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Knowledge Production in *Canones de medicina solidorum* (1707) by Georgius Baglivi¹

Starting from the presumption that early modern medical knowledge is marked by manifold interconnectedness and interdependencies of heterogeneous scientific paradigms, this paper is aimed at scrutinizing the epistemic structure of the work *Canones de medicina solidorum* (1707) written by Georgius Baglivi (1668–1707), an Italian physician of Ragusan origin. Strongly influenced by Galilean physics, Baglivi conceptualised and propagated fibrillarism, a “middle path” between humoral and solidist medicine, which explained all physiological and pathological processes by the living properties of fibres. By examining explicit metatheoretical claims in the *Canones de medicina solidorum*, it will be demonstrated how Baglivi combined the theories of ancient medical authorities such as Hippocrates and Caelius Aurelianus with the medical approaches of his predecessors: Santorio Santorio (1561–1636), William Harvey (1578–1657) and Louis Duret (1527–1629). By the combining theoretical presumptions of the history of knowledge with the interpretative models of entangled history, it will be argued that early modern medical knowledge was not generated in a linear manner, through successive paradigm shifts, but in more complex processes of transtemporal entanglements between various intellectual traditions.

Entangled (history of) knowledge

Judging from the articles published in last year’s issue of the reputable journal *History and Theory*,² it would appear that the epistemological transformation of the history of science into the history of knowledge has finally reached its peak.³ Despite various academic traditions and institutional centres where the new history of knowledge is nowadays theoretically conceptualized and practically implemented, its common epistemological features include a more inclusive and elastic definition of “knowledge” (i.e. epistemic knowledge, practical knowledge, intuitive knowledge), greater emphasis on its social and material aspects as well

¹ This paper was fully supported by a project of the Croatian Science Foundation (project number: IP-2016-06-6762).

² Cfr. *History and Theory* 59 /4, 2020.

³ For the epistemological development of the history of science in the past several decades see BLAŽEVIĆ 2016: 441-453.

as the more profound theoretical interest in the complex and dynamic processes of knowledge production, circulation and transformation.⁴ Although these new trends seem promising for synchronic historical research of knowledge production, the processes of transtemporal transmission and transformation of knowledge are still undertheorized and poorly heuristically described, mostly by the vague concept of “inheriting”.⁵ For these reasons, it is necessary to design innovative and more sophisticated heuristic models for scrutinizing the complex phenomena of transtemporal knowledge transfer. The fruitful pathway in this direction might provide a palimpsest concept which is widely used in contemporary entangled history. As opposed to the unidirectional, linear and hierarchical interpretative and analytical models employed in the history of knowledge, the palimpsest concept provides the heuristic means for detecting the multifaceted structure and organic coalescence of historically sedimented elements which are intertwined into a coherent system of knowledge.⁶ In order to test its interpretative possibilities, the palimpsest concept will be implemented to analyse the epistemic structure and dynamics of the knowledge production processes in the *Canones de medicina solidorum ad rectum statices usum/Canons on Solid Medicine for the Proper Use of Equilibrium* (Leiden, 1707) written by Georgius Baglivi (1668–1707).⁷

Life and work of Georgius Baglivi

Georgius Baglivi was born in Dubrovnik to an Armenian family of poor merchants. He received a humanist education at the Jesuit College in Dubrovnik. After both of his parents died when he was fifteen, he was adopted by Pietro Angelo Baglivi, a physician from Lecce. Having successfully completed his study of medicine in Naples and Salerno, Baglivi worked in hospitals in Padua, Venice, Florence, Bologna and other Italian cities where he obtained practical medical knowledge. In 1691 he became an assistant to the famous Italian

⁴ For a detailed overview of the current trends in the history of knowledge, cf. ÖSTLING 2020: 111-126.

⁵ E.g., the editors of the recent volume on the construction and transfer of knowledge in the pre-modern period proposed adhering to theoretical nomenclature: the term “finding” for the description of any kind of construction, the term “invention” for the discovery of knowledge, the term “inheriting” for the transmission of knowledge in time from an older to a more recent culture, and the term “borrowing” for the horizontal transfer when a culture receives, adopts and adapts knowledge from another, roughly contemporary culture. Cf. ALTHOFF et al. 2019: 13-38.

⁶ For a more detailed overview of the explanatory potential of the conceptual metaphor of the palimpsest in entangled history, cf. MERSCH 2016: 207- 222.

⁷ For an analysis of Baglivi’s *Canones* from the perspective of the rhetoric of science cf. BLAŽEVIĆ 2021: 50-55.

physician Marcello Malpighi (1628–1694), who was one of the founders of microscopic anatomy. Closely collaborating with Malpighi until his death, Baglivi acquired admirable skills in physiological experiments and *post-mortem* examinations. He dissected various animals such as lions, tortoises, snakes and deer and studied the function of the *dura mater* by experimenting on dogs. Moreover, owing to the fact that Malpighi worked as the archiater of Pope Innocent XII from 1692 to 1694, Baglivi managed to create an influential circle of friends and patrons in the Papal court. His first book, entitled *De praxi medica* (The Medical Practice) was published in 1696.⁸ This was simultaneously a programmatic account of Baglivi's own medical views, mostly rooted in Hippocratic and Baconian principles, and a polemical invective against futile theoretical and philosophical approaches to medical treatment without clinical observation. In *De praxi medica*, Baglivi advocates the use of mechanistic analogies as heuristic tools but only if they are consonant with experience.⁹ He also maintains the traditional distinction between solids and fluids, but without supporting the priority of solids over the fluids as he does in his later works. At the very turn of the 18th century, Baglivi published his most famous book, *De fibra motrice et morbosa* (On Muscular and Diseased Fibre).¹⁰ It can be described as an accurate outline of fibrillary physiology based on two types of fibres: membranous and motor/muscular. They belong to two distinct but strictly interrelated subsystems directed by the *dura mater* and the heart. These fibres perform the principal tasks in the economy of the living organism and are subject to convulsions or relaxation.¹¹ Baglivi's studies on the structure of muscles and membranes were a key reference for 18th century physiology, in particular his theory of the pulsations of the *dura mater*.¹²

Epistemic structure of Baglivi's Canons on Solid Medicine

The book *Canones de medicina solidorum* was published by a famous Dutch typographer Frederik Haaring in Leiden in 1707, the very year of its author's death. It consists of 60 concisely articulated rules (*canones*) that were originally published as commentaries to the Roman edition of Santorio Santorio's *De statica*

⁸ Cf. Georgius Baglivi, *De praxi medica ad priscam observandi rationem revocanda libri duo*. Romae, typis Dominici Antonii Herculis, sumptibus Caesaretti bibliophili, 1696.

⁹ For a more detailed account, see TONETTI 2017: 39-44.

¹⁰ Cf. Georgius Baglivi, *De fibra motrice, et morbosa; nec non de experimentis, ac morbis salivae, bilis, et sanguinis* etc. Perusiae: apud Constantinum, 1700.

¹¹ For a more detailed accounts cf. TOSCANO 2015: 43-53.

¹² BLAŽEVIĆ 2021: 50-52.

medicina from 1705.¹³ The Leiden edition of *Canons* was accompanied by three treatises in epistolary form dedicated to Dutch botanist and professor of medicine Peter Hotton (1648–1709).¹⁴ The first epistle entitled *De progressionē Romani terae motus a MDCCIII ad annum MDCCV* (On the Progression of the Roman Earthquakes from 1703 to 1705) is a detailed account of a series of earthquakes that shook Rome and other Italian cities from 1703 to the early spring of 1705. Baglivi uses it as a pretext to demonstrate a correlation between this exceptional natural phenomenon and the changes in the quality of soil, air and human health. The first part of the second epistle, which bears the title *De systemate et usu motus solidorum in corpore animato* (On System and Use of Solids in an Animated Body), is a polemical treatise on the *dura mater* which Baglivi defines, by analogy to the physiological function of the heart, as “a heart or diaphragm of the brain.” Moreover, he asserts that due to the spiral structure of the brain and the *dura mater*, they both possess an innate ability to pulsate in systolic motion. The rest of the second epistle is dedicated to the solids of the body, wherein Baglivi demonstrates their preponderance over the fluids primarily by their pathology and therapeutics. And finally, the third treatise *De vegetatione lapidum et analogismo circulationis maris ad circulationem sanguinis* (On Vegetation of Stones and on the Analogy between Circulation of the Sea and Circulation of the Blood) masterfully concludes the analogy between the circulation of seawater in macrocosm to the circulation of blood in a living body. By emphasising the ability of circulation to generate even solid matters (i.e. vegetation of stones), Baglivi draws a parallel between stones and the solid parts of human body. This not only illustrates Baglivi’s intellectual versatility and his peculiar understanding of natural philosophy, but also points to the overall importance accorded to the dynamics of blood within his theory of the fibre-based solidism.

The canonical status of Georgius Baglivi in the history of medicine has been recently confirmed by prominent Japanese historian Hisao Ishizuka, who claims that Baglivi’s medical opus marked an epistemic shift from humoral to solidist medical theory at the beginning of the 18th century.¹⁵ Although Baglivi’s system

¹³ Santorio Santorio (Capodistria, 29. III. 1561 – Venice, 6. III. 1636) was an Italian physician of Istrian origin. His most famous work *Ars Sanctorii Sanctorii de medicina statica* (Santorio Santorio’s Art on medical measurements) was published in Venice in 1614. It consists of seven chapters. In the first chapter, which contains 140 aphorisms, Santorio deals with the phenomenon called insensible transpiration. In the remaining six chapters he separately elaborated six so-called non-naturals (air, place, food and drink, sleeping and vigilance, exercise and rest, sexual intercourse, emotions) and scrutinizes their influence on sensible and insensible transpiration. For a more detailed account, cf. GRMEK 1952.

¹⁴ Peter Hotton or Houuttuyn (Amsterdam, 18. VI. 1648 – Leiden, 10. I. 1709) was a Dutch botanist and professor of theoretical medicine at the University of Leiden. He was a distinguished member of the Austrian *Academia Leopoldina* and the Royal Society in London.

¹⁵ ISHIZUKA 2016: 38-39.

of medical knowledge has been meticulously scrutinized by a vast number of Croatian and international historians of medicine during the past thirty years, its eclectic aspects still provoke numerous controversies. From the epistemic point of view, Baglivi's fibrillar theory, in which all physiological and pathological processes in human body are explained by the specific capacity of bodily fibres, can be described as a complex synthesis of various knowledge paradigms: Hippocratic and Galenic humoralism, the methodical solidism of Caelius Aurelianus¹⁶ and iatrophysics.¹⁷ Although these aspects of Baglivi's medical thinking were unanimously regarded to be common features of natural philosophy in the early 18th century, many historians of science, including the renowned Croatian historian Mirko D. Grmek, encountered many difficulties in explain its "inner tensions caused by the conflict between the old and the new."¹⁸

The final chapter of *Canons*, with the title *Epilogus legum medicarum* (Epilogue of Medical Laws), may provide useful insights for scrutinizing the intricate and multifarious structure of Baglivi's medical knowledge. In the Epilogue, which consists of nine canons (LI through LX), Baglivi set forth his own scientific *credo*, i.e. explicit metatheoretical reflections on the nature of his medical knowledge. Moreover, he provided theoretical and practical instructions to physicians on how to act in cases not covered by the rules of fibrillar medicine.¹⁹

In canon LII, Baglivi states the following: "In discussions on theoretical issues, let them (i.e. physicians) call themselves Santorians and Harveyans, but Hippocratians and Duretians as regards medical practice and explorations of the nature of diseases."²⁰ This is obvious evidence that Baglivi clearly distinguishes the

¹⁶ Caelius Aurelianus (Sicca, Numidia, flourished 5th century AD). In his main work, entitled *Concerning Acute and Chronic Diseases*, Aurelianus meticulously elaborates the pathology, diagnostics and therapy of acute and chronic diseases. He was a follower of the Methodic school of medicine. The main task of Methodic teaching was to establish the common causes of all diseases by careful observation of symptoms. In the epistemic sense, the Methodic approach was based on so-called solid pathology, which sets forth from the assumption that the solid parts of the body are the main causes of illness. According to this stance, all bodily parts are endowed with their own tonus. If normal tonus is disturbed, illness emerges. There are three conditions of tonus: tension (*status strictus*), relaxation (*status laxus*) and normal state (*status mixtus*). Therefore, the main aim of therapy is to establish normal tonus by means of phlebotomy, baths and massages. For a more detailed account, see VAN DER EIJK 1999: 47-83.

¹⁷ Iatrophysics or iatromechanics is a medical theory formulated at the beginning of the 17th century. It explained all physiological and psychological phenomena by mechanical laws under the influence of Galilean innovations and the mechanistic teaching of René Descartes. One of its most famous promoters was Santorio, who introduced experimental and quantitative methods into physiology. Moreover, he systematically measured the physical features of the human body (temperature, humidity, mass) in order to explain pathological phenomena. For a more detailed account, cf. GRMEK 1996: 62-100.

¹⁸ GRMEK 1997: 397.

¹⁹ BAGLIVI 1707: 38-40.

²⁰ BAGLIVI 1707: 38.

theoretical, practical and empirical aspects of his system of medical knowledge. In the theoretical respect, it corresponds with contemporary scientific paradigms – the iatrophysics of Santorio and William Harvey.²¹ With regard to its practical features, Baglivi's medical theory is still deeply rooted in the canonical Hippocratic and Neohippocratic tradition which asserted that diagnostics, prognostics and therapeutics must be grounded in the method of clinical observation.²² This kind of tradition was particularly vibrant at the Parisian medical school, whose most famous adherent was Louis Duret (1527–1586).²³ Baglivi's introductory epistemic stance is further explained in the last canon of the "Epilogue of Medical Laws." Baglivi thus emphasizes that Santorio's and Harvey's physiology inspired his views of the mechanical laws of fluid and solid bodily parts, while Hippocrates and Duret were his primary models regarding the medical practice.²⁴ According to Baglivi, the wellspring of medical knowledge which informs all theses and hypotheses of physicians must be the oracle of Nature, manifesting itself in the symptoms of diseases (canon LIV).²⁵ However, the greatest authority must still be accorded to Hippocrates (canon LIII).²⁶ Only in cases when Hippocratic rules are incomprehensible, contradictory or too complicated should physicians be allowed to reach for the doctrines of Greek, Arabic or Roman medical authorities (canon LVIII).²⁷ Finally, in order to ensure the full validity of his medical laws, Baglivi reserves the closing sanction for offenders. Consequently, they must be considered charlatans and excluded from the medical profession (canon LX).²⁸

²¹ William Harvey (Folkestone, 1 Apr. 1578 – London, 3 June 1657) was an English physician and student of the famous anatomist Giovanni Fabrizio d'Acquapendente, who discovered venous valves. In 1615, Harvey became professor of anatomy and physiology at Kings Medical College in London. His main work is *Exercitatio anatomica de motu cordis et sanguinis in animalibus* (An Anatomical Exercise on the Motion of the Heart and Blood in Living Beings, 1628), in which he explained the circulation of blood throughout the body. It was a landmark in the history of physiology and a model of its kind which exerted immediate and far-reaching influence on Harvey's contemporaries. For a more detailed account, see WRIGHT 2012.

²² On the epistemological status and importance of Hippocratism within Baglivi's medical theory, cf. MÜLLER 1991: 300-314.

²³ Louis Duret (Bâgé-la-Ville, 1527 – Paris, 22. I. 1629) was a French physician and professor of medicine at the Collège de France between 1568 and 1586. His main work consists of commentaries on Hippocratic medicine which were edited and published by his son, Jean Duret (*In magni Hippocratis librum de humoribus purgandis et in libros tres diaeta acutorum, L. Dureti Segisiani commentarii interpretatione et enarratione insignes*, Paris, 1631). For a more detailed account, cf. LONIE 1985: 155-174.

²⁴ BAGLIVI 1707: 40.

²⁵ BAGLIVI 1707: 39.

²⁶ BAGLIVI 1707: 39.

²⁷ BAGLIVI 1707: 39.

²⁸ BAGLIVI 1707: 40.

The epistemic functions of balance (eukrasia)

Nevertheless, the mere detection of epistemic elements, i.e. the ancient and contemporary medical approaches, theories and paradigms, which Baglivi adopted, adapted and integrated into his system of medical knowledge does not by itself solve the main problem of the criteria and modalities by which they connect and intertwine into a single epistemic whole. An exemplary clue for an understanding of Baglivi's scientific approach may be found in the *Canons on Solid Medicine*. As a matter of fact, these meticulously articulated medical laws not only offer clear insight into the status and function of ancient medical knowledge (i.e. of Hippocrates, Galenus, Caelius Aurelianus) in the context of Baglivi's medical theory, but also elucidate epistemic mechanisms for the adoption and adaptation of the contemporary scientific paradigms such as Santorio's iatrophysics. The theoretical and conceptual link between all of these medical paradigms is "balance" (*eukrasia*), which originates from the Hippocratic-Galenic humoral theory.²⁹ It postulates that human health depends on the equal proportion and balance of all four bodily fluids (blood, yellow bile, phlegm, and black bile), while all pathological states are defined as absences or disorders (*dyskrasia*) thereof.³⁰ Nonetheless, the concept of balance endured considerable epistemic modifications and extensions in Baglivi's *Canons on Solid Medicine*.³¹ This is why it became a sort of leitmotif or epistemic copula between that heterogeneous systems of medical knowledge that shaped Baglivi's medical thought.

²⁹ Hippocratic-Galenic medical teaching refers to the comprehensive system of ideas and practices in Antiquity aimed at preserving health and prolonging the human lifespan. As a matter of fact, Classical medical teaching was incorporated onto the holistic conception of the universe which manifested itself in the "qualities" ascribed to all natural phenomena, including the human body. These qualities were hot, cold, dry and wet, whose compounds created the basic elements: water, which was cold and wet, earth, which was cold and dry, air, which was hot and wet, and fire, which was hot and dry. In accordance with the theory of four elements, Hippocrates articulated the humoral theory, which suggested that humours are the vital bodily fluids (blood, yellow bile, phlegm, and black bile). The imbalance of humours, or *dyscrasia*, was thought to be the direct cause of all diseases, since health was associated with a balance of humours, or *eukrasia*. The qualities of the humours, in turn, influenced the nature of the diseases they caused. For example, yellow bile caused warm diseases and phlegm caused cold diseases. In his work *On the Temperaments*, Galen further emphasized the importance of the qualities. An ideal temperament involved a balanced mixture of all four qualities. Galen identified four temperaments in which one of the qualities (warm, cold, moist or dry) predominated; and four more in which a combination of two (warm and moist, warm and dry, cold and dry or cold and moist) dominated. These last four, named for the humours with which they were associated — sanguine, choleric, melancholic and phlegmatic — eventually referred to the both psychological and bodily dispositions, which determined a person's susceptibility to particular diseases as well as behavioural and emotional inclinations. For a more detailed account, see: BÖHME 1997: 30-37; CONRAD et al. 2011: 11-93.

³⁰ Cfr. PORMANN 2019: 46-54.

³¹ Cfr. DADIĆ 285-287.2017.

Already in the first sentence of his *Canons*, Baglivi defines health as the balance between body and mind. In Baglivi's opinion, bodily balance is regulated by Santorio's medical rules, while the balance of mind can be achieved with the help of moral philosophy (canon I).³² Nonetheless, Baglivi does not establish a strict dichotomy between body and mind but rather the relationship between their mutual interdependence and interaction. This is exemplified by illnesses which have psychological causes (III).³³ As opposed to Hippocrates and Galenus, Baglivi establishes the balance/proportion relationship not only between bodily fluids, but also between the solid parts of the body (XI).³⁴ In this respect, Baglivi shares the views of the Roman Methodic school of medicine, especially of Caelius Aurelianus, whose teaching on the constriction and laxation of corpuscles (*onkoi*) represents the common principle of solidist medical theory.³⁵ Finally, Baglivi claims that the balance between the fluid and solid parts of the body is a crucial requirement for the normal oscillation of the solid and the normal flow of the fluid bodily parts. This is the very essence of his fibrillar theory, which is built into the "chemical mechanics of the fluid parts and the physical mechanics of the solid parts (i.d. fibres) of the body (canon XLI)."³⁶ If viewed from the metatheoretical perspective, it may be concluded that the concept of balance (*eukrasia*) is a decisive prerequisite for the epistemic balance between the humoralist and solidist medical theories which jointly form the ancient epistemic layer in Baglivi's system of medical knowledge.

A crucial prerequisite for a better understanding of the epistemic status and function of Santorio's iatrophysics within Baglivi's medical theory is a revision of mainstream historical explanations. Aside from reducing Santorio's epistemic influences on Baglivi to pure mechanism, the majority of historians of medicine has not recognized that the epistemic cornerstone of Santorio's medicine is Hippocratic-Galenic teaching on the six non-naturals. As a matter of fact, the discourse of six non-naturals formed the very core of the ancient and early modern hygiene and dietetics. The six non-naturals consisted of elements which are not essentially inherent to the human body and its nature (airs and places, food and drink, exercise, excretion and retention, and sleep and emotions), but their proper daily "regimen" guarantees good health, quality of life and longevity.³⁷ As already noted, the teaching about the six non-naturals lies at the core of the conceptual framework of Santorio's work *De medicina statica* and it is corroborated by the

³² BAGLIVI 1707: 9.

³³ BAGLIVI 1707: 10.

³⁴ BAGLIVI 1707: 12-13.

³⁵ For a more detailed account, cf. WEBSTER 2015: 657-668.

³⁶ BAGLIVI 1707: 28.

³⁷ For a more detailed account, cf. KENNAWAY and KNOEFF 2020.

experimental results of his own weighing of the sensible and insensible transpirations. Since Baglivi's *Canons on Solidist Medicine* are in fact a commentary on Santorio's aforementioned work, Hippocratic-Galenic dietetics are one of its main conceptual components as well. Although he still remains within the scope of traditional teaching about the six non-naturals, Baglivi places greater emphasis on the physiology and pathology of its inherent mechanism of three digestions (*coctio*), i.e. on the metabolic processes of the human body.³⁸ Therefore, most of the rules in the first part of the *Canons on Solidist Medicine* are dedicated to the mechanisms of the three digestions. Moreover, special attention is accorded to dental hygiene, since Baglivi considers teeth to be a key factor of good health and normal digestion. In his opinion, digestion already begins in the mouth due to saliva, "a noble fluid which can be regarded as the soul of the stomach and the soul of digestion (XVIII)."³⁹ Apart from dental and gum disease, Baglivi asserts that the paramount causes of ill digestion are a stressful way of life and emotional excesses. This heralded the discourse of sensibility which would soon become the dominant discourse of 18th century medicine.⁴⁰ The main reason this epistemic gesture on Baglivi's part is the compatibility of the three digestions mechanism with his own fibrillar theory. Similar to Santorio's iatrophysics, which can be described as an experimental extension of the Hippocratic-Galenic teaching of the six non-naturals according to the principle of balance (*eukrasia*), the same principle can be regarded as a guarantee of the epistemic coherence of Baglivi's mechanism of knowledge transfer as well. This means that both the balance between the solid and the fluid bodily parts and the balance between sensible and insensible transpiration may be considered a crucial factor that facilitates the epistemic coalescence of Baglivi's solido-humoral fibrillarism and Santorio's Hippocratic-Galenic iatrophysics into a unitary, although heterogeneous and hybrid system of knowledge.

Conclusion

For these reasons, Baglivi's *Canons on Solidist Medicine* might be read as a sort of medical palimpsest which consists of various kinds of historically sedimented elements of medical knowledge intertwined into a coherent system. Moreover,

³⁸ According to early modern medical theories, there are three types of digestion. During the first digestion, food dissolves itself into smaller particles. The second digestion is responsible for blood purification, while during the third digestion all bodily fluids are renewed. The residues of the first digestion are excreted by stool, the remnants of the second by urine and the residues of the third by the insensible transpiration. Cf. WIECHEL 2015: 22-24.

³⁹ Cfr. BAGLIVI 1707: 16.

⁴⁰ Cfr. ISHIZUKA 2016: 211-240.

Baglivi's work may bring outstanding insight into the mechanisms of early modern knowledge production not generated in a linear manner, through successive paradigm shifts, but rather in the more complex process of transtemporal entanglements between various intellectual traditions. In that sense, the entanglement of knowledge does not denote the arbitrary and mechanical linking and superimposing of diverse scientific concepts but rather their organic intertwining with a clearly discernible epistemic thread.

Moreover, it can be stated that early modern medical knowledge, whose epistemic structure is emblematically analysed in Baglivi's *Canons on Solidist Medicine*, had far broader cognitive, explanatory and pragmatic functions than its modern counterpart. Inheriting the holistic approach from the ancient medicine, the purpose of medical knowledge in the early modern period was not limited to suitable diagnostics, prognostics and treatment of diseases, but it was also deemed a crucial presumption and guarantee of healthy human life.⁴¹ This is in complete accordance with the metatheoretical definition of knowledge promoted by contemporary historians of knowledge who are interested in "questioning the relationship between different forms of knowledge and how they shape our lifeworlds, our subjective realities, and everyday life in a socially relevant way."⁴² Therefore, if analysed through the interpretative lens of the (entangled) history of knowledge, early modern medical writings may provide valuable insight into both the pre-modern medical episteme and the pre-modern lifeworld in general.

⁴¹ For a more detailed account, see THUMIGER 2020.

⁴² NILSSON HAMMAR 2018: 107-108.

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Proizvodnja znanja u djelu *Canones de medicina solidorum* (1707) Đure Baglivija

Polazeći od pretpostavke da ranonovovjekovno medicinsko znanje obilježavaju mnogostruke poveznice između raznorodnih znanstvenih paradigmi, u radu se analizira epistemička struktura *Canones de medicina solidorum* /Pravila o medicini čvrstih dijelova (1707), posljednjega djela koje je za života objavio talijanski liječnik dubrovačkoga podrijetla Đuro Baglivi (1668–1707). Pod utjecajem Galilejeve fizike, Baglivi je konceptualizirao i propagirao fibrilarizam, svojevrsni “srednji put” između humoralne i solidarne medicine koji je objašnjavao sve fiziološke i patološke procese u organizmu specifičnim svojstvima tjelesnih vlakana. Na temelju analize eksplicitnih metateorijskih tvrdnji koje se pojavljuju u djelu *Canones de medicina solidorum*, nastojat će se pokazati kako je Baglivi kombinirao teorije antičkih medicinskih autoriteta poput Hipokrata i Celija Aurelijana sa suvremenim medicinskim koncepcijama Santorija Santorija (1561-1636), Williama Harveya (1578-1657) i Louisa Dureta (1527-1629). Kreativno kombinirajući teorijske pretpostavke suvremene historije znanja s analitičko-interpretativnim modelima historije isprepletanja, pokazat će se da ranonovovjekovno medicinsko znanje nije kreirano linearno, na temelju sukcesivnih smjena znanstvenih paradigmi, već je nastajalo u složenim procesima transtemporalnih isprepletanja različitih intelektualnih tradicija.

Ključne riječi: povijest znanja, historija isprepletanja, Đuro Baglivi (1668-1707), *Canones de medicina solidorum* (1707)

Keywords: (entangled) history of knowledge, Georgius Baglivi (1668-1707), *Canones de medicina solidorum* (1707)

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