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0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

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Few areas in classical scholarship have seen such rapid growth as the study of ancient medicine. Over the last three decades, the subject has gained broad appeal, not only among scholars and students of Greek and Roman antiquity but also in other disciplines such as the history of medicine and science, the history of philosophy and ideas, (bio-)archaeology and environmental history, and the study of the linguistic, literary, rhetorical and cultural aspects of intellectual 'discourse'. The popularity of the subject even extends beyond the confines of academic communities, and ancient medicine has proved to be an effective tool in the promotion of the public understanding of medicine and its history.

The reasons for these changes are varied and complex, and to do justice to all would require a much fuller discussion than I can offer here.<sup>1</sup> In this introductory chapter, I will concentrate on what I perceive to be the most important developments and in so doing set out the rationale of the present collection of papers. Evidently, ancient medicine possesses remarkable flexibility in attracting interest from a large variety of people approaching the field from a broad range of disciplines, directions and backgrounds, for a number of different reasons and with a wide variety of expectations. The purpose of publishing these papers in the present form is to make them more easily accessible to this growing audience.

I FROM APPROPRIATION TO ALIENATION:  
DEVELOPMENTS IN THE STUDY OF  
ANCIENT MEDICINE

First, there has been a major shift in overall attitude and general perception with regard to the history and historiography of medicine in classical antiquity. Until about thirty years ago it was customary for Greek medicine to

<sup>1</sup> See also Nutton (2002).

Cambridge University Press

0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

[More information](#)

be viewed as one aspect of what was sometimes referred to as *le miracle grec* or the ‘Enlightenment’ – the sudden, surprising rise of Greek civilisation, inexplicably emerging against the background of the primitive barbarism of earlier times. Like Greek literature, philosophy, art, architecture and democracy, ancient medicine was seen as one of those uniquely Greek contributions to the development of European culture and humanity. ‘Rational’ medicine, based on empirical observation and logical systematisation, and devoid of any superstitious beliefs in supernatural powers intervening in the human sphere, was believed to have been invented by the Greeks and to have developed teleologically into the impressive edifice of contemporary biomedical science and practice as we know it today.

This ‘appropriating’ claim was illustrated with such powerful examples as the sharp clinical observations recorded in the case histories of the Hippocratic *Epidemics*, the defiant rejection of supernatural explanations of disease by the author of *On the Sacred Disease*, the search for natural and empirically observable causes by the author of *On Ancient Medicine*, and of course the high ethical standards advocated by the Hippocratic *Oath*. These and other documents constituted the medical part of the Greek miracle, and they served very well as examples for classicists to cite when it came to promoting the study of Greek and Roman culture and demonstrating its relevance to the modern world. They also provided the cachet of a respectable historical tradition with which Western medicine believed it could identify and, perhaps legitimately, claim to stand in a special relationship of continuity, while at the same time taking pride in having emancipated itself from this tradition through the spectacular achievements of medical science in the nineteenth and twentieth centuries.

Yet, curiously, these examples and the underlying attitude and motivation for referring to them somehow also seem to have posed an obstacle to a closer study of the actual evidence. For while, in many other areas of classical studies, the belief in this ‘Greek miracle’ had long been eroded, if not abandoned, the perception of Greek and Roman *medicine* as the paradigm of rationality and the ancestor of contemporary biomedical science and practice was remarkably persistent.<sup>2</sup> One of the reasons for this was that, for a long time, the academic study of the field was a rather narrowly defined specialism, which very rarely had an impact beyond its own boundaries. It was mainly the territory of medical historians, often employed in (or retired from) medical faculties or other areas of the medical profession, and had

<sup>2</sup> Two exceptions that should be mentioned here are Kudlien (1967a), which is a relatively early examination of some of the more ‘irrational’ elements in Greek medicine, and of course Dodds (1951), although the latter does not deal specifically with medicine. On Ludwig Edelstein see below.

Cambridge University Press

0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

[More information](#)*Introduction*

3

little appeal among classicists. Of course, there were exceptions on either side, and the names of such eminent historians of medicine as Karl Sudhoff, Henry Sigerist and Owsei Temkin, who devoted much attention to antiquity, could be paralleled by classicists such as Hermann Diels, Ludwig Edelstein, Karl Deichgräber and Hans Diller. But the reason why the latter are well known to most classical scholars is that they published also on mainstream, canonical classical subjects such as Aristophanes, Sophocles, the Presocratics, Plato, Aristotle and Posidonius. And at any rate (with the exception of Edelstein), their approach to ancient medicine had always been rather strictly philological, focusing on the texts of the great masters such as Hippocrates and Galen, but paying little attention to the social, cultural, economic, institutional, geographical and religious environment in which medical writing took place. For the rest, the subject was largely neglected: the majority of classicists considered it too medical and too technical, while the fact that the main texts were in Latin and Greek (and often in a quite technical, austere kind of Latin and Greek at that) did not help to secure the subject a prominent place in the attention of medical historians or members of the medical profession at large.

Nothing could be further from my intention than to dismiss the contribution of members of the medical profession to the study of ancient medicine – indeed, I myself have often benefited from the collaboration and dialogue with medically trained colleagues when studying ancient Greek medical texts. Still, it is fair to say that, especially in the first half of the twentieth century, the interest taken by medical people in Greek and Roman medicine was often motivated, apart from antiquarian intellectual curiosity, by what we could call a positivist, or presentist, attitude. There often was an underlying tendency to look for those respects in which Greek medicine was, as it were, ‘on the right track’, and to measure the extent to which the Greeks ‘already knew’ or ‘did not yet know’ certain things which contemporary biomedicine now knows, or claims to know, to be true.<sup>3</sup> This attitude led to a historiography of medicine (and science) which was predominantly conceived as a success story and which was preoccupied with great discoveries such as the nervous system or blood circulation, with heroic medical scientists such as Hippocrates, Galen, Harvey and Boerhaave, and with retrospective diagnosis of diseases in the past on the basis of great literary masterpieces such as Thucydides’ account of the Athenian ‘plague’ or Daniel Defoe’s *Journal of the Plague Year*. In other words, it was inspired by

<sup>3</sup> A striking example is the vigorous debate initiated by R. Kapferer in the 1930s on the question whether the Hippocratic writers were familiar with the process of blood circulation; for a review of this debate see Duminil (1998) 169–74.

Cambridge University Press

0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

[More information](#)

a kind of teleological progressivism that pays particular attention to those aspects in which classical medicine still ‘speaks’ to us today.

But times have changed. Postmodernism, pluralism, cultural relativism and comparativism, as in so many other areas, have had their impact also on the study of Greek medicine and science. Questions have been asked about the uniqueness of Greek medical thought, and it has been suggested that its debt to earlier, Near Eastern and Egyptian thinking may have been much greater than was commonly assumed. Questions have also been raised about the rationality of Greek medical thought, about the assumption that Greek medicine developed ‘from myth to reason’,<sup>4</sup> and Greek medicine has been shown to have been much more open and receptive to superstition, folklore, religion and magic than was generally believed.

Furthermore, in the academic study of medical history – and to a certain extent also in the historiography of science – significant changes have occurred over the past decades, especially in the area of medical anthropology, the social, cultural and institutional history of medicine and science, the history of medical ethics, deontology and value systems, and the linguistic study and ‘discourse analysis’ of medical texts. There has been an increasing realisation of the social and cultural situatedness of medicine, healthcare and knowledge systems: individuals, groups of individuals and societies at large understand and respond differently to the perennial phenomena of sickness and suffering, health and disease, pain and death; and these reactions are reflected in different medical ideas, different ‘healthcare systems’, different value systems, each of which has its own social, economic and cultural ramifications. This appreciation of the variety of healthcare (and knowledge) systems – and indeed of the variety within one system – is no doubt related to the increasing acceptance of ‘alternative’ or ‘complementary’ medicine in the Western world and the corresponding changes in medical practice, doctor–patient relationship and the public perception of the medical profession. And the traditional assumption of a superiority of Western, scientific medicine over non-Western, ‘primitive’, ‘folklore’ or ‘alternative’ medicine has virtually reached the state of political incorrectness.

This shift in attitude has had rather paradoxical implications for the study of ancient medicine. In short, one could say that attention has widened from texts to contexts, and from ‘intellectual history’ to the history of ‘discourses’ – beliefs, attitudes, perceptions, expectations, practices and rituals, their underlying sets of norms and values, and their social and cultural ramifications. At the same time, the need to perceive continuity between

<sup>4</sup> For a more extended discussion of this development see the Introduction to Horstmannshoff and Stol (2004).

Cambridge University Press

0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

[More information](#)*Introduction*

5

Greek medicine and our contemporary biomedical paradigm has given way to a more historicising approach that primarily seeks to understand medical ideas and practices as products of culture during a particular period in time and place. As a result, there has been a greater appreciation of the diversity of Greek medicine, even within what used to be perceived as 'Hippocratic medicine'. For example, when it comes to the alleged 'rationality' of Greek medicine and its attitude to the supernatural, there has first of all been a greater awareness of the fact that much more went on in Greece under the aegis of 'healing' than just the elite intellectualist writing of doctors such as Hippocrates, Diocles and Galen.<sup>5</sup> Moreover, it has been shown that although the Hippocratic writers did not positively encourage recourse to divine healing, they did not categorically reject it either. Thus, as I argue in chapter 1 of this volume, the author of *On the Sacred Disease*, in his criticism of magic, focuses on a rather narrowly defined group rather than on religious healing as such, and his insistence on what he regards as a truly pious way of approaching the gods suggests that he does not intend to do away with any divine intervention; and the author of the Hippocratic work *On Regimen* even positively advocates prayer to specific gods in combination with dietetic measures for the prevention of disease. Questions have further been asked about the historical context and representativeness of the Hippocratic *Oath* and about the extent to which Hippocratic deontology was driven by considerations of status and reputation rather than moral integrity. And the belief in the superiority of Greek medicine, its perceived greater relevance to modern medical science – not to mention its perceived greater efficacy – compared with other traditional healthcare systems such as Chinese or Indian medicine, has come under attack. As a result, at many history of medicine departments in universities in Europe and the United States, it is considered naïve and a relic of old-fashioned Hellenocentrism to start a course in the history of medicine with Hippocrates.

This change of attitude could, perhaps with some exaggeration, be described in terms of a move from 'appropriation' to 'alienation'. Greek, in particular Hippocratic medicine, is no longer the reassuring mirror in which we can recognise the principles of our own ideas and experiences of health and sickness and the body: it no longer provides the context with which we can identify ourselves. Nevertheless, this alienation has brought about a very interesting, healthy change in approach to Greek and Roman medicine, a change that has made the subject much more interesting and

<sup>5</sup> For an example see the case study into experiences of health and disease by 'ordinary people' in second- and third-century CE Lydia and Phrygia by Chaniotis (1995).

Cambridge University Press

0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

[More information](#)

accessible to a wider group of scholars and students. An almost exclusive focus on medical ideas and theories has given way to a consideration of the relation between medical 'science' and its environment – be it social, political, economic, or cultural and religious. Indeed 'science' itself is now understood as just one of a variety of human cultural expressions, and the distinction between 'science' and 'pseudo-science' has been abandoned as historically unfruitful. And medicine – or 'healing', or 'attitudes and actions with regard to health and sickness', or whatever name one prefers in order to define the subject – is no longer regarded as the intellectual property of a small elite of Greek doctors and scientists. There is now a much wider definition of what 'ancient medicine' actually involves, partly inspired by the social and cultural history of medicine, the study of medical anthropology and the study of healthcare systems in a variety of cultures and societies. The focus of medical history is on the question of how a society and its individuals respond to pathological phenomena such as disease, pain, death, how it 'constructs' these phenomena and how it contextualises them, what it recognises as pathological in the first place, what it labels as a disease or aberration, as an epidemic disease, as mental illness, and so on. How do such responses translate in social, cultural and institutional terms: how is a 'healthcare system' organised? What status do the practitioners or 'providers' of treatment enjoy? How do they arrive at their views, theories and practices? How do they communicate these to their colleagues and wider audiences, and what rhetorical and argumentative techniques do they use in order to persuade their colleagues and their customers of the preferability of their own approach as opposed to that of their rivals? How is authority established and maintained, and how are claims to competence justified? The answers to these questions tell us something about the wider system of moral, social and cultural values of a society, and as such they are of interest also to those whose motivation to engage in the subject is not primarily medical. As the comparative history of medicine and science has shown, societies react to these phenomena in different ways, and it is interesting and illuminating to compare similarities and differences in these reactions, since they often reflect deeper differences in social and cultural values.<sup>6</sup>

From this perspective, the study of ancient medicine now starts from the basic observation that in the classical world, health and disease were matters of major concern which affected everyone and had a profound effect on the way people lived, what they ate and drank, how they organised their private

<sup>6</sup> See the work of G. E. R. Lloyd, especially his (1996a), (2002) and (2003).

Cambridge University Press

0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

[More information](#)*Introduction*

7

and public hygiene and healthcare, and how they coped – physically as well as spiritually – with pain, illness and death. In this light, the emergence of Greek ‘rational’ medicine, as exemplified in the works of Hippocrates, Galen, Aristotle, Diocles, Herophilus, Erasistratus and others, was one among a variety of reactions and responses to disease. Of course, this is not to deny that the historical significance of this response has been tremendous, for it exercised great influence on Roman healthcare, on medieval and early modern medicine right through to the late nineteenth century, and it is arguably one of the most impressive contributions of classical antiquity to the development of Western medical and scientific thought and practice. But to understand how it arose, one has to relate it to the wider cultural environment of which it was part; and one has to consider to what extent it in turn influenced perceptions and reactions to disease in wider layers of society. The medical history of the ancient world comprises the role of disease and healing in the day-to-day life of ordinary people. It covers the relations between patients and doctors and their mutual expectations, the variety of health-suppliers in the ‘medical marketplace’, the social position of healers and their professional upbringing, and the ethical standards they were required to live up to.<sup>7</sup> And it also covers the material history of the ancient world, the study of diseases and palaeopathology; for in order to understand reactions to the pathological phenomena, and to explain differences between those reactions, it is obviously of vital importance to establish with as much certainty as possible the nosological reality of ancient Greece and the Eastern Mediterranean.<sup>8</sup>

As a result of these developments – and greatly helped by scholarly efforts to make the subject more accessible by means of modern translations of the original texts – increasing numbers of students of the Greek and Roman world have now embraced ancient medicine as a new area of research with very interesting implications for the wider study of classical antiquity. It is almost by definition an interdisciplinary field, involving linguists and literary scholars, ancient historians, archaeologists and environmental historians, philosophers and historians of science and ideas, but also historians of religion, medical anthropologists and social scientists. Thus, as we shall see in the next pages, medical ideas and medical texts have enjoyed a surge of interest from students in ancient philosophy and in the field of Greek and Latin linguistics. Likewise, the social and cultural history of ancient medicine, and the interface between medicine, magic

<sup>7</sup> See, e.g., Nutton (1992) and (1995).

<sup>8</sup> See Grmek (1983) and (1989); Sallares (1991) and (2003).



Cambridge University Press

0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

[More information](#)

and religion has proved a remarkably fruitful area of research;<sup>9</sup> and similar observations can be made about areas such as women and gender studies and studies into 'the body'.<sup>10</sup>

## 2 PHILOSOPHY AND MEDICINE IN CONTEXT

A second, more specific impetus towards the contextualisation of ancient medicine has come from the study of ancient philosophy,<sup>11</sup> and this brings us closer to the title and rationale of this book. Indeed, my own interests in ancient medicine were first raised when I was studying Aristotle's *Parva naturalia* and came to realise that our understanding of his treatment of phenomena such as sleep, dreams, memory and respiration can be significantly enhanced when placing it against the background of medical literature of the fifth and fourth centuries. Fifteen years later the relevance of Greek medicine to the study of ancient philosophy is much more widely appreciated, not only by historians of science and medicine but also by students of philosophy in a more narrow sense.

Scholarship has, of course, long realised that developments in ancient medical thought cannot be properly understood in isolation from their wider intellectual, especially philosophical context.<sup>12</sup> But more recently there has been a greater appreciation of the fact that Greek medical writers did not just reflect a derivative awareness of developments in philosophy – something which led to the long-standing qualification of medicine as a 'sister' or 'daughter' of philosophy – but also actively contributed to the formation of philosophical thought more strictly defined, for example by developing concepts and methodologies for the acquisition of knowledge and understanding of the natural world. And even though this awareness has occasionally led to some philosophical cherry-picking, it has done much to put authors such as Galen, Diocles, Soranus and Caelius Aurelianus on the agenda of students of ancient thought.

Furthermore, the study of ancient medicine has benefited from a number of major developments within the study of ancient philosophy itself. First, as in the case of medicine, the notion of 'philosophy' too has been more explicitly contextualised and historicised, and there is now a much greater awareness of the difference between contemporary definitions of what constitutes philosophical inquiry and what Greek thinkers understood when

<sup>9</sup> See, e.g., section 3 in van der Eijk, Horstmanshoff and Schrijvers (1995).

<sup>10</sup> See especially the works by Gourevitch, H. King, Dean-Jones, A. E. Hanson, Flemming and Demand listed in the bibliography.

<sup>11</sup> See especially the titles by Hankinson, Frede, Barnes and Longrigg listed in the bibliography.

<sup>12</sup> See van der Eijk (2005c), sections from which have been adopted and adjusted to the present chapter.



Cambridge University Press

0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

[More information](#)*Introduction*

9

using the word – or if they did not, in what other terms they conceived their own activities.<sup>13</sup> Secondly, the activity of ‘philosophers’ in ancient Greece and Rome is now increasingly understood in social and cultural terms and with reference to their role in society, their practical activities and the ideas and values they shared with the communities in which they lived and worked.<sup>14</sup> Thirdly, and more specifically, scholars in ancient philosophy have come to realise that a number of ‘philosophers’ too had their own particular reasons for being interested in areas and themes that we commonly associate with medicine and for pursuing these interests in a variety of forms, theoretical as well as practical – and, in so doing, were interacting with medical writers in the setting of their agendas, the formation of their ideas, concepts and methodologies and in their practical activities.<sup>15</sup> And fourthly, students of ancient philosophy have drawn attention to the variety of modes and notions of ‘rationality’ in Greek thought;<sup>16</sup> important lessons can be learned from this for the claims about the ‘rational’ nature of Greek medical thought, and of ‘rationality’ as such.<sup>17</sup>

<sup>13</sup> For an example of this regarding the early classical Greek period see Laks and Lougnet (2002).

<sup>14</sup> See, e.g., Griffin and Barnes (1989).

<sup>15</sup> For an older account see Schumacher (1940); for a more recent discussion see Frede (1986).

<sup>16</sup> See Frede and Striker (1996).

<sup>17</sup> The notion of ‘rational’ medicine has long been taken for granted, as it was felt that it was undeniable that there was such a thing as Greek rational medicine, which was perceived to lie in the examples of Hippocratic rationalism and empiricism as referred to above – aspects in which Greek medicine was perceived to be different from Egyptian or Babylonian medicine. As I have already indicated, this notion of rational medicine, together with the presuppositions underlying it, has come under attack more recently and is sometimes dismissed as an old-fashioned relic from a positivist way of thinking that is regarded as something that has long been superseded. Nevertheless one needs to be careful here and not give way too easily to relativism or deny to Greek medicine any distinctive character compared to what preceded it. The crucial question here, though, is how one defines ‘rationality’. As far as medicine is concerned, it seems that the discussion would be clarified if an important distinction were made between two uses of the word ‘rational’. First, there is the use of ‘rational’ as opposed to ‘irrational’ or ‘supernatural’, by which the characteristic element of Greek medicine is seen to lie in the absence of any appeal to gods or divine or supernatural powers. I have already discussed this above, when we saw that the view that Greek medicine was free from such appeals is too simplistic. In particular, one could ask what is so ‘rational’ about the claim made by the author of *On the Sacred Disease* that all diseases are divine and all are human (see ch. 1). Is this rational by his standards, or by ours? Or what is ‘rational’ about the assumption of the existence of four humours in the body, which the writer of *On the Nature of Man* simply posits, or about the role of the number seven in medicine, which the author of *On Fleashes* takes as a given? Examples like these could easily be multiplied. Yet a different use of the word ‘rational’ is in the sense in which ancient medical writers themselves used it, where ‘rational’ stands for ‘rationalist’, ‘theoretical’ (*logikos, rationalis*) as opposed to empirical/practical, thus denoting the speculative, theoretical nature of Greek medical thought and its close relation with natural philosophy, epistemology, etc. On this view, one can safely say – and comparisons with other ancient medical traditions have confirmed – that Greek medicine, with its emphasis on explanation, its search for causes, its desire for logical systematisation, its endeavour to provide an epistemic foundation for prognosis and treatment, and especially its argumentative nature and urge to give account (*logos, ratio*) of its ideas and practices in debate, does show a distinctive character.

Cambridge University Press

0521818001 - Medicine and Philosophy in Classical Antiquity: Doctors and Philosophers on Nature, Soul, Health and Disease

Philip J. van der Eijk

Excerpt

[More information](#)

The title of this volume still refers to ‘medicine’ and ‘philosophy’ as distinct disciplines, and to some extent this is appropriate, for there were important differences between the two areas. Yet the longer one studies this material, the more one realises that too rigid a use of these and similar labels is in serious danger of concealing the very substantial overlap that existed between the various areas of activity. In particular, it is in danger of misrepresenting the views which the main protagonists in Greek thought had about the disciplines or intellectual contexts in which they positioned themselves. Moreover, it would be quite misleading to present the relationship between ‘doctors’ and ‘philosophers’ in terms of interaction between ‘science’ and ‘philosophy’, the ‘empirical’ and the ‘theoretical’, the ‘practical’ and the ‘systematical’, the ‘particular’ and the ‘general’, or ‘observation’ and ‘speculation’. To do this would be to ignore the ‘philosophical’, ‘speculative’, ‘theoretical’ and ‘systematic’ aspects of Greek science as well as the extent to which empirical research and observation were part of the activities of people who have gone down in the textbooks as ‘philosophers’. Thus Empedocles, Democritus, Parmenides, Pythagoras, Philolaus, Plato, Aristotle, Theophrastus, Strato, but also later thinkers such as Sextus Empiricus, Alexander of Aphrodisias, Nemesius of Emesa and John Philoponus took an active interest in subjects we commonly associate with medicine, such as the anatomy and the physiology of the human body, mental illness, embryology and reproduction, youth and old age, respiration, pulses, fevers, the causes of disease and of the effects of food, drink and drugs on the body. As we shall see in chapter 3, according to one major, authoritative ancient source, the Roman author Celsus (first century CE), it was under the umbrella of ‘philosophy’ (*studium sapientiae*) that a theoretical, scientific interest in health and disease first started, and it was only when the physician Hippocrates ‘separated’ the art of healing from this theoretical study of nature that medicine was turned into a domain of its own for the first time – yet without fully abandoning the link with ‘the study of the nature of things’, as Celsus himself recognises when reflecting on developments in dietetics during the fourth century BCE.

This perception of the early development of medicine and its overlap with philosophy was more widely shared in antiquity, both by medical writers and by ‘philosophers’. This is testified, for example, by ancient historiographical and doxographical accounts of the history of medicine and philosophy, which tend to provide an illuminating view of the ‘self-perception’ of ancient thinkers.<sup>18</sup> When reflecting on the past history

<sup>18</sup> See van der Eijk (1999a).