

**Prescribing Love: Italian Jewish Physicians Writing on
Lovesickness in the Sixteenth and Seventeenth Centuries**

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Introduction

"... for love is strong as death, and wrath bitter as the underworld: its coals are coals of fire; violent are its flames." (*The Song of Songs*, 8:6)

The connection between love and states of illness and madness has existed since antiquity, and it has been discussed in both medical and non-medical literature for just as long. The term "lovesickness" has generally been used to describe a disease characterized by both physiological and psychological symptoms. During the early modern period, especially from the mid-sixteenth century through the mid-seventeenth century, an impressive number of European medical works went further than a general discussion of love's torments and dealt specifically with this medical diagnostic category and with its different stages.¹

While the medical descriptions of lovesickness from the mid-sixteenth century through the mid-seventeenth century followed the same pattern of their classic and medieval predecessors, the volume of writing on this subject increased

I would like to express my sincere gratitude to the European Forum at the Hebrew University for granting me the Corinaldi Scholarship. This generous support enabled me to pursue the current research. The paper was written while I served as a fellow at the Scholion Interdisciplinary Research Center in Jewish Studies at the Hebrew University. I wish to thank Prof. Michael Heyd, Prof. Moshe Sluhovsky and Prof. Kenneth Stow who commented on drafts of this paper. As always, I am indebted to Zihriya Altbauer whose ongoing support and comments are invaluable to me.

All translations are mine, unless otherwise noted.

¹ Systematic studies of the history of medical writing on lovesickness are quite scarce, and the research that has been done on the subject has generally been based on a psychiatric point of view, without making any reference to social components. See, for example, Stanley W. Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times* (New Haven: Yale University Press, 1986); Frank Tallis, *Love Sick: Love as Mental Illness* (New York: Thunder's Mouth Press, 2005). In 2002, two British psychiatrists, G. E. Berrios and N. Kennedy, attempted to approach this issue from an historical perspective. Although they concluded that the disease is "a construct, a mirror reflecting Western views on spiritual and physical love, sex, and gender, inequality and abuse," they paid little attention, if any, to the uniqueness of the of the consolidation of the concept of the disease in the early modern period, and did not offer social explanations to the changing historical convergences that they themselves had identified. See G. E. Berrios and N. Kennedy, "Erotomania: A Conceptual History." *History of Psychiatry* 13(4) (2002): 381-400. Historical discussions of the subject are still, as I have mentioned, very few in number. The pioneering research of John Livingston Lowes on the connection between *eros* and *hereos* in relation to lovesickness in medical literature is worth mentioning here. See John Livingston Lowes, "The Lovers Maladye of Hereos." *Modern Philology* 11 (1914): 491-546. Systematic attempts at historical discussion have been limited to the classical and medieval periods. See, for example, Peter Toohey, *Melancholy, Love, and Time* (Ann Arbor: University of Michigan Press, 2004); Mary F. Wack, *Lovesickness in the Middle Ages* (Philadelphia: University of Pennsylvania Press, 1990).

dramatically during this period. It is in this period that the use of the term ‘love melancholy’ became prominent.²

This paper represents the third stage in my research of early modern discussions of lovesickness. The objective of the first stage of my research was to provide a systematic analysis of the disorder, and of the manner in which it was discussed, based on European medical writing from the mid-sixteenth century through the mid-seventeenth century.³ In the second stage, I sought to provide an historical explanation for its popularity as a subject of medical literature during that period, focusing on the examples of the English and French societies during these roughly one hundred years.⁴ In this third and current stage, my objective is to identify medical discussions of lovesickness within a single distinct social and medical context, that of Jewish physicians practicing in Italian Jewish communities during the mid-sixteenth to the mid-seventeenth centuries. I intend to trace the distinctive features of the Italian Jewish medical discussion concerning lovesickness – features which may be tied to the unique cultural and religious context in which the discussion arose. This context is quite different from those I have studied previously, i.e. the context of the French Catholic and the British Anglican societies.

This attempt, I hope, will enable me to reflect upon the unique consolidation of the concept of lovesickness in a specific cultural context. Also, in the context of

² There are systematic studies of lovesickness during the early modern period, such as Lawrence Babb's classic research or Marion Wells' recently published and inspiring work, but these are limited to analyses of the reflection of the disease in the contemporary non-medical literature, especially in English drama and romance literature, and they do not deal with socio-historical explanations for the prevalence of the medical diagnosis itself. See Lawrence Babb, *The Elizabethan Malady: A Study of Melancholia in English Literature, 1580-1642* (East Lansing: Michigan State College Press, 1951); Marion A. Wells, *The Secret Wound: Love Melancholy and Early Modern Romance* (Stanford: Stanford University Press, 2007); Lesel Dawson, *Lovesickness and Gender in Early Modern English Literature* (Oxford and New York: Oxford University Press, 2008).

³ Michal Altbauer, “Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century” (in Hebrew), (master's thesis submitted to The Hebrew University of Jerusalem, 2002), 38-70.

⁴ By using constructivist commentary on psychological disorders, which regards such disorders as local idioms of distress shaped in specific social and cultural contexts, I have tried to explain the marked preoccupation with love melancholy in the medical literature of the time, and to present the ways in which the ideas concerning the disorder expressed in that literature were a reflection of the social and cultural realities. Once I had found references to a type of distress that originated in unrequited love, I went on to study the social constraints that prevented the fulfillment of love-marriages, by focusing on the connection between the prevalence of “lovesickness” and attitudes towards love-marriage in the above-mentioned societies. See Michal Altbauer-Rudnik, “Love, Madness and Social Order: Love Melancholy in France and England in the Late Sixteenth and Early Seventeenth Centuries.” *Gesnerus* 63 (2006): 33-45.

the history of medicine, the comparative aspects of this study are important, in that it presents a study of the Jewish perspectives on the subject within the framework of general European historiography.

This paper begins with a general survey of early modern European medical literature concerning lovesickness. This is followed by a short introduction to the Jewish physicians who lived and worked in the geographic area currently constituting Italy during the beginning of the early modern period, focusing on three physicians who wrote about lovesickness: Amatus Lusitanus (1511-1568), Philothei Eliani Montalto (1567-1616) and Jacob Zahalon (1630-1693). The case of Zacutus Lusitanus (1575-1642), a Dutch Jewish physician, will also be considered, since his life story bears a strong resemblance to those of the Italian Jewish physicians, as I will demonstrate below. The third and major part of this paper focuses on the discussion of lovesickness in the writings of the above-mentioned Jewish physicians. This discussion is based on the various stages of the disease, in order to provide a clear understanding of the medical discourse regarding lovesickness in its entirety. The final part examines the physicians' descriptions of the disease in relation to the general contemporary European medical discussion of the same subject. Here, the specific characteristics of the various genres of the medical discussions of lovesickness and the nature of the sources relied upon in these discussions, as well as the various physicians' distinct life stories, will be taken into account. I intend to investigate the connection between the shared characteristics of their backgrounds (both personal and professional) to their writing on the subject of lovesickness, particularly in light of the fact that other Jewish physicians of the same period did not mention the disorder in their writings.

1. Lovesickness in Early Modern Europe

Although the present study focuses on the early modern period, it is worthwhile to consider how the presentation of love-related pathologies had produced a specific medical diagnosis in earlier periods, since many of the features of this presentation did not change in later generations.⁵ As with all diseases, etiological explanations of melancholy were based upon the humoral theory, according to which the human body is made up of four humors (blood, yellow bile, black bile and phlegm), each characterized by different qualities of heat and moisture, with good health being the result of an optimal balance among the four. The earliest and most ordered discussions of the subject of lovesickness can be found in the writings of Aretaeus the Cappadocian and of Galen, both of whom described the disease as a depressive illness whose symptoms, but not its etiology, match those of melancholy. According to the Hippocratic writings, the symptoms associated with melancholy include depression, fear, eating disorders, insomnia, irritability and restlessness. But whereas in the case of melancholy, the depression and fear have no apparent cause, in the case of lovesickness, the cause is an obvious one – i.e., the separation from the object of love. While the cause of melancholy was understood to be both physiological and natural (an excess of black bile), the cause of lovesickness was understood as being primarily emotional.

The medical view taken of lovesickness during the middle ages was not dramatically different. Oribasius, Alexander of Tralles and Paul of Aegina were among those who described the lovesick as displaying the symptoms of melancholy. The contribution of Arab medicine in the ninth and tenth centuries regarding this subject was to consolidate the symptoms into a specific diagnosis of love melancholy. The clinical picture, however, remained unchanged. Although the conceptual contributions of medieval literature regarding courtly love and of Italian Renaissance treatises on love will not be discussed here, it is important to mention their immense influence on contemporary medical writing, as well as the

⁵ This is, however, not the focal point of the current paper. For more complete discussions of this topic. See Lawrence Babb, *The Elizabethan Malady*, 128-142; Stanley W. Jackson, *Melancholia and Depression*, 356-365; Mary F. Wack, *Lovesickness in the Middle Ages*, 3-30; Jacques Ferrand, *A Treatise on Lovesickness*, trans. and ed. with an introduction by Donald A. Beecher and Massimo Ciavolella (Syracuse: Syracuse University Press, 1990), 39-97; Michal Altbauer, “Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century,” 12-37.

blurring of the boundaries between philosophical discussion and medical analysis which characterized the medical literature on this subject during these periods.

The volume of medical literature concerning lovesickness increased dramatically from the mid-sixteenth century to the mid-seventeenth century, with physicians (mainly but not exclusively French) such as Valleriola [1588], du Laurens [1597], Aubrey [1599], Platter [1602], de Veyries [1609], or Sennert [1611], devoting dozens and sometimes hundreds of pages to its specific diagnosis and prognosis, but most of all to its etiology and therapy.

Predisposition to the disease was linked to the dominance of blood (a sanguine tendency) which meant that the body was inclined to moisture and heat. This high level of blood in the human body was believed to produce a natural inclination to all the passions, especially erotic love. However, the understanding was that a natural inclination of the body to melancholy could not, in itself, bring about love melancholy. Sanguinity would upset the humoral balance of the body, but could not, by itself, cause any agony or physical distress. Thus, sanguinity was described as the contagion stage. The presence of a beautiful object which attracts the individual's eye would, of course, be necessary to bring about the actual illness. Melancholy, it was understood, took over only in the second stage of the disease, when for some reason the person was separated from his or her beloved and could not consummate his or her love. The unfulfilled love would then dry and cool the body, causing dominance of the black melancholy bile. Excessive mental action, due to constant meditation on the object of love, would exacerbate the dominance of melancholy, while the emotional turmoil and the symptoms of melancholy would promote the spread of black bile through the body, and would thus intensify the person's despair and physical suffering. Ferrand lists the symptoms briefly as follows (before providing details of each of them):

Pale and wan complexion, joined by a slow fever ...
palpitations of the heart, swelling of the face, depraved
appetite, a sense of grief, sighing, causeless tears,
irresistible hunger, raging thirst, oppression, suffocation,
insomnia, headaches, melancholy, epilepsy, madness,
uterine fury, satyriasis, and other pernicious symptoms
...

⁶ Jacques Ferrand, *A Treatise on Lovesickness*, 229.

The medical treatment that was prescribed was mainly that which had been prescribed in the classical era. After an accurate diagnosis, which could be made only by an authorized physician, the humoral balance was to be restored, mainly by bloodletting, but also through dietary changes and pharmaceutical prescriptions.

Although the lengthy descriptions from this period of the disorder's clinical manifestation were, as noted above, very much based upon the classical and medieval medical traditions, such that Berrios and Kennedy unsurprisingly concluded that "this [long-held medical] view remained untouched until the middle of the 17th century,"⁷ their comment is far from accurate. Not only had the scope of the writing on the subject increased dramatically by that point in time, there were also new and unique features relating to etiology and to therapy which were common to all the medical discussions of love melancholy during this period, and which did not reappear in any later writings. This implies that the root causes of the disease, as perceived at that particular time, were social in nature and were unique to the relevant chronologically and culturally limited contexts. What appeared during the sixteenth and seventeenth centuries to be an inclination to this disease which was shared by many young aristocratic men and women, arising from their rich diet or idle lifestyle, came to reveal itself as a disease with a particular social origin – a characteristic which becomes especially obvious in light of the physicians' discussion of its prognosis. Alongside the varied medical solutions that are described, all physicians of this period were in decisive agreement that the patients could only be completely healed through a reunion with the love object. While some noted that this union can be realized only in accordance with divine and human laws, others directly attacked the legal and social obstacles which prevented young couples from being joined in marriage. This medical manifestation of a social distress was, of course, based on the contemporary social reality, which can be described as that of a patriarchal and an authoritarian society. This was a society in which the choice of a future spouse was made entirely by the parents, and in which most of the marriage arrangements

⁷ G. E. Berrios and N. Kennedy, "Erotomania: A Conceptual History," 384.

were made between families of the same socio-economic status, as is well reflected in both contemporary legislation and literature.⁸

The humoral model, alongside the traditional medical references to a pathology connected to love played a substantial role in this discourse. Also, the systematic association of the disorder with melancholy cannot be dismissed, given that – at this period of time – the latter was considered, both medically and legally, to be a form of dotage or partial insanity (rather than madness or frenzy),⁹ and gained not only medical but also intellectual and literary popularity – the period actually came to be referred to as *L'age d'or de la mélancholie* – because of the exceptional artistic traits and divine inspiration associated with it.¹⁰ These elements made it possible to anchor the susceptibility of a small but significant segment of society – young aristocratic men and women – within a medical framework that did not label them as completely insane and which demanded not only a physical but also a social solution: the pathologization of love on the one hand, and its prescription as a cure, on the other.

The level of the bluntness to be found in the contemporary discourse on the subject corresponds to the social realities prevalent in the different countries at that time. In those countries in which the limitations on love were more strictly enforced and where the consequent emotional distress was thus more intensely felt, as in France, it was more convenient to deal with the problem as a strictly

⁸ This, as I have mentioned earlier, was the focus of an earlier paper of mine. See Michal Altbauer-Rudnik, "Love, Madness and Social Order," 37-43.

⁹ English law, for example, defined melancholy as partial insanity, based on arguments made in 1592 by the jurist Richard Cosin. Cosin claimed that a person could be insane with regard to certain specific issues while remaining perfectly sane with regard to others, with regard to which he was to be held legally accountable for his acts. During the seventeenth century, melancholy was used as the perfect example for such partial insanity. It was claimed that only partial harm, expressed by specific hallucinations, was caused to the melancholic patient's imagination. For the relevant sections of Cosin's essay, see Richard Cosin, "Conspiracie, for Pretended Reformation," in *Three Hundred Years of Psychiatry*, ed. Richard Alfred Hunter & Ida Macalpine (New York: Carlisle, 1982), 43-45. For detailed discussions of the subject, see Stanley Jackson, "Melancholia and Partial Insanity." *Journal of the History of the Behavioral Sciences* 19(2) (1983): 173-184.

¹⁰ The term *L'age d'or de la mélancholie* usually refers to the period from 1480 to 1640, and appears often in the literature dealing with early modern European melancholy. For detailed discussions of the subject, see, for example, Lawrence Babb, *The Elizabethan Malady*, 73-127; Raymond Klibansky, Erwin Panofsky & Fritz Saxl, *Saturn and Melancholy* (London: Nelson, 1964); Vieda Skultans, *English Madness* (London: Routledge and Kegan Paul, 1979), 17-51; Jean Delumeau, "L'Age d'or de la mélancholie." *L'histoire* 42 (February 1982): 26-37; Winfried Schleiner, *Melancholy, Genius, and Utopia in the Renaissance* (Wiesbaden: O. Harrassowitz, 1991), 19-29; Jennifer Radden, "Introduction: From Melancholic States to Clinical Depression," in *The Nature of Melancholy*, ed. Jennifer Radden (Oxford: Oxford University Press, 2000), 3-60; Noel L. Brann, *The Debate over the Origin of Genius During the Italian Renaissance* (Leiden: Brill, 2002), 247-332.

medical one; there, physicians sought to conduct emotions with the use of rational tools, by suggesting surgical and pharmacological therapies. In the countries in which the limitations were less strictly enforced, and where there was already existing criticism of practices that stood in the way of young lovers, as in England, the adaptation of social methods for achieving a cure came to be something of an *idée force*, one which became prevalent and gained popularity at an accelerated rate, until it started to shape the social reality of its time and even contributed to the development of the notion of romantic love.

2. Jewish Physicians Practicing in Early Modern Italy

I. Jewish Physicians in Early Modern Italy

"The first half of the 17th century is barren in respect to references to Jewish physicians and there are but few instances of Jews practicing medicine [in Italy]," wrote the physician and medical historian Harry Friedenwald, who further noted that this trend was actually characteristic of the entire period covering the years 1556 through 1659, because papal regulations in force during those years prohibited Jews from studying with Christians and prevented Jewish physicians from treating Christians.¹¹ Since this exact same period – the mid-sixteenth century to the mid-seventeenth century – constitutes the high point of the medical diagnosis of lovesickness, it is to be expected that, since it would be difficult to find any writings at all by Jewish physicians practicing in Italy, it would, *a fortiori*, be even more difficult to find Jewish physicians writing about lovesickness during this period of time.

Cum nimis absurdum, a papal bull issued July 1555 by Pope Paul IV, is often viewed as marking the end of the period of toleration towards Italian Jewry. The fifteen articles contained in the bull conditioned the presence of Jews in Christian society on their being isolated within that society; it emphasized their lower status and reinforced the prohibitions and restrictions that had been drafted in the Fourth Council of the Lateran in 1215.¹²

¹¹ Harry Friedenwald, "Jewish Physicians in Italy: Their Relation to the Papal and Italian States," in *The Jews and Medicine: Essays*, vol. 2 (Baltimore: John Hopkins Press, 1944), 589-590. The "barrenness" of this period is especially apparent because the preceding hundred years, from 1450 through 1550, were considered to be a period in which Jewish physicians had "blossomed" in Italy. The Jewish physician was such a common phenomenon during those years that in many contexts the physician's character was depicted as Jewish. See Cecil Roth, *The Jews in the Renaissance* (Philadelphia: Jewish Publication Society of America, 1959), 213. The reasons for this "blossoming" were connected to the lower fees charged by Jewish physicians, to the general esteem in which their expertise was held (especially because of their special knowledge of Arabic medicine), and to a popular belief that foreigners generally had extraordinary healing abilities. See Robert Bonfil, *Jewish Life in Renaissance Italy*, trans. Anthony Oldcorn (Berkeley: University of California Press, 1994), 29-30; Cecil Roth, *The Jews in the Renaissance*, 213-214; Joseph Shatzmiller, *Jews, Medicine and Medieval Society* (Berkeley: University of California Press, 1994), 57; Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 29-31; Harry Friedenwald, "Jewish Physicians in Italy," 590 and Sander L. Gilman, "Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response." *Journal of the History of the Behavioral Sciences* 20 (April 1984): 150-151.

¹² For the purpose of the current discussion I will refer to those restrictions that affected only the medical profession. Literature concerning the socio-economic status of the Jews in general,

Another papal bull issued in 1581 reinforced earlier regulations that had prohibited Jewish physicians from treating Christian patients, and stated that both physicians and patients would be penalized if the prohibition was ignored. This enhancement continues to appear in further papal measures that were enacted in 1592 and from 1599. During the papacy of Paul V (1605-1621), the existing prohibitions and limitations were accompanied by others (issued in 1608, 1615, 1618, respectively) which prohibited Jews from preparing medicinal mixtures for Christians or from performing scientific activity alongside Christian physicians, and subjected any violators to heavy penalties. These regulations were re-enacted twice (in 1629 and in 1631) during the papacy of Urban VIII (1623-1644). Exceptions were so rarely permitted that there are but few concrete records of them. One instance in which an exception was allowed, and for which a record does survive, was the case of the Bishop of Zakynthus and Kephallonia (Greek islands that had been under Venetian rule since the beginning of the sixteenth century), who permitted Jewish physicians to treat Christian patients from 1640 to 1655.¹³

The life story of the physician David de Pomis (1525-1593) provides a good example of the instability of the status of Jewish physicians in Italy. De Pomis, an eminent physician who served as court physician to families such as the Orsino and Sforza families, also served as the physician and rabbi of the city of Magliano. However, following the prohibitions enacted by Pope Paul IV, he was forced to leave the city and all his entire behind. However, following negotiations with Pope Pius IV (1559-1565), he was allowed to settle in Chiusi in 1565 and was permitted, by means of a special license, to treat Christian patients there. Upon Pope Pius IV's death, a week after the permission was granted, his special privileges were cancelled by Pius IV's successor, Pope Pius V (1566-1572). In 1593, de Pomis managed to have the special permission renewed, but he himself died that same year. *De medico hebræo enarratio apologia*, written by de Pomis

following the issuance of the above-mentioned regulations, is abundant. Mention should be made here of the work of the Israeli historian Kenneth Stow, which deals *in extenso* with the change in the papal policy towards the Jews during the papacy of Paul IV. See Kenneth R. Stow, *Catholic Thought and Papal Jewry Policy, 1555-1593* (New York: Jewish Theological Seminary of America, 1977).

¹³ Harry Friedenwald, "Jewish Physicians in Italy," 587-589.

in 1588, is a short defense of Jews in general and of Jewish physicians in particular and also demonstrates the Jews' unstable status in Italy at that time.¹⁴

Because of the situation described above, it is difficult to find complete records of Jewish physicians practicing in Italy from the mid-sixteenth century to the mid-seventeenth century. University records from the various faculties of medicine (such as those of Perugia, Padua, Pavia and Ferrara), regarding the recipients of doctoral degrees in medicine, constitutes one systematic source of information. However, information regarding the period preceding 1617 is limited due to the nature of the various record-keeping methods that were used at that time.¹⁵ Despite this limitation, references can be found to 29 Jewish students who received their doctoral degrees in medicine from the University of Padua in the years 1520-1605.¹⁶

It should be noted that many of the Jewish students were foreigners who came to Italian universities to receive an education and then went back to their home countries to practice.¹⁷ Furthermore, while many Jewish physicians received

¹⁴David de Pomis, *De medico hebraeo enarratio apologia* (Venice: Ioannem Variscum 1588). For an English translation of the two last chapters, which deal specifically with the Jewish physician, see Harry Friedenwald, "Apologetic Works of Jewish Physicians," in *The Jews and Medicine: Essays*, vol. 1 (Baltimore: John Hopkins Press, 1944), 34-53. De Pomis, in the preface to his Hebrew-Latin-Italian dictionary, describes the [specific] hardships that he himself had endured. See David de Pomis, *Tzemach David* (in Hebrew) (Venice: Ioannes De-Gara, 1587), 5. It should be mentioned here that Jewish apologetic writing was very popular during the sixteenth century, and could even be considered to have constituted its own literary genre. Regarding this matter, see Noah J. Efron, "Nature, Human Nature, and Jewish Nature in Early Modern Europe." *Science in Context* 15(1) (2002): 43-44.

¹⁵ This is in contrast to the period from 1617 to 1825, for which there are complete records indicating that 325 Jewish students had received their doctoral degrees in medicine at the University between those years. For full descriptions of the different record-keeping methods until 1616 and then from 1616 and onwards, see Daniel Carpi, "Jewish Doctoral Students of Medicine at the University of Padua in the Sixteenth and Early Seventeenth Centuries" (in Hebrew), in *A Memorial Volume for Nathan Cassuto*, ed. Daniel Carpi, Augusto Segre and Renzo Toaff (Jerusalem: Kedem, 1987), 96-99.

¹⁶ *Ibid.*, 99-103. Provided "as an example of the tolerance of the Venetian Republic and the university cities," an almost identical list of 25 students who received their doctoral degrees in medicine at the University of Padua is included in Emilia Veronese Ceseracchi, "Ebrei laureate a Padova nel Cinquecento." *Quaderni per la storia dell'universita de Padova* 13 (1980) 157-168. Shulvass, following Ciscato, mentions 80 students who received doctoral degrees in medicine from the University of Padua between 1517 and 1619, but this list probably includes the recipients of magister's degrees as well. See Moses A. Shulvass, *Jewish Life in Renaissance Italy* (in Hebrew) (New York: Ogen, 1955), 309.

¹⁷ One of the eminent Jewish students in Padua at that time was Yoseph Shlomo Delmedigo (Yashar of Candia, 1591-1655), from Crete. Regarding this subject, see Jacob Shatzky, "On Jewish Medical Students of Padua." *Journal of the History of Medicine* 5 (Autumn 1950): 444-445. Carpi, referring to this matter, noted that of those included in the above-mentioned list of 29 students, many practiced later on in Krakow, Prague, Vienna, Thessaloniki and Crete, while only a minority practiced in Venice, Mantua or Padua. See Daniel Carpi, "Jewish Doctoral Students of Medicine at the University of Padua in the Sixteenth and Early Seventeenth Centuries," 124. Furthermore, in

their professional education at the faculties of medicine of the various universities, some underwent practical training or studied independently from textbooks.¹⁸ Information on Jewish physicians who obtained their education privately is naturally scarce, unless the physicians achieved fame outside their own communities or wrote medical treatises themselves.

A study of the Italian medical literature written in Hebrew during that period does not provide any substantial information concerning this issue either, especially as there was very little Hebrew medical literature published in Italy during the relevant period, as compared to Hebrew medical writing in other European countries during the same time period.¹⁹

some cases, Jews who were sponsored by noblemen from their home countries were sent to Italy to study medicine, and then worked as private physicians for their patrons. This was a common phenomenon in Poland, the most famous case being that of the physician Tobias Cohen, who was sent by Jan Zamojski to the University of Padua and later served as the city physician of Zamość, the Polish city founded by Zamojski in imitation of the Italian Renaissance cities. See S. Dubnov, "Jewish Students at the University of Padua" (in Hebrew), in *The American Hebrew Yearbook*, ed. Menachem Ribalow (New York, 1931), 218-219.

¹⁸ Jacob Shatzky, "On Jewish Medical Students of Padua," 445. A statement made by the above-mentioned Shlomo Delmedigo is worthy of mention here, Delmedigo having claimed that "one hour of direct exchange [between master and his disciple] is preferable to [many hours spent on reading of] books." See Isaac Barzilay, *Yoseph Shlomo Delmedigo (Yashar of Candia): His Life, Works, and Times* (Leiden: Brill, 1974), 45. Informal medical training was a medieval tradition that dated back to periods during which Jews were completely prohibited from studying in European universities. For a detailed description of the various forms of this informal training, see Cecil Roth, "The Qualification of Jewish Physicians in the Middle Ages." *Speculum* 28(4) (1953): 834-843. Shatzmiller proposed the possibility that medical education may sometimes have been obtained in yeshivas. Israeli historian Mordechai Breuer, an expert on medieval and early modern yeshivas, has suggested that this was quite possible. See Joseph Shatzmiller, *Jews, Medicine, and Medieval Society*, 22, 25-26; Mordechai Breuer, *Ohalei Torah (The Tents of Torah): The Yeshiva, Its Structure and History* (Jerusalem: The Zalman Shazar Center for Jewish History, 2003), 384-386. Another form of informal medical education was provided within Jewish families, through which medical knowledge was passed from father to son - sometimes for as long as six generations, as was the case with respect to the Portaleone family. Among the twelve eminent Portaleone physicians, three (Abraham, his son David and his grandson Gulielmo/Binyamin) served as court physicians to the Gonzaga ducal family of Mantua during the second half of the sixteenth century and the first half of the seventeenth century. This was also the case in Crete under Venetian rule, where several Jewish families were known as physicians' families, such as the Delmedigo and Nomiko families. See David Yaakobi, "Jewish Physicians and Surgeons in Crete under Venetian Rule" (in Hebrew) in *Culture and Society in Medieval Jewry*, ed. Robert Bonfil, Menahem Ben-Sasson & Joseph R. Hacker (Jerusalem: The Zalman Shazar Center for Jewish History, 1989), 437. It is also worth mentioning here that for medieval Provençal Jewry, this issue was sometimes anchored in marriage contracts, in which the bride's father promised to teach the groom the medical profession. See Joseph Shatzmiller, *Jews, Medicine, and Medieval Society*, 23.

¹⁹ Friedenwald claimed that the limited quantity of Hebrew medical literature was due to the fact that many Jewish physicians intentionally wrote in Latin – the "European scientific language." See Harry Friedenwald, "Use of the Hebrew Language in Medical Literature," in *The Jews and Medicine: Essays*, vol. 1 (Baltimore: John Hopkins Press, 1944), 169. Another explanation may be the various censorship measures that affected Hebrew writings and writers. See Amnon Raz-Krakotzkin, *Censorship, Editing and the Text: Catholic Censorship and Hebrew Literature in the Sixteenth Century* (in Hebrew) (Jerusalem: Magnes Press, 2005), 37-41, 52-63, 90-107.

Finally, there were also Jewish physicians who completed their studies and started practicing before arriving in the various Italian Jewish communities. These were mainly “Conversos” (or “Marranos”), descendants of exiles who came to Italy following fifteenth century persecutions in Spain and Portugal. Most of these were actually exiles from Portugal who had left their homeland in the wake of the establishment of the Portuguese Inquisition in 1536. These “New Christians” usually led “double lives” – presenting themselves as Christians in public, but practicing Jewish rites in the privacy of their homes. Some settled close to Italian Jewish communities and gradually reverted to Judaism.²⁰ Quite a few Converso physicians openly reverted to Judaism after achieving status and fame.²¹

In order to trace those physicians who completed their medical education before migrating to Italy, I used Friedenwald’s catalogue of Jewish physicians in a systematic fashion, along with the biographical index of Jewish physicians edited by Nathan Koren.²² As a result of the above-mentioned obstacles, I have been able to locate discussions of lovesickness in the writings of three Jewish physicians practicing in Italy at the time period under discussion. The three texts are Amatus Lusitanus’ case studies of lovesickness from his *Centuriæ*,²³ Philothei Eliani Monatalto’s “*De amantium insania*” (“The Insanity of Lovers”) –one of the

²⁰ Robert Bonfil, “Italy – A Bridge between West and East and East and West” (in Hebrew), in *The Sephardic Jewish Diaspora after the Expulsion from Spain*, Michael Abitbol and others, eds. (Jerusalem: The Zalman Shazar Center for Jewish History, 1992), 80-83; Yosef Kaplan, *The Western Sephardi Diaspora* (in Hebrew) (Tel Aviv: Ministry of Defense, 1994), 31-41.

²¹ Cecil Roth, *The Jewish Contribution to Civilization* (Cincinnati: Union of American Hebrew Congregations, 1940), 229-230.

²² Friedenwald’s catalogue was first published in 1946 and includes short biographical notes as well as list of writings published by each of the physicians mentioned. See Harry Friedenwald, *Jewish Luminaries in Medical History* (Baltimore: John Hopkins Press, 1946). Koren’s index was published in 1973, and although based on Friedenwald’s catalogue, it encompasses more information and provides more details. See Nathan Koren, *Jewish Physicians: A Biographical Index* (Jerusalem: Israel Universities Press, 1973). Friedenwald also devoted a paper to the subject of Converso physicians, which included short biographies. See Harry Friedenwald, “Spanish and Portuguese Physicians After the Expulsion at the End of the Fifteenth Century,” in *The Jews and Medicine: Essays*, vol. 2 (Baltimore: John Hopkins Press, 1944), 701-771.

²³ Amati Lusitani, *Curatationum Medicinalium Centuriæ Septem* (Bordeaux: Gilberti Vernoy, 1620); several editions of various volumes of the *Centuriæ* can be found in the Friedenwald collection of the Jewish National and University Library, in Jerusalem. For the sake of consistency I have chosen to cite from the 1620 edition, which is comprised of all seven volumes and a full index. The Biblioteca Complutense in Madrid has scanned and made available online the first four volumes from the Venetian edition of 1557 as well as the fifth and sixth volumes of the 1560 Venetian edition. See <http://www.alfama.sim.ucm.es>. Various editions of the different volumes have also been scanned, and can be found on the website of the *Gallica* project of the Bibliothèque nationale in Paris. See <http://gallica.bnf.fr>.

eighteen treatises comprising his *Archipathologia*,²⁴ and Jacob Zahalon's short reference to the disease in his *The Treasure of Life* (*Ozar-ha-Hayyim*, ספר אוצר החיים).²⁵

I will also refer to the writings of Abraham Zacutus Lusitanus (1575-1642), because his life story, both personal and professional, bears a strong resemblance to those above-mentioned physicians, except for the fact that his migrations brought him to Amsterdam and not to any of the Italian cities.²⁶ Reference to Zacutus not only provides a fuller understanding of the early modern Jewish European discussion of lovesickness, it also makes it possible to separate the "Jewish component" from the "Italian component" when reading the writings of the above-mentioned Italian Jewish physicians.

II. Amatus Lusitanus (1511-1568)

Amatus Lusitanus, known as one of the most eminent physicians of his own time, was also one of the best known and researched individuals in the history of Jewish medicine. Historians and physicians writing of Jewish medicine focus on his life story, emphasizing that both his personal and his professional biographies are perfect examples of "the fate of the Jews and the part they continue to play in the

²⁴ Philothei Eliani Montalto, *Archipathologia in qua internarum capitis affectionum essentia, causæ, signa, præsagia & curatio accuratissima indagine edisseruntur* (Paris: Apud F. Jacquin, 1614). A microfilmed version of this book, copied from the *Bibliothèque nationale* in Paris, is supposedly included as part of the Friedenwald Collection at the Jewish National and University Library; however, the whereabouts of this microfilm is unknown and only the treatise on melancholy is filed in Friedenwald's private research files. My research is based on a copy of the book held in the British Library in London.

²⁵ Jacob Isaac Zahalon, *Ozar-ha-Hayyim* (in Hebrew) (Venice: Vendramin, 1683). Although this book was first published only in 1683, I have decided to include it in this research since the medical discussion it contains refers to the first half of the seventeenth century. Zahalon completed his medical studies at the University of Rome during the first half of the seventeenth century and practiced as a physician in the Jewish Ghetto in the city during the plague epidemic of 1656, as described in detail in his book. Furthermore, the subtitle of the book defines it as the third part of another work, *The Treasure of Wisdom* (*Ozar ha-Hokhmot*, ספר אוצר ההכמות), which presumably means it was published later than when it was actually written. (In actuality, it was probably the only part of the planned larger work that was either printed or preserved). My research is based on a copy held in the Medical Library of the Hadassah Medical Center in Ein Kerem.

²⁶ In the years 1642-1644 all of Zacutus' medical treatises were published for the first time in a two volume *Opera omnia*. My research is based on the 1657 edition of the *Opera omnia*, which is identical in contents as well as pagination to the original 1642 edition. The 1657 edition can be found in the Friedenwald Collection at the Jewish National and University Library. For his two discussions of lovesickness, see Zacuti Lusitani, *De medicorum principum historia* (Lyon: Joannis Antonii Huguetan & Marci Antonii Ravaud, 1657); Zacuti Lusiatni, *Praxis historiarum* (Lyon: Joannis Antonii Huguetan & Marci Antonii Ravaud, 1657), 211-213. A 1649 edition of his *Opera omnia* has been scanned and made available online by the Bibliothèque interuniversitaire de médecine. See <http://web2.bium.univ-paris5.fr>.

diffusion of human knowledge.”²⁷ In addition to the abundant research on his Jewish heritage,²⁸ there are many works focusing on his pioneering contributions to various fields of scientific knowledge.²⁹ Due to the long and tortuous course of his migrations, his contribution to medicine was “nationalized” into the medical heritage of several nationalities, primarily by the Portuguese and the Croatian.³⁰

Amatus Lusitanus was born in Castelo Branco in 1511 to a Converso family and was baptized under the Christian name of João Rodrigues. His family secretly

²⁷ Solomon Grayzel, *A History of the Jews* (Philadelphia: Jewish Publication Society of America, 1957), 462. Several other historians have made this point as well. See, for example, Harry Friedenwald, “Amatus Lusitanus.” *Bulletin of the Institute of the History of Medicine* 5(7) (July 1937): 603-653; Aaron J. Feingold, “The Marriage of Science and Ethics: Three Jewish Physicians of the Renaissance,” in *Jews and Medicine*, ed. Natalia Berger (Philadelphia: The Jewish Publication Society, 1995), 89-98.

²⁸ Amatus’ life is often used to illustrate “the internal struggle and emotional burden to which Marranos were subjected” (Aaron J. Feingold, “The Marriage of Science and Ethics,” 94) and has been referred to as the perfect example of this struggle in many works dealing with the Conversos and their emigration routes. See, for example, Eleazar Gutwirth, “Amatus Lusitanus and the Location of Sixteenth Century Cultures,” in *Cultural Intermediaries: Jewish Intellectuals in Early Modern Italy*, ed. David B. Ruderman and Giuseppe Veltri (Philadelphia: University of Pennsylvania Press, 2004), 216-238; George Hugo Tucker, “To Louvain and Antwerp, and Beyond: the Contrasting Itineraries of Diogo Pires (Diadacus Pyrrhus Lusitanus 1517-1599) and João Rodrigues de Castelo Branco (Amatus Lusitanus, 1511-1568),” in *The Expulsion of the Jews and Their Emigration to the Southern Low Countries, (15th-16th C.)*, ed. Luc Dequeker and Werner Verbeke (Leuven: Leuven University Press, 1998), 83-113.

²⁹ For papers on his various botanical and medical contributions, see Adolfo Dujovich, *Amato Lusitano* (Buenos Aires: Biblioteca Popular Judia, 1974); Joshua Leibowitz, “Amatus Lusitanus and the Obturator of the Cleft Palates.” *Journal of the History of Medicine and Allied Sciences* 13(4) (1958): 492-503; L. Garcia e Silva, “Amatus Lusitanus on Tumors of the Skin.” *American Journal of Dermatopathology* 9(6) (1987): 533-536; Marija-Ana Dürriegl and Stella Fatovic-Ferencic, “De lapide-za kamik: Two Approaches to Conservative Therapy of Urolithiasis.” *Acta Pharmaceutica* 50(3) (2000): 249-257; Joshua Leibowitz, “Amatus Lusitanus on Sudden Death due to Obstruction in the Heart.” *Journal de historia da medicina* 15 (Oct. 1960): 364-371.

³⁰ Two pioneering papers on Amatus were written by Portuguese historians. See Maximiano Lemos, *Amato Lusitano* (Coimbra: E. Tavares Martino, 1922); Ricardo Jorge, *Amato Lusitano: comentos à sua vida, obra e época* (Lisbon: Instituto de Alta Cultura, 1908). Amatus’ incorporation as a specifically Portuguese historical figure is exemplified in a bronze statue of him which stands at the center of Castelo Branco, as well as in the various national Portuguese medals issued during the second half of the twentieth century which bear his portrait. See Isaac R. Molho, “Amato Lusitano, (1511-1568),” (in Hebrew and Spanish) *Ozar Yehudei Sefarad (Tesoro de los Judios Sefardies)* 11-12 (1969-1970): 29-30. Because of his stay in Ragusa (Dubrovnik) and his significant medical activity there, his story - both his personal life story and with respect to the role he played in the various fields of medicine in which he practiced - is a central part of many papers dealing with the history of medicine in that city. See Marija-Ana Dürriegl and Stella Fatovic-Ferencic, “The Medical Practice of Amatus Lusitanus in Dubrovnik (1556-1558): A Short Reminder on the 445th Anniversary of his Arrival.” *Acta Medica Portuguesa* 15(1) (2002): 37-40; Jurica Bačić, “Two Cases of Pediatric Urology: Dubrovnik, 1555-1557.” *International Pediatrics* 17(1) (2002): 57-59; Jurica Bačić, Katarina Vilović and Baronica Koraljka Bacic, “The Gynecological-Obstetrical Practice of the Renaissance Physician Amatus Lusitanus (Dubrovnik, 1555-1557).” *European Journal of Obstetrics & Gynecology and Reproductive Biology* 104 (2002): 180-185; Jurica Bačić, “Urology in Dubrovnik.” *World Journal of Urology* 18(5) (2000): 376-380.

led a Jewish life. His basic knowledge of Hebrew was acquired at home.³¹ There is no evidence of his ever having married or having children.³²

Amatus began his education at the University of Salamanca in Spain before he was eighteen. While he was still a student, he was appointed a hospital physician in two local hospitals. He received his doctoral degree *cum laude* in 1530.³³ In 1532 he went back to Portugal for a short period of time and practiced in Lisbon.³⁴ In 1533, in light of the activity of the Portuguese Inquisition as well as the hostility towards Converso physicians in Portugal,³⁵ Amatus left for Antwerp.³⁶ He stayed in Antwerp for several years and there acquired a strong reputation as a physician because of his success in treating many of the city's notables. It was there that he published his first work, the *Index Dioscoridis*,

³¹ Harry Friedenwald, "Amatus Lusitanus," 604. It was once believed that Amatus Lusitanus was Montalto's older brother. See Mayer Kayserling, *Geschichte der Juden in Navarra, den Baskenlaendern und auf den Balearen* (Berlin: J. Springer, 1861), 146. However, the difference in time between the respective birthdates of the two physicians (Amatus was born in 1511 and Montalto in 1567) makes this relationship improbable, as Friedenwald noted. See Harry Friedenwald, "Montalto," 469, n. 3.

³² Friedenwald took special note of this, pointing out that Amatus did make many references to other relatives. See Harry Friedenwald, "Amatus Lusitanus," 604. However, Molho has claimed that there is evidence indicating that Amatus managed to smuggle his wife to Thessaloniki in 1555, when he was expelled from Italy. See Isaac R. Molho, "Amato Lusitano," 30. Emmanuel has made a similar claim. See Itshac Emmanuel, "The Golden Age," in *Zikhron Saloniki*, vol. 1 (in Hebrew), ed. David A. Recanati (Tel Aviv: The Committee for Publishing the Thessaloniki Community Book, 1972), 20. However, neither one of them provides any independent sources for this claim, and as there is no other support for their remarks regarding this issue, I would tend to accept Friedenwald's position.

³³ On Amatus' education in Salamanca, see Adolfo Dujovich, *Amato Lusitano*, 17-21 and Harry Friedenwald, "Amatus Lusitanus," 605.

³⁴ Adolfo Dujovich, *Amato Lusitano*, 30-31.

³⁵ As early as 1525, complaints were made in the Portuguese Cortes regarding the relatively large number of Converso physicians in the country, and against their monopoly of the apothecary market, which allegedly presented a threat to Christians. Converso physicians were banned from writing Latin prescriptions, since few Portuguese other than the Converso physicians themselves understood the language, and there was a directed attempt to encourage Christians to study medicine. See Harry Friedenwald, "Amatus Lusitanus," 605-606.

³⁶ Some claim that Amatus stayed in France for a short period before arriving in Antwerp and then moving on to Italy. See, for example, Yakir Eventov, *A History of Yugoslav Jews*, vol. 1 (in Hebrew) (Tel Aviv: Society of Immigrants from Yugoslavia, 1971), 87; *The Jewish Encyclopedia*, s.v. "Juan Roderigo de Castel-Branco" (by Gotthard Deutsch and Isaac Brodyé), <http://www.jewishencyclopedia.com/view.jsp?artid=577&letter=J&search=Juan%20Roderigo%20de%20Castel-Branco>. If he did spend time in France, that fact would be significant, especially in light of the prevailing French views regarding lovesickness at that time. However, other than the known fact that many New Christians spent time in France during their travels in Europe, I have not found any evidence to support the claim that Amatus was one of those who did so. It is possible that the claims that he spent time in France are derived primarily from the fact that many of his writings were published there.

consisting of commentaries on the writings of the Greek physician and botanist Dioscoridis.³⁷

Amatus was invited to the city of Ferrara by Duke Ercole II d'Este, and he arrived there in 1540. Ferrara's Jewish community was relatively large and benefited from the tolerant attitude of the sovereign and general population. Upon arriving, Amatus was appointed to the Chair of Medicine at the University of Ferrara, where he lectured on Hippocrates, Galen, and Avicenna, and specialized in botany and anatomy.³⁸ While he lived in Ferrara, he was offered two other positions: court physician for King Zygmunt I of Poland and physician of the Republic of Ragusa (Dubrovnik).

In 1547, Amatus left Ferrara for the city of Ancona, where he spent most of his time practicing and writing. It is assumed that he moved to Ancona because he wished to be closer to the Ragusan republic, while he waited to assume his position there.³⁹ He completed his first *Centuria* in 1549. The book, dedicated to Cosimo de Medici, was published in Florence, which Amatus visited that same year.⁴⁰ This was also the year during which he completed the revised edition of his *Index Dioscoridis*. The 1551 edition of the *Index Dioscoridis* proposed a few amendments to the commentaries of the famous Italian physician and botanist Pierandrea Mattioli (1501-1578), who was considered an expert and an eminent translator of Dioscoridis' writings. In response, Mattioli published an *Apologia*, in which he lashed out at Amatus, making a complete identification between Amatus' religious and professional personas, or, as Mattioli saw it, an identification between Amatus' heresy and his professional ignorance.⁴¹

In Ancona, Amatus devoted himself to the practice of medicine; his patients included the city's mayor and members of the Augustinian and Dominican orders

³⁷ Ioanne Roderico Casteli albi Lusitano, *Index Dioscoridis* (Antwerp: Martini Caesaris, 1536). For a discussion of this book and the revised edition thereof that appeared in 1551, see Harry Friedenwald, "Amatus Lusitanus," 617-624.

³⁸ While in Salamanca, Amatus complained about the low standard of anatomy studies at the university. In Ferrara he dissected twelve corpses alongside the famous Italian anatomist Giovanni Canano (1515-1579). See Harry Friedenwald, "Amatus Lusitanus," 605, 608-609. It was there that he discovered the venous valves. See K. J. Franklin, "A Survey of the Growth of Knowledge About Certain Parts of the Foetal Cardio-Vascular Apparatus and About Foetal Circulation in Man and Some Other Mammals, Part I: Galen to Harvey." *Annales of Science* 5(1) (1941): 57-89; Harry Friedenwald, "Amatus Lusitanus," 642-649.

³⁹ See, for example, Yakir Eventov, *A History of Yugoslav Jews*, 88.

⁴⁰ Amati Lusitani, *Curatium medicinalium centuria prima* (Florence: Laur. Torrentinus, 1551).

⁴¹ Pierandrea Mattioli, *Apologia adversus Amathum Lusitanum* (Lyon: Coter, 1562). His *Apologia* has been scanned and can be found in the *Gallica* Project website. See <http://web2.bium.univ-paris5.fr>.

near Ancona, as well as many Jewish families. He was often called upon by several other cities to treat distinguished members of the nobility. In 1551, for example, he was invited to Rome to treat Pope Julius III. He stayed there a few months, in which he treated several other notables in the city, including the pope's sister and nephew, and the Spanish ambassador. While in Rome, Amatus completed his second *Centuria*, which was published in 1552.

Amatus' second revised edition of his *Index Dioscoridis*, published in 1553, was dedicated to the Ragusan senate. In his dedication, Amatus praised the city's tolerant policy towards refugees and expressed his wish to become the city's municipal physician.⁴² It seems that Amatus' eager response to the Ragusan offer was influenced by both the publication of Mattioli's *Apologia* and the fact that intruders had broken into his house in Ancona and plundered all of his property, including two of his manuscripts. Both events were the result of the deteriorating status of Italian Jewry following the enactment of the above-mentioned 1553 and 1555 regulations; these had a dramatic impact on Jewish life in Rome and Ancona.⁴³ Amatus escaped the persecutions in Rome and Ancona (both of which were under papal rule) and moved to Pesaro (which was governed by the duchy of Urbino). He practiced medicine there until 1556.⁴⁴ In late 1556, Amatus left for Ragusa. His sixth *Centuria*, written in Ragusa, describes the dozens of cases he treated while in that city.⁴⁵

⁴² See the first six pages of the second *Centuria* (unpaginated), especially the second page - Amati Lusitani, *In dioscoridis anazarbei dei medica material libros quinque enarrationes eruditissimae* (Venice: Ziletus, 1557). Interestingly, the Ragusan republic originally avoided inviting Italian Jewish physicians, and this policy changed only in the fifth decade of the sixteenth century. See Yakir Eventov, *A History of Yugoslav Jews*, 86.

⁴³ Pope Paul IV carried out a series of acts against the Jews of Ancona; these included imprisonment of several of them and confiscation of the property of New Christians accused of heresy. In May 1556, twenty four Jews who had not managed to escape the city were murdered. See Robert Bonfil, *Jewish Life in Renaissance Italy*, 66. Amatus' stolen manuscripts included his fifth *Centuria* and his commentaries on Avicenna. While the commentaries were never found, the fifth *Centuria* was successfully located by Yoseph Nasi and was published, with a dedication to Nasi, together with the sixth *Centuria*. See Amati Lusitani, *Curatium Medicinalium, Centuriae duae, Quinta ac Sexta* (Venice: Valgrisius, 1560).

⁴⁴ The exact dates of Amatus' persecutions in Ancona and of his moves to Pesaro and to Ragusa are unknown. Most of his biographers and most of the studies concerning his Ragusan period date his move from Italy to Ragusa to late 1555. See, for example, Harry Friedenwald, "Amatus Lusitanus," 612-613; Jurica Bačić, "Two Cases of Pediatric Urology: Dubrovnik, 1555-1557," 57-59. Interestingly, the discussion of a case of lovesickness in his fifth *Centuria*, which, to my knowledge, has not yet been studied, seems to shed some light on the subject. Amatus states, with regard to the case, that it took place in Pesaro in February of 1556, which indicates that Amatus was still in Italy at the beginning of that year.

⁴⁵ Ragusa's Jewish community was relatively small and its members were the descendants of Spanish and Portuguese New Christians. Most of them had arrived in the city after migrating from

In 1558, having failed to obtain any official position in Ragusa, Amatus left for Thessaloniki.⁴⁶ There, amidst the city's large Jewish community, Amatus openly reverted to Judaism.⁴⁷ He treated many patients in the Greek city, mainly members of the Jewish community. It was there that he completed his seventh and final *Centuria* in 1561.⁴⁸ He died in Thessaloniki of the plague in January of 1568.

III. Philothei Eliani Montalto (1567-1616)

“... Elijah Montalto, born at Castello Branco in Portugal at the middle of the sixteenth century. Under the name of Felipe Rodrigues, he had studied medicine at Salamanca, and he acquired a reputation as one of the foremost physicians of his day. He wrote several works which were at one time classics in medical study, attended upon the royal family in Paris, and taught at the University of Pisa. Ultimately, he settled at Venice, where he reverted openly to Judaism.”⁴⁹ In these concise sentences, Cecil Roth summarized the key components of Montalto's character: he was the descendant of a Converso family from Portugal who openly reverted to Judaism in Italy, and an eminent physician who practiced medicine in the royal courts of Europe.⁵⁰ (All these aspects of Montalto's personal and

Italy, on their way to various parts of the Ottoman Empire, and only a few of the original arrivals settled in the city. Aside from their financial success in the city, and in part because of it, they also suffered from quite a few attacks, which rose in frequency towards the end of the sixteenth century. At the beginning of the seventeenth century, the community consisted of only eight families. See Yakir Eventov, *A History of Yugoslav Jews*, 77-86; Ivana Burdelez, "The Role of Ragusan Jews in the History of the Mediterranean Countries." *Mediterranean Historical Review* 6(2) (1991): 190-197.

⁴⁶ In March of 1558, Amatus was notified that he was not allowed to treat non-Jewish patients without specific permission from the city's archbishop. In addition, several local physicians were opposed to any offer of an official position to Amatus, in part because of the points raised in Mattioli's *Apologia*. See Yakir Eventov, *A History of Yugoslav Jews*, 91-92.

⁴⁷ In 1500, the Jewish community in Thessaloniki consisted of nearly twenty thousand people. Jews were encouraged to settle in Thessaloniki as the result of the policy of the sultan Bayazid II, who believed that the Jewish settlement would further the Ottoman strategy for preventing the dominance of the Greek Orthodox population.

⁴⁸ Regarding Amatus' substantial medical practice in Thessaloniki, see Samuel S. Kottek, "Amatus Lusitanus in Salonika: the Last Paragraph in an Eventful Biography," in *Actas del XXXIII Congreso Internacional de Historia de la Medicina*, ed. J. L. Carillo and G. O. de Ros (Seville: Caja San Fernando, 1994), 409-416.

⁴⁹ Cecil Roth, *History of the Jews of Venice* (Philadelphia: Jewish Publication Society of America, 1930), 242.

⁵⁰ Cecil Roth published a pioneering paper on Montalto in 1929, following the discovery of documents concerning Montalto's stay in Paris while serving the royal court. See Cecil Roth, "Quatres Lettres d'Elie de Montalto: Contribution a l'histoire des Marranes." *Revue des Etudes Juives* 87 (1929): 137-165. Roth's paper was re-published a few years later together with another paper of his concerning Montalto. See Cecil Roth, "Elie Montalto et sa consultation sur le Sabbat." *Revue des Etudes Juives* 94 (1933):113-136. The most complete compilation of biographical information regarding Montalto was collected by Freidenwald and was first published

professional biography are critical to the discussion below of his medical treatise on lovesickness.) Montalto was baptized on October 6, 1567 as Felipe Rodrigues, the third son of Antonio and Katerina Aires,⁵¹ a Portuguese Converso who secretly maintained a Jewish household.⁵² His Jewish name was Eliyahu de Luna Montalto.⁵³ The biographical information regarding his life before the publication of his first book in 1606 is rather fragmentary. He studied medicine in Salamanca, yet no exact dates or details regarding his studies there are known. In light of the

in 1935. See Harry Friedenwald, "Montalto: A Jewish Physician at the Court of Marie de Medicis and Louis XIII." *Bulletin of the Institute of the History of Medicine* 3 (1935): 129-158; the paper was re-published in Friedenwald's *The Jews and Medicine*, and that is the version that is cited here. See Harry Friedenwald, "Montalto," *The Jews and Medicine: Essays*, vol. 2 (Baltimore: John Hopkins Press, 1944), 468-496. August d'Esaguy's paper, first published in 1953, offers a full survey of the available biographical information regarding Montalto, and a list of his complete writings. See August d'Esaguy, "Commentaires à la vie et à l'oeuvre du Dr. Elie Montalto," in *Mélanges d'Histoire de la médecine hébraïque: Etudes choisies et de la Revue d'Histoire de la médecine Hébraïque (1948-1985)*, ed. Gad Freudenthal & Samuel Kottok (Leiden: Brill, 2003), 223-234. Later research on Montalto has been based on the previously presented biographical information but also deals with his non-medical writings as well as his religious life. See H. P. Salomon, "Une lettre jusqu'ici inédite du docteur Felipe Rodrigues Montalto (Castelo Branco, 1567-Tours, 1616)," in *Les rapports culturels et littéraires entre le Portugal et la France: Actes du colloque (Paris (11-16 octobre 1982))* (Paris: Fondation Calouste Gulbenkian, 1983), 151-169; Bernard Cooperman, "Eliahu Montalto's Suitable and Incontrovertible Propositions: A Seventeenth-Century Anti-Christian Polemic," in *Jewish Thought in the Seventeenth Century*, ed. Isadore Twersky and Bernard Septimus (Cambridge, Mass.: Harvard University Press, 1987), 469-497; Peter van Rooden, "A Dutch Adaptation of Elias Montalto's *Tactado sobre o principio do capitulo 53 de Jesaias*: Text, Introduction and Commentary." *Lias* 16 (1989): 1-50. The only paper that mentions Montalto's discussion of lovesickness is an article by Richard Ayoun. See Richard Ayoun, "Un medecin juif à la cour de France au debut du XVIIe siecle: Elie de Montalto." *Yod* 26 (1987): 45-56. Ayoun's paper provides a biographical survey based on earlier published research, and focuses on evidence regarding Montalto's stay in Paris. Among the documents Ayoun cites are several parts of Montalto's *Archipathologia*, including a few sentences from his "The Insanity of Lovers" ("amantium insania"). The cited sentences are translated into French as they appeared in the non-complete translation of the section in J. Levy-Valensi et Roger Seillon, "L'Archipathologie de Montalte." *Hippocrate: Revue d'Humanism Médical* (Nov. 1938): 514-519. Another paper that appeared in a French medical journal and mentions Montalto's "The Insanity of Lovers" includes several citations to the piece, but does not contain any discussion of the contents. See J. Valensi, "Les psychoses et l'amour," *Semaine des Hopitaux de Paris*, 15 May 1938: 239-246. In my opinion, the timing of the publication of these last two above-mentioned papers was not accidental and is a by-product of the French psychiatric community's interest at that time in de Clairambault's syndrome or erotomania (a modern variation of lovesickness), rather than an indication of a particular interest in Montalto. I studied and discussed continuity aspects of the medical diagnosis of lovesickness throughout the modern period in another paper, which I presented at the Berlin School for Comparative European History (BKVGE), thanks to the generosity of BKVGE and the Center for German Studies of the European Forum at the Hebrew University. See Michal Altbauer-Rudnik, "From Love Melancholy to Erotomania: Ruptures and Continuities in the Medical Diagnosis of Love Sickness Mid-Sixteenth Century to Early Twentieth Century," an abstract which can be found on the BKVGE's website, at <http://web.fu-berlin.de/bkvge/GRACEH-Konferenzbericht-2.pdf>.

⁵¹ Regarding the possibility of Montalto being Amatus' younger brother, see supra note 31.

⁵² As noted above, this was true for most of the Portuguese New Christian families who migrated to Italy. See Yosef Hayim Yerushalmi, *From Spanish Court to Italian Ghetto* (New York: Columbia University Press, 1971), 1-12.

⁵³ His name appears in several variations in his various medical writings and in references to them: Eliau, Elijah and Elie.

information that is available regarding the lives of his contemporary physicians, it can be assumed that he began his studies in Salamanca at some point during the 1680's, when he was a teenager.⁵⁴ He married Jerónima (subsequently known as Rachel) da Fonseca, who was herself the descendant of a distinguished family of physicians. Although Montalto received his medical education at the University of Salamanca, this family connection to other physicians is an interesting reflection of the informal type of medical education mentioned above.⁵⁵

There is evidence that Montalto practiced medicine in Lisbon,⁵⁶ but at some point near the beginning of the seventeenth century, he left Portugal. While the exact date of his departure is unknown, it was probably during 1601, the year king Philip III of Portugal allowed New Christians to leave the country. There is evidence regarding a meeting that he attended in Livorno in 1599,⁵⁷ but contemporary research supports a later departure from Portugal, emphasizing the exact date of the king's permit as well as the typical path of migration of the Portuguese Conversos (who generally passed through small and wealthy existing communities of Conversos). All of this suggests that Montalto, after leaving Portugal some time after 1599, migrated between Antwerp, Bordeaux and Paris before settling in Italy. Once in Italy, he moved from Livorno to Florence and to Pisa and finally settled in Venice.⁵⁸ The exact periods that Montalto spent in the various Italian cities are unknown, but there are various pieces of evidence regarding his possible locations at several specific dates throughout his life. For example, the publication in Florence of his *Optica* is dated November 1606.⁵⁹ In the preface to this book, Montalto refers to his stay in the Paris court of Queen Marie de Medici. Since the queen did not arrive in Paris until 1600, and as there is evidence that Montalto lived in that city at a time that was three to four years prior to King Henry IV's death (in 1610), it would seem that Montalto's first stay in

⁵⁴ See a short discussion of this issue in Isaac Barzilay, *Yoseph Shlomo Delmedigo*, 36.

⁵⁵ Rachel's grandfather, Manuel da Fonseca, was an eminent Portuguese physician during the second half of the fifteenth century, and was forced to convert to Christianity in 1497. Her father, Lupo da Fonseca, served as the court physician to Queen Catherine of Portugal. Her brother, Thomas da Fonseca, practiced medicine in Lisbon and was persecuted by the Inquisition.

⁵⁶ H. P. Salomon, "Une lettre jusqu'ici inédite du docteur Felipe Rodrigues Montalto," 158.

⁵⁷ Harry Friedenwald, "Montalto," 470; Cecil Roth, "Elie Montalto," 116; August d'Esaguy, "Commentaires à la vie et à l'oeuvre du Dr. Elie Montalto," 226.

⁵⁸ Bernard Cooperman, "Eliahu Montalto's Suitable and Incontrovertible Propositions," 472-474.

⁵⁹ Philippi Montalto, *Optica intra philosophiæ et medicinæ aream, De visu, de visus organo et objecto theoriam accuratè complectens* (Florence: Cosmum Iuntam, 1606).

Paris was at the beginning of 1606.⁶⁰ After a short stay in Paris, Montalto moved to Florence to serve Ferdinand I de Medici, the Grand Duke of Tuscany and the uncle of Marie de Medici (who had probably recommended the physician to the duke). Ferdinand was well-known for his tolerant attitude towards Spanish and Portuguese Conversos and allowed them to stay in Pisa and in Livorno. Montalto dedicated his *Optica* to Cosimo de Medici, Duke Ferdinand's son who later succeeded him as Grand Duke, and in the preface to the book, the physician expresses his great admiration for Ferdinand's attitude and for his actions. This preface also indicated that Montalto had been offered a faculty position, specifically the Chair of Medicine, at the University of Pisa. Montalto also mentions in the preface to the *Optica* that he had been offered a position at the faculty of medicine of the University of Rome, an offer which he declined, fearing that it would interfere with his religious duties. This is an interesting point, which suggests that Montalto had openly reverted to Judaism as early as 1606, the year the *Optica* was published. There is also evidence that he had received a Jewish education, and was tutored in Florence by Daniel Franco.⁶¹

One of the interesting sources regarding Montalto's whereabouts in Italy is the writing of his contemporary, the Jewish physician Yoseph Shlomo Delmedigo.⁶² Delmedigo refers to two teachers from the period of his studies at Padua: Galileo and Elisha Montalto, the latter of whom he refers to as "my master" and praises for being "a universal scholar and excellent physician."⁶³ Since there is no other reference to Montalto having held a teaching position in Padua, it is possible that Delmedigo was referring to him as the author of an authoritative medical work, but it is also possible that Delmedigo, when he was close to completing his studies in Padua, practiced medicine under Montalto's guidance while Montalto was living in Venice.

Montalto came to Venice in order to take part in a *disputatio* with a Dominican preacher from Spain on issues relevant to Judaism, especially those raised in his commentaries on Isaiah, chapter 53.⁶⁴

⁶⁰ Harry Friedenwald, "Montalto," 470.

⁶¹ Daniel Franco returned to Portugal in 1609. There he was accused of "Judaizing" and was burnt at the stake. Ibid., 472.

⁶² See *supra* notes 17 – 18.

⁶³ Isaac Barzilay, *Yoseph Shlomo Delmedigo*, 45.

⁶⁴ Montalto's point of view is expressed in his *Treatise on Isaiah, Chapter 53 (Tractado sobre o capitulo 53 de Jesaia)*. This short polemical treatise was written in Portuguese and consists of a

A further important piece of evidence regarding Montalto's residence in Italy comes from a letter sent by the Medicis' agent in Venice to the Grand Duke in Florence. The letter, dated December 29, 1607,⁶⁵ is a response to orders from Florence to "search for a Portuguese physician, Dr. Montalto, who is supposedly in the Jewish Ghetto," because of the physician's sudden departure from the Duke's court.⁶⁶ In his letter, the Medicis' agent describes his secret meeting with Montalto favorably, noting that "the Portuguese physician is here at the Jewish Ghetto in Venice, wearing the yellow hat, and is determined to stay and practice as a physician here." According to the delegate, Montalto explained his stay in Venice as being the result of his "religious zeal," because of which he felt that he was required to abandon his luxurious life as a Christian and to live as a poor Jewish subject. The delegate estimated that the Ghetto was home to six to seven thousand people, and had no skilled physician among its residents; the delegate therefore expected that Montalto would not be short of work.⁶⁷ Yet Venice was not Montalto's final destination, and his relations with the Medicis had not yet ended. Marie de Medici, who was at that time the queen of France and whom Montalto had allegedly cured while he stayed in Paris during the first decade of the seventeenth century,⁶⁸ was anxious to hire him as her court physician. She therefore asked the Duke of Tuscany to release him from his duties at the ducal court, and even appealed to the Pope for special permission to be treated by a Jewish physician. In her letter to the Pope, Marie argued that she and her family needed Montalto urgently, because four court physicians had died in the years

short introduction, followed by a discussion twelve contradictions within Christianity with regard to Original Sin, the Trinity, the nature of Christ and principles of Christian commentary. See Bernard Cooperman, "Eliahu Montalto's Suitable and Incontrovertible Propositions," 496-497; Peter van Rooden, "A Dutch Adaptation of Elias Montalto's *Tactado sobre o principio do capitulo 53 de Jesaias*," 1-50.

⁶⁵ The letter, currently held in the municipal archive of the city of Florence (the ASF), was first uncovered in the Medici Archive in April of 2002. See Archivio de Stato di Firenze, Mediceo del Principato (MdP) 3000, ff. 254-255 (entry 14561 in the "Documentary Sources" database), <http://www.medicis.org/news/dom/dom042002.html>.

⁶⁶ ASF, MdP 3000, f. 248 (entry 14546 in the "Documentary Sources" database), <http://www.medicis.org/news/dom/dom042002.html>

⁶⁷ This was a rough estimate. Exact data on the Ghetto population indicates a population of 1,694 in 1586 and of 2,414 in 1632 (after 450 individuals died during the plague epidemic of 1630). The Ghetto population never reached 5000, and even at its peak, the area had only 4,870 residents. See Daniele Beltrami, *Storia della popolazione de Venezia dalla fine del secolo XVI alla caduta della repubblica* (Padua: CEDAM, 1954), 79; Cecil Roth, *The History of the Jews of Italy* (Philadelphia: Jewish Publication Society of America, 1946), 334-335. There was, naturally, more than one Jewish physician in the Ghetto, and there were a number of rabbis who served as physicians as well. See Cecil Roth, *The History of the Jews of Italy*, 377-378.

⁶⁸ Harry Friedenwald, "Montalto," 471.

1605 through 1609.⁶⁹ Her request was granted. Before taking up his position as a court physician, however, Montalto conditioned his move to Paris on being granted full freedom to practice his Jewish religious rites, and he was assured that he would be allowed to observe his religion as he chose. Thus, the Montaltos moved to Paris in the fall of 1611, accompanied by Saul Levy Morteira, a Jewish scholar.⁷⁰ In September of 1612, the French queen gave Montalto the title “permanent medical advisor.”

It should be noted that at some point between the publication of the *Optica* in 1606 under the Christian name of Philippi Montalto, and his move to Paris in 1611, Montalto had openly reverted to Judaism.⁷¹ In Paris, the Montaltos were the only family who openly led a Jewish life, although the city did have a small community of Portuguese Conversos who practiced Judaism secretly,⁷² and Montalto's position in the court was important and useful in maintaining the equilibrium prevailing in the city at that time with respect to that community⁷³

During this stay in Paris, which was Montalto's second, he further edited and expanded his *Optica*, which was re-published in 1613. He also completed his

⁶⁹ The four physicians were La Rivieri - who had died in 1605; Marsecot - who had died in 1606; Quercetanes - who had died in 1609; and André du Laurens - who had also died in 1609. See Harry Friedenwald, "Montalto," 473, n. 20. Du Laurens devoted a significant part of one of his medical treatises to lovesickness. See André du Laurens, *Discours de la conservation de la veue, des maladies mélancholiques, des catarrhs et de la vieillesse* (Rouen: Chez Claude le Villain).

⁷⁰ Montalto became acquainted with Morteira in Venice, and Morteira later became the rabbi of the Jewish community in Amsterdam. In Paris, Morteira served as a rabbi and as the Montaltos' Hebrew teacher. Montalto later invited Philip d'Aquin, a local scholar who served as a professor of Hebrew at the University of Paris, to translate several Hebrew manuscripts for him. See Bernard Cooperman, "Eliahu Montalto's Suitable and Incontrovertible Propositions," 496; Harry Friedenwald, "Montalto," 480.

⁷¹ It is also possible that Montalto was recognized as a Jew even prior to 1606, as indicated by evidence according to which King Henri IV opposed Montalto's first stay in Paris because of his religious affiliation. See Harry Friedenwald, "Montalto," 471, 477-480. Furthermore, records of the Portuguese Inquisition from 1611 claim that Montalto was the leader of a Jewish group even before he left Portugal. See H. P. Salomon, "Une lettre jusqu'ici inédite du docteur Felipe Rodrigues Montalto," 164 169.

⁷² On the Conversos in France during the sixteenth and seventeenth centuries, see Yosef Kaplan, *The Western Sephardi Diaspora*, 44-47. An illuminating paper by Jean-Marie Pelorson reveals the history of the tiny group of Portuguese Conversos who lived in the vicinity of the Louvre and who had, as a community, a unique relationship with the royal court. See Jean-Marie Pelorson, "Le Docteur Carlos Garcia et la colonie de Hispano-portugais de Paris." *Bulletin Hispanique* 71 (1969): 518-576. Cooperman also mentions Montalto's important role as a popular hero among this community. See Bernard Cooperman, "Eliahu Montalto's Suitable and Incontrovertible Propositions," 476.

⁷³ In 1613, Montalto appealed to the court regarding the situation of Rouen's New Christian community. See Cecil Roth, "Les Marranos a Rouen." *Reveus des Etudes Juives* 24 (1929): 117. In 1615 he made a further appeal regarding the communities in Paris and in Bourdeaux. After Montalto's death in 1616, under the reign of Louis XIII, the Paris community's situation deteriorated until an official expulsion order was issued in 1623.

Archipathologia, which was first published in 1614 (and was re-published two more times after his death.)⁷⁴ All of these writings were attributed to him under his Jewish name: Philothei Eliani Montalto.

Montalto died in Tours on February 19th 1616, while escorting the French royal family back from Bordeaux. As there was no Jewish cemetery in France, his body was transferred (by order of Marie de Medici) to the Jewish cemetery in Ouderkerk, near Amsterdam.⁷⁵

IV. Jacob Zahalon (1630-1693)

The life of Jacob, son of Isaac Zahalon, a rabbi and a physician, presents the perfect example of a Jewish tradition which dates back to the Middle Ages and which bloomed in early modern Italy. This was a tradition of scholars whose lives, practice and writings expressed the existence of strong connections between religion and medicine. Although Zahalon and his writings have been the subject of several papers dealing with the history of Jewish medicine,⁷⁶ his life was not studied systematically until the late twentieth century. A bilingual edition of his *Guide for Preachers (Or ha-Darshanim, אור הדרשנים)* was published in 1987 with an introduction by Henry Adler Sosland which reviewed the physician's life and times, and this served as an important addition to the study of Zahalon's life and writings.⁷⁷ In general, even though Zahalon was a prolific writer, the details of his biography have remained relatively obscure, as he made almost no reference in his writings to his own life and family.⁷⁸

⁷⁴ See supra note 23.

⁷⁵ "The Cemetery," a 1655 painting by Dutch painter van Ruisdael, currently in the Detroit Institute of Arts, portrays Montalto's tomb. See <http://www.dia.org/thecollection>.

⁷⁶ For short biographical papers on Zahalon, see Harry Friedenwald, "Jacob Zahalon of Rome," in his *The Jews and Medicine: Essays*, vol. 1 (Baltimore: John Hopkins Press, 1944), 268-279; Harry A. Savitz, "Jacob Zahalon and His Book, *The Treasure of Life*." *New England Journal of Medicine* 213(4) (1935): 167-176; Aaron J. Feingold, "The Marriage of Science and Ethics," 101-105. For discussions of his various opinions on medical issues, see, for example, J. Farquhar Fulton, "Lemon Juice and Scurvy." *Journal of the History of Medicine and Allied Sciences* 9(1) (1954): 121 and Samuel Kottek, "Étud du précis de pediatrie, extrait du livre *Otzar ha-Hayim* («Le Trésor de la vie») de Jacob ben Issac Zahalon (1639-1693)," in *Mélange d'Histoire de la médecine hébraïque*, ed. Freudenthal and Kottek, 183-207.

⁷⁷ In his preface, Sosland referred to a letter he received from Cecil Roth in February 1970, in which Roth described Zahalon as an "overlooked figure," especially in light of his position as the "spiritual leader of real force" of the Roman Ghetto at that time. See Henry Adler Sosland, *A Guide to Preachers on Composing and Delivering Sermons: the Or ha-Darshanim of Jacob Zahalon* (New York: Jewish Theological Seminary of America, 1987), ix.

⁷⁸ He did refer to the mere fact that he had a father and a wife. See Henry A. Sosland, *A Guide to Preachers on Composing and Delivering Sermons*, 17, n. 29.

What is known is that Zahalon was born in Rome in 1630 to a family of Spanish origin, with branches in Rome and Constantinople.⁷⁹ He received rabbinical ordination at an early age,⁸⁰ and studied medicine at the University of Rome later on, eventually earning the title of *Doctoris Philosophiae ac Medicinae*, probably at some time near the middle of the seventeenth century.⁸¹ Upon completing his medical studies, Zahalon joined the rabbinical council of the Roman Jewish community, served as a preacher and ran the communal register (the *pinkas kehila*, פנקס קהילה), in addition to working as a physician in the city's Jewish Ghetto.⁸² In June of 1656, Rome was struck by the plague, and Zahalon acted as both a physician and a preacher. His book, *The Treasure of Life*, consists of remarkably lively and detailed descriptions of life in the Ghetto during this plague epidemic.⁸³

In 1660, in addition to his other duties, Zahalon was appointed to supervise the dissemination of the knowledge of the Torah among the members of the Jewish community in Rome. Whether this was a response to attempts to convert Jews to Catholicism or to internal factors that were weakening the community's

⁷⁹ For more information on the Zahalons and their descendants, see *The Jewish Encyclopedia*, s.v. "Zahalon," (by Joseph Jacobs and Isaac Broyd ), <http://www.jewishencyclopedia.com/view.jsp?artid=15&letter=Z&search=zahalon>; Henry A. Sosland, *A Guide to Preachers on Composing and Delivering Sermons*, 18-20, 66-68

⁸⁰ Regarding the curriculum in Italian yeshivas and the ordination of Rabbis in Italy at that time, see Robert Bonfil, *Jewish Life in Renaissance Italy*, 133-144.

⁸¹ As opposed to the abundant research regarding other Italian universities at that time, the published research on the University of Rome, La Sapienza, is rather scarce. It appears that the study of anatomy and of autopsies was rather developed there, and this is one of the few fields regarding which scholars have in fact focused on La Sapienza, because of the university's unique relation to the Catholic establishment. See, for example, Andrea Carlino, *Books of the Body: Anatomical Ritual and Renaissance Learning*, trans. John Tedeschi and Anne C. Tedeschi (Chicago: University of Chicago Press, 1999), 69-119. At the time of the university's 700 year anniversary in 2003, the re-opening of the department of the history of medicine and of the museum of the history of medicine evoked new interest in the university's early modern medical curriculum. See, for example, Silvia Marinozzi, "Rei Medicarum Praelectiones Theoricae Promissimum Quaectionum Ad Mentem Pertissimi Pauli Manfredi 1695 Paulus De Valle Sbt: Una Raccolta dei lezioni de medicina teorica del 1695 allo Studium Romani." *Medicina nei Secoli* 16(2) (2004): 407-427; Luigi Romanini, "Storia dell'insegnamento ortopedico a Roma." *Medicina nei Secoli* 17(1) (2005): 41-46. I am grateful to Silvia Marinozzi, one of the chairs of the department of the history of medicine at La Sapienza, who provided me with copies of the above-mentioned papers. As far as I know, there has been no systematic study of the student body at the University of Rome during this period, yet it seems that the acceptance of a Jewish student to the institution, which was situated at the heart of the Catholic establishment and was actually an integral part of it, would not have been a routine phenomenon. See also, Joshua Leibowitz, "Rabbi Jacob Zahalon of Rome and His Hymn for Shabbat of Chanukah" (in Hebrew), in *A Memorial Volume for Enzo Sereni*, ed. Daniel Carpi, Attilio Milano and Umberto Nahon (Jerusalem: Fondazione Sally Mayer, 1970), 166-167.

⁸² *Ibid.*, 168.

⁸³ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 21.

religious life,⁸⁴ the appointment testifies to the great esteem in which Zahalon's knowledge and faith were held, as well as to his close relationships within the community.

In addition to carrying out his various communal duties, Zahalon also managed to write prolifically. His most famous work is *Precious Pearls* (*Margaliot Tovot*, מרגליות טובות), an abbreviated version of an earlier work dealing with morality entitled *Instruction in the Duties of the Heart* (*Hovot ha-Levavot*, חובות הלבבות) which had been written several centuries earlier by Bahya ben Joseph Ibn Paquda (c. 1050-1120).⁸⁵ Zahalon divided the original text into thirty chapters, and added an introduction as well as six prayers, among which was a “Prayer for Physicians.” The prayer reflects Zahalon's view of the medical profession as a divine mission and of the physician as God's earthly servant. Zahalon wrote other works, among them commentaries to various books of the Bible and to Maimonides' writings, as well as several additional works concerning the delivery of sermons, but these were never published.⁸⁶

In 1680 Zahalon accepted an invitation from the Jewish community in Ferrara, and consequently left Rome. Giulio Bartolucci, a contemporary Catholic Hebrew scholar who notes that he was close to Zahalon, wrote that the Roman physician “went [to Ferrara] eagerly in order to avoid the envy of his Roman opponents and to settle in a convenient place to print his books, due to the proximity to Venice and its famous printing houses.”⁸⁷ Ferrara's Jewish community was relatively small, but it was both financially and culturally

⁸⁴ Henry A. Sosland, *A Guide to Preachers on Composing and Delivering Sermons*, 30-31.

⁸⁵ Jacob Isaac Zahalon, *Sefer Margaliot Tovot* (in Hebrew) (Venice: D. Vedela, 1665). Bahya ben Joseph Ibn Paquda's original work was written in Arabic and was translated into Hebrew in 1161 by Judah Ibn Tibbon. It was first printed in 1489 in Naples and was later published in Hebrew, Arabic, Yiddish and other European languages editions. The book was originally divided into twelve sections, in which “the duties of the heart,” – i.e., religious commands and moral principles, are discussed.

⁸⁶ *Morashah Qehila Ya'aqov* (מורשת קהילת יעקב) is Zahalon's commentary on the first three books of Maimonides' *Mishneh Torah* (*Repetition of the Torah*, משנה תורה): *Ha'Mada* (*Knowledge*), *Ahava* (*Love*), and *Zemanim* (*Times*). *Yeshuot Ya'aqov* (ישועות יעקב) is Zahalon's commentary on the book of Isaiah. *Titen Emet le-Ya'aqov* (תתן אמת ליעקב) is a collection of Zahalon's commentaries on biblical stories; *Zohola ve-Rina* (צדלה ורינה) is his commentary on the Song of Songs, Ecclesiastes and the Book of Daniel; *Shuvu Alai* (שובו אלי) is a book of sermons; *Or ha-Darshanim* is a guide for preachers on composing and delivering sermons and was published for the first time in 1987 (supra note 77). Zahalon's commentary on the writings of Thomas Aquinas, although known to have been written, was never located. For a complete review of these works, see Henry A. Sosland, *A Guide to Preachers on Composing and Delivering Sermons*, 32-35, 69-72.

⁸⁷ Cited in Joshua Leibowitz, “Rabbi Jacob Zahalon of Rome and His Hymn for Shabbat of Chanukah” (in Hebrew), 170. On Bartolucci's relations with Zahalon, see Henry A. Sosland, *A Guide to Preachers on Composing and Delivering Sermons*, 49-52.

successful, due to the tolerant attitude of its rulers, and this may have appealed to Zahalon and his family. In Ferrara, Zahalon was considered “one of three most remarkable men of his generation in terms of his wisdom.”⁸⁸ Zahalon practiced medicine in Ferrara and worked as a rabbi there as well, until his death in September 1693.

V. The Case of Zacutus Lusitanus (1575-1642)

Zacutus Lusitanus was indeed “the central figure among Jewish doctors in the 17th century, just as Amatus was in the 16th century.”⁸⁹ Although Zacutus himself was a prolific writer, his life and work have never been researched systematically, and his image remains overshadowed by that of his great-grandfather, the famous astronomer and historian Abraham Zacuto (1452-1515).⁹⁰

Zacutus was born in Lisbon in 1575. The descendant of a Converso family, he was baptized as Manuel Alvares de Távora.⁹¹ He completed his studies at the University of Sigüenza in Spain in 1596 when he was twenty one,⁹² and then returned to Portugal. There is little information available regarding his time in Portugal, although there is evidence that he practiced medicine among the kingdom's elites and that he had connections to the Jesuit order.⁹³

⁸⁸ As stated by Rabbi Nathaniel ben Aaron Segre; the comment is quoted in Henry A. Sosland, *A Guide to Preachers on Composing and Delivering Sermons*, 65-66.

⁸⁹ Aaron J. Feingold, “The Marriage of Science and Ethics,” 105.

⁹⁰ Luduvico (Luis) Lemos, a Portuguese friend and colleague of Zacutus, published a biography of Zacutus as early as 1657. See Luduvico Lemosio, “Zacuti Lusitani, medici ac philosophi praesratissimi, vita, ac elogium,” in *Zacuti Lusitani, De medicorum principum historia* (Lyon: Joannis Antonii Huguetan & Marci Antonii Ravaud, 1657). There is also a modern biography, which was published in 1909, by the Portuguese scholar, Maximiano Lemos. See Maximiano Lemos, *Zacuto Lusitano: a sua vida e a sua obra* (Porto: Martins, 1909). Friedenwald wrote a biographical paper entitled “Abraham Zacutus” which consists of two separate discussions, one regarding the astronomer Abraham Zacuto and the other concerning Zacutus Lusitanus. See Harry Friedenwald, “Abraham Zacutus,” in his *The Jews and Medicine: Essays*, vol. 1 (Baltimore: John Hopkins Press, 1944), 307-321. For two further short biographical papers, see J. Leibowitz, “Zacutos Lusitanus.” *Harofé Haivri* 2 (1951): 161-170 and Louis Pelner, “Abraham Zacutus Lusitanus (1557-1642).” *New York State Journal of Medicine* 70(3) (1970): 446-448; for a recent illuminating study of his life that focuses on the influence of Zacutus' migration from Portugal to Amsterdam, see Francisco Moreno de Carvalho, “I Am a Wandering Jew: The Judaic Context of the Intellectual Life of the Physician Zacuto Lusitano.” (in Hebrew) *Periodical of the World Association for Judaic Studies* 36 (1996): 147-159.

⁹¹ Moreno de Carvalho has found evidence that he was baptized as Francisco Nunes. See Francisco Moreno de Carvalho, “I Am a Wandering Jew,” 147 n. 3.

⁹² Friedenwald refers to additional medical education obtained at the universities of Coimbra and Salamanca prior to his studies at Sigüenza. See Harry Friedenwald, “Abraham Zacutus,” 309.

⁹³ In particular, he had connections with Don Francisco de Mello (1611-1666), a famous Portuguese commander, politician and intellectual, who was related to members of the royal court. See Maximiano Lemos, *Zacuto Lusitano*, 60-74.

In 1625, when he was fifty, Zacutus emigrated, along with his wife and five children, to Amsterdam, where he came to be known by his Hebrew name of Abraham. Although there is no concrete information available regarding the reasons for the move, it can be assumed that it was the result of renewed activity on the part of the Portuguese Inquisition, and, in particular, a reaction to the persecution of his close friend, the physician Manuel Bocarro Francês (who later changed his name to Yaacov Rosales).⁹⁴

Interestingly enough, Zacutus had not published a single book during his thirty years in Portugal, but he did publish several works following his move to Amsterdam. Brazilian historian Francisco Moreno de Carvalho has claimed that this – i.e., Zacutus' interest in having his writings be published – was the main reason for Zacutus' emigration to Amsterdam.⁹⁵ It may be assumed that a substantial part of Zacutus' theoretical knowledge, and of his clinical experience as well, was acquired in Portugal; nevertheless, it appears that for some reason he was prevented from publishing his medical writings in his native country. Whether this was the result of his Jewish origins or of the fact that this was a low period for the study of science in Portugal in general, it appears that his decision to move to Amsterdam was indeed - at least partially - a consequence of his inability to publish his works in Portugal.⁹⁶

The first volume of Zacutus' *The Cases of the Great Physicians (De Medicorum principum historia)* was published four years after his arrival in Amsterdam. Five additional volumes were published through the year 1642. This monumental work provided systematic discussions of common pathologies as they appeared in the writings of physicians in earlier times, along with Zacutus' own commentaries regarding the various cases. His *Extraordinary Medical Practice (Praxis medica admiranda)* was originally published in 1634, and a second edition was printed in 1637. The book consists of descriptions of rare medical cases, extraordinary deformations and pathologies, for which standard medical practice of Zacutus' time was unable to offer effective therapy.

⁹⁴ Francisco Moreno de Carvalho, "I Am a Wandering Jew," 148-149.

⁹⁵ *Ibid.*, 152.

⁹⁶ *Ibid.*, 152-153.

All of Zacutus' medical writings were later collected and published in two volumes in Lyon in 1642.⁹⁷ The first of these contains all six volumes of *The Cases of the Great Physicians*. The second, entitled *The Practice of Cases (Praxis historiarum)*, consists of Zacutus' five books of cases, organized by clusters of pathologies. This second volume begins with Zacutus' professional and moral instructions to the physician.⁹⁸ It also contains a short pharmacological treatise and an updated edition of his *Extraordinary Medical Practice*.⁹⁹

An additional short medical treatise by Zacutus was never published. This treatise, written in Portuguese, consists of therapeutic instructions for travelers who found themselves in places in which there were no physicians. It would appear that Zacutus wrote it for his son who was about to leave for Brazil.¹⁰⁰ In it, Zacutus refers to yet another manuscript dealing with surgical issues; this manuscript has never been found. Zacutus died in January of 1642, and was buried in the Ouderkerk Jewish cemetery.

⁹⁷ Zacuti Lusitani, *De medicorum principum historia* (Lyon: J. A. Huguetan, 1642); Zacuti Lusitani, *Praxis historiarum* (Lyon: J. A. Huguetan, 1644). The later editions were all published by the same publisher in Lyon, Jean-Antoine Huguetan and his associates, and are identical, in terms of contents and pagination, to each other and to the original edition. For a complete list of Zacutus' writings, see Harry Friedenwald, "Abraham Zacutus," 317-321.

⁹⁸ Zacuti Lusitani, "Introitus medici as praxin," in *Praxis historiarum* (Lyon: Joannis Antonii Huguetan & Marci Antonii Ravaud, 1657), 1-72. Jacob Zahalon subsequently summarized Zacutus' lengthy "eighty instructions" and included them in his *The Treasure of Life*. For discussions of Zacutus' instructions and of their later influence on various medical works, see Abraham Levinson, "Lusitano's Rules for Physicians." *Bulletin of the Society of Medical History of Chicago*, 2, (1921), 260-263; Samuel Kottek, "Aperçu sur l'«introduction a la pratique medicale» (intoitus medici as praxin) de Zacutus Lusitanus, 1575-1642." *Revue d'Histoire de la médecine hébraïque* 132 (March-April 1980) 13-16, 35-38.

⁹⁹ Zacuti Lusitani, "Pharmacopea," in *Praxis historiarum*, 75-133. This short treatise is a survey of various pharmaceutical remedies, based on the writings of Galen and Dioscoridis and on Arabic medicine. For a short discussion of the treatise, see H. Szancer, "Introduction a la "Pharmacopea elegantissima" d'Abraham Zacutus Lusitanus." *Revue d'Histoire de la Pharmacie* 18 (1967): 509-514.

¹⁰⁰ On the treatise and the two manuscripts, see Francisco Moreno de Carvalho, "I Am a Wandering Jew," 154-159.

3. Italian Jewish Medical Descriptions of Lovesickness

In the following section, I will discuss the descriptions of lovesickness that appear in the medical writings of Amatus Lusitanus, Philothei Eliani Montalto, Jacob Zahalon and in those of Zacutus Lusitanus as well. In an attempt to clarify the medical standpoint of these Jewish physicians regarding lovesickness, I will present these descriptions according to the different aspects of the disease to which the descriptions refer: etiology, diagnostics and symptoms, prognosis and therapy.

I. Etiology

Montalto's discussion of lovesickness, "The Insanity of Lovers," can be found between his discussion of melancholy and his discussion of mania. The location is not a random one and conforms with the disorder's symptoms. In general, Montalto referred to lovesickness as a "melancholic anxiety which arises from exaggerated love and from a large number of passions upsetting the soul."¹⁰¹

The diagnostic category of "Love Madness" (*de amore insano*) appears in the index of Amatus Lusitanus' seven volumes of cases, just after the listing of a joint diagnostic category referred to as "Melancholy and Mania," and references to two case studies are provided.¹⁰² The first, entitled "Of a Jewish lad fallen in love with a Jewish girl" is the case of a young man whose body was "burnt" by love until he became insane. Amatus wrote that when searching for a cure for the young man, he had to consider moistening his melancholic body.¹⁰³ Love, he wrote, was the cause of a disease, which was characterized by an excess of dry melancholy bile. The second case was entitled "About the suicide (by poisoning) of a monk who fell in love with a young girl." Although this case is referred to in the index as a case of love madness, no mention of the terms 'madness' or 'melancholy' appears in the actual discussion of the case. However, Amatus does note that the young monk lost his strength due to his growing love for the girl in question.¹⁰⁴

¹⁰¹ Philothei Eliani Montalto, *Archipathologia*, 381.

¹⁰² Amati Lusitani, *Curationum medicinalium centuriæ Septem*, unpaginated index.

¹⁰³ *Ibid.*, 309.

¹⁰⁴ *Ibid.*, 543.

In his *The Treasure of Life*, Jacob Zahalon responded to the question “How to cure lovesickness?” In a very short discussion, he referred to lovesickness as a disease (חולי) and not as madness (שיגעון).¹⁰⁵ His comments include no concrete reference to either melancholic or manic symptoms, but the question that follows in the text does deal with mania. The discussion of lovesickness is located in the part of Zahalon’s book dealing with head diseases (חולאי ראש) rather than those of the soul (חולאי הנפש).¹⁰⁶

Montalto distinguishes between two factors that aroused desire. Internally, he writes, desire is derived from “an excessive production of atrabillious fluid” which destabilizes the lover’s mind and corrupts his soul. Externally, it is excited by an “unrestrained and fickle love.”¹⁰⁷ Although Montalto does not specifically mention the nature of the external stimulus, he notes later on that physicians should reproach patients regarding the problems caused by love and beauty, and one can conclude that like many other early modern physicians, Montalto also understood the beauty of the love object to be the main cause of a person’s having fallen in love.¹⁰⁸ Abraham Yagel, an esteemed Jewish physician in the north-central Jewish communities of Italy, also mentioned that one should keep away from women, especially because of the “falsehood of grace and the vanity of beauty” which Yagel believed could cause many diseases. Yagel referred only to the perils in the external stimuli of beauty and did not refer to any natural inclination of the body to experience desire.¹⁰⁹

¹⁰⁵ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 58v.

¹⁰⁶ It is interesting, albeit frustrating, that the thirteenth part, which was to have dealt with the diseases of the soul, was never actually published. Although it is included in the book’s table of contents, the end of the twelfth part contains a statement from the publisher, Jacob Abuhab (אבוהב) in which he explains that there is not enough money to publish the entire book. (“תעצר העבודה על האנשים כי אפס כסף עד ימציא האל להרב המחבר די מחסורו להדפיס ספר הי”ג עם שאר חלקי אוצר החכמות.”)

¹⁰⁷ Philothei Eliani Montalto, *Archipathologia*, 382.

¹⁰⁸ *Ibid.*, 388. References to the centrality of beautiful visions in the “contagion” stage were very dominant in the non-Jewish literature on lovesickness. The French physician Jacques Ferrand described the way in which love would make its way through the veins to the liver, and thus caused damage to the patient’s ability to reason. The German scientist Daniel Sennert claimed that the visual impact of the love object would be stamped in the patient’s memory and would then reappear again and again as a result of the patient’s imagination. See Michal Altbauer, “Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century,” 47. Interestingly, Montalto himself, who wrote an entire treatise about the physiology and psychology of vision, made no direct reference to this issue. See *supra* note 59.

¹⁰⁹ Abraham Yagel, *A Valley of Vision: The Heavenly Journey of Abraham ben Hananiah Yagel* (in Hebrew), with an introduction and commentary by David B. Ruderman (Jerusalem: The Zalman Shazar Center for Jewish History, 1997), 70, 151.

In the *scholia* that follows Amatus' first case study, the physician discusses the terminology used to define the disease. He states that the German term 'Herren', which is derived from the Latin 'Herus', and means master or noble, was often used in reference to lovesickness, since the disease was particularly prevalent among people of wealth and power.¹¹⁰ After reviewing major cases of lovesickness that had appeared in earlier medical writings, he describes two additional examples of the disease. The first is the case of a wealthy young man who fell in love with an unknown girl and became insane. The second is the case of a merchant's daughter who was promised to a particular man, and then became insane and never recovered.¹¹¹ The factors of age and socio-economic status in these two additional cases are in general conformity with the conclusions of the etiological discussion of the illness in the non-Jewish medical writing. Montalto, on the other hand, stresses that "no one, neither the mighty nor the rich could evade this intricate labyrinth."¹¹² Montalto expressed this view throughout the entire tract; after his initial definition of the disease in the preface, he avoids the use of terms such as madness or mad and uses the word "lover" instead of "sick," throughout the entire text. This issue indicates Montalto's opinion regarding the prevalence of the disease and the extent of its pathological dimension. Furthermore, according to Montalto, love is always inherently unreasonable – it blinds lovers when they experience it, and all such lovers are wrong in submitting themselves to desire.¹¹³ Nevertheless, Montalto also mentions the particular susceptibility of the young to the disease, while referring to Galen's case study.¹¹⁴

Although the contemporary non-Jewish discussion of lovesickness stressed its melancholic nature, a predisposition to the disease was, as noted above, linked to a sanguine tendency. This dominance of blood, which was understood to mean that the body was inclined to moisture and heat, was believed to produce a natural inclination to all passions, especially erotic love. The Jewish physicians, however, tended to stress a melancholic inclination even at the initial stage, as being one of the causes for a predisposition to the disease. Even Zahalon, who avoided a systematic presentation of the disease's etiology, discussed lovesickness in the part

¹¹⁰ Amati Lusitani, *Curationum Medicinalium Centuriæ Septem*, 309.

¹¹¹ Ibid.

¹¹² Philothei Eliani Montalto, *Archipathologia*, 382.

¹¹³ Ibid.

¹¹⁴ Ibid., 383.

of his book dealing with diseases of the head, and not in the part dealing with liver diseases (i.e., the ninth part, in which he discussed diseases of the entrails). This tendency is also exemplified in Zacutus Lusitanus' discussion of lovesickness. Montalto elaborates on this issue, stating that he is in complete agreement with Avicenna who includes the disease among the melancholic diseases and is opposed to referring to it as a choleric illness.¹¹⁵

Associating lovesickness with choleric diseases is characteristic of the medical literature in which the liver is considered to be the organ which has been harmed - Ferrand's treatise is an example of this view.¹¹⁶ The melancholic inclination of the Jews was a major theme in many medical treatises, the earliest of which was probably Bernard de Gordon's *Lilium Medicinae*, written in 1305. De Gordon notes that Jews suffer from melancholic blood and from an excess of melancholic humor, which becomes exacerbated due to their constant state of distress and fear.¹¹⁷ Amatus, basing himself on Maimonides and on his own professional experience, writes that the excess of black melancholy bile characteristic of Jews is the result of the fear and sadness they experience, of their scholastic occupations and of their unique diet. (In this regard he specifically mentions the diet of Italian Jews who tended to eat salty foods which were believed to intensify the melancholic bile).¹¹⁸ Similarly, a contemporary Jewish physician, Isaac (Yshac) Cardoso (1604-1683), in his work *Las Excelencias de los Hebreos*, after systematically contradicting unfounded beliefs concerning the Jewish inclination to certain diseases, states that "if there is one disease which one can be considered as a unique property of the Hebrews, it is the black bile."¹¹⁹

¹¹⁵ Ibid., 382.

¹¹⁶ See also Michal Altbauer, "Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century," 41-42.

¹¹⁷ Harry Friedenwald, "Concerning Diseases of the Jews," in *The Jews and Medicine: Essays*, vol. 2 (Baltimore: John Hopkins Press, 1944), 527.

¹¹⁸ Amatus elaborated on this Jewish propensity to melancholy in his detailed description of the treatment that he had offered to Italian Jewish physician Azariah dei Rossi, presented as the forty-second case of his fourth *Centuria*. See Amati Lusitani, *Centuriae Quatuor* (Venice: Zilletus, 1557), 566-577. For an English translation and a discussion of this case, see Harry Friedenwald, "Two Jewish Physicians of the Sixteenth Century: The Doctor, Amatus Lusitanus, the Patient, Azariah dei Rossi," in *The Jews and Medicine: Essays*, vol. 2 (Baltimore: John Hopkins Press, 1944), 391-403. In the twentieth case in his second *Centuria*, Amatus described the Italian Jews' tendency to suffer from melancholy, which he saw as being caused by the nature of their diet. See Amati Lusitani, *Centuriae Quatuor*, 239-242.

¹¹⁹ Cardoso also attributes the relatively high frequency of melancholy among the Jews - as opposed to the lesser frequency with which they suffered from other illnesses that were not unique to Jews - to the "deprivation and persecutions they experience in their exile" and to stresses existing in their lives. See Yshac Cardoso, *Ma'alot Ha'ivriyim* (in Hebrew), trans. with

With respect to the Jewish aspect of medical discussions of lovesickness by Jewish physicians, the question arises as to whether the emphasis they put on the melancholic nature of the disease in the discussion of its etiology can be viewed as an attempt on their behalf to associate the illness specifically with Jews, who were considered to be especially disposed to melancholy.

II. Symptoms and Diagnostics

In his writing on the subject, Montalto stresses that the etiology as well as the symptoms of lovesickness are often concealed by the patient, and that the diagnosis should be carried out carefully, and sometimes cunningly.¹²⁰ Although he does not elaborate specifically on the subject of the “cunning” diagnosis, it can be assumed that he was referring to the diagnostic techniques mentioned in the non-Jewish medical literature, such as the technique of randomly naming the patient's acquaintances in search of physiological changes in the patient's reaction to one of the mentioned names.¹²¹ Montalto himself lists three diagnostic techniques. The first involves looking for basic symptoms: leanness, paleness, “dotage,” sunken eyes, and lack of tears or unusual and slow movements of the eyelids. In general, he notes, patients become gradually weak and slow in their movements. All these symptoms, Montalto remarks, change dramatically in the presence of the love object or even at the mention of his or her name. In such an event, the patient becomes alert and brightens up, his movements become agitated, and he or she will breathe rapidly and blush. These changes, according to Montalto, can often assist in diagnosing the disease in spite of the patient's intentions to conceal it.¹²² A second technique Montalto mentions is to look for changes in the patient's pulse. Changes in the pulse, especially its acceleration in the presence of the beloved or even upon the mentioning of his or her name, might suggest the patient is suffering from lovesickness. Zahalon also refers to the subject of the patients' pulse and describes a “rapid pulse as if one has many

introduction and notes by Yosef Kaplan, (Jerusalem: Bialik Institute, 1972), 62. The first edition of Cardoso's book was published in Amsterdam in 1679. Yshac Cardoso, *Las Excelencias de los Hebreos* (Amsterdam: D. de Castro Tartas, 1679).

¹²⁰ Philothei Eliani Montalto, *Archipathologia*, 383.

¹²¹ See also, Michal Altbauer, “Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century,” 50.

¹²² Philothei Eliani Montalto, *Archipathologia*, 383.

troubles and affairs.”¹²³ A third and final technique offered by Montalto relates to the need to identify the circumstances in which the passions manifest as madness or rage.¹²⁴ He does not elaborate on the manner in which such circumstances are to be determined, but it can be assumed that this is a reference to the use of the above-mentioned “cunning” techniques in order to locate the origin of the patient's distress.

All the physicians under discussion list several secondary physiological symptoms that they describe as the result of the patients' neglect of their bodies. Montalto mentions dark urine and various infections that may develop because of bad nutrition and prolonged stays in dark places.¹²⁵ References to the urine's quality as a symptom and to its analysis as a diagnostic technique are absent from the contemporary non-Jewish medical writing on lovesickness, but it should be noted that it was a common practice at the time for Jewish doctors, specifically, to use urine as a diagnostic tool.

Montalto's reference to the patients' stay in dark places is interesting in light of Zahalon's comment that a patient's “wailing voice” can be one of the disease's symptoms. Wailing and drawing into dark places are symptoms characteristics of Lycanthropia, which was associated (especially in medieval medicine) with lovesickness and melancholy.¹²⁶ Montalto also states that lovers often “forget” to breathe. He characterizes their breathing as slow and yet intense, leading to long breaks in the diaphragm's movement. This, explains Montalto, is the reason for their frequent sighing.¹²⁷

Zahalon states that except for the state of the eyes (which would be sunken and characterized by a lack of tears and rapid flickering) and the wailing voices, “[the patient] is otherwise perfect in body,” but his “reason is not as it used to be.”¹²⁸ Although Zahalon does not elaborate regarding this mental state, others refer to it in great detail. Montalto, for example, begins his discussion of the various symptoms of the disease with a reference to the psychological ones, listing among them a sudden hatred of things that the patient used to otherwise love, an

¹²³ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 58v.

¹²⁴ Philothei Eliani Montalto, *Archipathologia*, 383.

¹²⁵ *Ibid.*.

¹²⁶ See also, Michal Altbauer, “Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century,” 22, 25.

¹²⁷ Philothei Eliani Montalto, *Archipathologia*, 384.

¹²⁸ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 58v.

inability to recognize familiar people and insomnia.¹²⁹ He includes a highly dramatic description of how the lover, a “victim of sadness” is burnt from within by “latent flames,” and is “torn all the time, between his longings to the loved one and his war against his hopes and despair.”¹³⁰ This state of mind of the lover, writes Montalto, can cause him or her to act improperly. Montalto goes on to describe the ways in which imagination causes the lover to perceive the beloved as being highly attractive, and how the same imaginative power creates a sense of possibility and reality with regard to what is actually an impossible situation (i.e., a situation in which the patient will be together with his or her beloved). These images are reinforced by memory, which adds new information that further fuels the patient’s burning desire for the beloved.¹³¹

Montalto's references to the impact of literature on the physical manifestations of the disease are especially interesting. He describes the reaction of lovers to hearing love songs; how listening to songs about hope and mutual affection causes them to smile and even to laugh, while songs concerning unrequited love cause them to burst into tears.¹³² Zahalon's description of the symptoms that characterize a “woman's madness due to uterine fury” is also worth noting. One of the main symptoms, according to Zahalon, is an uncontrollable desire for intercourse, brought about mainly by “reading stories that deal with love and longings.” In describing the clinical picture Zahalon specified that “when this disease is brought upon [a woman] she feels distress in her heart. She is silent, then [she] blushes, her breathing is inconstant, her pulse rapid, she cries and giggles, talks idly and finally demands intercourse with her heart.”¹³³ The similarity between the clinical manifestations attributed to lovesickness and those attributed to “uterine fury,” along with Zahalon’s emphasis on the psychogenic effect of reading in both cases, is very obvious and apparent. However, Zahalon states that “some refer to this disease as hysteria” and later on stresses that “if it is not cured rapidly, it comes down to mania which is raging madness.”¹³⁴ These two issues – the identification of the disease as a hysterical female disorder and the prognostic association with mania (as opposed to the association of lovesickness

¹²⁹ Philothei Eliani Montalto, *Archipathologia*, 383.

¹³⁰ *Ibid.*, 381.

¹³¹ *Ibid.*, 382.

¹³² *Ibid.*, 384.

¹³³ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 89r.

¹³⁴ *Ibid.*

to melancholy) – are important and are also prevalent in the discussion in of the similarities and differences between the genders with respect to lovesickness, green sickness and hysteria, in contemporary non-Jewish medical literature.¹³⁵ It should be noted that none of the above-mentioned Jewish medical writings regarding lovesickness limit the discussion to either men or women, and some, such as Zacutus Lusitanus' analysis of the subject, even refer to unique symptoms of lovesickness that can be attributed specifically to women, such as impaired speech.¹³⁶

III. Prognosis and Treatment

"Desire can result in madness, despair and suicide," writes Montalto.¹³⁷ Indeed, one of Amatus' cases did result in a suicide, with the patient drinking a bottle of vitriol after realizing that he could not be together with his beloved.¹³⁸ This is the reason, explains Montalto, that "physicians must treat lovers' madness as soon as possible, before the disease enters a chronic stage."¹³⁹

At the beginning of his discussion of the proper treatment for lovesickness, Montalto writes that "treatment should be directed towards body and soul," explaining that the body and soul are interdependent and that the health of both must be maintained. The first treatment he suggests was to enable "lovers to achieve what they wish for."¹⁴⁰ Zahalon also writes that "there are various treatments for this disease," of which the first that he recommends is "giving [the patient] the desired [love] object."¹⁴¹

An interesting issue arises in Amatus' description of a case of "uterinus furor." Amatus discusses the case of a thirty-five year old abbess who began to manifest restlessness and hallucinations, touched her genitals, screamed constantly and talked of adultery and love while expressing rage at her parents who had locked her away against her will when she wished to marry her lover. Although

¹³⁵ See also, Michal Altbauer, "Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century," 51-52.

¹³⁶ Zacuti Lusitani, *De medicorum principum historia*, 79. However, it is important to note that impaired speech is also included in Zahalon's list of the symptoms that are characteristic of "Women's Madness."

¹³⁷ Philothei Eliani Montalto, *Archipathologia*, 386.

¹³⁸ Amati Lusitani, *Curationum medicinalium centuriæ septem*, 543.

¹³⁹ Philothei Eliani Montalto, *Archipathologia*, 386.

¹⁴⁰ *Ibid.*, 386-387.

¹⁴¹ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 58v.

Amatus described a therapeutic procedure which included various physiological treatments, he concluded that the best therapy was to confront the roots of the disease, and he advised maintaining “regular sexual activity within the limits of a steady and harmonious marriage.” In spite of the different diagnostic category, both the etiology and the recommended therapy in this case were identical to those described above as being indicated for lovesickness in both the contemporary Jewish and non-Jewish medical literature regarding that illness. On the other hand, it is worth noting that according to Amatus, a bond based on marriage, even if harmonious, would not necessarily testify as to the existence of love. Zahalon offers a similar recommendation for the treatment for women's madness, which, as mentioned above, produced symptoms very similar to those produced by lovesickness. Thus, regarding a woman suffering from such madness, Zahalon writes that “if she can bed lawfully, this is her cure.”¹⁴² Like Amatus, Zahalon also does not refer to love but instead to the ability to consummate a sexual relationship, yet his use of the term “lawfully” (בהיתר) indicates his view that the recommended consummation must be anchored in a marriage bond.¹⁴³

Interestingly enough, Zacutus Lusitanus also wrote that the best cure for “melancholy that arises from love” is the consummation of the love itself and that it is only in situations in which “the lover cannot consummate his desire, [that] one has to seek a medical solution.”¹⁴⁴ This is a very important statement since it indicates the author’s position that love in itself is not pathological, as opposed to Montalto’s above-mentioned contrary opinion. Yet it is important to note that in Zacutus' *The Practice of Cases*, the physician suggested that “moderate sexual intercourse” be used to channel unfulfilled desire in order to avoid madness.¹⁴⁵ In making this recommendation, Zacutus makes no mention of a need for any

¹⁴² Ibid., 89r.

¹⁴³ Nevertheless, it should not necessarily be presumed that the term “lawfully” refers only to the context of a marriage, since there is evidence prostitution may have been legitimated within Jewish communities of the time. For example, there are concrete references to Jewish prostitution in the writing of Rabbi Ya'akov Hagiz (האג"י) who lived in Livorno towards the middle of the seventeenth century. For his complete comments, see Avraham Tennenbaum, “If you should see among them an attractive woman whom you wish to take as a wife’: Making Peace with Evil, Beauty and Gambling.” (in Hebrew) *Parashat Hashavua* 222 (2005): 2-3. For a more general discussion of prostitution in the Jewish communities in Italy and of liaisons between Italian Jewish men and non-Jewish prostitutes, see Robert Bonfil, *Jewish Life in Renaissance Italy*, 111-112 and Avraham Grossman, *Pious and Rebellious: Jewish Women in Medieval Europe*, trans. Jonathan Chipman (Waltham: Brandeis University, 2004), 139-140.

¹⁴⁴ Zacuti Lusitani, *De medicorum principum historia*, 80.

¹⁴⁵ Zacuti Lusitani, *Praxis historiarum*, 213.

emotional involvement but this advice would appear to be limited to the context of the recommendation of a strictly medical solution.

Montalto clarifies that it is common for a lover to be in a situation in which he (or she) cannot consummate his (or her) love, and that physicians ought therefore to divert the patient's attention from the impossible love and force him or her to forget the love object.¹⁴⁶ Montalto lists several techniques to be used in order to achieve those aims. First, Montalto writes, a lovesick patient should never be left alone, and the physician is responsible for acquainting the patient with people who were interested in his or her recovery.¹⁴⁷ The physician should also persuade the patient to spend time with friends, since friends would have the power to persuade him or her to abandon the love object by making rational arguments that clarify the dangers of love. Montalto advises that the patient's friends use examples from real life as well as from literature - again noting the influential role of literature, although here its importance is attributed to its therapeutic power and not its psychogenic role.¹⁴⁸ He further elaborates on the physician's duty to persuade patients regarding the many dangers and hazards involved in love and beauty, and stresses that in many cases this type of persuasion should be carried out in a sophisticated manner, by replacing the patient's images of the loved one and his or her wishes regarding the love object with terrifying visions.¹⁴⁹ Similarly, Zahalon suggests that patients be made to "concentrate on a certain defect of his love object,"¹⁵⁰ and Zacutus recommends that the physician "force the patient to think rationally," a technique whose success had been proven in cases of melancholy.¹⁵¹

Montalto writes that if persuasion does not prove to be effective, both the physician and the patient's friends should scold the patient and even threaten him or her. Nevertheless, he suggests that the patient be taken for long walks in gardens and in the countryside, that he or she be invited to join parties as well as to go fishing and hunting, and that the patient be acquainted with other young

¹⁴⁶ Philothei Eliani Montalto, *Archipathologia*, 387.

¹⁴⁷ *Ibid.*

¹⁴⁸ *Ibid.* For my own study of the psychogenic role of literature in early modern Europe, see Michal Altbauer, "Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century," 124-125.

¹⁴⁹ Philothei Eliani Montalto, *Archipathologia*, 387-388.

¹⁵⁰ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 58v.

¹⁵¹ Zacuti Lusitani, *Praxis historiarum*, 213.

people. Theatrical and musical events, Montalto notes, could calm a patient and accelerate the therapeutic process, although they could also be hazardous.¹⁵² This dangerous character of music and theater, and the ability of these arts to potentially evoke various passions, was discussed at length in the contemporary non-Jewish medical discussion of lovesickness.¹⁵³

The treatment that Montalto suggests raises three interesting issues. First, it stresses the influential role of the physician and his involvement in the patient's daily life, to a degree that exceeds the mere offering of physical and even mental assistance. According to Montalto, the physician should not only advise regarding preferred treatments, but is also required to actively apply them in the context of the patient's daily life, and even to accompany the patient in his regular activities. This, obviously, was something that would only be carried out with regard to treatment of patients from the higher socio-economic class.

Second, Montalto's detailed therapy might remind a modern reader of a typical modern intervention procedure, a tool which modern psychology uses in order to deal with various addictions.¹⁵⁴

Finally, and most importantly, it seems that Montalto's treatment was, by its very nature, relevant mainly to a specific socio-economic sector – i.e., the class that included men and women of leisure. It was this class that was composed of individuals who spent time taking strolls in gardens, and whose visits to the countryside were limited to pleasurable and soothing occasions. The members of these upper classes were the type of individuals who attended parties and various cultural events and who were expected to be characterized a certain degree of literacy. Montalto's discussion of lovesickness thus refers to the same hedonistic lifestyle which was typical of the young aristocratic men and women who were referenced in the non-Jewish medical literature. According to that literature, it was this lifestyle that made these upper-class young people especially susceptible to lovesickness, and the mention of this illness in Montalto's writings provides an indication of the socio-economic class of his patients.

¹⁵² Philothei Eliani Montalto, *Archipathologia*, 388.

¹⁵³ Michal Altbauer, "Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century," 47-48.

¹⁵⁴ Modern intervention usually consist of five stages, often called "The five A's." These "a's" are the following: ask, advise, assess (the patient's ability to cooperate), assist and arrange (an entertainment schedule). For a detailed modern intervention program, see www.addictionintervention.com/intervention/10_steps.asp.

It is interesting to note Zahalon's short statement that it is worthwhile for a lovesick patient "to occupy himself with matters of greater importance."¹⁵⁵ It can only be assumed that it was Zahalon's concise writing style that prevented him from elaborating on the vanities of love and of various pleasures, which he presumably understood to be a contrast to the above-mentioned subjects "of greater importance."

Zahalon notes that if no distractions proved to be effective in a particular case, the patient would be required to stay away from the love object and even to "change his place and move to another city, so he should not gaze at her and not walk nearby."¹⁵⁶ Maintaining a physical distance between the lovers was indeed one of the main therapeutic elements indicated in both the non-Jewish and the Jewish medical discussions of the illness. Zahalon's own recommendation that a patient change residence if necessary is remarkable, given the limited economic means of the majority of the Jewish population, and constitutes further proof that his own patients were usually members of a particularly high socio-economic class.

The Jewish physicians considered medical alternatives only after recommending treatments such as the consummation of the love relationship, or the emotional and physical removal of the lover from the love object. These medical alternatives can be divided into several categories: particular diets and baths, pharmaceutical remedies and surgical interventions. Montalto refers to medical alternatives only in the last paragraph of the nine pages of his treatise dealing with lovesickness. According to him, because the disease creates an excessive melancholic humor which dries the blood, physicians should suggest "nutritious yet light" foods and liquids. Montalto further states that malnutrition is the cause of any physical deterioration in these cases and should therefore be treated as soon as possible. He recommends frequent baths in unsalted water and stressed that patients should be allowed to drink wine, since light drunkenness would help them to sleep.¹⁵⁷ He also emphasizes "pampering" foods in order to

¹⁵⁵ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 58v.

¹⁵⁶ Ibid.

¹⁵⁷ Philothei Eliani Montalto, *Archipathologia*, 389. The recommendation that the patient drink wine, although a violation several biblical proscriptions, was frequently mentioned in Jewish medical sources. Mention was made of the advantages of drinking wine, for example, as a supplement for a lactating mother. More importantly, reference was also made to wine's ability to "maketh glad the heart of man, making the face brighter than oil." (Psalms, 104:15) However, the

ease the patient's physical and mental pain. His reference to a leisurely lifestyle and a rich diet again suggests the socio-economic characteristics of a very specific segment of society, yet these characteristics were not viewed as creating a "disadvantage," as was suggested in the non-Jewish medical literature.

While Zacutus, like Montalto, suggests the same treatment for the lovesick patient as that recommended for a melancholic one – i.e., liquids and plenty of sleep¹⁵⁸ – Zahalon believed that the patient's diet should be cold and relatively dry (for example, he recommends fluids made out of lettuce and purslane) and that the lovesick should avoid hot and moist nutrition.¹⁵⁹ This line of thinking implies that Zahalon understood that the treatment should deal with the patient's "hot" desire rather than with any chronic melancholic condition. Unlike the other Jewish physicians, Zahalon refrained from mentioning the melancholic nature of lovesickness either in his short presentation of the clinical picture or in his suggested treatment, which appears to be of the kind that would cool the body and "dry out" its desire. His failure to refer to any association of the disease with the popular diagnosis of melancholy may have been a reflection of his unique view of the illness, but it is more likely that it was primarily a result of the actual prevalence of the phenomenon among his patients. It should be recalled that his objective in writing about lovesickness was to offer concrete and immediate treatment for actual cases of sickness resulting from unfulfilled love, and not necessarily to conform to a particular trend that was currently popular in the medical field.

All of the above-mentioned physicians who wrote on the subject stress the importance of laxatives as a treatment. Montalto suggests laxatives made of

same sources warn of immoderate drinking that can result in uncontrolled sexual desire. It is in light of such latter references that Montalto's advice appears to be somewhat puzzling. For a discussion of the issue of wine drinking and drunkenness with references to various Jewish sources, see Haim H. Cohen, "The Wine Tractate [*Masechet Hayayin*]" (in Hebrew), in *Mincha leYitzhak Shilo*, ed. Aaron Barak and Menashe Shava (Tel Aviv: Israel Bar Association, 1999), 93-106.

¹⁵⁸ Zacuti Lusitani, *Praxis historiarum*, 213.

¹⁵⁹ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 58v. Purslane is an edible annual succulent, from the Portulacaceae family, and was very commonly used in Arabic medicine. See, for example, Hassan Azaizeh and others, "The State of the Art of Traditional Arab Herbal Medicine in the Eastern Region of the Mediterranean: A Review," *Evidence-Based Complementary and Alternative Medicine* 3(2) (2006): 230.

hellebore rather than of cornflower.¹⁶⁰ The same recommendation and reservation can be found in Amatus' writings as well.¹⁶¹

A final treatment suggested by Zahalon is bloodletting.¹⁶² Zahalon did not refer to any pharmaceutical remedies at all, but he was the only one of the above-mentioned Jewish physicians who mentioned this particular type of treatment. This is a further example of the difference between his views regarding the illness and those of the other Jewish physicians - a difference which will be discussed later on.

A final note regarding the physicians' various recommended treatments: it is important to note that despite Montalto's statement that "treatment should be directed towards body and soul," his recommendations included primarily therapeutic techniques for the soul. He wrote only one paragraph regarding a physical treatment - and that one being a treatment which is directed mainly at the relief of symptoms rather than at any confrontation with the disease's etiology. Similarly, Zahalon, although he offers various treatment techniques, presented them gradually. He begins with a recommendation that the love relationship be fulfilled, and continues with a list of mental and physical distractions that are to be provided; he mentions physiological treatments only in his concluding remarks.

Amatus ends the discussion of one of his cases by noting that because of the lack of any effective medical solutions to the disease, the imprisonment of the lovesick patient by the local authorities would serve as "the best treatment for his insane mind." Physical removal of the lover from his love object is thus suggested here as part of the enforcement of social order. Similarly, Zacutus also concludes his discussion of possible therapies with a statement that if the patient still does not recover even after his recommended treatments have been applied, treating physicians should "even use clubs and whips" to deal with the disease.¹⁶³ His statement, as well as the above-mentioned recommendations that patients be imprisoned or that physicians attempt to engage in rational persuasion of their

¹⁶⁰ Philothei Eliani Montalto, *Archipathologia*, 389. The use of hellebore for medical purposes was already common in classical times, and an over-dose of the plant was allegedly the cause of Alexander the Great's death. Interestingly, in Greek mythology, Melampus of Pylos suggested the consumption of hellebore as a treatment for the daughters of the king of Argos. The princesses, punished by the gods, had become insane and were running naked through their city, crying and screaming. They were saved by drinking well water which was diluted with hellebore.

¹⁶¹ Amati Lusitani, *Curationum Medicinalium Centuriæ Septem*, 309.

¹⁶² Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 58v.

¹⁶³ Zacuti Lusitani, *Praxis historiarum*, 213.

lovesick patients, all constitute further proof of the perceived connection between the disease and deviant social behaviour.

IV. Lovesickness among Married Couples

The non-Jewish medical writings regarding lovesickness of this period generally included a discussion of the disease as manifested in married individuals. This situation would arise when hatred and jealousy between the husband and the wife developed in the context of a marriage that was not based on love or as a result of the frustration of either the husband or the wife because of the impossibility of being with his or her true love.¹⁶⁴

This situation is not referred to in the Jewish medical writing. Nevertheless, a remark made by the physician Raphael Mordecai Malki (c. 1640-1702) is worthy of note – Malki comments on the “love tricks” that a woman should engage in order to awaken her husband's lust: “if the wife is smart and kind she should evoke jealousy in him [her husband], and from it [will] come contemplation and affection.”¹⁶⁵ This same technique also appears in Burton's discussion of lovesickness among married couples, but Burton also recommends avoiding loveless marriages – the kind that can induce lovesickness – altogether. The lack of any concrete discussion of lovesickness among married couples in the Jewish medical literature should be taken into consideration and will be discussed below.

¹⁶⁴ Michal Altbauer, “Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century,” 67-70.

¹⁶⁵ Raphael Mordecai Malki, *Medical Essays* (in Hebrew), ed. with an introduction by Meir Benayahu (Jerusalem: Yad haRav Nissim, 1985), 119-120. A rabbi and a physician, Raphael Malki was apparently born in Livorno, and lived and practiced there until he migrated to Jerusalem in 1677. Little is known about where he had lived in Italy, but his essays, written after he arrived in Jerusalem, provide details regarding some aspects of his life story and of his medical theories and positions on moral issues. It is appropriate to refer to him in the current discussion, as he did receive his medical education in Italy (probably at the University of Pisa) and practiced medicine in Italy around the middle of the seventeenth century.

4. Reading Medical Discussions of Lovesickness – Reading the Physicians’ Life Stories

The nature of the Italian Jewish medical discussion of lovesickness should be examined in light of the physicians’ life stories and in comparison to the general contemporary European medical discussion of the issue. In order to discuss the connection between the common characteristics of their personal and professional biographical backgrounds and their writings on lovesickness, it is necessary to first understand the exact characteristics of this genre of medical writing and of the writers’ literary sources and medical practices, as well as the specific life stories of these physicians.

I. Amatus’ “Love Madness”

Amatus’ seven volumes of *Centuriae* consist of the hundreds of cases the physician treated throughout his professional life. Each volume, called a ‘*centuria*’ (one hundred), consists of a hundred ‘*curationes*’ (therapies), and consists of approximately one hundred and fifty pages. The ‘*curationes*’ generally include exact dates and geographical locations, and sometimes refer to the patients’ names, socio-economic status and religious affiliation. Some of the ‘*curationes*’ are concluded with a ‘*scholia*,’ a commentary in which Amatus presents the pathology’s different medical traditions and terminological issues concerning the disease.

The *Centuriae* were written at different times and in different places, throughout Amatus’ life, and his various practical experiences are well reflected in all of them. Each of the volumes is dedicated to a different one of Amatus’ friends and patrons. All the volumes were written in Latin and are directed at professional readers. In one of the volumes, Amatus specifically mentions that his objective is to assist physicians in their practical work.¹⁶⁶ He also notes that he had published his medical works “not to satisfy ambition, but that I might, in some measure, contribute to the furtherance of the health of mankind.”¹⁶⁷

¹⁶⁶ Preface to the seventh *Centuria*. See Amati Lusitani, *Curationum medicinarum, centuria Septem* (Lyon: G. Rouillium, 1570), 7-8.

¹⁶⁷ “Amati iusiurandum,” in Amati Lusitani, *Curationum medicinalium, Centuriae duae, Quinta ac Sexta* (Venice: Valgrisius, 1560), 3 last unpaginated folios. For an English translation of the oath, see Harry Friedenwald, “Amatus Lusitanus,” 640-641.

The premise underlying these volumes is that a systematic and careful diagnostic process is essential, and he emphasizes the importance of a knowledge of anatomy, stating that “[a] physician or a surgeon who ventures to treat disease without an exact localized diagnosis cannot but be regarded as a carpenter with cataract, trying to cut the wood to build a chair.”¹⁶⁸

Amatus specifically states that he had “always held Hippocrates and Galen before me as examples worthy of imitation,”¹⁶⁹ and mentions several times throughout the *Centuriae* that he considered himself to be a student of both of them and of medieval Arabic medicine as well. He specifically mentions that the hardships he had experienced had not prevented him from remaining up to date with regard to the contemporary medical discourse.¹⁷⁰

Amatus’ writings bear strong evidence of his own Jewish tradition and of the general Jewish medical tradition as well.¹⁷¹ In all seven *Centuriae*, the physician’s name appears as Amatus Lusitanus. Thus, aside from emphasizing his Portuguese origin by using the term “Lusitano,” meaning Portuguese, he had also returned to his Hebrew surname: “Amatus,” meaning lovable, which would be the Latin word for his Hebrew name - “Haviv,” meaning amiable (חביב).¹⁷² The various commentaries that follow some of his case studies reveal his vast knowledge of the Bible¹⁷³ and of the writings of Maimonides, as well as those of his Jewish contemporary colleagues such as Jacob Mantino (died 1549) or Azariah dei Rossi (1514-1578). Since Amatus did refer occasionally to the specific identities of his patients, he naturally also discussed actual aspects of Jewish lifestyle and diet in several of the reviewed cases.¹⁷⁴ “Amatus’ oath,” (*Amati iusiurandum*), written in Thessaloniki in 1559 and published for the first

¹⁶⁸ *Curatio* 83, in *Amati Lusitani, Centuriae quatuor* (Venice: Zilletus, 1557), 330.

¹⁶⁹ This statement is taken from Amatus’ oath, as translated by Friedenwald. See Harry Friedenwald, “Amatus Lusitanus,” 641.

¹⁷⁰ *Amati Lusitani, Curationum medicinalium, Centuriae duae, quinta ac sexta*, 3 last unpaginated folios.

¹⁷¹ These passages of Jewish interest were expurgated and censored throughout the sixteenth century. See Dov Front, “The Expurgation of the Books of Amatus Lusitanus.” *The Book Collector* 47 (1998): 520-536; Idem, “The Expurgation of Medical Books in Sixteenth Century Spain.” *Bulletin of the History of Medicine* 75 (2001): 290-296.

¹⁷² Harry Friedenwald, “Amatus Lusitanus,” 606 n. 11; *The Jewish Encyclopedia*, s.v. “Juan Roderigo de Castel-Branco.”

¹⁷³ In his *Centuriae*, Amatus referred to many biblical characters, and in his botanical writings he specifically mentioned not only the Hebrew terms of various plants, but also their exact references in the Bible. See Harry Friedenwald, “Some Jewish Interests of a Marrano Physician,” in *The Jews and Medicine*, vol. 1 (Baltimore: John Hopkins Press, 1944), 384-386.

¹⁷⁴ *Ibid.*, 381-384.

time along with the *Sixth Centuria*, expresses not only his moral and professional commitment to his medical duties, but also his complete commitment to the Jewish faith. Amatus began his oath by swearing not only by God, but “by his holy Ten Commandments given on Mount Sinai by Moses the lawgiver after the people of Israel had been freed from the bondage of Egypt.”¹⁷⁵

Amatus’ two lovesickness cases, captioned “Of a Jewish lad fallen in love with a Jewish girl” and “About the suicide (by poisoning) of a monk who fell in love with a young girl” respectively, are described in a manner characteristic of Amatus’ above-mentioned style, and shed light on the concrete social context of the pathology illustrated in these two case studies. “Of a Jewish lad fallen in love with a Jewish girl” is ‘*curatio*’ 56 of the *Third Centuria*, which was first published, along with the *Fourth Centuria*, in Lyon in 1556. Both volumes were based on Amatus’ practical experience in Italy during the first half of the sixteenth century. The patient and his love object in the first case are specifically described as Jewish. In his description of the case, Amatus discloses that the patient was “a young man from Thessaloniki.” Since Amatus migrated to Thessaloniki only in the late fifteen-fifties, one explanation could be that the patient was brought to Italy from Thessaloniki in order to obtain the physician’s medical advice. Yet this does not appear to have been the case. Amatus’ description makes clear that he accompanied the patient through the different stages of the disease, even breaking into the beloved girl’s home. The most reasonable explanation, in my opinion, is that the youth was originally from Thessaloniki, but that he fell in love with a Jewish girl while in Italy – which would explain why there was a need to indicate the young man’s origin specifically, while nothing needed to be said of the girl’s origin. This was certainly possible, since many of the Italian Jewish communities, especially in Ancona and Venice, had close commercial and cultural relations with the Greek Jewish communities, and especially with the Jewish community of Thessaloniki. Furthermore, many Greek Jews had settled in Venice and had established the Levantine community in the city.¹⁷⁶ Marriage contracts between

¹⁷⁵ Amati Lusitani, *Curationum medicinalium, Centuriae duae, Quinta ac Sexta*, 3 last unpaginated folios. This sentence was, not surprisingly, expurgated.

¹⁷⁶ During the first half of the sixteenth century, many Levantine Jews, mainly merchants, started to settle in Italian cities, especially Venice. See Robert Bonfil, “Italy – A Bridge between West and East and East and West,” 83-87; Yosef Kaplan, *The Western Sephardi Diaspora*, 38; David Joshua Malkiel, *A Separate Republic: The Mechanics and Dynamics of Venetian Jewish Self-Government, 1607-1624*, (Jerusalem: Magnes Press, 1991), 14-15. On the commercial and cultural

descendants of the Italian and Greek Jewish communities were the subject of many controversies, as can be seen in the rabbinical *responsa* literature of the time.

In the '*scholia*' that ends the case, Amatus describes two more cases of lovesickness that he had treated while in Portugal. In both of these cases, Amatus refers only to the socio-economic status of the patients and to their prognosis: the patients are described, respectively, as a young nobleman who fell in love with an unknown girl and became insane, and as a merchant's daughter who was promised to a man and then lost her sanity before her wedding. Amatus noted that apart from a tiny deformation in her hand, the merchant's daughter had otherwise been healthy, thus emphasizing that there could have been no purely physiological explanation for the pathology. Amatus' etiological explanation for the merchant's daughter's case relates her socio-economic status - and the restrictions that status imposed concerning the possibility of her freely choosing a marriage partner - to a tragic prognosis. The fact that he presents these cases immediately after his discussion of the terminology used for the disease, and through which the disease was associated with the wealthier classes, is further proof of his perception of its etiology. Amatus' remark that the two Portuguese cases had occurred only a few days apart from each other suggests the possibility that appearances of the disease were fairly common.

Amatus also refers in the '*scholia*' to the classic cases of lovesickness that appeared in the writings of Hippocrates and Galen, as well as to Avicenna's discussion of the topic, but these references are more concise and deal primarily with practical aspects of the treatment.

His second main case concerning the illness - "About the suicide (by poisoning) of a monk who fell in love with a young girl" - is '*curatio*' 84 of the *Fifth Centuria*. The case study includes exact details of the time and place of this incident: Pesaro, in February of 1556. The patient, a twenty-year old monk named Paulus, fell in love with Caterina, the daughter of the man in charge of the monastery's fields. The religious and social restrictions that prevented the young

relations between Ancona Jewry and Thessaloniki Jewry, see Yosef Laras, "The Family of Mujajion in Ancona." (in Hebrew) *Sefunot* 12 (1971-1978): 255-270; Zipora Baruchson, "On the Trade in Hebrew Books Between Italy and the Ottoman Empire During the 16th Century." (in Hebrew) *East and Maghreb* 5 (1986):53-77; and Yaron Ben-Na'eh, "The City of Torah and Learning: Salonika as a Center of Learning in the Sixteenth-Seventeenth Centuries." (in Hebrew) *Pe'amim* 80 (1999): 69-71.

monk from being with his beloved were quite obvious. Amatus concludes that the monk “passed away atoning for his own sins of love,” a statement that suggests the physician’s criticism of both the monk’s love and of his suicide.¹⁷⁷

A central and fascinating issue is the fact that Amatus himself did not use the terms “lovesickness,” “love madness” or “love melancholy.” In the table of contents of each *Centuria*, the cases appear numbered from one to hundred, by their titles. In the two above-mentioned cases there is no indication of a concrete diagnostic category for the pathology described. It is thus interesting to note that although Amatus was obviously aware of the position generally taken in the medical literature regarding the diagnostic category attached to this pathology, as is indicated in the ‘*scholia*’ attached to the first case, he refrained from labeling it in the titles he gave to the two case studies. Thus, according to Amatus, lovesickness was a common phenomenon, especially for young people who encountered social, economical or religious restrictions that prevented them from being with the individuals they loved - a situation which caused them to become insane and even to commit suicide. Yet he did not view lovesickness as a strictly physiological pathology, and in most of the cases he understood that medical intervention was useless. In both of the above-mentioned Portuguese cases the patients became insane and could not be cured; with regard to the Italian incidents, the Italian monk committed suicide in the one case, and, in the other case, the imprisonment of the Jewish young man by the local authorities was what Amatus saw as having served as “the best treatment for his insane mind,” rather than Amatus’ own prescribed mixture.

It was Amatus’ publisher who labeled the disease as “lovesickness” or “love madness” in the index of the *Centuriæ*, and this would seem to be the reason for the differences between the various indices. Although my research here is incomplete and I was unable to examine all the editions of the two *Centuriæ* that include the cases discussed here, it may be that the indices, as well as the use of the particular diagnostic categories listed in the relevant volumes, are evidence of the prevalence of the theme of lovesickness in the local medical arena in which

¹⁷⁷ Dov Front has produced a list of the sections of Amatus’ *Centuriæ*, among them most of the lines of *Curatio 84*, which were expurgated from the 1560 Venetian edition and the 1620 Bordeaux edition. Although Front himself does not refer to this specific case, it is clear that the case of the monk who fell in love and committed suicide is a perfect example of those sections that present members of the clergy in an unfavorable way. See Dov Front, “The Expurgation of the Books of Amatus Lusitanus,” 528.

the book was published. If so, it may be that the cases were labeled as “love madness” (*de amore insano*) or “lovesickness” (*amoris morbus*) and that several references were made to them in the indices under the categories of “love” (*amor*) and of “youth” (*iuvenis*) specifically because the books were published in France of the sixteenth and seventeenth centuries - a time and place in which discussions of lovesickness were quite common.¹⁷⁸

Although Amatus does not refer to any concrete medical diagnosis regarding these love-related pathologies, his cases enable the modern reader to get an authentic medical view of the phenomenon as well as its concrete social context. Amatus’ contemporaries often noted that his vast practical experience was his advantage. Robert Burton, for example, while discussing love melancholy, refers to Amatus as an expert, stating that his cases were based on experience with real patients and that his treatments for their illnesses were not based merely on earlier medical traditions or on hearsay.¹⁷⁹

Whether Amatus’ two cases of lovesickness represent a common phenomenon in the social contexts in which he practiced remains a crucial question. At first it would seem that the fact that the disease is described in only two cases out of seven hundred suggests that it was a rather unusual phenomenon (constituting less than 0.5% of Amatus’ reported cases). However, Amatus not only did not report all of his cases, he specifically preferred to report a variety of different cases in his *Centuriæ*, allowing cases that were similar to each of the reported ones to be discussed only in the ‘*scholia*’ following the main cases that were reported in the body of the text. The different prognoses in the two above-mentioned cases probably constituted the reason for his inclusion of both of them, rather than presenting only the first ‘*curatio*’ in the *Third Centuria*. With respect to the common diagnostic categories of both melancholy and mania, Amatus

¹⁷⁸ The *Third Centuria* was published in fifteen editions. Only ten editions are currently accessible, and I have so far managed to view three of them (Venice 1557, Lyon 1580 and Bordeaux 1620). The *Fifth Centuria* was published in twelve different editions. Out of the seven of these that are currently accessible, I have managed to view three (Venice 1560, Lyon 1580 and Bordeaux 1620). For the complete list of the *Centuriæ* editions, see Harry Friedenwald, “Amatus Lusitanus,” 650-652.

¹⁷⁹ Robert Burton refers to Amatus seven times in his *Anatomy of Melancholy*, and two of these mentions deal with love melancholy. He mentions Amatus, along with Valeriolla and Platter, as medical experts on the subject of lovesickness and also describes his treatment of the Jewish young man who had fallen in love with a Jewish girl. See Robert Burton, *The Anatomy of Melancholy*, (Oxford: Henry Cripps, 1651), 764, 769. (The other mentions of Amatus are found at pages 208, 288, 322, 347, and 606.)

included only eleven cases of these, out of all seven hundred cases listed in the *Centuriæ*. The limited number of cases described in these categories does not mean these were not common diseases. As mentioned above, Amatus himself considered melancholy as one of the diseases that was common among Jews.

Although it is hard to estimate the exact prevalence of the disease among his patients, Amatus' descriptions do provide an authentic context for his lovesickness cases – one which is anchored in concrete times and places. His descriptions of the disease do not lead to an assumption that the disease was either characteristic of Jews or particularly prevalent among them, notwithstanding what he viewed as the Jewish tendency towards melancholy. Yet his cases emphasize the common etiology of the various pathologies connected with love - familial, socio-economic and religious restrictions limiting the ability of young people to freely choose their love objects – thus providing an authentic backing for the contemporary non-Jewish discourse regarding the disease.

II. Montalto's "The Insanity of Lovers"

Montalto's *Archipathologia* is a monumental work of more than eight hundred pages. The treatise on "The Insanity of Lovers," as noted above, is one of eighteen treatises comprising the *Archipathologia*. These eighteen pieces include discussions of headaches, melancholy, mania, memory loss, insomnia, nightmares and epilepsy. The entire book, written in Latin, was dedicated to the Queen of France, Marie de Medici.¹⁸⁰ Friedenwald describes the book as "one of the earliest, perhaps the earliest, attempt at dealing with mental disturbances in a systematic manner."¹⁸¹ This is a somewhat difficult definition in terms of historiography, as it reflects an evaluation of the book based on a modern medical

¹⁸⁰ A twelve-page booklet containing a French translation of Montalto's dedication to the queen was published in Paris that same year. In his dedication, Montalto expressed his gratitude to the queen, both for having brought him to France from Italy and for her generous hospitality. See Philotheus Elianus de Montalto, *Lettre d'Espagne présentée a la Royne Régente* (Paris: Jean Brunet, 1614). On occasion, Montalto would refer to his Portuguese origin, putting the term Lusitano (Portuguese) alongside his name. This was probably the reason for the reference to Spain in the booklet's title, as Portugal was under Spanish rule at the time. For more on this issue, see Harry Friedenwald, "Montalto," 477, 490-491.

¹⁸¹ Harry Friedenwald, "Montalto," 490. Friedenwald bases this statement, among others, on the famous catalogue of the German psychiatrist Heinrich Laehr (1820-1905), who had surveyed all early modern medical writings which reflected a psychological perspective. See Heinrich Laehr, *Die Literatur der Psychiatrie, Neurologie und Psychologie von 1459-1799* (Berlin: Georg Reimer, 1900).

perception of mind-body relationship, while Montalto himself would most certainly have taken the view that all of the above-mentioned pathologies were strictly medical ones. Accordingly, Montalto's criteria for including pathologies in the book was the existence of an organ that had been harmed – here, the head¹⁸² – and in this respect the work was not a pioneering analysis.¹⁸³ Nevertheless, Montalto's emphasis on the connection between the mind and the body in the above-mentioned pathologies does impress the modern reader as reflecting a psychological discussion, one that is actually almost an “anti-medical” discussion. This is especially so with respect to the treatments described, and the psychological aspect of these is especially marked in his discussion of the treatment of lovesickness.

Compared to the other treatises included in the book, Montalto's treatise on lovesickness is a relatively short one, consisting of a total of nine pages. (The longest treatise in the collection, dealing with melancholy, runs for almost one hundred and fifty pages). The concise discussion of lovesickness might seem to be an incomplete one, in comparison with Ferrand's or Burton's voluminous considerations of the issue. Yet the main difference between these longer discussions and Montalto's, relates to the style of presentation of each of their respective writers. Montalto refers to twelve sources in his discussion, specifically citing only three of them. All his sources, apart from one reference to Horatius, are strictly medical. If Ferrand's or Burton's books are stripped of the hundreds of references - medical, literary, mythological and biblical – that they include, the number of pages containing a pure discussion of the illness would be rather

¹⁸² This is clear from the work's subtitle as well as from its third edition's title – *On Head Sicknesses* – in which the term Archipathologia is absent. See Philothei Eliani Montalto, *De morbis capitis, novis & exquisitis remedium generibus locupletatus, & in quo omnes quaestiones & dubia quae tam in theoria quam in praxi occurrunt, elegantissimè explicantur* (S. Gervasii: Jac de la Pierre, 1628).

¹⁸³ Several of the medical works from the sixteenth and seventeenth centuries that are discussed above, such as Amatus' or Zahalon's writings, include sections devoted to diseases of the head. However, several of Montalto's contemporaries have been referred to as pioneers with regard to this subject, the most prominent of these being the Swiss physician Felix Platter (1536-1614), who is often referred to in the literature as a “pioneer of psychiatry.” The first volume of Platter's *Praxeos medicae*, published in 1602, was devoted to pathologies that would today be defined as psychological or neurological, and were almost identical to Montalto's various diseases of the head. See R. Battagay, “Felix Platter und die Psychiatrie,” in *Felix Platter (1536-1614) in Seiner Zeit*, ed. Ulrich Trohler (Basel: Schwab, 1991), 35-44; Oskar Diethelm and Thomas F. Heffernan, “Felix Platter and Psychiatry.” *Journal of the History of the Behavioral Sciences* 1 (1965): 10-23; F. E. James, “Some Observations on the Writings of Felix Platter (1539-1614) in Relation to Mental Handicap.” *History of Psychiatry* 2(5) (1991): 103-108.

similar to the number of such pages in Montalto's treatise. Further, in contrast to the contemporary non-Jewish discussions of lovesickness, Montalto's does not blur any boundaries between reality and fiction. In the absence of any literary, mythological and biblical descriptions of love and its inherent danger, his discussion of lovesickness appears to reflect an authentic and purely medical view of the pathology. However, the lack of contemporary literary references isolates the medical discussion from its unique historical context. Furthermore, Montalto's clinical cases, rather than including any contemporary accounts, are comprised of Erasistratus' and Galen's famous classical descriptions. Montalto does not, in his discussion, refer to the contemporary medical views regarding lovesickness; he mentions neither Bright, du Laurens, Platter nor Ferrand (to name just a few). Instead, he focuses on Ovid, Galen and Avicenna. It may be that his tendency to rely on sources in classical medical literature and his failure to mention any evidence from his own clinical experience are both the result of the atmosphere within medical academia in Paris, the city in which the work was first published.¹⁸⁴ Montalto may also have been affected by censorship considerations, which may have been the reason he refrained from any graphic clinical descriptions of the disease that might have been considered to be of an erotic nature, even if discussed in the "privacy" of the Latin language.¹⁸⁵ In this regard, the dedication of the entire work to the French queen might also have been considered to have provided a safety net for the publication of a discussion of

¹⁸⁴ See Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 90; Laurence Brockliss, "Medical Teaching at the University of Paris, 1600-1720." *Annales of Science* 35 (1978): 221-251; Andrew Wear, "Galen in the Renaissance," in *Galen: Problems and Prospects*, ed. Vivian Nutton (London: The Wellcome Institute for the History of Medicine, 1981), 229-262. Montalto's frequent references to Avicenna, however, might be a reflection of the influence of either his medical education in Salamanca or of the general atmosphere within the Italian academic medical arena. These types of references were not characteristic of the French medical discussions. See Juan Bautista Riera Palmero and Guadalupe Albi Romero, "El Avicenismo Renacentista en la Universidad de Salamanca." *Llull* 27(60) (2004): 704-745; Nancy G. Siraisi, *Avicenna in Renaissance Italy: The Canon and Medical Teaching in Italian Universities after 1500* (Princeton: Princeton University Press, 1987), 77-124. With regard to Montalto's failure to mention any practical experience of his own, a 1598 ordinance of the faculty of medicine at the University of Paris conditioned the acceptance of a physician's license on a notarized commitment to refrain from engaging any surgical or pharmaceutical practice, which would explain Montalto's reticence to publicize the fact that he had in fact accumulated such experience.

¹⁸⁵ Thus for example, the Church authorities in Toulouse in 1620 called for the burning of Ferrand's treatise on lovesickness. See Donald A. Beecher and Massimo Ciavolella, "Jacques Ferrand and the Tradition of Erotic Melancholy in Western Culture" in Jacques Ferrand, *A Treatise on Lovesickness*, trans. and ed. with an introduction by Donald A. Beecher and Massimo Ciavolella (Syracuse: Syracuse University Press, 1990), 24.

intimate issues such as love and sex. The publication of the book in Latin is also typical of the Parisian academic medical arena (as opposed to the Italian one, for example) and indicates that Montalto had professional rather than popular objectives in mind when writing the book.¹⁸⁶ Publication in Latin rather than in a vernacular language meant that Montalto's knowledge regarding lovesickness, including his therapeutic advice, would be accessible to professionals only. The absence of romantic case descriptions and literary citations also conforms with the idea that his objective in publishing the book was to provide information only to his fellow professionals.

In light of Montalto's awareness of the norms of the medical arena in which the book was published, his disregard of the writings by contemporary French physicians regarding lovesickness is rather surprising. While Friedenwald claimed that Montalto's *Optica* "marks the end of a millennium of an 'old world'" science, ignorant of the fact that the 'new world' has already been discovered,"¹⁸⁷ it is my view that Montalto's disregard of contemporary medical discourse in the case of lovesickness may have been intentional. One could argue that Montalto did not have access to the contemporary medical writings. However, as the facts of his life indicate, his professional fame saved him from the hardships that were experienced by many Conversos and it is therefore actually unlikely that he lacked the access to contemporary material. It is improbable that du Laurens' or Valleriola's discussions of lovesickness were absent from the libraries of the Florentine or Parisian courts in which he served as a physician,¹⁸⁸ and it is difficult to believe that Montalto never met du Laurens in person at the royal court in Paris. Montalto's decision to write about topics that were quite similar to du Laurens' – vision and diseases of the head – may have been the result either of the popular trends in the Parisian medical arena at that time, or of the fact that the two of them encountered similar pathologies while practicing medicine at the Parisian

¹⁸⁶ For an earlier discussion of mine of the popularization of medical literature, see Michal Altbauer, "Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century," 71-72.

¹⁸⁷ Harry Friedenwald, "Montalto," 488.

¹⁸⁸ Du Laurens' discussion of lovesickness is included in his book on vision. See André du Laurens, *Discours de la conservation de la vue*; Franciscus Valleriola, *Observationum medicinalium libri sex*, (Lyon: A. Gryphius, 1573). The huge popularity of du Laurens' book is indicated by the fact that it was translated into English and published in London, only two years after the publication of the French edition. See André du Laurens, *A Discourse of the Preservation of the Sight*, trans. Richard Surphlet (London: F. Kingston, 1599).

court. Although we cannot make assumptions regarding the nature of Montalto's motives for disregarding the above-mentioned contemporary medical writings specifically in connection with lovesickness, he may simply have wished to highlight his own innovative medical practices by contrasting them specifically with the classic and medieval traditions.

Interestingly enough, even though Montalto was very much aware of the norms within the Parisian medical arena, his writing reflects the strong influence of Italian renaissance love treatises, with which he probably became familiar while at the ducal court in Florence. Montalto's emphasis on feminine beauty and attractiveness, as well as his elaboration on the connection of these issues to vision, would seem to reflect the influence of Ficino, Abravanel and of many other authors of Italian treatises on love.¹⁸⁹

As noted above, Montalto avoids direct references to any clinical cases he had treated himself, yet throughout the treatise he often indicates that a particular point reflects "his view" which he had adopted "in light of his own experience." Nevertheless, it is not always clear to which experience he has referred in a particular case – whether he means his French or his Italian experiences, the experience acquired in the Venetian Jewish Ghetto or the impressions received in the Catholic French royal court. Thus the question remains - was his treatise on the insanity of lovers a result of a fashionable trend in Parisian medical discourse, or was it a reflection of his own practical experience? In order to answer these questions, it is necessary to trace the records of the various treatments that Montalto recommended in practice, and to determine whether they conform to the medical advice offered in his treatise.

In Paris, Montalto treated many patients who were members of the nobility. Records of the treatments he offered testify that the physician did indeed focus on the importance of maintaining a healthy regimen, and of avoiding any unnecessary medical procedures, either surgical or pharmaceutical. In 1606, Léonora Galigai, the queen's close friend, testified that after years of suffering from bad health and hysterical episodes she had been completely cured by Montalto, who had suggested a specific diet, and had advised forty days of celibacy, prayers and acts

¹⁸⁹ For my earlier discussion of the *trattati d'amore*, the Italian treatises on love, and of their influence on medical discussions of lovesickness, see Michal Altbauer, "Love Melancholy in France and in England in the Late Sixteenth Century and Early Seventeenth Century," 35-37.

of charity.¹⁹⁰ In a letter to the queen regarding the treatment of one of her daughters, Montalto stated, “we should defer and perhaps put a stop to all medicine.”¹⁹¹

These recommendations are in conformity with the therapeutic advice regarding lovesickness that Montalto offers in his treatise, and are probably based on his own experience, even though they were not common treatments in Paris at the time. This might be the reason for the disrespectful tone taken by Jean Héroard, the private physician of the crown prince (subsequently Louis XIII) with respect to Montalto. Héroard described an incident in which the young prince rushed Montalto to comment on a particular matter by asking him to “speak, speak you Palestine physician.” Héroard then explained that this call by the prince was addressed to “the Italian buffoon who earned the respect of the court.”¹⁹² Héroard’s own allusion to Montalto’s Italian origins (as opposed to the young prince’s comment regarding his Jewish roots), and his reference to him as a buffoon, both suggest that he held Montalto’s professional abilities in low esteem.

However, Montalto must also have acquired a degree of practical experience in the Jewish Ghetto, at least during the four years from 1607 to 1611, regarding which there are concrete records of his stay in Venice. Although there are no records of the treatments he offered there, his treatise on lovesickness - to the extent it describes any Jewish characteristics of either patients or treatments - could be a possible source of information regarding his experience in the Italian city. However, although Montalto published his *Archipathologia* under his Jewish name, the treatise on lovesickness does not include any concrete references to his Jewish origin or to any Jewish influence. Furthermore, Montalto does not mention any earlier Jewish medical sources, or any contemporary Jewish physicians or cases. He does not refer to any biblical stories, such as the famous story of Amnon and Tamar, which was included in almost every non-Jewish medical discussion of the pathology. Furthermore, the discussion does not bear any trace of any

¹⁹⁰ Harry Freidenwald, “Montalto,” 479-480.

¹⁹¹ *Ibid.*, 474-476.

¹⁹² The relevant excerpts from Héroard’s diary are cited in Richard Ayoun, “Un medecin juif a la cour de France au debut du XVIIe siecle,” 47, 54 n.7.

Kabalistic ideas, which were rather common among his contemporary Jewish scholars and physicians.¹⁹³

Given Montalto's above described experience, and the sources that he cites, the question arises as to which laws he referred to when he argued that love as "a violation of divine laws"? Although he wrote under his Jewish name, his comment would not seem to be a reference to Jewish laws, as love itself does not constitute a violation of any such laws. Furthermore, the statement is identical to remarks made by the French physicians du Laurens and Ferrand with regard to lovesickness.¹⁹⁴ It would generally be assumed that with respect to this issue, which is more a moral and religious point and less a strictly medical matter, that Montalto would present his own personal view. Nevertheless, Montalto chose, in this statement, to reflect the normative French Catholic view regarding lovesickness. The fact that the *Archipathologia* was published in France on two more occasions, both times within less than fifteen years from the date of its first publication, can be seen as an indication of the popularity of its themes - which included lovesickness - and the prominence of these themes in contemporary French medical discourse. These factors would seem to explain the book's popularity, despite the author's problematic status in Catholic France because of his Jewish faith.

The tension that arose between Montalto's Jewish and professional personae is indicated in a letter concerning the need for him to ride on Shabbat while serving the French queen. Montalto wrote that although his faith did not permit him to ride on Shabbat, he would use a carriage when called upon the court, since he needed to save his health in order to provide a trustworthy medical opinion. He also noted that it would be unbecoming for him to serve the queen wearing clothes that were muddy from the long walks he would need to take if he did not use a carriage.¹⁹⁵ It seems that in spite of his characteristic "religious zeal," Montalto,

¹⁹³ David B. Ruderman, "Can a Scholar of the Natural Sciences Take Kabbalah Seriously?" in *Jewish Thought and Scientific Discovery in Early Modern Europe*, (New Haven: Yale University Press, 1995), 118-152; Moshe Idel, "Major Currents in Italian Kabbalah Between 1560-1660," in *Essential Papers on Jewish Culture in Renaissance and Baroque Italy*, ed. David B. Ruderman (New York: New York University Press, 1992), 345-368. Evidence from both Venice and Paris indicates that Montalto did not express any affinity for Kabbalah. See Harry Freidenwald, "Montalto," 480.

¹⁹⁴ André du Laurens, *A Discourse of the Preservation of the Sight*, 122; Jacques Ferrand, *De la maladie d'amour ou melancholie erotique*, (Paris: Chez Denis Moreau, 1623), 207.

¹⁹⁵ Cecil Roth, "Elie Montalto et sa consultation sur le Sabbat," 113.

when arguing that he was entitled to suspend the religious Shabbat laws in connection with his medical practice, did not rely on the religiously accepted ground for such a suspension referred to as *pikuach nefesh* (פיקוח נפש) – i.e., the need to save life. Instead, his concern appeared to be his need to preserve his relations with the royal family.¹⁹⁶ Thus, notwithstanding the pre-conditions Montalto had established for his agreement to move to Paris, he still made a clear distinction between the requirements of his Jewish faith and his profession. In my view, this is the reason that he is not included in the standard studies of Jewish medicine in his period,¹⁹⁷ despite the professional fame he earned in his lifetime.¹⁹⁸

I would suggest, then, that Montalto's writing on lovesickness is primarily an example of the French medical views on the subject, as well as a reflection of the French nobility's concerns and worries regarding love - and not an example of either Italian or Jewish conceptions of lovesickness.

¹⁹⁶ The provision of medical care to Christians on Shabbat was a topic that was frequently discussed by Jewish rabbis and physicians in many Italian Jewish communities at the time. A comparison of the views that they expressed on this subject to those of Montalto highlights the intensity of Montalto's wish to fit in with French Catholic society. See Meir Benayahu, "Italian Responsa Concerning Practicing Medicine on Shabbat, at the Beginning of the Reformation." (in Hebrew) *Asufot: Annual for Jewish Studies* 14 (2002): 300-304.

¹⁹⁷ As noted above, the studies that do refer to Montalto mention him only in the context of general research concerning Conversos as a group, and such references generally relate to his non-medical writings rather than to his medical works. This absence of any modern reference to Montalto in connection with the Jewish medicine is exemplified in a large mural entitled "The Jewish Contribution to Medicine" which was installed at the Cedars-Sinai Hospital in Los Angeles in 1999. The mural displays the portraits of dozens of Jewish physicians dating back to Mar Samuel and Assaf the Physician (Assaf Harofe or Assaf Ben-Brachiahu, אסף הרופא, אסף בן ברכיהו), who lived in Talmudic and early post-Talmudic periods, respectively. The sixteenth and seventeenth centuries are represented by the portraits of Amatus Lusitanus and Zacutus Lusitanus. Montalto, in spite of his religious zeal and professional fame, is absent. The painting, as well as the details of the physicians portrayed in it and of the members of the committee who chose them, can be seen at: <http://www.csmc.edu/6645.html>.

¹⁹⁸ Aside from the above-mentioned compliments from Delmedigo, Montalto was well-regarded by contemporaries such as Zacutus Lusitanus, Benedict de Castro and Robert Burton, to name just a few. In 1631, de Castro wrote that "Montalto proved himself to be a most wonderful interpreter of nature... [he] was entrusted with the care of the health of Marie, Queen of France and Navarre, and of the most Christian King. As their perfect counselor he was careful, sagacious, serious - but still more, he was the most perfect example of a faultless life." (Quoted in Harry Freidenwald, "Montalto," 485.) Burton considered Montalto an "expert on melancholy" and referred to his works several times in his *Anatomy of Melancholy*. Burton referred to him three times in connection with lovesickness, particularly with regard to symptoms and the treatment thereof. See Robert Burton, *The Anatomy of Melancholy*, 653, 721, 765.

III. Zahalon's "How to Cure Lovesickness"

Jacob Zahalon refers briefly to lovesickness in his *The Treasure of Life*, the only medical book he ever published. It was published in Venice in 1683 and was intended to be a part of a larger literary endeavor by Zahalon, which he did not succeed in publishing because of financial difficulties.¹⁹⁹ *The Treasure of Life*, as originally published, was almost two hundred pages long and is divided into thirteen sections covering all fields of medicine. Thematically, it can be divided into three main sections: Zahalon's medical approach (concerning a recommended regimen, diagnosis, etiology, symptoms and therapy); pathologies based on the classic anatomical division of the body, *ex capite ad pedem* (from head to toe); and various specific pathologies (fevers, natural toxics and antidotes, gynecology and obstetrics, and pediatrics).

The book was written in Hebrew and was printed in a tiny Rashi script (כתב רש"י). The text also included Hebrew transliterations of Italian medical terms. The fact that it was written in Hebrew and that the transliterated terms were Italian rather than Latin is a first indication of the book's objective, which was to serve as an accessible medical instruction book for Italian Jewish communities.²⁰⁰ The tiny writing as well as the lack of any mention of medical controversies (discussions of controversies being a common aspect of the period's medical literature) allowed Zahalon to compress an enormous amount of knowledge into a tiny format. This serves as further evidence of the writer's objectives: namely, to offer advice which is concise and accessible (both thematically and physically), in contrast to the voluminous encyclopedic medical writings of the time. Most of the discussion in the book is organized in a "question and answer" format which is very similar to the rabbinic *responsa* literature. This format also added to the book's accessibility, by allowing the author to provide diagnoses and therapeutic options quickly. Zahalon states his goals at the very beginning of the book: "In some towns there are no physicians, but there is a scholar who is able to understand and to study

¹⁹⁹ See supra notes 25 and 105. See also David B. Ruderman, *Jewish Thought and Scientific Discovery in Early Modern Europe*, 232 n. 11; Henry A. Sosland, *A Guide to Preachers on Composing and Delivering Sermons*, 71-72.

²⁰⁰ David Ruderman claimed that Zahalon intended this book mainly for East European Jewry, "where Hebrew was still the primary language of instruction." See David B. Ruderman, *Jewish Thought and Scientific Discovery in Early Modern Europe*, 235. This seems unlikely to me, in light of the hundreds of specifically Italian terms that are transliterated into Hebrew in the book, many of them related to specific therapies and to various medicinal herbs.

closely and seek cures for the sick in this book. Where the physician lives far from the town and there is no time to be lost until he arrives, or again where several physicians visit a sick man and differ as to their treatment, the learned man can inform himself from the valid and expert judgment of this book. This book will likewise be of benefit to physicians themselves, who will find a set table [*'shulchan aruch'*, שולחן ערוך - a rabbinic term for an organized set of directives] for them, and it does not expound on differences of opinion at great length, as is the common method in the books of medicine. I have only given the most proper, accepted and well-tried methods of cure. Furthermore, this book will be of benefit to the poor men that are unable to pay the fees of a physician. They will easily learn the treatment of their diseases in this book....²⁰¹ In this sense, Zahalon's book was indeed a pioneering work. Not only was it "the first published Hebrew book that discussed all fields of medicine, was devoted solely to [the subject of] medicine and was originally written in Hebrew," as Leibowitz has noted,²⁰² it was also simply the first popular medical advice book in Hebrew. David Ruderman has commented that in spite of Zahalon's intentions, the book "could hardly be called 'popular' compendia in the sense that Dr. Spock's baby care books are today. No evidence suggests that such Hebrew textbooks were to be found in the libraries of many Jewish households." Ruderman argues that the fact that *The Treasure of Life* was published only once is further evidence of its lack of popularity.²⁰³ In my view, Ruderman's criteria for judging the book's popularity are a bit problematic given the character of its potential readers: those living within the seventeenth century Italian Jewish communities. Research regarding Italian Jewish libraries of this period indicates the deteriorating status of Italian Jewry at that time.²⁰⁴ These communities experienced frequent expulsions and lived in a secluded fashion, in ghettos. Their financial resources were limited as

²⁰¹ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, unpaginated, second page of preface.

²⁰² Joshua Leibowitz, "Rabbi Jacob Zahalon of Rome and His Hymn for Shabbat of Chanukah," 172.

²⁰³ Ruderman referred to Zahalon's *The Treasure of Life* in the introduction to his discussion of the physician Tobias Cohen and of his medical book *Ma'aseh Tuvyyah* (Venice: Bragadina, 1707) - highlighting the differences between the works, while focusing on the innovations in Tobias' book. See David B. Ruderman, *Jewish Thought and Scientific Discovery in Early Modern Europe*, esp. 229-255. (Citations and reference are from pages 198-199 and 254, respectively).

²⁰⁴ See for example: Shifra Baruchson, *Books and Readers: The Reading Interests of Italian Jews at the Close of the Renaissance* (in Hebrew), (Ramat-Gan: Bar-Ilan University Press, 1993), 105-118; Robert Bonfil, "The Libraries of Italian Jewry Between the Middle Ages and Modern Times." (in Hebrew), *Pe'amim* 52 (Summer 1992), 4-15; Shlomo Simonsohn, "Books and Libraries of the Mantuan Jews, 1595." (in Hebrew), *Kiryat Sepher* 37 (1) (1962), 103-122.

was the quantity of their cultural activities; the mere physical spaces in which they lived were similarly constricted. The Jewish publisher Soncino's initiative – involving the printing of excerpts of Maimonides' *Regimen of Health* on decorated and framed canvases²⁰⁵ – would seem to have been a practical response to the above-mentioned need for accessible medical information, as the product could serve as an inexpensive, light, small and accessible source of medical advice. While there were earlier written sources that provided hygiene advice in Hebrew,²⁰⁶ Zahalon's initiative made a vast amount of theoretical and practical medical knowledge accessible to ordinary people, and in this sense his work was indeed pioneering.²⁰⁷ The fact that the book was not within the reach of a large audience because of the general community's socio-economic difficulties does not minimize the importance of this pioneering endeavor.

Zahalon's vast knowledge and his combined familiarity with both the classic medical and Jewish traditions, as well as his clinical expertise and proficiency in popular medicine, were all made apparent throughout *The Treasure of Life*. He often referred to Hippocrates and to Galen (especially in the theoretical sections of his discussion), as well as to Nachmanides, Maimonides, Amatus Lusitanus and Zacutus Lusitanus. His vast practical experience is manifested in his detailed description of a plague epidemic, and in the personal remarks that accompanied the questions and answers that were set out in the book; these remarks regularly refer to the prospects for success of the various advised therapeutic techniques.

Ruderman has claimed that the strongest impression created by the book “is one of self-assurance, of . . . absolute certainty . . . there is no sense of hesitation, no unresolved therapy, no disagreement or proposal of alternatives about the correct physiology or pathology.” He adds that the absence of “elaborate ruminations on the metaphysical and physical worlds . . . was apparently the result

²⁰⁵ Moses A. Shulvass, *Jewish Life in Renaissance Italy*, 173.

²⁰⁶ It is sufficient to mention here examples such as Ben Sira's discussion of diet, the frequent references in the Jerusalem Talmud to personal and public hygiene, Assaf the Physician's discussions of preventative medicine, and the Hebrew translations of Maimonides' *Regimen of Health*.

²⁰⁷ American historian Matthew Ramsey has defined the popularization of medicine as a process which makes medical concepts and techniques accessible to laymen in order to preserve their health, and which equips the reader with real diagnostic and therapeutic tools – in contrast to a study of medicine for the purpose of satisfying intellectual curiosity. This process of popularization, according to Ramsey, was characteristic of the early seventeenth century. See Matthew Ramsey, “The Popularization of Medicine in France, 1650-1900,” in *The Popularization of Medicine, 1650-1800*, ed. Roy Porter (London: Routledge, 1992), 97-98.

of lack of funds alone.”²⁰⁸ I would disagree with this position – in my view, Zahalon’s tendency to keep his discussion concise was the result of neither an exaggerated sense of self-esteem nor a lack of money, but was instead a characteristic of a new genre of medical literature. Although Zahalon does tend to resolve controversies by making definitive statements based on classic medical tradition as well as on his vast clinical experience, he also often acknowledges, with reference to particular issues, that “there is a controversy among physicians.” However, the inclusion of descriptions of such controversies, as he himself noted in his above-mentioned preface, would have interfered with his objective of offering accessible and practical medical advice. It is, in fact, virtually impossible for Zahalon not to have been aware of the contemporary medical discourse regarding the issues he discussed, in light of his numerous references to the views of his contemporary colleagues (albeit only to those of his Jewish colleagues), and in light of the known curriculum of the faculty of medicine at the University of Rome where he had studied.²⁰⁹

Zahalon’s discussion of lovesickness is a perfect example of both his writing style and of his therapeutic approach. The question “How to cure lovesickness?” is answered in nine concise lines, in which he offers six different kinds of treatment. These suggested treatments reflect both his classic theoretical medical approach (for example, his dietary recommendations - to the effect that the patient should be given cold rather than hot and moist nutrition - were based on the classic principles of humoral balance) and his practical and popular approach (for example, his recommendation that the patient be brought together with the loved one or that the patient’s attention be diverted through the use of various methods).

The conciseness of Zahalon’s description of lovesickness does not indicate in any way either the severity of the condition he was describing or the degree to which the pathology was widespread among his target audience, but the terseness of the discussion is rather characteristic of the book, as noted above. When

²⁰⁸ David B. Ruderman, *Jewish Thought and Scientific Discovery in Early Modern Europe*, 232-234.

²⁰⁹ In spite of its conservative image, the University of Rome maintained institutional openness to the seventeenth century’s medical innovations. See, for example, Marinozzi’s analysis of Paulo Manfredi’s notes from his studies at the faculty of medicine there during the mid-seventeenth century. Manfredi’s records indicate that both Harvey’s discovery of the circulation of the blood and Thomas Willis’ anatomical discoveries concerning the nervous system were part of the curriculum. See Silvia Marinozzi, “Rei Medicae Praelectiones Theoricae Proemialium Quaestionum,” 407-427.

describing the various pathologies covered in the book, Zahalon does not refer to the details of either their clinical descriptions or of his therapeutic recommendations; instead, he advises the reader to refer to the theoretical sections of the book for further discussion. Thus, in the discussion of lovesickness itself, he mentions the fact that a lovesick patient could be expected to have an accelerated pulse, but a further discussion of the subject is to be found only in the third section of the book, devoted to various pulse rates.²¹⁰ His concise recommendation that bloodletting be applied to lovesick patients does not include concrete instructions regarding this practice, because the various instructions concerning bloodletting (i.e., the manner in which it should be carried out in reference to the patient's age and physical stamina or to the various phases of the disease which is being treated) are described in the section devoted to bloodletting. (That section also includes his comment that bloodletting is a therapeutic measure to be used only when all other therapies have failed.)²¹¹ An elaboration of his dietary recommendations for the lovesick is also provided only in a different section of the book, dealing with the characteristics of a healthy regimen.²¹² While Zahalon notes only briefly that lovesick patients should refrain from drinking wine, it is in the dietary section of the book that he notes that even though wine has various advantages, it should never be served to "young men with a hot and dry nature."²¹³ Thus, indirectly and in conformity with the book's lack of etiological explanations, Zahalon makes a connection between lovesickness and the age of those stricken with it, a factor which is, in fact, critical to an analysis of the disease's social roots.

The nine lines that comprise Zahalon's discussion of lovesickness are especially interesting, as the pathologies dealt with in the book were most probably the pathologies that were particularly widespread among the book's intended Italian Jewish readers – those who were expected to be seeking immediate treatments for the diseases from which they tended to suffer. The book does not provide any elevated or fashionable theoretical or philosophical medical

²¹⁰ Jacob Isaac Zahalon, *Ozar-ha-Hayyim*, 21-22.

²¹¹ *Ibid.*, 37-38.

²¹² *Ibid.*, 1-3.

²¹³ *Ibid.*, 2r.

discussion of all types of diseases, but instead provides evidence of the most common pathologies among the Italian Jewish communities of Zahalon's era.

Zahalon's *The Treasure of Life* is thus further proof of the intertwining of the physician's professional medical identity with his religious Jewish identity. The clinical experience that Zahalon had acquired in Rome and Ferrara, and the lively and popular descriptions thereof provided in his book, reflect the anchoring of his medical writing in a concrete social reality.

IV. Zacutus' "Love Madness"

Zacutus refers to lovesickness in two of his medical works: *The Cases of the Great Physicians* and *The Practice of Cases*. Both are monumental works, written in Latin and each one comprised of hundreds of pages. Each book provides a short introduction to each described case, or an introductory citation from a medical source, followed by a discussion of the pathology organized as a series of questions or doubts (*dubium*) and a reply (*dictum*). This was a scholastic style, which was characteristic of medieval commentaries.²¹⁴ Zacutus' works are based on a wide variety of sources, and include hundreds of references to both medical literature (he himself noted that he had cited 1,711 physicians in his *The Cases of the Great Physicians*), as well as to non-medical literature. The books' proportions, language and style, as well as the accompanying praises from the author's fellow physicians, all testify to their strictly professional nature.

Zacutus' medical approach was strictly classical and was based mainly on the writings of Galen. Although Zacutus was obviously quite aware of the medical discoveries of his own time, such as Harvey's – Zacutus describes the English physician as "scholarly," "unique" and "wonderful" – he rejects Harvey's innovations and relied entirely on Galen.²¹⁵ Zacutus also utterly denies the benefits of new medicinal herbs from the "new world," and dismisses them as a curiosity of no real therapeutic value.²¹⁶ His writing style itself is further evidence of his complete acceptance of the classic and medieval medical traditions.

²¹⁴ See Saul Jarcho, "The Style of Zacutus Lusitanus and its Origins." *Journal of the History of Medicine and Allied Science* 44(3) (1989): 291-295.

²¹⁵ Maximiano Lemos, *Zacuto Lusitano*, 343.

²¹⁶ Francisco Moreno de Carvalho, "I Am a Wandering Jew," 158-159.

The Cases of the Great Physicians is a work consisting of almost one thousand pages. The described cases are divided among the volumes not on the basis of chronological order, but rather on the basis of the various pathologies that they represent. Each case is followed by a commentary (*paraphrases*) authored by Zacutus, in which he makes additional references to other medical discussions of the subject.

The discussion of “melancholy caused by love” (*de melancholia ex amore*) appears in the first volume, which is devoted to diseases of the head and presents eighty-four cases, mainly from Galen’s writings. The discussion of the case involving “*melancholia ex amore*” is two pages long, which is an average length for the work. It begins with Zacutus’ praise for Galen’s view, which nevertheless stands alongside Zacutus’ criticism of Galen’s failure to refer to changes in the facial coloring of lovesick patients. Although Zacutus does not refer directly to his own clinical experience, an omission which was characteristic of the entire work, it is quite evident from the discussion itself that he is writing and offering criticisms on the basis of on his own experience.²¹⁷ In his commentary, Zacutus referred to dozens of classic and medieval medical sources regarding lovesickness, some of which were absent even from the wide-ranging discussions of Ferrand and Burton, who had devoted entire treatises to lovesickness. Even though the Jewish medical tradition is apparent throughout the book, there are no references to that tradition in his discussion of lovesickness. The only source actually cited in the book which is of Jewish interest is Abravanel’s *Dialoghi d’Amore*. (Abravanel’s work is one of the most famous examples of Renaissance Italian treatises on love, and is frequently referred to in almost any discussion of lovesickness).

The Practice of Cases is a work consisting of more than four hundred pages, divided into five volumes on the basis of the various pathologies described in each one. The section “On love madness or erotic passion” (*De amore insano sive affectu erotico*) is included in the first volume, which is devoted to diseases of the head, and which discusses sixteen different pathologies. It is included as a subsection of the discussion of melancholy, and is covered in three pages of text out

²¹⁷ Zacuti Lusitani, *De medicorum principum historia*, 79-80.

of the twenty pages in the volume that are devoted to the discussion of melancholy, which is actually one of the lengthiest discussions in the book. Zacutus indicates that he wishes to discuss love madness, “although it is not prevalent, because its treatments are almost identical to those of melancholy.”²¹⁸ Yet the recommended therapy is summarized in only one concise sentence, as follows: “If the disease reaches a chronic state, and the patient suffers of insomnia, one should offer him remedies typical of melancholy such as liquids and plenty of sleep.”²¹⁹ The entire three page discussion consists of a philosophical and literary discourse on love. This is rather uncharacteristic of his discussions, in light of his previous discussion of the subject in his earlier book, and in comparison to the nature of the entire *Practice of Cases*. In these three pages, Zacutus describes the process of falling in love figuratively, and elaborates on the power of love and on the dangers of beauty. He refers to many non-medical sources, especially from classical literature – such as Ovid and Lucretius – and to many biblical sources – such as Ecclesiastes and Job – on the dangers of feminine beauty. He also refers to biblical love stories such as the stories of Dinah and Shechem, Samson and the Philistine women, and David and Bathsheba.²²⁰

In his discussion of the disease’s terminology, Zacutus claimed that “**everyone**, even the common people, love and are hurt by love.”²²¹ (Emphasis added.) This particular statement was contrary to his opening remark regarding the low frequency of the pathology. In the context of the discussion of terminology, he again refers to a cluster of biblical examples – i.e., the stories of Samson and Delilah, David and Bathsheba, Solomon and his foreign wives and Amnon and Tamar – in order to demonstrate the hazardous effects of love. All of his examples are of love-based relationships that broke social, familial or religious norms: Delilah and Solomon’s women were foreigners, David had lusted after a married woman, and Amnon and Tamar were siblings. Zacutus’ references to the biblical characters as real cases of people who had wrongfully surrendered to love

²¹⁸ Zacuti Lusitani, *Praxis historiarum*, 211.

²¹⁹ *Ibid.*, 213.

²²⁰ *Ibid.*, 211. There are occasional inaccuracies in Zacutus’ biblical references as they appear in the book (such as an erroneous reference to Ecclesiastes’ Chapter 9 which should have been a reference to Chapter 7, or an incorrect reference to The Book of Kings II which should have been a reference to Samuel II), but in light of the physician’s high level of proficiency regarding the details of the relevant biblical stories, it is likely that these errors are the result of the printing process and do not reflect Zacutus’ own mistakes.

²²¹ *Ibid.*, 212.

constitute yet another example of the blurring of boundaries between fiction and reality in contemporary writings on this subject.

The overall discussion of the subject in the *Practice of Cases* is characterized by Zacutus' frequent moral comments concerning those who surrender to love, and by his declarations that "love can blind even the wisest of men."²²² Although Zacutus mentions "moderate sexual intercourse,"²²³ as a possible therapeutic technique, this recommendation, as noted above, appears to refer to a situation in which the patient primarily gives vent to his or her physical desire, and does not necessarily involve any degree of emotional involvement. He completely disregards the therapeutic option, prevalent in the contemporary medical literature, of actually consummating the desired love relationship, and does advise the use of clubs and whips with which to remonstrate against the pursuit of a forbidden love,²²⁴ which – as far as my research indicates (and in light of Zacutus' lack of references to medical literature concerning this issue) – appears to have been Zacutus' own therapeutic innovation. Little wonder that his biblical references he makes exemplify the tendency of love, if consummated, to lead to destruction: Samson's captivity, the murder of Uriah the Hittite, the incest of Amnon and Tamar, and Solomon's following of a foreign god.

The subtitle of *The Practice of Cases* indicates that the author had intended to "explain all therapies according to the most prominent physicians." However, interestingly enough, Zacutus does not, in his discussion of lovesickness, refer to either du Laurens or Daniel Sennert, both of whom had discussed lovesickness at length, and both of whose works appear in the list of sources given for Zacutus' book. Even more surprising is Zacutus' disregard, in his discussion of lovesickness, of Montalto's *Archipathologia* and of Amatus' cases, given his frequent references to these two physicians in other sections of the book.

Zacutus' two discussions of lovesickness are characterized by a very personal perspective, although there are no concrete references to his own clinical experience. Furthermore, in light of his life story, which included many years of practice in Portugal and prolific writing that took place only in Amsterdam, it is difficult to determine where exactly this experience was acquired.

²²² Ibid., 212-213.

²²³ Ibid., 213.

²²⁴ Ibid.

The absence in Zacutus' discussion of lovesickness any concrete representation of any particular social realities, together his exclusive reliance on earlier medical traditions, suggests that his writings are a perfect example of the way medical literature nourishes itself through the ages. Indeed, his description of lovesickness in his *The Cases of the Great Physicians* is of great value in terms of understanding the way the pathology was recorded and reported throughout history. In light of that description, the discussion of love madness in *The Practice of Cases* is perhaps best understood as an exposition of the physician's moral standpoint regarding the pathology - as a response to the traditional discussion of the disease or perhaps to the revival of that discussion in Zacutus' time. In this respect, his various biblical references are especially interesting. These might have appeared (as some had) in many of the non-Jewish discussions of lovesickness, but I believe that Zacutus' choice of the particular examples that he used and his expertise regarding their details indicate an attempt on his part to emphasize the Jewish characteristics of the discussion and intertwine them within his moral opinions.²²⁵

²²⁵ This is interesting, if it is indeed the case, as Zacutus did not choose to emphasize his Jewish affiliation. Although he openly reverted to Judaism in Amsterdam, he did not take any active part in Jewish community life there (see Moreno de Carvalho, "I Am a Wandering Jew," 153), nor did he use his Hebrew name in his writings.

Epilogue

Jewish physicians played an influential role in the Italian medical arena of the sixteenth and the seventeenth centuries, notwithstanding the various restrictions imposed on their professional activities. In addition to Amatus, Montalto and Zahalon, there were quite a few other Jewish physicians of that time and place who also acquired professional fame. Yet their writings lack any discussion of lovesickness. Thus, for example, Abraham Portaleone was the author of a short essay on the uses of gold in medicine and was famous on account of his religious work, *Shiltei Giborim* (*Shields of Heroes*, שלטי גיבורים), which also contained a short pharmacological essay.²²⁶ Apart from his fame as an apologetic, David de Pomis was the author of a famous treatise on the pathologies of old age.²²⁷ Other physicians were famous for their non-medical writings, such as Azariah dei Rossi, who was also a famous historian, and Azariah Figo, who was a well-known rabbi and a preacher.

While it appears that lovesickness was not an unknown phenomenon in the Italian Jewish communities of that time, it did not reach epidemic proportions. Nor was it a common theme in Jewish medical literature. This fact highlights the need to look for similarities among the Jewish physicians who did devote discussions to the disease. The similarities in the personal and professional histories of Amatus and Montalto led me to examine Zacutus as a test case for determining the effect of the “Italian component” within the writings of the above-mentioned physicians. Zacutus, like Amatus and Montalto, was a native of Portugal and a descendant of a Converso family and had received his medical academic education in Spain. Like Amatus and Montalto, he practiced among European social elites, yet migrated because of his Jewish origin. Like them, he was the author of impressive medical writings on account of which he acquired professional fame. Finally, Zacutus, like the others, openly reverted to Judaism. However, while Montalto and Amatus practiced medicine mainly in the Italian sphere, Zacutus settled in Amsterdam. Could the shared personal and professional backgrounds of all three, in spite of this last difference, explain why they did write about lovesickness, while other Jewish physicians did not even mention it? Does

²²⁶ Abraham Portaleone, *De Auro dialogi tres* (Venice: Jo. Baptistam à Porta, 1584); Idem, *Sefer Shiltei Giborim* (in Hebrew), (Mantua: Eliezer d'Italia, 1612).

²²⁷ David de Pomis, *Enarratio Brevis de senum affectibus* (Venice: Ioannem Variscum, 1588).

this shared background explain the differences in the way they discussed lovesickness, as compared to the way that Zahalon dealt with the subject?

The Israeli historian Yosef Kaplan states that although the Conversos were not an entirely homogenous population, “the sense of belonging to the *nação* (nation) was characteristic of the majority of them” and that “their unique social and cultural character cannot be blurred easily.”²²⁸ The physicians’ shared cultural and intellectual Portuguese background – characterized by their common experiences at similar academic institutions, their affiliation with Judaism and the similar professional and social milieus in which they practiced – was an influential contributing factor with respect to their medical writing. This common background singled them out within the Jewish communities in which they eventually settled, and enabled them to achieve prominence in various medical European arenas. Amatus, Montalto and Zacutus were all members of a professional and intellectual elite, a fact which is indicated by the nature of their medical writings, as well as by their patients’ shared socio-economic status, notwithstanding the patients’ various cultural backgrounds.

In his discussion of Converso physicians, David Ruderman cites Hamburg physician Benedict de Castro (1597-1684), a Converso himself. De Castro divides the Portuguese physicians into two groups. Montalto, Amatus and Zacutus are among “those who essentially and religiously, are still Hebrew,” as opposed to “those who merely trace back their origin to the Hebrew race.”²²⁹ Yet the medical writings of the three Jewish physicians whom he considers to be truly “Hebrew” were characterized by a marked division between their Jewish and professional identities, even if the Jewish affiliation remained evident in the other aspects of their lives. While other contemporary Jewish physicians who lived within the Jewish communities and practiced medicine there as well were eager to mingle within a non-Jewish intellectual milieu (as was the case with Abraham Yagel or

²²⁸ Yosef Kaplan, “The Marranos in the Historical Research of the Last Generation” (in Hebrew), in *Studies in Historiography*, ed. Joseph Salmon, Menahem Stern and Moshe Zimmermann (Jerusalem: The Zalman Shazar Center for Jewish History, 1987), 121; Idem, “Itineraries of Acculturation and Assimilation among the Conversos, 15th to the 17th Centuries” (in Hebrew), in *Acculturation and Assimilation: Continuity and Change in the Culture of Israel and the Nations*, ed. Yosef Kaplan & Menahem Stern (Jerusalem: The Zalman Shazar Center for Jewish History, 1989), 160.

²²⁹ David B. Ruderman, *Jewish Thought and Scientific Discovery in Early Modern Europe*, 305-306.

Yoseph Delmedigo),²³⁰ the three above-mentioned physicians practiced medicine among the non-Jewish elites and nevertheless yearned for the spiritual and religious atmosphere of the Jewish community. From this perspective, it is easier to understand Montalto's sudden move to the Venetian Ghetto or Amatus' decision to emigrate to Thessaloniki, where he could become a part of that city's Jewish community.

It is no coincidence that these three physicians, whose writings became part of the institutional medical discourse, all wrote their medical works in Latin, while other contemporary Jewish physicians wrote in Hebrew or in their local vernacular languages. Nor is it a coincidence that, at a time when many other Jewish intellectuals turned away from the rational world into a more mystical attitude in the form of Kabala, this tendency was absent from the writings of the Jewish physicians discussed here.

The three physicians' medical and social surroundings enabled them or even bound them to a certain style of writing, which was typical of the style that was generally used in contemporary medical discussions of lovesickness, whether as a reflection of earlier medical traditions or as an echo of the contemporary trends in medical literature. It is also possible that their shared Iberian cultural background had a direct influence on their writings and on their analyses of lovesickness. It is arguable that the prevalence of the topic of lovesickness in medieval Arabic medicine as well as the subject's prominence in the curriculum of the faculty of medicine at Salamanca were the factors that led these particular Jewish physicians to be exposed to this diagnostic category. The popularity of the literary theme of lovesickness in the Iberian Peninsula at the time may have been a further influence. If this was in fact the case, the interest of these three physicians in writing about lovesickness should be considered to be characteristic of the Portuguese culture and society from which they came, rather than of the Jewish or Italian cultures in which they eventually settled. This idea is also supported by the special emphasis placed by all three medical experts on their Portuguese origin.²³¹

²³⁰ This issue is discussed in the above-mentioned biographies of these two physicians. See Isaac Barzilay, *Yoseph Shlomo Delmedigo*, 2 and David B. Ruderman, "Introduction", in Abraham Yagel, *A Valley of Vision*, 17.

²³¹ Regarding the shared intellectual and spiritual backgrounds of the Conversos, see Yosef Hayim Yerushalmi, *From Spanish Court to Italian Ghetto*. Regarding the popularity of the theme of lovesickness in the literature of the Iberian Peninsula at that time, see Ruth Lee Kennedy, "The Theme of Startonice in the Drama of the Spanish Peninsula." *Proceedings of the Modern*

Jacob Zahalon, who was born in Italy and educated there, offers another prototype of a Jewish physician. In his practice and writing, his Jewish and his professional personas were inseparable. His book of medical advice was written in Hebrew and contains systematic references to issues with moral and religious relevance. He was not a part of any non-intellectual milieu and his writing reflects the experiences of the community of which he was a part and for the sake of which he wrote. Zahalon's concise discussion of lovesickness, as well as his discussion of all other common diseases for which his readers would conceivably need immediate treatments, together provide strong evidence of the existence of lovesickness among the Italian Jewish communities. This perspective makes it easier to understand Zahalon's recommendations of bloodletting and of popular pharmaceutical concoctions (based on purslane). It also helps to explain the absence of any mention of surgical references in the writings of Montalto, Amatus and Zacutus with respect to lovesickness and the references made by all three to hellebore-based pharmaceutical concoctions, which were characteristic of the classic medical tradition. On the other hand, the recommendations regarding bloodletting and purslane based mixtures in Zahalon's book are a part of Jewish and popular medical traditions, although they also reflect Zahalon's general medical approach and are not unique to his discussion of lovesickness.

Can a specifically Jewish discourse regarding lovesickness be identified in light of the two prototypes of Jewish physicians who practiced in Italy during the period under discussion? In the first half of the twentieth century, the Israeli medical historian David Margalit claimed that "in that time [the early modern period], there is no Hebrew medicine, since Jews were educated in Christian universities and wrote in Latin...."²³² Even though this is a rather oversimplified description of the situation, it was one of the first attempts to offer an explanation of the commonly-held view that during the early modern era – in contrast to other periods of time – Jews engaged in only limited scientific activity. Historian Amos Funkstein claimed that this was the result of the Jewish perception at that time that scientific pursuits might be considered illegitimate or in opposition to God's –

Language Association of America 55(4) (1940):1010-1032; Teresa Scott Soufas, "Love Melancholy" in *Melancholy and the Secular Mind in the Spanish Golden Age Literature*, (Columbia: University of Missouri Press, 1990), 64-100.

²³² David Margalit, *Derech Israel baRefuah* (in Hebrew), (Tel Aviv: Jerusalem Academy of Medicine, 1970), 127.

will.²³³ Yosef Kaplan, in an attempt to explain the gap between the large number of Converso physicians and their relatively limited contribution to the scientific revolution then going on in the various medical fields, suggested that “this might have been the result of a certain paradox... many of them held high positions in the field and were teaching in the most esteemed universities, and were therefore so much involved in the traditional classic institutions, that they were lacking in readiness to accept innovations and the changes of perceptions that occurred outside the universities.”²³⁴ David Ruderman claimed, in his *Jewish Thought and the Scientific Discovery in Early Modern Europe*, that the limited levels of Jewish scientific activity at the time were the result of the social and institutional context of which the Jews were a part, and which did not provide ample space for such activity.²³⁵ While this general question is by far beyond the scope of the current discussion, I would suggest that the conclusions of my research here provide further evidence for Kaplan’s and Ruderman’s positions. I would also like to add, in a somewhat apologetic reservation, that the time span of the current discussion was chosen in spite of the actual scope of Jewish scientific activity at particular times, rather than because of it. I chose to study the discussions of lovesickness in Italian Jewish medical writing as a test case for a comparison to the non-Jewish medical discussion of the disease, and the time span covered by my research here – the mid-sixteenth to mid-seventeenth centuries – was chosen primarily because that was the period in which the non-Jewish medical writing on the subject was especially popular.

A review of the above described Jewish discussions of lovesickness yields two types of information. First, these discussions provide medical evidence as to the disease’s existence among the physicians’ patient populations, notwithstanding the difficulties involved in measuring its real proportions within these groups. While this factual aspect of the discussions cannot be considered to

²³³ Amos Funkstein, *Perceptions of Jewish History* (Berkeley: University of California, 1993), 216-217.

²³⁴ Yosef Kaplan, “The Path of Western Sephardi Jewry to Modernity.” (in Hebrew) *Pe’amim* 48 (1991): 92.

²³⁵ David B. Ruderman, *Jewish Thought and Scientific Discovery in Early Modern Europe*, 333-336. Various alternative explanations of the above-mentioned dearth of scientific research are also offered in Michael Heyd’s and Noah Efron’s reviews of Ruderman’s book. See Michael Heyd, review of *Jewish Thought and Scientific Discovery in Early Modern Europe*, by David B. Ruderman, *Bulletin of the History of Medicine* 70(4) (1996): 704-705; Noah J. Efron, review of *Jewish Thought and Scientific Discovery in Early Modern Europe*, by David B. Ruderman, *Journal of the History of Ideas* 58(4) (1997): 719-732.

be a purely Jewish feature, there is nevertheless evidence to be found in these discussions of the pathology's prevalence specifically among the Italian Jewish communities. Here especially, the discussions of the subject in the writings of Amatus and Zahalon need to be considered. Amatus' cases provide not only a concrete record of the disease, they also emphasize its social etiology – i.e., the familial, religious and socio-economic restrictions regarding the individual's ability to freely choose a love object. Zahalon's brief and simple discussion, accessible to laymen, also testifies to the disease's existence in the Italian Jewish communities and indicates that there was a perceived need for an immediate and efficient treatment.

Apart from concrete evidence regarding the clinical manifestations of the disease, these writings remain important in terms of anchoring the disease in its cultural reality. Elaborate medical discussions of a philosophical and psychological nature, as opposed to strictly physiological descriptions, provide evidence of the extensive scope of the discourse regarding the disease and of the social origins of the pathology. A perfect example of this is Montalto's work, "The Insanity of Lovers," which – in contrast to Amatus' and Zahalon's cases – does not, in my view, reflect a specifically Italian Jewish context, notwithstanding Montalto's long stays in Italy. The scope of Montalto's discussion, as well as its nature, constitutes a reflection of the French medical discourse at the time, as well as an indication of the particular sources of distress for Montalto's Parisian noble patients. Here, notice should also be taken of the diagnostic classification of the disease in the indices of the French editions of Amatus' *Centuriæ*, as well as of the fact that Amatus himself had refrained from fitting the disease into any particular classification. In this sense, ironically, the discussion here of his work can serve as further evidence for my earlier arguments regarding the French medical and social discourse during this time period.

Although there appears to have been much less discussion of the subject of lovesickness among Jewish physicians than there was among non-Jewish physicians of the same period, this difference should not be attributed entirely to the actual numbers of Jewish physicians practicing and writing in the medical arena during the relevant period. Furthermore, although Amatus' and Zahalon's writings do provide evidence of the disease's presence among the Italian Jewish society, there is no indication that it appeared with any particularly significant

frequency. It can be argued that apart from constituting a reflection of a general trend in medical literature, the descriptions of the disease as being closely associated with melancholy, which was considered to be a common illness among Jews, also functioned as attempts to specially attribute lovesickness to Jews. In this connection, the lack of exact data regarding its frequency in the Jewish communities and of any remarks regarding uniquely Jewish characteristics of the disease does not lessen the importance of the information provided by these Jewish discussions. It is precisely the concise and straightforward style of both Amatus' and Zahalon's discussions of the disease that highlights the real social background of the disease, which was a reflection of a time in which concepts of romantic love were beginning to flourish. The fact that these two discussions refer neither to a distinct socio-economic class nor to lovesickness among married couples might indicate that the specifically Jewish medical discourse of the time did not serve as a tool for dealing with social distress, and instead provided only a realistic description and analysis of such distress as it actually existed. Both Amatus and Zahalon prescribed, with no qualifications, the fulfillment of the desired love relationship as a first and ideal treatment for the disease. However, the severity of the pathology did not escape them, as can be seen in Amatus' reports of tragic prognoses as well as in Zahalon's recommendation that a patient "change his place and move to another city," in order to avoid coming across the love object – a recommendation offered notwithstanding the physical hardships it would create for Italian Jews of the time. It is my intention that the next and final part of my research will involve an analysis of the cultural world of the Italian Jewish community of this time period, in order to provide a more complete understanding of the social origin of the physical experience of the illness.

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