a new field of early modern studies was in the process of developing. In particular, one of the most distinguished scholars who left Nazi Germany first for Italy and then for the United States, the historian of Renaissance humanism Paul Oskar Kristeller, taught at Columbia University from 1939 until 1976, and remained in New York and active in scholarship long after his retirement. For me as for many others, Kristeller's work was foundational in building an understanding of the significance of Renaissance humanism, and Kristeller himself was extraordinarily generous with time and advice for a tyro medievalist at a neighboring public institution. If at the time I occasionally found myself torn between two very different views of European intellectual history, in the long run I found it helpful to have been exposed to both perspectives and to hold them in tension.

Meanwhile, I continued to develop an interest in the history of medicine in several different aspects—in relation to the history of science, as professional and social practice, and as a branch of medieval university learning. But the 1970s and 1980s were years in which the historiography of science and medicine was also changing. Historians of science—or some of them, for the field was going through its own culture wars at the time—were beginning to give more attention than before to life sciences and to the social context of scientific knowledge. And much more than previously, medical history was beginning to benefit from a rich body of research into the history of practices, practitioners, and patients in their social and cultural context.

All this was encouraging from the standpoint of someone whose initial training was in history rather than in medicine or
science. Consequently, when I embarked on a study of a group of medical professors in late thirteenth- and early fourteenth-century Bologna—Taddeo Alderotti, whose fame was noted by Dante, and some of Taddeo's pupils—I took some trouble to portray not only their Latin medical learning, but also their role as citizens and men of letters and as practitioners who counseled patients. It was in those years of the late 1970s and early 1980s, too, that I first spent several summers in research in Italy and made the acquaintance of younger Italian historians of medieval medicine and related disciplines, among them Chiara Crisciani, Daniela Mognai Carrara, and the late Jole Agrimi (my dissertation had, by contrast, been completed under serious time constraints, with a minimal period of research abroad). In 1985-86, a blessed year at the Institute for Advanced Study in Princeton enabled me to bring together my thoughts on medieval medicine in the compass of a short survey of the field that summarized my work up to the mid-1980s.

Of the new scholarship on the history of medieval medicine in the United States, the work of Michael McVaugh, which combined an intensive analysis of Latin texts with a keen awareness of the social context and history of both learned and popular medical practice, greatly appealed to me. Accordingly, I was very pleased when the opportunity came to edit—jointly with McVaugh—a volume of essays on the history of medicine for the History of Science Society's annual *Osiris*. One theme that I think will emerge from this talk is how much I have benefited from—and enjoyed—collaborative projects and the scholarly contacts made in the course of them. In the volume for *Osiris*, which also appeared in 1990, we sought to bridge the late Middle Ages and the sixteenth century. Hence, preparation of the volume brought contact with scholars working on the history of Renaissance medicine, most notably Vivian Nutton, then of the former Wellcome Institute for the History of Medicine in London (subsequently the Wellcome Trust Centre for the History of Medicine at University College London), whose work on the many varieties of Renaissance Galenism opened up new areas of medical history to me. Thus this project also contributed to my intel-
lectual trajectory: since the mid-1980s my own interests came more and more to center not on the Middle Ages or even the Quattrocento, but on the sixteenth century.

I was, of course, well aware that in many respects sixteenth-century medicine was already a very well-studied topic. Its technical and scientific accomplishments and innovations, particularly in the areas of anatomy and botany, attracted the early attention of internalist historians of science and medicine; similarly, the Renaissance history of ancient medical texts—their transmission, reception, and influence—has been the subject of much scholarly investigation. And over the last generation, historians of medicine have devoted much attention to the social or cultural milieu of health, disease, and healing in the early modern world. Nevertheless, it seemed to me that there was still more to be said, especially on the subject of continuities between the worlds of medieval and Renaissance medical learning and education.

It was in pursuit of this idea that I embarked on a study of the usage in sixteenth-century universities of that most central of medieval medical texts, the Arabo-Latin Canon of Avicenna (Ibn Sina). In addition to giving me the opportunity to spend many happy hours of research in the Vatican Library and in various Italian libraries, the project produced abundant evidence, in the shape of commentaries and lectures on Avicenna's text, of the persistence in sixteenth-century medical education of traditional texts and teaching methods alongside innovations. Yet if this remained true even in some Renaissance universities most famed for innovation in medicine, it was also the case that the traditional forms were often penetrated by new views and new material. Accordingly, once the project on the Renaissance use of Avicenna's Canon was concluded, it seemed time to turn to a different methodology and to new subject matter; it was indeed high time to set aside my search for evidence of continuity in favor of trying to get a better understanding of the nature and limits of innovation in Renaissance medicine—that is, medicine in Europe between approximately the fifteenth and the early seventeenth centuries. It will by now be obvious that I do not
mean to play down the continuing significance for that period of many aspects of the medical system born in the high and late Middle Ages; I hope it is equally clear that I believe that the Renaissance centuries are in important ways also appropriately termed “early modern.”

I turned first to the paradigm of innovation in the Renaissance medical world: the *De humani corporis fabrica* of Andreas Vesalius and the remaking of anatomy. It seemed that I owed it to myself not to bypass what had been for generations of historians a central feature, a monument, of the field I was trying to make my own. I learned a great deal from devoting many hours to reading through the text of the *Fabrica* and comparing passages between the first edition of 1543 and the second, with attention to identifying revisions by the author. (A practical note: what made this possible was the availability for purchase of copies of microfilms of rare books in the collection of the National Library of Medicine in Bethesda, Maryland, a godsend for U.S.-based scholars in the age before digitization.)

But although I published a couple of articles on aspects of the *Fabrica*, the idea of writing a book on Vesalius and his great book came to nothing. This was largely because I learned of two separate ongoing projects for an English translation of the complete *Fabrica*, one of which proposed to compare the first and second editions (as it happened, the first of the two proposed translations, by William Richardson and John Carman, was not completed until 2009; the second, with comparative treatment of the two editions, is still far from completion). Not only did the existence of these enterprises seem to make any account I could give seem superfluous, but both my own reading of the *Fabrica* and the composition of the two translating teams, each of which consisted of a classicist and an anatomist, reminded me that Vesalius and his response to Galen called for more expertise in ancient Greek medicine and more technical anatomical knowledge than I could lay claim to or was likely to be able to acquire. My encounter with Vesalius was enormously instructive in more ways than one, but I still think the decision not to proceed further was the right one.
Instead, I decided to focus my exploration of the nature and limits of innovation in Renaissance medicine on someone who seems to stand at the opposite pole of Renaissance medical knowledge from Vesalius: the polymath—physician, eclectic philosopher, astrologer, and mathematician—Girolamo Cardano. Of course, after studies of a group of medical teachers and practitioners and of the fortuna of a textbook, a quasi-biographical approach was in itself a departure, but it was not so much that I planned a methodological shift as that I was drawn by growing interest in Cardano. My introduction to Cardano, too, came about partially through chance, and in this instance mortality. A fortuitous encounter in a library—where all the most serendipitous meetings take place—had introduced me to the historian of Renaissance philosophy Charles Schmitt, whose untimely death too soon thereafter was a sad loss to scholarship. Schmitt’s specialty was Renaissance Aristotelianism, but the breadth of his knowledge and interests in Renaissance philosophy—he was one of the editors of the Cambridge History of Renaissance Philosophy—encompassed Cardano and much else besides.

After Schmitt’s death, it was from his library, thanks to the help of his widow, that I acquired a copy of the facsimile reprint of the seventeenth-century edition of Cardano’s Opera omnia (as is well known, the works in this set are not actually Cardano’s omnia). I already knew Cardano as one of the most fascinating and idiosyncratic personalities of the sixteenth century, as well as the author of one of the most revealing of Renaissance autobiographies. But although Cardano was the subject of a considerable historical literature, his medical writings were probably the least known aspect of his work. It was only when I contemplated the 10 volumes in folio of his works, and saw that medicine filled almost half the set, that I realized the full extent of those writings and how much of interest they contained.

Cardano the physician proved a richly rewarding, if challenging, subject, not least because of the eclecticism of his own interests. The effort to read his medical writings with understanding required some acquaintance with such subjects as
ancient, medieval, and Renaissance ideas about dreams and dreaming; sixteenth-century writers on diet; Renaissance Hippocratism; modern historiography relating to Renaissance “life writing”; and much else besides. Cardano once asserted that medicine required knowledge not only of the human body and its diseases, but also of theology, astrology, cookery, natural history, occult sciences, prognostication, and natural philosophy. These claims were exuberant, even for Cardano. Yet the branches of knowledge he mentioned could all in one way or another intersect with Renaissance medical learning. More generally, many physicians of the late fifteenth to early seventeenth centuries were humanistically educated from childhood, and university education in medicine assumed preliminary studies in liberal arts and natural philosophy.

No doubt few university-educated physicians, let alone medical practitioners, engaged equally with all or even some of the branches of knowledge that I have just mentioned. But Cardano himself was a striking example of the range of learning of an erudite physician, combining as he did substantial contributions to mathematics, philosophical writings of considerable originality, and fame as a learned and thoughtful astrologer. By yet another fortunate coincidence, Anthony Grafton was investigating Cardano’s astrology in the years during which I was trying to penetrate his medicine. Our common interest in Cardano led to discussions that greatly helped to enlarge my view of Cardano’s intellectual universe. Thus, as I worked on Cardano it became plain to me that many aspects of sixteenth-century medicine needed to be situated not only in social context but also as part of intellectual history, cultural history, and the history of science much more broadly considered.

I had known Grafton and admired his work since meeting him in the mid-1980s at the Institute for Advanced Study. Soon thereafter he invited me to assist in the selection of materials for—and contribute essays to the catalogue volumes of—two major exhibitions of which he was the curator. The first, on the intellectual impact of New World voyages and entitled “New Worlds, Ancient Texts,” opened at the New York Public Library in 1992 (to coincide with the Columbus centenary). The second,
“Rome Reborn: The Vatican Library and Renaissance Culture,” opened at the Library of Congress in 1993. The latter, planned with the cooperation of the then Vatican librarian, the late paleographer Fr. Leonard E. Boyle, O.P., brought manuscripts and early printed books on loan from the Vatican Library to the United States. I learned a great deal from the work on both these exhibitions. In particular, preliminary research for the second provided a truly extraordinary opportunity for work in the Vatican Library.

Ten years later, another fortunate collaborative project further expanded my intellectual horizons. Jed Buchwald, then director of the Dibner Institute for the History of Science and Technology, housed for some years at MIT, invited Grafton and me to organize a workshop entitled “Renaissance Natural Philosophy and the Disciplines.” This undertaking allowed us to bring together a diverse group of scholars specializing in Aristotelianism, Platonism, medicine, alchemy, natural history, and so-called new philosophies of nature in order to reconsider the roles of reworking tradition, the impact of humanism, and the force of new observations in remaking natural philosophy and the nonmathematical sciences in the Renaissance intellectual world. Credit for the title of the resulting volume, Natural Particulars, belongs to one of the participants and contributors, the historian of Renaissance medicine Katharine Park; we recognized her suggestion as a particularly appropriate evocation of an essential feature of Renaissance natural knowledge. That title also spoke to my own growing interest in the development in the late medieval, Renaissance, and early modern centuries of multiple forms of factual, or supposedly factual, medical narrative, among them case histories and autopsy accounts.

To backtrack slightly, work on Cardano had also brought me into contact with the then very flourishing world of Cardano scholarship in Europe. In Germany, Eckhard Kessler, and in Italy, Guido Canziani and Marialuisa Baldi, were active in organizing conferences and publishing new work on Cardano—in the case of Canziani and Baldi as part of a large project for new editions of Cardano’s works. Among the scholars who contributed to these
undertakings, the work of Ian Maclean was of especial interest to me, of course for his studies of Cardano, but also more broadly because of the depth of his knowledge of the history of sixteenth-century medicine considered as a branch of academic learning and intellectual history. I was exceptionally pleased, therefore, to be invited to lecture in the Wolfenbüttel international summer course on “Learned Medicine in the Late Renaissance (1530–1630),” organized and led by Maclean in 2000. The contributions of lecturers and participants in this summer program amounted to a valuable overview of medical teaching in universities in many parts of Europe—and of course, the occasion also provided opportunity for work in one of the great European libraries, the Herzog August Bibliothek.

Let me return now to the theme of medical narrative. To work on Cardano was an invitation to think further about the varieties of narrative in sixteenth-century medical writings, for Cardano was a great teller of stories: of himself, his dreams, his patients and their diseases, and of the marvelous cures he brought about. But medical narrative also related to a much larger aspect of the development of medicine from about 1300 to 1600—its increasingly empirical character. The manifestations of this growing empiricism included not only more attention to the particulars of observation but also the multiplication of medical narratives of various kinds. The scholastic methodology and the incorporation of elements of Aristotelian logic and natural philosophy along with Galenic medicine that were salient characteristics—and achievements—of the learned medicine of the high Middle Ages by no means disappeared. But alongside them newer features emerged or, if already present, became more common: descriptions of individual patients and their symptoms, narratives about epidemic outbreaks, autopsy reports, and so on. Alongside the late medieval genre of the consilium, or advice for an individual patient—which often contained only the briefest characterization of patient and disease, and seldom mentioned outcome—began to appear case histories modeled on those in the Hippocratic Epidemics. Published collections of medical nar-
ratives and observations multiplied, from Antonio Benivieni’s accounts of “remarkable” diseases and cures in late fifteenth-century Florence to Théophile Bonet’s vast collection of autopsy reports from many times and places published in late seventeenth-century Geneva.

An opportunity to consider these issues further came in the shape of an invitation to participate in a conference at the University of Bologna on the development, from the late Middle Ages to the early modern period, of the concept of the “fact” and the role of empirical evidence. The topic of the conference was inspired by the work on the history of the concept of “fact” by Lorraine Daston, who was one of the participants. (The proceedings appeared as an issue of Quaderni Storici in 2001.)

The occasion gave me the chance for extended and, as it turned out, very fruitful discussions with Gianna Pomata, one of the conference organizers. She had recently published an important article calling attention to the significance of the presence of the term historia in early modern medical descriptions or records of observation. In thinking about the role of narrative in medicine, I had been equally struck by Cardano’s praise of historia, in the sense of a record of human experience, as a component of medical literature. Of course, both senses—description of an observation and record of past events—preserved the ancient connotation of historia as a narrative presenting the results of an inquiry. Our conversations led us to think that the various uses of the word and idea historia by sixteenth-century writers in Latin was a topic that deserved fuller exploration.

To our great delight, Lorraine Daston, in her capacity as director of the Max Planck Institut für Wissenschaftsgeschichte in Berlin, invited Gianna Pomata and me to organize a month-long workshop entitled “Historia: Explorations in the History of Early Modern Empiricism” in the summer of 2003. The hospitality of the Max Planck Institut enabled us to bring together a group of scholars whose expertise extended across a wide range of early modern learning, from the artes historicae and the history of religion to natural history, encyclopedism, and, of course, medicine.
The design of the workshop, according to the practice of the Max Planck Institut, began with discussion of pre-circulated papers, allowed ample time for revision and additional library work, and concluded with further collective discussions. It was an ideal arrangement, both for scholarly interchange and as a method of producing a thematically unified volume; it is a time I remember very fondly, not least for the opportunity it offered to explore Berlin. The results appeared in 2005 as the volume *Historia: Empiricism and Erudition in Early Modern Europe*, jointly edited by Gianna Pomata and me.

But as usual one thing led to another, and I found I could not leave the subject of Renaissance medical men and their uses of history alone quite yet. While the *Historia* project had taught me a lot about the uses of various types of narrative of past events in sixteenth-century medical writing, I had become increasingly aware of, and interested in, the extent to which physicians participated in writing on history and antiquities in a more general, non-medical sense. In recent years, Renaissance and early modern historical and antiquarian writing of all kinds has attracted much scholarly interest, and I decided I wanted to bring the contributions of physicians into the scope of the discussion. Of course, as I have already noted, history was certainly not the only discipline other than medicine to which medically trained authors contributed. It would have been perfectly possible—as has been pointed out to me several times—to study such men from the standpoint of their general erudition, or, for that matter, to concentrate on the contributions of some of them to, for example, poetry or mathematics.

But in electing to focus my investigation on their writing of history, I had specific considerations in mind. It remains my conviction that for the Renaissance and early modern (or, if you prefer, humanist and Baroque) period, connections between medicine and history were especially far-reaching, if only because both incorporated narrative, the record of human lives, and some essential component of empiricism (as I am by no means the only one to have pointed out). And the more I looked for history-writing physicians, in the sense of nonmedical human
history, the more of them I found. Some wrote very well-known histories or chronicles, as in the case of the humanist town physician who compiled the Nuremberg Chronicle. Some indeed were given the official title historicus, as was the case with several physicians in succession at the imperial court of Vienna. And of course, many more remained relatively obscure.

Examples were indeed so numerous that I soon realized it would be impossible to produce a comprehensive study of history writing by members of the medical profession in Renaissance and early modern Europe (although a bibliography of all such works might be of interest, if anyone has the patience to undertake it). Instead, I began to think of taking selected examples of historical writing by medically trained authors both from within medical literature broadly described (that is, not only medical texts but also biographies of physicians, histories of the discipline of medicine, and so on) and among general works dealing with history or antiquities. For the general works, I would look for clusters from different centers of regional importance and try to relate them to the local intellectual, cultural, and indeed political contexts. I hoped to get a better sense both of the way historical information played into various genres of medical literature, and of any regional patterns in the intellectual interests and the patronage of physician-authors of historical works on subjects other than medicine. In the end, the regionally organized section of my study, which appeared with the title History, Medicine, and the Traditions of Renaissance Learning in 2007, looked at physicians with historical or antiquarian interests in two cities in Italy (Milan and Rome), one in northern Europe (Vienna), and among Venetian physicians active in Egypt and Syria.

The chapters on Venetian physicians in Egypt and Syria represented a considerable extension of the geographical scope of my work, something both desirable—indeed necessary—from the standpoint of the book’s subject matter, if somewhat rash on my part, given that almost all my earlier work had been on Italy. Even now the focus remained predominantly Italian, but research for the chapter on Vienna provided a highly enjoyable opportunity to explore some of the manuscript riches of the Österreichische
Nationalbibliothek. But none of the work I have been talking about would have been possible without the rich manuscript and early printed collections and helpful staff of so many libraries in Europe and in this country; perhaps a list of rare book rooms frequented might give a better picture of the feel of the life of learning—and certainly of its pleasures—than any description of the work completed.

Most recently I have turned my attention to some examples of sixteenth-century medical letters, especially the vogue for publishing large collections of *epistolae medicinales*—those curious compilations into which some authors felt free to insert humanist dialogues, short treatises, forensic reports, diatribes against colleagues, and much else besides that bears little resemblance either to surviving manuscript letters by physicians or the advice of letter-writing manuals. But that is an unfinished project and a topic for another occasion.

As I look back over the many years I have happily spent in historical research and writing, I can see many situations in which chance has offered me favorable opportunities and new ideas. I’ve already discussed a number of these openings, meetings, and occasions. But I have also been fortunate in other, foundational aspects of life that have nothing to do with scholarship: I have enjoyed excellent health, a happy family life, and constant encouragement in my work from my husband and sons. At the same time, I do have regrets for deficiencies in my formation and missed opportunities in my work both as a historian of premodern Europe in general and, more specifically, as a historian of medicine. In particular, I would have benefited from more and stronger language training. With the decline of access to instruction in Latin, the situation is probably much more difficult for today’s students of premodern European history than it ever was for me. Given these circumstances, one begins to wonder about the future of the field outside a few privileged institutions.

Moreover, as a historian of medieval medicine, I should have acquired a fuller knowledge of the Arabic background of so much in Western medieval medicine; as it is, my work on Ibn Sina
addresses only its (admittedly extensive) Latin tradition. As a historian of humanist medicine, I would doubtless have benefited from stronger knowledge of the classical tradition. Another methodological limitation may be that while I greatly admire scholars who are able to work with equal facility on archives and texts, most of my own work has been on texts.

And, of course, I have contributed little or nothing to large areas of history or new schools of interpretation that became—some more durably than others, perhaps—the focus of widespread interest and participation in the historical profession during the years in which I have been at work. The long debates on the role of theory in relation to history that went on in the 1970s, '80s, and '90s went on without me. On the other hand, I am entirely sympathetic to the expansion of such fields as women’s history and gender studies, but I have not contributed to them, and indeed have directed my attention very differently.

As a historian of medicine, I have added very little to knowledge of the realities, as distinct from the prescriptive literature, of medical practice, and nothing at all to knowledge of patient experience. These are, to be sure, areas particularly difficult to investigate for early periods, although it can be done, as impressive recent studies of letters and archival records relating to the illnesses of individuals, whether from fourteenth-century Aragon or fifteenth-century Milan, testify. Moreover, my training in history (that is, not in medicine) has governed my selection of topics, chronological period, and research methodology. But I am very far from wishing to denigrate the historical application of professional medical knowledge; rather I am very conscious of my own limitations. I have focused on the intellectual history of thirteenth- to early seventeenth-century medicine simply because such an approach suited both my interests and my capacities.

But I do not in the least regret concentrating my attention on intellectual history, and especially on the relation of the history of medicine to aspects of the broader intellectual and cultural history of Renaissance and early modern Europe. Rather, recent
historiographical trends have opened new possibilities for the fuller integration of aspects of history of medicine with intellectual and cultural history, as well as with some parts of the history of science. To point to some of the most relevant of these trends: the sixteenth and seventeenth centuries continue to be the focus of much new work in the history of science, but now with much more attention not only to life sciences but also to the persistence of traditional ideas about nature; cultural historians have developed a keen interest in the history of the body; the history of the book and of reading, and the history of learning, are now prominent fields of specialization in intellectual history. All these developments have helped to arouse further interest among historians in general in the role of medical knowledge and ideas and the means of their transmission. In turn, the history of Renaissance and early modern medicine may benefit if we broaden the scope of inquiry to include the interpenetration of medicine and the surrounding world of learning, education, and intellectual life.

The life of learning, with all its twists and turns and unexpected new paths to follow, has been a constant source of pleasure and interest to me for more than 40 years. I have been exceptionally fortunate, especially in that I have been able to follow my interests wherever they took me without feeling any particular pressure to conform to others' expectations, and to have met with so much encouragement and help along the way. As I look back, I am reminded that I've been told that it was a mistake to call my book on Cardano The Clock and the Mirror because the meaning of the title is not self-evident (though I did explain it in the preface). It refers to Cardano's recommendation that "a studious person should always have at hand a clock and a mirror: a clock . . . to keep track of time, especially in the case of someone who is a professor, teaches, or writes"; a mirror to be reminded of the aging condition of one's body. Cardano's remark may have been too obscure for a book title, but it still seems to me pretty good advice.

Thank you.
