

RENAISSANCE PLAYS AS A USEFUL SOURCE FOR THE COMPARISON BETWEEN ENGLISH AND CROATIAN EARLY MODERN MEDICINE

RENEŠANSNI KAZALIŠNI KOMADI KAO KORISTAN IZVOR ZA USPOREDBU ENGLJSKE I HRVATSKE RANE MODERNE MEDICINE

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SUMMARY

This paper evaluates the differences between English and Croatian views of early modern medicine through the respective Renaissance plays. As Renaissance made no particular distinction between arts and sciences, plays of that time provide a very common source of medical narrative. During Renaissance both languages produced high literary achievements, which makes them exemplars among their Germanic and Slavic counterparts, and justifies this comparison, regardless of their significant differences. One should bear in mind that while England was a unified kingdom, with London as the major cultural centre, Croatia's division among the neighbouring powers produced several prominent cultural centres such as Zadar, Šibenik, Split, Hvar, Korčula, and the most important one, Dubrovnik. One should also bear in mind that the golden age of Croatian Renaissance plays had finished as early as 1567 with the death of Marin Držić, before it even started in England with the foundation of the first permanent theatrical companies in 1576. Along these lines, this paper compares their early modern attitudes toward medicine in general and men and women practitioners in particular. In this respect, it evaluates the influences of the origin, patronage, and religion of their authors. Special attention is given to William Shakespeare (1564-1616) and Marin Držić (1508-1567) as the exemplars of English and Croatian Renaissance literature.

Key words: Renaissance; Plays; History of Medicine; Croatia; England; 16th century; 17th century

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INTRODUCTION

This paper analyses Croatian and English Renaissance plays in order to compare their views of early modern medicine. One should bear in mind that Renaissance plays were among the most popular art forms. Renaissance saw arts and sciences as one, which was similar to the Ancient Greek view of Apollo as a god of both medicine and literature. This view makes plays one of the most common type of medical narratives [1]. Moreover, plays illustrate changes in medical sciences over time. Finally, they were written and performed by both the nobility and the commoners, reflecting differences in their life and attitudes toward medicine. Although Renaissance as an artistic period originated in the fifteenth-century Italy, it soon spread all over Europe, including England and Croatia. Both countries produced high literary achievements, which makes them exemplars among their Germanic and Slavic counterparts and justifies our comparison. This paper compares different early modern attitudes toward medicine in general and men and women practitioners in particular. It also evaluates the influences of playwrights' origin, patronage, and religion.

The age of the greatest popularity of Renaissance plays in England was between 1576, when the first permanent theatrical companies were established in London, and 1642, when they were prohibited by the Puritans, who objected to male actors playing female characters and to the inobservance of Sabbath [2]. The centre of Renaissance theatre was London, the capital of a unified state that had experienced a rapid growth from 50,000 people around the 1500s to 200,000 around the 1600s [3]. This age coincides with the reigns of Queen Elizabeth I (1558-1603), King James I (1603-1625), and King Charles I (1625-1649) [3]. The first period was dominated by the greatest Renaissance dramatist William Shakespeare (1564-1616) and his rival Christopher Marlowe (1564-1593). Another rivalry, between Ben Jonson (1572-1637), author of the *Twelfth Night* masque for the court, and Thomas Middleton (1580-1627), dramatist of Lord Mayor's show, was characteristic of the second period. This rivalry gave rise to city comedy, which although based on the same plots, was making fun of commoners in the plays of the first author and of aristocrats in the plays of the second [3]. The plays by Philip Massinger (1583-1640) and Richard Brome (1590-1653) illustrate the political turmoil of the third period with three types of theatres: royal - with Queen Henrietta Maria of King Charles I as an actress, private (Blackfriars, Phoenix, and Salisbury Court), and public (Globe, Fortune, and Red Bull). They were all staging political plays, which, according to Butler [2], reflected the split

between the Catholic, cultivated, Italianate, and cavalier court on the one hand, and the Puritan, iconoclastic, insular, and commoner Parliament on the other one.

Renaissance in Croatia covers the period between the 1470s and the 1630s. During that time the country was divided between the mainland part under the personal union with the Habsburg Hereditary Lands and the Kingdom of Hungary and the coastal under the Venetian Republic, while the Ottoman Turks were conquering the eastern parts. The main cultural centres were the coastal communal towns of Zadar, Šibenik, Split, Hvar, and Korčula [4, 5]. Although Venice exploited these towns, it also brought cultural innovations. The only independent part of Croatia was Dubrovnik. Organised as an aristocratic town-republic, it prospered economically and culturally due to wise diplomacy. Even though the Republic counted no more than 30,000 people, and the town only 5,000, it was the greatest Renaissance centre of the Adriatic [6]. Renaissance was introduced to Dubrovnik by poets Džore Držić (1461-1501) and Šiško Menčetić (1457-1527), whose works make a transition from eclogues over pastorals to comedies. They were followed by Nikola Dimitrović (1510-1553), Nikola Nalješković (1500-1577), Andrija Čubranović (?-1599), Mavro Vetranović (1483-1576), and Dominko Zlatarić (1558-?) [7]. The island of Hvar boasted Hanibal Lučić (1485-1553), Petar Hektorović (1487-1572), and Martin Benetović (1550-1607) [8]. The greatest of all was Dubrovnik dramatist Marin Držić (1508-1567). His preserved works include one eclogue, three pastorals, one tragedy, and eight comedies. According to Birnbaum [9], he is the central figure of Slavic Renaissance.

MALE MEDICAL PRACTITIONERS

The *Index of Characters in English Printed Drama to the Restoration* [1] makes a reference to 60 physicians and 104 other medical practitioners, but most have supportive or walk-on roles [10]. Most are physicians, barber-surgeons, or apothecaries. The main rivalry is between Galenic physicians as representatives of the old values and Paracelsian apothecaries as representatives of the new market. This rivalry is reflected in the backstage rivalry between William Shakespeare and Ben Jonson. According to Paster [3], it also embodies the antithesis between the country and the city. Shakespeare, who was born in Stratford-upon-Avon, did not write on commission and usually set his plays in Rome, Athens, Paris, Alexandria, Verona, Venice, and even Dubrovnik in *Twelfth Night, or What You Will*, rather than in London. According to Knights [11], Shakespeare's predi-

lection for Galenic physicians should be viewed through his loyalty to tradition. This loyalty is obvious in *Troilus and Cressida*, in which he gives an antiheroic version of the Trojan War. According to Kerwin [1], the battle between the Trojans and the Greeks in the play is actually fought between physicians as warriors and barber surgeons as cosmeticians, glamorous on the outside and corrupt inside. This is illustrated by Hector's observation over the dead Patroclus:

*Most putrefied core, so fair without,
Thy goodly armour thus hath cost thy life. [1]*

In his tragedy *Romeo and Juliet*, Shakespeare even makes a distinction between apothecaries and alchemists. It is illustrated by the difference between Friar Laurence, who refused to sell the poison to Romeo, and the Mantuan apothecary, who had no such misgivings. Kerwin [1] believes that this reflects the distinction between traditional pre-capitalist economy based on morality and the beginnings of modern market economy. Having in mind the economic depression of the last five years of Queen Elizabeth's reign, it is not surprising why Shakespeare supported preservation of traditional values against imminent changes.

In contrast, his rival Jonson, who was born in London, wrote on court commission, and set his plays exclusively in London [1]. According to Knights [11], his plays best illustrate the duality between Galenism and Paracelsianism, feudalism and mercantilism, tradition and modernity, which marked his age. On the one hand, in *Mercury Vindicated from the Alchemists at Court*, he attacks alchemists as representatives of economic growth fuelled by radical Puritanism, saying that alchemists "pretend [...] to commit miracles in art and treason against nature. [...] a matter of immortality is nothing". Furthermore, they "profess to outwork the sun in virtue and contend to the great act of generation, nay almost creation?" On the other, in *Ananias* he exclaims: "I hate traditions. I do not trust them". According to Knights [11], this obvious contradiction makes Jonson a great playwright, because his own duality corresponds to the duality of his audience. If one bears in mind that he wrote his plays on court commission, it is understandable why he had to masquerade his attitudes under the official policy.

The rise in the social standing of apothecaries could be observed from the play *The Knight of the Burning Pestle* by Francis Beaumont (1584-1616). It compares a grocer to a knight *I will have a grocer and he shall do admirable things*. For Kerwin [30] this clearly reflects a shift from an apprentice towards a romantic hero. One can also see that apothecaries prospered

from the struggle between Galenists and Paracelsianists. Two other dramatists attack physicians as corrupt performers, which could be interpreted as a decline in their social status. The first, Samuel Daniel (1562-1619), in *The Queen's Arcadia* attacks physicians and lawyers, who are represented by Doctor Quacksalver Alcon and Lawyer Pettifogger Lincus. Their names alone are mocking their professional credibility and Latin erudition. The best example of the mentioned irony are nymph Daphne's words about Doctor Alcon:

*O what a wondrous skilful man is this?
Why he knows all? O, God who ever thought?
Any man living could have told so right
A woman's grief in all points as he hath? [1]*

The second playwright, John Webster (1580-1634) is on the same track with his play *The Duchess of Malfi*. In the fourth act, he portrays a mad doctor and in the fifth a comic physician as accomplices in the intrigues of noblemen [1]. It is a reflection of reality, in which physicians were mainly patronised by the nobility [12]. In contrast, he sympathises with surgeons, which is obvious from the claim of surgeon Bosola:

*I will not imitate thing glorious
No more than base: I'll be mine own example. [1]*

The above example could also be interpreted as an illustration of surgeons' struggle for their professional independence from physicians. Through the connection of physicians with tradition, of apothecaries with economy, and of surgeons with protests, the English Renaissance plays seem to reflect changes and the significance of these professions in the society.

In contrast, the only male medical practitioners mentioned in the Croatian Renaissance plays are physicians. They are usually referred to in dialogues between characters, but rarely occur as characters themselves. Although the Republic of Dubrovnik employed two physicians and one surgeon to provide free health care services to the townspeople since the 13th century [5], they were rarely represented in contemporary comedies. One can assume that the reason was that playwrights shunned from mocking town officials, but there is no proof to confirm it. Counter example are Marin Držić's comedies, as he usually refers to physicians with irony, which may stem from his common origin and political affiliations [4]. Although his family had aristocratic origin, his grandfather had lost nobility and wealth as a punishment for fleeing from Dubrovnik during the

plague, which was perceived as behaviour unworthy of an aristocrat and a bad example for the commoners. Because of this, Držić had to work for a living, at first as a priest and an organ player, and after the law studies in Siena, as a scribe and a dramatist. He also travelled to Vienna, Venice, and Constantinople as a diplomat, which has broadened his views. Seeking revenge for his family, he even tried to overthrow Dubrovnik's aristocratic government and replace it with a democratic one with the help of Cosimo I de' Medici, ruler of Florence, but failed and eventually died in exile in Venice. All this is reflected in his comedies, in which he attacks parasitic aristocracy and their officials, including physicians and lawyers. In his comedy *Skup* (*Assembly*), commoner Niko gives advice to other characters:

Jedva sam ja liječnik? Ma jesam, ter dobar liječnik: medicinavam: ne hod'te po noći; siružiram: hod'te na škulu; reubarbavam: izagnite injoranciju iz vas da, kad na starost dodete, da nijeste kao i njeci koji ni sebi ni Republici ne valjaju, koji su od štete, a nijesu od koristi. Injorancija je vazda od štete! [13]

[Barely am I a physician? But I am, and a good one at that: I dispense advice: don't go out at night; I prescribe: go to school; I order: cast ignorance away, so that when you get old, you don't become as ones who are of no use to either themselves or to the Republic, who do more damage than good. Ignorance always does damage!]

Although Držić here primarily attacks aristocracy and their regulations, he also mocks physicians for supporting these regulations in their advices to patients. Here, one can draw a parallel between English and Croatian Renaissance physicians, who were both employed by the nobility, but with a difference that the first provided private and the second public services, as the Republic of Dubrovnik employed two physicians to treat the town people for free. One can even argue that physicians in Dubrovnik were developing social medical policy for the sake of the Republic's prosperity, and not for rich individuals.

Elsewhere Niko claims:

Ja nijesam liječnik od tjezjijeh nemoći. (4, 2) [13]
[I am not a physician of others' miseries?]

Here he accuses physicians of making an entire philosophy out of patients' ailments instead of offering them practical help. Again, one can draw a parallel between England and Croatia and conclude that physicians stuck to the Galenic doctrine in both countries. Moreover, they were

criticised for this in both. In contrast to these examples, on two occasions in the play (13) physicians are called for when someone is seriously ill and not just pretending because of love problems, which is the main theme of the comedy. It could mean that, due to the high fees they charged, physicians were invited only for terminal diseases. Considering that Dubrovnik offered free health services to the public, however, the above example could also be interpreted as a statement of their credibility. In Držić's most famous comedy *Dundo Maroje*, the lead character, intelligent servant Pomet, flaunts a gold chain around his neck, allowed to be worn only by esquires and physicians, as a sign of his climb up the social ladder [14]. If one bears in mind that Držić regularly mocks aristocracy and praises servants in his comedies, his attacks on physicians could be used as evidence of their equal ranks with the Dubrovnik elite. Moreover, aristocracy did not avoid medical studies or practicing medicine because the profession was not attractive, but because aristocrats were obliged by the law to hold government offices, which was vital for the perseverance of political oligarchy [6].

This changed in the 17th century, when Dubrovnik saw the revival of Renaissance comedies under the influence of Italian plebeian *Comedia dell'Arte*. Performed by rivalling actor companies Nedobitni, Razborni, and Smeteni (Unsuccessful, Wise, and Confused), they mocked old physicians in love with young girls. Caricatured as veined quacks, they even had funny names like Pankracio, Natan, Merdohain, Salamun, Alfonso Benvenut, and Teofrast Pendant [15]. A good example is the comedy *Ljubovnici (Lovers)* by an anonymous author. It tells a story about a rivalry between a physician Prokupio and an aristocrat Lovre in wooing young Lukrecija, who ends up with a commoner Fabricio, while the two rivals become impoverished by their servants [15]. Although this example may suggest that physicians were mocked by servants in real life as well, one should bear in mind that lawyers and officials were also portrayed as fools. But, if one bears in mind that a marriage between a husband over forty and a wife under twenty was the prevalent pattern in the entire Renaissance Mediterranean [6], one could interpret it as the playwright's criticism of the entire Dubrovnik society and not just its physicians.

FEMALE MEDICAL PRACTITIONERS

The *Index of Characters in English Printed Drama to the Restoration* [1] refers to no more than one wise woman and 18 midwives. This suggests that women medical practitioners were less represented in the Renaissance

plays than their male counterparts. But, this does not reflect the reality; on the contrary, Pelling has proved that many women have practiced medicine [16]. In the Renaissance plays, they were usually portrayed as a mix between empirics and witches. According to Kerwin [1], they represented their culture's Medeas, desired and outcast at the same time. This ambivalent attitude is clearly visible from the role of Helena in *All's Well That Ends Well* by William Shakespeare, where she uses her knowledge to cure the king on the one hand and to seduce Bertram on the other. In his play *Twelfth Night*, Fabian advises Malvolio to "Carry his water to the wise woman". [1] This suggests that the female medical practitioners, and not physicians, were seen as experts in uroscopy. However, one have to bear in mind that uroscopy had already been abandoned by physicians as a diagnostic method, due to its use by other medical practitioners [12]. Even so, one can still conclude that female medical practitioners were respected enough to be asked for advice. This is even more obvious from *The Alchemist* by Ben Jonson, in which a tobacconist and apothecary Abel Drugger admits to an alchemist that he had visited *a good old woman* before he turned to him:

*She dwells in Seacoal Lane, did cure me,
With Sodden all, and pelltary o' the wall,
Cost me but two pence. [1]*

The fact that the apothecary consulted the wise woman shows that female medical practitioners were respected not only by their neighbours, as is usually perceived, but also by their male colleagues. Moreover, the notion that Drugger had consulted her before coming to the alchemist could loosely be interpreted as a proof that common people placed more trust in traditional herbal medicine than in new iatrochemical substances. Finally, if one bears in mind that the fee was only two pence, it is not surprising that wise women were the most common medical practitioners.

Under-representation of female medical practitioners as characters is even more striking in the Croatian Renaissance plays. The only example in which a wise woman is asked for an advice is a collection of six masquerades called *Jeđupka* (*Gipsy woman*) written by a Dubrovnik dramatist Andrija Čubranović. Although the protagonist is in fact the author disguised as a Gipsy woman to influence his beloved girl, this character still provides useful material for analysis [7]. Firstly, the choice alone of a Gipsy woman as the protagonist suggests that wise women in Dubrovnik usually came from the margins of society. Secondly, from the fact that she was telling fortune and providing advice on matters of love and health, one

can see how various their practice was. Finally, from her advice to one of the customers to wash face in water infused with chamomile to preserve its youthful appearance, one can conclude that Dubrovnik female medical practitioners were primarily preparing traditional herbal remedies, much like their English counterparts. A similar example could be found in the comedy *Novela od Stanca* (*Story of Stanac*) written by Marin Držić in which girls disguised as fairies make fun of a peasant Stanac by offering him herbs for eternal youth [13]. Another example is a wise woman in the *Sixth Comedy* by Nikola Nalješković [17]. One can draw a parallel between the shortage of the female characters as medical practitioners in both the English and the Croatian Renaissance plays in as much as all the Renaissance dramatists were men who gave more importance to male characters. Furthermore, as cities, dominated by male medical practitioners were more often used as settings of Renaissance plays than the countryside, dominated by wise women, it is not surprising that the female medical practitioners are so rare.

ATTITUDES TOWARDS MEDICINE IN GENERAL

The most important shift recorded in the English Renaissance plays is the one from the Galenic humoral theory to the Paracelsian iatrochemical theory. It reflects the shift in attitudes towards life brought by the Reformation. Galenism, which finds the cause of an illness in internal imbalance between four liquids, coincided with the Catholic notion of illness as a punishment for sins. In contrast, illness for Protestants was a trial of faith, which found its expression in Paracelsianism with its explanation that illness is caused by outside factors or *seeds of disease*. Moreover, Galenism professed that particular diseases had particular cures, while Paracelsianism held that every drug could be a cure or a poison. Lorch [18] also believes that these opposing viewpoints are reflected in the rivalry between the Elizabethan dramatists, represented by William Shakespeare, and the Jacobean dramatists, represented by Ben Jonson.

Despite Protestant victory over Catholicism during the reign of Queen Elizabeth I, Shakespeare in his plays clearly expresses Galenic attitudes. Asquith [19] suggests that this is because Shakespeare was a Roman Catholic. She also suggests that his plays were written to comfort Recusant Catholics during Elizabeth's persecutions, which is obvious from his use of epithets *high* and *bright* for Catholics and *low* and *dark* for Protestants in his plays. The best example is the Ghost of Hamlet's father, who comes from the Purgatory, which exists in Catholic theology, but is denied in

Protestant. According to Kerwin [1], Shakespeare himself was a physician, but this hypothesis is nowadays generally discarded due to lack of evidence. Kerwin based his belief on Shakespeare's precise descriptions of mental illnesses. The main examples were Prince Hamlet's melancholy and Lady Macbeth's hysteria. Finally, according to Lorch [18], Shakespeare's Galenism could be seen as an expression of the general economic stability of the Elizabethan era.

On the contrary, Jacobean dramatists professed both Galenic and Paracelsian views. On the one hand, Jonson in *Bartholomew Fair* and Middleton in *Chaste Maid in Cheapside* give examples of female incontinency, pertinent to the Galenic theory of the four humours [20] and on the other, Jonson in *The Alchemist* describes meat as both the cure and the cause of illness, which is in accordance with the Paracelsian view on drugs [21]. According to Lorch [22], this duality is the clearest expression of the overall political instability of the Jacobean era.

In the Croatian Renaissance plays, one can distinguish between the predominant humoral pathology, allopathic and empirical medicine. Croatia had always been deeply rooted in Catholicism, so there was no religious need for a replacement of Galenism with Paracelsianism. This is the main reason why attitudes towards medicine did not vary between the Croatian Renaissance dramatists, save perhaps in the degree of their piety. For example, Džore Držić and Mavro Vetranović were ordained priests, while Nikola Nalješković and Martin Benetović were organ players [7]. These facts are reflected in their use of typical Galenic terms. Vetranović uses the terms *cold* and *frost* as epithets of illness in his play *Pelegrin* [7], Benetović is describing love as *warm* in his play *Hvarkinja* [17]. Petar Hektorović, a nobleman from Starigrad on the island of Hvar, expresses his deep religious conviction in the play *Ribanje i ribarsko prigovaranje* (*Fishing and Fishermen's Conversations*) in which he recalls his three-day fishing trip at open sea with fishermen Paskoj i Nikola. At one point, Nikola says:

*Tko će poboljšati duševno živeti,
Taj more ufati milost dateći. [8]
[The one who will improve his spiritual life,
Can expect to receive grace.]*

It is an expression of both the Catholic need to avoid sin and the Galenic striving to reach internal balance as the ways to maintain good health. Marin Držić is on the same track with his comedy *Dundo Maroje*.

Even though from a church rector he turned into a plotter against local aristocracy, this is not reflected in his attitudes towards medicine. Catholic views are obvious in his use of *decent* and *happy* as synonyms, and Galenic views in seeing melancholy as pertinent to the old age [14]. In the same play he also expresses allopathic tendencies through the words of the main character Pomet:

Contrarius contraria curabuntur! [14]
[Opposites are cured by opposites!]

Empirical medicine, which was practiced by the common folk during this period, also found its expression in the plays. A Croatian princess captured by the Turks in the play *Robinja* by Hanibal Lučić says:

Trudno je boleću ranu razvijati. [8]
[It is hard to dress a painful wound.]

In *Ribanje i ribarsko prigovaranje* by Petar Hektorović, fisherman Paskoj laments:

*Tko raskošno kuha, ki jidu slačine,
Već ih od tarbuha neg od mača gine.* [8]
[More of those who cook lavishly, or eat sweets
will die of the stomach than of the sword.]

A physician in the anonymous comedy *Ljubovnici* gives the following advice:

Žestoka srdžba guši se stisnutim ustima. (1, 20) [15]
[Severe anger is quenched by keeping the mouth shut.]

Although all these statements recall real-life experiences, their contexts differ. The first describes character's suffering, the second is an advice, and the third makes fun of physician's knowledge. These examples illustrate that although Croatia did not experience the Reformation and the subsequent switch from Galenism to Paracelcianism like England did, its Renaissance plays nevertheless express a greater variety of medical views, namely Galenism, alopathy, and empiricism.

CONCLUSION

This paper tried to compare the reflections of early modern medicine in English and Croatian most popular Renaissance plays. While comedies and tragedies were equally popular in England, the former dominated in Croatia, following the line of development from eclogues and pastorals.

England was a unified state, and London developed into its major cultural centre, while Croatia was divided and had several prominent cultural centres. Finally, the golden age of Renaissance plays in Croatia was already finished in 1567 with the death of Marin Držić, before it even started in England with the foundation of the first permanent theatrical companies in 1576. The origin, patronage, and religion of dramatists seem to have largely influenced attitudes towards medicine expressed in their plays. Origin was perhaps more important in Croatia, as dramatists were clearly divided between aristocrats and commoners, while patronage played the major role in England, as seen in the distinction between court and the city dramatists (such as Ben Jonson vs. Thomas Middleton). Religion was equally important in both countries; Catholicism in Croatia favoured Galenic views on medicine, while the shift from Catholicism to Protestantism reflected the shift from Galenism to Paracelsianism in England [23-25]. Female medical practitioners were more represented in the English than in the Croatian Renaissance plays, even though they were probably equally important in both countries [26]. English plays also refer to a greater variety of men medical practitioners than Croatian plays, but this probably reflects a greater variety in real life as well [27]. One can conclude that due to a number of differences between England and Croatia, early modern attitudes towards medicine significantly differed, but also that, based on the number of examples in Renaissance plays, medicine in general was equally important in both countries [28].

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SAŽETAK

Ovaj rad evaluira razlike između engleske i hrvatske ranomoderne medicine, pri čemu kao temelj koristi engleske i hrvatske renesansne drame. Renesansno poimanje znanosti i umjetnosti kao međusobno ujedinjenih, čini njezine drame jednim od najvažnijih vanjskih izvora za povijest medicine. Tijekom spomenutoga razdoblja obje promatrane zemlje dosegnule su visoku književnu razinu, što ih čini primjerima među njihovim germanskim i slavenskim suvremenima te pruža opravdanje za spomenutu usporedbu unatoč njihovim značajnim razlikama. Pritom treba imati na umu da je Engleska bila jedinstvena zemlja, što je omogućilo njezinome glavnome gradu Londonu da se razvije u vodeće kulturno središte, dok je podjela Hrvatske od strane susjednih sila rezultirala pojavnošću nekoliko značajnih kulturnih središta: Zadra, Šibenika, Splita, Hvara i Korčule te najznačajnijega među njima – Dubrovnika. Treba obratiti pozornost i na to da je zlatno doba hrvatskih renesansnih drama završilo već 1567. smrću Marina Držića, prije nego što je englesko još uopće započelo osnivanjem prvih stalnih kazališnih družina 1576. godine. Na tome tragu ovaj rad uspoređuje njihove posljedice različite ranomoderne stavove prema muškim i ženskim praktičarima te medicini općenito. U tom smislu evaluira se utjecaj podrijetla, pokroviteljstva i religije autora analiziranih drama. Pritom je posebna pozornost posvećena Williamu Shakespeareu (1564. –1616.) i Marinu Držiću (1508. – 1567.) kao predvodnicima engleske i hrvatske renesansne književnosti.

Ključne riječi: renesansa, renesansne drame, povijest medicine, Hrvatska, Engleska, XVI. stoljeće, XVII. stoljeće

Note:

All the quotations in Croatian have been translated into English by the author, as there are no other translations available.