

Early Modern Diets against Cancer: The Case of Poultry

Research Article

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Abstract

Galenic anti-cancerous dietetics prescribes 'all types of birds, except those living in marshes'. A general dietary pattern is proposed by Pieter van Foreest and Amatus Lusitanus. Special attention is paid to goose, starling and quail, which are compared to recommendations in favor of chicken, partridge, etc. The Paduan treatment extends the traditional pattern to include a prescription with greater reference to Paracelsus's chemotherapy. The latter is also present in Spain, where Hispanic dietetics shows deeper roots in medieval and Arab medicine. If Great-Britain follows the general pattern, the Pole Timaeus von Guldenklee reveals a difference between different types or stages of 'cancer'. For the treatment of 'cancers' of the lips, no special diet is prescribed. Why is required the ordinary diet of poultry in the case of scirrhus of the breast? A chapter is devoted to the interpretation of consultations which do not include this diet.

Text

In his *Food and Health in Early Modern Europe*, D. Gentilcore writes: 'The whole field of preventive medicine underwent something of a revival during the Renaissance, with Galen as the key ancient authority and with a focus on foods and their nature' [1]. Many treatises which were supposed to keep the body in good shape were published and they have been studied by K. Albala in *Eating Right in the Renaissance* [2]. Some of them followed the prescriptions provided by famous medieval *Regimina sanitatis* written by Arnald de Villanova or Maino dei Mianeri [3,4].

Dealing with 'convalescent cookery', Albala focuses on 'the ingredients, culinary techniques and prepared dishes thought to be appropriate for a particular category of people': 'those deemed either weak, recovering from illness or thought to have impaired digestive systems on account of age or constitution' [5]. He distinguishes this food from that which is recommended for people 'stricken with specific maladies that would require therapeutic intervention'. He modulates the distinction when he writes that, in the first half of the early modern period, the 'humorally-based nutritional theory' was not very 'consistent' and rather vague 'in directing the mildly infirmed, out of sorts and convalescent reader toward healthful food options'. In contrast, this theory 'offered succinct dietary guidelines for well-defined imbalances'. Cancer was one of the diseases which required a specific nutritional treatment, and the latter is the subject of this article, because the diet has prescribed to treat cancer generated much less research.

The Galenic explanation of this 'imbalance' deserves to be

recalled, even if it is rather well-known. The state of one's health, according to Galen, depends on the combination of four opposing qualities: cold and warm, dry and moist. 'A normal, healthy human was', T. Scully writes, 'held to be moderately warm and moderately moist' [6]. A disease disturbs this equilibrium, which has to be restored by foods providing the opposed humoral qualities. In the case of cancer, an excessively hot and sick element was introduced into the body, which must be fought by a cold and moist food, as we shall see.

In his treatise *Therapeutics, to Glaucou*, Galen (129 AD-c. 200/c. 216) devoted chapter 12 of the second book to the 'Causes and treatment of cancer and elephantiasis' [7-9]. After having recommended some drugs such as *tutty-zinc oxide*-or 'copper pyrites' to treat 'ulcerated cancers', he writes: 'As for diet, you may prescribe profuse quantities of the juice of the *ptisana*, the serum of milk and vegetables, mallow, saltbush, chard, and squash in season. Give rockfish; give all types of birds, except those living in marshes'.

By 'serum of milk', ancient medicine generally referred to whey. The 'ptisana' was a decoction of hulled barley, to which Galen devotes a treatise [10]. Pliny the Elder, in his *Natural History*, wrote that the ptisana is 'so boasted of as being very powerful and healthy' [11,12]. Saying that Hippocrates 'has written a whole book to praise it', Pliny refers to the *Peri diatês oxêôn*, that is to say to the treatise *On the Diet in Acute Illnesses*, that is lost. But a modern edition of Galen's *Commentaire au régime des maladies aiguës d'Hippocrate. Livre I* has a long chapter on the ptisana, which 'has the virtue of humidifying', an important quality when

'it is a question of curing a disease that burns and desiccates the whole body' [13]. As a starting point, Galen announces the theory of humours which will structure, through the combination of the dry, the humid, the hot and the cold, the *victus ratio* recommended for a disease like cancer.

An examination of the prescription of 'rockfish'—and of the exclusion of other types of fish—in particular has been proposed, in connection with the *consilia* concerning 'cancer' published in Padua in early modern times. This was inscribed in the pathophysiological knowledge of the time and specified in accordance with Galen's observations in his *On the Powers of Foods*, also entitled *On the Properties of Foodstuffs* [14–18].

Galen especially considers which birds whose flesh is the most beneficial to health, and against diseases such as phthisis, in his treatise *On the Preservation of Health*. Dealing especially with the Campania, he recommends *volatilia* which offer the same sort of food as rockfish, that is to say a food without 'anything sticky' [19]. 'There are many which have the same character among those coming from mountains; but those living in towns which are fattened from a humid and copious nutriment have the worst type of flesh for patients'. It is the case that partridges are the best. Close to the latter are sand grouses or francolins (*attagenes*), starlings (*sturni*), blackbirds (*merulae*) and thrushes (*turdi*). 'If mountain birds are scarce, it is permissible to consume those which live in fields, as well as common doves (*gregales columbae*) which nest in towers; it is the same with sparrows (*passerculi*) which nest in the same way in towers, birds that are called *pyrgites*'.

Before considering which of these birds are accepted or rejected by our authors, it is necessary to distinguish between the terms used to designate cancer at the time, as was done in an article on the treatment of liver and spleen diseases using chalybs or iron filings [20,21]. It is not useful to recall at length Jean-Yves Bousigue's or Luke Demaitre's statements about the vague character of cancerous nomenclature in the Middle Ages and Early Modern Times, and its 'raggle-taggle humoral pathology' [22–24]. The Latin word *cancrosus* may refer to the modern 'cancer' or to 'canker' (abscess, ulcer). The term *cancerosus* looks clearer as it would be related to our modern cancer, and it is used by some authors. Girolamo Mercuriale (1530–1606), who 'gravitated' around the university of Padua in his youth, was there appointed to the chair of practical medicine before he left Padua for Bologna in 1587, where he occupied the chair of theoretical medicine [25–28]. He published five volumes of *Books of Medical Responses and Consultations* from 1587 to 1604. One of these *consilia* deals with the *cancerosa ulcera of the uterus* which affects a noblewoman of Reggio Emilia [29]. Another celebrated and representative Italian, Giulio Cesare Claudini (c. 1550–1618), uses *cancerosus* applied to a scirrhus of the gum in his *Medical Responses and Consultations* of 1607 [30]. Having taken his degrees in Bologna in 1574, Claudini started to teach practical medicine in 1587 at the Bolognese Studium, which was one of the most important Italian centres for advanced medical research [31,32]. It could be assumed that the use of the more distinctive *cancerosus* reveals a higher stage of cognitive medicine, compared to the lexicon employed by previous generations of physicians or ordinary authors.

A European sample

Here we will consider statements from about twenty-five authors from around ten modern European countries. It is of

course very difficult and sometimes impossible to map the scatter of ancient locations on a modern map. I merely propose a tentative national rating. In this assessment, one country clearly dominates the sample and one city dominates the national examples. A quarter of the practitioners who are quoted are Italian and almost all of them taught in Padua, whose university was the most advanced in medical research.

Thus, Germany, Great Britain and the Low Countries may seem under-represented with only two authors for each nation, while one of the goals of this inquiry is to check whether there is perhaps a difference between the Mediterranean countries and the practice of medicine in 'Northern' areas, to see whether the status of poultry in anti-cancerous diets may offer a contrast. France might seem even more under-represented. But it is a fact that its survey of 'cancerous' or 'tumoral' illnesses, especially of the liver and spleen, is lower than in the German, English or Italian-speaking countries. If Austria, Poland and Slovakia provide only one example of observations, the intricate dynamics of the Roman Empire, and of the Germanic Empire and its extension perhaps mask a more scholarly unity—as is the case for other countries between which the circulation of information through Latin was close and intense. To illustrate this circulation and persistence of the Galenic prescriptions, Spain shows a very instructive picture. If it is generally considered that its intellectual and cultural development during Early Modern Times was rather 'peninsular', confined in tradition by politics and religion, its medical progress is definitely of a superior quality.

The difficulty of locating the main point of activity of a scholar is, notably, due to his mobility, and to his educational and professional path. The sojourn in an important medical centre, at a famous university, tends to standardize to some extent the level and content of personal information, so that dietetic prescriptions may be rather uniform. Some physicians mentioned below were educated or followed classes in Padua: their recommended diets may simply repeat what Da Monte, Mercuriale, Capodivacca or Selvatico had taught. The fact that somebody had studied or taught in Padua or Ferrara may condition—or exert no influence—on his writings or practice in Vienna or Ancona, as is the case with Crato von Krafftheim or Amatus Lusitanus.

A trans-European nutritional pattern

A first example of trans-European pattern is provided by Pieter van Foreest. Born in Alkmaar in 1521, he studied at the Leuven catholic university and travelled in Italy, staying in Padua, Venice and Ferrara. He got his degrees in Bologna and practised in Rome and Paris. For almost forty years, he was the physician of the city of Delft and, since 1575, he had held the chair of medicine at Leiden university—the 'Padua of the North'. His reputation may be gathered from the words engraved on his tombstone: *Hippocrate batavus si fuit ille* 'If there was a Flemish Hippocrates, he was this man'.

His *Five Books of Observations and Surgical Treatments of Tumours Against Nature*, published in 1610, are the most interesting from our point of view. His observations not only detail which foods derived from birds are allowed for the treatment of scirrhus or cancer, but they also refer to original and traditional sources from which van Foreest borrows a no less original methodology.

The first observations of the fourth book consider scirrhus of the leg [33,34]. The third one deals with the scirrhus which is

legitimus but *non exquisitus*, in terms of Galen's *Ad Glauconem de medendi method lib. II*—words whose meanings are explained elsewhere [14,35]. In the *Scholia* are recommended 'chickens, capons, hens and poultry of the same-kind, partridges, pheasants, and quails' [36]. The fifth observation, dealing with 'An ulcerated cancer in the right breast which later led to death', however mentions a possible diet which could be grounded on the seven *canones*, or rules or principles, established by Vasco de Taranta or Valescus de Taranta in the XVth century [37]. According to the latter, the first rule prescribes that a patient 'must abstain from any food generating black bile', 'such as cabbage, lentils, beef, or goose'. The third rule, based on Galen, advocates food producing 'a good juice', such as 'hens, chickens, partridges, and pheasants'. M. Stolberg reports other breast cancers recorded in the seventeenth book of van Foreest's *Observations* [38]. The observation entitled 'On breast cancer diagnosed through consultation' repeats the basis of the same diet [39].

Van Foreest's sources are at the same time expected and suggestive of authors who dominated the literature on cancer. He quotes of course Galen, Avicenna and Rhazes, or al-Rāzī, Abū Bakr Muhammad ibn-Zakariyā (IXth–Xth centuries) [40,41]. But he also refers to 'Haly', that is to say the Persian physician known as Alī ibn-al-Abbās or also as al-Majūsī (Xth century), one of the greatest figures of Arabic medicine [42,43].

Several times, van Foreest borrows information from Amatus Lusitanus, who may be considered as a second important cancer specialist [44]. As Forestus was the best-known Batavian physician of his time, so Amatus Lusitanus was the best-known Jewish physician among those who had emigrated from Portugal as 'marranos', at the same period [45,46]. Born Havi ha-Sephardi in 1511, he received his degrees in Salamanca and, forced to move abroad, he became professor of anatomy and botany in Ferrara in 1540, before he established in Ancona and Thessaloniki.

One of his *Centuriae* of medical observations proposes a diet for Sebastiano Pinto's wife who suffered from cancer of the breast [47]. The woman had lost her menses—a very classic-early sign of cancer—after a delivery. The nutritional advices were the same as those given by van Foreest, as it appears in the general appendix of this article, where are summarized various positions with regards to anti-cancer diets. The best meat are 'those of gallinaceous birds, capons, partridges, small birds taking their strength from bushes' and 'pheasant, and sand grouse, which those in Rome call a food of cardinals'.

The rejection of some types of birds characterizes van Foreest and Amatus: goose according to van Foreest, as we have seen; starlings and quails according to Amatus. The latter disagrees with Galen when he condemns eating what 'the Greeks call *psagrous*, because they generate a melancholic and vicious humour'. The quail (*coturnix*) was a special subject of debate as a food. M. Adamson observes that, 'in classical and medieval Europe', the quail 'was generally considered less wholesome than other game birds because it fed on poisonous plants such as hellebore' [3]. Amatus disapproves its consumption because the quail eats hellebore, which is supposed to provoke or at least foster epilepsy [48,49]. This was checked indeed by a Da Monte's consultation, where baron von Stollheim, suffering from this disease, is urged to avoid eating 'birds from the marshes' such as 'ducks, geese and quails' [50]. In other cases of scirrhus or cancer, Amatus Lusitanus does not prescribe any diet [51–53].

Paduan patterns: from tradition to German medicine

In the same medical centre and at the same time, anti-cancer diets may be very different.

According to Vivian Nutton, Giovanni Battista Da Monte (1489–1551) was the 'leading professor' of the faculty of medicine of Padua in the first half of the sixteenth century, that is to say that he was at the top of Italian medicine of his time [54]. He published text-books intended 'for the universities of the whole of Europe' which received praise from 'famous figures such as Vesalius, Fracastoro, Fallopius', etc [55]. His *Medicina universa* of 1587 devotes a number of observations to cancer, and especially to the fact that it is not contagious [56–59]. This *summa* was accompanied by various books of commentaries on Hippocrates, Avicenna and Rhazes [60–62]. From 1554 onwards, he published *Centuriae* of *Consultationes* which recounted many 'cancerous' cases where he repeats in a very similar way the diets mentioned above. For example, he treated a young man of Udine called Giovanni Battista Luvisinus, who suffered from 'scirrhus of the liver and obstructions with a danger of dropsy' [63,64]. He ordered to consume 'gallinaceous cocks, or pigeons living in towers, and small birds which search for their food among trees, hills, or fields'. But 'birds living in waters must be avoided'.

One of his colleagues, Girolamo Capodivacca, shows a rather different dietary treatment of scirrhus. Born in Padua at the beginning of the XVIth century, he obtained the chair of 'ordinary practical medicine' in 1564. In 1587, he hoped to succeed Mercuriale but someone else was chosen and he was tempted to leave his teaching. However, he was urged to stay by his German students and this fact is perhaps related to the orientation of his interest in German medicine. Giuliano Gliozzi has observed that he distanced himself from the Greek school of his masters, preferring the Arab tradition [65].

His *Opera omnia*, published in Frankfurt in 1603, is a strongly-constructed book, a chapter of which is devoted to scirrhus of the spleen [66]. A 'chalybean drink' must be taken before the patient takes the pills made of *chalybs* which were supposed to erase the 'bad matter' of the disease: this medication has been mentioned above. In another *consilium* relating to scirrhus, Capodivacca prescribes the diet recommended by other physicians, that is to say: avoid the sweet foods which inflate the spleen, 'shun those which are viscous and heavy', and prefer those which are given in 'water in which an incandescent iron bar has been plunged many times to cool it' [67]. The contrast with the Galenic regimen prescribed by Da Monte is striking: Capodivacca is already involved in the new paradigm opened by Paracelsus and chemotherapy.

Spanish patterns: from Arab medicine to iatro-chemistry

The anti-cancer dietetics in Spain is remarkable for its reference to another national paradigm. Its being rooted in the Arabic tradition characterizes Dionisio Daza Chacón (1510–1596). He studied in Salamanca, where he was surgeon of the Royal Hospital, and he was attached to king Philip II in Madrid [68]. His *Practice and Theory of Surgery* of 1580 has a chapter entitled 'On the regime which must be followed in cancer' [69,70]. As the disease is 'coarse, hot and dry', 'all the things in the diet must be subtle, and likely to humidify and produce cooling'. He quotes Avicenna for having said that food, in this case, must contain nothing *furiosus* and must generate 'quiet' humours. He recommends 'grapes, green figs, melons, plums, cherries, blackberries, soft oranges, and cucumbers'. Other Arab physicians

of the XIth–XIIth centuries are mentioned, such as Yūhannā bar Serāphyōn or Serapion (Xth century), or al-Majūsī, already quoted. They state which ‘meals generate good blood and subtle elements’: ‘milk with barley, chickens, pheasants, partridges’ [42,43,71,72]. Another important source, for him, is Aetios of Amida, who compiled the writings of Galen and Oribasius [73–75].

Aetios also provides the principles adopted by Luis Mercado in the chapter entitled ‘The reason for the treatment’ when he deals with tumours of the breast and uterus in his *Four Books on the Diseases of Women* (1579), a treatise which represents, according to Luis S. Granjel, the medical knowledge of his country [58,59,68]. In charge of the chair *Prima de Avicena* at the university of Valladolid, Mercado was also attached to Philip II and Philip III. He does not recommend the meat of any poultry as a diet.

If Daza Chacón and Mercado represent Spanish medicine of the XVIth century, Diego Antonio de Robledo, at the end of the following century, connects to the oldest methodological approach another scientific paradigm. On one side, he applies the system of gradual *intenciones*, as they were used by Pieter Van Foreest, to the cure of scirrhus and to ‘cancers which are at the starting stage, that is to say which are (although with difficulty) still curable’ [76]. Patients are prescribed—unsurprisingly—chickens, hens, partridges, capons and ‘broth made with these birds’. Conversely, they will avoid ‘the flesh of wild animals and that which is dry’, such as ‘aquatic birds’. The *noli me tangere*, a ‘cancerous ulcer, of horrific appearance, which affects the face’, requires the same diet [77].

Along with these common nutritional sorts of advice, Robledo refers to statements about cancer which are from another era when he mentions writings by Daniel Sennert (1572–1637), a professor at Wittenberg university, one of the leaders in the field of iatro–chemistry. Hence, Spain displays the whole scale of dietetics in early modern times.

Chronology or geography? British tradition, innovation in Germany and Central Europe

Were anti–cancerous diets different in the countries of Northern and Central Europe? Great Britain may be represented by two practitioners who basically follow the general pattern described above, as it appears in the *Table of references*. Philip Barrow or Barrough received his degrees in surgery and physics in Cambridge, and he devotes a chapter to a ‘cancerous tumour’ in his *Method of Phisick* of 1590 [78]. In Scotland, Peter Lowe, who is considered as the founder of the Royal College of Physicians and Surgeons of Glasgow, also has a chapter entitled “Of Cancer, called by the Greeks *carcinoma*” in his *Discourse of the Whole Art of Chyrurgerie* of 1597 [79,80].

Several authors, in the *Table of references*, represent Germany and Central Europe—in its restrictive sense set out by Milan Kundera in his *Un Occident kidnappé ou la tragédie de l’Europe centrale* [81]. Almost all of them lived and published in the XVIIth century, so that the comparison of their relationship to anti–cancerous dietetics with that of “Northern” medicine may be inaccurate as differences could be more chronological than due to geo–medical features. The Polish Balthasar Timaeus von Gùldenlee perhaps provide the best example of such differences. Born in Wschowa (Fraustadt) in 1600/1601, he was closely linked with German medicine as he studied in Wittenberg under Daniel Sennert, mentioned above, and was attached to the Elector

Friedrich Wilhelm of Brandenburg, duke of Prussia, after he travelled in Italy [82].

He deals with two ‘cancers’ of the lip in his observations taken during a period of thirty–six years of practice, published in 1667 [83,84]. In one case, he treats a disease of the lower lip which was successfully cured by excision although ‘a fissure’ degenerated into ‘a cancerous ulcer’. He limits himself to the proscription of any food or drink which could, due to the removal of the ‘cancer’, ‘alter the voice or prevent spitting’. In the second case, the cancer of the lip was treated in a completely different way, successfully and without any diet: the damaged lip was replaced by an ‘artificial one’ which looked rather ‘elegant’ and did not prevent ‘eating, drinking, speaking or spitting’.

The treatment of a scirrhus or a ‘cancer’ of the breast would not, on the other hand, be complete without a prescription for diet, because the disease may be more legitimately assigned to our modern conception of a cancerous tumour. Timaeus von Gùldenlee treated lieutenant Sir Alexander Lauder’s wife for an ‘ulcerated cancer of the left breast’ which required the traditional diet of ‘chicken, veal, lamb, pigeon, partridge, attagen, thrush, mountain birds’, etc [85]. Let us observe that the Latin and English word *attagen* designates a species of sand grouse which is found in Asia and Africa, and also in Southern Europe and especially in Sicily. We may guess that the same regimen was prescribed for the mother of one of his farmers, Martinus Røvenhagen: she survived her cancer of the breast until the age of seventy–five, due to a ‘suitable diet’, ‘without any significant pain and inconvenience’ [86].

When no diet is prescribed

Several cases registered in the *Table of references* were subject to dietetic advice. With some of them, the reason is very simple: the observations were grounded on autopsy. Philip Salmuth, who was attached to the princes of Anhalt–Zerbst in Dessau and Zerbst, found a ‘scirrhus of the whole breast’ hard ‘as a stone’ in the corpse of a woman where cancer was only at its first stage [86]. Johannes Crato von Krafftheim’s name is also associated with one of the first and most famous autopsy of the times, that he practised on the emperor Maximilian II. Crato (1519–1585) was an important member of what may be called the ‘Breslau network’ [88]. A close follower of Luther, he moved from theology to medicine and listened in Padua to Da Monte’s lessons. In his collection of *Medical Advices and Letters*, he deals with “The women diseases before, during and after delivery” and considers the treatment of a breast cancer without providing any diet [89].

If Thomas Bartholin probably was the best Danish physician of the XVIIth century and one of those who submits the greatest number of observations on scirrhus or cancers of the breast, the liver and the spleen, his *Histories* are often limited to the physical evolution of the disease and to its response to a specific treatment, eventually followed by death [90,91]. For example, a detailed report on the scirrhus of the liver which affected earl Ernst Casimir von Nassau–Die relates the case from the autopsy [92]. His observations are interesting from another point of view. He recalls the first operation of splenectomy operated in Italy by Leonardo Fioravanti (1517–1588) [93]. The mastectomy which was practised on Elisabeth Lunge refers to German masters of surgery such as Wilhelm Fabricius von Hilden (1560–1634) or Johannes Scultetus (1595–1645) [94].

The most significant absence of dietary advice is perhaps to be found among a group of Italians who followed Da Monte. Mercuriale was appointed to the chair of medicine in Padua almost twenty years after Da Monte's death. His advice to a noblewoman of Reggio suffering from cancer of the uterus has already been mentioned: he does not prescribe any special diet. Was the disease which affected a Spanish lady with breast cancer more responsive to diet? He recommends 'a small chicken, young goat, veal, small birds and lamb, whose flesh is very healthy and widely regarded as delicious among Spaniards [95]. But, very typically, he avoids the question of diet when he has to cure a 'tumour' of the breast. For a woman suffering from such a disease, he writes to colleagues: 'I shall not prescribe any *victus rationem* because I hope that you have neglected no diligence, knowledge and constancy in the treatment of your patient, so that she recovers her previous health' [96]. He declines to repeat what is too well-known.

Christoforo Guarinone (1540–1610), who obtained his degrees at Padua, only prescribes the avoidance of 'old flesh, from animals living either on the ground or in water', for Doctor Todesch's wife, who has breast cancer [97]. His *Medical Advice* was published at a later date (1610). In another treatment for a 'tumour of the breast', he does not propose any diet but suggests an *electuarum* or syrup which typically includes plants or elements which ordinarily appear in diets appropriate to the disease, such as 'betony, chicory, fumitory, lemon balm', etc [98]. For Guarinone, as for Mercuriale before him, the time of nutritional remedies or palliative care had perhaps passed, and they had been relegated to the practice of another age.

A fortiori, this speculation applies to Benedetto Selvatico (1574–1658) who 'climbed all the ladders of the complex academic hierarchy of the times', according to Paolo Savoia: 'extraordinary lecturer'—that is to say alternate lecturer—of theoretical medicine in 1603, he was 'alternate' professor, 'at second degree' in practical medicine, in 1607, etc., and obtained the chair of 'ordinary professor' in 1632 [99]. 'His *Consilia et response medicinalia*', the same historian adds, 'are a monumental work which collects four hundreds of cases or consultations which are the fruits of fifty years of practical expertise. However, it has been considered as a relatively shallow work, probably because of the absence of the scientific novelties elaborated in the area of Padua by figures such as Fabrici d'Acquapendente, Santorio Santorio and even William Harvey. But the book does not lack points of interest'. In any case, it displays an amazing collection of cases of women's diseases.

For example, he cured Hippolita Maria Obicia, a nun, of a 'cancerous tumour of the breast' [100]. He prescribed several internal remedies, such as 'donkey or sheep milk—when you do not have that of a camel to hand—, 'cinnamon flowers' in an electuary, chicory before breakfast and even 'ashes of crabs' (recommended by Pliny the Elder to fight cancer) [12]. But no diet. The same may be said of other cancer treatments related by Selvatico as indicated in the appendix.

Conclusion

K. Albala concludes his article on 'Food for healing' by stating: 'Recommendations for convalescent cookery remained remarkably consistent across the entire early modern period, in both medical and culinary texts, despite radical changes in theories of physiology' [5]. Prescriptions are very similar, for example, from Guglielmo Grataroli's *De litteratorum et eorum qui magistratibus*

funguntur conservanda praeservandaque valetudine of 1555 (*On the Conservation and Preservation of Health of Men of Letters and Magistrates*) to Helena V. Sachse's *How to Cook for the Sick and Convalescent* (1901). 'The best foods, Grataroli insists, are bread, chicken and fowl such as pheasant and partridge and light-coloured fish' [5].

In Sachse's book—as in the usual general diet observed by contemporary nurses—the recipes often include chicken, dairy products, 'soft-boiled eggs', rarely 'fried food', occasionally 'soups thickened with gruels and mashes', etc. There are the same requirements of speed and economy, Albala notices, in Fannie Farmer's *Food and Cookery for the Sick and Convalescent* of 1915: 'The same underlying assumption is that meat and bread and dairy are the most nutritious foods, and they merely need to be pre-digested before serving to convalescents—an idea unchanged in five centuries'.

Nicolas Abraham de La Framboisière gives another example of such general dietetics in his *Gouvernement necessaire a chacun pour vivre longuement en santé* (*The Regime Necessary to Guarantee Everyone a Long and Healthy Life*) of 1600, which also provides a large part of our conclusion. Among birds, domestic poultry take pride of place: 'They generate a juice which is neither greasy nor weak, but which is medium and temperate, as they are neither excessively hot or cold' [101]. As the leading professor of the first generation of Paduan physicians, Giovanni Battista Da Monte enshrines in his anti-cancer prescriptions a dietetic model which includes chicken, partridge, etc.

The medical—and possibly controversial—character of the flesh of some birds might be more extensively considered. It has been observed that pigeon or dove was accepted as an anti-cancerous meat by Galen and his Mediterranean followers such as Da Monte, or physicians of central Europe such as Timaeus von Guldenklee. Another tradition, differently rooted, asserted that eating this bird could have harmful effects. In the *Diseases of Women* already quoted, Luis Mercado accuses some species of birds of weakening male fertility, when they are eaten to excess: 'the flesh of pigeon, ducks, partridges, turtle doves, and especially the tongue of the goose, and the testicles of roosters' [102]. Abortion threatens women who eat roasted pigeons [103].

These beliefs open a very important door in the direction of Arab and Byzantine medicine. We may only suggest here that the roots of warnings about pigeons could be traced back to physicians already quoted, such as Avicenna and Rhazes, but also to Mesue, that is to say Yūhannā Ibn-Māsawayh, and Averroes, or Ibn-Rushd [42,104]. The transmission of information is also interesting. For example, the Byzantine Simeon Seth (c. 1035–c. 1110), who transmitted Galen's ideas through the Middle Ages, wrote that people are afraid of getting leprosy when they eat pigeons. The idea was reported by Veit Riedlin (1656–1724), who published some *Medical Lines, Monthly Presented Day by Day*. In January 1696, he published an article entitled 'The flesh of pigeons is sometimes harmful' [105].

A conclusion may also extend the vista towards wider fields. The basic nutritional model for cancer was also, in the early modern era, recommended for many other diseases. Da Monte, who is especially concerned to follow Galenic rules when he treats a patient of the highest rank in society, repeats the traditional regimen. Good birds are prescribed for the apoplectic duke of Bavaria [50]. Diseases which seem less serious, such as catarrh,

also require the diet based on chicken for the German Fraulein Kleindinst. But catarrh leads to an effusion of *pituita* or slime or mucus which, initially located in the brain—that is why we still talk about a *cold in the head*—could develop into serious diseases such as vertigo.

In the anti-cancer diet, bad birds, which live on water, are also excluded as a treatment for other diseases. They are pointed out to the epileptic baron von Stollheim [106]. They show a sort of environmental nature which perhaps explains why another Italian professor, Rodrigo da Fonseca (1550–1622), recommends eating those which are ‘very dry’ when one is suffering from an ulcer of the lung. In Galenic terms, the excessive ‘moisture’ of the fowl would be restricted by this means. It serves no purpose to say that such a disease could lead to a state of *tabes*, that is to say very dangerous consumption [107].

The extended enquiry about the basic nutritional model used for other diseases has been sketched in *Alimentation et maladie. Consultations à Padoue à l'aube des temps modernes* [49]. It is mainly based on the extensive literature of *consilia* developed from the last third of the thirteenth century onwards, an ‘epistemic genre’ widely studied by N. G. Siraisi and G. Pomata [108–110]. As M. Nicoud specifies, ‘generally, the *consilia* deal with a particular patient and a disease for which a physician from whom the advice has been sought proposes in writing specific types of care’ [111]. Is it conceivable that the dietetics of cancer could be considered on a more social and collective point of view? J. Reinartz has stressed the interest of undertaking research ‘Towards a history of hospital food’ [112]. This has been illustrated by V. Pitchon with a study of medieval Islamic hospitals—the consumption of an entire chicken being as unmistakable a sign of recovery as consuming a full three-course meal today’ [113]. Closer to a possible enquiry into the collective organization of anti-cancerous dietetics, F. Dross has dealt with feeding in a German leprosaria in early modern times [114]. In our *Charlatans du cancer*, we related how Jean-Marie Gamet convinced the Lyon authorities in 1765 to establish ‘a small hospital’ in the ‘Maison de Saint Joseph’, previously occupied by the Jesuits, to treat ‘some poor women’ suffering from cancer [115]. It could be interesting to know which diet was prescribed for Anne Gorgeron, Marguerite Bourget and Charlotte Chatillon, all in their twentieth year, or in early modern clinics hosting a number of cancerous patients. It would constitute an additional chapter among the new fields of research indicated by K. Becker in her ‘Bilan thématique et méthodologique de la recherche actuelle sur l’histoire de l’alimentation’, alongside studies on famine, undernourishment, fast, anorexia, bulimia, obesity, etc [116].

Finally, a ‘black spot’ to some extent marks our inquiry. The appendix shows that several anti-cancer treatments do not contain any reference to diets. Is this the sign that nutritional recommendations were not, or no longer, considered as a valid means of treating such a disease? And could this missing piece indicate a border between pre-scientific medicine and a new oncology, especially as announced by the Paracelsian revolution? K. Albala writes that ‘ideas about what one should feed convalescents remained largely impervious to theoretical change, regardless of the shift from humorally-based medicine to chemical, mechanical and other schools of thought, among professional physicians, chefs and in the popular imagination’ [5]. This possibility might also be considered in examining anti-cancerous dietetics [117–132].

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