

Galen's Humanistic Medicine

The Essay Quod Optimus Medicus

*Scripta Antiquitatis Posterioris
ad Ethicam RELigionemque pertinentia*

XLIII

Mohr Siebeck

SAPERE

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ad Ethicam Religionemque pertinentia

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Galen's Humanistic Medicine

The Essay *Quod Optimus Medicus*

Introduction, Text, Translation and
Interpretative Essays by

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SAPERE

Greek and Latin texts of Later Antiquity (1st–4th centuries AD) have for a long time been overshadowed by those dating back to so-called ‘classical’ times. The first four centuries of our era have, however, produced a cornucopia of works in Greek and Latin dealing with questions of philosophy, ethics, and religion that continue to be relevant even today. The series SAPERE (Scripta Antiquitatis Posterioris ad Ethicam Religionemque pertinentia, ‘Writings of Later Antiquity with Ethical and Religious Themes’), now funded by the German Union of Academies, undertakes the task of making these texts accessible through an innovative combination of edition, translation, and commentary in the form of interpretative essays.

The acronym ‘SAPERE’ deliberately evokes the various connotations of *sapere*, the Latin verb. In addition to the intellectual dimension – which Kant made the motto of the Enlightenment by translating ‘*sapere aude*’ with ‘dare to use thy reason’ – the notion of ‘tasting’ should come into play as well. On the one hand, SAPERE makes important source texts available for discussion within various disciplines such as theology and religious studies, philology, philosophy, history, archaeology, and so on; on the other, it also seeks to whet the readers’ appetite to ‘taste’ these texts. Consequently, a thorough scholarly analysis of the texts, which are investigated from the vantage points of different disciplines, complements the presentation of the sources both in the original and in translation. In this way, the importance of these ancient authors for the history of ideas and their relevance to modern debates come clearly into focus, thereby fostering an active engagement with the classical past.

Preface to this Volume

When I was approached by SAPERE to edit a volume on Galen's *The Best Doctor is also a Philosopher* (*Quod Optimus Medicus Sit Quoque Philosophus*, hereafter *QOM*), I remembered how, a few years earlier, I had delivered a presentation on Galen's medieval Arabic reception (my research specialty) and referred to *QOM*; its titular thesis provoked laughter from a prominent scholar of ancient philosophy sitting in the audience. The scholar explained that what they found ridiculous was the thought of modern medical students learning philosophy. The target of their laughter—the idea of doctors training in philosophy rather than philosophers training in medicine—suggests that they viewed their specialist knowledge as inaccessible to the medical practitioner and therefore superior. The apparent absurdity of the notion that Galen's position in *QOM* might hold any relevance in a modern context seems to spring, in part, from this philosopher's objectification of both disciplines as separate categories of knowledge with distinct contents and social worlds. While one can read into their laughter an apologetic note as medicine today enjoys more sociocultural cachet than philosophy (even more so during the COVID pandemic, when I am writing this preface), it seems to expose, nonetheless, the failure of *QOM* to implicate the two disciplines in a decisive and enduring way.

This volume investigates Galen's entanglement of medicine and philosophy in *QOM* as well as the conversations in later texts and contexts that respond to or more generally resonate with his disciplinary project. It results from a conference held online, owing to the ongoing circumstances of the pandemic, on April 7–8, 2022. My goal is that this volume will demonstrate *QOM*'s abiding relevance in the work's capacity to prompt reflection on disciplinary divides—especially between scientific and humanistic knowledge—and medical education, even if Galen's philosopher-doctor may now seem elitist and impractical in light of the increasing specialization and technification of medicine. The collection of papers in the volume aims to go beyond standard readings of the tract that point out its synthesis of medicine and philosophy—namely, its promotion of a philosophical medicine—by inquiring into the meaning of the two terms in Galen's hands, what they include and exclude. In denying medicine and philosophy transhistorical fixity, the volume approaches both disciplines as boundary objects with the flexibility to be reshaped to accommodate the visions of the parties employing them, while also having the coherence to enable communication among a range of groups, such as disciplinary

insiders and the lay public.¹ I borrow the concept of “boundary objects” from the field of science communication, which interrogates how specialist knowledge is presented in public fora. It considers how science experts provide and describe knowledge to institutionalize changes in their sector through constructions of a common identity, based on certain facts and methodologies.² Science communications is an especially relevant point of reference for this volume as *QOM* has long been interpreted as a public-facing document, a hastily composed lecture or manifesto according to two modern readers.³ Which public (medical, philosophical, or lay) Galen is trying to persuade of his scientific message and how are ongoing debates to which this volume hopes to contribute.

As the annotated translation and following papers will illuminate, *QOM* encourages a reenvisioning of not only medicine—the field in which Galen made his career—but also philosophy by expanding what counts as “medical” while limiting the “philosophical” on the model of a selectively remembered medical great, Hippocrates. Because of its mutual refiguration of medicine and philosophy, *QOM* offers a generative parallel for thinking through recent calls from the medical humanities to interrogate critically the supposed rift between medical and humanistic knowledge. With a modern history going back to the 1940s, the medical humanities in its first wave acknowledged a deficit in medicine, particularly conspicuous in doctor-patient interactions, that training in literature, the visual arts, and music supposedly could redress by enabling communication through these fields’ sensitivity to narrative.⁴ This instrumentalist view of the humanities shares similarities with the subordinate purpose philosophy serves in *QOM* toward realizing a better medical practice; even so, Galen’s text does not seem to regard the discipline as something additive but rather integral to medicine, as evidenced by its recognition of logic’s ability to make diseases identifiable and thus intelligible (1.4). Accordingly, *QOM* appears to enact the kind of bidirectional revisioning of medicine and the humanities—under which philosophy is now generally classed—that proponents of a new critical medical humanities claim is possible if both disciplines are treated as biocultural practices.⁵ I have en-

¹ BUCCHI 2008, 67. Cf. DAS 2020, 12.

² BUCCHI 2008, 67; H. P. PETERS, “Scientists as Public Experts”, in: BUCCHI / TRENCH 2008, 131–46.

³ WENKEBACH 1932–3, 161; BARIGAZZI 1992, 132.

⁴ BLEAKLEY 2015, 12. 18–9. As K. MONTGOMERY (*How Doctors Think: Clinical Judgment and the Practice of Medicine* [Oxford 2006]) argues, medicine is narratively structured in that diagnosis and treatment is based on doctors’ interpretation of patients’ stories; thus, the humanities could equip doctors with the tools to interrogate and render sensible these stories.

⁵ See J. KRISTEVA et al., “Cultural Crossings of Care: An Appeal to the Medical Humanities”, *Medical Humanities* 44 (2018) [55–8] 56. This bidirectional, critical medical humani-

titled the volume *Galen's Humanistic Medicine* as a way of interfacing *QOM* with these modern debates, which, although coming from very different historical and institutional contexts, similarly seek to relate medicine to areas of knowledge with more long-standing claims on treating humans more humanely—as embodied *and* affective beings.

The volume is structured thematically, although the papers apart from the first follow a chronological pattern incidentally. I have situated Steger's paper after Nesselrath's edition and my text and general introduction, because it enacts the sort of dialectical reflection on past and present understandings of medicine that I hope the volume as a whole will foster in its readers. Through a close analysis of *QOM*, Steger seeks to excavate the relevance Galen's apparent protreptic to philosophy still holds for modern practitioners, who may take exception to his call for additional study after years of training in a field that is constantly changing. Steger's conclusion—that biomedicine is already philosophical in the sense that Galen demands the discipline to be—attests powerfully to the naturalization of *QOM's* vision in modern times. As a result, biomedicine can claim philosophical credentials while also preserving its disciplinary autonomy.

The medicine that emerges from Steger's paper is decidedly secular. Although the absence of any reference to the divine in *QOM* may seem to warrant Galen's absorption in a secularized tradition of medicine, Wickkiser's interrogation of his religiosity complicates this association. Her analysis foregrounds Galen's appeal to the healing god Asclepius, who counted the emperor Marcus Aurelius and other elite luminaries as devotees, to elevate his authority over rivals in the competitive medical marketplace of imperial Rome. Offering a possible explanation for the god's neglect in *QOM*, Wickkiser sees the representation of Asclepius as the perfect medical practitioner as conflicting with the room that the tract leaves for improvement, or progress, in medicine. What significance can Galen allocate to himself if he is working in a complete, faultless field of knowledge?

The next pairing of papers by Curtis and Rosen concentrates on the formal strategies of *QOM*, chiefly its purpose and methods for communicating it. They take differing views on the import of the text's title and the target of its message. Curtis reads *QOM* in light of the instructional writings of the Stoic Epictetus (ca. 50–125 CE) to assert that Galen relies on similar rhetorical techniques to persuade aspiring doctors to train in philosophy. Notwithstanding the contemporary parallels Curtis adduces for Galen's linkage of medicine and philosophy, he shows that the identifica-

ties represents a third wave approach that follows the second wave turn in understanding medicine as a cultural product. On the changes in the direction of the field, see BLEAKLEY 2015, 40–51.

tion of Hippocrates with a rift between the two disciplines in other sources compelled Galen to legitimate their alliance. Rosen also finds Hippocrates' recognition as a philosopher to be a point of contention for Galen but maintains that this issue's resolution constitutes *QOM*'s principal agenda. On Rosen's interpretation, *QOM* is directed at Galenic insiders for whom medicine's dependence on philosophy is a truism or even a cliché. To support his argument, Rosen furnishes Galen's entry on *QOM* in his biobibliography *On My Own Books* (*Lib. Prop.*), which provides evidence that the text's titular "Best Doctor" describes Hippocrates instead of a nonspecific ideal practitioner.

The final trio of contributions from Tieleman, Wakelnig, and Petit consider the nature of the relation between medicine and philosophy limned in *QOM*. Once again turning to Galen's portrayal of Hippocrates, Tieleman reveals how prior philosophical citation of Hippocrates in Plato and the doxographical tradition, for instance, allowed Galen to join medicine to philosophy in a relationship of mutual rather than one-sided dependence. While Hippocrates may lend support to Galen's linkage of medicine and philosophy, his reluctance to label his predecessor a philosopher, as Tieleman notes, opens the opportunity for him to surpass the medical great by meriting the designation in its more technical sense.

Starting with Wakelnig's paper, the volume's subject of inquiry expands from Galen's ambitions for *QOM* to later readers' evaluation of his project. Similar to Petit, Wakelnig surveys a lively scene of intellectual exchanges about medicine's standing vis-à-vis philosophy in which *QOM* appears to have had a tenuous presence. With her focus on Arabic-speaking doctors and scholars in the early medieval Islamic world, Wakelnig investigates how Galen's embodiment of the doctor-philosopher ideal, more than *QOM*, stimulated divergent responses: certain thinkers sought to elevate medicine's place in their inherited hierarchies of knowledge, which placed religion and philosophy at the summit, whereas others attempted to demote the discipline. Petit's analysis of *QOM*'s early modern reception in Europe, which began with the Aldine Press' publication of the *editio princeps* in 1525, demonstrates that the acceptance of Galen's dual expertise as the medical exemplar obviated the tract's relevance. As Petit recounts, although *QOM* attracted the interest of prominent humanists such as Erasmus (1466–1536), ethical anecdotes about Hippocrates, circulated by Galen and others, had a larger role in shaping doctors' comportment in war-torn early modern Europe.

Covering a wide geographic and temporal expanse, the interpretive essays as well as text of *QOM* provide material that, when juxtaposed with modern notions of the disciplinary landscape, troubles what it means to be a good if not the best doctor.

Because of the pandemic and personal circumstances, this volume has been long in the making. It has reached the publication stage in no small part owing to the efforts of SAPERE's coordinator, Dr. Simone Seibert, whose assistance has been invaluable. I am also grateful to all the contributors for not only agreeing to participate in this project, even while balancing workloads increased by the demands of the pandemic, but also for stimulating exchanges during the colloquium and over more private communications. Translation is always a collaborative endeavor. In particular, I have benefited from the feedback of Heinz-Günther Nesselrath, Teun Tieleman, Ralph Rosen, and Rafe Neis. A special thanks also goes to the students of my Imperial Greek class in Fall 2020, with whom I grappled with Galen's Greek at a meticulous level as well as broader issues connected to the ideology and process of translation. This manuscript is a lot cleaner as a result of the editorial attentions of Christine Ellis and Jonathan Farr, who helped with copyediting. Finally, on a more personal note, I want to thank my spouse Ian Fielding for providing all the practical support that enabled me to bring this volume to fruition while caring for a newborn at home.

Ann Arbor, Michigan, May 2022

Aileen R. Das

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A. Introduction

Introduction: The Best Doctor-Philosopher

Aileen R. Das

Galen of Pergamum (129–ca. 216 CE) does not seem to be a relevant model to most aspiring doctors today. At least for those who have attended my classroom, he elicits contempt for his theoretical and observational errors, revulsion for his gruesome anatomical experiments, and annoyance at his self-aggrandizement. Even if the hyperspecialization and technification of twenty-first-century medicine may render impractical—or (less charitably) obsolete—the Galenic paradigm of the philosopher-doctor that this volume seeks to interrogate, Galen’s medicine dominated learned discussions and practices of the field for more than 1,500 years.¹ Galen had arguably the most pervasive reach of any Greco-Roman author in terms of the geographic and chronological spread of his reception, certainly beyond the bounds of Europe on which narratives about the formation of the western medical tradition often center his importance.² Through translations, adaptations, and other forms of critical engagement as well as biographical legends, Galen’s writings and brand of medicine became known to readers in premodern and early modern North Africa, the Middle East, and South, Central, and East Asia.³ Furthermore, Galen continues to be a presence in the medical systems of many Muslim and South Asian communities around the globe, in, for example, Unani tıbb (“Greek medicine”) and prophetic medicine (*al-tıbb al-nabawı*), which are often marginalized as “alternative” therapies.

Biomedicine’s universalization as the scientific method for addressing health and illness, furthered by its discursive claims to have advanced on prior approaches to healing, has relegated Galen to a figure of historical rather than clinical interest.⁴ Nonetheless, as Steger’s contribution to this collection will suggest, the philosophical basis on which Galen constructs

¹ See p. 14–16 below.

² Cf., e.g., L. CONRAD / M. NEVE / V. NUTTON / R. PORTER / A. WEAR, *The Western Medical Tradition: 800 BC to 1800* (Cambridge 1995) and W. BLACK, *Medicine and Healing in the Premodern West: A History in Documents* (Peterborough 2020).

³ For Galen’s reception in the premodern Middle East, see Wakelnig’s paper in this volume; on the knowledge of Galen in India, Tibet, and China, see R. YOELI-TLALIM, “Galen in Asia?”, in: BOURAS-VALLIANATOS / ZIPSER 2019, 594–608.

⁴ On the peculiarity of biomedicine vis-à-vis other healing systems, see A. KLEINMAN, *Writing at the Margin: Discourse between Anthropology and Medicine* (Berkeley 1995) 21–40.

his medicine has been naturalized in certain strategies and behaviors of the biomedical practitioner. For instance, a modern doctor may not identify clinical reasoning with the syllogistic mode of argumentation promoted by Galen, but both involve a deductive process that utilizes collected information about an event or phenomenon to develop a hypothesis or diagnosis, which can be analyzed in light of accepted natural principles.⁵ Galen's call to practice medicine philanthropically—that is, with foremost concern for the well-being of patients from all walks of life rather than wealth—resonates directly with biomedicine's ethical ideals, even if the realization of this imperative remains questionable in the ancient as well as modern context.⁶

From a presentist perspective, *That the Best Doctor is also a Philosopher* (*QOM*) assumes importance because it encapsulates in a few pages Galen's "philosophy" of medicine, which appears to have shaped biomedical thinking and conduct. Here, I mean philosophy in both the loose, modern sense of a reflection on Galen's beliefs about what is essential in the discipline and the more technical understanding of a theoretical system, which for Greco-Roman readers must include logic, physics, and ethics.⁷ I have already argued in the preface to this volume for the broader historical significance of *QOM* in its demonstration of the plasticity of knowledge categories such as medicine, whose contents and boundaries are being reevaluated anew in the medical humanities.⁸ Therefore, my agenda for this introductory chapter is to give thicker texture to *QOM* by placing it at the culmination of Galen's career, which had seen him try to improve the intellectual profile of medicine by expanding the queries that doctors could resolve if they modeled their training on his own. Although *QOM*'s titular thesis is now a byword for Galen's philosophization of medicine, Rosen's paper observes how the text itself seems to trade on clichés instead of examples that illustrate the philosophical techniques and outlooks supposedly inherent to the discipline. When interpreted against Galen's educational background and corpus, however, the hermeneutical richness of *QOM*, in terms of what it foregrounds and neglects in its advertisement, or defense, of his expertise, becomes more evident, as each contribution in this volume testifies.

The first half of this introduction provides an overview of Galen's life and writings for those unfamiliar with him. Galen has recently received several good biographical treatments in English, so I will limit myself to

⁵ I am grateful to Ralph Rosen for mentioning this example of Galen's naturalization in biomedicine.

⁶ The papers by Steger, Rosen, Tieleman, and Petit touch on Galen's medical "philanthropy".

⁷ On this ancient criterion, see Curtis below.

⁸ See p.VIII–IX above.

details that help to illuminate a reading of *QOM*.⁹ In particular, my focus will be on the training that made Galen conversant in both medicine and philosophy and how he wields it in his writings to assert their mutual dependence: it is not just doctors who require philosophy but in certain areas of inquiry the reverse holds true as well—a point that Tieleman picks up.¹⁰ The last sections of this chapter turn to *QOM*, surveying the receptions that not only underlie the text presented in Nesselrath’s edition but also frame Wakelnig’s and Petit’s discussions. As I will explain, the scant textual history of *QOM* offers a provocative counterpoint to the weight this volume assigns to the work: it implies that the treatise’s banal argumentation did not generate enough appeal, or controversy, to drive recurrent requests for copying.¹¹ I end with a preface to my translation of *QOM* that explains the ideological commitments behind what may appear to be idiosyncratic translation choices.

1. Origin Stories

Born in Pergamum (modern Bergama in northwestern Turkey), a leading cultural center in the predominantly Greek-speaking part of the Roman Empire, Galen credits his father, Nicon, for shaping and perhaps more importantly funding his long education.¹² An architect by trade, Nicon earned full Roman citizenship during Emperor Hadrian’s reign or perhaps earlier and passed this privilege along with the ownership of at least one landed estate to Galen, who inherited the latter in his late teens at his father’s untimely death in 148.¹³ Before this tragic turn of events, Nicon took it upon himself to teach his son basic mathematics and geometry, which *QOM* (1.2) calls a “requisite preliminary” (ἡγουμένην ἐξ ἀνάγκης) to a Hippocratic approach to medicine, in the hope that Galen would become a philosopher. The pursuit of philosophy would compel Galen after his father’s passing to travel down the coast of Roman Western Asia to attend the lectures of prominent philosophers, even while he was still a medical student. Galen’s introduction to philosophy began, however, in Pergamum, where Nicon personally selected tutors from the major philo-

⁹ See NUTTON 2020, 4–5 with further bibliography.

¹⁰ See p. 128.

¹¹ Wakelnig raised this intriguing suggestion during the volume workshop.

¹² Stretching from boyhood to his first appointment as physician to the gladiators at Pergamum in 157, Galen’s education lasted around twenty years. See MATTERN 2013, 33; NUTTON 2020, 10, 43.

¹³ NUTTON 2020, 10.

sophical sects—Platonism, Stoicism, Aristotelianism, and Epicureanism—to train his boy before changing his mind about this career path.¹⁴

On Galen's retelling, the divine, which he leaves the reader to identify with the healing god Asclepius, commanded his father through dreams to dedicate him to medicine.¹⁵ Wickkiser will show the role that this divine account of the medical turn in Galen's education has in enhancing his credibility as a doctor. Nonetheless, Galen's fluency in philosophy helped him to further his medical career in Rome after he had relocated to the capital on his first and subsequent stays (162–6, 169–? CE): it brought him into contact with his first elite patrons, expatriates from the Greek East with philosophical interests, and earned him visibility among the city's intelligentsia, as his public disputes with eminent Peripatetics suggest.¹⁶ In contrast, Galen cites his proficiency in medicine as the reason for his first official appointment in Pergamum, as physician to the gladiators of the imperial cult, which he alleges he won after replacing the intestines of a living monkey that he had disemboweled at an anatomical demonstration.¹⁷ Galen performed similar feats of technical mastery in Rome in front of the watchful eyes of its elite—potential clients—with the overt aim of silencing critics and theoretical adversaries (both alive and long dead). His how-to manual of anatomy, *Anatomical Procedures*, reveals an acute consciousness of the sensory impact of these dissections and vivisections to the point that he recommends the use of certain animals and tools to heighten the drama of the spectacle and thus the anatomist's reputation.¹⁸

After detouring to Cyprus, Lemnos, and other sites of pharmaceutical interest, where he could build up his stores of precious *materia medica*, Galen entered a Rome that had long hosted a vibrant medical marketplace composed of doctors of diverse social standings and doctrinal allegiances.¹⁹ His humoral medicine, which defined health as an individ-

¹⁴ See MATTERN 2013, 34. Following his father's death, Galen spent time in Smyrna (modern İzmir) listening to the Platonist Albinus as well as the anatomist Pelops; see NUTTON 2020, 17.

¹⁵ See MATTERN 2013, 38, and Wickkiser below.

¹⁶ Galen counts the Aristotelian philosopher Eudemus, a compatriot of Pergamum, among his first notable patients (see MATTERN 2013, 129–35; NUTTON 2020, 33. At *Lib. prop.* 3.12 [BOUDON-MILLOT 2007, 143.24–144.7], Galen recounts the success his anatomical masterpiece enjoyed among Rome's Aristotelians; in contrast, at *Praen.* (5.6–9), Galen relates how he challenged Alexander of Damascus (the possible father of the famous Aristotelian commentator Alexander of Aphrodisias) to demonstrate his anatomical expertise in response to the Aristotelian's public criticism of his own knowledge of anatomy (see NUTTON 2020, 32).

¹⁷ See NUTTON 2020, 23; MATTERN 2013, 83–4.

¹⁸ On the performative aspect of Galen's anatomical demonstrations, see GLEASON 2009, 85–114.

¹⁹ MATTERN 2013, 99–103, covers part of this pharmaceutical itinerary from Pergamum to Rome. NUTTON 2012, 207–21, provides an overview of the medical marketplace in imperial

ualized blend (*krasis*) of blood, phlegm, and yellow and black bile, had to vie with therapeutic approaches based on different physiological principles, involving, for example, flows of particles and vaporous pneuma, and methods that trivialized philosophical training. Although Galen polemicalizes against the reduced importance certain of these physicians accorded to philosophy as a marker of their non-elite status, his most distinguished patients, including the imperial family, solicited their advice as well as his on cases of illness.²⁰ Nonetheless, the contrast that Galen draws between himself and contemporary doctors in *QOM* (1) revolves around his philosophical expertise, which allowed him to emulate Hippocrates and thus distinguish his practice in this ruthlessly competitive social scene.²¹ The text may present its argument for philosophy's relevance to medicine as a point of contention (*QOM* 4), but Galen was by no means the first doctor to utilize the discipline to understand or treat the body.²² Furthermore, his philosophical framing of Hippocrates might itself belong to an exegetical tradition to which he may have been exposed as a medical student in Alexandria, where the texts of the Hippocratic corpus were originally brought together.²³

The relish with which Galen recalls the emperor Marcus Aurelius' commendation of him as the "first of physicians" betrays the pride he takes in his identity as a doctor.²⁴ His medical occupation had secured him a place in the royal household as both the preparer of Marcus Aurelius' theriac, a complex antidote composed of expensive ingredients from the Indian Ocean trade, and personal physician to the prince Commodus.²⁵ Despite Marcus Aurelius' silence about Galen in his own writings, Galen implies the Emperor's close reliance on his services through an episode that Wickkiser will unpack at greater length below: summoned by imperial seal to

Rome. The length of Galen's final stay in Rome—namely, whether he remained there until his death in ca. 216—is uncertain. *Avoiding Distress* indicates that Galen was in Rome until at least the assassination of the emperor Commodus in 192 (see NUTTON 2014, 45–6).

²⁰ See *Praen.* 12.1–9, which recounts how Galen numbered among a group of doctors asked to examine and treat the young Commodus.

²¹ On the competition that Galen faced in Rome, see MATTERN 2013, 126–9.

²² See R. POLITO, "Asclepiades of Bithynia and Heraclides of Pontus: Medical Platonism?", in: M. SCHOFIELD (ed.), *Aristotle, Plato, and Pythagoreanism in the First Century BC: New Directions for Philosophy* (Cambridge 2013) 118–38; S. COUGHLIN, "Athenaeus of Attalia on the Psychological Causes of Bodily Health", in: C. THUMIGER / P. N. SINGER (eds.), *Mental Illness in Ancient Medicine: From Celsus to Paul of Aegina* (Leiden 2018) 109–42, who look respectively at the use of philosophy by Asclepiades of Bithynia (1st c. BCE) and Athenaeus of Attalea (1st c. CE) to explain bodily phenomena.

²³ For Galen's engagement with the work of Alexandrian exegetes of Hippocrates, see H. VON STADEN, "Staging the Past, Staging Oneself: Galen on Hellenistic Exegetical Traditions", in: GILL / WHITMARSH / WILKINS 2009, 132–56.

²⁴ *Praen.* 11.8 (NUTTON 1979, 128.28). SINGER 2014a, 7–38, contends that Galen does not want to be regarded as a professional philosopher.

²⁵ On Galen's pharmaceutical service to Marcus Aurelius, see MATTERN 2013, 218–19.

accompany Marcus Aurelius on his campaign against the Germans, Galen is only successful in excusing himself from this duty after relaying to the Emperor a directive he received in a dream from Asclepius for him to remain behind.²⁶ This serendipitous intervention did not come in time to spare Galen from having to navigate an outbreak of plague (now thought to be an epidemic of smallpox), which took the life of the co-emperor Lucius Verus (d. 169), at the army's Italian point of departure in Aquileia.²⁷

As Tieleman illustrates in his contribution, *QOM* singles out philosophy, on the other hand, as enabling Galen to go beyond, and therefore rewrite, the limits of medicine recognized by his peers and even Hippocrates (4.4). Persuaded by Galen's self-representation in works such as *Avoiding Distress*, in which he adopts a Stoicizing indifference to pain in response to the loss of books, instruments, loan documents, and other personal possessions in the fire of 192 in Rome, contemporary and later readers took seriously his philosophical pretensions.²⁸ From Alexander of Aphrodisias to Ibn Sinā (ca. 370–428/980–1037), philosophical critics of Galen may have accused him of lacking the philosophical competence to contribute to controversies such as the bodily location of the ruling part of the soul (*hegemonikon*), which he claims to have settled, as I mention below (p. 10). Nonetheless, the evident care that these philosophers took over these refutations underscore the formidable threat they saw him posing to their own systems of thought.²⁹

2. Galen's Textual Edifice

Both hostile and sympathetic interpreters of Galen faced an immense body of writings from which they could glean his positions on philosophically charged issues, pertaining, for instance, to the basic constituents of the cosmos and structure of the soul.³⁰ The most exhaustive scholarly bibliogra-

²⁶ See *Lib. prop.* 3.1–6 (BOUDON-MILLOT 2007, 141.17–142.25) and p. 86–87 below.

²⁷ See NUTTON 2020, 37. For proposals about the identity of this “plague”, see R. J. LITTMANN / M. LITTMANN, “Galen and the Antonine Plague”, *American Journal of Philology* 94.3 (1973), 243–55, and K. HARPER, *The Fate of Rome: Climate, Disease, and the End of an Empire* (Princeton 2017) 65–118.

²⁸ See NUTTON 2014.

²⁹ See, e.g., S. PINES, “Omne quod movetur necesse est ab aliquo moveri: A Refutation of Galen by Alexander of Aphrodisias and the Theory of Motion”, *Isis* 52.1 (1961) 21–54; T. TIELEMAN, “Hunt for Galen's Shadow: Alexander of Aphrodisias, *De anima* 94.7–100.17 Bruns Reconsidered”, in: K. ALGRA / D. T. RUNIA / P. W. VAN DER HORST (eds.), *Polyhistor: Studies in the History and Historiography of Greek Philosophy Presented to Jaap Mansfeld on his Sixtieth Birthday* (Leiden 1996), 265–83; DAS 2020, 140–97.

³⁰ See I. KUPREEVA, “Galen's Theory of Elements” and D. LEITH, “Galen's Refutation of Atomism”, in: ADAMSON / HANSBERGER / WILBERDING 2014, 153–96 and 213–34; TIELEMAN 1996.

phy of Galen, the Fichtner catalog, identifies 441 titles attributed to him.³¹ The number exaggerates Galen's total output, because this list contains pseudonymous works by both contemporary and later authors.³² Attentive to his own reception, Galen composed two bibliographies, *On My Own Books* (*Lib. prop.*) and *On the Order of My Own Books* (*Ord. lib. prop.*), that together work to regulate the contents of his corpus and canonize his place in the learned medical tradition by shaping this material into a curriculum for would-be doctors.³³ The major structuring principle of the longer *Lib. prop.* is the division of its bibliography into medical and philosophical texts, which are then further subdivided by period of composition and topic, or in the case of the latter category by philosophical branch or authority (i.e., Plato, Aristotle, Stoics, and Epicurus).³⁴

Besides his exegeses of Plato's *Timaeus*, none of Galen's dedicated commentaries on or polemics with past philosophical authorities survive.³⁵ This loss notwithstanding, Galen's explanations of the *Timaeus* indicate how his medical expertise helped him to assert a prominent place in the crowded field of philosophical interpreters of philosophical traditions to which he claimed no doctrinal allegiance.³⁶ To give one example, in his lemmatic commentary *On the Medical Statements in Plato's Timaeus* (*Plat. Tim.*), Galen applies his own theory of the natural faculties, which he developed to elucidate physiological processes such as digestion and urination, to the defense of Plato's apparent endowment of plants with a sensitive ability at *Tim.* 76e7–77e5. On Galen's understanding, plants show a rudimentary form of sensation, which he calls a discriminative capacity (γνώριστικὴν δύναμιν), in their attraction and rejection of beneficial and harmful nutriment, an analogue to which can be seen in how the kidneys

³¹ G. FICHTER (*Corpus Galenicum: Bibliographie der galenischen und pseudogalenischen Werke* [Berlin 2019]) was most recently updated, with the addition of new secondary literature on the listed Galenic texts, in 2019.

³² On Galenic pseudonymous authorship, see C. PETIT / K. FISCHER / S. SWAIN (eds.), *Pseudo-Galenica: The Formation of the Galenic Corpus from Antiquity to the Renaissance* (London 2021).

³³ Many of the selected texts in *Ord. lib. prop.* gained pedagogical prominence in late antique Alexandria, where they constituted a core medical curriculum, known collectively as the "Sixteen Books of Galen" (actually twenty-four titles); see A. ISKANDAR, "An Attempted Reconstruction of the Late Alexandrian Medical Curriculum", *Medical History* 20.3 (1976) 235–58.

³⁴ See *Lib. prop.* 14–9 (BOUDON-MILLOT 2007, 164–73).

³⁵ The fact that Galen composed certain philosophical commentaries, such as those on Aristotelian works (cf., e.g., *Lib. prop.* 14.15 [BOUDON-MILLOT 2007, 166.22–167.6]), for personal use may partially account for why they are no longer extant. Galen's commentary and summary of the *Timaeus* are respectively fragmentary and lost in Greek—the latter is preserved in a medieval Arabic version of the text. For further details about the textual state of these two explanations, see DAS 2020, 37.

³⁶ On Galen's philosophical independence, see R. HANKINSON, "Galen's Philosophical Eclecticism", *ANRW* 2.36.5 (1992) 3505–22.

draw off the serous portion of the blood to nourish themselves and then eliminate the excess liquid as urine.³⁷

Aided by his medical background and the interpretive strategies he learned as a student in Western Asia, Galen chooses to engage with controversies such as this that acquired increased prominence in the agonistic intellectual milieu of the imperial period, the so-called Second Sophistic, where reputations and patronage were on the line.³⁸ A problem of arguably higher intellectual stakes to which Galen repeatedly returned in his writing to display the epistemic heft of his philosophically informed medicine was the location of the ruling part of the soul (*hegemonikon*)—which became an issue definitive of one's philosophical affiliation. *On the Doctrines of Hippocrates and Plato (PHP)* represents Galen's paradigmatic treatment of the debate; there, he marshals clinical case studies, anatomical experiments, and diverse textual witnesses (from the poetic to philosophical) to validate Plato's identification of the brain instead of the heart with this part, against Aristotelian and Stoic opinion.³⁹ The monumental work, therefore, promotes Galenic medicine, even over Platonism, as the superior way of reaching truths about issues falling within the domain of the body: while Plato's position may have been correct, it took Galen to repudiate the objections to which the philosopher's loose articulation left it exposed.⁴⁰

Galen's double listing of *PHP* in *Lib. prop.* under categories dealing with anatomy and Platonic philosophy further undermines the suggestion of a sharp distinction between the two sides of his corpus, and, by extension, dual professional interests. Even so, his other bibliographical treatise, *Ord. lib. prop.*, does not feature this and other "philosophical" titles in its course of medical study.⁴¹ By this omission, Galen does not seem to imply, however, that philosophy is beyond medical students or at least only for those who are more advanced, as he recommends readers of *Ord. lib. prop.* to take up his philosophical treatments after *On Demonstration*, which he situates at the head of his curriculum after the initial *Sects for*

³⁷ See DAS 2020, 56–66, for Galen's analysis of this passage. For Galen's interpretation of the kidney's functions in light of the theory of attraction, see J. SCARBOROUGH, "Galen's Investigation of the Kidney", *Clio Medica* 11.3 (1976) 171–7.

³⁸ On Galen as a Second Sophistic author, see H. VON STADEN, "Galen and the 'Second Sophistic'", in: R. SORABJI (ed.), *Aristotle and After*, *Bulletin of the Institute of Classical Studies*, Supplement 68 (London 1997) 33–54.

³⁹ See TIELEMAN 1996 and below (p. 128).

⁴⁰ T. TIELEMAN ("Plotinus on the Seat of the Soul: Reverberations of Galen and Alexander in *Enn.* IV, 3 [27], 23", *Phronesis* 43.4 [1998] 306–25) shows that, notwithstanding Galen's claims to have settled this controversy, later thinkers did not consider his anatomical proof to be incontrovertible. See also DAS 2020, 148–56.

⁴¹ Cf. *Lib. prop.* 3.8, 5.4, 16.3 (BOUDON-MILLOT 2007, 143.9–10; 155.8–10; 171.4–5).

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