Galen's Humanistic Medicine

The Essay *Quod Optimus Medicus*

Scripta Antiquitatis Posterioris
ad Ethicam REligionemque pertinentia
XLIII

Mohr Siebeck

SAPERE

Scripta Antiquitatis Posterioris
ad Ethicam REligionemque pertinentia

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zu ethischen und religiösen Fragen

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Galen's Humanistic Medicine

The Essay *Quod Optimus Medicus*

Introduction, Text, Translation and
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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 Islamicate 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 tibb ("Greek medicine") and prophetic medicine (*al-ṭibb al-nabawī*), 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 polemicizes 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

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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 Sīnā (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 (γνωριστικὴν 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).

Beginners.[42] Curtis and Tieleman will examine how *QOM* communicates a similar foundational role for philosophy in medicine through its retrospective fashioning of Hippocrates into an exponent of logic, physics, and ethics.

The appeal in *QOM* to Hippocrates as the archetype of Galen's philosophically grounded medicine may account for why he groups it in *Lib. prop.* with his Hippocratic commentaries (*hypomnēmata*) instead of his writings on ethics, to which the tract gives disproportionate attention of the three parts of philosophy listed therein.[43] The bibliography assigns two titles (sg. *epigraphē*) to *QOM*: Galen presents the standard name attached to the work in modern editions and translations—*That the Best Doctor is also a Philosopher* (ὅτι ὁ ἄριστος ἰατρὸς καὶ φιλόσοφος)—as his thesis and leaves the reader to infer that this is an official designation in addition to the shorter (*syntomōteras*) *Galen's Hippocrates* (Γαληνοῦ Ἱπποκράτης).[44] Referring to the short title, Rosen will propose, against conventional interpretation, that *QOM* is only incidentally a protreptic to aspiring doctors to study philosophy to become good practitioners and rather functions as a defense of Hippocrates' standing as a philosopher.

Notwithstanding the absence of explicit citations to the Hippocratic corpus, *QOM* shows Galen availing himself of so-called genuine tracts, namely *Epidemics* and *Airs, Waters, and Places*, and pseudepigraphic traditions of Hippocrates' life to substantiate his forerunner's philosophical competence.[45] In view of the emphasis that Galen places on Hippocrates' personal observation of the climatic, geographic, and hydraulic features of different towns throughout Greece, which *QOM* (3.1–4) ties with an ethical imperative to treat the poor, this "small work" (*biblion smikron*) has been dated to the same time as his commentary on Hippocrates' *Airs, Waters, and Places*.[46] Surviving in a ninth-century Arabic translation, Galen's exegesis of the Hippocratic text, which argues for an environmental deterministic understanding of health, comes from a mature period of his career, published during his last years in Rome.[47] Until the publication of the extant version of Galen's commentary on *Airs, Water, and Places*, it remains to be

[42] *Ord. lib. prop.* 1.12 (Boudon-Millot 2007, 90.23–91.4). M. Havarda ("The Purpose of Galen's Treatise *On Demonstration*", *Early Science and Medicine* 20.3 [2015] 265–87) discusses how the now fragmentary *Dem.*, although logical in nature, aims to train doctors in modes of reasoning.

[43] See *Lib. prop.* 9.1–14 (Boudon-Millot 2007, 159.10–162.11), specifically at § 14 (162.7–11). For the ethical focus of *QOM*, see Barigazzi 1992, 129.

[44] See Boudon-Millot 2007, 239–41.

[45] See p. 124 below.

[46] See Wenkebach 1932–3, 160; Boudon-Millot 2007, 237–9.

[47] Wenkebach 1932–3, 160. Gothard Strohmaier is currently preparing the Arabic translation for publication.

investigated whether *QOM* either primes or reinforces—depending on the compositional chronology—the longer work's projection of Hippocrates.

3. The Text

Composed of four chapters, *QOM* polemicizes against contemporary doctors' failure to model their practice of medicine on Hippocrates' method, which the text is concerned to define. Its major contention, as the title signals, is that a Hippocratic approach to medicine requires training in philosophy—logic, ethics, and physics, according to Galen's selective interpretation of the term.[48] Galen finds in the Hippocratic attention to the differences between diseases and their courses a call to learn logic, which enables the doctor to diagnose and prognose their patient's ailment (1.4). Logic also seems to entail the study of physics, for, while this part of philosophy may provide an indication (*endeixis*) of how the ailment should be treated, knowledge of the nature (*physis*) of the body helps to locate an application site for the remedy and ensures that its effects are understood (3.5). The minimal space devoted to the medical advantages of training in physics suggests that this was not a point Galen had to labor to prove; from at least late antiquity and with roots stretching back to Aristotle, medicine, as Wakelnig will explain, was thought to derive its theoretical principles from this philosophical branch.[49]

In contrast, *QOM* centers ethics as essential for excellence in medicine. Galen links Hippocrates' legendary indifference to wealth and other creature comforts, which he takes to epitomize ethics in action, to his acquisition of firsthand knowledge of climate and geography's influence on the body (3.1–4). The text does not specify the uses to which Hippocrates put this information, gathered on his wanderings throughout Greece, on behalf of his patients; this itinerary, then, is significant as an emblem of the labor that Hippocrates expended in pursuing the art of medicine. Whereas Hippocrates represents an unparalleled standard for most doctors, *QOM*'s closing recognition that this revered figurehead can be surpassed (4.4) positions Galen, whose own travels brought him even further afield, around the Mediterranean, as a newer, better benchmark for medical practice.[50]

Curtis will delve further into the generic classification of *QOM* and its rhetorical strategies. It is worth noting here that the tract's recuperation of Hippocrates as a philosopher has not only polemical but also apologetic purposes. Galen's careful articulation of his philosophical opinions

[48] Galen's definition of philosophy ignores philosophical subfields such as metaphysics and politics.

[49] Cf. Wakelnig, p. 136–140 below.

[50] See Mattern 2013, 36–80, for Galen's travels throughout the Mediterranean, which included stops in Egypt, Palestine, and Cyprus.

and their utility (*chrēsimon*) to medicine, especially in his autodoxography *On My Own Opinions* (*Prop. Plac.*), signals his self-consciousness about his own straying from the medical field, as more narrowly defined by philosophers.[51] The shadowiness of the historical Hippocrates, attested by the lively debates (then as now) about his genuine views, provided Galen with a malleable authority on to whom he could project and consequently personalize his own idea of medicine.[52] Moreover, the admiration of Hippocrates by doctors and eminent philosophers such as Plato (cf. *Phaedrus* 270c3–5) allowed Galen to institutionalize his medical vision through an implicit appeal to this cross-disciplinary consensus, whose own antiquity lent it further credence.[53] Together with the aforementioned *Prop. Plac.*, which also dates to the final years of Galen's life, *QOM* legitimates, albeit in a differing way, his overwriting of medicine's boundaries on philosophy's.[54] The contributions of Steger, Wakelnig, and Petit will demonstrate that ultimately Galen's attempts to institutionalize his philosophical medicine were, and continue to be, successful: it licensed later practitioners to reimagine their field in expansive directions and perhaps more tellingly was the normative paradigm against which elite critics had to argue to justify their more restricted notions of the discipline.[55]

Before shifting to the textual history of *QOM*, which shall serve as my preface to the volume's edition and translation, I want to highlight another distinctive feature of the work. Notwithstanding its argumentative agenda(s), *QOM* does not call on the demonstrative techniques that Galen employs elsewhere—for example, syllogistic reasoning and the citation of the writings of past authorities—to support its thesis.[56] Instead, it presents

[51] See Das 2020, 31–4; B. Holmes, *The Symptom and the Subject: The Emergence of the Physical Body in Ancient Greece* (Princeton 2010), who examines how philosophers in the classical period edged out doctors from care of the soul.

[52] The "Hippocratic Question", which seeks to answer what texts in the extant Hippocratic corpus the historical Hippocrates wrote (if any), best encapsulates the enduring controversy about this figure; see E. Craik, "The 'Hippocratic Question' and the Nature of the *Hippocratic Corpus*", in: Pormann 2018, 25–37.

[53] Nearly half a millennium separates Plato's mention of Hippocrates in the *Phaedrus* and Galen. On this passage from the *Phaedrus*, see, e.g., H. Herter, "The Problematic Mention of Hippocrates in Plato's *Phaedrus*", *Illinois Classical Studies* 1 (1976) 22–42; H. Bartoš, "Hippocratic Holisms", in: C. Thumiger (ed.), *Holism in Ancient Medicine and Its Reception* (Leiden 2020) 113–32. Tieleman (p. 128) mentions this Platonic passage.

[54] *Prop. Plac.* defends the credibility of Galenic medicine by denying any inconsistency in Galen's opinions on issues whose own belonging to medicine he had had to prove. For the dating of this tract, see V. Nutton (ed.), *Galeni De propriis placitis* (Berlin 1999) 46.

[55] Cf. Das 2020.

[56] Galen ranks the appeal to past authorities and received opinions (*endoxa*) as inferior modes of argumentation to experimental and logical demonstration. See T. Tieleman, "Methodology", in: R. J. Hankinson (ed.), *The Cambridge Companion to Galen* (Cambridge 2008) 49–65; R. Rosen, "Galen on Poetic Testimony", in: M. Asper / A. Kanthak (eds.), *Writing Science: Medical and Mathematical Authorship in Ancient Greece* (Berlin 2013), 177–90.

its claims with apodeictic certainty. This variation in Galen's style of argumentation could indicate that he intended this work for a different audience than his more meticulous writings. Sociological studies of modern science communication associate the reduction of provisional and disputed knowledge to simplified fact with popular expositions of science, which cover articles in daily newspapers, documentaries, and at this historical moment blogs and social media postings.[57] The authority that popular discourses of science assume derive from their remove from the conditions of research, the scholarly debates and experimental failures constitutive of the production of scientific knowledge.[58]

While public communication may influence policy-makers to effect some change, such as the prioritization of certain scientific concerns for funding, this general level of exchange also enables scientists to reach colleagues without the constraints of specialist discourse.[59] This frame does not seamlessly apply to Galen's context, for the limited literacy rates of the imperial period and fewer modes of dissemination mean that his "general public" was a more restricted group of readers.[60] Nonetheless, this "public" target provides a more charitable explanation for the absence of nuance and proof in *QOM* than "haste" of composition, which has been suggested by some critics.[61] Additionally, the above modern lens brings complexity to the text's simplicity in that it sees a way for Galen to shape the approaches of medical rivals by influencing the expectations of elite patrons, possibly his "general public", who might lack the specialist familiarity with the Hippocratic corpus to challenge his retrospective remaking of Hippocrates.

4. Receptions

Within less than a hundred years of Galen's death, the details and date of which are uncertain, his medicine had achieved authoritative status, as evident from the integration of many of his writings in the medical compilations composed in the late antique period.[62] Moreover, it became institu-

[57] M. Cloitre / T. Shinn, "Expository Practice: Social, Cognitive and Epistemological Linkages", in: Shinn / Whitley 1985, 47–51; Bucchi 2008, 61.

[58] R. Whitely, "Knowledge Producers and Knowledge Acquirers: Popularisation as a Relation between Scientific Fields and Their Publics", in: Shinn / Whitley 1985, 3–28; Bucchi 2008, 63.

[59] Bucchi 2008, 63.

[60] See A. Kolb, "Literacy in Ancient Everyday Life – Problems and Results", in: A. Kolb (ed), *Literacy in Ancient Everyday Life* (Berlin 2018) [1–10] 2, with important qualifications about interpreting ancient literacy against the dichotomy of illiteracy and literacy.

[61] See n. 3 in the preface (VIII).

[62] A date of death of either 216 or 217 has been reached on the evidence of medieval Arabic biographies of Galen; see V. Nutton, "Galen ad multos annos", *Dynamis* 15 (1995)

tionalized in late antique centers of education such as Alexandria, where a selection of his works—the "Sixteen Books of Galen" (really twenty-four texts)—formed the medical curriculum of students with the financial means to attend the lectures of medical professors, or iatrosophists.[63] There, Galen shaped not only which parts of his corpus were read—his recommendations in *Ord. lib. prop.* were largely heeded—but also how readers explained their contents, for his method of commenting on Hippocrates, especially his appeal to philosophical vocabularies and frameworks to expound his predecessor's medical theories, provided an interpretive model.[64] This concerted focus on a core of Galenic texts determined Galen's reception in different linguistic (e.g., Latin, Syriac, and Arabic) and historical contexts, as Wakelnig will elaborate. The demand for copies of this Galenic canon came at the expense of other works, such as *QOM*, which survived in the premodern and early modern periods as a marginal text with no interpretative treatment of its own.

Late antique Alexandria attracted students from primarily non-Greek-speaking communities as well, some of whom later returned to their native locales as teachers and practitioners. Their introduction of Galenic ideas seems to have stimulated broader interest in the Galenic corpus and Alexandrian exegetical practices, subsequently resulting in the demand for translations of the texts representing Galenism—the medico-philosophical system developed by Galen and his interpreters. The near contemporaneous Latin commentaries of Agnellus of Ravenna (fl. ca. 600) and Syriac translations of Sergius of Resh῾ayna (d. 536) show that Galen's reception did not conform to a single trajectory, which saw his works move east of Alexandria and then westward—rather, that trajectory was diffuse and sometimes concurrent.[65]

The influx of medical students did not cease with the capture of Alexandria by the Rāshidūn Caliphate in 641, after which the city became part of the Islamicate world. Archaeological remains and anecdotes, even if specious, from and about the famous Arabic translator of Galen Ḥunayn ibn Isḥāq (d. 873 or 877) testify to the enduring reputation of Alexandria as

25–40. For an outline of late antique compilers' engagement with Galen, see S. Slaveva-Griffin, "Byzantine Medical Encyclopedias and Education", in: P. T. Keyser / J. Scarborough (eds.), *Oxford Handbook of Science and Medicine in the Classical World* (Oxford 2018) 965–84.

[63] For how this lecture context has imprinted certain texts surviving from the period, see J. Scarborough, "Teaching Surgery in Late Byzantine Alexandria", in: Horstmanshoff 2010, 235–60.

[64] See P. E. Pormann, "Medical Education in Late Antiquity: From Alexandria to Montpellier", in: Horstmanshoff 2010, 419–41.

[65] For Agnellus and his commentaries, see Davies / Westerink 1981; on Sergius, see S. Bhayro, "The Reception of Galen in the Syriac Tradition", in: Bouras-Vallianatos / Zipser 2019, 163–78.

a center of medical learning.[66] With the ascension of the ʿAbbāsids, however, Baghdad eclipsed this city in terms of the study of Galen. The locus of imperial power, it housed patrons wealthy enough to fund the costly acquisition and translation of Greek and Syriac manuscripts of Galen by Ḥunayn and other Arabic translators. Stretching from Central Asia to the Iberian Peninsula, the sheer expanse of the ʻAbbāsid empire and the states into which it later devolved facilitated the circulation of Galen, now in Arabic, to new networks of readers who transformed his texts while rendering them into their own linguistic koines (e.g., Hebrew and Latin). The interchange of scientific ideas and works between the Byzantine and Islamicate territories also encouraged renewed attention on Galen among Greek-speaking scholars, who would take collections of manuscripts along with them to Venice, the home of the Aldine Press, and other European sites of settlement after the Ottoman conquest of Constantinople in 1453.[67]

5. Textual Histories

The few surviving textual witnesses of *QOM* imply a negligible presence in the rich reception history that I have sketched out above. The oldest manuscript, now held in the Laurentian Library in Florence, Italy, dates to the twelfth century and is the exemplar of the three other witnesses, located in libraries in the Vatican, Venice, and Paris.[68] The medieval Arabic translation of *QOM* (*Kitāb fī anna l-ṭabīb faylasūf*), which is preserved in a unique twelfth-century manuscript in Istanbul (Aya Sofya 3725), predates this Greek tradition by three centuries.[69] The incipit of the manuscript identifies the translation (*tarǧama*) as by Ḥunayn ibn Isḥāq.[70] This attribution is no guarantee of Ḥunayn's authorship of this Arabic version, because

[66] The auditoria uncovered at the site of Kom el-Dikka, where iatrosophists may have lectured, continued to be in use after the conquest of Alexandria; see T. Derda / T. Markiewicz / E. Wipszycka, *Alexandria: Auditoria of Kom el-Dikka and Late Antique Education*, *Journal of Juristic Papyrology*, Supplement 8 (Warsaw 2007). On Ḥunayn's purported connection to Alexandria, see E. van Dalen, "Medical Translations from Greek into Arabic and Hebrew", in: S. Susam-Saraeva / E. Spišiaková (eds.), *The Routledge Handbook of Translation and Health* (London 2021) [13–26] 15.

[67] For an example of this Byzantine-Arabic exchange, see M. Mavroudi, *A Byzantine Book on Dream Interpretation: The Oneirocriticon of Achmet and Its Arabic Sources* (Leiden 2002).

[68] Boudon-Millot's stemmatic reconstruction of the textual tradition (Boudon-Millot 2007, 252–65, 279) reveals that the Florentine manuscript—MS L in her critical apparatus—was corrected sometime between the last decades of the fourteenth century and the sixteenth century. The uncorrected version served as the exemplar for the Vatican manuscript, whereas the corrected version was the model for the Venetian and Parisian witnesses. See also Nesselrath's comments at p. 20.

[69] For the textual tradition of the Arabic version, see M. Ullmann, *Die Medizin im Islam*, Handbuch der Orientalistik I, Erg.–Bd. 6.1 (Leiden 1970), 38; Bachmann 1965, 6.

[70] Bachmann 1965, 7.

the high valuation of his workshop's translations may have induced later copyists to affix his name to the work of other translators. In the absence of any bibliographical reports linking another translator to *QOM*, the ascription to Ḥunayn remains probable. Even so, Ḥunayn's own description of his translation of this tract in his famous *Epistle* (*Risāla*) on his rendering of the Galenic corpus into Arabic introduces additional complexities, which Wakelnig will consider: he translated *QOM* twice into Arabic for two different patrons.[71] Ḥunayn also recounts that he translated the text into Syriac for his son, Isḥāq ibn Ḥunayn; he does not clarify whether this rendition, or the earlier Syriac version of Job of Edessa (d. ca. 835), which he may have consulted as well, formed the basis of either Arabic translation.[72] While the editor of the Arabic text, Peter Bachmann, provides glossaries that offer insight into how the Arabic translator may have handled Galen's Greek syntax and vocabulary, it is left to a future analysis to establish whether this version was made directly from the Greek or from Syriac.[73]

In contrast to this slim textual history, *QOM* has been well served by modern editors and translators: excluding the early modern *editio princeps*, the Greek text has been edited six times and translated into a modern language ten times.[74] Published in classics, history of medicine, and medical journals and monographs, *QOM* has reached a multidisciplinary readership. Boudon-Millot was the first modern editor to consider the Arabic translation when establishing the Greek text of *QOM*. Furthermore,

[71] See p. 137–139 below.

[72] On how translators' use of Syriac informed their production of Arabic version of Greek texts, see S. Bhayro / S. Brock, "The Syriac Palimpsest and the Role of Syriac in the Transmission of Greek Medicine in the Orient", *Bulletin of the John Rylands Library* 89.1 (2012), 25–43.

[73] See Bachmann 1965, 28–67. For how this analysis might be conducted, see U. Vagelpohl, *Aristotle's "Rhetoric" in the East: The Syriac and Arabic Translation and Commentary Tradition* (Leiden 2008).

[74] The Aldine Press printed the Greek for the first time in 1525; subsequent editors include Coray 1816, Kühn 1821, Müller 1875 and 1891, Wenkebach 1932–3, and Boudon-Millot 2007. On these editions, see Boudon-Millot 2007, 270–6. P. Brain, "Galen on the Ideal of the Physician", *South African Medical Journal* 52 (1977) 936–8, and P. Singer, *Galen: Selected Works* (Oxford 1997) 30–4, have translated the Greek text into English; C. Daremberg, *Oeuvres anatomiques, physiologiques et médicales de Galien* (Paris 1854) 1–7, and Boudon-Millot 2007 into French; M. Cardini, "Galeno: Come l'ottimo medico sia anche filosofo (Ὅτι ἄριστος ἰατρὸς καὶ φιλόσοφος)", *Riv. Crit. Clin. Med.* 15.31 (1914) 481–5, and I. Garofalo, "Il miglior medico è anche filosofo", in I. Garofalo / M. Vegetti (eds.), *Opere scelte di Galeno* (Turin 1978) 91–101, into Italian; P. Lüth / W. Knapp, "Der beste Arzt ist Wissenschaftler! Galen von Pergamon", *Med. Welt* 33 (1965) 2185–7, into German; and B. Usobiaga, "El major medico también es filósofo", *Boletin del Instituto de Estudios Helenicos* 10 (1976) 133–51, J. A. Ochoa / L. Sanz Mingote, *Galeno. Ex-ortación al aprendizaje de las artes. Sorbre la major doctrina. El major medico es también filósofo. Sobre las escuelas, a los que se incian* (Madrid 1987) 113–22, and T. Martínez Manzano, *Galeno: Tratados filosóficos y autobiográficos. Introducciónes, traducción y notas* (Madrid 2002) into Spanish.

whereas previous editors had relied on prior printed editions to the point of reproducing their errors, Boudon-Millot personally consulted all extant manuscript witnesses.[75] While there are theoretical problems with using the Arabic translation to "recover" the Greek (all translations are creative acts and the relation of the Arabic to the Greek is still in question), Boudon-Millot's edition has justifiably been commended for its careful textual work.[76]

Readers familiar with the SAPERE series know that its volumes conventionally contain an edition as well as a translation of the work interrogated in the multiauthor contributions. The press could not obtain copyright permissions to reprint Boudon-Millot's Greek. The SAPERE editors are committed, nonetheless, to providing an edition and so asked me to reassess whether I could improve on her text. The COVID pandemic and personal circumstances made it infeasible for me to consult all the Greek manuscripts firsthand. After examining the Vatican MS, which is available online, and the Arabic version, I did not feel confident that I could refine Boudon-Millot's edition.[77] Nesselrath, one of the series' editors, has intervened to offer what he calls plausible alternatives to Boudon-Millot's reading of the Greek. For the most part, my translation adheres to Nesselrath's edition, but where I disagree with his interpretation, I flag the departure with a note.

6. Principles of Translation

Considering that *QOM* has two prior English translations, I have decided to prioritize comprehensibility and fluidity over literalness in my own rendering of the text, even if these earlier attempts are based on the now outdated edition of Kühn.[78] The broad target readership of the SAPERE series justifies, I believe, this choice. To those with knowledge of ancient Greek, my use of the gender-neutral "they" to convey the unexpressed subject of third-person singular verbs may seem idiosyncratic. This intervention applies in particular to passages in which Galen details the essential knowl-

[75] As Boudon-Millot (2007, 275, 276) observes, Kühn 1821 replicates the text of R. Chartier (ed.), *Hippocratis Coi, et Claudii Galeni Pergami archiatrôn opera* (Paris 1679), and Wenkebach 1932–3 follows Müller 1891 with the addition of many "imprudent" conjectures. On Wenkebach, she writes "Il s'est en outre montré imprudemment à un grand nombre de conjectures" (276).

[76] See the positive reviews by Lorusso 2007; Nutton 2008; Hankinson 2010; M. Marie-Hélène, "*Galien. Tome I. Introduction générale. Sur l'ordre de ses propres livres. Sur ses propres livres. Que l'excellent médecin est aussi philosophe* by Véronique Boudon-Millot", *L'Antiquité classique* 79.1 (2010) 419–22; and Tieleman 2010.

[77] See https://digi.vatlib.it/view/MSS_Urb.gr.67.

[78] For these translations, see n. 74 above.

edge set of the would-be doctor (e.g., 3.1–5). I can cite historical grounds for what I freely admit has ideological motivations.

While most of Galen's addressees are men, his youthful composition of *The Anatomy of the Uterus* at the behest of a midwife (μαίᾳ τινί) shows that this is not exclusively the case.[79] Furthermore, epigraphic evidence richly attests to women's participation in a variety of healthcare roles, including as doctors (ἰατρός, ἰατρίνη; Lat. *medica*) and midwife physicians (ἰατρομαῖες), in the Roman Empire.[80] I also want to leave room for the conceivable presence of genderqueer and trans individuals serving in these capacities.[81] The Greek of *QOM* allows as well a more capacious reading of at least the text's focus of criticism, contemporary οἱ ἰατροί ("doctors"): the grammatical gender of this group may be masculine, but Greek standardly employs the masculine plural to represent mixed-sexed collections. To dampen somewhat the more diverse picture that I have been painting of Galen's possible social world, the case stories in his corpus tend to relegate women, whether lay or professional, to subordinate positions as the unnamed wives of prominent men (counting his patrons and friends) and incompetent practitioners.[82] Despite this marginality, Galen's vague description of the composition of the crowds at his public lectures and demonstrations, to which context *QOM* may belong, does not rule out the attendance of women.[83]

I mentioned that I have ideological reasons for creating ambiguity around gender in my translation. In line with the ambition of the SAPERE series, my hope is that this volume will find readers beyond academia, in medical and nonprofessional circles—although I expect that *QOM* will never enjoy the same currency as the Hippocratic *Oath*, the most famous document of Greco-Roman medicine. By not overtly masculinizing my translation, I aim to invite aspiring doctors of all genders to engage with Galen as an interlocutor and to take inspiration from whatever of his text resounds with them. In this respect, I am responding to the call within translation studies for a transing of translation practices that recognize a text's, and its readers', ability to move "between and beyond binary

[79] See *Lib. prop.* 2.2–3 (Boudon-millot 2007, 140.17–21). For the Greek text and an English translation of *Ut. Diss.*, see D. Nickel (ed.), *Galeni de Uteri Dissectione*, CMG V.2, 1 (Berlin 1971); C. M. Goss, "Galen on the Anatomy of the Uterus", *The Anatomical Record* 144 (1962) 77–84.

[80] See Samama 2003, 15–16 and H. King, *Hippocrates' woman: Reading the female body in ancient Greece* (London 1998) 178–179.

[81] For an introduction to the array of gender identities and their representation in Greco-Roman "art" (broadly construed), see A. Surtees / J. Dyer (eds.), *Exploring Gender Diversity in the Ancient World* (Edinburgh 2020).

[82] See Mattern 2008, 89–92.

[83] Mattern 2008, 91.

poles".[84] As proponents of this approach argue, the assumption that a "foreign" source shares the same dichotomous formulation of gender at the root of prevailing cis-hetero normativities is itself a form of interpretive domestication.[85] Just as I do not wish to localize the significance of *QOM* to Galen's immediate context in imperial Rome, nor would I like to fix the text to a single point on the gender spectrum.

7. A short note on the Greek text of Galen's *QOM* in this volume (*Heinz-Günther Nesselrath*)

The Greek text of Galen's *QOM* presented in this volume is based on Véronique Boudon-Millot's edition of 2007, which has received deserved praise from reviewers;[86] it presents a stemma traditionis[87] of *QOM*—the most important components of which are the twelfth-century Greek Codex Laurentianus plut. LXXIV, 3 (= L, of which all the other extant Greek manuscripts are apographa) and the older (ninth-century) Arabic translation (Ar.), presumably by Ḥunayn ibn Isḥāq. As is, however, the case with more or less every edition of an ancient text, there remain a number of passages where the textual evidence may point to other conceivable editorial solutions. Here is a list of these passages:

passage	Boudon-Millot	present edition
1.1	αὑτοὺς ἐν ὁμοίοις ἐκείνῳ	†ταὐτοὺς ἐν ὁμοίοις ἐκείνῳ†
1.5	τὰ μέλλοντα γενήσεσθαι τῷ κάμνοντι νοσήματα	τὰ μέλλοντα γενήσεσθαι τῷ κάμνοντι
1.6	σχολῇ γὰρ ἄν	⟨* * *⟩ σχολῇ γ' ἄν
2.1	εἰ καὶ τοῦτο παρασταίη	εἰ καί τῳ τοῦτο παρασταίη

[84] D. Robinson, *Transgender, Translation, Translingual Address* (London 2019) xxv. On the differing implications of "to transgender translation", see D. Gramling / A. Dutta, "Introduction", *Transgender Studies Quarterly* 3.3–4 (2016) [333–54] 335. For a gender-neutral approach to translating a premodern text written in a gendered language (i.e., Hebrew), see M. Strassfeld, "Translating the Human: The *androginos* in Tosefta Bikurim", *Transgender Studies Quarterly* 3.3–4 (2016) [587–603] 589–91. I am grateful to my colleague Rafe Neis for this reference.

[85] Cf. M. Casagranda "Bridging the Genders? Transgendering Translation Theory and Practice", in: E. Federici / V. Leonardi (eds.), *Bridging the Gap between Theory and Practice in Translation and Gender Studies* (Newcastle upon Tyne 2013) 112–21.

[86] Lorusso 2007 ("un'edizione critica condotta con sapienza, dottrina ed equilibrio"); Nutton 2008, 144 ("she provides the first general survey for nearly a century of the textual history of the Galenic corpus"); Hankinson 2010, 73 ("The discussion of the textual tradition, both in the Introduction and in the *Notices* prefixed to each treatise, is meticulous, detailed, formidable and fascinating"); Tieleman 2010, 488 ("From the viewpoint of textual transmission this new edition represents an advance compared to the Teubner one by Iwan von Müller [1899]").

[87] See Boudon-Millot 2007, 279.

passage	Boudon-Millot	present edition
2.1	εὐτυχήσειεν	εὐτυχήσειαν
2.6	διὰ τὸ τὸν πλοῦτον ἀρετῆς εἶναι τιμιώτερον	διὰ τὸ {τὸν} πλοῦτον ἀρετῆς εἶναι τιμιώτερον
2.7	προηγημένας	προηγμένας
3.1	ἐφέξει	ἐφίξεται
3.5	ἀσκεῖν ⟨χρὴ⟩	ἀσκητέον
3.7	μανθάνειν	†μὲν ἄγειν†
3.8	ἔχει	ἔχοι
3.9	ἄνθρωποι	ἄνθρωποι
3.11	ὅστις ἂν ἰατρὸς ἢ πάντως, οὗτός ἐστι καὶ φιλόσοφος	ὅστις ἂν ⟨ἄριστος⟩ ἰατρὸς ἢ, πάντως οὗτός ἐστι καὶ φιλόσοφος

Each of these textual variants is marked by an asterisk (*) in the Greek text.

B. Text, Translation and Notes

ΓΑΛΗΝΟΥ ΟΤΙ Ο ΑΡΙΣΤΟΣ ΙΑΤΡΟΣ ΚΑΙ ΦΙΛΟΣΟΦΟΣ

1.1 Οἷόν τι πεπόνθασιν οἱ πολλοὶ τῶν ἀθλητῶν – ἐπιθυμοῦντες μὲν ὀλυμπιονῖκαι γενέσθαι, μηδὲν δὲ πράττειν ὡς τούτου τυχεῖν ἐπιτηδεύοντες –, τοιοῦτόν τι καὶ τοῖς πολλοῖς τῶν ἰατρῶν συμβέβηκεν· ἐπαινοῦσι μὲν γὰρ Ἱπποκράτην καὶ πρῶτον ἁπάντων ἡγοῦνται, γενέσθαι δ' †αὐτοὺς ἐν ὁμοίοις ἐκείνῳ†* πάντα μᾶλλον ἢ τοῦτο πράττουσιν.

1.2 ὁ μὲν γὰρ οὐ σμικρὰν μοῖραν εἰς ἰατρικήν φησι συμβάλλεσθαι τὴν ἀστρονομίαν καὶ δηλονότι τὴν ταύτης ἡγουμένην ἐξ ἀνάγκης γεωμετρίαν· οἱ δὲ οὐ μόνον αὐτοὶ μετέρχονται τούτων οὐδετέραν ἀλλὰ καὶ τοῖς μετιοῦσι μέμφονται. 1.3 καὶ μὲν δὴ καὶ φύσιν σώματος ὁ μὲν ἀκριβῶς ἀξιοῖ γιγνώσκειν, ἀρχὴν εἶναι φάσκων αὐτὴν τοῦ κατ' ἰατρικὴν λόγου παντός· οἱ δ' οὕτω καὶ περὶ τοῦτο σπουδάζουσιν, ὥστ' οὐ μόνον ἑκάστου τῶν μορίων οὐσίαν ἢ πλοκὴν ἢ διάπλασιν ἢ μέγεθος ἢ τὴν πρὸς τὰ παρακείμενα κοινωνίαν ἀλλ' οὐδὲ τὴν θέσιν ἐπίστανται. 1.4 καὶ μέν γε καὶ ὡς ἐκ τοῦ μὴ γιγνώσκειν κατ' εἴδη τε καὶ γένη διαιρεῖσθαι τὰ νοσήματα συμβαίνει τοῖς ἰατροῖς ἁμαρτάνειν τῶν θεραπευτικῶν σκοπῶν, Ἱπποκράτει μὲν εἴρηται προτρέποντι τὴν λογικὴν ἡμᾶς ἐξασκεῖν θεωρίαν· οἱ δὲ νῦν ἰατροὶ τοσοῦτον ἀποδέουσιν ἠσκῆσθαι κατ' αὐτήν, ὥστε καὶ τοῖς ἀσκοῦσιν ὡς ἄχρηστα μεταχειριζομένοις ἐγκαλοῦσιν.

1.5 οὕτω δὲ καὶ τοῦ προγιγνώσκειν τά τε παρόντα καὶ τὰ προγεγονότα καὶ τὰ μέλλοντα γενήσεσθαι τῷ κάμνοντι* πολλὴν χρῆναι πεποιῆσθαι πρόνοιαν Ἱπποκράτης φησίν·οἱ δὲ καὶ περὶ τοῦτο τὸ μέρος τῆς τέχνης ἐπὶ τοσοῦτον ἐσπουδάκασιν, ὥστ', εἴ τις αἱμορραγίαν ἢ ἱδρῶτα προείποι, γόητά τε καὶ παραδοξολόγον ἀποκαλοῦσιν. 1.6 ⟨* * *⟩ σχολῇ γ' ἄν* οὕτω τἄλλα προλέγοντός τινος ἀνάσχοιντο, σχολῇ δ' ἄν ποτε τῆς διαίτης τὸ σχῆμα πρὸς τὴν μέλλουσαν ἔσεσθαι τοῦ νοσήματος ἀκμὴν καταστήσαιντο· καὶ μὴν Ἱπποκράτης γε οὕτως διαιτᾶν κελεύει.

1.7 τί δὴ οὖν ὑπόλοιπόν ἐστιν, ὃ ζηλοῦσι τἀνδρός; οὐ γὰρ δὴ τήν γε τῆς ἑρμηνείας δεινότητα τῷ μὲν γὰρ καὶ τοῦτο κατώρθωται, τοῖς δ' οὕτω τοὐναντίον, ὥστε πολλοὺς αὐτῶν ἰδεῖν ἐστι καθ' ἓν ὄνομα δὶς ἁμαρτάνοντας, ὃ μηδ' ἐπινοῆσαι ῥᾴδιον.

2.1 Διόπερ ἔδοξέ μοι ζητῆσαι τὴν αἰτίαν ἥτις ποτ' ἐστί, δι' ἣν καίτοι θαυμάζοντες ἅπαντες τὸν ἄνδρα μήτ' ἀναγιγνώσκουσιν αὐτοῦ τὰ συγγράμματα μήτ', εἰ καί τῳ τοῦτο παρασταίη,* συνιᾶσι τῶν

Galen, That the Best Doctor is also a Philosopher

1.1 The sort of situation that many athletes[1] have experienced, when they desire to become Olympic champions,[2] but apply themselves to doing nothing[3] to achieve this goal, has similarly happened to a great number of doctors as well. For, while they praise Hippocrates[4] and consider him the foremost of all doctors, when it is a matter of bringing themselves to a similar level as him,[5] they will do anything rather than that.

1.2 He states that astronomy and obviously its prerequisite, geometry,[6] contribute no small part to medicine. But these doctors not only pursue neither one of the two disciplines, but they even find fault with those who do take part in them. 1.3 What is more, he considered it worthwhile to acquire precise knowledge about the nature of the body,[7] because he asserted that it was the starting point for the entire rational side of medicine. But these doctors are so serious[8] about taking this approach that they lack scientific knowledge[9] of not just the substance of each part of the body and their structure, disposition, size, or relationship to what adjoins them but even their position! 1.4 What is more, Hippocrates said, when attempting to encourage us to train in logical theory, that doctors fail in their therapeutic goals out of ignorance about how to differentiate diseases by species and genus.[10] Doctors nowadays, however, are so deficient in their training in this theory that they accuse those who do train in it of practicing something useless.

1.5 On a related point, Hippocrates also asserts that one must put great forethought into prognosticating[11] about present, past, and future events[12] for the patient.[13] Doctors today, however, pay such serious attention[14] to this part of the art that, if someone should predict a hemorrhage or sweating, they brand them as both a sorcerer and narrator of marvels.[15] 1.6 <. . .> For this reason, they would hardly put up with anyone[16] who foretells other things; they would hardly establish at any point a regimen for the disease with an eye on its anticipated peak—and yet, Hippocrates orders us to prescribe such a regimen.[17]

1.7 What then is left of the man for them to emulate? It cannot be in the forcefulness of his expression.[18] He has succeeded in this, but it is so much the opposite in their case that you can see many of them making two mistakes in one word, which is not easy to imagine.

2.1 As a result, it seemed like a good idea for me to investigate why on earth, although all admire the man, they neither read his writings, nor, if it should even occur to them to do this,[19] do they understand what is said there. Or, if they should succeed in this too,[20] they do not

λεγομένων ἤ, εἰ καὶ τοῦτ' εὐτυχήσειαν,* ἀσκήσει τὴν θεωρίαν ἐπεξέρχονται βεβαιώσασθαί τε καὶ εἰς ἕξιν ἀγαγεῖν βουλόμενοι.

2.2 εὑρίσκω δὴ καὶ σύμπαντα <τὰ> κατορθούμενα βουλήσει τε καὶ δυνάμει τοῖς ἀνθρώποις παραγιγνόμενα· θατέρου δ' αὐτῶν ἀτυχήσαντι τὸ καὶ τοῦ τέλους αὐτοῦ ἀναγκαῖον ἀποτυχεῖν. 2.3 αὐτίκα γέ τοι τοὺς ἀθλητὰς ἢ διὰ τὴν τοῦ σώματος ἀφυίαν ἢ διὰ τὴν τῆς ἀσκήσεως ἀμέλειαν ὁρῶμεν ἀποτυγχάνοντας τοῦ τέλους· ὅτῳ δ' ἂν καὶ ἡ τοῦ σώματος φύσις ἀξιόνικος ᾖ καὶ τὰ τῆς ἀσκήσεως ἄμεμπτα, τίς μηχανὴ μὴ οὐ πολλοὺς ἀνελέσθαι τόνδε στεφανίτας ἀγῶνας;

2.4 ἆρ' οὖν ἐν ἀμφοτέροις οἱ νῦν ἰατροὶ δυστυχοῦσιν, οὔτε δύναμιν οὔτε βούλησιν ἀξιόλογον ἐπιφερόμενοι περὶ τὴν τῆς τέχνης ἄσκησιν, ἢ τὸ μὲν ἕτερον αὐτοῖς ὑπάρχει, θατέρου δ' ἀπολείπονται; 2.5 τὸ μὲν δὴ μηδένα φύεσθαι δύναμιν ἔχοντα ψυχικὴν ἱκανὴν καταδέξασθαι τέχνην οὕτω φιλάνθρωπον οὔ μοι δοκεῖ λόγον ἔχειν, ὁμοίου γε δὴ τοῦ κόσμου καὶ τότ' ὄντος καὶ νῦν καὶ μήτε τῶν ὡρῶν τῆς τάξεως ὑπηλλαγμένης μήτε τῆς ἡλιακῆς περιόδου μετακεκοσμημένης μήτ' ἄλλου τινὸς ἀστέρος ἢ ἀπλανοῦς ἢ πλανωμένου μεταβολήν τιν' ἐσχηκότος· 2.6 εὔλογον δ' ἐστὶ διὰ μοχθηρὰν τροφήν, οἵαν οἱ νῦν ἄνθρωποι τρέφονται, καὶ διὰ τὸ {τὸν} πλοῦτον ἀρετῆς εἶναι τιμιώτερον* οὔθ' οἷος Φειδίας ἐν πλάσταις οὔθ' οἷος Ἀπελλῆς ἐν γραφεῦσιν οὔθ' οἷος Ἱπποκράτης ἐν ἰατροῖς ἔτι γίγνεσθαί τινα.

2.7 καίτοι τό γ' ὑστέροις τῶν παλαιῶν ἡμῖν γεγονέναι καὶ δὴ τὰς τέχνας ὑπ' ἐκείνων ἐπὶ πλεῖστον προηγμένας* παραλαμβάνειν οὐ σμικρὸν ἦν πλεονέκτημα· τὰ γοῦν ὑφ' Ἱπποκράτους εὑρημένα χρόνῳ παμπόλλῳ ῥᾷστον ἦν ἐν ὀλιγίστοις ἔτεσιν ἐκμαθόντα τῷ λοιπῷ χρόνῳ τοῦ βίου πρὸς τὴν τῶν λειπόντων εὕρεσιν καταχρήσασθαι. 2.8 ἀλλ' οὐκ ἐνδέχεται πλοῦτον ἀρετῆς τιμιώτερον ὑποθέμενον καὶ τὴν τέχνην οὐκ εὐεργεσίας ἀνθρώπων ἕνεκεν ἀλλὰ χρηματισμοῦ μαθόντα τοῦ τέλους τοῦ κατ' αὐτὴν ἐφικέσθαι – φθάσουσι γὰρ ἕτεροι πλουτῆσαι πρὶν ἡμᾶς ἐπὶ τὸ τέλος αὐτῆς ἐξικέσθαι –· οὐ γὰρ δὴ δυνατὸν ἅμα χρηματίζεσθαί τε καὶ οὕτω μεγάλην ἐπασκεῖν τέχνην, ἀλλ' ἀνάγκη καταφρονῆσαι θατέρου τὸν ἐπὶ θάτερον ὁρμήσαντα σφοδρότερον.

2.9 ἆρ' οὖν ἔχομέν τινα τῶν νῦν ἀνθρώπων εἰπεῖν εἰς τοσοῦτον μόνον ἐφιέμενον χρημάτων κτήσεως, εἰς ὅσον ὑπηρετεῖν ἐξ αὐτῆς ταῖς ἀναγκαίαις χρείαις τοῦ σώματος; ἔστι τις ὁ δυνάμενος οὐ μόνον λόγῳ πλάσασθαι ἀλλ' ἔργῳ διαδείξασθαι τοῦ κατὰ φύσιν πλούτου τὸν ὅρον ἄχρι τοῦ μὴ πεινῆν ἢ διψῆν ἢ ῥιγοῦν προιόντα;

3.1 Καὶ μὴν εἴ τίς γ' ἐστὶ τοιοῦτος, ὑπερόψεται μὲν Ἀρταξέρξου τε καὶ Περδίκκου καὶ τοῦ μὲν οὐδ' ἂν εἰς ὄψιν ἀφίκοιτό ποτε, τὸν δ'

approach this theoretical knowledge with training, with a wish both to consolidate and make it a fixed disposition.[21]

2.2 I find that all accomplishments come to people through will and ability.[22] Anyone who misses one of the two will necessarily fall short of their goal. 2.3 We see athletes, for example, owing either to the natural unfitness[23] of their bodies or negligence in their training fail to reach their goal. As for the athlete, however, who does have a body naturally suited to winning and is irreproachable in training, what could prevent them from taking victory wreaths at contests?[24]

2.4 Are doctors of today then unfortunate in both traits as they apply neither ability nor a noteworthy will to their training in the art, or do they have one of them but lack the other? 2.5 Now, it does not seem sensible to me to argue that no one is born possessing a soul with enough ability to receive so philanthropic an art,[25] given that the cosmos was the same in the past as in the present, the seasons have not changed their order, the sun has not modified its cycle, and no other fixed and wandering star has changed its place.[26] 2.6 It is reasonable to surmise that, because of their bad upbringing in which people are now raised and because wealth is regarded as more valuable than virtue,[27] we no longer find someone like Phidias among sculptors, like Apelles among painters,[28] or like Hippocrates among doctors.

2.7 And yet, that we have been born after the ancients and receive the arts after they have been developed by them to the highest degree[29] is no small advantage. At least then, after learning thoroughly what Hippocrates discovered over a considerable amount of time in a few short years, we could very easily spend the rest of our lives trying to discover the remaining aspects of the art.[30] 2.8 One cannot, however, reach the goal of the art if one assumes that wealth is more valuable than virtue and if learning the art is not for the sake of public service[31] but rather for making money. For others will manage to become rich before we reach the goal of the art. So, it is not possible to make money and at the same time practice an art that is so great, but someone who pursues the one activity very eagerly will necessarily have contempt for the other.

2.9 Can we say, then, that any person exists today who aims to acquire wealth only to support the needs of the body? Is there anyone who can not only articulate in speech but also clearly show through action the natural limit of wealth[32] that ends at the prevention of hunger, thirst, and cold?

3.1 If there is indeed someone of this sort, this person will snub both Artaxerxes and Perdiccas.[33] They would never come into the former's

ἰάσεται μὲν νοσοῦντα νόσημα τῆς Ἱπποκράτους τέχνης δεόμενον, οὐ μὴν ἀξιώσει γε διὰ παντὸς συνεῖναι, θεραπεύσει δὲ τοὺς ἐν Κρανῶνι καὶ Θάσῳ καὶ ταῖς ἄλλαις πολίχναις πένητας· ἀπολείψει δὲ Κῴοις μὲν τοῖς πολίταις Πόλυβόν τε καὶ τοὺς ἄλλους μαθητάς, αὐτὸς δὲ "πᾶσαν" ἀλώμενος "ἐφίξεται"* τὴν "Ἑλλάδα"· χρὴ γὰρ αὐτὸν γράψαι τι καὶ περὶ φύσεως χωρίων. 3.2 ἵν' οὖν κρίνῃ τῇ πείρᾳ τὰ ἐκ λόγου διδαχθέντα, χρὴ πάντως αὐτόπτην γενέσθαι πόλεων, τῆς πρὸς μεσημβρίαν ἐστραμμένης καὶ τῆς πρὸς ἄρκτον καὶ τῆς πρὸς ἥλιον ἀνίσχοντα καὶ τῆς πρὸς δυσμάς, ἰδεῖν δὲ καὶ τὴν ἐν κοίλῳ κειμένην καὶ τὴν ἐφ' ὑψηλοῦ καὶ τὴν ἐπακτοῖς ὕδασι χρωμένην καὶ τὴν πηγαίοις καὶ τὴν ὀμβρίοις καὶ τὴν ἐκ λιμνῶν καὶ ποταμῶν, 3.3 ἀμελῆσαι δὲ καὶ μηδ' εἴ τις ψυχροῖς ἄγαν ὕδασι μηδ' εἴ τις θερμοῖς χρῆται μηδ' εἰ νιτρώδεσι μηδ' εἰ στυπτηριώδεσιν ἤ τισιν ἑτέροις τοιούτοις, ἰδεῖν δὲ καὶ ποταμῷ μεγάλῳ πρόσοικον πόλιν καὶ λίμνῃ καὶ ὄρει καὶ θαλάττῃ καὶ τἆλλα πάντα νοῆσαι, {καὶ} περὶ ὧν ἡμᾶς αὐτὸς ἐδίδαξεν.

3.4 ὥστ' οὐ μόνον ἀνάγκη χρημάτων καταφρονεῖν τὸν τοιοῦτον ἐσόμενον ἀλλὰ καὶ φιλόπονον ἐσχάτως ὑπάρχειν. καὶ μὴν οὐκ ἐνδέχεται φιλόπονον εἶναί τινα μεθυσκόμενον ⟨ἢ⟩ ἐμπιπλάμενον ἢ ἀφροδισίοις προσκείμενον ἢ συλλήβδην εἰπεῖν αἰδοίοις καὶ γαστρὶ δουλεύοντα· σωφροσύνης γοῦν φίλος ὥσπερ γε καὶ ἀληθείας ἑταῖρος ὅ γ' ἀληθὴς ἰατρὸς ἐξεύρηται.

3.5 καὶ μὲν δὴ καὶ τὴν λογικὴν μέθοδον ἀσκητέον* χάριν τοῦ γνῶναι, πόσα τὰ πάντα κατ' εἴδη τε καὶ γένη νοσήματα ὑπάρχει καὶ πῶς ἐφ' ἑκάστου ληπτέον ἔνδειξίν τιν' ἰαμάτων. 3.6 ἡ δ' αὐτὴ μέθοδος ἥδε καὶ τὴν τοῦ σώματος αὐτὴν διδάσκει φύσιν, τήν τ' ἐκ τῶν πρώτων στοιχείων, ἃ δι' ἀλλήλων ὅλα κέκραται, καὶ τὴν ἐκ τῶν δευτέρων, τῶν αἰσθητῶν, ἃ δὴ καὶ ὁμοιομερῆ προσαγορεύεται, καὶ τρίτην ἐπὶ ταύταις τὴν ἐκ τῶν ὀργανικῶν μορίων. 3.7 ἀλλὰ καὶ τίς ἡ χρεία τῷ ζῴῳ τῶν εἰρημένων ἑκάστου καὶ τίς ἡ ἐνέργεια, δέον †μὲν ἄγειν†* ταῦτα μὴ ἀβασανίστως, ἀλλὰ μετ' ἀποδείξεως πεπιστῶσθαι, πρὸς τῆς λογικῆς δήπου διδάσκεται μεθόδου.

3.8 τί δὴ οὖν ἔτι λείπεται πρὸς τὸ μὴ εἶναι φιλόσοφον τὸν ἰατρόν, ὃς ἂν Ἱπποκράτους ἀξίως ἀσκήσῃ τὴν τέχνην; εἰ γάρ, ἵνα μὲν ἐξεύρῃ φύσιν σώματος καὶ νοσημάτων διαφορὰς καὶ ἰαμάτων ἐνδείξεις, ἐν τῇ λογικῇ θεωρίᾳ γεγυμνάσθαι προσήκει, ἵνα δὲ φιλοπόνως τῇ τούτων ἀσκήσει παραμένῃ, χρημάτων τε καταφρονεῖν καὶ σωφροσύνην ἀσκεῖν, πάντα ἤδη τῆς φιλοσοφίας ἔχοι* τὰ μέρη, τό τε λογικὸν καὶ τὸ φυσικὸν καὶ τὸ ἠθικόν.

sight, though they will heal the latter when sick and in need of Hippocrates' art but will not think it right to remain with him forever. Instead, they will treat the poor in Crannon, Thasos, and other small towns.[34] They will leave behind Polybus[35] as well as other pupils to take care of the citizens of Cos, while they come to all of Greece in their wandering,[36] for they must write something about the nature of different places. 3.2 In order that they may form a judgment about what is learned from theory through their experience, they must especially see for themselves cities that face toward the south, north, east, and west;[37] they must see cities located in valleys and in elevated places, those that use imported water, or spring water, rainwater, and water from lakes or rivers. 3.3 They ought not to neglect whether some cities use excessively cold or warm water or if the water is alkaline, sulfurous, or has some such quality.[38] They must see cities next to large rivers, lakes, mountains, and the sea in addition to considering everything else about which Hippocrates taught us.

3.4 Therefore, it is incumbent for someone who is going to be a doctor of this sort not only to feel contempt for wealth but also to be extremely hardworking.[39] Moreover, a drunk, glutton, or lecher,[40] or, to put it briefly, a slave to their genitals and stomach, cannot be hardworking.[41] What the true doctor reveals themselves to be, then, is a lover of moderation just as they are a friend of truth.

3.5 And what is more, they ought to train in the logical method[42] to know how many diseases there are in total by genera and species and how in the case of each disease one must discover any indication[43] of treatment. 3.6 This same method is also what teaches us about the body's very nature, and the nature of its primary elements that thoroughly mix with one another, and the nature of the perceptible elements that are, in fact, called homoeomerous, and, in addition to these, a third nature that is composed of organic parts.[44] 3.7 But also, the method teaches us, I suppose, what use animals have for each of the aforementioned parts and what their activity[45] is, and one must not accept[46] these things uncritically[47] but rather be convinced by demonstration.

3.8 How then is the doctor who practices the art in a manner worthy of Hippocrates still not a philosopher? For, if it is appropriate that they train in logical theory in order to investigate the nature of the body, the differences between diseases, and the indications of treatment, and if it is appropriate for them to show contempt for money and cultivate moderation so that they remain assiduously occupied in their training in these things, then they have all the parts of philosophy[48]—logic, physics, and ethics.[49]

3.9 οὐ γὰρ δὴ δέος γε, μὴ χρημάτων καταφρονῶν καὶ σωφροσύνην ἀσκῶν ἄδικόν τι πράξῃ· πάντα γάρ, ἃ τολμῶσιν ἀδίκως ἄνθρωποι,* φιλοχρηματίας ἀναπειθούσης ἢ γοητευούσης ἡδονῆς πράττουσιν. 3.10 οὕτω δὲ καὶ τὰς ἄλλας ἀρετὰς ἀναγκαῖον ἔχειν αὐτόν· σύμπασαι γὰρ ἀλλήλαις ἕπονται καὶ οὐχ οἷόν τε μίαν ἡντινοῦν λαβόντι μὴ οὐχὶ καὶ τὰς ἄλλας ἁπάσας εὐθὺς ἀκολουθούσας ἔχειν ὥσπερ ἐκ μιᾶς μηρίνθου δεδεμένας.

3.11 καὶ μὴν εἴ γε πρὸς τὴν ἐξ ἀρχῆς μάθησιν καὶ πρὸς τὴν ἐφεξῆς ἄσκησιν ἀναγκαία τοῖς ἰατροῖς ἐστιν ἡ φιλοσοφία, δῆλον ὡς, ὅστις ἂν <ἄριστος> ἰατρὸς ᾖ, πάντως οὗτός ἐστι καὶ φιλόσοφος.* 3.12 οὐδὲ γὰρ οὐδ' ὅτι πρὸς τὸ χρῆσθαι καλῶς τῇ τέχνῃ φιλοσοφίας δεῖ τοῖς ἰατροῖς, ἀποδείξεως ἡγοῦμαί τινα χρήζειν ἑωρακότα γε πολλάκις ὡς φαρμακεῖς εἰσιν, οὐκ ἰατροὶ καὶ χρῶνται τῇ τέχνῃ πρὸς τοὐναντίον ἢ πέφυκεν οἱ φιλοχρήματοι.

4.1 Πότερον οὖν ὑπὲρ ὀνομάτων ἔτι διενεχθήσῃ καὶ ληρήσεις ἐρίζων, ἐγκρατῆ μὲν καὶ σώφρονα καὶ χρημάτων κρείττονα καὶ δίκαιον ἀξιῶν εἶναι τὸν ἰατρόν, οὐ μὴν φιλόσοφόν γε, καὶ φύσιν <μὲν> γιγνώσκειν σωμάτων καὶ ἐνεργείας ὀργάνων καὶ χρείας μορίων καὶ διαφορὰς νοσημάτων καὶ θεραπειῶν ἐνδείξεις, οὐ μὴν ἠσκῆσθαί γε κατὰ τὴν λογικὴν θεωρίαν, ἢ τὰ πράγματα συγχωρήσας ὑπὲρ ὀνομάτων αἰδεσθήσῃ διαφέρεσθαι; 4.2 καὶ μὴν ὀψὲ μέν, ἄμεινον δὲ νῦν γοῦν σωφρονήσαντά σε μὴ καθάπερ κολοιὸν ἢ κόρακα περὶ φωνῶν ζυγομαχεῖν ἀλλ' αὐτῶν τῶν πραγμάτων σπουδάζειν τὴν ἀλήθειαν.

4.3 οὐ γὰρ δὴ τοῦτό γ' ἂν ἔχοις εἰπεῖν, ὡς ὑφάντης μέν τις ἢ σκυτοτόμος ἀγαθὸς ἄνευ μαθήσεώς τε καὶ ἀσκήσεως οὐκ ἄν ποτε γένοιτο, δίκαιος δέ τις ἢ σώφρων ἢ ἀποδεικτικὸς ἢ δεινὸς περὶ φύσιν ἐξαιφνίδιον ἀναφανήσεται, μήτε διδασκάλοις χρησάμενος μήτ' αὐτὸς ἐπασκήσας ἑαυτόν. 4.4 εἰ τοίνυν καὶ τοῦτ' ἀναισχύντου καὶ θάτερον οὐ περὶ πραγμάτων ἐστὶν ἀλλ' ὑπὲρ ὀνομάτων ἐρίζοντος, φιλοσοφητέον ἡμῖν ἐστι πρότερον, εἴπερ Ἱπποκράτους ἀληθῶς ἐσμεν ζηλωταί· κἂν τοῦτο ποιῶμεν, οὐδὲν κωλύει μὴ παραπλησίους ἀλλὰ καὶ βελτίους αὐτοῦ γενέσθαι, μανθάνοντας μὲν ὅσα καλῶς ἐκείνῳ γέγραπται, τὰ λείποντα δ' αὐτοὺς ἐξευρίσκοντας.

3.9 And so, there is certainly no reason to fear that that they will commit some wrongdoing because they look down on money and practice moderation. For every wrongdoing that humans bring themselves to perform[50] they accomplish under the persuasion of avarice and the spell of pleasure.[51] 3.10 It follows that a doctor must have the other virtues too, because all the virtues are interdependent: a person cannot possess any one virtue and not have all the others follow on immediately, as if they are all connected by a single string.[52]

3.11 If, at any rate, philosophy is indispensable for doctors in their initial education and their subsequent training, whoever is a doctor[53] in every way is clearly also a philosopher.[54] 3.12 Nor do I think that anyone needs a demonstration of the idea that doctors require philosophy to practice the art properly, at least when one often sees that it is druggists, not doctors, who are the lovers of money and use the art contrary to its natural purpose.[55]

4.1 Therefore, should you still be quarreling over names[56] and quibbling with nonsensical chatter when you consider it proper for the doctor to be self-disciplined, temperate, superior to the influence of money, but then they are in no way a philosopher? Do you also think they should know about the nature of bodies, the activities of the organs, the uses of the parts of the body, the differences between diseases, and indications of treatment, yet not be trained at all in logical theory? Or, although you might acknowledge the facts, are you ashamed to disagree about names? 4.2 Well it is quite late, but it is better that at least now you have come to your senses and do not want to bicker about sounds just like the jackdaw or raven[57] but take seriously the very facts themselves.

4.3 Surely, you cannot say that someone can become a good weaver or a cobbler[58] without education and training, and that someone will suddenly appear temperate, trained in demonstrative proof, or an expert about nature when they have neither had recourse to a teacher nor have trained themselves? 4.4 Well then, if this kind of argument comes from a shameless person, and the other one comes from someone who nitpicks not about facts but rather about mere names, we must pursue philosophical knowledge above all else, if we are really followers of Hippocrates. If we do this, there is nothing that could prevent us from becoming his near equal or even his better, after we learn all the things that he has written about well and investigate what is left to be discovered.

Notes on the Translation

* The asterisk in the Greek text refers to the list of textual variants found at the end of the Introduction. Notes by Heinz-Günther Nesselrath are marked with [N.].

1 Throughout his writings, Galen portrays athletics as an antithesis to his conception of the medical art (*technē*). Whereas doctors aim to restore and preserve balance, Galen cites athletes as perverse extremes of certain Greek aristocratic ideals: athletes' focus on select exercises distorts the body, leading to various humoral imbalances, and their practice of sexual abstinence causes their sexual organs to shrink (Mattern 2008, 129). König (2005, 255–6) notes that Galen's characterization of athletics as a mirror image of medicine serves his disciplinary polemics with professional trainers (*gymnastai*), with whom doctors had to compete for both patients and epistemic authority over health (cf. *Thras.* §2, Helmreich 1893, 33.16–35.11). Here, Galen exploits athletic imagery to impress on the reader that his own 'victories' in medicine result from his lengthy, laborious training—which lazy athletes and contemporary doctors eschew. As will be seen, Galen reiterates this link between success, especially his own, and hard work (*philoponos*) twice below (*QOM* 3.3; 3.8). The text's critique of athletics is subtle in that it suggests Galen's skill is not just commensurate with Olympic victors', whom Greek cities celebrated and rewarded (see below), but something more elevated (König 2005, 266). On the significance of athletes for Galen's development of his argument, see Curtis in this volume.

2 The most prestigious competition of the Panhellenic athletic festival cycle, the Olympic Games were composed of footraces and events in pentathlon, wresting, boxing, and chariot racing; the top prizes were crowns of leaves (*stephanoi*), to which Galen refers below. While the Olympic and other Panhellenic Games (at Delphi, Nemea, and Isthmia) did not materially reward their victors, the home cities of the athletes compensated them monetarily, with, for example, tax immunity and victory purses. Furthermore, inscriptions and celebratory odes, such as the *epinikia* ('victory songs') of Pindar (b. 522/518 BCE), enhanced their prestige throughout the Greek-speaking world. On the rewards of an Olympic victory, see N. Spivey, *The Ancient Olympics* (Oxford 2004) 125–68; W. Decker, s.v. "Olympic Champions", *New Pauly* [online].

3 Tieleman has pointed out to me that the phrase μηδὲν δὲ πράττειν. . .ἐπιτηδεύοντες ("they apply themselves to doing nothing") forms a deliberate oxymoron, which gives the passage a pronounced sarcastic effect.

4 As I mentioned in the introduction (p. 11), the Hippocrates of *QOM* is a retrospective reading of select Hippocratic sources onto which Galen projects traits that he admires in himself (cf. Boudon-Millot 2016, 378–98). Intertextual references to *Airs, Waters, and Places* and more popular traditions (e.g., the Hippocratic pseudepigrapha) in passages below (3.1; 3.3) reveal that Galen crafts his Hippocrates primarily in reference to these sources, and in so doing ignores other texts that arguably have an equal if not more persuasive claim to authenticity, such as *Breaths*, whose attribution of disease to unconcocted residues corresponds with the *Anonymous Londinensis* papyrus' account of Hippocrates' pathology (*Anon. Lond.* 5.35–6.44, D. Manetti (ed.), *Anonymi Londiniensis. De medicina* [Berlin 2011] 10–13).

5 "When it is a matter of bringing themselves to a similar level as him": the strange expression ἐν ὁμοίοις τινὶ γενέσθαι is apparently found nowhere else in Greek literature (as a search of the electronic TLG has proved) and therefore is most probably corrupt. As the conjectures hitherto made (αὐτοὺς ὡς ὁμοιοτάτους ἐκείνῳ

Wenkebach: αὐτοὺς ἐν ὁμοίοις ἐκείνῳ Coray, accepted by Boudon-Millot) are not altogether convincing, I have put cruces in the text. [N.]

6 The study of astronomy only became regularly based on geometry during the Hellenistic period, so Galen's attribution of this disciplinary innovation to Hippocrates is historically inaccurate. Furthermore, although Galen may credit Hippocrates with recognizing astronomy's significance to medicine, Mesopotamian doctors had long before looked to the practices of their astronomical peers to develop their own methods of, for instance, forecasting the outcome of diseases (see M. Geller, *Ancient Babylonian Medicine: Theory and Practice* [Chichester 2010] 163). Of the texts in the Hippocratic corpus, *Airs, Waters, and Places* (*Aer.* §1) is perhaps most explicit in its grounding of medicine on astronomy, for it lists a town's orientation with regard to the "risings of the sun" (πρὸς τὰς ἀνατολὰς τοῦ ἡλίου) among the essential information that an itinerant doctor should learn upon their arrival. As the introduction explained (p. 11–12), Galen composed *QOM* concurrently with his commentary on *Aer.*, the extant Arabic version of which shows him underscoring the importance of both astronomy and geometry to the medical art. In the third book of his exegesis (§19, Toomer 1985, 199), Galen launches an attack, similar to the one above, on Roman doctors' dismissal of the fundamental role that Hippocratic medicine assigns to astronomy and geometry. He blames his medical rivals' and more generally his Roman interlocutors' inability to comprehend his own explanations of astronomical phenomena on their imperfect knowledge of the two disciplines. As a corrective to this ignorance, Galen alleges that he wrote a 'geometrical' book, called *The Stars of Hippocrates and the Geometry Useful in the Science of Medicine*, on the subject of the timing and nature of the equinoxes and solstices as well as the stars' power to modify the surrounding air (§30, Toomer 1985, 200). This work does not survive, nor is it listed in his autobibliography *On My Own Books*. Nonetheless, Galen elaborates on the practical pertinence of astronomy, and presumably geometry, to doctors in his *Critical Days*, book two, where the phases of the moon are theorized as the factor responsible for the crisis points of diseases (G. Cooper, *Galen, De Diebus Decretoriis, from Greek into Arabic* [London 2017] 61–76). Galen also repeatedly highlights the epistemological value of geometry and other mathematical sciences, among which astronomy was often counted, in his writings, for they provide an analytical method for reaching incontrovertible truths through the construction of demonstrative proofs based on established principles (see *Lib. prop.* 14.5–6; G. E. R. Lloyd, "Mathematics as a Model of Method in Galen", in: *Philosophy and the Sciences in Antiquity* [London 2005] 110–30).

7 Galen appears to restate the Hippocratic author's insistence at *Nature of the Human* §2 that medicine's theoretical aspect is predicated on knowledge of the nature of the body: "The nature of the body is the starting point of reasoning in medicine" (φύσις δὲ τοῦ σώματος, ἀρχὴ τοῦ ἐν ἰητρικῇ λόγου; cf. *Vict.* 1 §2). This Hippocratic tract, however, does not qualify, as Galen does above, that this information should be 'accurate' (ἀκριβῶς). Other Hippocratic treatises, such as *Ancient Medicine* (*VM* §9), admit that medicine can only attain limited precision (ἀκρίβεια) because of the variables inherent to the art: food, weather, location, and lifestyle are just a few of the many factors that can influence a person's health (see M. J. Schiefsky, *Hippocrates "On Ancient Medicine": Translated with Introduction and Commentary* [Leiden 2005] 361–74). While the author of *VM* may deny medicine the ability to achieve reliable outcomes all the time, they posit that doctors can minimize their errors by aiming at a therapeutic "mean" (μέτρον), which, consisting of knowledge about the organs, humors, and effects of food, can be adapted according to how the patient's body feels (n. αἴσθησιν, §9.3) on inspection. The identification of a mean in medicine serves the Hippocratic author's polemics with critics who cite the discipline's fallibility as justification for its inferior ranking as an *empeiria*—an

area of knowledge reliant on haphazard guesswork—instead of a *technē*. Galen's endowment of medicine with precision analogously works to elevate medicine's epistemological and therefore disciplinary status by giving it a claim to the level of epistemic certainty that higher forms of knowledge, such as philosophy, long associated with themselves.

8 Galen's use of "are serious" (σπουδὰζουσιν) appears to be sarcastic irony, as contemporary doctors' inability to distinguish between basic aspects of the parts of the body belies their earnestness in adopting a Hippocratic approach to medicine.

9 As with his investment of medicine with precision, Galen seems to use the verb ἐπίστανται ('to know') to accent the discipline's epistemological potential. I have given ἐπίστανται the specific meaning 'to have scientific knowledge' to connote how the term signifies a settled, theoretical category of knowledge (*epistēmē*); I do not refer to 'scientific' in its narrower, modern sense as the systematic study of the natural and biological world (s.v. "science", def. 1, *OED* 3rd ed.). The theoretical knowledge captured by *epistēmē*, from which ἐπίστανται derives, ranks highest in most Greco-Roman epistemological hierarchies. Plato and Aristotle, for instance, associate philosophy with this knowledge category and argue for its superiority over *technai* such as medicine as well as 'knacks' (*empeiriai*) on the basis that *epistēmai* ('theoretical sciences') produce certain knowledge through logical demonstrations about invariable and eternal things with little practical relevance—the impracticality of *epistēmai* made them the province of the elite (see Das 2020, 6–13). Although in the context of this passage Galen is decrying his contemporary medical peers for lacking secure knowledge about essential details of their object of practice (i.e., the human body), he is also contesting implicitly philosophy's monopoly on *epistēmē*.

10 This passage offers another conspicuous example of Galen redefining Hippocratic medicine to validate his educational ideals. No Hippocratic author mentions "logical theory" (λογικὴν θεωρίαν) and thus the necessity of training in it. In the *Phaedrus* (270c–d), however, Plato associates Hippocrates with the method of division (*diaresis*); Galen invokes the dialogue in *PHP* 9 to support his attribution of a similar logical technique, which he calls the distinction of similars (διακρίνοντα τὰς τῶν πραγμάτων ὁμοιότητας, 9.2.23) to his medical forerunner. On the dialogue's importance to Galen's representation of Hippocrates, see Tieleman in this volume (p. 128). It can also be noted that the technical sense in which Galen uses the terms *eidē* and *genē* to refer to different categories of classification—species and the kind (or genus) under which the species falls—goes back to Aristotle (see, e.g., *Top.* 4.6, 127b–128a). Logic, as Galen makes clear in *Ord. lib. prop.* (2.2–3), is not just key for comprehending all the many types of diseases but for realizing the truth of his own writings. The trainee of logic, especially the reader of his *On Demonstration* (now fragmentary), will see that Galen provides "accurate knowledge of facts" (ἐπιστήμην ἀκριβῆ τῶν πραγμάτων) and "correct opinion" (δόξαν ὀρθήν), which are only accessible to those learned in this area.

11 According to modern medical understanding, a prognosis usually concerns the future course of a disease; in contrast, Hippocratic prognostication concentrates equally on the patient's past and present condition with the idea that this information will instill confidence in the doctor's treatment ability. Cf. the Hippocratic *Progn.* §1: "I hold that it is an excellent thing for a physician to practice forecasting. For if they discover and declare unaided by the side of their patients the present, the past, and the future and fill in the gaps in the account given by the sick, they will be the more believed to understand the cases, so that people will confidently entrust themselves to them for treatment" (Τὸν ἰητρὸν δοκεῖ μοι ἄριστον εἶναι πρόνοιαν ἐπιτηδεύειν· προγινώσκων γὰρ καὶ προλέγων παρὰ τοῖσι νοσέουσι τά τε παρεόντα καὶ τὰ προγεγονότα καὶ τὰ μέλλοντα ἔσεσθαι, ὁκόσα τε παραλείπουσιν οἱ ἀσθενέοντες ἐκδιηγεύμενος πιστεύοιτο ἂν

μᾶλλον γινώσκειν τὰ τῶν νοσεύντων πρήγματα, ὥστε τολμᾶν ἐπιτρέπειν τοὺς ἀνθρώπους σφᾶς αὐτοὺς τῷ ἰητρῷ, [Jones 1923, 6; slightly modified]). Galen connects his own prognostic success in Rome, which he outlines in *On Prognosis* (e.g., *Praen.* 7.6–18), with his keen observational skills of the patient's evacuations (e.g., urine, sweat, hemorrhages) and even sickroom.

12 "Prognosticating about present, past, and future <events>": Boudon-Millot's text (προγιγνώσκειν τά τε παρόντα κτλ.) accepts Müller's inversion of the transmitted τε τὰ. Wenkebach assumed that the transmitted word order προγιγνώσκειν τε τὰ παρόντα κτλ. might indicate that another infinitive had fallen out and therefore conjectured προγιγνώσκειν τε <καὶ λέγειν> τὰ παρόντα κτλ.; καὶ λέγειν, however, sounds very flat and is surely not the right supplement. Still, one might find it strange to see *προ*γιγνώσκειν combined here with τὰ παρόντα καὶ τὰ προγεγονότα, and in another Galen passage (*Diff. puls.* 8.496.5K) we read in fact γνωρίζοιτό τε τὰ παρόντα καὶ προγιγνώσκοιτο τὰ μέλλοντα συμβήσεσθαι—so it is at least conceivable that in our passage the original wording might have been προγιγνώσκειν τε <γνωρίζειν τε> and the loss of the second infinitive might be due to homoioteleuton. [N.]

13 "Future <events> for the patient": in L we have the word νοσήματα following τῷ κάμνοντι, in L^2 and παθήματα in the apographon M; the Arabic translation, however, as rendered by Boudon-Millot ("les faits présents"), seems to have translated neither of these words, but just to have translated τὰ μέλλοντα γενήσεσθαι (τῷ κάμνοντι), which (perhaps accidentally) is also the text of the apographon U. I follow the Arabic translation here, omitting νοσήματα/παθήματα. [N.]

14 Cf. n. 8 above.

15 Galen alludes here to the accusations of sorcery (γοητεία γόης, *Praen.* 1.6, 9) and wonderworking (παραδοξολόγον/παραδοξοποιόν, *Praen.* 8.1) that he received for the accuracy of his prognoses. Synonymous with a cheat (see Pl. *Symp.* 203d8), *goēs* originally described a magical practitioner who purportedly could commune with the dead (s.v. "magic, magi", IIIa1 *NP*). It is unclear whether *paradoxologos*, on the other hand, refers to a class of magicians or is just a byword for a liar (s.v. παραδοξολόγος, *LSJ*). To be marked as magician carried serious consequences that extended beyond social stigmatization; the practice of magic was understood to be illegal during the second and third centuries CE and, in the Roman Empire, was punishable by exile and even death (see M. Dickie, *Magic and Magicians in the Greco-Roman World* [London 2001] 142–61).

16 "They would hardly put up with anyone": L's original wording here is σχολῆ γ' (L^2 added ἄν, followed by M; U has σχολῇ γὰρ). In all other Galen passages exhibiting σχολῆ γ(ε), this expression always follows a preceding secondary clause introduced by ὁπότ' οὖν (*CAM* 7.12, Fortuna 1997, 76.17) or ὅπου γὰρ (*AA* 2.289.5K; P. De Lacy [ed.], *Galeni De semine* [Berlin 1992] 132.21) or ὅπου δ' ἂν (*Plen.* 7.556.16K) or εἴπερ οὖν (*Us. puls.*, D. J. Furley / J. S. Wilkie [eds.], *Galen On Respiration and the Arteries* [Princeton 1984] 194.16) or ὅτῳ δ' (*Adv. Lyc.*, E. Wenkebach [ed.] *Galeni Adversus Lycum et Adversus Iulianum* [Berlin 1951] 2.16), so Müller's assumption of a lacuna before σχολῆ γ' here is probably right. It may be noted that Boudon-Millot's conjecture σχολῆ γὰρ ἂν is not found anywhere in the Galenic corpus. Additional note: the ἄν added by L^2 may not be necessary, given that by Galen's time the modus potentialis can be expressed by simply using the optative, as many instances in Galen's contemporary Lucian show (see also below n. 48). [N.]

17 The foundation of Hippocratic—and later Galenic—therapeutics is treatment by regimen (δίαιτα), the regulation of food and drink. Texts such as the aptly entitled *Regimen in Acute Diseases* (*Acut.* § 38) and *Aphorisms* (*Aph.* 1.8–10) instruct the physician to assess not only the patient's strength but also the virulence and stage of their disease before prescribing a regimen. The Hippocratic authors of these tracts

recommend respectively abstention from food and "a very thin diet" (λεπτοτάτη διαίτη), consisting of substances able to prevent blockages in the body, at the disease's height (ἀκμή), when it can resolve for either the better or worse.

18 Sluiter 1995 notices that Galen revises the prevailing philological norms to advance Hippocrates as a stylistic model: he privileges content over form and clarity over grammatical correctness. According to Galen, the characteristic brevity of Hippocratic style invests his writings with "forcefulness" or "rhetorical power" (*deinotēs*), which is achieved through the *accurate* use of colloquial language and disregard for ornament (e.g., overly technical language). Galen may forgive Hippocrates for committing a solecism (a grammatical error such as misgendering a noun), but he views terminological inaccuracy as grounds for denying authenticity to a work. Notwithstanding Galen's insistence on Hippocrates' clarity, it is the other feature of Hippocratic style—brevity—that justifies Galen's own exegetical projects on the Hippocratic corpus; Hippocrates' writings require expansion as well as contextualization for those readers who are unfamiliar with 'ancient' literature. On the meaning of 'clarity' in Galen, see Mansfeld 1994, 148–61.

19 "If it should even occur to them to do this": τῳ before τοῦτο (L^2M) is very likely to be right, as Galen also employs it (or a similar generic dative) in similar passages involving an impersonal use of παρίστασθαι (ὡς ἄν τῳ παραστῇ, G. Helmreich [ed.], *Galeni De optima corporis constitutione* [Hof 1901] 8.6; ὡς ἂν ἑκάστῳ παραστῇ *Di. dec.* 3, 9.874.9K and *MM* 14, 10.59.2K). [N.]

20 "If they should succeed in this too": Wenkebach's correction εὐτυχήσειαν (of the transmitted –σειεν) very convincingly restores (with the change of one letter) a plural form that well fits in between the other transmitted plural forms in this sentence (συνιᾶσι, ἐπεξέρχονται, βουλόμενοι). [N.]

21 Of Stoic origin, the term *hexis* (lit. 'holding') refers to a stable state of either the body or mind. In Stoic physics, the word is used to describe the coherence of inanimate bodies such as stones, whereas in the realm of ethics, it denotes a tendency to act (*SVF* cf. 2.634 and 3.111). Galen also deploys *hexis* in both physical and psychological contexts: it can describe a permanent state of the body that is dependent on mixtures and therefore lifestyle factors (Mattern 2008, 102–5) or a stable psychic disposition such as "a character trait . . . that induces someone to perform the actions of the soul without consideration or choice" ("Character Traits", Davies 2014, 135). Because Galen's psychology recognizes the impact of bodily conditions on at least the nonrational parts of the soul (*QAM* §3, Bazou 2011, 13.9–14.10), the two definitions of *hexis* are not mutually exclusive. The usage in the above text, however, is principally ethical: through training (*askēsis*), the doctor should consolidate the *theoria* of the medical art into stable knowledge in their soul. Galen's choice of *askēsis* to refer to the training required of doctors reinforces the ethical import of the passage, as it communicates mental and moral self-discipline (see s.v. "ascesis/ascetism", *NP*).

22 Similar to *hexis*, *boulēsis* and *dynamis* are two conceptually rich terms in Galen and Greek philosophy in general. Since Plato and Aristotle, the former word appears to signify a rational desire for the good. With its core definition being a capacity to do a certain activity, *dynamis* appears throughout the Galenic corpus in physiological, psychological, and pharmacological contexts. As Galen's remarks in *QAM* (§11, Bazou 2011, 77.5–80.2; see also P. N. Singer, "Capacities of the Soul Depend on the Mixtures of the Body", in: Singer 2014, 338–40) about the uneducable reveal, a person's capacity to be trained, especially in ethics, is not solely determined by their upbringing but also by their innate bodily mixture. Therefore, Galen seems to suggest above that there are certain would-be doctors that are not temperamentally—in the technical sense of the word—cut out for learning medicine.

23 First appearing in the zoological works of Aristotle (e.g., *De partibus animalium* 2.16, 659a29), the concept of 'natural unfitness' (ἀφυΐα) attributes a body part's inability to perform a certain function to its physical makeup, including shape and material constitution.

24 See n. 1 above.

25 Galen explicitly links a person's aptitude for learning medicine to the strength, or capacity (*dynamis*), of their soul. He does not develop the point here, but works such as *Character Traits* explain that an individual's natural endowments—e.g., fluency in speaking, intelligence, and good memory—depend on the power of the inclinations of the three parts of their soul (i.e., rational, irascible, and desiderative). When the rational soul, for instance, is strong, it can follow its aspirations, namely the pursuit of knowledge and virtue (Davies 2014, 156). Although *Character Traits* does not argue that only those with innate strong rational souls can train in medicine, as *QOM* appears to propose, it does suggest that a person who studies a demonstrative science of preeminent standing, such as medicine, will make their soul stronger and more beautiful. By way of example, Galen adduces Hippocrates, who has a superior soul not only because he dedicated himself to medicine but also because his medicine is "finer" than the medicine of other doctors (Davies 2014, 162). He, therefore, implies that the student of Hippocratic (and thus Galenic) medicine will be able both to free their own bodies from disease and to refine their souls. At *PHP* 9.5.5–7 (De Lacy 2005, 564.24–30), Galen seems to qualify that medicine is not philanthropic per se, but rather the goal of the physician determines the property of the art: that is to say, because Hippocrates and other ancient physicians practiced medicine out of "love for humankind" (φιλανθρωπία), their medicine was philanthropic.

26 From a metaphysical perspective, this statement about the unchangeability of the cosmos might indicate a belief in the eternity of the world, a position famously associated with Aristotle and his Peripatetic followers. Galen, however, claims aporia about the issue of the origin of the cosmos, and thus its corruptibility, throughout his writings (see, e.g., *Prop. Plac.* 2). In *On Marasmus* and the fragments of his logical masterpiece *On Demonstration*, Galen acknowledges the possibility that the world was created but will endure indefinitely owing to an extrinsic, divine force (see R. Chiaradonna, "Le traité de Galien *Sur la demonstration* et sa postérité tardo-antique", in: R. Chiaradonna / F. Trabattoni (eds.), *Physics and Philosophy of Nature in Greek Neoplatonism* [Leiden 2009] 43–77). One of Galen's medieval Islamicate critics, Abū Bakr al-Rāzī (d. ca. 925 CE), responds to Galen's contemplation of the world's incorruptibility by countering that the cosmos' corruption is so gradual that its destruction is imperceptible to humans (see P. Koetschet, "Galien et al-Rāzī, et l'éternité du monde: Les fragments du traité *Sur la demonstration* IV, dans *Les doutes sur Galien*", *Arabic Sciences and Philosophy* 25.2 (2015) 167–98).

27 "Because wealth is regarded as more valuable than virtue": Müller's and Wenkebach's deletion of τὸν before πλοῦτον is justified, because τὸν creates an imbalance: either both πλοῦτος and ἀρετή should have the article or none of them; moreover, in the repetition of the phrase in 2.8 the article is missing in front of both nouns (πλοῦτον ἀρετῆς τιμιώτερον ὑποθέμενον). Interestingly, in Galen passages, where πλοῦτος is put together with other abstract nouns, the article is always missing (*Protr.* 5: οὐ γὰρ ἀξιώμασι πολιτικοῖς οὐδὲ γένους ὑπεροχαῖς οὐδὲ πλούτῳ, Boudon-Millot 2000, 89.10–1; 8: μήτ' ἐπὶ γένους λαμπρότητι μήτ' ἐπὶ πλούτῳ τε καὶ κάλλει θαρρήσαντας, Boudon-Millot 2000, 98.19–20; *Aff. pecc. dig.*, De Boer 1937, 35.27–36: ἧττονος μὲν ἀνθρώπου καὶ λιχνείας καὶ ἀφροδισίων καὶ δόξης καὶ τιμῆς, οὐκ ἔχοντος δὲ πλοῦτον; *PHP* 7.2.6, De Lacy 2005, 436.22: ὑγίεια καὶ πλοῦτος καὶ νόσος καὶ πενία; W. Schaefer [ed.], *De Galeni qui fertur De parvae pilae exercitio libello* [Bonn 1908] 3.1–2: πλούτου τε γὰρ δεῖται . . . καὶ ἀργίας; Helmreich 1923, 282.16–7: πρὸ τιμῆς καὶ δόξης καὶ πλούτου

καὶ δυνάμεως πολιτικῆς; *Dig. puls.* 8.773.8K: περὶ πλοῦτόν τε καὶ δόξαν; *Cris.* 9.645.9K: πλοῦτόν τε καὶ τιμὴν καὶ δύναμιν πολιτικὴν ἀληθείας προαιρούμενος; *MM* 10.115.2K: περὶ πλοῦτον καὶ δόξαν καὶ δύναμιν πολιτικὴν ἐσπουδακὼς; 10.172.13K: πλούτου καὶ δόξης καὶ πολιτικῶν δυνάμεων). [N.]

28 Galen cites the classical Athenian sculptor Phidias (fl. 448–445 BCE) and the Hellenistic painter Apelles (fl. 332–329 BCE) as paradigms of moral and therefore disciplinary excellence. In listing Phidias among the few artisans who have put virtue before wealth, he seems to ignore the allegation, narrated by his near contemporary Plutarch (*Life of Pericles* 31.2–5) that the sculptor embezzled gold meant for the construction of the Parthenon's Athena Parthenos statue. While Plutarch accepts the historicity of the charge, he does doubt, however, Phidias' guilt and instead blames one of the sculptor's assistants for the false accusation. In contrast to the painter Apelles, who appears nowhere else in Galen's corpus (he refers to another Apelles in his pharmacological writings *Comp. med. gen.* [13.853K] and *Ant.* [14.148K]; L. Winkler [trans.], *Galens Schrift "De antidotis": ein Beitrag zur Geschichte von Antidot und Theriak* [Marburg 1980] 306), Phidias features in several other treatises with other famous sculptors such as Praxiteles (fl. 370–320 BCE) and Polyclitus (5th–4th c. BCE) as supreme artisans of the human body whose skills are, nonetheless, outshone by nature (e.g., *Nat. fac.* 2.3, Helmreich 1893, 160.14–162.13; *UP* 3.10, Helmreich 1907, 175.7–176.4).

29 "After they have been developed by them to the highest degree": the Aldine edition's προηγμένας is markedly superior to the manuscripts' προηγημένας (Boudon-Millot's proposal to translate προηγημένας with "s'avancer" or "parvenir au plus haut point", is not covered by the range of meanings offered by LSJ s.v. προηγέομαι). On the other hand, the expression προάγειν τέχνην / τέχνας ("develop an art / arts") is well attested in Greek literature: see Diod. Sic. 26.1.1 (προαγαγόντες εἰς ἀκρότατον τὴν ζωγραφικὴν τέχνην), Dio Chrys. *Or.* 33.51 (τὴν τέχνην ἐπὶ τοσοῦτον προαγηόχασιν), Luc. *Par.* 13 (πάσης . . . τέχνης ἀνάγκη προάγειν μάθησιν πόνον φόβον πληγάς), Hermog. *Inv.* 4.4 (τῆς τέχνης . . . ἐπὶ τὸ κρεῖττον κατ' ὀλίγον προαγομένης). [N.]

30 Perhaps echoing this passage from *QOM,* Abū Bakr al-Rāzī makes a similar point about successive scholars advancing more rapidly on the discoveries of their disciplinary forebearers when justifying his own critique of Galen in the *Doubts about Galen*: "Another reason [why later scholars make corrections to past illustrious authorities] is that the scientific disciplines continually increase and grow closer to perfection with each passing day, and they give what it takes the ancient philosopher a long time to discover to the later philosopher in a shorter period, allowing the latter to evaluate it and make it a means whereby he can easily discover something else" (P. Koetschet (ed.), *Abū Bakr al-Rāzī "Doutes sur Galien"* [Berlin 2019] 6.7–9; J. McGinnis / D. C. Reisman (trans.), *Classical Arabic Philosophy: An Anthology of Sources* [Indianapolis 2007] 50).

31 *Euergesia* refers to a practice of munificence by which elite Greeks and Romans, especially from the Hellenistic period onwards, would contribute toward civic amenities (e.g., temples, communal banquets, and festivals) as a way of maintaining and even increasing their social prestige (s.v. "euergetism", *OCD*). Reciprocity is central to this kind of benefaction, as the civic community is expected to acknowledge elite gift-giving with public honors such as inscriptions. While Galen insists that doctors' benefactions—i.e., the 'donation' of their skills—should *not* be transactional, doctors had long been remunerated with civic salaries by Galen's time, and a wider range of practitioners enjoyed tax privileges and exemption from public liturgies, which required the wealthy to finance state work at their own expense. For further references to the legal and financial privileges accorded to doctors in the imperial period, see Nutton 2012, 255–6.

32 Galen's identification of a "natural limit of wealth" (κατὰ φύσιν πλούτου τὸν ὅρον) recalls Aristotle's imposition of a boundary on moneymaking (*chrēmatistikē*), which modern scholars designate as the 'natural limit' of wealth. Although Aristotle admits in the *Politics* (1.3, 1256b31–1257a7) that, as a quantity, moneymaking has an unlimited nature, he argues, nonetheless, that true wealth is limited to the useful goods required by a household (*oikos*) to flourish (*eudaimonein*) or live a good life (C. T. Desroches, "On Aristotle's Natural Limit", *History of Political Economy* 46.3 (2014) [387–407] 392). Therefore, wealth is not an end but a means to an end. Aristotle distinguishes this necessary wealth, which helps the master of a household to achieve self-sufficiency (*autarky*) and therefore leisure for activities productive of 'flourishing' (i.e., philosophy), from unnecessary moneymaking, which, in its endless occupation with gain, impedes the pursuit of virtue (see *Pol*. 1.3, 1257b24–1258a1). Galen's limitation of wealth seems to be more individualistic than Aristotle's, for he defines this boundary by the essential needs of the practitioner rather than their household (*oikos*), which could consist of a wife, children, and enslaved and hired labor.

33 According to popular legend, Hippocrates refused to treat the Persian king Artaxerxes principally out of panhellenic patriotism (i.e., a refusal to treat an enemy of the Greeks), whereas his disdain for wealth is behind his rejection of a comfortable position at the court of Perdiccas after curing the Macedonian ruler of his lovesickness for his father's mistress Phila. The former tale circulated much earlier than the latter, for it not only appears in the Methodist doctor Soranus' (1st c. CE) biography of Hippocrates (*Vita Hippocratis Secundum Soranum*), similar to the story about Perdiccas, but also features as the plot of nine pseudepigraphic letters dating to the Hellenistic period (see Pinault 1992, 79–93; Smith 1990, 48–54). The epistolary exchange gives differing motives for Artaxerxes' summoning of Hippocrates: letters 3–6 show Artaxerxes requesting Hippocrates' presence at his court for the enjoyment of his company, while the compositionally later letters 1–2 qualify that the invitation was issued because a plague was devastating the Persian Empire (Smith 1990, 18). The Perdiccas narrative is not part of the Hippocratic pseudepigrapha; instead, it appears in the *Life of Hippocrates* attributed to Soranus and Lucian's (ca. 115–180s CE) *How to Write History* §35. It derives from the earlier account of the physician Erasistratus' diagnosis of the Seleucid prince Antiochus' lovesickness for his stepmother Stratonice (Pinault 1992, 61–77). Galen, as Pinault 1992, 73, observes, reframes these legends, which are attested nowhere else in the Galenic corpus, to emphasize Hippocrates' professional skill and moral probity rather than his patriotism.

34 Crannon, a town in the Pelasgiotis district of ancient Thessaly, and Thasos, an island in the northern Aegean Sea, are the first locations mentioned in the Hippocratic *Epidemics* 2 and 1, respectively (see also *Epid*. 4.1, 6.1 and 3 for Crannon; *Epid*. 1.2–3, 3.2–3, 6.8 for Thasos). Notwithstanding Galen's characterization, Thasos, at least, was not a rural backwater, for the island enjoyed stable economic prosperity from the archaic to imperial Roman periods from the trade of its mineral resources with places as far afield as Egypt, Syria, and southern Italy (see s.v. "Thasos", *NP*). Livestock was at the root of the wealth of the nobility in Crannon such as the Scopadae family (6th c. BCE), who had the means to patronize the poet Simonides (s.v. "Scopadae", *NP*). While the seven books of the *Epidemics* are thematically linked by their focus on the seasonal patterns of diseases throughout Greece, Galen was among the ancient readers who cited stylistic differences as grounds for rejecting Hippocrates' authorship of the entire text: he proposed that *Epid*. 1 and 3 are authentic, *Epid*. 2 and 6 are joint case notes by Hippocrates and his son, whereas *Epid*. 4, 5, and 7 are from a pseudonymous itinerant practitioner (A. R. Das, "New Materials from

Galen's *On the Authentic and Spurious Works of Hippocrates*", *CQ* 113 [2019] [305–29] 325).

35 At *HNH proem*. 11–2 (Mewaldt 1914, 8.19–29), Galen includes this same report that Polybus, in contrast to both his father-in-law Hippocrates and brother-in-law Thessalus, spent his entire career on his native Cos. The pseudepigraphic *Embassy*, a speech purportedly given by Thessalus to the Athenians to dissuade them from attacking Cos, recounts otherwise: Hippocrates dispatched Polybus, along with his other students, throughout Greece to help those suffering from diseases caused by differing, local atmospheric conditions (Pinault 1992, 38). As the references to Artaxerxes and Perdiccas indicate, Galen was familiar with popular accounts about Hippocrates and his family. Galen's own dismissive reading of Polybus' contribution vis-à-vis Hippocrates—he accepted without modification his father-in-law's teachings ("on the whole, he does not appear to have changed Hippocrates' teaching in any of his writings", ὃς οὐδὲν ὅλως φαίνεται μετακινήσας τῶν Ἱπποκράτους δογμάτων ἐν οὐδενὶ τῶν ἑαυτοῦ βιβλίων; *HNH proem*. 12, Mewaldt 1914, 8.25–6)—may lie behind his neglect of a story that attributes to the two physicians comparable clinical experience.

36 "They come to all of Greece in their wandering": Boudon-Millot keeps ἐφέξει (unanimously transmitted in the Greek manuscripts) and believes that the Arabic translation's "parcourra" is covered by the meaning "occuper" (sc. "un territoire") attested for ἐπέχω, but this may be stretching things a bit far. Goulston proposed to read ἐφήξει, but ἐφήκω is attested nowhere else in Galen; Müller put ἐφεξ<ῆς διδά>ξει in his text, which seems rather far-fetched. I would like to propose another solution that at a first glance may seem remote, but at a second perhaps not: if we read ἐφίξεται here, we get a construction (πᾶσαν . . . ἐφίξεται . . . Ἑλλάδα) which is neatly paralleled in a verse of the philosopher-poet Xenophanes (*VS* 21 B 6.3: τοῦ κλέος Ἑλλάδα πᾶσαν ἐφίξεται). Wenkebach, by the way, had put ἀφίξετα in his text, which is found in the quotation of this Xenophanes verse in Ath. 6.368e. That Galen knows Xenophanes, is demonstrated by a passage in *HNH* 1.2, Mewaldt 1914, 15.14–23, where he is mentioned several times. [N.]

37 Literally, "toward the rising and setting of the sun" (τῆς πρὸς ἥλιον ἀνίσχοντα καὶ τῆς πρὸς δυσμάς).

38 Galen paraphrases the environmental factors identified by the Hippocratic author of *Aer*. as essential information that the itinerant doctor must ascertain when arriving at a new town: "He must also consider the properties of the waters; for as these differ in taste and in weight, so the property of each is far different from that of any other. Therefore, on arrival at a town with which he is unfamiliar, a physician should examine its position with respect to the winds and to the risings of the sun. For a northern, a southern, an eastern, and western aspect has each its own individual property. He must consider with the greatest care both these things and how the natives are off for water, whether they use marshy, soft waters, or such as are hard and come from rocky heights, or brackish and harsh" (*Aer*. 1, Jones 1923, 71; Δεῖ δὲ καὶ τῶν ὑδάτων ἐνθυμέεσθαι τὰς δυνάμιας· ὥσπερ γὰρ ἐν τῷ στόματι διαφέρουσι καὶ ἐν τῷ σταθμῷ, οὕτω καὶ ἡ δύναμις διαφέρει πουλὺ ἑκάστου. Ὥστε, ἐς πόλιν ἐπειδὰν ἀφίκηταί τις ἧς ἄπειρός ἐστι, διαφροντίσαι χρὴ τὴν θέσιν αὐτέης, ὅκως κέεται καὶ πρὸς τὰ πνεύματα καὶ πρὸς τὰς ἀνατολὰς τοῦ ἡλίου· οὐ γὰρ τωὐτὸ δύναται ἥτις πρὸς βορέην κέεται, καὶ ἥτις πρὸς νότον, οὐδ' ἥτις πρὸς ἥλιον ἀνίσχοντα, οὐδ' ἥτις πρὸς δύνοντα. Ταῦτα δὲ ἐνθυμέεσθαι ὡς κάλλιστα· καὶ τῶν ὑδάτων πέρι ὡς ἔχουσι, καὶ πότερον ἑλώδεσι χρέονται καὶ μαλακοῖσιν, ἢ σκληροῖσί τε καὶ ἐκ μετεώρων καὶ ἐκ πετρωδέων, εἴτε ἁλυκοῖσι καὶ ἀτεράμνοισιν·). See also *Aer*. 7 and 9, where the Hippocratic writer ranks hot spring water containing minerals such as sulfur (στυπτηρίη) and soda (νίτρον) as second worst for a person's health behind stagnant and marshy waters.

39 In enumerating the qualities required for a person to attain equal competence in both medicine and philosophy, Galen lists a "desire for hard work" (φιλόπονον) along with the possession of a "sharp intellect" (ἀγχίνουν) and "good memory" (μνήμονα) at *Ord. lib. prop.* 4.3 (Boudon-Millot 2007, 99.18–9). It becomes clear from what follows in this bibliographical work that Galen models the ideal doctor-philosopher on himself: his ability to learn whatever he was taught thoroughly and quickly (ἐκμανθάνων τε θᾶττον) as well as his lifelong dedication to the study of medicine and philosophy are the alleged reasons for his success in both disciplines (*Ord. lib. prop.* 4.5, Boudon-Millot 2007, 100.4–8). At *CAM* 6.9–12, which offers a more expansive description of the necessary traits for the student of medicine or philosophy, Galen adds that the would-be doctor or philosopher needs to be "very hardworking" because they will have to devote both their days and nights to learning (αὐτὸν εἶναι φιλοπονώτατον ὡς μηδὲν μήθ᾽ ἡμέρας μήτε νυκτὸς ἐκμελετᾶν ἄλλο πλὴν τῶν μαθημάτων, Fortuna 1997, 72.1–2).

40 Literally, "someone devoted to sexual pleasures" (ἀφροδισίοις προσκείμενον).

41 The phrase "a slave to one's genitals and stomach" appears to be idiomatic, as Galen's Christian contemporary Clement of Alexandria (d. before 215 CE) utilizes a variant of the phrase (τοὺς γαστρὶ καὶ αἰδοίοις δουλεύοντας, *Strom.* 4.16.100.3.4) to gloss the adjective "fond of pleasure" (φιληδόνους) in his discussion of Matthew 3:7. Galen does not advocate for a complete renunciation of sex and wine, for he accepts that both have therapeutic benefits: the former helps to evacuate excess seed, which can generate disease in both men and women (see *Loc. Aff.* 8.418–20K), and the latter can alleviate sadness and aid in digestion (*QAM* §3, Bazou 2011, 19.1–21.6).

42 "They ought to train in the logical method": Marquardt's correction ἀσκητέον (for the transmitted ἀσκεῖν) is attested twelve times in other Galenic passages, while ἀσκεῖν χρὴ is found in only five (and in only two of them we have ἀσκεῖν χρὴ in direct juxtaposition). It is therefore more plausible to assume that the ending of ἀσκητέον was corrupted to ἀσκεῖν than that χρὴ dropped out. [N.]

43 A technical term in Galen, *endeixis* ("indication") is something more than a sign or symptom in that it not only points to the cause of the body's present condition but also the appropriate treatment. Cf. *On the Method of Healing* (*MM*) 3.1, "If the indication . . . which takes it origin from the nature of the matter, reveals what is needed, the starting point for the discovery of the cures necessarily arises from the nature of the diseases themselves" (I. Johnston / G. H. R. Horsley (trans.), *Galen: Method of Medicine, Books 1–4* [Cambridge, MA, 2011] 243, Εἴπερ οὖν . . . ἡ ἔνδειξις ἐκ τῆς τοῦ πράγματος φύσεως ὁρωμένη τὸ δέον ἐξευρίσκει, τὴν ἀρχὴν τῆς τῶν ἰαμάτων εὑρέσεως ἐκ τῆς τῶν νοσημάτων αὐτῶν ἀνάγκη γίγνεσθαι). In this same section of *MM*, Galen argues that, while the *endeixis* of a disease is often evident to even laypeople, who can recognize that a condition belonging to the class of things "contrary to nature" (παρὰ φύσιν), such as a dislocation, requires a return to its natural state or place, the doctor's expertise (τεχνικὸν γινώσκειν) consists in knowing how and whether one can effect the needed change. Kudlien sees Galen making in this passage of *MM* a more subtle distinction between the logical and empirical/lay conceptions of *endeixis*, of which the former involves selecting only the symptoms indicative of the cause of the disease based on an understanding of the nature of the disease itself (F. Kudlien, "'Endeixis' as a Scientific Term: A) Galen's Usage of the Word [in Medicine and Logic]", in: F. Kudlien / R. J. Durling [eds.], *Galen's Method of Healing* [Leiden 1991] [103–11] 106).

44 This division of the body's elements into three categories of increasing complexity features throughout Galen's corpus. At *PHP* 8.4.8–13 (De Lacy 2005, 400.3–26), Galen situates his own classification in close relationship to Hippocrates', who, on his reading, identifies the humors as the basic materials out of which the 'primary' parts (or in Aristotle's terminology, as Galen reports, 'homoeomerous') are com-

posed (e.g., nerves, bone, membrane) which make up the compound parts of the body (e.g., the inner organs and limbs). Cf. *Hipp. Elem.* 10.4–5.

45 Similar to 'homoeomerous', *energeia* ("activity") is a term with an Aristotelian origin that develops a specific sense in Galen. Hankinson notes that, unlike in Aristotle, existence or persistence in a certain state does not qualify as an *energeia* for Galen; rather, an *energeia* is 'something which something does', and thus results in a product or outcome (*ergon*) (Hankinson 2014, 952). As the text of *QOM* reveals, *energeia* is coordinated with the concept of *chreia* ("use") in that the former exists for the sake of the latter: "in regard to each organ, one cannot discover the *chreia* of its parts without knowing what their activities are for" (*UP* 14.4 [Helmreich 1909, 293.7–10], as quoted in Hankinson 2014, 961).

46 As Nesselrath's edition indicates, the text here is corrupt (see n. 47). I follow the Arabic translation, which contains in this place the expression *yakūnu bi-l-taslīmi* ("by accepting", Bachmann 1966, 22.103), a possible rendering of λαμβάνειν or a similar word. Coray 1816 and Müller 1875, who did not have access to the Arabic version of *QOM*, proposed to emend the manuscripts' μὲν ἄγειν to λαμβάνειν and ἀπολαβεῖν respectively.

47 "One must not accept these things uncritically": Various proposals have been made to emend the clearly corrupt words μὲν ἄγειν (del. Müller, λαμβάνειν—which also seems to be favored by the Arabic translation—Müller in app., ἀπολαβεῖν Wenkebach, μανθάνειν Boudon-Millot): as it cannot be said that any of them is considerably better than the others, it is best to leave the corrupt words in the text, but put them within cruces. [N.]

48 "Then they have all the parts of philosophy": The transmitted ἔχοι can be taken as modus potentialis (without ἄν; see above n. 16). In classical grammar this would have to be construed with ἄν, but Greek authors of the imperial period, for whom the optative is no longer a living mode of expression (i.e., employed in everyday speech) but a purely literary one, are quite frequently prone to omit the ἄν. Thus it is unnecessary to change ἔχοι into ἔχει (or write πάντ' ἂν ἤδη, as Müller did). [N.]

49 According to the second-century CE skeptical philosopher Sextus Empiricus (*Against the Logicians* 1.16), this tripartite division of philosophy into logic, physics, and ethics originates with Plato, whose successor Xenocrates (396/5–314/3 BCE) adopted and popularized it in the Old Academy.

50 "Every wrongdoing that humans bring themselves to perform": ἄνθρωποι without a preceding definite article is found in similar sentences in other Galenic passages: *AA* 2.336.4K (ὅσα δημιουργοῦσιν ἄνθρωποι), 535.2 (ὡς ἄνθρωποι), 556.12 (ἄνθρωποί τε καὶ πίθηκοι); *UP* 6.17, Helmreich 1907, 359.24–5 (ἐφ' οἷς ἀποθνήσκουσιν ἄνθρωποι τάχιστα); *Aff. pecc. dig.*, De Boer 1937, 61.12–6 (ὅταν ἄνθρωποι . . . τὰ <τῆς> φιλοσοφίας εὑρηκέναι νομίζωσιν οὕτω ῥᾳδίως); *PHP* 4.6.2, De Lacy 2005, 270.15 (ὅσα γὰρ οὐκ ὀρθῶς πράττουσιν ἄνθρωποι). Moreover, the expression πάντες / ἅπαντες ἄνθρωποι seems to be always used without an article (οἱ) in-between, while also οἱ ἄνθρωποι can often be found, but never (as far as I can see) with a crasis. So reading ἅνθρωποι here is neither necessary nor advisable. [N.]

51 With the phrase "pleasure's spell" (γοητευούσης ἡδονῆς), Galen appears to turn the accusation of witchcraft (γόητα, *QOM* 1.5) that he received for his prognostic prowess against those who depart from his conception of medicine—his unnamed accusers.

52 At *PHP* 4.7.24, Galen credits the Stoic Posidonius with this metaphorical comparison of the virtues to items bound together by a single string: "He [sc. Posidonius] says that instruction about the virtues and about the end is tied to these teachings, and, in short, that all the doctrines of ethical philosophy are bound together by the knowledge of the soul's powers as by a single cord" (συνῆφθαι δὲ καὶ τὴν περὶ τῶν

ἀρετῶν διδασκαλίαν τούτοις φησὶ καὶ τὴν περὶ τοῦ τέλους καὶ ὅλως πάντα τὰ δόγματα τῆς ἠθικῆς φιλοσοφίας ὥσπερ ἐκ μιᾶς μηρίνθου δεδέσθαι τῆς γνώσεως τῶν κατὰ τὴν ψυχὴν δυνάμεων, De Lacy 2005, 286.4–7 [Greek]; 287). Galen adduces this citation of Posidonius (ca. 135–ca. 51 BCE) in support of his own theory of the passions, according to which they arise from the irrational part of a complex, instead of a unitary, soul. Posidonius, Galen claims, framed his writings on the passions in light of Plato's psychology, which Galen himself alleges to be doing in *PHP*, as he held the desiderative and irascible powers (or parts) of the soul responsible for these psychic movements. Therefore, Posidonius, on Galen's reading, departs from other Stoics such as Chrysippus (280–207 BCE), who understand the passions to be a temporary state of a unified soul. On Galen's deployment of Posidonius against Chrysippus, see T. Tieleman, *Chrysippus' On Affections: Reconstruction and Interpretation* (Leiden 2003).

53 As far as I can see, this is the only place in the body of the text where the thesis of the title (whether in the form ὅτι ὁ ἄριστος ἰατρὸς καὶ φιλόσοφος or in the form transmitted in the Arabic translation—as given by Boudon-Millot 2007, 268—"Qu'il faut que l'excellent médecin soit philosophe") could actually have been explicitly expressed, but for that we would need Wenkebach's supplement ἄριστος. If we accept this, it follows that πάντως must belong to the main clause, and this is in fact how Galen himself characterizes this text in his *On My Own Books* (9.14, Boudon-Millot 2007, 162): ἄλλο τι βιβλίον σμικρόν, ἐν ᾧ δείκνυμι καὶ τὸν ἄριστον ἰατρὸν πάντως εἶναι καὶ φιλόσοφον ("un autre petit livre dans lequel je montre que l'exellent médecin en tous points est aussi philosophe"). Moreover, it cannot be assumed that Boudon-Millot's "un médecin accompli" does justice to an expression like ἰατρὸς . . . πάντως (which in fact nowhere occurs in the Galenic corpus). If Galen wants to say "the best/perfect doctor" he regularly uses ἄριστος (e.g., *Protr.* 10.5, Boudon-Millot 2000, 104.17–8; *CAM* 17.7, Fortuna 1997, 114.24; G. Helmreich [ed.], *Galeni De temperamentis libri tres* [Leipzig 1904] 1.4, 71.3–4; *Nat. fac.* 1.13, A. Brock [ed.], *Galen: On the Natural Faculties* [Cambridge, MA, 1916] 50.1; *AA* 2.286.13K). [N.]

54 I diverge from Nesselrath's text (see n. 53) because the Arabic translation reads "doctor" without the attributive "best": "the one who is a doctor is inevitably a philosopher" (*anna man kāna ṭabīban fa-huwa lā maḥālata faylasūf*, Bachmann 1966, 24.120–1).

55 *Pharmakeus* (pl. *pharmakeis*) is a polysemous term that designates the giver of a drug, poison, or magical potion (*LSJ*, s.v. "pharmakeus A", I–II). Identifying someone as a druggist—or more specifically, a drug seller (*pharmakopōlēs*), who dealt (sometimes exclusively) with the commercial aspect of pharmacy—is part of a slandering tradition; negative characterizations of these practitioners focus on their supposed dishonesty, seen in their willingness to sell counterfeit and adulterated drugs, and lower social status, evinced by their need to sell to make a living (see Totelin 2016a, 67). Notwithstanding the above criticism of druggists' love for moneymaking (*philochrēmatoi*), a charge that the text levels against doctors as well (cf. *QOM* 2.8–9), Galen's citation elsewhere of recipes from individuals involved in all elements of pharmacy (e.g., drug sellers and root cutters) shows a respect for their expertise (see Totelin 2016a, 75; V. Nutton, "Folk Medicine in the Galenic Corpus", in: Harris 2016, [272–9] 276). This separation of medicine from pharmacy may represent a tactic by Galen to improve the former's standing among philosophers, for Plato in the *Timaeus* (89a–d) attacks doctors' reliance on drugs to balance the body (see Das 2020, 53–6).

56 This dismissal of linguistic controversy dovetails with Galen's claims of indifference about his own terminological consistency and even precision. For example, in his fragmentary commentary on Plato's *Timaeus* (3.2), Galen announces that he is

uninterested in arbitrating on the semantic difference between the dialogue's use of the nouns *merē* and *melē* ('part of the body'; 'limb'), for "this [discussion] belongs to an investigation about terms and their meaning, and it contributes nothing to the knowledge of things" (τοῦτο μὲν οὖν ἐν τοῖς ὀνόμασι καὶ σημαινομένοις τὴν ζήτησιν ἔχει μηδὲν συντελοῦν εἰς τὴν τῶν πραγμάτων ἐπιστήμην, H. O. Schröder (ed.), *Galeni In Platonis Timaeum commentarii fragmenta* (Berlin 1934) 10.31–4). Nonetheless, as King observes with regard to Galen's criticism of prior terminologies for pain, he does enter lengthy disputes with past and present authorities about linguistic usage as a way of gatekeeping what is revelatory and diagnostically useful in the medical tradition (D. King, *Experiencing Pain in Imperial Greek Culture* [Oxford 2018] 83–8).

57 In addition to being viewed as opportunistic, manipulative, urban-dwelling, and associated with death, the jackdaw (*koloios*) and raven (*korax*) were recognized in antiquity for their ability to imitate human speech (see S. Olbrys Gencarella, "The Myth of Rhetoric: Korax and the Art of Pollution", *Rhetoric Society Quarterly* 37.3 [2007] 251–73). In myth, this capacity to produce speech has negative consequences for the raven, at least, who is punished for divulging to Apollo the infidelity of his lover Coronis, the mother of Asclepius (cf. Apollodorus, *Library* 3.10.3). Aristotle also distinguishes the raven and jackdaw from other birds by their wide esophagus, which extends directly to their stomachs—although he does not link this anatomical characteristic with their mimicry of human speech (*Historia animalium* 2.17, 509a1). Galen's association of the two corvids with meaningless chatter parallels Pindar's description of the raven at *Olympian Ode* 2 (86–8), in which he contrasts the bird with the eagle, who, sacred to Zeus, understands the very nature of the things it knows: "Wise is he who knows many things by nature, whereas learners who are hasty in talking are akin to a pair of ravens that speak out in vain against the divine bird of Zeus" (σοφὸς ὁ πολλὰ εἰδὼς φυᾷ·/μαθόντες δὲ λάβροι/παγγλωσσίᾳ κόρακες ὡς ἄκραντα γαρύετον/Διὸς πρὸς ὄρνιχα θεῖον).

58 Throughout his corpus, Galen draws different relations between medicine and handicrafts such as weaving and shoemaking, sometimes to the disparagement of the latter. For example, in *Protr.* (1.2; 8.23), Galen ranks weaving behind medicine and the other "divine arts", because the skill is not particular to humans—spiders, for example, weave. Elsewhere (*Protr.* 5.7; 14.38–9), this same work demotes the banausic arts, which appear to encompass crafts requiring bodily labor such as weaving, to a third category of expertise below both the rational (e.g., philosophy, medicine, and astronomy) and plastic arts (e.g., painting, sculpture, carpentry, and architecture). Nonetheless, Galen promotes a more positive association between his discipline and the so-called banausic arts in *CAM* (1.4–5, Fortuna 1997, 58.2–7), where he subsumes medicine, carpentry, shoemaking, sculpture, and shipbuilding under the label "productive arts" (*technai poiētikai*). He refines this classification even further by subdividing it into skills that (1) create things as part of their art (e.g., weaving and shoemaking, *CAM* 1.8, Fortuna 1997, 58.19–22) and (2) restore a thing's condition (e.g., medicine) (*CAM* 20.1, Fortuna 1997, 128.8–10).

C. Essays

Galen's Plea for an "Understanding of Medicine": Ancient Lessons for Today's Practice*

Florian Steger

1. Introduction: How to Practice Medicine Well

Doctors are obligated to act to the best of their knowledge and according to their conscience. This is stated in the 2017 Chicago revision of the *Declaration of Geneva*. The principle has also found its way into the professional code of conduct of German doctors as a preamble and is, therefore, enshrined in law:

> I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice.

Following this principle, however, entails enormous effort spent in the continuous acquisition of knowledge, a "lifelong learning process" in the training of practical skills and abilities, such as communicating appropriately as a doctor, learning to draw blood, being able to use an ultrasound probe, record and evaluate an ECG, and, last but not least, develop a professional medical attitude and demeanor. The three levels of competence that we address in the competence-focused education of medical students is all touched upon here.[1] It should be an undisputed element of a doctor's medical attitude and demeanor that every person is granted equal basic care or treatment and, above all, equal access to health care and to medical and nursing care. In addition, once a certain level of competence has been achieved in terms of medical knowledge and skills, constant effort in the way of structured training is required to maintain this level of competence for the future. This means that doctors must continue their education and training throughout their lives, even after completing their intensive six-year training. Of course, in addition to the range of bioscientific, psychosocial and evidence-based clinical knowledge, allowance must also be made in this ongoing education for philosophy, and especially for ethics in research, as well as in medical care and nursing. Knowledge is constantly advancing, and the generation of new knowledge in medicine seems al-

* Many thanks to my assistant Vincenzo Damiani for his unwavering support.

[1] See further https://nklm.de/zend/menu and, for an explanation, https://medizinische-fakultaeten.de/themen/studium/nklm-nklz/ (accessed February 1, 2023).

most infinite. What appear as certainties must always be questioned critically, and a certain indeterminacy in knowledge (epistemic uncertainty) must be accepted. Indeed, there is often lack of evidence in medicine, with which doctors have to learn to cope. We experienced this vividly during the recent pandemic, especially when it came to measures restricting freedom in the interest of public health. Despite these challenges, however, the many complex medical skills doctors acquire—one need only think of a typical situation in an operating theater or in a neonatal intensive care unit, to name two examples—cannot be left to wither; doctors must continually be trained and their skills developed. Experience alone cannot be the decisive factor in a doctor's medical attitude and demeanor; rather, it is important that one always critically questions their attitude and demeanor based on the cumulative increase in knowledge in medicine and, if necessary, adapt accordingly.[2]

Galen pleads at the very start of his essay for the need to examine critically the ethical norms of medical practice in day-to-day work and to ensure actively that one's own skills are maintained.[3] This plea is combined with a clearly polemical attack on other doctors and, as is often the case with Galen, explained by a comparison with the world of athletic competition. Doctors who look up to Hippocrates but do not put his teachings into practice are like athletes who dream of an Olympic victory but do nothing to improve their fitness:

> The sort of situation that many athletes have experienced, when they desire to become Olympic champions, but apply themselves to doing nothing to achieve this goal, has similarly happened to a great number of doctors as well. For, while they praise Hippocrates and consider him the foremost of all doctors, when it is a matter of bringing themselves to a similar level as him, they will do anything rather than that.[4]

Merely worshipping the gods or looking up to role models, especially those from the past, without having thoroughly studied, critically discussed, and questioned expert knowledge is not enough. What is required is diligence, perseverance, a thorough study of international standards and expert knowledge, as well as vigorous training, practical application, and constant reflection on the proper professional medical attitude and demeanor.

Galen is very specific when pointing out the requirements that must be met in order to practice medicine well. His claim that medicine is founded on natural explanatory models is a central feature of his idea of a new,

[2] K. Dörner, *Der gute Arzt: Lehrbuch der ärztlichen Grundhaltung* (Stuttgart 2003).

[3] F. Steger, "Einführung", in: K. Brodersen (ed.), *Galenos: Arzt und Philosoph. Fünf autobiographische Schriften*, Corpus Galenicum 2, Bibliothek der griechischen Literatur 92 (Stuttgart 2021) 7–40.

[4] *QOM* 1.1 (Boudon-Millot 2007, 284).

encyclopedically structured medical science.[5] Galen's "Hippocrates" is a central point of reference here:

> He [Hippocrates] states that astronomy and obviously its prerequisite, geometry, contribute no small part to medicine. But these doctors not only pursue neither one of the two disciplines, but they even find fault with those who do take part in them.[6]

Hippocrates, the divine father of all doctors—an exaggerated figure which comes to mind when reading this text—has spoken. The epitome of medical knowledge and medical ethics has spoken, and everyone must align themselves accordingly. At least that is the expectation that seems to be suggested with this idealized figure, which is almost a projection of all the moral values to which one should aspire. Even if it is anything but clear who this Hippocrates actually was, he is still considered as the arbiter of what is right and wrong, the one who sets the moral compass. Indeed, there is hardly any ethical discussion in medicine where reference is not made to Hippocrates.[7] Galen's Hippocrates reminds us here that the art of healing did not arise out of nothing, but that natural sciences such as astronomy and geometry preceded it and have also contributed to it among other things. More than that, as Galen himself puts it by directly referring to, or basically identifying with, Hippocrates, these other sciences represent a necessary propaedeutic step that is required to reach the art of healing in the first place. These sciences are, so to speak, a compulsory prerequisite to medicine.

The practical science of medicine today is based on a natural explanatory model, which is regarded as scientific. This scientific commitment has allowed for centralized knowledge, but at the same time it is always important to acknowledge the limits of such a viewpoint. Psychosocial, experience-based (i.e., narrative and philosophical) perspectives on human beings are also relevant to health and illness.

Galen passes judgement on those doctors who disregard the sciences that accompany the art of healing and, instead, praises those who fulfill their duty to extend their knowledge, and who appreciate the precursors to the art of healing. He makes a clear, almost pedagogical, statement here. The ignorance of these supposedly Hippocratic doctors, who are essentially false doctors because they are not committed to Hippocrates, apparently also extends beyond astronomy and geometry and even touches on areas such as the anatomy of the body:

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[5] M. Vegetti, "Enciclopedia ed antienciclopedia: Galeno e Sesto Empirico", in: G. Cambiano / L. Canfora / D. Lanza (eds.), *Lo spazio letterario della Grecia antica*, vol. 1.3 (Roma 1994) 333–59.

[6] *QOM* 1.2 (Boudon-Millot 2007, 284).

[7] B. Ausfeld-Hafter (ed.), *Der hippokratische Eid und die heutige Medizin* (Bern 2003); C. Schubert, *Der hippokratische Eid. Medizin und Ethik in der Antike bis heute* (Darmstadt 2005); F. Steger, *Das Erbe des Hippokrates* (Göttingen 2007).

> What is more, he considered it worthwhile to acquire precise knowledge about the nature of the body, because he asserted that it was the starting point for the entire rational side of medicine. But these doctors are so serious about taking this approach that they lack scientific knowledge of not just the substance of each part of the body and their structure, disposition, size, or relationship to what adjoins them but even their position![8]

Natural explanatory models for health and disease—hence nature and not metaphysics—are at the center of the approach to medicine that owes its name to Hippocrates. Hippocrates, thus, transforms from being a figure to a kind of brand. He represents the "Hippocratic medicine" brand, which is primarily interested in nature, its components, and their connections.[9] As is also the case in pre-Socratic thought, natural explanations are sought for the phenomena that constitute health and disease. In this regard, Hippocrates purportedly represents a fundamental change in medicine and, in many respects, a break with the metaphysical.[10] Galen continues his polemic against the background of this Hippocratic model: he raises the criticism that those doctors who do not concern themselves with astronomy and geometry also have no serious interest in getting to the bottom of things. Striving for an explanation, for the etiology of the phenomenon in nature itself, has become a standard in the attainment of medical knowledge. In terms of medical history, this development reaches a temporary high point in the scientific revolution, which led to a paradigm shift in the middle of the nineteenth century.[11] While up to that point a holistic approach methodologically determined the explanation of health and disease, with cellular pathology the focus shifted to the cell, its components and interactions – we will return to this in a moment. Thus, there is a lot at stake here. Hippocrates saw it as desirable not only to understand the individual parts separately and as a whole, but also to appreciate what lies behind them: nature.

Ultimately, this leads to the development of a scientific approach to medicine. Medicine is committed to rational, natural explanatory models; however, it also needs to be systematic because purely casuistic considerations, or exclusively individual considerations of a particular case on the basis of one's own experience, may lead doctors astray. Galen recognized this then, and it still applies today.[12] This systematic approach is based on a logic of observation:

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[8] *QOM* 1.3 (Boudon-Millot 2007, 284–5).

[9] H. Flashar, *Hippokrates: Meister der Heilkunst; Leben und Werk* (Munich 2016), and my review in *Göttingische Gelehrte Anzeigen* 272.3/4 (2020) 20–34.

[10] K. E. Rotschuh, *Konzepte der Medizin in Vergangenheit und Gegenwart* (Stuttgart 1978).

[11] N. Tsouyopoulos, *Asklepios und die Philosophen: Paradigmawechsel in der Medizin im 19. Jahrhundert*, ed. C. Wiesemann / B. Bröker / S. Rogge (Stuttgart 2008).

[12] G. Rubeis / F. Steger, "Casuistry and Clinical Decision Making: A Critical Assessment", *Law, Health & Society: Series "E" of the French Journal of Forensic Medicine* 60 (2017) 54–

> What is more, Hippocrates said, when attempting to encourage us to train in logical theory, that doctors fail in their therapeutic goals out of ignorance about how to differentiate diseases by species and genus. Doctors nowadays, however, are so deficient in their training in this theory that they accuse those who do train in it of practicing something useless.[13]

At this point, the art of healing is on its way to becoming the science of healing. Hippocrates laid the first stone for this with his natural medicine, and subsequent generations are called to submit to this logic, even if it is difficult and costs them great effort. It is not surprising, then, that this does not elicit cries of jubilation from everyone. Even today, some find it difficult to accept that the basis of modern medicine is scientific evidence, which is subject to a certain logic. Modern medicine distinguishes intuition from rational action, which is recordable, comprehensible, and ultimately systematically describable. Such a development is at the same time the prerequisite for a systematic body of knowledge that is subject to certain rules and can withstand critical examination.

2. Patient-Doctor Communication

With such an axiomatic focus on the natural explainability of the phenomena of health and illness, one must of course not forget that alongside this systematic and objectifiable approach to the desire for understanding, there is always a subjectively pathocentric approach that focuses more on the experience of suffering and illness.[14] The founders of anthropological medicine and psychosomatics, such as Karl Jaspers (1883–1969), Viktor von Weizsäcker (1886–1957), Alexander Mitscherlich (1908–82) and Thure von Uexküll (1908–2004), have pointed this out repeatedly.[15]

Von Weizsäcker developed the idea of anthropological medicine as a necessary extension of the dominant paradigm, focusing (1) on subjective experience, referred to in German as "pathisches Moment", and (2) on the social dimension of illness along with a negative view of technology as an alienating force.[16] In his treatise on *General Psychopathology* (1913), Jaspers dedicates the chapter entitled "The Patient's Attitude to His Illness" to the latter. Using mental illness as a springboard, Jaspers examines the differences in how the patient and the doctor perceive the experience of illness.

62; F. Steger / G. Rubeis, "Die philosophisch-ethischen Grundlagen der klinischen Ethikberatung", *Zeitschrift für medizinische Ethik* 65 (2019) 143–54.

[13] *QOM* 1.4 (Boudon-Millot 2007, 285).

[14] A. Wohlmann / D. Teufel / P. O. Berberat (eds.), *Narrative Medizin: Praxisbeispiele auf dem deutschsprachigen Raum* (Göttingen 2022).

[15] F. Steger, *Prägende Persönlichkeiten in Psychiatrie und Psychotherapie* (Berlin 2014).

[16] U. Benzenhöfer, *Der Arztphilosoph Viktor von Weizsäcker: Leben und Werk im Überblick* (Göttingen 2007).

Jaspers recognizes the doctor's ability to internalize the patient's perspective as key to the meaningful practice of medicine. As is well known, the concept of "illness narratives" has become widely used in the medical humanities for this approach.[17]

To sum things up: natural explainability and a pathocentric perspective both play an equally central role in the communication between patient and doctor. This was true in antiquity, and it is still true today. The decisive factor here is how well the doctor understands how to inform or, perhaps even better, educate patients about the nature and course of their disease.[18] Prognostic ability represents both technical and sociocommunicative competence on the part of the doctor:

> On a related point, Hippocrates also asserts that one must put great forethought into prognosticating about present, past, and future events for the patient. Doctors today, however, pay such serious attention to this to this part of the art that, if someone should predict a hemorrhage or sweating, they brand them as both a sorcerer and narrator of marvels. <. . .> For this reason, they would hardly put up with anyone who foretells other things; they would hardly establish at any point a regimen for the disease with an eye on its anticipated peak—and yet, Hippocrates orders us to prescribe such a regimen.[19]

Hippocrates emphasizes the importance of painstaking verification before speaking to a patient about their disease. This concerns the present, past, and future. Hippocrates is, in this sense, concerned with clarifying that making a diagnosis and prognostic statements, which were of great importance even in ancient medicine (for traveling doctors this was an existential matter as well), require careful consideration of the facts.[20] In other words, natural medicine that is committed to providing rational explanations requires systematic logic, verifiability, and a coherent chain of arguments. This still applies today.[21] Galen's Hippocrates regarded this methodology as ideal, and evidence-based medicine is still understood in this sense to this day.[22]

His criticism is aimed at doctors who close their minds to this modern, rational approach to medicine, which is now accepted as the standard and which seeks natural explanations for health and illness. Diseases are subject to a certain logic. Their courses are natural and also predictable in

[17] R. Charon, *Narrative Medicine: Honoring the Stories of Illness* (New York 2016); M. Banerjee, *Biologische Geisteswissenschaften: Von den Medical Humanities zur Narrativen Medizin*. Jahrbuch Literatur und Medizin, Beiheft 8 (Heidelberg 2021); F. Steger, "Wozu narrative Ethik in der Medizin?", *Jahrbuch Literatur und Medizin* 2 (2008) 185–98.

[18] J. Jünger (ed.), *Ärztliche Kommunikation: Praxisbuch zum Masterplan 2020* (Stuttgart 2018).

[19] *QOM* 1.5–6 (Boudon-Millot 2007, 285–6).

[20] Steger 2021, 349–95.

[21] Steger 2021, 81–133.

[22] S. Rabady / A. Sönnichsen / Ilkka Kunnamo (eds.), *EbM-Guidelines: Evidenzbasierte Medizin für Klinik & Praxis* (Cologne 2018).

certain respects, which makes it possible to venture prognoses. Anyone who closes their mind to all this and has not even mastered the tools of dietetics, the central theme of Hippocratic medicine, cannot be considered a good doctor. Those who attempt to make prognostic statements, describe courses, and, for example, give dietary recommendations according to certain stages of a disease should not be discredited. Those doctors, however, who do not master these new tools fail to recognize the turn of medicine into a new healing art, increasingly transforming into a healing science in the vein of Hippocratic thinking. The degree to which such doctors fail to live up to the Hippocratic model is also revealed by what Galen describes almost mockingly as the "airiness" of their locutions:

> What then is left of the man for them to emulate? It cannot be in the forcefulness of his expression. He [Hippocrates] has succeeded in this, but it is so much the opposite in their case that you can see many of them making two mistakes in one word, which is not easy to imagine.[23]

Once again, the power of Hippocrates' words is made clear, as is the success that is attributed to him. Those who do not follow Hippocrates miss the mark. There is one irreversible transformation in medicine that is going to be successful, and that is Hippocratic medicine. This kind of intensification is almost reminiscent of a history of progress that can also be seen again and again in medical historiography, but at the same time is subject to serious criticism. In the same way that little can be proven as to how successful Hippocratic medicine actually was and how much the words of those doctors were lacking, so too can little be proven about some modern trends in medicine today. Hippocrates, however, who is akin to a godfather to all doctors, is attributed an almost supernatural power that must always be correct qua its commitment to natural explanation, which almost immediately brings to mind the idea of infallibility; and this occurs precisely within a plea for logic, systematics, and rational explanations, where mistakes and fallibility are commonplace.[24] This is still the case today.

3. Theory in Practice

From Galen's point of view, the failure of the doctors he attacks is based on ignorance or misinterpretation of Hippocrates' words or, which is even more unworthy, on their unwillingness to put Hippocratic knowledge into practice:

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[23] *QOM* 1.7 (Boudon-Millot 2007, 286).

[24] M. Gadebusch Bondio / A. Parravicini (eds.), *Errors and Mistakes: A Cultural History of Fallibility* (Florence 2012).

> As a result, it seemed like a good idea for me to investigate why on earth, although all admire the man, they neither read his writings, nor, if it should even occur to them to do this, do they understand what is said there. Or, if they should succeed in this too, they do not approach this theoretical knowledge with training, with a wish both to consolidate and make it a fixed disposition.[25]

These doctors do not read Hippocrates, or do not read him enough, and when they do read him, they do not understand what he is saying. This may well be a phenomenon that is not entirely uncommon in medicine even today, although many doctors themselves have written excellently—and even in a literary and sophisticated way.[26] This is one additional reason why doctors today are required to demonstrate ongoing training. Some people, with a certain degree of mockery, may not believe that doctors regularly study the standard international literature in their profession, and especially that they would carefully study longer texts. I do not want to argue against this stereotype of doctors here—but it should be acknowledged that it may actually be difficult to keep track of the standard international literature of the profession considering the enormous increase in medical knowledge every day;[27] at any rate, doctors are certainly not lazy about further education. Even if they cannot cover all of the literature, the standard or at least current textbook knowledge is presented in further training courses and explained using practical examples. In Germany, all doctors and psychotherapists participating in accredited medical care are obliged by the German Social Code (Book V) to pursue continuous education.[28] It is very important for doctors to study the most recent professional literature in an ongoing basis, diligently, throughout their career, to educate themselves regularly, and to test out the knowledge they gain in practice. In medicine, as a field of practical science, not only are new findings constantly being made, but the duty of care toward patients also requires acting to the best of one's knowledge and conscience. In this respect, Hippocrates' claim is almost a moral obligation to take note of theory by studying the professional literature and trying it out in practice.

According to Galen, medical skill is ultimately attained through one's disposition and the willingness to make sacrifices. Anyone who does not offer everything, who lacks some thing or other, hardly deserves to be called ἰατρός:

> I find that all accomplishments come to people through will and ability. Anyone who misses one of the two will necessarily fall short of their goal. We see athletes, for example, owing either to the natural unfitness of their bodies or negligence in their training

[25] *QOM* 2.1 (Boudon-Millot 2007, 286).

[26] F. Steger, *Am Skalpell war noch Tinte: Literarische Medizin* (Wiesbaden 2018).

[27] A PubMed search quickly makes this abundantly clear: https://pubmed.ncbi.nlm.nih.gov.

[28] § 95d SGB V.

> fail to reach their goal. As for the athlete, however, who does have a body naturally suited to winning and is irreproachable in training, what could prevent them from taking victory wreaths at contests? Are doctors of today then unfortunate in both traits as they apply neither ability nor a noteworthy will to their training in the art, or do they have one of them but lack the other?[29]

The comparison with athletes made right at the beginning of the text also clarifies the extent to which human will and ability are considered prerequisites for success. In both cases, it is about constituent factors as well as training, about investment and diligence, and about primary possibilities and practice. The comparison with athletes seems very apt in this regard because it emphasizes fitness and the strict self-discipline to practice, train, and stay fit. This can certainly be seen as an essential requirement for successful doctors, even today. A certain level of intelligence is admittedly a prerequisite for a good doctor, but so is enormous diligence, the will to learn, read, question, and try out what has been learned in practice, and practice without fail throughout their career. Incidentally, physical fitness is also very helpful for doctors, since this profession is actually physically demanding. One need only think of a long surgery, an intense shift or working nights. The good news is that those who are willing and able, who demonstrate such commitment and take it to heart, will be successful. This applies to doctors and athletes alike, both today and in the past. The criticism that doctors today have neither the ability nor the will is rather harsh, although it is mitigated somewhat by the fact that those who do not possess these qualities at least do not really deserve to be called "doctors". Galen's diagnosis that such doctors have de facto only one quality is both judgmental and pessimistic. Yet, there is something to it, as being a doctor requires both knowledge and skill in equal measure. What is particularly right about this assessment is that a doctor who has the latest international medical knowledge but is not able to put this extensive expertise into practice will be just as unsuccessful as someone who has tried and tested things in practice, who is fit and communicates well, but practices without being aware of the latest developments in the literature.

Galen vehemently denies that there are no individuals to be found who have the character requirements for the honest and professional practice of the art of healing in the spirit of Hippocrates. His argument is based on the idea of the continuity of nature, ultimately human nature. This continuity links Hippocrates' time with Galen's time and makes the plea for embracing and living in the spirit of the Hippocratic legacy possible in the first place. At the same time, however, it also provides the basis for us modern readers to think consciously further about Galen's considerations:

> Now, it does not seem sensible to me to argue that no one is born possessing a soul with enough ability to receive so philanthropic an art, given that the cosmos was the same

[29] *QOM* 2.2–4 (Boudon-Millot 2007, 286–7).

> in the past as in the present, the seasons have not changed their order, the sun has not modified its cycle, and no other fixed and wandering star has changed its place.[30]

Embracing humanity is a doctor's primary medical duty. Surely, medicine is an art that is committed to human beings, is directed toward them, and in this respect is certainly a philanthropic art. Perhaps medicine is even more than that: it is a practical science with the human being at its center. William Osler (1849–1919) puts it this way:

> The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.[31]

In ethics-based medicine, we therefore embrace a corresponding practical approach today: doctors have an obligation to the individual, the wishes of the patient must be respected, and their care must be ensured. The patient must not be harmed, and care must be taken to ensure that everyone is treated equally and fairly.[32] In this respect, it is certainly true that medicine is a philanthropic art. Every doctor should, in principle, have the mental ability to understand and practice this art accordingly. Of course, doubts can be raised about this when one recalls situations that have occurred in medical practice. There is certainly, however, no systematic reason to think that doctors do not have this ability.

There is no doubt that a certain moral decadence—according to Galen's diagnosis at the time—plays a role in the fact that outstanding results are no longer achieved in various τέχναι, and not just in medicine:

> It is reasonable to surmise that, because of their bad upbringing in which people are now raised and because wealth is regarded as more valuable than virtue, we no longer find someone like Phidias among sculptors, like Apelles among painters, or like Hippocrates among doctors.[33]

Wealth and a poor lifestyle and diet—all of which are captured in the word "τροφή" used by Galen—are certainly not a guarantee for impeccable medical skills. One thing is undoubtedly true: the excessive striving for wealth can actually spoil doctors, as can be seen from many examples in the history of medicine. The greedy doctor (φιλάργυρος) has even become a literary *topos*. Christoph Wilhelm Hufeland (1762–1836) captured this quite succinctly:

> Woe to the doctor who makes honour and money the goal of his endeavour. He will be in perpetual contradiction with himself and his duties, will always find his hopes disap-

[30] *QOM* 2.5 (Boudon-Millot 2007, 287).

[31] W. Osler, *Aequanimitas: With Other Addresses to Medical Students, Nurses and Practitioners of Medicine* (Philadelphia 1942) 368.

[32] T. L. Beauchamp / J. F. Childress, *Principles of Biomedical Ethics* (Oxford 2019).

[33] *QOM* 2.6 (Boudon-Millot 2007, 287).

> pointed and his aspirations never satisfied, and ultimately he will curse his profession, which does not reward him because he does not know his true reward.[34]

Lifestyle is also considered in the current version of the *Declaration of Geneva*, where self-care is seen as essential to good medical practice:

> I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard.

Identification with the subject and personal value are indeed a central guarantee of success when practicing an art. The musings of British nurse Florence Nightingale (1820–1920) about nursing can confidently be applied to all of medicine:

> Nursing is not a holiday job. It is an art and, if it is to become art, it demands as much dedication, as much preparation, as the work of a painter or sculptor. For what is the work on dead canvas or cold marble compared to that on the living body, the temple for the Spirit of God?[35]

Yet, there are certain extrinsic factors, such as wealth or lifestyle, that can stand in the way of such intrinsic motivation, even identification.

One is left to wonder whether it is actually possible to fulfill all the ideals of the great doctor Hippocrates. It must be kept in mind here, however, that both the implementation and the further development of the Hippocratic legacy are considered a moral duty.[36] We do, after all, enjoy the privilege, according to Galen, of building on the hard-won successes of our predecessors and should not discard this:

> And yet, that we have been born after the ancients and receive the arts after they have been developed by them to the highest degree is no small advantage. At least then, after learning thoroughly what Hippocrates discovered over a considerable amount of time in a few short years, we could very easily spend the rest of our lives trying to discover the remaining aspects of the art.[37]

The enormous body of knowledge in medicine has grown over the centuries. New knowledge stands at the end of a long and valued tradition. In this respect, it is always worthwhile to take a historical look at where we stand today, at what is really new, at what our ancestors and precursors already lived through, at what experiences they had, and at what knowledge they produced. There is no doubt that our moral norms are context-sensitive and historical. Indeed, we are coming to realize now, especially during the pandemic, how many things repeat themselves—one need only think of the psychosocial consequences of global infectious diseases. At the

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[34] C. W. Hufeland, *Enchiridion medicum oder Anleitung zur medizinischen Praxis: Vermächtniß einer fünfzigjährigen Erfahrung* (Berlin 1837) 892.

[35] F. Nightingale, *Una and the Lion* (Cambridge 1871).

[36] N. Knoepffler, *Den Hippokratischen Eid neu denken: Medizinethik für die Praxis* (Munich 2021).

[37] *QOM* 2.7 (Boudon-Millot 2007, 287–8).

same time, however, one must not become blind or obedient out of sheer tradition. Consider how important the autopsy is in medicine. Andreas Vesalius (1514–64) made this abundantly clear, as did others through their experimentations.[38] Traditional knowledge should be noted, and literature should be thoroughly researched and studied, which is something we still teach our students today. Subsequently, however, we have to question this knowledge critically in practice, formulating new hypotheses, and evaluating them empirically. This is why Hufeland, who has already been mentioned above, also points to continuous experimentation as the core task of medical research:

> Medicine is an empirical science, practice is an ongoing experiment with humanity. And the experiment is not yet complete.[39]

This is how the experimental sciences develop. A seismic event took place with the scientific revolution at the end of the Renaissance period until the eighteenth century. During that time, scientists gradually turned away from traditional humoral pathology, also referred to as the theory of the four humors, toward experimental methods. One can assume, albeit with a grain of salt, that from the middle of the nineteenth century onwards, a scientific definition of health and disease gradually came to shape the concept of medicine.[40] This perspective, focusing on cell-to-cell interactions, defines modern medicine today. One need only think of the extensive research on signal transduction mechanisms in molecular medicine. This scientific orientation of medicine is inseparably linked with the name of the German pathologist Rudolf Virchow (1821–1902) and his collection of lectures *Cellularpathologie* (1858).[41] Since then, quantified data have been collected and the medical conditions of patients compared on the basis of measurable results. The scientific experiment was established as a research method, and natural bodily processes were understood to have explainable and predictable causes. This orientation toward cell-to-cell interactions and, subsequently, toward molecular structures strengthened the focus on biological mechanisms but placed little or no emphasis on the social dimensions of human life. In 1906, Ernst Schweninger (1850–1924), personal doctor of Otto von Bismarck (1815–98), warned that "the science of the doctor kills his humanity".[42] The Anthropological School

[38] C. D. O'Malley, *Andreas Vesalius of Brussels, 1514–1564* (Berkeley 1965); R. Wittern, "Die Gegner Andreas Vesals: Ein Beitrag zur medizinischen Streitkultur des 16. Jahrhunderts", in: F. Steger / K.-P. Jankrift (eds.), *Gesundheit – Krankheit: Kulturtransfer medizinischen Wissens von der Spätantike bis in die Frühe Neuzeit* (Cologne 2004) 167–99.

[39] C. W. Hufeland, "Die Homöopathie", *Journal der praktischen Heilkunde* 70.2 (1830) [3–28] 5.

[40] C. Gradmann, *Krankheit im Labor: Robert Koch und die medizinische Bakteriologie* (Göttingen 2005).

[41] C. Goschler, *Rudolf Virchow: Mediziner, Anthropologe, Politiker* (Cologne 2002).

[42] E. Schweninger, *Der Arzt* (Frankfurt am Main 1906) 45–6.

of Heidelberg developed the idea of anthropological medicine as a necessary extension of the dominant paradigm. Finally, in 1977, the essay "The Need for a New Medical Model: A Challenge for Biomedicine" was published in the journal *Science* by George L. Engel (1913–99). This essay is central to medical anthropology in its proposal of a new biopsychosocial model for understanding health and disease. The new model aims to understand disease both as a human experience and as a definable abstract quality. Both psychosocial and somatic factors are included in the model, and the biologically recordable data are combined with scientifically sound clinical data—for instance, data collected from a structured interview with the patient. The boundaries between illness and health are regarded as fluid, since it is first necessary to determine whether and *how* a person is ill, including taking into account the patient's subjective perception of their own state of health. Even though Engel's plea has found its way into many lectures and books, this should not obscure actual practice in modern medicine, which is still far from having integrated empathic approaches into descriptive bioscientific constructs. Alongside the old is the new, which benefits from long traditions and established general considerations, but sometimes has to break away from them when the old ways threaten to cloud the view of the new and unknown.

4. Money and Medicine

In addition to natural inclination for and perseverance in lifelong learning, other character traits are also necessary to be a good doctor. This certainly includes liberating oneself from the pursuit of profit. It is an international standard in medicine today that all pecuniary benefits must be reported transparently. Freedom from the pursuit of profit is important because morally justifiable medical practice does not go hand in hand with wealth acquisition:

> One cannot, however, reach the goal of the art if one assumes that wealth is more valuable than virtue and if learning the art is not for the sake of public service but rather for making money. For others will manage to become rich before we reach the goal of the art. So, it is not possible to make money and at the same time practice an art that is so great, but someone who pursues the one activity very eagerly will necessarily have contempt for the other.[43]

Modesty is regarded as an adornment. This is true when dealing with knowledge, especially from a historical perspective, but also when it comes to striving for wealth, and especially when it comes to caring for the sick or people in need of care. Virtues or ethical principles should always guide medical practice. The focus must be on caring for the patient and avoid-

[43] *QOM* 2.8 (Boudon-Millot 2007, 288).

ing harm rather than striving for wealth through, for example, unnecessary therapy. In this respect, reflection on the central principles of medical practice is fundamental and must form an integral part of further training and education. It is of course obvious that there is some tension here. There is no doubt that those who are primarily committed to wealth and attach less importance to observing virtues and ethical medical principles earn more, but at the same time, they are less successful doctors. The question, however, is whether the patients always notice this. Some people are more impressed by greedy people than by reticent doctors who, for good reason, do not just offer whatever medicine or treatment the patient wants.[44] The patient is also challenged here to turn a critical eye to the unreflective fulfillment of certain preferences.

Galen believes that a good doctor must not only avoid the temptation of wealth but also be able to respect the natural limits of their own needs. He refers here to a maxim of life that he inherited from his father and which, ultimately, can be traced back to Epicurus:[45] "Only as much wealth as is good for you and as much as you really need". Episodes from Hippocrates' biography also serve as examples in this regard, and modesty, frugality, and altruism are highlighted as medical ideals:

> Can we say, then, that any person exists today who aims to acquire wealth only to support the needs of the body? Is there anyone who can not only articulate in speech but also clearly show through action the natural limit of wealth that ends at the prevention of hunger, thirst, and cold? If there is indeed someone of this sort, this person will snub both Artaxerxes and Perdiccas. They would never come into the former's sight, though they will heal the latter when sick and in need of Hippocrates' art but will not think it right to remain with him forever. Instead, they will treat the poor in Crannon, Thasos, and other small towns. They will leave behind Polybus as well as other pupils to take care of the citizens of Cos, while they come to all of Greece in their wandering, for they must write something about the nature of different places.[46]

Words must be followed by deeds, according to the ideals of medical action, which—mindful of the admonition to moderation and modesty—is also reminiscent of many socialist ideas, and which could thus provoke criticism. Karl Kraus (1874–1936) pointedly sums up what medicine is all about when he says:

> Medicine: money and life![47]

This attitude of seeking only enough wealth so the necessary needs of the body can be met is seen as a desirable characteristic. If one has Galen's previous high song about Hippocrates in one's ear, then that much is clear.

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[44] M. Kettner (ed.), *Wunscherfüllende Medizin: Ärztliche Behandlung im Dienst von Selbstverwirklichung und Lebensplanung* (Frankfurt am Main 2009).

[45] Epicurus, *Gnomologium Vaticanum* 33.

[46] *QOM* 2.9–3.1 (Boudon-Millot 2007, 288–9).

[47] K. Kraus, *Sprüche und Widersprüche* (Hamburg [1909] 2012) 229.

Such a doctor would spurn certain power-crazed despots like Artaxerxes and Perdiccas and care more for the rural poor, as befits a traveling doctor. In some places, such a virtuous doctor would also leave behind a student to take care of a place. Certainly, this is a goal worth striving for today as well. A virtuous doctor is characterized by the fact that they are not there for the few who are influential and powerful, but for everyone—and especially for the poor and vulnerable in the countryside, where such a doctor can do much more good.

5. An Empirical Approach

Doctors can also gain a lot of experience by traveling across countries, seeing many patients, and hearing about their experiences. This should always be followed by a written reflection on these experiences. This is precisely what Gottfried Wilhelm Leibniz (1646–1716) calls for when he writes:

> A medical practitioner shall, by virtue of his duty, be required to record in detail all notables he hears and sees, and especially the cases he encounters himself.[48]

Today we would say that anecdotal experiences have to be empirically validated and then published, which is entirely in line with our view of medicine as a scientific practice. Only then can others read about them, discuss them critically, and learn from them. Such virtuous behavior is entirely in keeping with the principle of social justice, to feel obliged to all, equally and without exceptions. Everyone has the right to access basic health care.

Galen's enumeration of the geoclimatic factors that are central to the practice of a traveling doctor should also be understood in line with sound empiricism. Obviously, this list was made in reference to the text *Airs, Waters, and Places* (Περὶ ἀέρων ὑδάτων τόπων), which Galen regards as a genuine work of Hippocrates:

> In order that they may form a judgment about what is learned from theory through their experience, they must especially see for themselves cities that face toward the south, north, east, and west; they must see cities located in valleys and in elevated places, those that use imported water, or spring water, rainwater, and water from lakes or rivers. They ought not to neglect whether some cities use excessively cold or warm water or if the water is alkaline, sulfurous, or has some such quality. They must see cities next to large rivers, lakes, mountains, and the sea in addition to considering everything else about which Hippocrates taught us.[49]

[48] G. W. Leibniz, *Sämtliche Schriften und Briefe*, series 8, Naturwissenschaftliche, Medizinische und Technische Schriften, vol. 2, 1668–1676 (Berlin 2016) 662.

[49] *QOM* 3.2–3 (Boudon-Millot 2007, 289).

This is at the same time a plea for representativeness in order to gain and present empirical knowledge appropriately. The point of reference is Hippocrates again, who of course did everything right. If one tolerates this exaggeration and reference to Hippocrates, it is valid (today as well) to argue that when considering areas and environmental factors beyond isolated, random observations, one should ensure adequate representativeness and diversity before drawing systematic conclusions. Compliance with this requirement today is still methodologically worthwhile. Of course, this would not be possible without developing and then embracing an appropriate moral and personal code toward the medical profession; indeed, there has been a long discussion throughout history about this medical ethos which continues today.[50] Galen mentioned this aspect several times in his writings. "Moderation" (σωφροσύνη) is the key concept here, which is otherwise so firmly anchored in Greek culture and philosophy: μηδὲν ἄγαν is the famous Delphic saying that goes back to the traditional teachings of the Seven Sages:[51]

> Therefore, it is incumbent for someone who is going to be a doctor of this sort not only to feel contempt for wealth but also to be extremely hardworking. . . . What the true doctor reveals themselves to be, then, is a lover of moderation just as they are a friend of truth.[52]

Not striving for wealth and a fervent love of work are the central virtues of medical practice. Abstinence from alcohol, excessive eating, and sex is somewhat reminiscent of a pietistic set of rules. A true doctor is described as someone who is committed to moderation and truth. It is certainly still true today, not just for doctors, that it is advisable to consume certain stimulants only in moderation; and of course doctors are also undoubtedly committed to the truth. This commitment to moderation applies all the more to science, where the rules of good scientific practice are currently the international standard of work.

Moderation in behavior, love of work, and rigorous logical examination of knowledge gained through empirical observation are the principles followed by good doctors in the spirit of the Hippocratic heritage—that is how one could sum up Galen's previous argument, which has lost nothing in terms of its importance or truth to this day. The indispensability of logic as a structuring element of all knowledge about human beings and their nature, both in the field of anatomy as well as physiology and pathology, is emphasized again toward the end of his writing in a veritable *peroratio*:

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[50] U. Tröhler / S. Reiter-Theil (eds.), *Ethik und Medizin 1947–1997: Was leistet die Kodifizierung von Ethik?* (Göttingen 1997); K. Bergdolt, *Das Gewissen der Medizin: Ärztliche Moral von der Antike bis heute* (Munich 2004).

[51] [Plato], *Hipparchus* 228e.

[52] *QOM* 3.4 (Boudon-Millot 2007, 289–90).

> And what is more, they ought to train in the logical method to know how many diseases there are in total by genera and species and how in the case of each disease one must discover any indication of treatment. This same method is also what teaches us about the body's very nature, and the nature of its primary elements that thoroughly mix with one another, and the nature of the perceptible elements that are, in fact, called homoeomerous, and, in addition to these, a third nature that is composed of organic parts. But also, the method teaches us, I suppose, what use animals have for each of the aforementioned parts and what their activity is, and one must not accept these things uncritically but rather be convinced by demonstration.[53]

Beyond the individual observation of cases, it is necessary to approach them logically in order to draw conclusions. This, however, presupposes the methodical penetration of pure description. Only then are the systematic prerequisites in place in order to be able to derive an indication, for example. Focus on the small things that make up the human microcosm is fundamental here. In medicine, in particular, you have to get to the bottom of things. Today, we look at signal transduction mechanisms and try to understand the inner relationship of individual components in scientific terms. This perspective must then be followed by considering its relationship to the macrocosm—that is, the environment. Ludolf von Krehl (1861–1937), an internist who last worked in Heidelberg and had a formative influence, had the following words to say about this:

> The sick person is sick as a whole. His balance is disturbed, on the outside, but above all on the inside. The whole must heal, but the inside also belongs to the whole; we really cannot separate the two in the way that is usual at present.[54]

Writing things down is superior to oral discussion because it is the only way things can be checked and the underlying methodology proven.

6. The Doctor-Philosopher, a Romantic Ideal?

Using the traditional Hellenistic division of philosophy into the three areas of logic, physics, and ethics, Galen now comes full circle: if *apodeixis*, knowledge of human nature, and moderation in the sense of σωφροσύνη are both prerequisites for becoming a good doctor, then the logical conclusion of the previous statements is that one can no longer dismiss out of hand that the true doctor is also a philosopher:

> How then is the doctor who practices the art in a manner worthy of Hippocrates still not a philosopher? For, if it is appropriate that they train in logical theory in order to investigate the nature of the body, the differences between diseases, and the indications of treatment, and if it is appropriate for them to show contempt for money and cultivate

[53] *QOM* 3.5–7 (Boudon-Millot 2007, 290).

[54] L. von Krehl, "Ein Gespräch über die Therapie", *Deutsche Zeitschrift für Nervenheilkunde* 47/48 (1913) 350–1.

> moderation so that they remain assiduously occupied in their training in these things, then they have all the parts of philosophy—logic, physics, and ethics.[55]

There is indeed some truth to this, even if it seems a little presumptuous. There is no doubt that a good doctor has to use logic, physics, and ethics. Whether this still applies today, and whether it follows from this that such a doctor is a philosopher, is in line with the argumentative and historical logic used here, although some contemporary philosophers might regard things differently. What is undoubtedly true is that at least Galen's argument here is explicitly aimed at identifying medicine with philosophy—more precisely, with those parts of philosophy that allow for either logical or empirical verification, that is, to the exclusion of purely metaphysical questions.[56] Whether it follows from this that doctors are philosophers depends, of course, on what exactly is one's definition of a philosopher. Intuitively, I feel an almost romantic tendency here[57] to advocate that every doctor should be a philosopher, but at the same time I would shy away from this a little in recognition of the importance and aspirations of philosophy. There is no doubt, however, that medicine and philosophy have a lot in common and can benefit from each other when it comes to education, among other things. In this regard, the diffusion of philosophy into medical practice, especially with regard to ethics, is something that is becoming more desirable every day.

If one disdains money and practices moderation, then one can secure the virtues that are also indispensable for good medical practice. Galen's reference to the Stoic doctrine of the interconnectedness (ἀνταϰολουθία) of virtues can be seen clearly here:[58]

> And so, there is certainly no reason to fear that that they will commit some wrongdoing because they look down on money and practice moderation. For every wrongdoing that humans bring themselves to perform they accomplish under the persuasion of avarice and the spell of pleasure. It follows that a doctor must have the other virtues too, because all the virtues are interdependent: a person cannot possess any one virtue and not have all the others follow on immediately, as if they are all connected by a single string. If, at any rate, philosophy is indispensable for doctors in their initial education and their subsequent training, whoever is a doctor in every way is clearly also a philosopher. Nor do I think that anyone needs a demonstration of the idea that doctors require philosophy to practice the art properly, at least when one often sees that it is druggists, not doctors, who are the lovers of money and use the art contrary to its natural purpose.[59]

The conclusion drawn in Galen's remarks is self-evident and does not need to be explicitly emphasized again. It has also been proven by experience,

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[55] *QOM* 3.8 (Boudon-Millot 2007, 290–1).
[56] *Prop. plac.* 2 and 15 (Boudon-Millot / Pietrobelli 2005, 172–3 and 188–90).
[57] W. Leibbrand, *Die spekulative Medizin der Romantik* (Hamburg 1956).
[58] Zeno, fr. 295: *SVF* vol. 3 = Diogenes Laertius, *Vitae philosophorum* 7.125.
[59] *QOM* 3.9–12 (Boudon-Millot 2007, 291).

as Galen asserts with his typically polemical attitude, that those who do not follow the principles set forth thus far are not even worthy of the honorable title of ἰατρός. The reference to the "druggists" (φαρμακεῖς) makes it clear that they belong to a different professional group and should not be confused with true doctors.[60] There is also an interesting parallel here with Scribonius Largus (ca. 1–50 CE) and his collection of recipes, or *Compositiones*, a pharmacological aid for self-help aimed at laypeople, which has a remarkably broad and long history of reception.[61] In his dedication to Callistus, he paints a normative picture of a good doctor, whose duty also includes averting harm to patients through charlatans such as *pharmacopolae*.

According to Galen's conclusion, the art of healing is thus at once philosophy, understood as a triad of logic, physics, and ethics. I agree with this in principle if one follows the sense of the argument presented here. Accordingly, scientific medicine always requires a dialogue with the patient and their experience, and a critical reflection on the moral questions that arise in the field of medicine.[62] Ultimately, the identity of philosophy and medicine is not merely nominal but based on facts that can be clearly proven both empirically and logically. Misjudging this truth by discussing the meaning of words, according to Galen, risks losing sight of central facts:

> Therefore, should you still be quarreling over names and quibbling with nonsensical chatter when you consider it proper for the doctor to be self-disciplined, temperate, superior to the influence of money, but then they are in no way a philosopher? Do you also think they should know about the nature of bodies, the activities of the organs, the uses of the parts of the body, the differences between diseases, and indications of treatment, yet not be trained at all in logical theory? Or, although you might acknowledge the facts, are you ashamed to disagree about names? Well it is quite late, but it is better that at least now you have come to your senses and do not want to bicker about sounds just like the jackdaw or raven but take seriously the very facts themselves.[63]

Thus, there is no true doctor who is not a philosopher as well. A true doctor must necessarily have the qualities that a philosopher is expected to have. Only then can the doctor carry out their work well and properly. An honest and scientifically sound practice of the art of healing, however, is committed not only to the (Hippocratic) past but also to the future. We know that by understanding medicine today in its historical evolution, taking this into account in ethical reflection, and practicing it in an equally context-sensitive way, we are able to develop it positively (τὰ λείποντα δ' αὐτοὺς ἐξευρίσκοντας):

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[60] Steger 2021, 429–45.

[61] K. Brodersen (ed.), *Scribonius Largus: Der gute Arzt / Compositiones* (Wiesbaden 2016); S. Sconocchia (ed.), *Scribonii Largi Compositiones*, CML II 1 (Berlin 2020).

[62] W. H. Krause, *Philosophikum für Mediziner* (Würzburg 2016).

[63] *QOM* 4.1–2 (Boudon-Millot 2007, 291–2).

> Surely, you cannot say that someone can become a good weaver or a cobbler without education and training, and that someone will suddenly appear temperate, trained in demonstrative proof, or an expert about nature when they have neither had recourse to a teacher nor have trained themselves? Well then, if this kind of argument comes from a shameless person, and the other one comes from someone who nitpicks not about facts but rather about mere names, we must pursue philosophical knowledge above all else, if we are really followers of Hippocrates. If we do this, there is nothing that could prevent us from becoming his near equal or even his better, after we learn all the things that he has written about well and investigate what is left to be discovered.[64]

The logic presented here dictates that being a doctor and a philosopher is an amalgam. Just as no weaver or shoemaker can practice their τέχνη without learning and practice, so it is with the doctor. Without being committed to learning and practice—that is, without acting in the tradition of Hippocrates—no one can be a true ἰατρός. A true doctor is also a philosopher. Hippocrates is a role model according to Galen insofar as he embodies this very amalgam. A true doctor in his eyes aspires to Hippocrates as an ideal, reads the Hippocratic writings, behaves like Hippocrates, and resembles him as well.

[64] *QOM* 4.3–4 (Boudon-Millot 2007, 292).

Galen and Pergamon: The Role of Religion in Framing Medical Authority

Bronwen L. Wickkiser

A reader today of *That the Best Doctor is also a Philosopher* (hereafter *QOM*) might suppose that a separation between science and religion was in place by the time of Galen. In *QOM* we find no direct references to the gods, for instance. But such an assumption would be misguided. Not only does religion bubble under the surface of this text, but what is more significant is that Galen discusses the gods in other treatises where he views the divine as directly relevant to medicine.

This paper examines ways that religion and medicine intersected for Galen, with particular focus on Galen's relationship to the healing god Asclepius and the authority that this deity lent to Galen's professional work. As we shall explore, Asclepius was patron god of Galen's hometown, Pergamon, and by the time of Galen, Asclepius also had a long history as divine patron of physicians. Beyond this, Galen maintained personal connections with the god, such as receiving advice from Asclepius in dreams. Even Galen's career in medicine seems to have been inspired by dreams from the god. This variety of connections, all of which Galen presents in his own writings, would have enhanced his authority within his medical practice, a practice that extended all the way to the emperor.

To explore this topic, I will begin with some brief comments about the term "religion" that inform our understanding of Galen's interactions with the gods and enable us to detect their presence under the surface of *QOM*. Then, for the purpose of better contextualizing Galen's ties as a physician and Pergamene to Asclepius, I will discuss the ways in which physicians since the fifth century BCE had claimed a close relationship to the god. I will also survey the development of the cult of Asclepius broadly and more specifically will look at the significance of his sanctuary at Pergamon. Finally, I will turn to instances in Galen's treatises where he makes mention of Asclepius in order to consider how the god enriched and nuanced Galen's professional work. As a brief coda, I will suggest why Galen may have omitted direct reference to the gods in *QOM*.

1. Religion

At the start of *QOM*, Galen draws a comparison between athletes who wish to become Olympic champions but do not train, and physicians who praise Hippocrates but do nothing to become like him. Two elements of these comparisons—Olympic champions and Hippocrates—bring Galen's audience immediately into the realm of what we would call religion. Hippocrates, who is central to Galen's arguments throughout this text and whom Galen invokes often elsewhere as a figure of medical authority, was considered divine by some in Galen's day. Galen too calls him divine, though not in *QOM*, nor is there evidence that Galen worshipped Hippocrates as a god. It seems rather that he viewed Hippocrates as a human with divine aspects.[1] As to athletic competitions, these were a form of worship for the Greeks and Romans, and although they occurred most famously and enduringly at the sanctuary of Zeus at Olympia, they took place also at many other sanctuaries in honor of many other gods, including the healing god Asclepius.[2] Moreover, contests in honor of the gods encompassed not just athletics but also musical and even medical competitions; physicians competed in the latter.[3]

It has become a trope to say that there is no such thing as religion in the ancient Greek and Roman past. Scholars have unpacked the Latin term *religio* and its Greek parallels and have looked also at the development of "religion" as an intellectual category dating to the modern period.[4] Religion is not an emic category for the Greeks and Romans; they did not employ it. But because it is a category with which we are familiar, it can be useful for us to apply this lens to the distant past. Of course, we also bring our own cultural baggage to the idea of religion, including dichotomies like church versus state, irrational versus rational, and faith versus atheism, all

[1] Hippocrates' divinity: Temkin 1991, 71–5. Galen and Hippocrates: W. D. Smith, *The Hippocratic Tradition* (Ithaca 1979). Divine Hippocrates: Iskandar 1988, 146–7; Lloyd 1991, 403; H. King, "The Origins of Medicine in the Second Century AD", in: S. Goldhill / R. Osborne (eds.), *Rethinking Revolutions in Greece* (Cambridge 2006) [246–63] 257–8. In *On Examining the Best Physicians*, Galen bemoans the fact that Hippocrates is no longer viewed with the esteem he once was, previously considered "eminent, among the divine men" (Iskandar 1988, 46–7).

[2] S. G. Miller, *Ancient Greek Athletics* (New Haven 2004) 129–32; Wickkiser 2008, 35.

[3] Medical competitions at Ephesus (these included contests in surgery, instruments, composition, and problems): *Inschriften von Ephesos* nos. 1161–7; König 2005, 254–55, contextualizing the competition within a broader discussion of medical practitioners, including Galen; Mattern 2008, 69–70, and chapter 3 passim on the agonistic context and content of Galen's therapies and writings.

[4] B. Nongbri, *Before Religion: A History of a Modern Concept* (New Haven 2013); C. Barton / D. Boyarin, *Imagine No Religion: How Modern Abstractions Hide Ancient Realities* (New York 2016); Larson 2016, 21–3, with important caveats about both emic and etic approaches.

of which in varying degrees are problematic from an emic perspective on ancient Greece and Rome.

However, if we are aware of the anachronism of these strict dichotomies, then it is not hard to understand that Galen was invested both in the art of medicine and in cultivating ties to the gods, even to the point of including them in his medical literature, and that there was no conflict between these two endeavors. In the *Usefulness of Parts*, Galen writes of a divine creator (δημιουργός) who is responsible for the parts of the body and their functions, functions that Galen likens to holy mysteries such as those of Eleusis and Samothrace. Galen says that he himself discovered these bodily mysteries in his research (*UP* 7 [Helmreich 1907, 418.19–419.8]).[5] In *On My Own Opinions*, Galen speaks again about a creator god as well as about various other gods of the Greek and Roman pantheon, stating with regard to the latter that though he does not know the substance of which they are comprised, he does know that these gods exist because of their visible actions in the world, and as an example he mentions the many people whom Asclepius has healed, including Galen himself (*Prop. plac.* 2 [Boudon-Millot / Pietrobelli 2005, 173.1–6]). In *Exhortation to Study the Arts*, Galen attributes the art of medicine to the gods Asclepius and Apollo (*Protr.* 1.3 [Boudon-Millot 2000, 85.1–7]), and an Arabic treatise from the thirteenth century by Ibn Abī Uṣaybiʿa, *The Best Accounts of the Classes of Physicians*, states concerning the origin of medicine: "Those who hold that God created the art of medicine argue that human reason cannot possibly have devised so sublime a science. Galen held this view, as we read in his commentary on Hippocrates' *Book of Oaths*" (1.1).[6] As Galen perceived it, then, medicine was an art given to mortals by the gods, particularly by Asclepius and Apollo, whose existence was apparent in their many healing acts. Galen himself was healed by Asclepius. Furthermore, a divine creator designed the bodies of animals and humans, and the wondrous functions of these bodily parts—akin to holy mysteries—could be discovered by mortals through diligent research.

This brief survey demonstrates that the divine, though understated in *QOM*, does play a significant role elsewhere in Galen's views of medicine and in his life more broadly. Galen, like most Greeks and Romans, had a meaningful god set, and for him as well as for many other physicians,

[5] Galen calls the final book of *Usefulness of Parts* an epode, explaining that much as people sing hymns in praise of the gods before altars, he has written an epode in praise of the skillful creator; *UP* 17.3 (Helmreich 1909, 451.19–27). Also *UP* 3.10 (Helmreich 1907, 174.6–7) about this treatise being a sacred text, ἱερὸς λόγος, and a "true hymn of praise to our creator", τοῦ δημιουργήσαντος ἡμᾶς ὕμνον ἀληθινὸν. Rhetoric of praise and piety in this treatise: C. Petit, *Galien de Pergame ou la rhétorique de la Providence: Médecine, littérature et pouvoir à Rome* (Leiden 2017) 163–209.

[6] Savage-Smith / Swain / van Gelder 2020. Galen's commentary on the *Oath* survives only in fragments in later Arabic texts.

Asclepius numbered among this set, though Galen did not venerate Asclepius exclusively.[7] As we shall see, Galen was far from alone among second-century elites, including the emperors, in claiming a strong bond with Asclepius. What I am curious to pursue below is how Galen's relationship with this god as he himself presents it enhanced his medical authority and even his status among elites and the emperors.

2. Asclepius, Physicians, and Pergamon

By the fifth century BCE, physicians were forging close connections to the doctor-god Asclepius. In Plato's *Symposium*, with a dramatic date of 416 BCE, the physician Eryximachos states that Asclepius "our ancestor . . . established our craft [*technē*]" (186d). And we find abundant evidence, material and textual, for ties between physicians and Asclepius that would begin long before and continue well beyond the time of Galen, such as—to give but a few examples—medical instruments decorated with images of Asclepius and his colleagues; grave reliefs that honor not only the deceased physician but also the god; a seal-stone depicting Asclepius looking on while a physician palpates a patient; the text of the Hippocratic *Oath*, whose followers swear by Asclepius as well as other gods; an apocryphal story about how the physician Hippocrates learned medicine by reading cures that were inscribed at the Asclepieion on Kos; and the fact that some physicians claimed descent from the god.[8]

The close and enduring bond between physicians and Asclepius should be understood in relation to a consistent mythology that solidified around this god by the early fifth century BCE. Though the earliest known reference to Asclepius occurs in Homer's *Iliad*, where he and his sons are called physicians (*iatroi*) and are praised for their healing skills, there is

[7] Meaningful god set: Larson 2016, 23. Galen and religion more broadly: Kudlien 1981; Boudon-Millot 1988; von Staden 2003; Tieleman 2016; Pietrobelli 2017.

[8] Medical instruments: L. J. Bliquez, *The Tools of Asclepius: Surgical Instruments in Greek and Roman Times* (Leiden 2015) 19–20. Grave reliefs: A. Hillert, *Antike Ärztedarstellungen*. Marburger Schriften Zur Medizingeschichte 25 (Frankfurt 1990) 15, 198–208. Seal-stone: British Museum no. 1912,0311.1; R. Jackson, "Engraved Gem", Catalogue entry no. 128, in: Stampolides / Tasoulas 2014, 263–4. Inscriptions: Samama 2003, 64–6. Hippocrates and Kos: Strabo 14.2.19. Physicians claiming descent from the god is apparent as early as Plat. *Symp.* 186e, and Galen mentions that medicine was once within the family of Asclepiads (*AA* 2.1 [Garofalo 1986, vol. 1, 71.17–8]). Tradition of Asclepiads: J. Jouanna, *Hippocrates*, trans. M. B. DeBevoise (Baltimore 1999) 10–2 and ch. 1 passim. Galen also links the art of medicine to Asclepius (*Protr.* 9.6 [Boudon-Millot 2000, 101.24–7]) in a context that reminds of us *QOM*: he says that men are considered worthy of divine honor for accomplishments like medicine (to wit, Asclepius was one such man) but not for athletic achievements. Elsewhere, Galen refers to Asclepius as "our paternal god" (ὁ πάτριος ἡμῶν θεὸς Ἀσκληπιός, *San. tu.* 1.8.20 [Koch 1923, 20.13–4]), pointing thereby to a community of physicians.

in Homer's text no mention of Asclepius' divinity. But by the fifth century, this and other key aspects of his mythology had crystalized: he was said to be the son of Apollo, he underwent training in order to heal, what he did for the most part was heal, and his healing was subject to limits, as when his grandfather Zeus punished him for bringing the dead back to life. Moreover, ever since the *Iliad*, stories about Asclepius portray him using techniques familiar to physicians, such as employing surgery and drugs or rebalancing humors. Most of these details appear together in Pindar, *Pythian* 3, composed ca. 474 BCE, and were paralleled by the experiences of mortal physicians who likewise had to undergo training (many too were sons of healers), were curtailed in their ability to heal certain ailments that were considered beyond the limits of their *technē*, and whose primary professional task was healing.[9]

The Greeks and Romans worshipped many gods for their ability to heal, but Asclepius was the most popular of all divine healers in the Greek and Roman pantheon. The earliest documented cult activity for Asclepius dates no later than the sixth century BCE at the site of what would become one of his most important sanctuaries: Epidauros in the Peloponnese.[10] A massive building program there in the fourth century BCE attests to this sanctuary's draw, as do numerous inscriptions from the site recording thank offerings, hymns, and healing narratives.[11] Hundreds of sanctuaries of Asclepius were established at this time, including at Pergamon in the fourth century BCE, and his cult would continue to spread the length and breadth of the Greco-Roman world.[12] The god's popularity

[9] *Pyth.* 3: son of Apollo and Coronis, lines 8–15; training with Cheiron, 45–6; overstepping limits by bringing someone back to life, 55–8; use of surgery and drugs, 52–3. Mythology of Asclepius generally: E. J. Edelstein / L. Edelstein 1998, 1–138. Parallels with mortal physicians: Wickkiser 2008, 42–61. In Pindar's ode, Asclepius also uses amulets and incantations, though these were not beyond the purview of mortal physicians including Galen, who seems to have become more accepting of amulets over time. Galen and amulets: D. Gourevitch, "Popular Medicines and Practices in Galen", in: W. V. Harris (ed.), *Popular Medicine in Graeco-Roman Antiquity: Explorations* (Leiden 2016), 264–69. Galen and incantations: von Staden 2003, 18–20.

[10] Vassileios Lambrinoudakis, director of excavations at Epidauros, believes that worship of Asclepius may have begun as early as the late seventh / early sixth century BCE, based on recent finds at the site: "New Building Found at Epidaurus' Asclepieion in Sensational Archaeological Discovery", *Greek Reporter*, January 29, 2020; also V. Lambrinoudakis, "Theurgic Medicine", in: Stampolides / Tasoulas 2014, 17–31.

[11] History and architectural development of the Asclepieion at Epidauros: Melfi 2007, 17–147; Riethmüller 2005, 1.148–74, with bibliography; A. Burford, *The Greek Temple Builders at Epidauros: A Social and Economic Study of Building in the Asklepian Sanctuary, during the Fourth and Early Third Centuries B.C.* (Toronto 1969). List of inscriptions from Epidauros, by date and type, with bibliography: Melfi 2007, 148–209.

[12] Extent of spread: F. Steger, *Asclepius: Medicine and Cult*, trans. M. M. Saar (Stuttgart 2018) 49. Galen remarks that every city in every country has places where people seek divine healing, whether these are named after Asclepius or Apollo (*Opt. med. cogn.* 1.4

derived in part from the particular niche that he filled in the medical marketplace: the majority of ailments that he treated were chronic and were beyond the skill of most physicians. For instance, we have evidence for him treating blindness, paralysis, epilepsy, gout, infertility, edema, persistent headaches, insomnia, lingering coughs, even lice and baldness, some of which remain difficult to cure to this day.[13] The popularity of Asclepius held until worship of another divine healer, Jesus, gradually supplanted veneration of pagan deities, yet worship of Asclepius can be documented as late as the fifth century CE, indicating that his cult was active for well over a millennium.[14]

If we return to the fifth century BCE, it is striking that the initial spread of Asclepius' sanctuaries coincided with the emergence of Hippocratic medicine and more particularly with publication of medical treatises by Hippocrates and his followers.[15] Metaphorically (and occasionally also literally) these healers were two sides of the same coin: Asclepius was a deified physician who seems to have operated often under broadly similar views to the Hippocratics regarding how the body functioned, including for instance humoral theory, whereby rebalancing humors was key to restoring health.[16] Yet Asclepius the deified doctor could take the techniques of his mortal counterparts to a superhuman level, as evidenced in a healing narrative from Epidauros: a woman reported seeing the god in a

[Iskandar 1988, 42–3]). The past two decades have seen a spate of scholarship on Asclepius; the following is a select listing. Asclepius and his sanctuaries, Riethmüller 2005; Melfi 2007. Detailed study of incubation: Renberg 2017. Aelius Aristides and Asclepius: Petsalis-Diomidis 2010; Downie 2013; Israelowich 2012; Israelowich 2015. Material remains of Pergamon and other Asclepieia in the first and second centuries CE: Melfi 2016. Asclepieion at Kos: Interdonato 2013. Asclepius in the Roman imperial period: van der Ploeg 2018. Spread of the cult in relation to Hippocratic medicine and politics: Wickkiser 2008.

[13] Wickkiser 2008, 58–61.

[14] Fifth century: Marinus, *Life of Proclus* 29, on worship of the god in Athens; also *Life of Proclus* 19, on a sanctuary of Asclepius Leontouchos in Askalon. Roman-period dedications to Asclepius in Athens: C. L. Lawton, "Asklepios and Hygieia in the City Eleusinion", in: M. M. Miles (ed.), *Autopsy in Athens: Recent Archaeological Research on Athens and Attica* (Oxford 2015) [25–50] 29–31.

[15] Dates for Hippocratic treatises: E. M. Craik, *The "Hippocratic" Corpus: Content and Context* (Milton Park 2015). More recently, R. Lane-Fox, *The Invention of Medicine: From Homer to Hippocrates* (New York 2020) argues that *Epidemics* 1 and 2 date to ca. 471–467 BCE.

[16] A coin from Epidauros depicts the god on one side and a cupping instrument on the other: O. D. Hoover, *Handbook of Coins of the Peloponnesos: Achaia, Phleiasia, Sikyonia, Elis, Triphylia, Messenia, Lakonia, Argolis and Arkadia; Sixth to First Centuries BC* (Lancaster 2011) no. 731. Other healing gods were not as well suited for this close connection, for the following reasons: most were perceived as having been born with the ability to heal, they healed by mere touch or presence, and they were renowned for tasks other than healing. Asclepius' father Apollo is a good example of all three of these characteristics: Wickkiser 2008, 50–3.

dream wherein he cut off the head of her daughter who was suffering from edema, inverted her body to cause excess fluid to run out, and then placed her head back on her neck.[17] Here the god was thought to employ surgery (cutting off the daughter's head) and to rebalance humors (draining fluid from the inverted, headless body) in a way that no mortal could have done successfully. This complementary relationship seems to have been mutually advantageous to both the god and to mortal physicians; both types of healers enjoyed a surge in popular interest beginning in the fifth century. We also find abundant evidence over many centuries for physicians participating in worship of Asclepius: some served as his priests, others organized games, made sacrifices, and offered dedications (including financing buildings) in the god's sanctuaries.[18] All of this material suggests a sense not only of professional loyalty but even of personal devotion by some physicians to their patron deity. Galen's relationship with Asclepius should be understood in these terms.

The relationship between Asclepius and Galen was further strengthened by the marked presence of the god in Galen's hometown. Asclepius was known as "the Pergamene god" (*Pergamus deus*, Mart. 9.16.2; ὁ θεὸς ἐν Περγάμῳ, Gal. *Cur. rat. ven. sect.* 23 [11.315K]) and appeared often on Pergamene coins.[19]

In the fourth century BCE, a sanctuary of Asclepius was established at Pergamon southwest of the city; this sanctuary expanded over the centuries, culminating in a massive building project in the second century CE during Galen's lifetime (see Figs. 1–3). The architectural expansion included new porticoes that framed older, Hellenistic temples, altars, and water features; an imposing gateway leading into the sanctuary from a long, broad, colonnaded roadway that connected the sanctuary to the city; a library just next to the gateway that included a statue of the emperor Hadrian; a theater seating upwards of 3000, with the first three-story *scaenae frons* in Asia Minor; a circular temple of Zeus Asclepius that was modelled on the Pantheon in Rome; and another, even larger circular building whose functions remain unclear. Many prestigious individu-

[17] *IG* IV^2 1.122.1–6. Discussion of overlap in therapy: Wickkiser 2008, 44–50. Galen provides a recipe for a drug named after Asclepius: *Comp. med. gen.* 7.7 (13.985–6K).

[18] Evidence for the Greek period, including decrees, dedications, and priests: Nutton 2012, 112. For the Roman period, including games, buildings, and statues: Nutton 2012, 288. Of course, not every physician would have worshipped Asclepius, or at least not with the same level of devotion, but evidence suggests that many included Asclepius among their meaningful god set.

[19] Coins: P. Kranz, *Pergameus Deus: Archäologische und Numismatische Studien zu den Darstellungen des Asklepios in Pergamon während Hellenismus und Kaiserzeit* (Mönnesee 2004) 53–131; Petsalis-Diomidis 2010, 37–41, with discussion of other connections between the city and Asclepius. Galen would have encountered worship of Asclepius also in many other parts of the Mediterranean through which he traveled to learn medicine, acquire materia medica, and practice his craft.

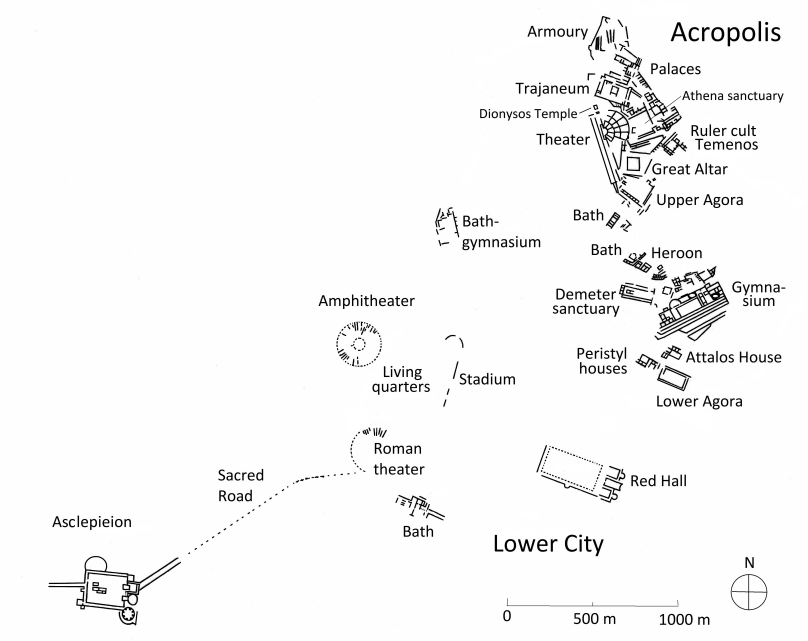

Fig. 1: Plan of the city of Pergamon, with the Asclepieion to the southwest

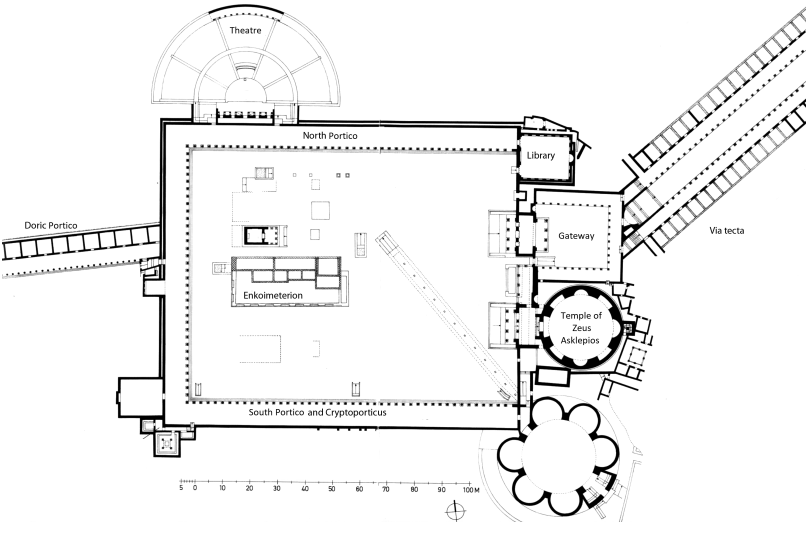

Fig. 2: Pergamon, the Asclepieion in the Roman Imperial period

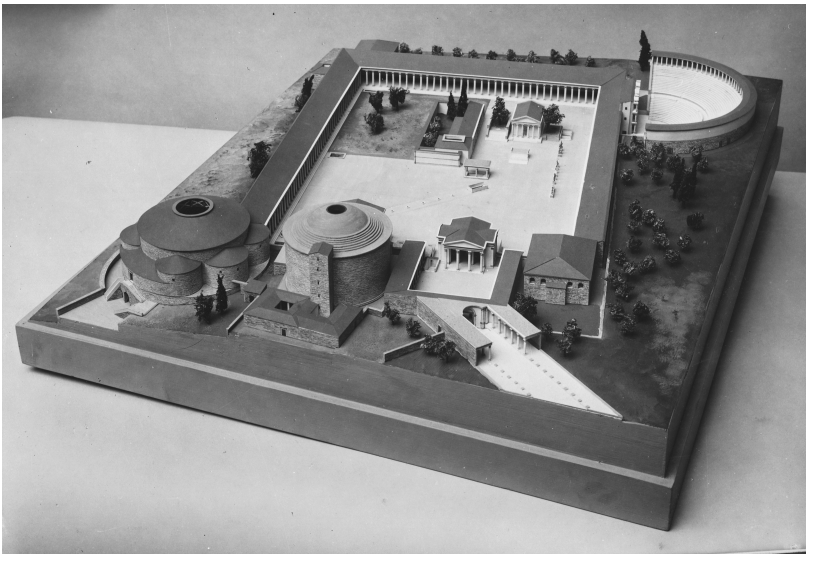

Fig. 3: Model of the Asclepieion at Pergamon in the Roman Imperial period

als poured money into these projects, including the historian and philosopher A. Claudius Charax, who dedicated the gateway; the consul L. Cuspius Pactumeius Rufinus, who dedicated the temple of Zeus Asclepius; the consul Octacilius Pollio, who dedicated the north portico; and a woman, Flavia Melitine, who dedicated the library.[20]

The expansion and architectural elaboration of the Pergamene sanctuary occurred during a larger surge of interest in worship of Asclepius in the first and second centuries CE. For instance, the god's sprawling sanctuary at Kos was more fully elaborated in the first century, thanks in part to support from C. Stertinius Xenophon, physician to the emperors Claudius and Nero.[21] In the second century at Epidauros, a senator named Antoninus built a bathhouse and temple and restored a large stoa, while the sanctuary at Lebena on Crete received benefaction from, among others, a local elite named T. Flavius Xenion. That same century, a medallion issued by the

[20] History of the sanctuary at Pergamon: *Altertümer von Pergamon* XI (building history) and VIII.3 (inscriptions); Hoffmann 1998, 41–61; Riethmüller 2005, 1.334–59, 2.362–64; Petsalis-Diomidis 2010, 167–220; Melfi 2016; Renberg 2017, 1.138–46. *Scaenae frons*: Hoffmann 1998, 55–6. Galen refers to construction of the temple of Zeus Asclepius by Rufinus: *AA* 1.2 (Garofalo 1986, vol. 1, 11.15–18). Elite interest in the sanctuary: Israelowich 2015, 113–6.

[21] Interdonato 2013, esp. 57–71; S. Paul, *Cultes et sanctuaires de l'île de Cos* (Liège 2013) 167–87; Riethmüller 2005, 1.206–19.

emperor Antoninus Pius celebrated Asclepius' sanctuary on Tiber Island in Rome.[22]

These and other sanctuaries of the god drew people from all walks of life, from slaves to elites, children to adults, both female and male.[23] In most cities, a variety of healers offered their services, including doctors, midwives, magicians, root-cutters, priests, and/or gods, among others. Asclepius was but one of many options, nor were these various healers exclusive to one another. For instance, the same individual might have consulted physicians alongside Asclepius, as did the second-century orator Aelius Aristides, discussed in more detail below. A large city like Pergamon would have bustled with healers, including physicians; Galen mentions studying under several of them.[24] But when it came to divine healing, Asclepius was thought to be especially efficacious.

In the first and second centuries CE, elite benefactions and dedications to this god were remarkably robust, as the short list given above would suggest.[25] Some of this interest was not simply medical but can be characterized as political. An anachronistic idea long embedded in scholarship—that Asclepius was a Jesus-like figure who bore no political dimension—is misguided. From as early as the fifth century, when his cult was brought into Athens, the polis' interest in the god can be discerned by how swiftly Asclepius was integrated both into the topography of the Acropolis and into the city's ritual calendar, where he rubbed shoulders with Athena, Demeter, and Dionysos, all major deities for Athens. The political implications here become apparent if one considers the importance of the Peloponnesian city Epidauros, whence Asclepius came to Athens, to Athenian

[22] Epidauros: Paus. 2.27.7; Lebena: M. Melfi, *Il santuario di Asclepio a Lebena* (Athens 2007), especially 141–7 on interest in Lebena as well as other Asclepieia during the Antonine period; Roman medallion celebrating arrival of Asclepius: British Museum no. 1853,0512.238.

[23] A range of status, sex, and age can be deduced from the *iamata* at Epidauros: elite women (e.g., *IG* IV^2 1.121.1–8) as well as men; slaves (e.g., *IG* IV^2 1.121.79–89; the term παῖς here is ambiguous, meaning boy and/or slave, but mention of a master [δεσπότα] strongly suggests that he is a slave); and children (e.g., *IG* IV^2 1.123.1.1–3: a κορᾶ). Though the inscription of these *iamata* dates to the fourth century BCE, the range of status and gender among worshippers of Asclepius is evident yet centuries later in other locations (e.g., the tradition of exposing slaves on Tiber Island [Suet. *Claudius* 25.2] and of manumitting slaves in the presence of Asclepius [D. Kamen, "Manumission, Social Rebirth, and Healing Gods in Ancient Greece", in: D. Geary / S. Hodkinson (eds.), *Slaves and Religions in Graeco-Roman Antiquity and Modern Brazil* (Newcastle upon Tyne 2012)]. C. Scott, *Asklepios on the Move: Health, Healing, and Cult in Classical Greece* (PhD diss., New York University 2017) 76–133, discusses the significance of Asclepius restoring individuals, including slaves, to their community. Female worshippers at Epidauros: C. Scott, "Gender in the Temple: Women's Ailments in the Epidaurian Miracle Cures", *Classical Antiquity* 37.2 (2018) 321–50.

[24] Galen's medical education at Pergamum: Schlange-Schöningen 2003, 64–85.

[25] Elite interest in Asclepius, especially at Pergamon: Israelowich 2015, 111–7.

success during the Peloponnesian War: its strategic location made it useful for Athens, and Asclepius in turn was helpful for negotiating allied interests between Athens and Epidauros, thereby strengthening the health of the body politic.[26] Political motives seem likely to have contributed to the importation of Asclepius to cities like Rome and Pergamon as well and are evident certainly in the later history of these cults.[27]

The Asclepieion at Pergamon was founded by a local elite named Archias (Paus. 2.26.8) who may have been a leader in fourth-century Pergamon.[28] Continuing through the reign of Eumenes II and extending for centuries to the emperors Hadrian, Marcus Aurelius, and Caracalla, regional elites and the very leaders of the empire alike showed interest in Asclepius and his Pergamene sanctuary, as Milena Melfi and Ghislaine van der Ploeg elucidate.[29] Among regional elites who sought help from Pergamene Asclepius was Aelius Aristides, from Mysia, whose *Hieroi Logoi* (*Sacred Tales*, *Or*. 47–52) describe not only time spent in the god's care but also his gifts to the god, such as a tripod adorned with representations of Asclepius, Hygieia, and Telesphoros that stood in the temple of Zeus Asclepius (*Or*. 50.45–6).[30] At Pergamon, benefactions and dedications to Asclepius read like a who's who of the rich and powerful. We may connect some of this interest by the ruling classes in a prominent healing god to concern over the health of the empire as well as concern for the physical body of its leader. We find tangible evidence of a connection between

[26] Political dimensions of the importation to Athens: R. van Wijk, "Negotiation and Reconciliation: A New Interpretation of the Athenian Introduction of the Asklepios Cult", *Klio* 98.1 (2016) 118–38; Wickkiser 2008, chs. 4–6.

[27] Rome, with attention to political motives: E. Orlin, *Foreign Cults in Rome: Creating a Roman Empire* (Oxford 2010) 62–70. Associations between Asclepius and Augustus that are tied to the cult's foundation in Rome: B. L. Wickkiser, "Augustus, Apollo, and an Ailing Rome: Images of Augustus as a Healer of State", *Studies in Latin Literature and Roman History* 12 (2005) [267–89] 287–8. Kos and political aspects of its Asclepieion: Interdonato 2013, 173–208.

[28] Archias: M. Kohl, "La Pergame d'Apollon depuis les temps de l'Iliade homérique à l'époque hellénistique", in: id. (ed.), *Pergame: Histoire et archéologie d'un centre urbain depuis ses origines jusqu'à la fin de l'antiquité. Actes du colloque du 8–9 décembre 2000* (Lille 2008) 147–69.

[29] Hadrian's visit to Greece in 124 CE exerted great impact on the god's sanctuary at Epidauros (Melfi 2007, 82–90) and at Pergamon, where the temple of Zeus Asclepius was modeled on Hadrian's renovated Pantheon in Rome (van der Ploeg 2018, 112–31). A statue of Marcus Aurelius at Pergamon linked the emperor and god, both described as *soter* (see below). Caracalla visited Pergamon for healing, as described by Herodian 4.8.3 and celebrated on imperial coinage: British Museum no. 1844, 1015.239. Roman elite interest in Asclepius: van der Ploeg 2018, 83–165.

[30] Tripod: J. Downie, "A Pindaric Charioteer: Aelius Aristides and His Divine Literary Editor (*Oration* 50.45)", *CQ* 59 (2009) 263–9; Downie 2013, 136. Both Galen and Aelius Aristides knew some of the same elite individuals associated with the sanctuary, such as the physician Satyrus and the consul Rufinus, who dedicated the temple of Zeus Asclepius: Israelowich 2012, 63.

the healing god and emperor within the Asclepieion at Pergamon: an inscribed statue of Marcus Aurelius names both the emperor himself and Asclepius as *sōtēr* (savior).[31]

For a local elite, then, the Asclepieion at Pergamon was a place to see and be seen, a place with which to forge visible connections to a god who represented the health of the body politic, including those who governed it. Concurrently that same god was worshipped as a healer of the physical bodies of all peoples including the rank and file. Galen was a product of this environment, and so to Galen's own connections to Asclepius we shall now turn.

3. Galen and Asclepius

We must rely exclusively on Galen's own writings to ascertain particularities about his relationship to Asclepius. No other literary evidence and no material evidence survives linking the two directly. This contrasts with the situation of another second-century elite we have already encountered, Aelius Aristides, whose veneration of Asclepius, though best known through his orations, exists also in material form (e.g., two altars, one in Mytilene and another in Attica inscribed with a dedication to the god, both attributed to this Aristides).[32] Fortunately, Galen wrote copiously; not only do we have well over one hundred of his treatises, but in these works, Galen mentions or alludes to Asclepius more than twenty-five times, though I hasten to add that my count is not exhaustive. In what follows, I will be building on the work of Christian Brockmann and Heinrich

[31] Statue: *Altertümer von Pergamon* (*AvP*) VIII.3 no. 10, found within the Asclepieion, 162 CE; discussed also by Petsalis-Diomidis 2010, 266. A statue of Marcus' co-emperor Lucius Verus found in the Asclepieion likewise identifies him as *sōtēr* (*AvP* VIII.3 no. 11). Emperors were venerated for their ability to heal physical bodies as well as the body politic: G. Ziethen, "Heilung und römischer Kaiserkult", *Sudhoffs Archiv* 78 (1994) 171–91. Interest by rulers in Asclepius can be traced at least as far back as Alexander the Great: Arr. *Anab.* 2.5.8; Paus. 8.28.1. Coins and medallions minted in the time of Hadrian suggest interchangeability between the image of the emperor and of Asclepius: M. Amandry, "Un monnayage d'Hadrien à Épidaure", *Revue des Études Grecques* 106 (1993) 329–32 (coins from Epidauros); British Museum no. 1872,0709.415 (medallion from Rome). An inscription from Pergamon identifies Hadrian as a "new Asclepius" (*IvP* II 365). Galen records a hymn written to Nero by the physician Andromachus; it concludes with a petition to Asclepius to send his daughter Panacea to the emperor in order to relieve his pain (*Ant.* 1.6 = 14.42K); F. Overduin, "Elegiac Pharmacology: The Didactic Heirs of Nicander?", in: L. G. Canevaro / D. O'Rourke (eds.), *Didactic Poetry of Greece, Rome and Beyond* (Swansea 2019) 97–122, esp. 101–8. Totelin 2016b, 164, comments on the theriac that Galen reports Marcus Aurelius taking daily: "This drug was a microcosm of the empire, to be consumed by the emperor, whose healthy body guaranteed the good functioning of the empire".

[32] C. P. Jones, "Three Foreigners in Attica", *Phoenix* 32 (1978) [222–34] 231–4.

Schlange-Schöningen, among others, whose analyses of Galen and Asclepius are rich in detail and highly illuminating.[33]

At the outset, it is important to foreground three broad aspects of Galen's writings. These do not apply to all his treatises, but they do apply to many of them. First, competition. Galen was a highly competitive individual, which is not surprising for the bustling medical marketplace of the time. His treatises brim with challenges by pen and by scalpel to certain theories and certain practitioners.[34] Yet nowhere in his writings does Galen challenge the power of Asclepius or of other gods to heal. Instead, he speaks of Asclepius with devotion and admiration as a successful healer. Second: elite audiences. Galen describes treating people across ethnic, gender, age, and socioeconomic divides, from slaves and poor farmers to consuls and even, of course, the imperial family and their courtiers. Yet the immediate audience for many of his treatises was elite men.[35] So when he talks about Asclepius, he is speaking to other elites above all—to the very kinds of individuals who were making significant benefactions in sanctuaries of the god, especially at Pergamon. Third: authority. Galen writes with a confident sense of authority, whether he is dispensing with a faulty theory of the Methodists, describing a rival's inability to successfully challenge him in an anatomical demonstration, or claiming that his own understanding of the writings of Hippocrates is far superior. These three elements, then, were important to Galen's self-image: authority, which was often established through competition, which was often conducted with other elites.

As we will explore below, Asclepius served several broad functions for Galen, all of which had the potential to enhance his medical authority and his social standing. We may summarize these as follows:

1. The god represents possibilities for advancing the limits of medicine and of increasing physician success.
2. The god models limitations in healing.
3. The god enhances social capital among elites, including the emperor.

I will begin with an allusion to Asclepius that foregrounds the personal connection between Galen and the god. In *On the Order of My Own Books*, Galen speaks of his career having been launched by clear dreams

[33] Brockmann 2016; Schlange-Schöningen 2003; also Kudlien 1981; Boudon-Millot 1988; Tieleman 2016; Pietrobelli 2017.

[34] Competition: Iskandar 1988, 141; Mattern 2008, esp. ch. 3; Gleason 2009, 85–114. Medical marketplace: V. Nutton, "Healers in the Medical Market Place: Towards a Social History of Graeco-Roman Medicine", in: A. Weir (ed.), *Medicine in Society* (Cambridge 1992) 1–58. König 2005, 262–3, cautions that we may be overreading the element of competitiveness in medical practice under the empire, including in Galen; also 265–6 on *QOM*.

[35] Galen speaks of his own books, their audiences, and the larger book trade (including plagiaries of his works) in two treatises: *On My Own Books* (*Lib. prop.*) and *On the Order of My Own Books* (*Ord. lib. prop.*)

that his father experienced when Galen was sixteen years old. Galen does not describe the content of these dreams, but by them his father was persuaded to have Galen study medicine as well as philosophy (*Ord. lib. prop.* 4.4 [Boudon-Millot 2007, 100.2–4]). Dreams at this time were commonly thought to be caused by one's soul or sent by the gods.[36] Although Galen does not specify Asclepius as the one who sent the dreams, Vivian Nutton has noted that the adjective "crystal-clear" (ἐναργῆ) used to describe them suggests that Asclepius was indeed their source.[37] Thus, though Galen was not born an Asclepiad, a fact that might have boosted his medical authority, his having been specially tapped by Asclepius to become a healer demonstrates a close and special connection to the god.

This personal relationship would endure. Not only was Asclepius responsible for launching Galen's education in medicine but he healed Galen, apparently also through dreams. In *On My Own Books*, Galen writes of telling the emperor Marcus Aurelius that the god had once saved him from a fatal condition caused by an ulcer or abscess (ἀπόστημα, *Lib. prop.* 3.5 [Boudon-Millot 2007, 142.15–9]). Scholars have connected this healing account convincingly to two other passages. In the first, Galen describes receiving dreams that appeared vividly (ἐναργῶς; cf. the crystal-clear dreams, ἐναργῆ ὀνείρατα, that he reports his father having experienced). These dreams guided Galen to perform an arteriotomy on his right hand to relieve chronic pain that was localized in the same part of the body (between liver and diaphragm) where in another treatise he reports suffering from an ἀπόστημα (dreams: *Cur. rat. ven. sect.* 23 [11.314–15K]; location of ἀπόστημα: *Bon. mal. suc.* 1.19 [Helmreich 1923, 393.16–20]). That these passages refer to the same ailment is likely given that they describe the same location in his body. Moreover, that the dreams were from Asclepius is almost certain because in the same passage of *On Treatment by Bloodletting* where he reports them, he mentions that a worshipper of Asclepius in Pergamon received a dream likewise prescribing an arteriotomy on his hand for relief of chronic pain in his side.[38] If we put all of these men-

[36] Dreams in antiquity: W. V. Harris, *Dreams and Experience in Classical Antiquity* (Cambridge, MA, 2009). Dreams, medicine, and Galen: S. M. Oberhelman, "Galen, *On Diagnosis from Dreams*", *Journal of the History of Medicine and Allied Sciences* 38 (1983) 36–47; S. M. Oberhelman, "Dreams in Graeco-Roman Medicine", in W. Haase / H. Temporini (eds.), *Aufstieg und Niedergang der römischen Welt* (Berlin 1993) part 2, vol. 37.1, 121–56; M. A. A. Hulskamp, "The Value of Dream Diagnosis in the Medical Praxis of the Hippocratics and Galen", in S. M. Oberhelman (ed.), *Dreams, Healing, and Medicine in Greece: From Antiquity to the Present* (Farnham 2013) 33–68.

[37] V. Nutton, *Galen: A Thinking Doctor in Imperial Rome* (Abingdon 2020) 14 with n. 84, remarking that this same adjective was often used to describe dreams from Asclepius. The Pergamene context for these dreams may have further obviated any need on Galen's part to specify their source.

[38] *Cur. rat. ven. sect.* 23 (11.315K). Detailed discussion of these passages, with bibliography: Brockmann 2016. Aelius Aristides mentions that he and others who suffered similar

tions together, it seems quite likely that the dangerous abscess suffered by Galen was cured by Asclepius through dreams that recommended a medical procedure; this procedure—an arteriotomy—Galen performed on himself. The result was a success, and he was cured permanently of his chronic pain. Galen would recall again late in his life that Asclepius had healed him (*Prop. Plac.* 2 [Boudon-Millot / Pietrobelli 2005, 173.4—5]).

Here we begin to notice the possibilities that Asclepius represented for Galen. The god not only saved Galen but was the source of a novel and risky medical procedure (relative to a phlebotomy, he explains; *Cur. rat. ven. sect*. 22–3 [11.313–16K]).[39] The god expands thereby the limits of Galen's *technē*. In other treatises, Galen notes that Asclepius treated worshippers of seemingly incurable ailments. For instance, in *Differences of Diseases*, the body of Nikomachos of Smyrna was swollen excessively to the point that he could not move, but Asclepius healed him (*Morb. diff*. 9 [6.869K]). How he did so, Galen does not say nor does he voice any disbelief.[40] It is remarkable with respect to Galen's cure that Asclepius presents to him a therapy well suited to Galen's own training as a physician. Galen comments in *Method of Healing* that Asclepius knows the *physis* of each of his worshippers well (*MM* 3.7 [10.207K], also below[41]), and indeed this cure seems entirely fitting not only for a highly skilled physician like Galen but for a man who credits his very career path to the god. In much the same way, Aelius Aristides observes that Asclepius gives particular gifts, including *technai*, with an eye to the man (πρὸς ἄνδρα ὁρῶν, *Or*. 42.5), allotting what is most suitable to each individual. Aristides goes on to say that Asclepius encouraged him to take up oratory and guided his training in this endeavor (*Or*. 42.12; all of which had a therapeutic effect too), much as the god seems to have guided Galen toward the study of medicine.

Regarding still other possibilities that the god represents, Galen observes that Asclepius is successful not only in recommending the right therapies but also in convincing his worshippers to follow his advice. In a commentary on *Epidemics* 6, Galen remarks that patients in Pergamon follow Asclepius' advice even when it is difficult. Many people, includ-

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ailments spent time at the Asclepieion at Pergamon discussing any new recommendations from the god (*Or*. 50.16–7). It thus seems that there were informal networks by which the god's cures were disseminated.

[39] Kudlien 1981, 123, views this mention of the god as an instance of Asclepius confirming Galen's own ideas; also 126–7 for discussion of Asclepius as a "confirmer" of scientific medicine for Galen.

[40] Elsewhere Galen reports that a man from Thrace was cured at Pergamon of an ailment in the following way: Asclepius recommended a treatment (drinking a drug made from vipers and rubbing his body with oil) that caused the ailment to transform into leprosy, which the god then cured also with drugs (*Subf. emp.* 10 [60 Bonnet]).

[41] Similarly, at *QOM* 1.3, Galen remarks that Hippocrates "considered it worthwhile to acquire precise knowledge about the nature (φύσις) of the body".

ing those who never obey recommendations made by their doctors, will abstain from drinking anything at all for fifteen days at the god's request (*Hipp. epid. VI* 4.8 [Wenkebach 1956, 199.4–9]).[42] They are likely to do this, Galen continues, if they expect to receive a benefit worthy of note (ὠφέλειαν ἀξιόλογον). The adjective ἀξιόλογον (worthy of note/record) is striking in a context where Galen describes the habits of worshippers at Pergamon (ἐν Περγάμω τοὺς θεραπευομένους), many of whom left behind inscribed dedications or even, in the case of Aelius Aristides, published *Hieroi Logoi* in thanks for being healed; that is, they committed to writing a benefit bestowed by the god.[43] Though Galen may be frustrated that his own patients are not so compliant as those who worship the god, he believes that the job of the successful physician is precisely to make himself more like Asclepius. To this end, he recommends ways for a physician to better comport himself (his manner of speech, dress, movement, and the like), for he writes, if patients do not admire their doctor as a god, they will not follow their doctor's treatment willingly.[44] In another book of commentary about *Epidemics* 6, moreover, Galen claims that giving an accurate prognosis can make a doctor appear to be Asclepius.[45]

If we consider these statements together, Galen seems to be saying that Asclepius represents the kind of successful healer to whom mortal physicians ought to aspire, and if one can comport oneself well, give accurate prognoses, and prescribe the right treatments, even (especially?) if they are risky, then one can come close to seeming to be the god. Certainly, Asclepius qua god has powers that Galen cannot possess, such as full-access

[42] By contrast, Aelius Aristides states that he decided to hand himself over to the care of Asclepius truly as if to a doctor, to do in silence whatever Asclepius wishes (*Or*. 47.4). It seems that Aristides conditions his behavior toward the god (obeying without complaint the god's wishes) upon what he views as typical behavior toward a physician.

[43] In some instances, Asclepius even commanded that his cures be written down: *IG* IV^2 1.126.31–2; *I.Cret*. I, 19. Cure inscriptions, especially those edited and inscribed by cult personnel, as at Epidauros, were not unlike Galen's own writings: they present a written, edited, and markedly biased view of the healer that underscores vividly that healer's success. It would be interesting to put Galen's *Prognosis* into dialogue with the Epidaurian *iamata*, especially since in this treatise Galen seems to be describing ways that he carefully and systematically established his authority when he arrived as a new physician in Rome (Nutton 1979). In a similar vein, Geoffrey Lloyd has compared *Prognosis* with the Hippocratic treatise *Epidemics* (G. E. R. Lloyd, "A Return to Cases and the Pluralism of Ancient Medical Traditions", in: L. M. V. Totelin / R. Flemming (eds.), *Medicine and Markets in the Graeco-Roman World and Beyond: Essays on Ancient Medicine in Honour of Vivian Nutton* (Swansea 2020) 71–86, noting that in *Prognosis* "not only are all of [Galen's] diagnoses/prognoses successful, but so too are his treatments", 82).

[44] *Hipp. epid. VI* 4.10 (Wenkebach 1956, 204.6–8): εἰ μὴ γὰρ ὥσπερ θεόν τινα ὁ κάμνων θαυμάσειεν, οὐκ ἂν ὁ κάμνων εὐπειθὴς γένοιτο.

[45] *Hipp. epid. VI* 1.16 (F. Pfaff, *Galeni In Hippocratis Epidemiarum librum VI, commentaries VI–VIII*, Corpus Medicorum Graecorum 5, 10,2,2 [Berlin 1956], 38.30–39.2): ἔνεστιν ἐπιστημονικῶς προειπόντα ῥῖγός τε καὶ ἱδρῶτα καὶ λύσιν τοῦ νοσήματος, Ἀσκληπιὸν εἶναι δοκεῖν.

knowledge. In the Epidaurian *iamata*, the god knows where to locate lost treasure and a lost child.[46] Similarly, in *Method of Healing*, Galen states that Asclepius knows fully and accurately the *physis* of each person, knowledge impossible for mortals to acquire; if mortals could have such knowledge, they'd be like the god himself. Nonetheless, Galen continues, he himself decided to work toward coming as close as possible to this knowledge and recommends that others do the same.[47]

Elsewhere, Galen will push the comparison between himself and Asclepius to the point of claiming near equivalency between himself and the god, as Christian Brockmann argues. In *Prognosis*, Galen describes many accurate prognoses and successful treatments he made when he arrived in Rome. So wondrous were these feats that his renown was wide (πολλῆ δόξη) and "great was the name of Galen" (μέγα τοὔνομα Γαληνοῦ; *Praen*. 5 [Nutton 1979, 94.14–5]). The latter statement recalls a hymnic refrain that, according to Aelius Aristides, was voiced at times when the god healed a worshipper against expectations: "Great is Asclepius" (μέγας ὁ Ἀσκληπιός; *Or.* 48.7 and 21, described at 48.21 as "much-sung", πολυύμνητον).[48] By using a near quotation of this hymnic response, Galen appears to be inviting a direct comparison between himself and the god not only in terms of his skill and success as a healer but also the amazement with which his prognoses and cures were received by many in Rome. In essence, Galen would have us believe that he was viewed on par with, if not just like, Asclepius. Some of Galen's cures were indeed thoroughly amazing. Susan Mattern argues that his narrative of the treatment

[46] *IG* IV^2 1.122.19–26 and 123.8–21. Asclepius having full-access knowledge: J. Larson, "Jesus and Asklepios", paper delivered at the Society for Biblical Literature annual meetings, December 2020.

[47] *MM* 3.7 (10.207K): εἰ καὶ τὴν ἑκάστου φύσιν ἀκριβῶς ἠπιστάτμην ἐξευρίσκειν, οἷον ἐπινοῶ τὸν Ἀσκληπιὸν, αὐτὸς ἂν ἦν τοιοῦτος. ἐπεὶ δ' ἀδύνατον τοῦτο, τὸ γοῦν ἐγγυτάτω προσκέναι καθόσον ἀνθρώπῳ δυνατὸν αὐτός τε ἀσκεῖν ἔγνωκα καὶ τοῖς ἀλλοῖς παρακελεύομαι ("And if it were possible for me to know fully and accurately the nature of each individual, such as I imagine Asclepius is capable of doing, I myself would be such as the god. But since this is impossible, I have decided to practice coming as close to this as possible for a mortal, and I bid others to do the same"). This is reminiscent of *QOM* inasmuch as Galen there too recommends diligent work in order to become the best doctor.

[48] C. Brockmann, "'Gross war der Name Galens' — Die Selbstdarstellung eines Arztes in seinen wissenschaftlichen Werken", *Medizinhistorisches Journal* 44 (2009) 109–29. This refrain was used also for other gods (e.g., "Great is Artemis of the Ephesians," Acts 19:28). The therapy that Aristides describes in *Or.* 48.21 is one in which he bathes in an icy river in winter. The immersion in water and resulting claim that "I was completely in the presence of the god" (οὕτω πᾶς ἦν πρὸς τῷ θεῷ) reads like a moment of direct contact with the divine, with the water serving as a medium for epiphany; B. L. Wickkiser, "'Water Is Cold and Wet': Reflections on Properties and Potencies of Water in the Cult of Asklepios during the Classical and Hellenistic Periods", in: B. A. Robinson / S. C. Bouffier / F. O. Ivan (eds.), *Ancient Waterlands* (Aix-en-Provence 2019) 131–41.

of an enslaved boy who suffered from an abscess of the sternum "rivaled the most bizarre and fantastical of Asclepius's miracles, and put the healing powers of Jesus and the early Christian saints, relatively mundane by comparison, to shame". Galen opened the boy's chest and removed the diseased portion of bone as well as part of the pericardium that was beginning to decay, a procedure that exposed the boy's beating heart. The operation was a success and the boy lived many more years. Mattern further comments: ". . . it seems likely that this event, unparalleled in any surviving ancient source, sealed Galen's reputation as Rome's most brilliant physician."[49] Great was the name of Galen, indeed.

But things did not always go so well for Galen; his prognoses were not always correct nor his treatments always productive. In much the same way, as successful as Asclepius might be in his prescriptions and bedside manner, Galen acknowledges that the god too faces limits. As we saw above, Asclepius facing limitations in his capacity to heal is an element of his mythology extending back at least as far as Pindar's *Pythian* 3, where Zeus prevents his grandson from bringing the dead back to life. It is significant that in Pindar's narrative, as well as in others that tell this story, Asclepius does in fact possesses the ability to raise the dead; the problem is that Zeus prevents him from exercising it because he views this act as overstepping the proper limits of his power.[50] In other words, the limiting factor is beyond Asclepius' direct control. Galen makes a comment that reflects a somewhat similar sense of limitation for the god and by extension also for mortal practitioners. In *Hygiene*, Galen suggests that Asclepius is unable to prolong the life of people who possess a weak constitution from birth. Unlike those who possess a strong constitution and are capable of living very long lives, these people, Galen claims, are unable to reach sixty years of age "even if one were to stand Asclepius by them" (κἂν αὐτὸν ἐπιστήσῃς αὐτοῖς τὸν Ἀσκληπιόν, *San. tu*.: 1.12 [Koch 1923, 29.29–30]). The problem here, as in Pindar, is not the ability of the physician or even the nature of the condition that needs healing but an extenuating circumstance; in this case, it is the challenging disposition of certain bodies from birth. Thus, Galen seems to be saying that if the divine patron of our craft is

[49] Mattern 2013, 183–6; both quotations: 186. Sources for the story of the boy: *PHP* Testimonies and Fragments 7 (De Lacy 2005, 72–76.13), and *AA* 7.12–3 (Garofalo 1986, vol. 2, 453–61).

[50] Others that tell the story: e.g., Aesch. *Ag*. 1019–24, Ov. *Fasti* 6.743–62, Ps.Erat. *Catasterismi* 1.6. Discussion of this facet of the myth: E. J. Edelstein / L. Edelstein 1998, 46–53. H. S. Versnel, *Coping with the Gods: Wayward Readings in Greek Theology* (Leiden 2011) 400–21, discusses Asclepius as a healer with limits, which Versnel attributes in part to Asclepius's dual nature as both physician (hence, fallible) and god.

limited by this, why should we mortal physicians not expect to be limited too, even the very best of us?[51]

In light of all of these mentions of and allusions to Asclepius by Galen, we might summarize thus far by saying that for Galen, Asclepius is an aspirational figure who, like Galen and other physicians, cannot heal everything. But Galen is always working toward the level of authority that Asclepius commands, his level of treatment success, and the level of understanding of the human body that the god possesses. Indeed, Galen focuses much more on the possibilities that Asclepius represents for physicians than on any limitations. Moreover, Galen is helped in these endeavors by direct communication with his patron god via dreams.

I want to turn to one final passage, one we have touched on briefly before, to explore in greater depth the nexus of personal belief and social capital that seems to operate side-by-side for many elites in their devotion to Asclepius, and we see it here also for Galen. In *On My Own Books*, when Galen speaks to the emperor Marcus Aurelius about having been healed by Asclepius of a fatal condition, he claims that this experience was the moment when he began to consider himself a θεραπευτής, or devotee, of Asclepius.[52] The term *therapeutēs* is the same one that Galen uses to describe a man who, like Galen, received dreams from Asclepius recommending an arteriotomy (*Cur. rat. ven. sect.* 23 [11.315K], mentioned above). As such, it is a term suggesting that Galen was not just a physician with a professional relationship to Asclepius nor just a Pergamene. Rather, Galen presents himself as a devout worshipper who attends to Asclepius out of gratitude for the god having saved him (the verb διέσωσε suggests that the god brought Galen through danger to safety). Or so he framed the matter to the emperor Marcus Aurelius.

This anecdote recorded in *On My Own Books* has several audiences that nest like a Russian doll. At the center, Galen's most immediate audience for the statement that he is a *therapeutēs* of Asclepius is Marcus Aurelius. At

[51] Elsewhere in the same treatise, Galen refers to Asclepius as "our paternal god" (ὁ πάτριος θεὸς ἡμῶν Ἀσκληπιός, 1.8 (Kocн 1923, 20.13–4), an indication that Galen is addressing this treatise to a community of physicians.

[52] *Lib. prop.* 3.5 (Boudon-Millot 2007, 142.17–9): θεραπευτὴν ἀπέφαινον ἐμαυτὸν ἐξότου με θανατικὴν διάθεσιν ἀποστήματος ἔχοντα διέσωσε. Scholars debate the meaning of the term θεραπευτής: Pietrobelli 2017, 226n26 for bibliography. Pietrobelli 2017, 226–8, drawing on the work of Bernard Legras, states that generally the term refers to "devotees who had established an institutional, permanent and accepted link" to the god (227); and building on the work of Georgia Petridou, argues that at Pergamon in particular these devotees were elites including philosophers, sophists, physicians, and politicians who shared their knowledge and skills, being both *pepaideumenoi* and *philiatroi* (228). Pietrobelli 2017, 226, points out that when Galen became a *therapeutēs* of Asclepius in 157 CE, he was already a member of the religious staff of the Asclepieion by virtue of being physician to the gladiators (the games were part of imperial cult, which in turn was linked to the Asclepieion).

the next level, he addresses the treatise to a certain Bassus, perhaps the suffect consul Gaius Julius Bassus who belonged to a family with Pergamene roots, and any mention of Asclepius would almost certainly have found favorable ear with an elite from Pergamon.[53] Furthermore, this treatise concerns Galen's books, and Galen notes that copies of his books were being sold without his knowledge or permission and some were being circulated widely (*Lib. prop*. 7.2 [Boudon-Millot 2007, 157.8–11]). At the outermost level, then, this is an anecdote that Galen might well have suspected would be circulated widely too, contained as it is in a treatise that serves as a catalogue (ἀπογραφή) of his books, books that were regularly copied and sold (*Lib. prop*. *prol*. 1 [Boudon-Millot 2007, 134.1–8]).

Let us return to the central audience of the treatise, the emperor Marcus Aurelius, and consider the context for Galen's statement. Galen writes that he had left Rome and was spending time in Pergamon after the initial outbreak of the (Antonine) plague. There he received a summons from the co-emperors Marcus and Lucius Verus to join the Roman army at Aquileia in northern Italy where they were preparing to attack the Germans. Galen had hoped to avoid this duty, stating that he had heard that Marcus possessed good judgment and was measured and gentle.[54] But in the end he had to go to the battlefront; once there, he reports that another, even worse, outbreak of the plague followed, exacerbated by the fact that winter had set in. Among the many casualties was Lucius Verus, who died while he and Marcus were traveling back to Rome. Marcus performed a rite of apotheosis immediately for Lucius (τὴν ἀποθέωσιν . . . ἐποιήσατο), which is a good reminder of the richness of the polytheistic environment in which Galen lived. Soon after, when Marcus prepared to return to the front with Galen in tow, Galen explained to him that Asclepius, whose *therapeutēs* he was, had instructed him otherwise (τἀναντία κελεύειν, *Lib. prop*. 3.5 [Boudon-Millot 2007, 142.16]). Marcus yields to the wishes of the god, apparently without question, venerates Asclepius (προσκυνήσας τῷ θεῷ, *Lib. prop*. 3.6 [Boudon-Millot 2007, 142.19]), and excuses Galen from the duty.[55]

As many scholars have noted, Asclepius serves a diplomatic solution to Galen's problem, one for which he had been searching since the initial

[53] Bassus and Pergamon: E. Dabrowa, *Legio X Fretensis: A Prosopographical Study of Its Officers (I-III c. A.D.)* (Stuttgart 1993) 34–5, with reference to his father. Other possibilities for the identity of this Bassus: Boudon-Millot 2007, 175n1.

[54] *Lib. prop*. 3.2 (Boudon-Millot 2007, 141.22–4): [. . .] ἐλπίζων δὲ τεύξεσθαι παραίτησεως, ἤκουον γὰρ εἶναι τὸν ἕτερον αὐτῶν τὸν πρεσβύτερον εὐγνώμονά τε καὶ μέτριον ἤμερόν τε καὶ πρᾷον.

[55] In *Praen*. 9.5–7 (Nutton 1979, 118.16–27), Galen tells again the story of his summons to Aquileia, the death of Lucius, and the request by Marcus that Galen return with him to the front, but here, among some other differences in detail, he does not mention Asclepius. He simply says that he was successful in persuading Marcus to leave him behind in Rome.

summons to Aquileia. I think it is fair to say that Galen leverages his relationship with the god to avoid an unpleasant duty. Yet there is nothing to suggest that Galen fabricated either encounter with the god, nor, to my mind, is there any compelling evidence to prevent us from taking his declaration as a sign of real devotion.[56] A clear strand of piety runs throughout this passage, from the apotheosis of Lucius that Marcus performs, to Galen's statement of being a *therapeutēs* of his patron god and Marcus' respectful reaction to it: Galen presents Marcus as readily worshipping Asclepius (προσκυνήσας τῷ θεῷ) and yielding to the god. There is some ambivalence in the text as to whether Marcus is also a *therapeutēs* of Asclepius. Galen states that he himself "too" is a *therapeutēs* (οὗ καὶ θεραπευτὴν ἀπέφαινον ἐμαυτόν, *Lib. prop.* 3.5 [Boudon-Millot 2007, 142.17]); does the "too" imply that Marcus is one as well?[57] If so, Galen must have felt quite certain that his declaration of Asclepius' counter-advice would be received favorably. Even if not, Galen may have been confident in a favorable result because his declaration implies that he has had at least two epiphanies, the healing and the counsel, and these mark an especially close bond to Asclepius that would have elevated his stature in this encounter, and potentially much more broadly.[58]

Let us recall that Galen's audience for this anecdote includes not only the immediate one of Marcus but also Bassus, to whom the treatise was addressed (perhaps from a Pergamene family), and beyond this the broader readership that his catalogue of books was intended to reach, most of which comprised an elite group much interested in Pergamene Asclepius. These second-century elites in effect traded in the currency of the god, whether through their own benefactions toward the god or vice versa. Aelius Aristides comments that the gift of speech that he received from Asclepius put him on friendly terms (οἰκειῶσαι) with the emperors, empresses, and the whole imperial chorus (*Or.* 42.14), in much the same way as the god's gift of medicine led eventually to Galen becoming physician to Marcus and his son Commodus, and to his preparing theriac, an antidote against poison, for Marcus and Septimius Severus.[59] Moreover, much as Galen leveraged his close ties to Asclepius to avoid returning to the battle-

[56] Mattern 2013, 205, states that Galen invented the latter dream as an excuse, but there is no evidence for this, and the assumption strikes me as too skeptical of Galen's close connection with Asclepius that otherwise included epiphanies.

[57] Marcus Aurelius wrote about the necessity of Asclepius' therapies for achieving health (*Med.* 5.8). By "too", Galen may mean that his own relationship with the god is complex: Asclepius is not just his patron deity, but he also healed Galen.

[58] Epiphanies elevating the authority, prestige, and status of those who receive them: G. Petridou, *Divine Epiphany in Greek Literature and Culture* (Oxford 2015) 329–43.

[59] Aristides (*Or.* 19) sent Marcus Aurelius and Commodus letters and met them when they visited Smyrna; C. A. Behr, *Aelius Aristides and the Sacred Tales* (Amsterdam 1968) 111. Galen and theriac: Mattern 2013, 212–9.

front with Marcus, Aristides would invoke his enduring relationship with Asclepius (a relationship no less genuine than Galen's) to avoid certain duties (*Or*. 50.101–2, to refuse nomination as high priest of Asia and election as priest of Asclepius).[60] This broader context clarifies how effective Galen's bond with Asclepius must have been in elevating his prestige and status among elites and the emperors, in addition to enhancing his medical authority.

Relevant here too is the strong nexus between the health of the body politic and the emperors, and the role of Pergamene Asclepius—and Galen—in preserving both. Laurence Totelin observes in a discussion of theriac, which was comprised of ingredients from across the Roman world, prepared by Galen and taken daily by Marcus Aurelius, that the emperors ingested a microcosm of the empire.[61] As we have seen, a statue of Marcus Aurelius in the sanctuary of Asclepius at Pergamon identifies the emperor as *sōtēr* alongside Asclepius, and we learn in a commentary on the Hippocratic *Oath*, attributed to Galen, that some statues of Asclepius held an egg representing the cosmos.[62] The reach of Asclepius encompassed the empire, and implicit in his grasp of it was his own vital role in preserving the health of the Roman world. Galen's lifelong ties to Asclepius—the patron god of his hometown who set him on the path to medicine and who was patron god also of his profession and who gave Galen advice, including advice that cured him of a fatal ailment—all enabled and enriched his later service to the emperors as well as to the many, many people he healed throughout his long career. These ties were enduring, powerful, and complex, though, as I hope to have demonstrated here, far from singular for the time.

4. *QOM* and the Gods

I would like to return finally to *QOM* and a point of connection between this treatise and our discussion of Asclepius. At the beginning of the treatise, Galen names Hippocrates as a goal to which physicians ought to aspire, and by the end of the same treatise he concludes that nothing pre-

[60] Aristides avoiding expensive liturgies: Downie 2013, 157–64. Aristides states that clear dreams prompted him to refuse the nomination to be high priest of Asia, and when elected priest of Asclepius, he demurred by saying that he could not act in this or any other matter without first consulting the god (*Or*. 50.101–102).

[61] Totelin 2016b, 152: "The empire (and what lies beyond) is embodied in the recipe and again embodied, swallowed by the emperor—the body of the emperor, the body of the recipe, and the body of the empire coalesce when Marcus Aurelius takes his daily dose of theriac". Microcosm of the empire: 164.

[62] Savage-Smith / Swain / van Gelder 2020, 2.1.6.3. Also F. Rosenthal, "An Ancient Commentary on the Hippocratic Oath", *Bulletin of the History of Medicine* 30.1 (1956) [52–87] 63, fr. B 2 c.

vents physicians who pursue proper training from becoming better than Hippocrates (βελτίους αὐτοῦ γενέσθαι, 4.4). Here and in many other works Galen presents himself as the authority on his venerated predecessor, fashioning a Hippocrates who not only reflects but validates his own views of proper training, theory, and technique, all of which in turn elevate Galen's standing as a physician. Geoffrey Lloyd has argued that Hippocrates, whom Galen refers to more than 2500 times across his corpus, provided Galen a way of grounding new ideas and techniques in a sense of history and tradition.[63] As we read in *QOM*, Galen's Hippocrates also leaves room for Galen and others to become better physicians than even he was. By contrast, the god Asclepius, whom Galen would never have claimed mortals could surpass as a healer, augmented Galen's authority as a medical practitioner and more broadly as an elite who necessarily navigated complex circles of power and patronage in the Roman world. Nor should we forget that it was this god who, via dreams sent to Galen's father, instigated Galen's study of medicine together with philosophy, the sine qua non for becoming the best physician, as Galen argues at length in *QOM*.

Why does Galen not mention the gods overtly in *QOM*? An answer to this question may lie in a passage of *On the Order of My Own Books* where Galen reports his father's dreams from Asclepius. Teun Tieleman calls attention to the fact that Galen reflects here too, much as in *QOM*, on the importance of studying and practicing both medicine and philosophy in combination.[64] Twice Galen refers to his good fortune in receiving sound guidance from his father, including the advice bestowed by Asclepius (*Ord. lib. prop*. 4.3–5 [Boudon-Millot 2007, 99.60–100.8]). *Fortune* opened the door to Galen's study of medicine and philosophy, yet he is quick to note that "*without serious effort* of studying both medicine and philosophy during my whole life, I would never have known anything important" (*Ord. lib. prop*. 4.5; trans. Tieleman, emphasis added).[65] The latter is much the same idea that Galen underscores in *QOM*: for those who are already physicians, diligent study and practice in both medicine and philosophy are essential to reaching the level of Hippocrates. That is, becoming a doctor in the first place might owe something to fortune and the gods, as was the case for Galen, but becoming the *best* doctor can result only from the efforts of the physician.

[63] Lloyd 1991, 411–2. Lloyd elaborates that Galen does this in part to avoid accusations of *philoneikia*, a charge that he himself lobbed against many rivals. Also Boudon-Millot 2018, 292–314.

[64] Tieleman, this volume (p. 132–133).

[65] Fortune: εὐτυχηκότα τοιαύτην εὐτυχίαν οἵαν ἡμεῖς εὐτυχήσαμεν (Boudon-Millot 2007, 99.61–62); καὶ τοιαύτην ἐγὼ τὴν εὐτυχίαν εὐτυχήσας (Boudon-Millot 2007, 100.4–5). Serious effort: ἄσκησις (Boudon-Millot 2007, 100.8); see also Curtis in this volume (p. 108–109).

Genre, Rhetoric, and Philosophical Discourse: A Rhetorical Analysis of *Quod optimus medicus sit quoque philosophus*

Todd Curtis

1. Occasion and Exigency of *QOM*

> An excellent man, a physician by trade, admirable in his philosophical discourses and character . . .

The above description reflects Galen's ideal of the physician-cum-philosopher that he promotes in *QOM*.[1] However, the words are not Galen's, but instead they are from a second-century CE funeral plaque found on the Via delle Mura in Rome, which was commissioned by the family of the deceased, an otherwise unknown physician named Horte(n)sinus (Ὁρτησεῖνος).[2] The phrase "admirable in his philosophical discourses [λόγοις φιλοσόφοις] and character [ἤθει]" suggests the means by which a physician also could be considered a philosopher. Although Hortensinus does not appear to be a professional philosopher, his medical career would not have precluded him from being considered a philosopher because the difference between a philosopher and a layman was a question not of career but of lifestyle.[3] Given that one could have been considered a philosopher apart from one's career, who is and who is not a philosopher was open to a wide variety of professions. Naturally, adherence to the beliefs of a sect of philosophy or of a philosopher would be one of the more straightforward ways by which a physician could have indicated that he was a philosopher. But based on the ethical discourses of second-century CE philosophers, such as Epictetus and Maximus of Tyre, it is the lifestyle/character of an individual that provides the best confirmation that one was a true philosopher. My purpose in bringing up Hortensinus' epitaph is to demonstrate that Galen's ideal of the physician-cum-philosopher in *QOM* was not entirely idiosyncratic. The words on the epitaph also

[1] *QOM* 1.1–4.4 (Boudon-Millot 2007, 284–92).

[2] Samama 2003, 522–23 n. 478.

[3] In "That the faculties in the uneducated are not free from error", Epictetus argues that the goal of philosophy is not to create career philosophers but to create excellent persons (1.8.6). See also Long 2002, 107–12; cf. Trapp 1997, xvi–liv.

suggest that for Galen's overarching claim in *QOM* (i.e., the doctor who practices in a manner worthy of Hippocrates is also a philosopher) to be considered cogent to his audience, he must prove that Hippocrates' actions and words were consistent with the ideals of a philosophical life.[4]

In his autobibliographical work *On My Own Books* (*Lib. prop.*), Galen claims that *QOM* is relevant to his other exegetical works on Hippocrates because in this small book, "I show [δείκνυμι] that the best physician [i.e., Hippocrates] is also in every way a philosopher". [5] Galen's claim that the best physician is also "in every way" (πάντως) a philosopher contextualizes a true Hippocratic physician as being versed in more than just natural philosophy (*physica*);[6] according to Galen, the authentic Hippocratic physician will practice (ἀσκεῖν) all parts of philosophy: logic (τὸ λογικόν), natural philosophy (τὸ φυσικόν), and ethics (τὸ ἠθικόν).[7] The fact that Galen has to "show" (δεικνύναι) this in *QOM* indicates that it was not self-evident that Hippocrates was a philosopher. Extending back to the fourth century BCE, Hippocrates' name was evoked by philosophers primarily as a paradigmatic figure representing the art of medicine. In Plato's *Protagoras* (311b–c), the argument is put forward that the nature of the teacher's knowledge determines the outcome for his pupil; by studying under Hippocrates, one would become a physician, just as studying under Polyclitus of Argos or Phidias of Athens would lead to one becoming a sculptor. Plato's *Phaedrus* (270c–d), a text Galen was well aware of, provides evidence that Plato construed Hippocrates as having a method of studying the nature of the body similar to a philosophical method of analysis. Like-

[4] *QOM* 3.7 (Boudon-Millot 2007, 290.19–21).

[5] Galen's description of the title and purpose of *QOM* is found in *Lib. prop.* 9.14 (Boudon-Millot 2007, 162.7–11). As to the title of *QOM*, see Boudon-Millot 2007, 239–45. See also Rosen's discussion of "Galen's Hippocrates," p. 117–118 in this volume. I take Galen's use of δεικνύναι as indicating that his purpose is "to show/display" rather than "to prove" with any philosophical certainty that Hippocrates is a philosopher, which is in keeping with the level of argumentation found in *QOM*.

[6] The opinions of "Hippocrates" found in the Hippocratic corpus would have been viewed as relevant to philosophical discourses about *physica* (natural philosophy) since the goals of medicine and philosophy are conterminous in respect to their explanations of the structure and function of the human body. The fact that the doctrines of individual physicians (Hippocrates, Polybus, Diocles, Herophilus, Asclepiades, and Erasistratus) and of the collectives (οἱ ἰατροί and οἱ ἐμπειρικοί) are included with famous philosophers in Ps.-Galen, *De historia philosophica* and Ps.-Plutarch, *Placita philosophorum* reveals how philosophers' and physicians' doctrines were thought to be of equal importance in respect to natural philosophy. However, it is important to bear in mind that a majority of these references to physicians come under *problemata* dealing with the conception and formation of the fetus. See Tieleman's "Galen between Medicine and Philosophy" in this volume, p. 127–134.

[7] *QOM* 3.8 (Boudon-Millot 2007, 291.4–5). As to the Stoic and Platonic origins of these three parts of philosophy, see Das' note 49 on p. 41 and cf. Diog. Laert. 7.39–40; Sext. Emp. *Math.* 1.16.

wise, in second-century CE philosophical writings, Hippocrates is viewed strictly as a physician. In his "That the faculties in the uneducated are not free from error" (*Epict. Diss*. 1.8), the Stoic philosopher Epictetus lifts up Hippocrates and Plato as iconic figures for their respective professions: "What then? Was not Plato a philosopher? Was not Hippocrates a physician? But you see how Hippocrates explains [φράζει] [something]. Surely it is not that he explains [φράζει] something wherefore he is a physician?"[8] Epictetus' argument is that the logic of Hippocrates' explanations does not make him a physician; it is his *praxis* of medicine that makes Hippocrates a physician. In this discourse, Epictetus points out that the formal features of syllogistic logic and argumentation are elements that require philosophical training, but for Epictetus, the pursuit of logical training should not distract one from the ultimate goal of philosophy, which is to progress toward an ethical life. While Hippocrates was clearly respected among philosophers and used as a point of comparison to philosophers, when they evoke his name in their philosophical arguments, it is in the context of Hippocrates-qua-physician, not Hippocrates-qua-philosopher. In other words, one did not go to Hippocrates to learn philosophy.

The Roman perspectives on Hippocrates' life that were articulated by Cornelius Celsus (early 1st century CE) and Pliny the Elder (23/24–79 CE) would have been problematic to Galen's conception of Hippocrates being a physician-philosopher. The history of medicine found in Celsus' *prooemium* to *On Medicine* (1.6–8) situates Hippocrates in a decidedly different context than a philosopher. Celsus points out that, in addition to his art and eloquence of speech (*facundia*),[9] what makes Hippocrates significant to the history of medicine was that he separated medicine from philosophy (*studio sapientiae*). The philosophically inclined predecessors to Hippocrates that Celsus mentions in this passage (i.e., Pythagoras, Empedocles, and Democritus) suggest that the somewhat vague term *studio sapientiae* should be understood as meaning "philosophy" as it pertains to purely theoretical examinations of *physica*. The origin of Celsus' argument could have come from the Hippocratic work *On Ancient Medicine* (*VM*), which suggests that philosophical hypotheses have nothing to do with the prac-

[8] Τί οὖν; Πλάτων φιλόσοφος οὐκ ἦν; {–} Ἱπποκράτης γὰρ ἰατρὸς οὐκ ἦν; ἀλλ' ὁρᾷς πῶς φράζει Ἱπποκράτης. μή τι οὖν Ἱπποκράτης οὕτω φράζει, καθὸ ἰατρός ἐστιν; Epictetus, *Dissertationes*, Schenkl (1916) 1965, 1.8.11–2. In this work, Epictetus points out that the formal features of syllogistic logic and argumentation are elements that require philosophical training. For Epictetus, the pursuit of ethical behavior inherently requires logic, but the pursuit of logical training should not distract one from the ultimate goal of progressing toward morality (*ethos*). Epictetus' discourses will be used in this rhetorical analysis of *QOM*. My reasons for choosing these philosophical writings as a point of comparison will be addressed below.

[9] The "forcefulness" of Hippocrates' style in *QOM* is addressed by Das in note 18 on p. 36.

tice of medicine. The basis of Celsus' argument may also have been derived from the influence of the Empiricist sect of medicine, which did not see a priori reasoning as being germane to the practice of medicine. Whatever the case may be, Hippocrates is clearly not a philosopher in Celsus' history of medicine. Additionally, Pliny the Elder's diatribe against Greek medicine in his *Natural History* (29.1–8) provides a damning accusation against Hippocrates' ethics. Pliny recalls a Roman legend that describes how Hippocrates, after being cured in the Temple of Asclepius and having copied the prescriptions in that temple, burned the temple down and formed a new branch of medicine. For Pliny, Hippocrates' actions as well as those of Prodicus, whom Pliny claims to be Hippocrates' disciple, are evidence that the lure of riches motivated Hippocrates and other Greek physicians. Given that such Roman stereotypes about Hippocrates may have persisted into the second century CE, and given that greed is considered counterproductive to the philosophical life, it can be understood why in *QOM* Galen presents stories that illustrate Hippocrates' ability to avoid greed.

Thus far I have put forward some of the ideas and attitudes about Hippocrates and the physician-cum-philosopher to provide the larger historical occasion for *QOM.* From here on, I will turn my attention to the rhetorical strategies and formal features of *QOM*. Let me begin by claiming that *QOM* has a recognizable rhetorical situation often found in philosophical prose that provides exigency to Galen's arguments. In philosophical prose, the figure of the "pseudophilosopher" is frequently used to create the exigency for the philosopher to reveal the errors of the pseudophilosopher's approach to philosophy. The criteria used to condemn the pseudophilosopher and his practices in turn creates an opportunity to promote one's own philosophical principles/ideals as being necessary to the practice of true philosophy. The figure of the "pseudophilosopher" could be an invective against a specific individual, but it is often invoked as a collective, such as "those who use sophisms" or "those who call themselves philosophers". One example of this would be Epictetus' "Against those who hastily assume the appearance of the philosophers" (*Epict. Diss*. 4.8). In this discourse, Epictetus criticizes those who merely assume the appearance of a philosopher by wearing a rough cloak and having a beard. By pointing out the problematic character of these pseudophilosophers, his audience is told how to recognize a superficial approach to philosophy. This provides the rationale for him to tell his audience how to avoid this inferior and false form of philosophy. Epictetus warns his audience not to claim or take on the guise of philosopher until they have matured in their ethical character. The ostensible exigency for such a speech by Epictetus is to protect his audience of young philosophers from this superficial form of philosophy that will stunt their inner growth and lead them away from the goals of

philosophy. It should be understood that when Epictetus speaks of the those who have a beard and wear a rough cloak, he is speaking against professional philosophers whose interests are purely theoretical, and in so doing, he is promoting his own approach to philosophy, one that emphasizes philosophy as the means to individual ethical development rather than a theoretical discipline.

Galen creates the exigency for *QOM* by claiming, "The sort of situation that many athletes have experienced, when they desire to become Olympic champions, but apply themselves to doing nothing to achieve this goal, has similarly happened to a great number of doctors as well. For, while they praise Hippocrates and consider him the foremost of all doctors, when it is a matter of bringing themselves to a similar level as him, they will do anything rather than that."[10] Thus, at the outset in *QOM*, Galen indicates that it is these physicians' misunderstanding of the kind of training necessary to be like Hippocrates that has compelled him to address their pseudo-Hippocratic medicine. While Galen's "compulsion to instruct" is a reoccurring authorial posture that he takes in many of his works,[11] this does not mean that the rhetorical exigencies in these works should be considered the same. In *QOM*, Galen's instruction first involves pointing out the errors of these pseudo-Hippocratics. He claims that Hippocrates held that astronomy (ἀστρονομία) and its obvious prerequisite geometry (γεωμετρία) contribute greatly to the practice of medicine. "But these doctors not only pursue neither one of the two disciplines, but they even find fault with those who do take part in them."[12] Galen argues that Hippocrates "considered it worthwhile to acquire precise knowledge about the nature of the body [φύσιν σώματος], because he asserted that it was the starting point for the entire rational side of medicine [αὐτὴν τοῦ κατ' ἰατρικὴν λόγου παντός]", but these would-be-Hippocratic physicians lack "scientific knowledge [ἐπίστανται]" not only in the nature but even about the position of the anatomical parts.[13] Furthermore, Hippocrates criticized these physicians' ability to "differentiate disease by species and genus" when "attempting to encourage us to train in logical theory [προτρέποντι τὴν λογικὴν ἡμᾶς ἐξασκεῖν θεωρίαν]". But these physicians are "are so deficient in their training in this theory that they accuse those who do train in it of practicing something useless".[14] Galen goes on to suggest that their understanding of the medical prognosis and therapeutic regimens is di-

[10] *QOM* 1.1–2 (Boudon-Millot 2007, 284.3–9).

[11] Rosen has argued that this type of authorial posture that Galen takes is derived from an "amalgamation of rhetorical postures" found in Cynic diatribes and Greek and Roman satirical poetry. Rosen 2010, 325–42.

[12] *QOM* 1.2 (Boudon-Millot 2007, 284.9–13).

[13] See Das' note 9 on p. 34 and translation on p. 25; *QOM* 1.2–3 (Boudon-Millot 2007, 284.13–285.5).

[14] *QOM* 1.4 (Boudon-Millot 2007, 285.5–12).

rectly affected by this lack of training in logic.[15] Recognizing the errors of these pseudo-Hippocratic physicians in turn provides the justification for Galen to promote a set of philosophical criteria for practicing true Hippocratic medicine: astronomy that is informed by the knowledge of geometry, an epistemic knowledge of anatomy, and recognizing the types of diseases and their treatment via logical theory. It is not surprising to those familiar with Galen's writings that all of these ideals are fundamental to his own approach to medicine, and the listing of such criteria is quite typical of his many rhetorical acts of self-promotion which are designed to marginalize physicians whom he feels are inferior. In *QOM*, Galen has chosen a set of criteria that is decidedly philosophical in nature, which is somewhat different from the criteria that he put forward in *Recognizing the Best Physician*, which is a work that focuses more on the praxis of medicine to demonstrate how Galen is the best physician.[16] Furthermore, having a Hippocrates that "exhorts physicians to be trained in logical theory [προτρέποντι τὴν λογικὴν ἡμᾶς ἐξασκεῖν θεωρίαν]" and argues for an "epistemologically solid understanding [ἐπίστανται]" of medicine would naturally make Galen's Hippocrates more appealing to a philosophically inclined audience.[17] And by taking on the authorial persona of one warning his ostensible audience of would-be physicians not to be misled by such pseudo-Hippocratic physicians, the exigency for *QOM* resembles the rhetorical situation found in philosophical discourses whose purpose is to warn pupils how to recognize pseudophilosophers.

2. Philosophical Discourse, Genre, and *QOM*

When a speaker or writer enters into a rhetorical occasion, they will consider what modes of discourse or genres have been used in a similar situation that can be reused in addressing this new occasion. There were a variety of ways Galen could have approached the argument that Hippocrates was also a philosopher. He could have taken a decidedly textual approach in which he performed an exegesis of Hippocratic texts; one would almost expect such an approach given the exegetical context that Galen places *QOM* in *Lib. prop*. The strength of an exegetical approach is

[15] *QOM* 1.5–6 (Boudon-Millot 2007, 285.12–286.1).

[16] In *Recognizing the Best Physician* (*Opt. Med. Cogn.*), Galen quotes a selection of Hippocratic texts to support a set of practical criteria by which his ostensible audience of wealthy elites can recognize the best physician: the ability to make a prognosis, the ability to recognize types of diseases, the quantity of medications that a doctor possesses, the accurate prescription of diets, the ability to cure patients of serious illnesses, the ability to describe the symptoms of a disease, and his surgical abilities. *Opt. Med. Cogn*. is only preserved in Arabic: Iskandar 1988, 41–137.

[17] Trans. Das p. 25.

that it would allow him to demonstrate how Hippocrates' theories should be viewed in a broader context of philosophy. However, this type of textual approach is not in keeping with the aforementioned rhetorical situation, and Galen had already done this when he composed *On the Doctrines of Hippocrates and Plato* (*PHP*) and *On the Elements according to Hippocrates* (*Hipp. Elem.*), which are works he identifies with prose genre terms such as "treatise" (πραγματεία) and "notes/commentary" (ὑπομνήματα) and are clearly written for readers who already had a vested interest in the theoretical realm of his approach to medicine.[18] With *QOM*, Galen has decided to use philosophical discourse to prove why a true Hippocratic physician is altogether a philosopher. By "philosophical discourse", as I have defined elsewhere, I'm referring to types of prose "in which the author maintains his interaction with an addressee throughout the text (e.g., dialogues, letters, and speeches)" that are linked to "rhetorical situations indicative of an ancient philosopher (e.g., an exhortation to the study of philosophy, offering moral instruction, and dialectic inquiry)".[19] In what follows, I will argue that Galen's stylized prose places *QOM* in the kinds of public-debate settings that are indicative of second-century CE philosopher-orators, such as Epictetus and Maximus of Tyre, whose primary concerns were with the practical aspects of the philosophical life. Because philosophical discourse was construed as the rhetor-writer "doing philosophy", Galen has chosen a style of writing that helps him to display his own philosophical character as he proves that the study of Hippocratic medicine is conducive to the philosophical life.

Rather than providing a broad survey of the philosophical discourses that second-century CE philosophers engaged in, for the purpose of this rhetorical analysis of *QOM*, the philosophical discourses of Epictetus will be my point of comparison. I have chosen Epictetus because Galen is apparently familiar with his writings (*Lib. prop.* 14.21), and Epictetus was a popular figure among the Roman intellectuals that Galen engaged with, such as the emperor Marcus Aurelius.[20] Furthermore, the topics that Epictetus engages with are quite similar to those found in Galen's writings on moral philosophy, and likewise, the philosophical terms and concepts

[18] As to the different author-audience relationship, this can be seen in Galen's tendency to point his readers to other works for a fuller understanding of a specific point, evident in both *PHP* and *Hipp. Elem.* In *QOM*, this does not occur.

[19] Curtis 2014, 41. In his discussion on orality in Galenic texts, Singer notes that *QOM* is similar to Galenic works such as *Exhortation to Study the Arts* (*Protr.*) and *Thrasybulus* (*Thras.*) in that they seem to be written as speeches that "are aimed at a lay public, with a clear polemical aim of exalting the status of the medical profession as Galen understood it, and of Galen in particular". Singer 2014a, 17.

[20] See Long 2002, 12–7.

used by Galen in *QOM* can be observed in Stoic and Platonic philosophy.[21] And most importantly, through Arrian's letter to Lucius Gellius, in which Arrian explains the process of recording Epictetus' speeches, one can observe the relationship between oral and written philosophical discourse that this paper argues for:

> I have not composed the discourses (λόγους) of Epictetus in the way one might "compose" such works, nor have I published them myself; for I do not claim to have composed them at all. Rather, I tried to write down whatever I heard him say, in his own words as far as possible, to keep notes (ὑπομνήματα) of his thought and frankness for my own future use. So, they are what you would expect of one man to say to another spontaneously, and not compositions intended for posterity to read. Such being their character, they have somehow or other fallen without my knowledge or intention into the public domain. Yet it matters little to me if I shall be regarded as incapable of composition; and to Epictetus it doesn't matter in the slightest if anyone should despise his discourses, since in uttering them, he was clearly aiming at nothing except to move the minds of his audience towards what is best. So, if these discourses achieve that much, they would have just the effect, I think, that a philosopher's discourse (τοὺς τῶν φιλοσόφων λόγους) ought to have. But if not, those who read them should realize that when Epictetus spoke them the hearer could not fail to experience just what Epictetus intended him to feel. And if the discourses on their own do not achieve this, I may be to blame, or perhaps it is unavoidable.[22]

Although Arrian's letter claims to have recorded Epictetus' speeches, as Long points out, the discourses themselves reveal that Arrian had reworked at least some of these speeches.[23] Regardless of whether they reflect Epictetus' rhetorical style or Arrian's, it is quite clear that Arrian's prose was to be interpreted as representing the spontaneous speeches of Epictetus, and the purpose of this prose was to move the minds of the audience in a way similar to the actual speeches. By this acknowledgement, Arrian recognizes that the rhetorical effects of the intonation and rhetorical gestures of the speaker are lost in prose. That said, the public reading of philosophical prose adds a wrinkle to the distinction between prose and the performative nature of speech.[24] Given that Arrian's prose was to be interpreted as the actual speeches of Epictetus, and given that written speeches were performed, it would stand to reason that prose of this nature would have features to signal actual "discourse", and the purpose of this would be to represent the philosopher "doing philosophy".

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[21] See notes 9, 10, 21, 22, 23, 32, 43, 49, 52 on p. 34, 36, 37, 39, 41, 42–43 of Das' translation. Singer 2014a, 61–76, 205–17.

[22] Translation is from Long 2002, 39–40.

[23] See Long 2002, 40–3.

[24] In Epictetus' "Those who read and discuss for the purpose of display" (*Epict. Diss.* 3.23), the reading of a speech is a type of public performance that a philosopher or rhetor would engage in. Like spontaneous discourse, the reading of a philosophical speech could be censored for being purely epideictic in nature, and therefore, less to do with the goals of a philosopher.

Arrian's prose recreates the orality of philosophical discourse in a variety of ways. As Long notes, one of the ways is to set the scene of the discourse, as in his discourse "What does philosophy profess" (1.15.1), where Arrian provides the rhetorical situation for what will follow: "When someone consulted him about how he could persuade his brother to stop representing him, he said . . ."[25] Another way Arrian accomplishes this is through the use of the second person. The second person is used to create the exigency for Epictetus' speech by suggesting that he is engaging with another individual about an issue that has arisen. For instance, in "That we ought not to allow any news to disturb us", Arrian introduces this subject by Epictetus addressing an unnamed person: "Whenever something disturbing is reported to you, you should hold this beforehand, that news has nothing to do with *prohairesis*".[26] One of the common stylistic features of Arrian's prose is to capture the give-and-take of a philosopher's interchange with an interlocutor. This is done by asking a question of a hypothetical interlocutor via the use of the second person: "Why then are you afraid of what that man is judging?"[27] Similarly, without using the second person, Arrian provides the reported objections or agreement of a hypothetical interlocutor: "Whenever you throw blame on providence, pay attention and you will recognize that it has happened according to reason. [You say] 'Yes, but the wicked man has more'".[28] This interchange is also represented with his use of the first person and second person, as in the following exchange with an interlocutor in "To those who read and discuss for the purpose of display" (3.23.19–20):

> When you are gasping for applause and counting your audience, are you wanting to be of benefit to people?
> "Today I had a bigger audience."
> Yes, it was big.
> "Five hundred, I think."
> Nonsense. Make it a thousand.
> "Dio [Chrysostom] never had such a large audience."
> How could he?
> "And they were really nifty at getting my points."
> Beauty, sir, can move even a stone!
> Wow, listen to the words of a philosopher, the character of humanity's benefactor![29]

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[25] Long 2002, 40.

[26] Ὅταν σοί τι προσαγγελθῇ ταρακτικόν, ἐκεῖνο ἔχε πρόχειρον, ὅτι ἀγγελία περὶ οὐδενὸς προαιρετικοῦ γίνεται. Epictetus, *Dissertationes*, Schenkl (1916) 1965, 3.18.1.

[27] τί οὖν ἔτι φοβῇ, τί ἐκεῖνος κρινεῖ. Epictetus, *Dissertationes*, Schenkl (1916) 1965, 3.18.18.

[28] Ὅταν τῇ προνοίᾳ ἐγκαλῇς, ἐπιστράφηθι καὶ γνώσῃ, ὅτι κατὰ λόγον γέγονεν. 'ναί, ἀλλ' ὁ ἄδικος πλέον ἔχει.' Epictetus, *Dissertationes*, Schenkl (1916) 1965, 3.17.1.

[29] Translation from Long 2002, 53.

These uses of the second person, coupled with the inclusion of the supposed first-person interjections and exclamations of Epictetus, are somewhat evocative and seem to be designed for the reader to "experience just what Epictetus intended him to feel." However, as can be seen in the above interchange, even when this dialogue resembles the *elenchus* of the Socratic method, Arrian avoids the use of the dramatic persona similar to the dialogues of Plato. This is also evident when he sets the scene of the discourse, such as "On personal adornment" (3.1). Even here Epictetus does not use the dramatic persona. Perhaps the reason for this is to create a more authentic feel to the rhetorical situations that Epictetus is engaging in. By avoiding the use of the dramatic persona, Epictetus' interlocutors become less theatric, and their speeches are the means by which Arrian can raise a philosophical issue and then display Epictetus' ability to dismantle the errors of his interlocutors via dialectic discourse.

Although less overtly oratorical, in that Galen does not set the scene or use the second person to introduce the subject matter of *QOM*, his stylistic choices in *QOM* are similar to Epictetus' philosophical discourses. Galen accomplishes this by posing questions to the audience and by engaging with an interlocutor. For example, when comparing physicians to athletes who fail to reach their goals, he asks his audience, "As for the athlete, however, who does have a body naturally suited to winning and is irreproachable in training, what could prevent them from taking victory wreaths at contests? Are doctors of today then unfortunate in both traits as they apply neither ability nor a noteworthy will to their training in the art, or do they have one of them but lack the other?"[30] Later, he uses the first-person plural, suggesting that his audience agrees with his position, when he asks, "Can we say, then, that any person exists today who aims to acquire wealth only to support the needs of the body?"[31] And later, Galen asks, "How then is the doctor who practices the art in a manner worthy of Hippocrates still not a philosopher?"[32] While such rhetorical questions present him engaging with his audience, they are not in the second person, and therefore they do not indicate that he has an interlocutor. It would seem that he is addressing an audience of students or like-minded individuals. However, near the end of *QOM*, Galen uses the second person to engage with an interlocutor, who apparently disagrees that Hippocrates should be called a philosopher:

> Therefore, should you still be quarreling over names and quibbling with nonsensical chatter when you consider it proper for the doctor to be self-disciplined, temperate, superior to the influence of money, but then they are in no way a philosopher? Do you also think they should know about the nature of bodies, the activities of the organs, the

[30] *QOM* 2.3–4 (Boudon-Millot 2007, 286.18–287.7).
[31] *QOM* 2.9 (Boudon-Millot 2007, 288.11–4).
[32] *QOM* 3.8 (Boudon-Millot 2007, 290.19–21).

> uses of the parts of the body, the differences between diseases, and indications of treatment, yet not be trained at all in logical theory? Or, although you might acknowledge the facts, are you ashamed to disagree about names? Well it is quite late, but it is better that at least now you have come to your senses and do not want to bicker about sounds just like the jackdaw or raven but take seriously the very facts themselves.
>
> Surely, you cannot say that someone can become a good weaver or a cobbler without education and training, and that someone will suddenly appear temperate, trained in demonstrative proof, or an expert about nature when they have neither had recourse to a teacher nor have trained themselves? Well then, if this kind of argument comes from a shameless person, and the other one comes from someone who nitpicks not about facts but rather about mere names, we must pursue philosophical knowledge above all else, if we are really followers of Hippocrates.[33]

Galen's interlocutor is clearly hypothetical, but by addressing the arguments of his hypothetical interlocutor, Galen creates the feel of a public discourse similar to Arrian's Epictetus. This exchange serves the purpose of displaying Galen's philosophical character in that he is able to prove the claims/objections of his interlocutor to be false through a series of questions, and having done this, he then exhorts his audience to pursue philosophical knowledge "above all else" in their pursuit of becoming like Hippocrates. In this case, Galen's use of the first-person plural presents his ostensible audience as pupils who are in need of instruction and encouragement to pursue their studies of Hippocrates. Thus, he projects a relationship with his audience similar to the student-audience relationship found in the discourses of Epictetus and other moral philosophers.[34] Of course, having such an ostensible audience does not mean that *QOM* was written strictly for medical students. It seems that the nature of this work would appeal to a philosophically inclined audience, and for such an audience, the purpose of *QOM* was to present the study of medicine as being conducive to moral and intellectual education, which is similar to what Galen argues in his *Exhortation to Study the Arts* (*Protr*.).[35]

As to the question of the "genres" of these philosophical discourses, the terms that Arrian and Galen use to describe their works are not very informative. Based on his own words in the aforementioned letter to Lucius Gellius, Arrian used the terms *logoi* (discourses) and *hypomnemata* (personal notes) to describe the prose he has ascribed to Epictetus. In *Lib. prop*., Galen refers to *QOM* as a *biblion smikron* (small book) that is relevant to

[33] *QOM* 4.1–4 (Boudon-Millot 2007, 291.22–292.22).

[34] As Long points out, Epictetus' first-person references to his audience (e.g., "when someone asked . . ." [1.2.30; 1.13.1; 1.15.1]; "Don't you remember . . ." [1.13.4]; "Shall we not remember what we have learned from the philosophers . . ." [3.24.9]) reflect the interactions with his students, and therefore, his discourses were designed for his students, whatever their vocation. Long 2002, 43–9.

[35] I have argued previously Galen's rhetorical strategies in *Protr*. are consistent with protreptic discourses of philosophers, particularly Maximus of Tyre, and that this work's historical audience should not be delimited to his ostensible audience in this work. Curtis 2014, 41–50.

hypomnemata that he wrote on Hippocratic works.[36] None of these terms gives meaning to the intrinsic form and content of these discourses. While Galen and Arrian both use the term *hypomnemata* when discussing their writings, what they mean by this term is radically different. In the case of Arrian, *hypomnemata* seems to refer to "notes" that he scribbled down while listening to Epictetus. The *hypomnemata* that Galen refers to in *Lib. prop*. are closely associated with the "notes" one would make in the exegesis of a Hippocratic text. Terms such as "diatribe" and "protreptic" have been used to describe the genre of *QOM*. Given the polysemous nature of genre terms in ancient medical and philosophical prose, one should be cautious when using a term such as diatribe and protreptic to define the formal features and the rhetorical context of a given work.[37] For example, the title "*diatribai*" commonly applied to Arrian's body of philosophical discourses is problematic since, as Long points out, the term "diatribe" is closely associated with the "sermonizing style" of Cynics, and therefore it has distracted attention from "Epictetus' Socratic methodology, his analytical interests, and his audience."[38] Likewise, the term "protreptic" can be problematic in respect to describing the formal features of a text since the term προτρεπτικός was used for texts that appear in a wide variety of forms, such as poetry, dialogues, recorded speeches, and letters.[39] Thus, a protreptic text could appear in a wide variety of rhetorical contexts.

To answer the question of the "genre" of *QOM*, it seems best to use Epictetus' description of the types of philosophical discourse, given that *QOM* resembles the length and stylistic features of a large number of Epictetus' discourses. In "To those who read and discuss for the purpose of display" (3.23), Epictetus provides a list of acceptable philosophical styles to demonstrate that epideictic speech is not consistent with the purpose of the philosophical discourse:

> Well! Isn't there a protreptic style [προτρεπτικός χαρακτήρ]? Who doesn't say this? Just as there is an elenctic [ἐλεγκτικός], just as there is a didactic [διδασκαλικός]. Who

[36] Περὶ τῶν Ἱπποκρατείων ὑπομνημάτων . . . βιβλίον σμικρόν, *Lib. prop.* 9.1, 9.14 (Boudon-Millot 2007, 159.9, 162.8).

[37] For a discussion of the "genres" of philosophical prose, see Schenkeveld 1997, 195–264. Singer's introduction to Galen's psychological writings provides a short but very insightful overview of the genre in respect to Galen's approach to philosophical topics on the nature of the soul and moral philosophy. As Singer notes, while Schenkeveld's account of philosophical genre terms such as *protreptikos*, *parainesis*, *diatribe*, and *thesis* is the closest we can come to established philosophical genres in Galen's time, von Staden's analysis of Galen's use of these terms proves how "fluid" the usage of such terms can be. Singer 2014a, 10–8. See H. von Staden, "Gattung und Gedächtnis: Galen über Wahrheit und Lehrdichtung", in: W. Kullman / J. Althoff / M. Asper (eds.), *Gattungen wissenschaftlicher Literatur in der Antike* (Tübingen 1998), 65–94.

[38] Long 2002, 42.

[39] S. Stowers, *Letter Writing in Greco-Roman Antiquity* (Philadelphia 1986), 91–4; T. Burgess, *Epideictic Literature* (London 1987), 229–31; Schenkeveld 1997, 205.

> has ever said epideictic [ἐπιδεικτικός] is a fourth [style]? What is the protreptic [style]? It is the ability to show one or many the contradiction they are rolling around in, and to show that they are concerning themselves with everything other than what they want. They want the things that lead to happiness, but they're looking for them someplace else.[40]

Epictetus' argument rests on the belief that the "style" (χαρακτήρ) of each of these philosophical discourses is recognizable.[41] The protreptic style is described by Epictetus as being simply directed toward the philosophical goals of moral correction, which as he pointed out earlier, can be painful to the audience since it reveals their errors in thinking. Epictetus' definition of protreptic discourse broadly reflects the purpose of philosophical protreptics given by other philosophical authors.[42] Epictetus goes on to contrast the philosophical purposes of these "styles" with the diction of epideictic speeches, whose goal is to entertain the audience and display the rhetorical abilities of the speaker. Given that Epictetus pays special attention to defining the "style" of protreptic discourse, Epictetus also indicates that of the three philosophical discourses, the protreptic discourse is most often confused with epideictic speeches. One possible reason for this tension is that epideictic orators also engaged in speeches termed "protreptic" that were for display, such as the "protreptic to athletes" (προτρεπτικὸς ἀθληταῖς) described in Dionysius of Halicarnassus' *Ars rhetorica*.[43] Another reason for this may be that both rhetors and philosophers used rhetorical appeals to the *pathos* of their audience when attempting to influence them. Looking at the discourses of Epictetus, one can observe him relying on anecdotes, quotations from literature, analogies, and personifications to influence his audience, and all of these features would be consistent with the rhetorical devices used by second-century CE orators. Therefore, Epictetus provides a philosophical purpose to the speeches of philosophers to distinguish them from the sophistic speeches of orators.

In respect to elenctic discourse, it is quite clear that Epictetus has in mind the Socratic *elenchus*, which, as Long describes, has two features: "first, the objective of undermining the interlocutor's confidence in the correctness of his original opinion, and, secondly, as the means to this objec-

[40] Τί οὖν; οὐκ ἔστιν ὁ προτρεπτικὸς χαρακτήρ; { – } Τίς γὰρ οὐ λέγει; ὡς <ὁ> ἐλεγκτικός, ὡς ὁ διδασκαλικός. τίς οὖν πώποτε τέταρτον εἶπεν μετὰ τούτων τὸν ἐπιδεικτικόν; τίς γάρ ἐστιν ὁ προτρεπτικός; δύνασθαι καὶ ἑνὶ καὶ πολλοῖς δεῖξαι τὴν μάχην ἐν ᾗ κυλίονται· καὶ ὅτι μᾶλλον πάντων φροντίζουσιν ἢ ὧν θέλουσιν. θέλουσι μὲν γὰρ τὰ πρὸς εὐδαιμονίαν φέροντα, ἀλλαχοῦ δ' αὐτὰ ζητοῦσι. Epictetus, *Dissertationes*, Schenkl (1916) 1965, 3.23.33.1–35.1.

[41] A discussion of Epictetus' definition and use of these three types of discourses is found in Long 2002, 52–64.

[42] F. Mullach (ed.), *Fragmenta philosophorum Graecorum*, 3 vols. (Paris 1860–81), vol. 2, 55.1.16–21; S. Slings, *A Commentary on the Platonic Clitophon* (PhD diss., University of Amsterdam 1981), 179.

[43] Dionysius of Halicarnassus, *Opuscula*, 2, 283.20–292.23 Usener / Radermacher.

tive, getting the interlocutor's assent to a series of propositions that conflict with the opinion he originally advanced as his true belief." [44] Having provided this definition, Long goes on to point out that in a single discourse, Epictetus can be observed using both of these "styles". Long attributes this blending of styles of discourses to Epictetus' understanding of Socrates as being the embodiment of both styles, which Long supports with the following quote from Epictetus' "What is the distinctive characteristic of error?" (2.26):

> The person who can show each individual the conflict responsible for his error, and clearly make him see how he is not doing what he wants to do and is doing what he does not want to do—that is the person who combines the expertise in argument, protreptic [προτρεπτικός] and elenctic [ἐλεγκτικός]."[45]

One can observe in this passage that the character of a philosophical protreptic described by Epictetus in the earlier passage from another work is again put forward. However, in this passage, Epictetus indicates that elenctic discourse is also part of an argument that is directed toward moral correction. Long points out that Plato tends to "separate *protreptic* passages from Socrates' *elenctic* discussions rather than combining the two styles in one context".[46] Using the Eleatic Stranger in *The Sophist*, he suggests that the Platonic reason for this distinction was that the *protreptic* was directed toward an education by "admonition", and therefore it was more "paternal". This differs from the purpose of the *elenctic*, which has the philosopher as a "spiritual physician", in that by purging the person being cross-examined of the false opinions, he leads to moral correction and health.[47] While Epictetus' understanding of the character of *protreptic* and *elenctic* is clearly derived from Platonic dialogues, and therefore inherently philosophical, the mixing of these two "styles" may be construed as a rhetorical strategy that helps Epictetus to distinguish his "protreptic" discourses from epideictic speech. Taken this way, Arrian's inclusion of Epictetus' interlocutor also signals that the recorded discourse is both therapeutic to the soul and in keeping with goals of the philosophical life.

Turning back to *QOM*, Galen's argumentation and rhetorical strategies are in keeping with Epictetus' definition of a philosophical protreptic. Hence, as we have observed in his setting out of the exigency of his speech, Galen points out how these would-be Hippocratic physicians are doing everything other than what is necessary to practice in a manner wor-

[44] Long 2002, 55.

[45] Epictetus, *Dissertationes*, Schenkl (1916) 1965, 2.26.4–5. For the sake of consistency, I changed "exhortation" and "refutation" to "protreptic" and "elenctic" in the translation from Long 2002, 56.

[46] Long 2002, 56.

[47] Long 2002, 56.

thy of Hippocrates.[48] In keeping with the purpose of moral correction in a philosophical protreptic, *QOM* argues that it is a moral failure for these would-be physicians not to have trained themselves in a manner worthy of Hippocrates, and as was pointed out earlier, their failure to do so has led them to criticize even those who are actually practicing Hippocratic medicine. Having pointed out their errors, he claims that he is determined to investigate why, "although all admire the man, they neither read his writings, nor, if it should even occur to them to do this, do they understand what is said there".[49] Most of his argument revolves around their commitment to training (*askesis*). In support of his argument for their lack of commitment to training being fundamental to their failure to practice like Hippocrates, he claims that it is unreasonable for anyone to argue that "no one is born possessing a soul with enough ability to receive so philanthropic an art [τέχνην οὕτω φιλάνθρωπον]".[50] In support of this argument, he likens Hippocrates to the sculptor Phidias and to Apelles the painter. On one hand, he uses these famous figures of the past to exhort his audience toward excellence, and on the other hand, the legends which have these two artists being falsely accused by jealous rivals pick up on Galen's claims about the inferior character of physicians by providing jealousy as a reason for their censure of true Hippocratic physicians.[51] Galen goes on to say that "one cannot, however, reach the goal of the art if one assumes that wealth is more valuable than virtue and if learning the art is not for the sake of public service [εὐεργεσίας ἀνθρώπων] . . . but someone who pursues the one activity very eagerly will necessarily have contempt for the other".[52] Like the above argument, he supports his claim with purely anecdotal evidence referring to the legends of Hippocrates' interactions with Artaxerxes and Perdiccas to illustrate how Hippocrates' *bios* reveals that he was not consumed with pursuing wealth.[53] He claims that Hippocrates' travels through various lands to understand the nature of places as it relates to medicine indicates that Hippocrates was "industrious" (φιλόπονος), and such a person could never be a "slave to their genitals and stomach" (αἰδοίοις καὶ γαστρὶ δουλεύοντα).[54] Having used such

[48] *QOM* 1.1–7 (Boudon-Millot 2007, 284.3–286.6).

[49] *QOM* 2.1 (Boudon-Millot 2007, 286.7–12).

[50] *QOM* 2.5 (Boudon-Millot 2007, 287.7–14).

[51] Like Hippocates in respect to medicine, Apelles and Phidias are iconic figures in respect to their respective arts. In Plutarch's *Life of Pericles* (31.2–5), jealousy is the motive behind Phidias being accused of embezzling money, which leads to his downfall. Likewise, Lucian's *On Calumny* (2.5–7) argues that the jealousy of Antiphilus leads to Apelles being falsely accused of conspiracy by this rival.

[52] *QOM* 2.8 (Boudon-Millot 2007, 288.3–11).

[53] See note 33 p. 39 and Das' translation p. 27–29; *QOM* 3.1 (Boudon-Millot 2007, 288.18–289.6).

[54] See note 41 p. 41 and Das' translation p. 29; *QOM* 3.1–4 (Boudon-Millot 2007, 289.2–290.5).

evocative language, he then contrasts this with the claim, "What the true doctor reveals themselves to be, then, is a lover of moderation just as they are a friend of truth" (σωφροσύνης οὖν φίλος ὥσπερ γε καὶ ἀληθείας ἑταῖρος).[55] The emphasis on the moral character of the Hippocatic physician continues for well over half of *QOM*. From this, one can observe that Galen has chosen to use rhetorical appeals to the *pathos* of his audience through similar sorts of evocative language and ethical ideals found in Epictetus and other similar philosopher-orators. And likewise, similar to Epictetus, Galen uses popular stories involving iconic Greek figures of the past as anecdotal evidence to support his claims. Given that the tone and purpose of these rhetorical figures give an admonitory feel to his speech, *QOM* seems to have the protreptic style of Epictetus' discourses.

Over halfway through this speech, Galen's arguments turn to the necessity of the logical method in the practice of medicine. Using technical terms that are commonly found in formal logic, such as *endeixis* and *apodeixis*, and in natural philosophy, such as *chreia*, *energeia*, and homoeomerous parts, he argues that logical theory is necessary to understanding the nature of the body, discovering the differences in diseases, and finding indications for their treatments.[56] Galen does not, however, provide any information about these terms, and his proofs in this section only amount to him revealing an understanding of these technical terms and their usages. In this way, Galen delimits himself to the same superficial approach to logical theory that Epictetus does in his discourses. For example, even when Epictetus chooses to speak on a topic having to do with formal logic, such as "Of the use of equivocal premises, hypothetical arguments, and the like" (1.7), his speech shows only an awareness of the meaning and usage of such terms in philosophy, and he avoids providing a technical or theoretical approach to these terms. The reason for this is that Epictetus' discourses have more to do with practical benefits of moral philosophy, and his pragmatic use of logic is demonstrated in his performance of elenctic discourse. While *QOM* is clearly not as stylistically elenctic as some of Epictetus' discourses, as was discussed earlier, there are elements of elenctic discourse in the latter part of Galen's speech. However, unlike Galen's approach to his interlocutor in *Thras.*, where Galen presents a serious and long engagement in solving a *problema* posed by an interlocutor ("Is healthiness a part of medicine or of gymnastics?"), which is in keeping with dialectic discourse that Galen aims for in *Thras.*, Galen's aforementioned foray with his interlocutor in *QOM* is quite short, and only seems to serve the purpose of displaying how he would potentially refute a purely terminological objection to Hippocrates being called a philosopher. As was noted earlier, it is after Galen

[55] *QOM* 3.4 (Boudon-Millot 2007, 290.5–7).

[56] See notes 43, 44, 45 p. 41–42 and Das' translation p. 29–31; *QOM* 3.4–4.4 (Boudon-Millot 2007, 290.7–292.22).

dismantles the logical error of this hypothetical interlocutor that he exhorts his audience to "pursue philosophical knowledge above all else, if we are really followers of Hippocrates. If we do this, there is nothing that could prevent us from becoming his near equal or even his better, after we learn all the things that he has written about well and investigate what is left to be discovered".[57] Thus, in some respects this short interchange signals to the reader that Galen's protreptic discourse is philosophical in that its admonition to pursue a philosophical approach to medicine is ostensibly supported by a philosophical refutation of the false belief that Hippocrates was not a philosopher.

3. Hippocrates, Askesis, and the Rhetorical Topos in *QOM*

Galen uses the figure of the "athlete" as a type of rhetorical *topos* to support his argument that true Hippocratic medicine involves training (*askesis*) in all aspects of philosophy. By rhetorical *topos*, I am broadly referring to the use of an archetypal figure (e.g., hero, tyrannicide, traitor, or murderer) as a starting place for finding arguments to praise or attack something or someone.[58] As was noted, at the outset of this work, Galen likens physicians who admire Hippocrates but do not follow Hippocrates' teachings to athletes who want to be Olympic champions but do nothing deliberate to achieve this goal. Thus, the figure of the athlete is put forward at the beginning of this work to signal to his audience how they should think about Hippocrates and his teachings. Galen makes another reference to athletes in *QOM*. In his argument that the will (βούλησις) and the ability (δύναμις) are necessary to meet the goal of becoming a physician like Hippocrates, he compares this with success in athletics, stating, "We see athletes [ἀθλητάς], for example, owing either to the natural unfitness of their bodies or negligence in their training fail to reach their goal. As for the athlete, however, who does have a body naturally suited to winning and is irreproachable in training, what could prevent them from taking victory wreaths at contests?"[59] The figure of the athlete also seems to pro-

[57] *QOM* 4.4 (Boudon-Millot 2007, 292.15–22).

[58] Although it is derived from ancient concepts of the term *topos* in rhetorical handbooks, my use of the rhetorical term "topos" is not delimited by any one definition of a *topos* and *koinos topos* found in the ancient Greek *progymnasmata*, such as in Aelius Theon (106–9). As to the descriptions of *topos* and *koinos topos* in ancient rhetoric, see G. A. Kennedy (trans.), *Progymnasmata: Greek Textbooks of Prose Composition and Rhetoric* (Atlanta 2003), 42–5, 79–81, 105–8, 147–54. A survey of the varied meanings of *topos* in the modern study of rhetoric can be found in M. Meyer, "What Is the Use of Topics in Rhetoric?" *Revue internationale de philosophie* 68.4 (2014) 447–62.

[59] Trans. Das p. 27; *QOM* 2.2–3 (Boudon-Millot 2007, 286.13–287.3).

vide a rationale for the language of competition that Galen uses in respect to those who aspire to be like Hippocrates. Because the would-be Hippocratic physicians neglect pursuing the things that made Hippocrates great, they are said to have nothing left to vie with the man (ὃ ζηλοῦσι τὰνδρός).[60] And this thought is picked up in Galen's exhortation at the end of *QOM*, when he states, "If we do this [i.e. train in all three parts of philosophy], there is nothing that could prevent us from becoming his near equal [παραπλησίους] or even his better [βελτίους]."[61] The title of *QOM* given in *Lib. prop.*, *The Best Physician (i.e., Hippocrates) Is Also in Every Way a Philosopher*, seems to echo this competitive language. Therefore, it is quite clear that Hippocrates (and by extension the true Hippocratic physician) is being contextualized as an athletic champion, and therefore a figure worthy to emulate.

At first blush, Galen's comparison of Hippocrates to an athletic champion is a bit odd given Galen's highly polemical attitude toward athletes and athletic trainers.[62] However, the athletic champion analogy is fundamental to Galen's exhortation to a philosophical *askesis*, which is in turn consistent with the goals of protreptic discourse. The importance of *askesis* to Galen's arguments can be recognized by observing Galen's repeated use of *askesis* and its derivatives throughout *QOM*.[63] The reason for this pervasive use of *askesis* is that it has a stronger philosophical pedigree than the seemingly more relevant "training" term, γυμνάζειν, a term whose connotation is more closely associated with athletic training. This philosophical pedigree can be observed in Epictetus pervasive usage of this term, most notably in his discourses "The fields of study in which the man who expects to make progress will have to go into training [ἀσκεῖσθαι] and that we neglect what is most important" (3.2) and "On training" (Περὶ ἀσκήσεως, 3.12), which speak to the Stoic philosophical concepts surrounding moral habituation. Galen's emphasis on *askesis* can be seen at the outset of his arguments, and it is carried throughout this work to suggest that the dedication to proper *askesis* is fundamental to becoming a true Hippocratic physician. For instance, at the beginning of *QOM* he makes the claim that these physicians' errors are not simply that they have not read Hippocrates. Instead, he claims that even if they have read Hippocrates, "they do not approach this theoretical knowledge with training [ἀσκήσει], with a wish both to consolidate and make it a fixed disposition

[60] *QOM* 1.7 (Boudon-Millot 2007, 286.1–2).

[61] Trans. Das p. 31; *QOM* 4.4 (Boudon-Millot 2007, 292.15–22).

[62] See König 2005, 254–300.

[63] TLG search *askesis* and derivatives: 1.54.10, 1.55.13, 1.56.5, 156.8, 157.12, 159.12, 1.60.9, 1.60.11, 1.60.12, 1.61.2, 1.61.7, 1.62.10, 1.62.12. Compare with Galen's use of *gymnazein* and derivatives in *QOM*: 1.60.11.

[ἕξιν]".[64] The usage of the term *hexis* (fixed disposition), coupled with the term *askesis* (training), may be understood as a criticism of their moral failings to train themselves in Hippocratic theory, for if they did this, their thoughts and actions would be intrinsically Hippocratic.[65] The error lies in these Hippocratic physicians not recognizing that Hippocratic medicine requires a philosophical *askesis*, which is picked up in numerous places in this work, most notably when Galen asks, "How then is the doctor who practices [ἀσκήσῃ] the art in a manner worthy of Hippocrates still not a philosopher?"[66] Thus, the *askesis* of a physician, much like for a philosopher, is a marker of who then is a Hippocratic physician.[67] The moral connotation of *askesis* is evident in Galen's arguments. For instance, having claimed that Hippocrates avoided greed, he notes how *askesis* is necessary to one practicing moderation (σωφροσύνη) to avoid greed.[68] In respect to logic, here, too, Galen claims that *askesis* is fundamental to the true Hippocratic physician: "For, if it is appropriate that they train [ἠσκῆσθαί] in logical theory in order to investigate the nature of the body, the differences between diseases, and the indications of treatment . . ."[69] He then proceeds to point out how this training would naturally lead to a physician having "all the virtues" because they "are all connected by a single string", which Das has rightly pointed out is Galen referencing the Stoic Posidonius' metaphorical comparison that "all the doctrines of ethical philosophy are bound by the knowledge of the soul's powers as by a single cord".[70] Therefore, in *QOM* Galen uses the figure of the athlete to argue for an *askesis* in Hippocratic medicine that leads to a philosophical life. And much like Epictetus uses famous figures in philosophy (e.g., Diogenes, Socrates, Plato) to justify the merits of his particular *askesis*, Galen has used Hippocrates to justify the merits of his philosophical *askesis* in medicine.

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[64] Trans. Das p. 25–27. Compare with Epictetus' claim in "That although we are unable to fulfill the profession of a man, we adopt that of a philosopher" (2.9): "That is why the philosopher admonishes us not to be satisfied with merely learning [μαθεῖν], but to take on also practice/usage [μελέτην], and then training [ἄσκησιν]". Διὰ τοῦτο παραγγέλλουσιν οἱ φιλόσοφοι μὴ ἀρκεῖσθαι μόνῳ τῷ μαθεῖν, ἀλλὰ καὶ μελέτην προσλαμβάνειν, εἶτα ἄσκησιν. Epictetus, *Dissertationes*, Schenkl (1916) 1965, 2.9.13.

[65] See Das' note 21 on p. 36.

[66] *QOM* 3.8 (Boudon-Millot 2007, 290.19–21).

[67] Compare with Epictetus, "On training" (3.12.1): "One should not submit to trainings [Τὰς ἀσκήσεις] in things that are unnatural or marvelous, since in that case, we who profess to be philosophers, will be no better than the charlatans". Τὰς ἀσκήσεις οὐ δεῖ διὰ τῶν παρὰ φύσιν καὶ παραδόξων ποιεῖσθαι, ἐπεί τοι τῶν θαυματοποιῶν οὐδὲν διοίσομεν οἱ λέγοντες φιλοσοφεῖν. Epictetus, *Dissertationes*, Schenkl (1916) 1965, 3.12.1–2.

[68] *QOM* 3.9 (Boudon-Millot 2007, 291.5–9).

[69] *QOM* 4.1 (Boudon-Millot 2007, 292.4–5).

[70] See note 52 p. 42–43 and Das' translation p. 31; *QOM* 4.2 (Boudon-Millot 2007, 292.7–10).

4. Conclusion

In conclusion, I would like to suggest that there are two potential readings of *QOM*. On the one hand, we can consider *QOM* in its rhetorical occasion without trying to make connections to the exegetical context that Galen ascribes to it in *Lib. prop*. Intrinsically, nothing within *QOM* explicitly suggests that it is related to any other work in the Galenic corpus because Galen does not refer his reader to any particular work in his great oeuvre of medical texts. If Galen were to do so, it would be less in keeping with the rhetorical situation of spontaneous philosophical discourse that I have proposed. While I have relied on Epictetus as a point of comparison for *QOM*, I am in no way arguing for a reading that makes *QOM* solely dependent on Epictetus' approach to philosophical discourse. I am only claiming that the rhetorical situation, strategies, and formal features in *QOM* resemble the kinds of philosophical protreptics that were used to teach moral philosophy.[71] Taken in this context, Galen has chosen a "genre" of writing that would effectively frame the study of Hippocrates in the context of the philosophical life. Similar to his strategy in *Protr*., Galen has written *QOM* to admonish his audience into taking up the *technē* of medicine for purposes that are broader than merely becoming a physician by trade.[72] In both *QOM* and *Protr*., Galen uses the highly rhetorical style of protreptic discourse to make the study of medicine relevant to a philosophically inclined audience, and by writing such a philosophical discourse, Galen displays himself engaging in the kinds of rhetorical situations that defined a philosopher in the second century CE, namely being "admirable in his philosophical discourses and character".

While *QOM* could easily be construed as a self-standing philosophical discourse that has nothing to do with the exegetical works Galen associates it with in *Lib. prop*., it is important to consider, as Rosen has done in this volume, how *QOM* fits into Galen's polemical commentaries that argue for a particular reading of the Hippocratic corpus based on Galen's Hippocrates. If we accept Galen's claim in *HNH* (15.21K) that Artemidorus Capito (ca. 120 CE) published the books of Hippocrates, and this published Hippocratic corpus was not only well regarded by the emperor Hadrian but was also carefully studied in Galen's day, Galen's decision to argue for the physician-cum-philosopher through the figure of Hippocrates would again be attractive to philosophically inclined readers of the Hippocratic corpus. Taken in this context, Galen has presented a decidedly philosophical *bios* for Hippocrates that should guide the readers of the Hippocratic corpus toward a philosophical understanding of its con-

[71] See Petit's discussion of the reception of *QOM* in the Renaissance in this volume, p. 155–167.

[72] Curtis 2014, 39–50.

tents, and based on this interpretation, the purpose of *QOM* is in keeping with the *prolegomena* of other famous corpora of philosophers.[73] Of course, this broader context of *QOM*'s purpose is built entirely on Galen's remarks in *Lib. prop*. If indeed *QOM* should be read in the context of Galen's exegetical project, I would concede that the use of the type of philosophical discourse that I have argued for in this paper does not inherently reflect the stylistic features and didactic purposes of a *prolegomena*. However, by using such a philosophical discourse to show how Hippocrates is also a philosopher, Galen has done for the study of Hippocrates what the philosopher-orator Maximus of Tyre did for Homer (*Homer the Philosopher*), which is to use philosophical discourse to show (δεικνύναι) how the reading of Hippocrates is an exercise conducive "in every way" (πάντως) to the philosophical life.[74]

[73] See Tieleman's arguments in this volume on p. 127–134. Mansfeld 1994, 117–31.

[74] Trapp entitled Oration 26 of Maximums of Tyre *Homer the Philosopher*, and he points out that this title is similar to the second-century CE philosopher Favorinus' lost treatise, *On Homer's Philosophy*. Trapp 1997, 213–22.

"Galen's Hippocrates" in *That the Best Doctor is also a Philosopher*

Ralph M. Rosen

Galen's devotion to Hippocrates as a paragon of scientific and ethical excellence is impossible to miss in his works and a theme he recurs to countless times. Sometimes he invokes Hippocrates as a means of affirming a particular medical theory, sometimes he takes cover behind Hippocratic authority when his own arguments seem speculative or empirically insecure.[1] Whatever the rhetorical purpose behind the many appearances of Hippocrates in Galen, he was always portrayed as a man of unimpeachable moral standards, a "lover of truth", and a selfless philanthropist.[2] It comes as little surprise, then, that Hippocrates is the central player in Galen's ostensibly protreptic work *QOM*, in which he argues for the importance of philosophical training for aspiring doctors. Galen assumes in this work that Hippocrates was an authority in what Galen regarded as three basic areas of philosophy—the logical method, knowledge of the physical world, and the ethical—and so he argues that doctors of his own day should emulate Hippocrates specifically as a philosopher. On the face of it, the argument of *QOM* is simple, if not simplistic, and as elsewhere in Galen's ethical works, essentially derives from his rather obsessive fear of the corrupting force of money and, more broadly, of the bodily appetites.[3] We need not expect too much more from *QOM*, perhaps, since it

[1] As, for example, in his attempt to seek support for his teleological view of nature (*physis*) in Hippocratic thinking. See, e.g., Nutton 2020, 82.

[2] On Galen as a "lover of truth", see A. Roselli, "'According to Both Hippocrates and the Truth': Hippocrates as Witness to the Truth, from Apollonius of Citium to Galen", in: Dean-Jones / Rosen 2016, 331–44: "The notions of 'Hippocratic' and 'truthful' become so identified in Galen that he coins a standard pair of terms (Ἱπποκράτειος and ἀληθής)" (343), as he does in *The Therapeutic Method* (10.173.18K) when describing a particular treatment for "hollow lesions" as "Hippocratic, and at the same time, also true" (Ἱπποκράτειόν τε ἅμα καὶ ἀληθῆ). See further on the meaning of Ἱπποκράτειος in Boudon-Millot 2016, and Galen's efforts to present himself as the "champion of a Hippocratism" properly understood, and as "the only, true and authentic heir of Hippocrates" (Galien s'affirme lui-même comme le seul, vrai et authentique héritier d'Hippocrate, 397). See also S. Coughlin, "Galen's Hippocratism", in: Singer / Rosen 2024 on Galen's "Hippocratism". On Galen's extensive project as commentator on Hippocratic writings, see Manetti / Roselli 1994.

[3] These are guiding themes of all his ethical works, but are especially conspicuous in *QOM*, *Exhortation to Study the Arts* (*Protrepticus*), and *The Diagnosis and Treatment of the*

was clearly written as a short, didactic reflection, not as a systematic technical treatise, and it is easy to dismiss the work as a mere parergon, short on detail and long on lofty well-worn clichés of the day. But patient attention to the details of his argumentation not only enriches our understanding of Galen's idiosyncratic fashioning of Hippocrates but also gives more shape to the implicit contemporary debates that goaded Galen to compose *QOM*.

Despite what the title of the work may lead readers to expect, *QOM* does not open by signaling an expectation of generalized reflection on what Galen takes to be a good doctor. Rather it is immediately clear that the work's thrust will be a targeted polemic with very specific goals. In the opening sentences Galen makes it clear that his main complaint is with contemporary doctors who *claim* to be followers of Hippocrates but who do not, in his view, understand what it means to be a true follower of Hippocrates, either because they have never read his works (or have not read them sufficiently) or, if they have read them, fail to learn from what they have read. What galls Galen most is that these doctors seem to make a show of *praising* Hippocrates (ἐπαινοῦσι μὲν γὰρ Ἱπποκράτην), but then they go out of their way in their medical practice to indicate that "when it is a matter of bringing themselves to a similar level as him, they will do anything rather than that!" (γενέσθαι δ' αὐτοὺς ὡς ὁμοιοτάτους ἐκείνῳ πάντα μᾶλλον ἢ τοῦτο πράττουσιν, *QOM* 1.1).

Galen proceeds to catalogue the various areas important to Hippocrates that these so-called Hippocratics deliberately ignore: astronomy, geometry, the precise nature of the body and its constituent parts, the taxonomy of diseases, and logical theory as a guiding methodology (*QOM* 1.2). They are so brazen, if we are to trust Galen, that they even accuse others who take the trouble to learn such things of practicing "useless things" (ἄχρηστα). By the end of the first chapter, Galen has worked his rhetoric up to a satirical pitch: since he cannot think of anything particularly "Hippocratic" about contemporary Hippocratics, he wonders simply, "What then is left of the man for them to emulate?" (*QOM* 1.7).

The tone of the opening is not easy to judge—is Galen's irritation somber and serious, or more playful in its hyperbole, reflecting his own sense of superiority and self-confidence?[4] I will return to that question below after considering other related matters in the work, but it does seem obvious that the charges he lays against his rivals so categorically and insistently were intended to come across as exaggerated (surely, one might

Affections and Errors Peculiar to Each Person's Soul. See R. M. Rosen "Galen's Ethical Works", in: Singer / Rosen 2024.

[4] Galen frequently slips into rhetorical modes that can only be described as "satirical", which would imply that Galen has some interest in entertaining his readers to some extent with humor. Satirists often *pretend* to be serious and even didactic, but any purported seriousness often risks being undercut by their simultaneous sense of play. On Galen's satirical strategies, see Rosen 2010.

wonder, there were *some* doctors who self-identified as Hippocratic and who were at least competent if not impressive!). Galen's purpose in this work, as it turns out, is highly specific and personalized, as he states in the first sentence of ch. 2, "it seemed like a good idea for me to investigate why on earth [τὴν αἰτίαν ἥτις ποτ' ἐστί]" all these doctors claim to marvel at Hippocrates but never seem to read his work, or understand them if they do, Hippocrates and are unwilling to make Hippocratic θεωρία a part of their normal medical practice. The particular phrasing of Galen's opening (διόπερ ἔδοξέ μοι—"and so it seemed like a good idea") is a testy rhetorical gambit inspired by observing an aspect of contemporary life that he finds particularly absurd and irksome. As such, the work is reactionary, written in a spirit of exasperation at a specific problem that, in his mind, needs to be recognized for what it is and, ideally, corrected.[5]

Even casual readers of Galen will recognize this tone from his other works—he is easily provoked by what he believes to be other people's incompetence or malevolence—but in this case his annoyance is motivated by professional rivalry that is also highly personal.[6] Galen here takes on a cohort of professionals who had staked a claim—illegitimately, in his view—to territory over which he was the self-appointed guardian. So while the upshot of Galen's complaint could be seen to *imply* in some sense that the best doctor should be a philosopher, its main thrust never quite rises above the personal, and he seems less interested in making a systematic case for such a proposition than in attacking a specific group of contemporaries for their moral failings and their disingenuous affiliation with Hippocrates and Hippocratic doctrine.

Galen's own description of *QOM* in *My Own Books* (Boudon-Millot 2007, 162.7–11) is helpful for our understanding of how he himself conceptualized the work, and suggests, I think, that his intentions in writing it were not, in fact, especially protreptic or otherwise philosophical. He mentions *QOM* at the end of a section of *My Own Books* devoted to his "Hippocratic commentaries" (Boudon-Millot 2007, 159.9), more or less as an afterthought after a detailed catalogue of the commentaries, his main concern in this section: "One other small book also concerns Hippocrates [Ἱπποκράτει δὲ προσήκει], in which I point out that *The Best Doctor Is Also in Every Way a Philosopher*." It is noteworthy that he classifies *QOM* as a work relevant to topics pertaining to *Hippocrates*, not as one of his "ethical works" (another of his categories in *My Own Books*, which include several works that also fixate on the dangers of wealth—also a guiding theme in

[5] See previous note on Galen's interest in satirical rhetoric. The "reactionary" stance of *QOM* is in keeping with similar stances associated with literary satirists, and the humor that arises from the evident hyperbole of his claims throughout makes it, as noted earlier, difficult to assess an exact level of seriousness.

[6] See above n. 2.

QOM). Further, if we follow Galen's train of thought from the beginning of this section, we can see how he charts a trajectory from writing commentaries only for personal use (or to be sent privately to his friends) to writing for distribution in order to correct what he regarded as egregious and potentially dangerous errors in the commentaries of others.

At first, he says, if he remembered errors[7] made by earlier commentators, he simply corrected them in the commentaries he was circulating among his friends but did not otherwise bother to correct them more publicly, and in the private commentaries he says that only rarely did he "say anything against those offering [erroneous] exegeses" (σπανιάκις ἐν αὐτοῖς εἰπών τι πρὸς τοὺς ἐξηγουμένους αὐτάς). Eventually, he was moved to go public in his critique of Hippocratic commentators when he "heard someone praising a terrible interpretation of one of the *Aphorisms*" (τινος ἀκούσας ἐξήγησιν ἀφορισμοῦ μοχθηρὰν ἐπαινοῦντος). From that point on, he says, he began writing with an eye to "public distribution" (πρὸς κοινὴν ἔκδοσιν ἀποβλέπων).[8] Indeed, as the section proceeds it becomes clear that much of his motivation in writing his Hippocratic commentaries was in reaction to what he perceived to be errors in others. After having written a commentary on the Hippocratic *Nature of Man*, and then hearing some people deny its authenticity, he says he was moved to compose "three more volumes" to counter that position, to which he gave the rather cumbersome title, *That Hippocrates Clearly Holds the Same Opinion in His Other Writings as He Does in His "Nature of Man"* (Boudon-Millot 2007, 161.18–20).

Again, we should keep our focus on Galen's thinking in this passage for its bearing on the composition of *QOM*: he traces the evolution of his Hippocratic commentary-writing from a private to a public activity as a function of his increasing irritation at ignorance of other professionals, and notes several treatises that were written explicitly as a response to such problems. He notes here the public distribution of his *Against Lycus*, which takes issue with that doctor's interpretation of "the [Hippocratic] aphorism that begins 'things that grow have the most innate heat'", and another work against the Methodist doctor Julianus (*Against Julianus*) disapprov-

[7] He notes here that at that point he had left his library in Pergamum (Boudon-Millot 2007, 160.7–8), so presumably he was working from memory at this point.

[8] See P. N. Singer, "New Light and Old Texts: Galen on *His Own Books*", in: Petit 2019, 91–131, on the thorny question of whether Galen implies a meaningful categorical distinction between his "private" and "public" writing in *On My Own Books* when he speaks of writing for friends versus writing for wider circulation (ἔκδοσις). Singer concludes (111) that "Galen in *My Own Books* does not identify a category of books 'for *ekdosis*' contrasted with another, 'not for *ekdosis*' . . . and he does not with any clarity identify two audiences, a closer and a wider group". In short, Singer concludes, even though Galen often claims that some of his writings were not intended to be widely circulated, "it is clear that this wider distribution is something he expects to happen".

ing of his critique of the Hippocratic *Aphorisms* (Boudon-Millot 2007, 162.3–6). It is only at this point, at the very end of his section on his Hippocratic commentaries, that it occurs to him to mention *QOM*. As noted above, he refers to this work as "also relevant to Hippocrates," but of course *QOM* is far from being a Hippocratic commentary—the category of works he has been discussing in this section. It is revealing, however, that Galen thinks to place it among the commentaries and regards it as "relevant to Hippocrates", especially when he has been emphasizing how most of his Hippocratic commentaries had their origin in his dissatisfaction with other doctors who also wrote about him. Galen seems to include *QOM* in this section, in other words, because he conceptualizes it above all as aligned with the polemical character of his published commentaries, inspired as they were by his annoyance at the misrepresentations of Hippocrates in other doctors.

Galen seems to regard *QOM*, in short, as something of a parergon, a "small book" as he calls it, with a title that does not itself, in any case, immediately indicate its relevance to Hippocrates. He notes, however, one further intriguing detail about the work at the end of his description of it, where he adds that *QOM* also was given a shorter title: "The book was also inscribed with a shorter title as follows: *Galen's Hippocrates*" (ἐπιγράφεται δὲ τὸ βιβλίον καὶ διὰ συντομωτέρας ἐπιγραφῆς οὕτως· Γαληνοῦ Ἱπποκράτης, Boudon-Millot 2007, 162.9–11). That shorter title, in fact, was only confirmed with the discovery of the Vlatadon manuscript in 2005 (Vlatadon 14, which also brought to light Galen's lost treatise *Avoiding Distress*).[9] In the single manuscript we had for *My Own Books* prior to that discovery, Ambrosianus gr. 659, the shorter title was illegible by earlier editors, although Müller had proposed "ὅτι ὁ ἄριστος ἰατρὸς καὶ φιλόσοφος", which simply removed the word πάντως from the longer title mentioned by Galen. V. Boudon-Millot ("Un traité perdu de Galien miraculeusement retrouvé, le *Sur l'inutilité de se chargriner*", in: V. Boudon-Millot / A. Guardasole / C. Magdelaine [eds.], *La science médicale antique: Nouveaux regards* [*études réunies en l'honneur de Jacques Jouanna*] [Paris 2007] 73–123), 123, was able to make out traces of the words Γαληνού Ιπποκράτης in red ink, partially erased, in Ambrosianus gr. 659, and

[9] On this important discovery, see Boudon-Millot 2007, xix, 30–2; 2014, 73–4nn3–4; A. Pietrobelli, "Variation autour du Thessalonicensis Vlatadon 14: Un manuscrit copié au xenon du Kral, peu avant la chute de Constantinople", *Revue des études byzantines* 68 (2010) 95–126. Boudon-Millot / Pietrobelli 2005 and V. Boudon-Millot / A. Pietrobelli, "De l'arabe au grec: Un nouveau temoin du texte de Galien (le manuscrit Vlatadon 14)", *Comptes rendus des séances de l'Académie des Inscriptions et Belles-Lettres* 149 (2005) 497–534; Singer 2014a, 72–5, and P. N. Singer "Note on MS Vlatadon 14: A Summary of the Main Findings", in: Petit 2019, 10–37.

Vlatadon 14 has now confirmed the reading.[10] These two reinstated words are highly significant for our understanding of *QOM*, insofar as they offer insight into what Galen himself really thought the treatise was about, which is to say a personal assessment of the great Hippocrates himself, not a protreptic guide for future doctors. Of course, there is no reason why he could not *also* think of the work as useful enough for aspiring doctors, but the work's short title—whether it should be translated as "*Hippocrates* by Galen" or "*Galen's Hippocrates*"—shows his cards.

In his ninth-century Arabic translation, Ḥunayn ibn Isḥāq seems to have noticed something similar, for at the point in our passage in *My Own Books* where Galen mentions his title *The Best Doctor Is in All Ways a Philosopher* we find the comment: "and this doctor is Hippocrates whom Galen mentioned according to the teaching of Hippocrates".[11] This comment is, in fact, quite startling, for it suggests that Ḥunayn understands the phrase "the best doctor" in the (longer) title of *QOM* not as a generic doctor who might take Galen's advice about the importance of philosophy, but as Hippocrates *himself*. On this reading, *QOM* is actually a treatise about *Hippocrates* as a figure who represents "the best doctor" *himself*, and precisely *because* he was a philosopher. In other words, the point of the treatise as Ḥunayn seems to read it is to make the case that Hippocrates—who is the best doctor—must also be considered a philosopher. He is the "best", that is, because he is also a philosopher. All doctors, of course, should follow Hippocrates' example as a philosophical doctor, but for Ḥunayn, apparently, the treatise itself is not written explicitly for *those* doctors, but rather as a defense of the claim that Hippocrates is a philosopher. In Ḥunayn's reading, then, the title of the treatise amounts to the statement, "*Hippocrates* [= the 'best doctor'] is also a philosopher."[12] This is perhaps a strong claim to extract from a small marginal comment on a single phrase in a manuscript of a ninth-century Arabic translation, and it is possible that Ḥunayn simply meant by his comment that Hippocrates would come off as *a* "best doctor" (i.e., not *the* best doctor) in the minds of anyone reading Galen's treatise. But the article "this" ("this doctor") here—"this doctor is Hippocrates. .

[10] Boudon-Millot 2007, 213: ". . .la découverte du manuscrit *Vlatadon* en venant confirmer la lecture du manuscrit de Milan, nous a permis sans hésitation de restituer après οὕτως le titre abrégé Γαληνοῦ Ἱπποκράτης donné par le médecin de Pergame au *Que l'excellent médecin est aussi philosophe*."

[11] For details, see Boudon-Millot 2007, 213.

[12] Galen often uses the phrase ἀρίστος ἰατρός rather generically in contexts where he refers to qualities that the "best doctors" would have, but several times he uses it to refer specifically to Hippocrates, as in his commentary on the Hippocratic *On Fractures* (18b, 324.4K): ". . .which thing the great Hippocrates wrote, who was regarded among the Greeks themselves as the best doctor and writer" (ὅπερ ὁ μέγας Ἱπποκράτης ἔγραψεν, ὃς ἔδοξεν ἐν αὐτοῖς Ἕλλησιν ἄριστος ἰατρός τε καὶ συγγραφεύς). See also Galen, *Commentary on Hippocrates' "Aphorisms"*, 17b, 491.16 K.

."—does seem to suggest that he is saying this, first (at the risk of stating the obvious, perhaps) because he thinks the title as it stands is ambiguous without some explanation, and second, in order to clarify his reading of the title, namely that "the best doctor" in the treatise is referring specifically to *Hippocrates*. If we assume that Ḥunayn was working from a text that included the proper reading of *QOM*'s short title, *Galen's Hippocrates*, it is easy to imagine his explanation of the longer title originating in seeing the shorter title at the end of the same sentence he was translating.

Returning to the actual content of *QOM* with these observations about the title in mind, certain puzzling aspects of the treatise begin to make more sense. One concerns an issue we noted earlier, namely the fact that the entire work seems to have originated in a squabble Galen was embroiled in with a group of doctors identifying as Hippocratics, partially over the general question of what it even meant to "be Hippocratic" at the time, and also over the more specific question of whether it is legitimate to refer to Hippocrates as a philosopher in the first place. Galen spends nearly a quarter of this already short work harping at the end on this rather pedantic question. By the time he gets to the end of ch. 3, he believes he has successfully demonstrated that "whoever is a doctor in every way is clearly also a philosopher" (ὅστις ἂν ἰατρὸς ᾖ, πάντως, οὗτός ἐστι καὶ φιλόσοφος, *QOM* 3.11),[13] but of course the strength of this demonstration will depend on whether one accepts the premises that underlie his claims about Hippocrates, and it is clear that not everyone he engaged with on the topic would.

Galen sums up by saying that a good doctor—i.e., the one who "practices the art in a manner worthy of Hippocrates"—needs to be trained in "logical theory" in order to be able to "investigate the nature of the body, the differences between diseases, and the indications of treatment" (εἰ γάρ, ἵνα μὲν ἐξεύρῃ φύσιν σώματος καὶ νοσημάτων διαφορὰς καὶ ἰαμάτων ἐνδείξεις, ἐν τῇ λογικῇ θεωρίᾳ γεγυμνάσθαι προσήκει, *QOM* 3.8). He must also have contempt for money and practice self-control. But what he regards as a clear conclusion of this position—namely, that philosophy is necessary (ἀναγκαία) for the training of a (good) doctor and so that doctor should be considered a philosopher—has not, one has to concede, been reached with the most rigorous argument,[14] and it is no wonder that he en-

[13] Nesselrath follows Wenkebach in supplementing <ἄριστος> before ἰατρός (p. 43, n. 53), but see Das' n. 54 to her translation *ad loc.* Boudon-Millot (2007, 291) notes, but does not print, the supplement, but implies in her translation that Galen must be thinking something along these lines even if he did not add an adjective to ἰατρός: "il est clair que celui quel qu'il soit qui est un médecin *accompli*, est également philosophe" [my emphasis].

[14] Note that in *QOM* 3.8, just mentioned, Galen presents the importance of training in logical theory, diagnostic and therapeutic skills, as a premise ("*if* it is appropriate that they train in logical theory", etc.), not the conclusion to an argument. He has not quite

countered some skeptical pushback. Galen's train of thought, in any case, in the final sentence of ch. 3 is hard to follow and borders on incoherence:

> Nor do I think that anyone needs a demonstration of the idea that doctors require philosophy to practice the art properly, at least when one often sees that it is druggists, not doctors, who are the lovers of money and use the art contrary to its natural purpose. (*QOM* 3.12)[15]

One wonders, for example, how branding druggists as "lovers of money" here supports the position that doctors "require philosophy" to practice medicine properly.[16] Certainly Galen complains throughout *QOM* that many doctors too, especially his contemporaries, are themselves venal and devoted to pleasure.[17] Galen is clearly irritated at some group of interlocutors, but we are hearing only his own reaction to them, so we can only imagine what exactly their resistance to him might have been.

If we reorient ourselves in the light of the treatise's short title (*Galen's Hippocrates*) we start to get a glimpse of the likely background to *QOM*. The short title suggests that Galen's purpose in writing *QOM* is to explain the greatness of Hippocrates as a function of his philosophical approach to medicine. To judge from the final section of the work, however, what seems to have gotten Galen into trouble in debates with his contemporaries is the way he uses the terms "philosophy" and "philosopher". This explains the opening of ch. 4, in any case, which clearly implies that Galen's specific dispute with antagonists who took issue with his use of terminology:

> Therefore, should you still be quarreling over names [ὀνομάτων] and quibbling with nonsensical chatter [καὶ ληρήσεις ἐρίζων] when you consider it proper for the doctor to be self-disciplined, temperate, superior to the influence of money, *but then they are in no way a philosopher*? (*QOM* 4.1; trans. Das p. 31, my emphasis)

Galen's text implies a conversation that went something like this:

> Galen: Hippocrates, the best doctor, was best precisely because he was also a philosopher. You would do well to follow his example and make it a point to seek the philosophical training he displayed.

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established by argument that those skills are as necessary for the best doctor as he thinks they are.

[15] Οὐδὲ γὰρ οὐδ' ὅτι πρὸς τὸ χρῆσθαι καλῶς τῇ τέχνῃ φιλοσοφίας δεῖ τοῖς ἰατροῖς, ἀποδείξεως ἡγοῦμαί τινα χρήζειν ἑωρακότα γε πολλάκις ὡς φαρμακεῖς εἰσιν, οὐκ ἰατροὶ καὶ χρῶνται τῇ τέχνῃ πρὸς τοὐναντίον ἢ πέφυκεν οἱ φιλοχρήματοι.

[16] The train of thought seems to be: anyone who sees that druggists are lovers of money and practice the medical art contrary to how it should ("by nature", τοὐναντίον ἢ πέφυκεν) be practiced will not have to be told that doctors need to be trained in philosophy. But the exact connection between the φαρμακεῖς here and ἰατροί remains rather opaque.

[17] Moreover, as Das notes in her translation of this passage (note on the translation 55, with further bibliography), Galen elsewhere shows ample respect for drug-sellers, so his point in this sentence remains rather obscure. See also Boudon-Millot 2007, 311n4.

> Adversaries: Doctors can certainly be "self-disciplined, temperate, superior to the influence of money" but why should we consider such a man to be a "philosopher"?

Apparently even his adversaries agreed (τὰ πράγματα συγχωρήσας) with most of what Galen had said about Hippocrates' approach to medicine, including that he knew "about the nature of bodies, the activities of the organs, the uses of the parts of the body, the differences between diseases, and the indications of treatment" (*QOM* 4.1), but some of them, at least, nonetheless seemed unwilling to concede that Hippocrates had "trained in logical theory". This then prompts Galen to ask them bluntly how they cannot be "ashamed to be at odds about names" (ὑπὲρ ὀνομάτων αἰδεσθήσῃ διαφέρεσθαι). He accuses his adversaries here of quibbling about terminology, although in a sense Galen is the one quibbling in writing a treatise that insists that the best doctor is also a philosopher.[18] Since it is Galen who wants to label the best doctor a philosopher, the burden of proof is on him to make the case that this term applies to them. Behind what perhaps seems a somewhat petty dispute lies an apparently active debate about the meaning of the term philosopher, a topic Galen weighs in on occasionally in other works.[19] His adversaries may well have legitimately wondered whether the things he identified as the hallmarks of Hippocrates' praxis, such as a training in logical theory or knowledge about the body, necessarily make him a "philosopher", and by the end of the work Galen seems fixated on *that* debate rather than on the topics that opened the treatise—the ignorance, laziness, and greed of his contemporaries. The final chapter (4) of the work, then, suggests that the purpose of *QOM* was primarily to offer a specific portrait of Hippocrates

[18] One might well maintain, for example, that one can be philosoph*ical* without necessarily being a philosoph*er*, which implies more intentional, comprehensive, and systematic focus on philosophical matters than his adversaries thought necessary for one to be a successful doctor. See Singer 2014b on Galen's complex and ambivalent relationship to philosophy. As Singer notes (17), "context is crucial. 'Being a philosopher' does not always mean the same thing: it may depend on whom one is talking to, whom one is talking about, and the particular claims one wishes to make for oneself—or not make for oneself—in a particular argumentative context. . . . The sense in which 'the best doctor is also a philosopher' is that a serious enquiry into nature, and in particular into causes, must underlie medical theory and practice; the sense in which he is not is that it is of no value in Galen's view to engage in unanswerable speculations of the sort that present-day school philosophers do engage in".

[19] See, e.g., *Aff. Pecc. Dig.* 5, 75–6k (de Boer 1937, 51–2), where Galen shows little patience for those who call themselves philosophers without practicing what he would regard as genuine philosophy: "And don't be surprised at the reasons I find it entirely unworthy to have a discussion with many of those who claim to be philosophers. For I really think that any normal person who is naturally intelligent and has been educated in that tradition valued among the Greeks since the beginning would be no worse [a philosopher] than those people" (μὴ τοίνυν θαύμαζε, διὰ τί πολλοῖς τῶν φιλοσοφεῖν ἐπαγγελλομένων οὐδ' ὅλως ἀξιῶ διαλέγεσθαι· <οὐ> χείρους γὰρ αὐτῶν οἶδα πάντας ἰδιώτας <τούς> γε καὶ συνετοὺς φύσει καὶ πεπαιδευμένους τὴν παρ' Ἕλλησιν ἐξ ἀρχῆς εὐδοκιμοῦσαν παιδείαν). See further, Singer 2014b, 13–5.

as a philosopher, and only secondarily as an attack on people who would disagree with that portrait.

This reading of *QOM* also helps to explain the opening paragraph (ch. 1) of the work, which reveals from the start that Galen's fixation on Hippocrates will form the framework of the treatise. Hippocrates is mentioned in each of the seven sections of ch. 1. He is the subject of eight of the chapter's sentences, and named explicitly in four of them:

> For, while they [these doctors] praise *Hippocrates* and consider him the foremost of all doctors . . . (1.1)
> *He* [Hippocrates] states that astronomy and obviously its prerequisite, geometry, contribute no small part to medicine. (1.2)
> What is more, *he* [Hippocrates] considered it worthwhile to acquire precise knowledge about the nature of the body . . . (1.3)
> . . . [that doctors fail in their therapeutic goals when they fail to understand the form and kind of diseases] has been articulated *by Hippocrates*, when urging us to get training in logical theory. (1.4)
> On a related point, *Hippocrates* also asserts that one must put great forethought into prognosticating about present, past, and future events . . . (1.5)
> . . . *Hippocrates* orders us to prescribe such a regimen. (1.6)
> *He* [Hippocrates] has succeeded in this [offering powerful interpretations] . . . (1.7)

With this opening chapter Galen transports his reader directly into the middle of what appears to be an ongoing dispute with his contemporaries, specifically those who would also claim to admire Hippocrates. Because Galen believes that they have misunderstood or misappropriated Hippocrates so egregiously, he is prompted to remind them of Hippocrates' accomplishments with this strikingly obsessive, almost incantatory, opening chapter. The approach is biographical and personal in its portrait of Hippocrates, not abstract or clinical, and throughout Galen interweaves Hippocratic doctrine with what he imagines to be the moral character of the historical Hippocrates. As he states at the very beginning, doctors should always strive to make themselves equals of Hippocrates (γενέσθαι δ' αὐτοὺς ἐν ὁμοίοις ἐκείνῳ πάντα, 1.1), essentially always channeling Hippocrates as a medical and moral exemplar. For them to do this they would need to have an accurate understanding of who Hippocrates was, and that, as we have seen, is Galen's main purpose in writing *QOM* and why he would think to give it the short title *Galen's Hippocrates*.

QOM, then, amounts to Galen's particular take on Hippocrates, his attempt to construct a historical portrait of a distant historical figure—"ancient" even for Galen—when no explicit biography can be found in the texts available to him as Hippocratic. Instead, Galen must glean a set of methods and injunctions from the Hippocratic texts that can then be configured around an imagined historical personality who can, in turn, then be idealized and held up as a paragon of best practices, both scientific and moral. Since the Hippocrates of the Hippocratic corpus is not obviously

a "philosopher" in any technical sense (as a Greek of Galen's time would have understood the term),[20] part of Galen's project in *QOM*, at least, is to make the case that Hippocrates *can* be considered one when such a case may not be obvious from his writings alone. In other words, according to Galen, the best doctor, Hippocrates, is *also* a philosopher, just as *all* doctors who also want to be included among the best should strive to be.

To get this point across, Galen at one point even imagines the "best doctor" of his own time engaging in what amounts to a kind of role-playing—that is, not just practicing medicine *as* Hippocrates would, but actually *becoming* Hippocrates. This passage occurs in ch. 3, where Galen continues one of the moral through-lines of the treatise, namely that doctors should avoid wealth and pleasure at all times. Toward the end of ch. 2 Galen takes up this theme again, concluding that "it is not possible to make money and at the same time practice an art that is so great, but someone who pursues the one activity very eagerly will necessarily have contempt for the other" (*QOM* 2.8).[21] He asks at that point if there are any people in his time who are able to limit their acquisition of wealth only to what is necessary for basic subsistence—that is, only to that which prevents "hunger, thirst, and cold" (*QOM* 2.9). He drops the specific question of whether one can actually find such a self-sufficient person, but he opens ch. 3 by imagining what such a person, should he exist, would be like. While it is hardly surprising that such a hypothetical person would look a lot *like* Hippocrates, it is quite striking to see Galen imagine this doctor actually reenacting biographical details his readers would have known from the Hippocratic *vitae*:

> If there is indeed someone of this sort, this person *will snub* both Artaxerxes and Perdiccas. *He would never come* into the former's sight, though *he will heal* the latter when sick and in need of Hippocrates' art but *will not think it right to remain* with him forever. Instead, *he will treat* the poor in Crannon, Thasos, and other small towns. *He will leave behind* Polybus as well as other pupils to take care of the citizens of Cos, *while he comes to all* of Greece in his wandering, for *he must write* something about the nature of different places. *In order that he may form a judgment* about what is learned from theory through his experience, he must especially see for himself cities that face towards the south, north, east, and west; *he must see cities* located in valleys and in elevated places, those that use imported water, or spring water, rainwater, and water from lakes or rivers. (*QOM* 3.1–2)[22]

In this remarkable example of fantasy role-playing, Galen's ideal *contemporary* doctor actually *becomes* Hippocrates; that is, he is suddenly transported back to the fifth century, disdaining the Persian king Artaxerxes or refusing a life of comfort and wealth he might have had in the court of

[20] See here again Singer 2014b.

[21] Οὐ γὰρ δὴ δυνατὸν ἅμα χρηματίζεσθαί τε καὶ οὕτω μεγάλην ἐπασκεῖν τέχνην, ἀλλ' ἀνάγκη καταφρονῆσαι θατέρου τὸν ἐπὶ θάτερον ὁρμήσαντα σφοδρότερον.

[22] I have slightly modified Das' translation of this passage and retained the masculine singular pronouns in Galen's Greek to highlight the way Galen imagines his advice being followed by an individual physician.

the Macedonian king Perdiccas.[23] Mixing legend with details drawn from Hippocratic treatises—*Epidemics* and *Airs, Waters, Places*, in particular—Galen's ideal doctor essentially retraces the footsteps of the historical Hippocrates, traveling all over Greece, inspecting cities, making notes on climate and meteorology, on topography and water quality. Galen seems to be enjoying this flight of fancy, especially when we realize that all this rhetorical firepower is deployed ostensibly only to make the immediate point that the ideal doctor must despise wealth and work hard. Obviously, the main point of the passage is that the ideal doctor is expected to model himself on Hippocrates, not literally in some surreal fantasy to become Hippocrates in reality, but the strategy of fusing this doctor with the historical, flesh-and-blood Hippocrates, even if only for brief moment, makes the ongoing defense of Hippocrates as a philosopher all the more vivid, especially when the case itself for considering Hippocrates an actual philosopher may be more tenuous than Galen believes.

As if he realizes that this portrait of Hippocrates might not convincingly show on its own that the best doctor is also a philosopher, Galen draws from it a series of inferences aimed at making Hippocrates look like one. In addition to disdaining wealth and praising hard work, the best doctor will be a "lover of moderation [σωφροσύνη] just as they are a friend of truth" (*QOM* 3.4) (= Hippocrates as moral philosopher), and will "train in the logical method to know how many diseases there are in total by genera and species and how in the case of each disease one must discover any indication of treatment" (*QOM* 3.5) (= Hippocrates as natural philosopher). Galen's idea of what this logical method entails is highly mediated by developments in formalized philosophy across the circa six centuries separating him from the historical Hippocrates. When Galen recommends that his ideal doctors study the *physis* of primary elements, of perceptible "homoeomerous" matter, of "organic parts", when they learn the use (χρεία) and activity (ἐνέργεια) of each part of an animal through critical, empirical demonstration (μὴ ἀβασανίστως, ἀλλὰ μετ' ἀποδείξεως, *QOM* 3.7), one can certainly find bits and pieces of this training reflected across various Hippocratic texts, but the technical vocabulary Galen uses here and the systematic curriculum he endorses derive, as others have noted, rather from the various philosophical schools (notably Platonists, Aristotelians, and Stoics) that came to shape Galen's own approach to medicine.[24] Galen attempts in this passage to make Hippocrates into a philosopher by retrojecting on to him what it means for Galen in *his* time to be one.[25] Das notes (n. 10 on the translation), for example, that "no Hippocratic author men-

[23] See further, Das' note on the translation 25, *ad loc.*, on Artaxerxes and Perdiccas.

[24] See Das' notes 9, 10, 44, 45, with further bibliography.

[25] On this point, see Boudon-Millot 2016 and Das' Introduction p. 13 and note on the translation 4.

tions 'logical theory' . . . and thus the necessity of training in it", and Galen even seems self-conscious that his argument here is somewhat tendentious. He brings up the importance of training in the "logical method" or "logical theory" some eight times in the course of this short treatise, four of which occur in a clumsily repetitive series in chapter 3 alone:

> . . . he must study *logical* method . . .
> He must be trained in *logical* theory in order to discover . . .
> . . . and he has all the parts of philosophy, the *logical*, the physical, and the ethical

Galen seems to have thought that just saying it enough times would have the rhetorical effect of making it true that training in logical theory was indeed Hippocratic. It is perhaps noteworthy that Galen never quite makes the specific claim in *QOM* that Hippocrates actually *was* a philosopher, though he certainly wants his readers to think of him as one. Galen's train of thought in reaching this conclusion, however, is somewhat oblique: his ideal doctor is one "who practices the art in a manner *worthy of* Hippocrates" (*QOM* 3.8), but this is in fact noncommittal on the actual question of whether Hippocrates can be considered a bona fide philosopher as Galen's contemporaries would apply the term. While it would likely be easy enough for anyone in Galen's professional circles to consider Hippocrates to be philosoph*ical* (see above n. 18), calling him a philosoph*er* requires some awkward anachronistic shoehorning on Galen's part. Hence the feeling throughout *QOM* that Galen's project borders on tendentiousness—the obsessive, repetitive emphasis on Hippocrates' "logical method", for example, and ascribing to Hippocrates a systematic, organized formal agenda of natural, physical, and ethical philosophy that is never more than implicit, at best, in the Hippocratic works themselves.

To draw together the threads of our discussion, then, Galen was undoubtedly sincere in his view that the best doctors ought to be trained in philosophy and so, in a sense, "become" a philosopher, but the direction he takes in the treatise suggests that he is primarily intervening in an ongoing conversation among colleagues and rivals about whether it is legitimate to consider Hippocrates a philosopher in the first place. With this in mind, it makes sense that Galen would give the work the short title of "Galen's Hippocrates", as he mentions in *On My Own Books*, since the position announced by the long title of *QOM* (*That the Best Doctor is also a Philosopher*) relies on an implicit argument from authority that assumes Hippocrates himself was also a philosopher. And since apparently not everyone found that assumption so easy to accept, Galen spends much of *QOM* present-

ing what ultimately amounts to "*Galen's* Hippocrates", the original "best doctor".[26]

[26] I am most grateful to P. N. Singer for his helpful comments on an early draft of this chapter.

Galen between Medicine and Philosophy

Teun Tieleman

In his *That The Best Doctor is also a Philosopher* Galen presents Hippocrates as the embodiment of the ideal stated in its title. To become like Hippocrates the doctor should master physics, logic, and ethics—that is, all three traditional parts of philosophy[1] —and so be a philosopher as well. To dispute this last point, Galen says, amounts to quibbling about words.[2] Nothing would prevent men like Hippocrates (or other past masters) to emerge in Galen's day were it not for the moral and cultural decline of society, including the medical profession.[3] Many doctors still appeal to Hippocrates, but their intellectual laziness keeps them from following in his footsteps and accepting a life of hard work and simple means, devoted to the well-being of one's fellow human beings, which is the life led by Hippocrates—or so Galen, drawing on biographical tradition, argues.[4] So it seems clear why Galen in *On My Own Books* groups this little treatise with other works dealing with Hippocrates, most of them commentaries on Hippocrates' works.[5] As Mansfeld has shown, Galen conforms in many

[1] This tripartition is Old Academic in origin but was taken over by the Stoics and became quite common from Hellenistic times onwards; see Xenocrates ap. Sext. *M* 7.16 (= Xenocrates fr. 1 Heinze, fr. 82 Isnardi Parente), Arist. *Top*. A.14: 105b19–23, *SVF* 2.35–44, Sen. *Ep*. 89.9. Cf. K. Algra *et alii* (eds.), *The Cambridge History of Hellenistic Philosophy* (Cambridge 1999) xiii–xvi, with further references.

[2] *QOM* 4.1–4 (Boudon-Millot 2007, 291.22–292.22).

[3] *QOM* 2.5–6 (Boudon-Millot 2007, 287.7–18).

[4] See esp. *QOM* 3.1 (Boudon-Millot 2007, 288.18–289.6).

[5] *Lib. prop*. 9.14 (Boudon-Millot 2007, 162.7–11). On this passage, see further Rosen in this volume (p. 117). On Galen's attitude to—and use of—Hippocrates, see Boudon-Millot 2016, 378–98; Boudon-Millot 2018, 292–314; H. Diller, "Zum Hippokratesauffassung des Galen", *Hermes* 68 (1933) 167–82; repr. in *Kleine Schriften* (Berlin 1973) 3–16; H. Diller, "Empirie und Logos: Galens Stellung zu Hippokrates und Platon", in: K. Döring / W. Kullmann (eds.), *Studia Platonica: Festschrift H. Gundert* (Amsterdam 1974) 227–38; L. García Ballester, "El hipocratismo de Galeno", *Boletin de la Sociedad Espanola de la Historia de Medicina* 8 (1968) 22–28; G. Harig / J. Kollesch, "Galen und Hippokrates", in: L. Bourgey / J. Jouanna (eds.), *La collection Hippocratique et son rôle dans l'histoire de la médecine* (Leiden 1975) 257–74; J. Jouanna, "La lecture du traité de la *Nature de l'homme* par Galien: Les fondements de l'hippocratisme de Galien", in: M. O. Goulet-Cazé (ed.), *Le commentaire entre tradition et innovation. Actes du colloque international de l'institut de traditions textuelles, Paris et Villejuif 22–25 Sept. 1999* (Paris 2000) 73–292; also in Eng. trans. and printed as ch. 15 in *Greek Medicine from Hippocrates to Galen: Selected Papers*. Studies in Ancient Medicine 40 (Leiden 2012); J. Jouanna, "Hippocrates as Galen's Teacher", in: H. F. J. Horstmanshoff

ways to the so-called *schemata isagogica* ("introductory schemes" or "introductory patterns") as known from the later Neoplatonist commentary tradition on Plato and Aristotle, which include the use of biography as an introduction to an author's work and thought.[6] Seen in this light, it would appear that Galen saw *QOM* as an introduction to the Hippocratic works explicated in his commentaries. As such, it also exhorts its readers to make the effort to study these works. In other words, it may also count as a protreptic, albeit one of a rather grumpy sort.

Galen's claim about the best doctor being also a philosopher is well known, as is the fact that he embodied the ideal of being a doctor-philosopher himself. But how exactly did he understand the relationship between medicine and philosophy? A few possible answers suggest themselves. One might see his appeal to philosophy in predominantly rhetorical terms, as a bid to lend intellectual respectability to the art of medicine and promote his own standing as an educated doctor. Or is Galen engaged in a project of designing a new philosophical medicine or medical philosophy, to which the term philosophy applies in a full, albeit new, sense? Obviously, these possible answers should not be taken as incompatible alternatives. But it is worth clarifying Galen's position and its underlying motives. In what follows I will set Galen's main thesis in the context provided by his work as a whole: What can be known from other works about the relationship between medicine and philosophy as he redesigned it? What light does this cast upon *QOM*? Included in this inquiry is the question in what sense and how far he presents Hippocrates as a philosopher—a question also explored by Ralph Rosen in this volume.

(ed.), *Hippocrates and Medical Education: Selected Papers Presented at the XIIth International Hippocrates Colloquium, Leiden, 24–26 August 2005* (Leiden 2010) 1–24; Lloyd 1991, 398–416; also in J. Kollesch / D. Nickel (eds.), *Galen und das hellenistische Erbe*, Sudhoffs Archiv 32 (Stuttgart 1993) 125–44; Manetti / Roselli 1994, 1528–635; D. Manetti, "Galen and Hippocratic Medicine: Language and Practice", in: Gill / Whitmarsh / Wilkins 2009, 157–74; P. Manuli, "Lo stile del commento: Galeno e la tradizione ippocratica", in: F. Lasserre / P. Mudry (eds.), *Formes de pensé dans la collection Hippocratique: Actes du IVe colloque international Hippocratique* (Geneva 1983) 471–82; also in G. Giannantoni / M. Vegetti (eds.), *La scienza ellenistica*. Elenchos 9 (Naples 1984) 375–94; J. Mewaldt, "Galenos über echte und unechte Hippocratica", *Hermes* 44 (1909) 111–34; L. Premuda, "Il magistero d'Ippocrate nell'interpretazione critica e nel pensiero filosofico di *Galeno*", *Annali dell' Università di Ferrara*, n.s. 1 (1954) 67–92; A. Roselli, "'According to Both Hippocrates and the Truth': Hippocrates as Witness to the Truth, from Apollonius of Citium to Galen", in: Dean-Jones / Rosen 2016, 331–44; I. Sluiter 1995; Tieleman (forthcoming).

[6] On *schemata isagogica*, see Mansfeld 1994, 7, 10–57; I. Männlein-Robert, "Isagogical Patterns in Porphyry (Isagoge and Vita Plotini)", in: A. Motta / F. Petrucci (eds.), *Isagogical Crossroads from the Early Imperial Age to the End of Antiquity* (Leiden 2022) [72–90] 72–3. On Galen's relation to this tradition, see Mansfeld 1994, 117–47 (on Galen and his engagement with Hippocratic texts); cf. also 179–91 (on the role of biography). During his education as a philosopher and physician Galen had of course become acquainted with the commentary traditions in both philosophy and medicine.

Galen's elevation of Hippocrates to philosophical status may seem a bold and implausible move. But it had been prepared by a long history in which medicine and philosophy had interacted and overlapped.[7] Plato himself in the *Phaedrus* (270c–d) had recommended Hippocrates' diaeretic method of studying the body.[8] In two rather well-known passages, Aristotle, another author with whom Galen was thoroughly familiar, had noted the overlap between philosophers and the more sophisticated doctors: the latter start from the physical principles, whereas the former include diseases when writing about human nature.[9] Aristotle's observation is also borne out by what we see in the *Placita* tradition, which presents the physical opinions of many doctors including Hippocrates alongside those of philosophers.[10] Galen was familiar with and frequently drew upon this tradition, which also involved the association of Hippocrates with philosophical ideas of later date such as the soul's "ruling part" (ἡγεμονικόν, i.e., the intellect), a term from Hellenistic philosophy, as residing in the head. This is in fact one of the claims made by Galen, in the same terms, on behalf of Hippocrates.[11]

When Aristotle spoke about the overlap between (natural) philosophy and medicine, he presumably thought, among other texts, of the medi-

[7] See, e.g., L. Edelstein, "The Relation of Ancient Philosophy to Medicine", *Bulletin of the History of Medicine* 26.4 (1952) 299–316; repr. in L. Edelstein, *Ancient Medicine*, ed. O. Temkin / C. L. Temkin (Baltimore 1987) 349–67. M. Frede, "Philosophy and Medicine in Antiquity", in: A. Donagan / A. N. Perovich / M. V. Weden (eds.), *Human Nature and Natural Knowledge: Essays Presented to Marjorie Grene* (Dordrecht 1986) 211–32; repr. in M. Frede, *Essays in Ancient Philosophy* (Minneapolis 1987) 225–42.

[8] See *HNH prooem.* (Mewaldt 1914, 4.18–5.9), *MM* 10.13–14K, with Tieleman 2020, 28–32. In *QOM* too Galen refers to the logical procedures implied by Hippocratic medicine, esp. 3.5–6 (Boudon-Millot 2007, 290.7–15). There is only one further explicit reference to Hippocrates in Plato's work: *Prot.* 311b–c, where Plato refers to him as a famous physician from Cos and member of the Asclepiad family. Here Hippocrates serves as an example of the kind of professional to whom one may expect to pay fees. Given Galen's moral sensitivity to the issue of money in relation to medical practice, he never refers to this Platonic passage. In *QOM* too Galen criticizes the lust for money among doctors and pharmacists; *QOM* 3.12 (Boudon-Millot 2007, 291.17–21).

[9] Arist. *Sens.* 436a17–; *Resp.* 480b22–31. Cf. P. van der Eijk, "Aristotle on 'Distinguished Physicians' and on the Medical Significance of Dreams", in: van der Eijk / Horstmanshoff / Schrijvers 1995, 2: [447–61] 449–53.

[10] See Aëtius 4.5.2, J. Mansfeld / D. T. Runia, *Aëtiana*, Vol. V, Part 3, (Leiden-Boston 2020); cf. *ibid*. 5.18.4 (on seven-month babies). On Galen's use of doxographic tradition (more precisely, the *Placita* tradition), see Tieleman 2018.

[11] That Hippocrates had anticipated the insight that the brain is the center of the nervous system and hence the seat of the ἡγεμονικόν is implied by Galen, *PHP* 7.8.12–4 (De Lacy 2005, 476.36–478.8). Galen saddles Hippocrates with his anatomically updated version of the Platonic tripartition-cum-trilocation, identifying the ἡγεμονικόν with the Platonic rational part or λογιστικόν. He does not appeal to the Hippocratic treatise *On the Sacred Disease*, which is encephalocentric but contrary to Plato also assigns the emotions to the brain: see *Morb. sacr.* 14, 17 (Jouanna 2003, 25.12–27, 30.3–31.15; Littré 1849, 6.387–8, 6.392–4).

cal sections of the Platonic *Timaeus* (81e6–89d4), on which Galen wrote four books of (largely lost) commentaries. But Galen's engagement with Plato extended much further.[12] Moreover, he put Plato on a par with Hippocrates in the nine surviving books of his *On the Doctrines of Hippocrates and Plato*,[13] in which he demonstrated that these two past masters were correct and in harmony about the main issues in philosophy and medicine, notably the seat and number of the psychic powers, the virtues, the physical elements, and the demonstrative method.[14] This leads him to ascribe to Hippocrates the Platonic tripartition-cum-trilocation of the soul as well as logical methods such diaresis and the "distinction between similars" (which ascription is encouraged by Plato, *Phaedrus* 270c–d; see above). Likewise, he argues that Hippocrates had anticipated the doctrine of the four physical elements and their mixture—a doctrine that was later further developed by Aristotle in particular. Hippocrates had spoken about the elements in an inarticulate way, referring for instance to "the hot" in the sense of the element ("fire") rather than the elementary quality in the strict sense. This was because Hippocrates still lacked the hylomorphic analysis of elements into qualities and matter developed by Aristotle (similarly, Galen uses Aristotle to explain Plato, as Platonists in his time did too).[15] This point is noteworthy: Hippocrates was on the right track, at least on all or most central issues, but elaboration or articulation still is possible and needed. This is what progress consists of.[16] Thus Galen at *QOM* 2.6 (Boudon-Millot 2007, 290.10–3) associates the physical elements with Hippocrates, but he does so in a rather indirect way: he argues that following the logical method (which primarily means division or conceptual analysis) not only enables us to distinguish between diseases but also leads to the correct understanding of physical nature as based on the elements and their mixture, concluding that the doctor who practices Hippocrates' art is

[12] P. De Lacy, "Galen's Platonism", *American Journal of Philology* 93.1 (1972) 27–39; Tieleman 2020, 26–8.

[13] The work may have comprised ten books, as is suggested by the Arabic MS tradition of *Lib. prop*. 5.4, (Boudon-Millot 2007, 155.10).

[14] On the first three books, see Tieleman 1996 (Book I is largely lost.). Galen cites and discusses far more proof-texts from Plato (and in fact adversaries such as Chrysippus the Stoic scholarch in the psychological books) than Hippocrates. At the end of book 7 (written several years after the first six books) he justifies this by pointing out that he had already discussed Hippocrates' position in the (lost) *On Hippocrates' Anatomy*: *PHP* 7.8.13–4 (De Lacy 2005, 478.1–8).

[15] Galen suppresses Plato's geometrical analysis of the elements in *Tim.* (53b5–55c6) in favor of the Aristotelian hylomorphic one, just as he takes on board the Stoics, when he can ignore their theory of the total interpenetration of substances rather than qualities.

[16] *QOM* 2.7 (Boudon-Millot 2007, 287.18–288.3). See further R. J. Hankinson, "Galen's Concept of Scientific Progress", *ANRW* 2.37.2 (1994) 1775–89; T. L. Tieleman, "Galen on Disagreement: Sects, Philosophical Methods and Christians", forthcoming in: A. Joosse / A. Ulacco (eds.), *Dealing with Disagreement: The Construction of Traditions in Later Ancient Philosophy*. Monothéismes et Philosophie (Turnhout 2022).

also a philosopher.[17] It is worth comparing the main surviving discussion of Hippocrates' view of the elements in his commentary on the Hippocratic *Nature of Man*. Here Galen emphasizes Hippocrates' role in rejecting medical and philosophical monism in favor of a physics based on a plurality of elements. Hippocrates, then, actually engaged not only with doctors but with early Greek *physikoi* such as Melissus and so is made part of the tradition of at least natural philosophy.[18]

Galen's call for doctors to study philosophy or become philosophers was by no means unique. The author of *Decorum*—a treatise in the Hippocratic corpus, which should probably be dated to the first or second century CE—effectively argues for a merger between the two disciplines.[19] And there is more evidence for doctors presenting themselves as philosophers.[20] Even so, Galen's project appears to have been of a more serious and fundamental kind than that of most of his contemporaries. His aim is to promote the well-being of humanity, both mental and physical. For this, medical and moral progress is necessary, and this involves philosophy as well as medicine. Medicine needs philosophy for its logic (in the late Hellenistic sense including methodology and epistemology) and ethics; it has no need for philosophical speculation on matters that are not amenable to empirical testing.[21] But should we characterize this, then, as a medicine enriched with philosophical ideas and methods: *philosophia ancilla medicinae*? Or did Galen conceive of the relation as more equal, a two-way street, a medical philosophy, or a philosophical medicine, and is the best philosopher also a doctor?[22] But whatever we call his enterprise, it is

[17] *QOM* 3.8 (Boudon-Millot 2007, 290.19–21); cf. the reference to Hippocrates' teaching above, *QOM* 3.3 (Boudon-Millot 2007, 289.17–8).

[18] *HNH prooem.* (Mewaldt 1914, 5.10–2); 1.3 (Mewaldt 1914, 17.16–18.2 = Melissus T 54 Brémond 2019). See the discussions in R. J. Hankinson, "Galen on Hippocratic Physics", in: Dean-Jones / Rosen 2016, 421–43; T. L. Tieleman, "Presocratics and Presocratic Philosophy in Galen", in: M. Jas / A. Lammer (eds.), *Received Opinions: Doxography in Antiquity and in the Islamic World*. Philosophia antiqua (Leiden 2022) [120–50] 127–36.

[19] *Decent.* 5 (Heiberg 1927, 27.1–3; Littré 1861, 9.233).

[20] See J. Hahn, *Der Philosoph und die Gesellschaft: Selbstverständnis, öffentliches Auftreten und populäre Erwartungen in der hohen Kaiserzeit* (Stuttgart 1989); M. Trapp, *Philosophy in the Roman Empire: Ethics, Politics and Society* (Aldershot 2007) 246–8. The epigraphic and epistolographic evidence reveals a looser use of the term philosopher to refer to good education without any technical meaning being involved.

[21] Galen's sensitivity to the limits of knowledge, which comes with an insistence upon utility, follows from his epistemology according to which reason and experience have to go hand in hand as much as possible: questions and assumptions developed through rational methods such as division have to be checked through experiential ones. See, e.g., the pioneering study by M. Frede, "On Galen's Epistemology", in: Nutton 1981, 65–86; repr. in *Essays in Ancient Philosophy* (Oxford 1987) 279–300; Hankinson / Havrda 2022. On unknowable (and useless) things and issues, see Tieleman 2018, 454–9.

[22] In one passage from *Prop. plac.* Galen may have referred to "medical philosophy" (ἰατρικὴν φιλοσοφίαν, *Prop. plac.* 15, Boudon-Millot / Pietrobelli 2005, 190.5) but the

worth exploring further its nature and purpose. I will not go into Galen's notion of medicine *as an art* (τέχνη). Clearly, his rearrangement has certain consequences for this too. By marrying medicine to philosophy Galen enacts an epistemic upgrade of medicine from an art to a form of *knowledge* (ἐπιστήμη) while being keen to retain the aspect of practical utility.[23]

Galen's position is illustrated by a key passage from *On the Order of My Own Books* in which he tells us about his education as a youth. Although it is rather long, it is worth quoting in full, all the more since it has so far been rather neglected in modern scholarship:

> (1) But I have said enough about the works concerned with the exegesis of Hippocrates. Let us therefore proceed to the rest of my treatises, which pertain to the study of logic. (2) Of these, the works on demonstration are sufficient for you, Eugenianos, and for all of you who have applied themselves to medicine only. But for all the others, who devote themselves to philosophy, the other works suffice, except if someone could take up both studies, medicine as well as philosophy. (3) This person should be bright and at the same time have a sound memory and love of labor and, moreover, had the luck such as I had when I was educated by my father. When he had trained me so that I was knowledgeable in (4) arithmetic, logic, and grammar as well as the other disciplines that are part of education, he led me to the study of dialectic when I was fourteen years old in order to concentrate on philosophy alone.[24] But then, when I was sixteen, clear dreams[25] persuaded him to make me study medicine at the same time with philosophy. (5) I was very lucky, then, and I learned more quickly than all the others whatever I was taught. But if I had not made a serious effort of studying both medicine and philosophy during my whole life, I would never have known anything important. (6) So it is not astonishing either that the big majority of people who study medicine and philosophy do not succeed in either: they do not have the natural aptitude or the proper training, or they do not persevere in their studies but turn to politics. Let these things then be said by the way although they are not secondary.[26]

Most attention has always been focused upon the sentence about the dreams that stimulated Galen's father to have his son study medicine in addition to philosophy. Clearly, Asclepius' intervention through dreams sanctions the turn to medicine; more interventions at turning points in

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text may be corrupt here. Vegetti / Lami 2012, 142 (15.8), emend to "medicine *and moral* philosophy" (ἰατρικήν <τε καὶ τὴν ἠθικὴν> φιλοσοφίαν) in light of Galen's usual way of speaking about "medicine and moral philosophy": see, e.g., *Prop. plac.* 15; Boudon-Millot / Pietrobelli 2005, 189.14–5 (=Vegetti / Lami 2012, 140 [15.5]): "medicine and ethical, political and pratical philosophy"); *Nat. Fac.* 3.27K; *Plat. Tim.* fr. 2 Schroeder 1934; *PHP* 8.1.1, 9.1.3 (De Lacy 2005, 480.1–11, 540.9–13); *Praen.* 5.17 (Nutton 1979, 98.16).

[23] Cf. *Ars Med.* 1b.1–10 (Boudon-Millot 2000, 276.6–278.9) with T. L. Tieleman, "Galen on Medicine as a Science and as an Art", *History of Medicine* 2.2 (2015) 172–82.

[24] For a more detailed account of Galen's philosophical studies with representatives of the four main schools as well as his father's role therein, see *Aff. Pecc. Dig.* 8.3–7 (De Boer 1937, 28.9–29.12).

[25] I.e., needing no interpretation. For another reference to his father's dreams see *MM* 9.4, 10.609K.

[26] *Ord. lib. prop.* 4.1–6 (Boudon-Millot 2007, 99.10–100.15); my translation; cf. the briefer account at *MM* 9.4, 10.609K.

Galen's life and career were to follow.[27] But for our purposes the context of this sentence is no less intriguing. It reveals that this passage is really about the combination of philosophy and medicine. Others also combine the two disciplines in their studies,[28] but, Galen makes clear, it takes great devotion and talent to turn their combination into a success. At the same time, he considers it essential to such knowledge as he thinks he himself has attained. It is perfectly respectable to limit oneself to medicine (in which case having read *Demonstration*, Galen's methodological chef d'oeuvre, suffices) but it is clearly not the best one could do, the highest target one could aim at. Thus, philosophy is not presented as just an extension of medicine but as a component of his intellectual and professional identity of equal standing to medicine. Their coherence is stressed: the two disciplines should be studied in concert because they reinforce one another.

Further, Galen is not looking back at a period of studies he completed long ago. From age sixteen Galen started studying both disciplines, but he has never stopped doing so since the time he was under the guidance of his father and his teachers. This point is related to a characteristic emphasis we also encounter in *QOM*: knowledge should be continuously applied and tested.[29] In the final sentence Galen underlines the importance of his observations about the combination of medicine and philosophy. Here, as elsewhere, we also find him serving up his message through a (no doubt stylized) piece of autobiography.[30]

The above passage, then, is a call for studying philosophy together with medicine, at any rate if the necessary conditions are in place: sufficient natural talent, the opportunity to receive the appropriate education, and the motivation to persevere in this laborious but in the end rewarding undertaking. In *QOM* Galen makes the same appeal by taking a different strategy: if all those doctors who now pay lip service to Hippocrates would be sincere about their adherence to the great man and aware of what it implies, they would draw the only right conclusion and apply themselves to the study of philosophy and also *live* like philosophers. So if we may speak of a protreptic here, it is protreptic of a rather grumpy sort. In *Ord. lib. prop.* Galen leaves open the possibility that his addressee Eugenianos

[27] Asclepius was worshipped in a magnificent sanctuary in Pergamum and regarded by Galen as his ancestral god. He calls himself Asclepius' servant: *Ord. lib. prop.* 3.5 (Boudon-Millot 2007, 142.17).

[28] Cf. *supra*, n. 22, with text thereto.

[29] *QOM* 3.11 (Boudon-Millot 2007, 291.14–5); cf. *QOM* 2.3 (Boudon-Millot 2007, 286.17–8) as well as Galen's statement in the parallel passage *MM* 9.4, 10.609K that he pursues both philosophy and medicine in deeds rather than words (ἔργοις μᾶλλον ἢ λόγοις).

[30] Galen did not wait for others to preface his writings with a biography but did the job himself. Both the biography and the instruction as to reading order are traditional part of isagogic literature dealing with preliminary issues; see also *supra*, n. 6, with text thereto.

and others may become good doctors. Such milder intonations are absent from *QOM*.

One further point deserves notice. Galen points to Hippocrates as the lodestar one should follow in becoming a doctor-philosopher. But he never straightforwardly calls Hippocrates a philosopher. The point rather seems to be that in order to become a true Hippocratic *in Galen's own day* one should study philosophy and keep practicing it as Galen himself does. Philosophy in the formal or technical sense emerged only after Hippocrates, with Socrates and Plato in particular. We already saw how Galen characterized Hippocrates' position with regard to one particular doctrine in natural philosophy—namely, that of the physical elements (see above, p. 130–131). Here, as elsewhere, Hippocrates was on the right track; progress consists of developing further his intuitions.[31] Hippocrates moreover had no need of the formal training in philosophy, which was unavailable in his time anyway. One may compare Galen's claim that Hippocrates had practiced anatomy (i.e., engaged in dissection) from the preface to the second book of his *Anatomical Procedures*: in the Asclepiad family anatomical knowledge and skills were passed on from generation to generation, orally and in a rather informal way.[32] But that this was the case can be inferred from Hippocrates' surviving written works. Something similar may be implied in the idea that Hippocrates was, in a sense, a philosopher already: it can be inferred from how he lived and what he wrote. But he was a prototype of a philosopher rather than a philosopher in the later, or stricter, sense of the term. With all this, Galen could capitalize on ideas on primitive knowledge that had become widespread in his day.[33]

[31] On progress according to Galen, see *supra*, n. 16, with text thereto.

[32] *AA* 2.280–82K, with Tieleman (forthcoming).

[33] On the interest in ancient and pristine wisdom taken by many philosophers and other intellectuals in later antiquity, see G. R. Boys-Stones, *Post-Hellenistic Philosophy: A Study of Its Development from the Stoics to Origen* (Oxford 2001); G. Betegh, "The Transmission of Ancient Wisdom", in: L. Gerson (ed.), *The Cambridge History of Philosophy in Late Antiquity* (Cambridge 2010) 25–39; P. Pilhofer, *Presbyteron kreitton: Der Altersbeweis der jüdischen und christlichen Apologeten und seine Vorgeschichte* (Tübingen 1990).

Galen's Philosopher-Physician from Late Antiquity to the Arabic-Islamic World in ʿAbbāsid Times

Elvira Wakelnig

In late antiquity the relation between philosophy and medicine developed and became a regularly discussed topic, especially within the framework of the prolegomena or introductions to philosophy and medicine that were placed at the beginning of the commentaries to Porphyry's *Isagoge* and to Galen's *On Sects*, respectively.[1] Arabic texts based on this late antique pro-

[1] On the development of this relation in general, see L. G. Westerink, "Philosophy and Medicine in Late Antiquity", in: L. G. Westerink, *Texts and Studies in Neoplatonism and Byzantine Literature: Collected Papers* (Amsterdam 1980) 169–77, where he states (169): "This combination [of teaching both philosophy and medicine], however, becomes increasingly frequent, not to say regular, in the last stage of Alexandrian science (i.e., in the 6th and 7th centuries A.D.). . . . The figure of the physician and philosopher, so familiar with the Moslems and of frequent occurrence in Byzantium also . . . has originated in this school (or these schools)".

The *Isagoge* by Porphyry (234–after 301 CE) was read as an introduction to Aristotle's logical writings, the so-called *Organon*. As philosophical instruction normally started with logic, Porphyry's *Isagoge* was thus the starting point for studying philosophy, and the Aristotelian commentators placed their introductions to philosophy—that is, the prolegomena to philosophy in general—before their commentaries to the *Isagoge*. In the existing Greek prolegomena to philosophy, Ammonius, Elias, and David all discuss the proper definition of medicine, along with the definitions of astronomy or rhetoric and grammar, before embarking on the task of giving the correct definition of philosophy (Chase 2020, 17; Gertz 2018, 24 and 100). They also agree that medicine receives its knowledge of the four elements from philosophy (Chase 2020, 22; Gertz 2018, 41–2 and 123). David, however, goes furthest here and states (Gertz 2018, 123–4): "Besides, Aristotle said that philosophy is both the craft of crafts and the science of sciences because the subject matter of the crafts and sciences is related to them just as the crafts and sciences are related to philosophy. For in fact the human body is the subject matter of medicine, but medicine itself is the subject matter of philosophy; and again, the heavenly bodies are the subject matter of astronomy, but astronomy itself is the subject matter of philosophy. . . . For the rest, philosophy leaves knowledge of other matters, I mean of disease and health, to medicine, not because she is ignorant of them (she knows these too) but because she does not want to sully herself or descend to the last dregs [of particularity]". Medicine's subordination to philosophy also becomes apparent when Elias and David rebuke physicians for defining medicine as philosophy of the body, and philosophy as medicine of the soul, for this is, according to them, circular and incorrect (Gertz 2018, 28 and 108).

Almost the same material appears, with a slightly different twist, in the prolegomena to medicine. The only surviving examples of such prolegomena are in Latin, but they are

legomena material attest to the fact that the Galenic notion of the excellent physician being a philosopher got to weigh in heavily on these discussions. The particular concern of the Arabic scientific tradition that emerged over time was the question of the proper responsibilities of philosophy and medicine and the delimitations of their respective domains. Galen's dictum came in handy when scholars and especially physicians wanted to show the priority of medicine over philosophy. The current contribution surveys Arabic medical texts composed in the ʿAbbāsid period and covers three centuries (i.e., the period from the ninth to the eleventh century CE), as well as their evaluation or devaluation of the claim that the excellent physician is a philosopher.[2]

1. The Arabic Translation of *QOM*: Ḥunayn ibn Isḥāq's *That the Excellent Physician Must Be a Philosopher*

From the end of the eighth century CE onward most of the Greek scientific literature was translated into Arabic. This process has been termed "the Greco-Arabic translation movement" and is considered to have lasted about a quarter of a millennium, until the beginning of the eleventh century CE. The main protagonists of this translation movement—that is, the authors whose literary output was made available in Arabic almost in its entirety—were Aristotle and Galen. The former was perceived as *the* philosopher, whereas the latter became *the* physician par excellence. This

clearly based on Greek models. The first one was probably composed in Latin by Agnellus, who was active in Ravenna in the late sixth and seventh centuries CE. The second one is the Latin translation by Burgundio of Pisa of a text by John of Alexandria, who lived in the seventh century CE and whose elaborations are much shorter than Agnellus'. Agnellus states, for example (Davies / Westerink 1981, 9), that "the human body is the subject not only of philosophic instruction, but also of medical understanding. Philosophy differs from medicine only as universal does from particular: for philosophy is universal, and medicine is particular." He also explains (Davies / Westerink 1981, 15): "For even the mother of all the arts, that is, philosophy, is considered in terms of its subject-matter and in terms of its goal and in terms of both: in terms of its subject-matter, because philosophy is the art of gaining knowledge of divinity; and in terms of its goal, that we make ourselves as like to God as is humanly possible. And so we say that medicine is an art which has to do with the human body; in terms of its goal, to bring health about; and in terms of both, that health be accomplished" (for the latter part, cf. Prichet 1982, 5–6). Agnellus and John both present the physicians' definition rebuked by Elias and David as Aristotle's (Davies / Westerink 1981, 23): "Aristotle the philosopher said that medicine is the philosophy of the body, and philosophy the medicine of the soul; he spoke aptly, since medicine and philosophy are two sisters, both of which are arts beneficial to men. Medicine cures the ills of the body, and philosophy cures the ills of the soul" (cf. Prichet 1982, 14–5).

[2] It would also be worthwhile to study philosophical treatises, such as al-Fārābī's *Against Galen*. However, I will limit myself to medical texts in this contribution and refer the reader to J. Jabbour's forthcoming edition and translation of al-Fārābī's three anti-Galenic texts with a general study on the relation between philosophy and medicine.

created the conditions for the development of an intellectual antagonism among Arabic speaking scholars, depending on whether they thought of themselves first and foremost as philosophers and therefore sided with Aristotle, or considered themselves primarily as physicians and so took sides with Galen. The reception of Galen's dictum in its Arabic phrasing, namely that "the excellent physician is a philosopher" (*al-ṭabīb al-fāḍil faylasūf*), and the corresponding treatise must be situated within this context.

Information about Arabic translations of Galen's treatises is provided by an epistle that the most prolific Galen translator of the Arabic-Islamic world, Ḥunayn ibn Isḥāq (808–873 CE), composed for one of the sponsors of his translations, ʿAlī ibn Yaḥyā al-Munaǧǧim, an ʿAbbāsid courtier. The aim and contents of this composition are clearly expressed in its title, which reads *Epistle on the Account of What Was Translated of Galen's Books according to His [i.e., Ḥunayn's] Knowledge and of Some Which Were Not Translated* (*Risāla fī ḏikr mā turǧima min kutub Ǧālīnūs bi-ʿilmihi wa-baʿḍ mā lam yutarǧim*).[3] Ḥunayn's entry on *QOM* occurs toward the end of the epistle, among the Galenic commentaries on Hippocratic treatises,[4] and it reads as follows:[5]

> Galen's book That the Excellent Physician Must Be a Philosopher.[6] This book has one short[7] chapter. Ayyūb translated it into Syriac, then, afterward, I translated it into Syr-

[3] The *Epistle* has survived in two different recensions, an earlier (B) and a slightly more recent one (A), and in a short epitome (C). According to the recent study by Lamoreaux 2016, xviii–xxvi, both recensions date to the last few months of Ḥunayn's lifetime and both contain additions which were added, to each version independently from the other, after Ḥunayn's death.

[4] In placing *QOM* among these commentaries, Ḥunayn obviously follows Galen's own placement of the treatise in his *On My Own Books*. See Rosen (p. 118) in this volume and Boudon-Millot 2007, 162.

[5] All Arabic-English translations in this contribution are my own. For the Arabic text of B (Istanbul, Aya Sofya 3590; indicated as ب) and an English translation, see Lamoreaux 2016, 109; for version A (Aya Sofya 3631; indicated as أ), see G. Bergsträsser, *Ḥunain ibn Isḥāq über die syrischen und arabischen Galen-Übersetzungen* (Leipzig 1925) 44.15–18:

كتاب جالينوس [كتاب جالينوس ب: كتابه أ] في أنّ الطبيب الفاضل يجب أن يكون فيلسوفاً [يجب أن يكون فيلسوفاً ب : فيلسوف أ] ، هذا الكتاب مقالة واحدة صغيرة [صغيرة ب : ـ أ] . وقد نقلها [نقلها ب : ترجمه أ] أيّوب إلى السريانيّ [السريانيّ ب : السريانيّة أ] . ثمّ نقلتها [نقلته ب : ترجمتُه أنا أ] من بعدُ إلي السريانيّة لولدي وإلى العربيّة لإسحق بن سليمن [سليمن ب : سليمان أ] . وترجمته ثانية إلى العربيّ لعبد الله بن إسحق [وترجمته ... إسحق ب : ثمّ ترجمه عيسى بن يحيى إلى العربيّة أ] .

For C (Aya Sofya 3593), see F. Käs, "Eine neue Handschrift von Ḥunain ibn Isḥāqs Galen-bibliographie", *Zeitschrift für Geschichte der arabisch-islamischen Wissenschaften* 19 (2010–11) [135–93] 149:

كتاب جالينوس في أنّ الطبيب الفاضل فيلسوف ، مقالة ، نقله حنين .

[6] Version A: that the excellent physician is a philosopher. Similarly, the title reads in the short epitome (C): "Galen's book That the Excellent Physician Is a Philosopher, one chapter, Ḥunayn translated it".

[7] Missing in version A.

iac for my son and into Arabic for Isḥāq ibn Sulaymān. I translated it into Arabic a second time for ʿAbd Allāh ibn Isḥāq.[8]

Ḥunayn's entry informs us about the existence of at least two Syriac and two Arabic translations of *QOM*. However, there is only one Arabic translation known to be extant in a unique manuscript.[9] As for the listed Syriac versions, they seem to share the fate of the vast majority of Syriac Galen translations, which have disappeared over time as interest in them had been lost.[10] Syriac translations were undertaken for Syriac-speaking Christian physicians active in the Arabic-Islamic empire, whereas Arabic translations were mainly commissioned by the Muslim elite, who had an intellectual interest in the scientific findings of the Greeks.[11] As for the reasons why Ḥunayn translated *QOM* twice, we may think of several different ones. Two reasons are explicitly given in the *Epistle* with regard to other treatises, namely that Ḥunayn made one translation in his youth and another, better one later on in his life, when he profited from the extensive experience he had acquired over the years; and that he retranslated a treatise after having found a new Greek manuscript to replace the poor one from which he had translated at first. Given that Ḥunayn specifies different sponsors for the two Arabic translations, the hypothesis suggests itself that sponsors paying, according to extant sources such as Ibn Abī Uṣaybiʿa, very good money for translations had some form of copyright on the purchased translations and the sole right to pass them on to other people. Another hypothesis is that the different sponsors represented different audiences with diverging interests so that Ḥunayn translated the treatise in varying styles to address, for example, in one a layman and in the other an accomplished physician, a medical student, or at least some kind of scholar.

The exact phrasing of the Galenic title differs in the two versions of Ḥunayn's *Epistle*, the slightly more recent version and the epitome of the *Epistle* give the shortened form of "that the excellent physician is a philosopher" (*anna l-ṭabīb al-fāḍil faylasūf*) instead of that he "must be [*yaǧib an yakūn*] a philosopher". These two variants of the title are also documented in the biobibliographical literature. The earliest Arabic book catalogue, the *Fihrist* of Ibn al-Nadīm, which was completed in 987/8 CE, refers to our

[8] Version A: Then ʿĪsā ibn Yaḥya translated it into Arabic.

[9] On which, see the introduction (p. 16–17).

[10] Although almost the entire Galenic corpus was rendered into Syriac, only eight translations survive, mostly fragmentary, in manuscripts, and another nine are attested by citations in the Syriac *Book of Medicines* (G. Kessel, "Inventory of Galen's Extant Works in Syriac", in: Lamoreaux 2016 [168–92] 171; and for an inventory of the surviving texts, ibid., 173–92).

[11] J. W. Watt, "Why Did Ḥunayn, the Master Translator into Arabic, Make Translations into Syriac? On the Purpose of the Syriac Translations of Ḥunayn and his Circle", in: J. W. Watt, *The Aristotelian Tradition in Syriac* (Abingdon 2019) 123–40.

treatise by the short form, as does al-Qifṭī at the turning of the twelfth to the thirteenth century CE.[12] Ibn Abī Uṣaybiʿa (d. 1270 CE), however, mentions the title twice in its long form, the second time when listing among the books composed by Ḥunayn ibn Isḥāq "a summary [*ǧawāmiʿ*] of Galen's *On That the Excellent Physician Must Be a Philosopher* in question-and-answer form".[13] As he uses information which figures in *QOM* in his biography of Hippocrates, it seems probable that Ibn Abī Uṣaybiʿa had access to an Arabic version of the Galenic treatise.[14] Ibn Ǧulǧul (944–after 994 CE) when describing Hippocrates' life and also referring to *QOM* for some details provides yet another phrasing of the translation of the title, namely "it is necessary for the physician to be a philosopher".[15]

A further variant of the title is attested in the Arabic translation of *QOM* that is so far only known from a single manuscript of miscellaneous contents dated to the mid-eleventh century CE and ascribed to Ḥunayn—it reads: "Galen's Treatise On That It Must Be That the Excellent Physician Is a Philosopher in the translation of Ḥunayn ibn Isḥāq".[16] Whether the existence of a hitherto unique manuscript of the Arabic translation of *QOM* indicates a decline in interest in the treatise or whether this may be due to insufficiently accurate manuscript catalogues in which short texts are not always listed or simply due to the fortuity of transmission is difficult to tell. However, it may well be that the dominance of Aristotle on the one hand and the attempt to dissociate medicine from philosophy on the

[12] A. F. Sayyid, *al-Nadīm, al-Fihrist* (London 2014), 2:280; J. Lippert, *Ibn al-Qifṭī, Taʾrīḫ al-ḥukamāʾ* (Leipzig 1903), 131. All these biobibliographers agree that Ḥunayn translated the treatise and give no further information about possible other translations, even if they seem to base themselves, at least to some extent, on Ḥunayn's *Epistle* for their lists of Galenic writings.

[13] Savage-Smith / Swain / van Gelder 2020, 8.29.22.12:

جوامع كتاب جالينوس في أن الطبيب الفاضل يجب أن يكون فيلسوفاً على طريق المسألة والجواب

Ḥunayn's alleged summary is mentioned by neither Ibn al-Nadīm nor al-Qifṭī and has so far not surfaced in any collection of Arabic manuscripts. It may have been composed for students and easily covered much more material than *QOM*, as the so-called "*Summaries*" (*Ǧawāmiʿ*) often taken up the entire late antique commentary tradition on one particular Galenic treatise. For the summaries of *On Sects* and *Therapeutics to Glaucon*, see Hammerschmied / Wakelnig, forthcoming.

[14] Yet, it cannot be excluded that he used other sources for his biography of Hippocrates that, in turn, made use of *QOM*.

[15] F. Sayyid, *Ibn Ǧulǧul, Ṭabaqāt al-aṭibbāʾ wa-l-ḥukamāʾ* (Cairo 1955) 17:

وذكر جالينوس في رسالته التي ترجمها "ينبغي للطبيب أن يكون فيلسوفاً" ...

[16] The title occurs twice at the beginning of the treatise, once on fol. 80a (أ), which functions as a title page, and a second time on fol. 80b (ب), on which the text starts, Bachmann 1966, 14:

مقالة [مقالة أ : كتاب ب] جالينوس في أنّه يجب أن يكون الطبيب الفاضل فيلسوفاً ترجمة [ترجمة أ : إخراج ب] حنين بن إسحق

At the end of the treatise, the title is repeated as *maqālat Ǧālīnūs* . . . without any mention of the translator. In the colophon, the copyist, who refers to himself as Ḫalaf ibn Abī l-Rabīʿ al-Andalusī, states that he has completed the copy for his personal use in Rabīʿ II 457 *hiǧrī*—i.e., March or April 1065 CE (Bachmann 1966, 26).

other resulted in a declining interest in this particular Galenic treatise. In the post-Avicennian period the importance of Greco-Arabic translations in general was slowly overshadowed by the role Ibn Sīnā's corpus began to play in the fields of philosophy and medicine. An alternative scenario that needs to be further investigated may be that physicians increasingly relied on Galen's *On the Doctrines of Hippocrates and Plato*, especially for their much more strongly articulated claim that philosophy should be useful to medicine.[17] In any case, from the ninth to the eleventh centuries CE both the idea that the excellent physician was a philosopher and, probably to a lesser degree, the corresponding Galenic treatise were widely known, diffused, and discussed, as we shall see.

2. Medicine as the Noblest Science Allegedly according to Aristotle: ʿAlī ibn Rabban al-Ṭabarī's *Paradise of Wisdom on Medicine*

One of the first Arabic medical compendia,[18] ʿAlī ibn Rabban al-Ṭabarī's *Paradise of Wisdom on Medicine* (*Firdaws al-ḥikma fī l-ṭibb*), was, according to the words of its author, completed in 850 CE and compiled "from the books of the wise Hippocrates, Galen, and other learned physicians, from the books on medicine and other [topics] by the philosopher Aristotle and other philosophers, and from a number of other books by our contemporaries such as the physician of the ruler—may God strengthen him—Yūḥannā b. Māsawayh, the translator Ḥunayn, and others".[19]

At the very beginning of his *Paradise of Wisdom*, ʿAlī ibn Rabban refers to his father, who profited from medical and philosophical books, followed his own father in the medical profession, and did not belong to the school of self-praise (*tamadduḥ*) and material enrichment (*iktisāb*), but of devotion (*taʾalluh*) and otherworldly reward (*iḥtisāb*). This echoes Galen's reproach in *QOM* 2.8 that doctors rather strive to make money than to be of benefit to the people.[20] ʿAlī ibn Rabban then quotes Aristotle as saying that "knowledge is among the beautiful and noble things, and some knowledge

[17] This has been suggested to me by Aileen Das. However, the fact that Sezgin (1970, 106) does not list a single extant manuscript of the Arabic version of *PHP* does not suggest a wide diffusion of this particular Galenic work, at least in later times. It is, however, cited frequently by al-Rāzī (865–925 CE) in his *Ḥāwī*.

On Sezgin (1970, 78–140), it is interesting to note that he does not even mention *QOM* among the 163 Arabic Galenic treatises he lists.

[18] It is ʿAlī b. Rabban himself, who characterises his book as a compendium, i.e., *kunnāš* (Al-Ṣiddīqī 1928, 8).

[19] Al-Ṣiddīqī 1928, 8:
من كتب أبقراط الحكيم وجالينوس وغيرهما من علماء الأطباء> ومن كتب أرسطوطيلس الفيلسوف وسائر الفلاسفة في الطبّ وغير ذلك ومن كتب عدّة من أهل زماننا مثل يوحنا بر ماسويه طبيب الملك أعزّه الله وحنين الترجمان "وغيرهما".

[20] Al-Ṣiddīqī 1928, 1:

is nobler than some other, like the knowledge of medicine, as the subject matter of medicine is the noblest one, namely peoples' bodies".[21]

The extent of the Aristotelian quotation is not rendered precisely, yet the impression the reader must get is that Aristotle considered medicine the noblest science. ʿAlī ibn Rabban corroborates this impression, continuing by saying that Aristotle has spoken true and accurately because

> nothing is grasped from the matters of this and the other worlds without strength [*quwwa*], and there is no strength except through health, and there is no health except through the balance of the four mixtures, and there is no one balancing them with God's permission except the people of this art [i.e., medicine], who devote themselves exclusively to the guidance of the people's souls and bodies and become their refuge when there is no wealth or family to help them. For them [i.e., the physicians], five conditions are assembled which are not assembled for anyone else. The first of them is the constant care for that by which they hope to bring about comfort for all the people. The second is their fighting diseases and illnesses hidden from the eyes. The third is the respect of the rulers and subjects together with a fierce need for them. The fourth is the agreement of all the peoples that their art is excellent. The fifth is that they have a name which derives from the name of God.[22]

ʿAlī ibn Rabban presents health as the basis and foundation for any other human activity, which explains why he considers medicine as the noblest science. Without health and without medicine which provides health, nothing can be achieved. The physicians are understood as caring not only for the bodies but also for the souls of the people. This explains why they and their art are respected by everyone. The claim that the physicians' name derives from God is somewhat surprising but may have to do with the ancient and late antique appellation "Asclepiads" for physicians, although I have found no explicit evidence for such an appellation in Arabic. However, Ibn Abī Uṣaybiʿa states that Hippocrates' forefather was Asclepius and announces that he will list all Greek physicians who followed Hippocrates, even if they did not belong to Asclepius' descen-

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وكان أبي من أبناء كتّاب "مدينة" مرو وذوي الأحساب والآداب بها وكانت له همّة في ارتياد البرّ وبراعة ونفاذ في كتب "الطبّ والفلسفة "... وكان يقدّم الطبّ على صناعة أبائه ولم يكن مذهبه فيه التمدّح والاكتساب بل التألّه والاحتساب.

Cf. Bachmann 1966, 18:

إذ هو وضع أنّ الغنى أشرف من الفضيلة وأنّ الصناعات لم تُوضع لمنفعة الناس لكن لإكتساب الأموال.

A less striking parallel between ʿAlī b. Rabban and the Arabic *QOM* is the use of the same root (*m-d-ḥ*), referring to the self-praise (*m-d-ḥ* V., *tamadduḥ*) of the doctors in the former and to the false praise for Hippocrates in the latter (*QOM* 1.1 and Bachmann 1966, 14: *m-d-ḥ* I., *yamdaḥūna*)

[21] Al-Ṣiddīqī 1928, 4:

وقد قال أرسطوطيلس إن العلم من الأشياء الحسنة الشريفة وإنّ بعض العلم أشرف من بعضٍ كالعلم بالطبّ "لأنّ موضوع الطبّ" أكرم الموضوعات يعني بموضوعه أجسام الناس.

[22] Al-Ṣiddīqī 1928, 4:

فما يدرك شيء من أمر الدنيا والآخرة إلّا بالقوّة ولا قوّة إلّا بالصحّة ولا صحّة إلّا باعتدال المزاجات الأربع ولا معدّل لها بإذن الله إلّا أهل هذه الصناعة الذين تجردوا بسياسة أنفس الناس وأبدانهم "وصاروا مفزعهم حين لا مال ولا عشيرة تنفعهم". و"قد" اجتمعت لهم خمس خصالٍ لم يجتمعن لغيرهم، أوّلها الاهتمام الدائم بما يرجون به إدخالُ الراحة على الناس كلّهم، والثانية "مجاهدتهم"... أمراضاً وأسقاماً غائبةً من أبصارهم، والثالثة إقرار الملوك والسوقة بشدّة الحاجة إليهم، والرابعة اتّفاق الأمم كلّها على تفضيل صناعتهم، والخامسة الاسم المشتقّ من اسم الله لهم.

dance.[23] This implies that at some point all physicians were also descendants of Asclepius and thus Asclepiades. Further, Arabic references to a (pseudo-?)Galenic *Commentary on the Hippocratic Oath* mention Asclepius' deification, which Ḥunayn links to the Platonic idea of human assimilation to God.[24] This Platonic idea was one of the definitions of philosophy in the late antique prolegomena and at some point also transferred to medicine, as we shall see shortly.

Further down, ʿAlī ibn Rabban states that he wants his *Paradise of Wisdom* to gather the medicine of the bodies and of the souls.[25]

This recalls another topos of the late antique prolegomena, namely the definition of medicine as philosophy of the body, and the definition of philosophy as medicine of the soul, which is sometimes even ascribed to Aristotle in the Latin and Arabic traditions.[26] Being true to his wishes and words, ʿAlī ibn Rabban combines philosophical topics such as matter and form, the Aristotelian categories, soul, intellect, and the heavenly spheres with medical ones like diseases and their treatments, foodstuffs, and drugs.[27] His *Paradise of Wisdom* is a medico-philosophical compendium and thus very much in line with the Galenic dictum that the excellent physician is, or must be, a philosopher.

3. The Physician as the True Imitator of God: Isḥāq ibn ʿAlī al-Ruhāwī's *The Good Manners of the Physician*

A similar understanding of medicine as intrinsically tied to philosophy and even nobler than the latter is expressed in another medical treatise of the ninth century CE, *The Good Manners of the Physician* (*Adab al-ṭabīb*)[28] by Isḥāq ibn ʿAlī al-Ruhāwī.[29] In this treatise al-Ruhāwī deals with the physician's professional ethics and makes it explicitly clear that only the physician who is also a philosopher is a true physician. However, he even

[23] Savage-Smith / Swain / van Gelder 2020, 4.1.1.

[24] Rosenthal 1956, 60–7.

[25] Al-Ṣiddīqī 1928, 9: وأردت أن يكون الكتاب جامعاً لطبّ الأبدان والأنفس

[26] See n. 1 above, and E. Wakelnig, "The Arabic Summary of Galen's *On the Therapeutic Method*", in: Havrda / Hankinson 2022, [250–74] 253–5.

[27] For a presentation of the table of contents, see Wakelnig 2017, 220–1. Interestingly, there are two later abridgments of ʿAlī ibn Rabban's compendium that only keep the philosophical contents; see ibid.

[28] On the term *adab* and the manuscript of al-Ruhāwī's treatise, see Levey 1967, 8.

[29] Little is known about al-Ruhāwī, whose *nisba* locates him in Edessa. See J. C. Bürgel, "*Adab* und *iʿtidāl* in ar-Ruhāwīs *Adab aṭ-Ṭabīb*: Studie zur Bedeutungsgeschichte zweier Begriffe", *Zeitschrift der deutschen morgenländischen Gesellschaft* 117 (1967) [90–102] 91–2; Sezgin 1970, 263–4.

goes further and makes the excellent physician (*al-ṭabīb al-fāḍil*) belong to the chosen ones or friends of the Creator (*min ḫawāṣṣ al-bāriʾ*).[30]

Al-Ruhāwī underpins this by applying one of the standard late antique Greek definitions of philosophy, namely assimilation to God to the extent of man's ability, to the physician:

> Maybe someone says that philosophy, which is forming the souls, is nobler than the art of medicine. Then we say to him that philosophy is, upon my life, noble due to the nobility of its subject matter, and you cannot exclude philosophy from being medicine for the souls. So, every philosopher is a physician and every excellent physician a philosopher. However, the philosopher cannot accomplish anything else than the good state of the soul, whereas the excellent physician can accomplish the good state of soul and body together. Therefore, the physician deserves that one says about him that he is the imitator of the actions of the Creator, the Sublime according to his ability. This is one of the definitions of philosophy.[31]

Al-Ruhāwī addresses the question that has been discussed since antiquity, namely which science is nobler, philosophy or medicine. He acknowledges the high rank of philosophy and even admits that every philosopher is a physician, even if only a physician of the soul. Yet, the excellent physician is the better philosopher, and it is to him that the Platonic definition of philosophy as assimilation to God must apply. It is interesting to see that al-Ruhāwī introduces two caveats. While every philosopher can also be called a physician of the soul, it is only the accomplished, the excellent, physician who deserves to be considered a philosopher. Further, in contrast to the Greek tradition according to which the Platonic definition of philosophy is assimilation to God, al-Ruhāwī presents his readers with a definition that states that the assimilation is to God's actions or rather that it is, as phrased in Arabic, the imitation of God's actions. This subtle change has probably already taken place in al-Ruhāwī's source, some translation of late antique material. The stressing of the superior rank of medicine also occurs in chapter 20, in which al-Ruhāwī discusses the provisions and precaution a physician has to take at times of good health and youth for times of illness and old age. In this context, al-Ruhāwī divides everything that one has to acquire into two kinds, namely that which con-

[30] Sezgin 1985, 142:
هذا إذا كان طبيباً بالحقيقة أعني فيلسوفاً وإذا اعتقد العاقل في الطبيب الفاضل أنّه من خواصّ البارئ تبارك وتعالى.

[31] Sezgin 1985, 158:
ولعلّ قائلاً يقول إنّ الفلسفة التي هي مقومة النفوس أشرف من صناعة الطبّ ، فنقول له إنّ الفلسفة لعمري شريفة لشرف موضوعها غير أنّك لا تقدر تخرجها عن أن تكون طبّاً للنفوس. فاذاً كلّ فيلسوف طبيب وكلّ طبيب فاضل فليسوف. فالفيلسوف لا يقدر على الصلاح غير النفس، والطبيب الفاضل يقدر على صلاح النفس والبدن جميعاً. فإذن الطبيب يستحقّ أن يقال فيه إنّه المتشبّه بأفعال البارئ تعالى بحسب طاقته، وهذا هو بعض حدود الفلسفة.

I think Levey's translation goes a bit too far here as I doubt that al-Ruhāwī would openly reject a definition of philosophy (i.e., as medicine of the soul, which has even been ascribed to Aristotle), as we have seen. Cf. Levey 1967, 71: "We can answer that philosophy, indeed, is noble because of the dignity of its subject. However, you cannot consider it as medicine for the soul for then every philosopher would be a physician, and every physician who is virtuous would be a philosopher physician".

cerns the well-being of the soul and that which concerns the well-being of the body.[32] The first kind is obtained from the books of religious law (*al-kutub al-šarʿīya*), whereas the second is taken from the knowledge of the art of medicine (*ʿilm ṣinaʿat al-ṭibb*). As the masters of the medical art are well aware that humans are composites of body and soul, they talk about the well-being of both in their books. So, by studying their books, one may even compensate for the lack of being accustomed to the books of religious law. Al-Ruhāwī thus presents medical writings as the most valuable ones. He then singles out some Galenic treatises, including *On That the Excellent Physician Is a Philosopher*:

> When you have ascended the ranks of the physicians and wish to be an excellent physician, then Galen's discourse in which he made clear that the excellent physician is a philosopher is obligatory for you.[33]

In the entire *Good Manners of the Physician*, al-Ruhāwī nowhere quotes any specific passage from *QOM*, so there is no way to ascertain whether he actually read any Arabic version of it or whether he only knew of the treatise's existence and of some of its contents via his late antique sources.

4. The First Attested Arabic Quotations from *QOM*: Abū Bakr al-Rāzī's *On the Examination of the Physician and his Appointment*

Turning to Abū Bakr al-Rāzī (865–925 CE), most probably a contemporary of al-Ruhāwī, we first seem to be on firmer ground regarding the question of the existence and availability of an Arabic version of *QOM*. For in his *On the Examination of the Physician and His Appointment* (*Kitāb fī Miḥnat al-ṭabīb wa-taʿyīnihi*), al-Rāzī presents two citations from the Galenic treatise he knows under the title *On That the Excellent Physician Is a Philosopher*. Al-Rāzī's *On the Examination of the Physician* belongs to the same literary genre as al-Ruhāwī's *Good Manners of the Physician* and opens with a number of quotations from Hippocrates, Galen, and Māsarǧawayh.[34] Whereas al-Rāzī gives the impression of quoting directly from these sources, his two passages from *QOM* differ considerably from the preserved Arabic translation.[35] To show these considerable differences, al-Rāzī's quotations are,

[32] For al-Ruhāwī's presentation of the physician's curriculum that he discusses when explaining to his readers how to examine a physician, see Sezgin 1985, 195–6.

[33] Sezgin 1985, 220:
وأمّا إن علوت منزلة الأطباء وأردت أن تكون طبيباً فاضلاً فعليك بمقالته التي بيّن فيها أنّ الطبيب الفاضل فيلسوف.

[34] Bürgel / Käs 2016, 184 and esp. n. 258.

[35] Bürgel / Käs 2016, 184 indicates passages corresponding to al-Rāzī's quotations in Bachmann's edition of the Arabic version of *QOM* (i.e., Bachmann 1966, 14, ch. 1, and 26, ch. 4), but does not address the considerable differences between the two. The parallels I

in what follows, juxtaposed to somewhat parallel passages from the extant Arabic version of *QOM*:

> [al-Rāzī, *On the Examination of the Physician*]
> From his book *On That the Excellent Physician Is a Philosopher*
> He says: The physician needs to know geometry and astronomy or else he will not know the division of the periods and the conditions of the countries. He needs to know logic or else he will not do well in dividing the genera of diseases into their species and will know neither the correct among the correct nor the faulty among the faulty that has been added by different people. He needs to know the preconditions of knowledge and he needs to be a rhetorically good speaker. He must be trained in the books of Hippocrates and understand them. He says: He who takes an interest [in medicine] at any time is not hindered from becoming more excellent than Hippocrates, but that is only possible by becoming trained in this science in sleepless nights.[36]

> [*That It Must Be That the Excellent Physician Is a Philosopher* in the translation of Ḥunayn]
> For Hippocrates says that the use of the art of astronomy for the art of medicine is not small. It is clear that the art preceding this art, i.e., the art of geometry, is necessarily useful in (the art of medicine). . . . Then it is obligatory that the excellent physician prefers the ways of truth and correctness and he must also be trained in the art of logic, so that he knows how many all the diseases are in their genera and species, and how he must deduce from each one of them indications towards their treatment. . . . Then this [i.e., the knowledge of the nature and uses of the body] also needs to be ascertained so that it is not approved without examination but by setting up proof, and proof emerges through the art of logic. . . . And if . . . the other [incorrect] statement [that Galen presents to show how important correct speech is] is not the statement of him who talks about the essence of things [i.e., of someone who, according to Galen, talks correctly] . . . we must apply philosophy first if we want to receive the doctrine of Hippocrates in truth. We, if we do that, are not hindered in any way to become equal to Hippocrates, even more excellent than him, when we learn from him all that he has established in his books as it must be and deduce for ourselves that which remains for us (to establish).[37]

The scope of al-Rāzī's quotations is quite remarkable in that he starts quoting from the beginning of *QOM* and ends with taking up Galen's final con-

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suggest in the following deviate from the parallels suggested by Bürgel. Iskandar (1960, 514–7) compares his own edition of the Arabic version of Galen's *On Recognizing the Best Physician* with the quotations thereof in al-Rāzī's *On the Examination of the Physician*. This comparison shows clearly that, in this case as well, al-Rāzī did not quote verbatim.

[36] Iskandar 1960, 505:
من كتابه في أنّ الطبيب الفاضل فيلسوف: قال: ويحتاج الطبيب أن يعرف الهندسة والنجوم وإلّا لم يعرف تقسيم الأزمنة وحال البلدان. ويحتاج أن يعرف المنطق وإلّا لم يُحسن أن يُقَسِّمَ أجناس الأمراض إلى أنواعها ، ولا يعرف صواب من أصاب ، وخطأ من أخطأ مما قد تزيد من مختلفين. ويحتاج أن يعرف تَقَدِمَةَ المعرفة، ويحتاج أن يكون متكلّماً حسن العبارة، وينبغي أن يكون دَرِباً بكتب بقراط، فَهِماً بها. قال: وليس يمنع من عُني في أيّ زمان كان أن يصير أفضل من بقراط، ولا يمكن (ذلك إلّا بـ) أن يتدرّب بهذه الصناعة المعرَّضة بالسهوات.

[37] Bachmann 1966, 14, 22, 26:
وذلك أنّ بقراط يقول إنّ منفعة صناعة النجوم في صناعة الطبّ ليست باليسيرة. وبيّن أنّ الصناعة المتقدّمة لهذه الصناعة، أعني صناعة الهندسة، تنفع ضرورةً فيها ... فقد وجب إذاً أنّ الطبيب الفاضل هو المؤثر لِسُبُل الحقّ والاستقامة، وينبغي له أيضاً أن يكون قد تدرّب في صناعة المنطق، حتّى عرف كم الأمراض كلّها في أنواعها وأجناسها وكيف ينبغي أن يستخرج من كلّ واحد منها الاستدلال على العلاج ... إذ كان هذا أيضاً يحتاج في التصديق به إلى ألّا يكون بالتسليم من غير تفتيش، لكن بإقامة البرهان، والبرهان إنّما يكون بصناعة المنطق...وإذا...والقول الآخر ليس هو قول مَن يتكلّم في نفس الأشياء...فقد ينبغي لنا أن نستعمل الفلسفة أوّلاً، إن كنّا نريد تقبّل قول بقراط بالحقيقة. ونحن، إن فعلنا ذلك، لم يمنعنا مانعٌ من أن نصير أنداداً لبقراط، بل أفضل منه، إذا نحن تعلّمنا منه جميع ما أثبته في كُتُبه على ما ينبغي، واستخرجنا لأنفسنا نحن ما كان بقي علينا.
Cf. *QOM* 1.1, 1.4, 4.1, and 4.4.

clusion. This suggests that he aims at summarizing what he considers the gist of the Galenic treatise. If this were indeed the case, al-Rāzī may have had a complete Arabic version of *QOM* at his disposal. However, it is also possible that he only knew a summary or a short description of the contents, which he used for his quotations. These provide, in any case, an interesting insight into what was understood as the key message of *QOM* in al-Rāzī's time, whether summarized by himself or someone else.

5. When Reality Catches Up: Abū l-Ḥasan al-Ṭabarī's *Hippocratic Treatments*

More nuanced and even negative approaches to Galen's dictum survive in medical treatises from the middle of the tenth century onward. Interestingly, the two physicians to whom we shall now turn are both linked to the so-called Baghdad Aristotelians and their most prominent representative, the famous Christian logician Yaḥyā ibn ʿAdī.[38]

The first one is Abū l-Ḥasan al-Ṭabarī, who was the court physician of the Buyid Emir Rukn al-Dawla (r. 932–76 CE) and, according to his own words, the student of Yaḥyā ibn ʿAdī, to whom he refers as his master (*šayḫunā*).[39] In his *Hippocratic Treatments* (*al-Muʿālağāt al-Buqrāṭīya*), a voluminous medical work, al-Ṭabarī still acknowledges the validity of Galen's claim that the excellent physician should be a philosopher, yet addresses the reality of there being physicians who are not philosophers. For them he gathers fifty philosophical chapters in the first section of his work, which he obliges them to learn without any deeper understanding:

> The first section on the chapters whose knowledge the physician who is not a philosopher cannot do without, so that he may not be ignorant when asked about faults within them: We have mentioned them by reporting and making them known, not by instruction (*taʿlīm*), because making them known does not need setting up proofs, whereas instruction needs that. So that he may acquire them by emulation (*taqlīd*) until he is able to inquire about them. I have indicated the books and the places which are required therefor when he wishes to inquire about them.[40]

Al-Ṭabarī's main concern seems to be that a physician should not give the impression of being ignorant of main philosophical tenets when asked about them. Therefore, he proposes to report about these fundamentals

[38] On the Baghdad Aristotelians and Yaḥyā, see G. Endress / C. Ferrari, "The Baghdad Aristotelians", in: Rudolph / Hansberger / Adamson 2017, 421–525.

[39] Wakelnig 2017, 249.

[40] F. Sezgin, *Abū l-Ḥasan al-Ṭabarī, al-Muʿālağāt al-buqrāṭīya I* (Frankfurt 1990) 3.7–11:
المقالة الأولى في الفصول [ص : الفسول] التي لا يستغني الطبيب الذي ليس بفيلسوف عن معرفتها لئلا يكون غفلاً إن أسئل عن شيء منها. قد ذكرناها على جهة الإخبار بها وتعريف لا على جهة التعليم لأنّ التعريف لا يحتاج إلى إقامة البرهان عليه والتعليم يحتاج إلى ذلك. فيأخذها على طريق التقليد إلى أن يمكنه البحث عنها وقد بينا الكتب [ص : الكتاب] والمواضع [ص : + المواضع] التي يحتاج إليها إذا أراد البحث عنها.

without proving them. In this way the physician can know about and repeat them. Al-Ṭabarī applies the term *taqlīd* used, for example, in Islamic jurisprudence (*fiqh*) to indicate that someone follows the legal opinion of someone else and does not inquire into the issue himself. Al-Ṭabarī further opposes the invitation to performing *taqlīd* to proper instruction which enables the student to prove the knowledge he is taught. This is a different approach than the one of ʿAlī ibn Rabban, who explains the philosophical method of deduction at the beginning of his *Paradise of Wisdom*, and the one of al-Ruhāwī, who makes Galen's *On Demonstration* obligatory for every physician.[41] However, al-Ṭabarī seems to consider the renouncement of proper philosophical instruction only a temporary solution and provides references to relevant books for the moment when the physician has finally the time to occupy himself with philosophy.

6. Rejecting the Galenic Dictum: Ibn Hindū's *Key to Medicine and the Guide for Students*

Ibn Hindū (946–ca. 1032 CE) studied with Yaḥyā ibn ʿAdī's student Abū l-Ḫayr al-Ḥasan Ibn Suwar Ibn al-Ḫammār and worked, like al-Ṭabarī, for the Buyids. His introductory medical work, *The Key to Medicine and the Guide for Students* (*Miftāḥ al-Ṭibb wa-minhāǧ al-ṭullāb*), is deeply rooted in the late antique philosophical tradition.[42] In its eighth chapter, on determining which scientific knowledge the physician must have to be perfect in his art, Ibn Hindū refers to and rejects Galen's claim that the excellent physician must be philosopher:

> Due to his deference to medicine, Galen has made the physician a philosopher. I discussed this with my master Abū al-Ḫayr (Ibn) al-Ḥammār and we considered this wrong with regard to his statement. For the physician is he who gives health to the people's bodies, whereas the philosopher is encompassing the true beings and doing good. It is he about whom Plato says that he is the imitator of the Creator to the extent of human ability. So making the philosopher a physician is more appropriate than making the physician a philosopher. For philosophy is general, comprising medicine (and other arts) and it is that which is called (the art) of the arts like one says "the commander of the commanders" and "the qadi of the qadis".[43]

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[41] Al-Ṣiddīqī 1928, 7; Sezgin 1985, 195.

[42] C. Ferrari, "Bridging the Gap between the Kindian Tradition and the Baghdad School: Ibn Hindū", in: Rudolph / Hansberger / Adamson 2017, [344–50] 348.

[43] Ḫalīfāt 1995, 627:
إنّ جالينوس لتفخيمه أمر الطبّ جعل الطبيب فيلسوفاً. وقد باحثت أستاذي أبا الخير [بن] الخمار في ذلك، فرأينا في قوله هذا حيفاً. وذلك أنّ الطبيب هو الذي يفيد أبدان الناس الصحّة، والفيلسوف هو المحيط بحقائق الموجودات، الفاعل للخيرات، وهو الذي قال فيه أفلاطون: إنّه المتشبّه بالبارئ بقدر الطاقة البشريّة. فلأن يُجْعَلَ الفيلسوف طبيباً أولى من أن يُجْعَلَ الطبيب فيلسوفاً. لأنّ الفلسفة عامّة محتوية على الطبّ، (وغير الطبّ)، وهي التي تُسَمَّى (صناعة) الصناعات، كما يقال أمير الأمراء وقاضي القضاة...
For an English translation, see A. Tibi, *The Key to Medicine and a Guide for Students* (Reading 2011) 35–6.

Ibn Hindū's passage may be read as a direct response to al-Ruhāwī's position discussed above. Ibn Hindū employs two late antique definitions of philosophy, i.e., philosophy as the knowledge of the true (i.e., the real beings) and as imitation of the Creator, and one of medicine, i.e., medicine as providing health to the body, all of them present in prolegomena to philosophy and medicine. He insists on Plato's referring to the philosopher as the imitator (*mutašabbih*) of the Creator and thus contradicts al-Ruhāwī, who uses the same Arabic term, *mutašabbih*, but talks about imitating the Creator's *actions*, not the Creator Himself. This does not necessarily indicate that Ibn Hindū knew al-Ruhāwī's work but can probably be best explained by the existence of the same debate in late antiquity and by its being transferred into the Arabic-Islamic world in the course of the Greco-Arabic translation movement. Such an explanation sits well with Ibn Hindū's reference to a discussion about the topic with his master Ibn al-Ḥammār, who in turn belonged to the Baghdad Aristotelians and must thus have had access to substantial late antique material whose existence is attested, for example, in the works of Yaḥyā ibn ʿAdī and Ibn al-Ṭayyib.

In what follows, Ibn Hindū then limits the physician's requirements for philosophical knowledge, for example with regard to natural sciences he says:

> As for the natural sciences [*al-ṭabīʿiyāt*], the physician—by being a physician [*bi-mā huwa ṭabīb*]—does no need to encompass all of them, rather it suffices him to know some of their parts, namely the elements, the mixtures, the humors, the body parts, the powers, the actions stemming from the powers, the causes of health and disease, and the indications of health and disease, which are linked to health and disease of the human body.[44]

The parts of natural sciences that Ibn Hindū here describes correspond exactly to the parts which make up the theoretical part of medicine in the most famous medical introductory treatise—namely, Ḥunayn's *Medical Questions* (*Masāʾil fī l-ṭibb*), rendered into Latin under the name of the *Isagoge ad Tegni Galieni* by Johannicius or Johannitius. Ḥunayn's division of medicine into a theoretical and a practical part and the further subdivisions of each part have their ultimate roots in the tradition of the late antique Galen commentators and became enormously widespread in the Arabic medical tradition.[45] Ibn Hindū thus inscribes the theoretical part of medicine in its well-known division in the field of natural sciences and clearly subordinates the natural scientific knowledge of the physician to that of the philosopher.

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[44] Ḫalīfāt 1995, 628:
أمّا الطبيعيّات فليس يحتاج الطبيب ـ بما هو طبيب ـ إلى الإحاطة بجميعها، بل يكفيه أن يعلم بعض أجزائها، وهو ما يتّصل بصحّة بدن الإنسان ومرضه من العناصر والأمزجة والأخلاط والأعضاء والقوى والأفعال الصادرة في القوى، وأسباب الصحّة والمرض، ودلائل الصحّة والمرض.

[45] Hammerschmied / Wakelnig forthcoming.

Yet, when discussing the physician's need of mathematical sciences, Ibn Hindū may have *QOM* 1.1 in mind or even before his eyes, as the phrasing of Galen's report about Hippocrates is almost identical with the Arabic version and much closer than al-Rāzī's reference:

> As for the mathematical science (*al-ʿilm al-riyāḍī*), the physician needs of it what I say: he needs a good share of the astronomical science (*ʿilm al-tanǧīm*). Already Galen has reported about Hippocrates that he says that the use of the science of astronomy (*ʿilm al-nuǧūm*) for the art of medicine is not small. And he rightly says that. For the matter of crisis can only be ascertained by the astronomical art, because the crises of acutes disease are linked to the moon and to its constellations with the sun and the other planets. The crises of chronic diseases are linked to the sun and planets other than the moon. The same applies to the knowledge of the periods with regard to changes and differences, of the airs in their compositions, and of the countries with regard to their placing on the sphere. All this occurs to the physician only after abundant acquisition of the astronomical art.[46]

Ibn Hindū continues by saying that the physician has less need of geometry and even lesser of arithmetic. Music, on the other hand, is part of medicine. As for metaphysics, the physician as physician (*min ḥayṯu huwa ṭabīb*) has no need for it. Practical philosophy is only important insofar as the physician needs to purify his soul. However, logic is indispensable, as "true medicine is the one that applies reasoning" (*al-ṭibb al-ḥaqīqī huwa al-qiyāsī*).[47]

7. The Physician Insofar as He Is a Physician Is No Philosopher: Ibn Sīnā's *Canon on Medicine*

Ibn Hindū's much better-known contemporary, Ibn Sīnā (d. ca. 1037 CE) starts his famous *Canon on Medicine* (*al-Qānūn fī l-ṭibb*) by presenting the division of medicine into a theoretical and a practical part along the lines of Ḥunayn's *Medical Questions*. When discussing these two parts, Ibn Sīnā is concerned about specifying the limits of medicine and pointing out where other disciplines take over. He first does so by raising the question of why there are two parts of medicine (i.e., theory and practice) and not, for example, three parts according to the three states observable in the human body (i.e., health, disease, and states which are neither complete health nor complete diseases—as, for example, the state of a convalescent body). Such a question clearly belongs to the art of logic and is therefore not dealt

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[46] Ḥalīfāt 1995, 629:
فأمّا العلم الرياضيّ فيحتاج الطبيب منه إلى ما أقول: يحتاج إلى طرف صالح من علم التنجيم. فقد حكى جالينوس عن بقراط أنّه قال: إنّ منفعة علم النجوم في صناعة الطبّ ليست بيسيرة، حقاً قال ذلك. فإنّ أمر البحران لا يتحقّق إلا من صناعة التنجيم لأنّ بَحارين الأمراض الحادّة متعلّقة بالقمر، بأشكاله من الشمس ومن باقي الكواكب السيَّارة. وبحارين الأمراض المزمنة متعلّقة بالشمس وباقي الكواكب السيَّارة التي هي غير القمر. وكذلك علم الأزمنة في تبدّلها واختلافها، (من) الأهوية في أمزجتها والبلدان في وضعها من الفلك. [كلُّ هذا] لا يحصل للطبيب إلا بعد وفور الحظّ من صناعة التنجيم.

[47] Ḥalīfāt 1995, 631.

with in the medical *Canon*.[48] Then Ibn Sīnā presents a similar list of matters studied in medicine to that of Ibn Hindū: elements, mixtures, humors, and so on. Yet, the medical study of these matters is undertaken within a particular theoretical framework and reaches certain limits:

> The physician insofar as he is a physician [*min ǧihat mā huwa ṭabīb*] has to conceive some of these matter in their quiddity [*māhīya*] by theoretic conception alone and to confirm their being there [*halīya*] by confirming what is accepted and set down for him by the master of natural science, whereas it is imperative to him that he proves some other of these matters within his art. He has to assume the being there of those of these matters which are like principles by *taqlīd*,[49] for the principles of particular sciences are sound, proven and made clear in other sciences which precede them. . . . If some doctor [*mutaṭabbib*] sets out and starts to talk about establishing the elements, mixtures, and other subject-matters of natural science, he errs insofar as he presents within the art of medicine something that does not belong to it, and he errs as he thinks that he has already explained something, when he has explained nothing at all. That which the physician must conceive in its quiddity and confirm by *taqlīd* without explaining its existence by its being there is all this: whether [*hal*] and how many the elements are. . . . That which he has to conceive and prove are the diseases, their particular causes, their signs, and how disease disappears and health is preserved. For it is imperative to him that he gives proof for that whose existence is concealed by dividing it, determining and presenting it. When Galen tries to set up proof for the first part [i.e., the theoretical part of medicine], he does not have to try that insofar as he is a physician [*ṭabib*], but insofar as he has [or: wants][50] to be a philosopher talking about natural science. Like the jurist, when he tries to establish the soundness of the obligation to follow the consensus, he does not do that insofar as he is a jurist, but insofar as he is a *mutakallim* (i.e., rational theologian). Yet, the physician, insofar as he is a physician, and the jurist, insofar as he is a jurist, cannot at all prove that or else circularity occurs.[51]

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[48] Al-Ḍannāwī 1999, 1:13–4. See also B. Musallam, "Avicenna. X. Medicine and Biology", in: *Encyclopædia Iranica* III/1 (1987) 94–9, available online at http://www.iranicaonline.org/articles/avicenna-x (last updated: 2011).

[49] The term used here is the verb *q-l-d* V., i.e., the same Arabic root that al-Ṭabarī uses when expressing that the physician who is no philosopher has to know basic philosophical tenets by imitation or following someone else's opinion. The edition of Al-Ḍannāwī (1999, 1:15) here contains a typo (*yatalaqqad*) which can be corrected based on the Būlāq edition (1877, 1:5.5) and the correct reading in the repetition of the statement further down in al-Ḍannāwī as well.

[50] Here the two editions differ considerably in meaning, if not in writing. For Al-Ḍannāwī 1999 reads *yaǧib* and Būlāq 1877, 1:5.17, reads *yuḥibb*, two verbal forms which differ in Arabic only by the presence or absence of a single dot under the second consonant.

[51] Al-Ḍannāwī 1999, 1:15–6:

[...] فبعض هذه الأمور إنّما يجب عليه من جهة ما هو طبيب أن يتصوّره بالماهية فقط تصوراً علمياً ، ويصدق بهَلِيَتِهِ تصديقاً على أنّه وضع له مقبول من صاحب العلم الطبيعيّ، وبعضها يلزمه أن يبرهن عليه في صناعته ، فما كان من هذه كالمبادئ فيلزمه أن يتقلد [ص : يتلقّد] هليتها، فإنّ مبادئ العلوم الجزئيّة مسلمة وتتبرهن وتتبيّن في علوم أخرى أقدم منها، ... وإذا شرع بعض المتطببين وأخذ يتكلّم في إثبات العناصر والمزاج وما يتلو ذلك مما هو موضوع العلم الطبيعيّ فإنّه يغلط من حيث يورد في صناعة الطبّ ما ليس من صناعة الطبّ ، ويغلط من حيث يظنّ أنّه قد بيبّن شيئاً ولا يكون قد بيّنه البتّة. فالذي يجب أن يتصوّره الطبيب بالماهية، ويتقلّد ما كان منه غير بيّن الوجود بالهليّة ، هو هذه الجملة الأركان أنّها هل هي وكم هي، ... والذي يجب أن يتصوّره ويبرهن عليه الأمراض وأسبابها الجزئيّة وعلاماتها وأنّه كيف يزال المرض وتحفظ الصحّة. فإنّه يلزمه أن يعطي البرهان على ما كان من هذا خفيّ الوجود بتفصيله وتقديره وتوفيته. وجالينوس إذ حاول إقامة البرهان على القسم الأوّل فلا يجب أن يحاول ذلك من جهة أنّه طبيب، ولكن من جهة أنّه يجب [أو اقرأ: يحبّ؟] أن يكون فيلسوفاً يتكلّم في العلم الطبيعيّ، كما أنّ الفقيه إذا حاول أن يثبت صحّة وجوب متابعة الإجماع فليس ذلك له من جهة ما هو فقيه، ولكن من جهة ما هو متكلّم، ولكن الطبيب من جهة ما هو طبيب والفقيه من جهة ما هو فقيه ليس يمكنه أن يبرهن على ذلك بتّه وإلا وقع الدور.

Whereas Ibn Hindū singled out particular notions of the theoretical part of medicine, such as the elements, mixtures, and humors, as knowledge that the physician must have, Ibn Sīnā is much more precise. According to him, the physician has to accept some aspects of these notions based on what he learns from the natural scientist, whereas he has to prove other aspects. The physician has, for example, to accept the reality that there are elements. It is the natural scientist who inquires whether (*hal*) there are certain things such as elements or whether there are not. This is the first of the four traditional Aristotelian inquiries into something, namely whether it is, what it is, which it is, and why it is. Going back to *Posterior Analytics* 89b23–35, these four questions gained in importance in Late Antiquity and were discussed in, for example, Elias' and David's *Prolegomena to Philosophy* and in Agnellus' *Prolegomena to Medicine* as well as by numerous Arabic authors.[52] Ibn Sīnā refers to this first Aristotelian inquiry by *halīya*, which is the abstract term formed by adding the Arabic suffix *-īya* to the interrogative *hal*. He considers this a purely philosophical inquiry that does not concern the physician insofar as he is a physician (*min ǧihat mā huwa ṭabīb*). So, like Ibn Hindū, who uses a slightly different Arabic term (*min ḥayṯu huwa ṭabīb*), Ibn Sīnā distinguishes between the role or function of a physician and the individual person who is a physician, but who may also be a philosopher, as Ibn Sīnā himself was. In this way, he can reject Galen's general claim that the physician should be a philosopher, but explain how to understand Galen venturing into philosophical territory, namely by Galen talking as a philosopher, not as a physician. Ibn Sīnā clearly distinguishes between sciences and sets up a hierarchy according to which general sciences such as philosophy and *kalam* (i.e., rational theology) precede particular sciences such as medicine and jurisprudence.

An interesting terminological question is whether Ibn Sīnā here differentiates between a serious "physician" (*ṭabīb*—I. form of the root *ṭ-b-b*) and a pretentious "doctor" (*mutaṭabbib*—V. form, active participle of the same root *ṭ-b-b*). Whereas the present passage seems to suggest such a differentiation, it is not explicitly expressed. A slightly younger contemporary of Ibn Sīnā, Ibn Riḍwān (998–1061 CE), however, makes such a differentiation explicit and does so even with a reference to our Galenic dictum:

> Already Galen has made clear that the physician [*ṭabīb*] is a perfect philosopher, and that he who falls short of that is a doctor [*mutaṭabbib*], no physician [*ṭabīb*], whereas the perfect philosopher is he who has obtained mathematical, natural, divine, and logical

[52] Gertz 2018, 21 and 83; Davies / Westerink 1981, 19. C. Hein, *Definition und Einteilung der Philosophie: Von der spätantiken Einleitungsliteratur zur arabischen Enzyklopädie* (Frankfurt 1985) 59, provides a list of the different terms eight Arabic authors use for the four inquiries: for example, *hal*, *mā*, *ayy*, and *limā*.

sciences. The physician is he who has obtained every single one of these sciences to perfection, that is, reached perfection in it.[53]

Ibn Riḍwān characterizes the doctor (*mutaṭabbib*) as an unaccomplished physician who has not (yet?) mastered all the necessary sciences. The physician (*ṭabīb*), however, is a perfect philosopher who is probably distinguishable from an unaccomplished philosopher in the same way as from a doctor. In contrast to Ibn Sīnā, Ibn Riḍwān places the true physician above the mere philosopher and thus adheres to the Galenic dictum, even if his phrasing slightly deviates. Yet, the assumption suggests itself that he employs the term "physician" in the exact meaning of Galen's "excellent physician". This explains his explicit characterization of the term "doctor". It is difficult to assess whether Ibn Riḍwān's terminology is an intentional deviation from the Galenic dictum or whether he did not have direct access to Galen's treatise.[54] Be that as it may, Ibn Riḍwān did still believe in and adhere to Galen's ideal of the philosopher-physician.

8. Toward a Clear Separation between Philosophy and Medicine: Ibn Buḫtīšū's *Epistle about Medicine and the Psychic States*

Like Ibn Sīnā, Abū Saʿīd ibn Buḫtīšūʿ (d. 1085 CE) aims at a clear separation of medicine from philosophy, yet in contrast to the former he considers philosophy inapt to deal with corporeal and psychic diseases and thus implicitly inferior to medicine.[55] In the preface to his *Epistle about Medicine and the Psychic States* (*Risāla fī l-Ṭibb wa-l-aḥdāṯ al-nafsānīya*), Ibn Buḫtīšūʿ explains the composition of his treatise by saying that he has been asked to counter the claims of someone denying the importance of medicine. Before

[53] M. Meyerhof / J. Schacht, *The Medico-Philosophical Controversy between Ibn Buṭlān of Baghdad and Ibn Riḍwān of Cairo: A Contribution to the History of Greek Learning among the Arabs* (Cairo 1937) 40.10–13:

وقد بيّن جالينوس أنّ الطبيب فيلسوف كامل وأنّه قصر عن ذلك فهو متطبب لا طبيب، والفيلسوف الكامل هو الذي قد حصل له العلم التعليميّ والطبيعيّ والإلهيّ والمنطقيّ. فالطبيب هو الذي حصل كلّ واحد من هذه على الكمال أيّ بلغ فيه الكمال.

[54] D. Reisman, "Medieval Arabic Medical Autobiography", *Journal of the American Oriental Society* 129 (2009) [559–69] 564, argues that Ibn Riḍwān's "obsessive attention . . . to outlining his management of personal finances" can be explained as his having learned from *QOM* 2.8 that "one cannot, however, reach the goal of the art if one assumes that wealth is more valuable than virtue". However, Ibn Riḍwān may have learned about this maxim by some intermediary source and not necessarily by the Galenic treatise, as may be the case with the claim that the excellent physician must be a philosopher. On the other hand, Ibn Riḍwān's treatise *On Finding the Way to Happiness through Medicine* (*Fī l-ṭaṭarruq bi-l-ṭibb ilā l-saʿāda*) focuses on Hippocrates in a similar way as does Galen's *QOM* and concludes by claiming that the physicians are most qualified for philosophising (*tafalsuf*) which is human happiness.

[55] Klein-Franke 1977, 23.

embarking on this task set to him, he clearly states that he will not follow Galen, who had accomplished the same task in *QOM*:

> [In refuting him] who denies the perfection of the art of medicine, the excellence of the physician, and that he is a true philosopher, we do not turn to that which the great Galen has shown. You already know that he composed a single book about this issue and it is entitled *That the Excellent Physician is a Philosopher*.[56]

Even if Ibn Buḫtīšūʿ does not follow Galen's lead, he takes up some Galenic ideas in the following chapters of his *Epistle about Medicine*. Yet, he no longer turns to Galen and the ideal of the philosopher-physician but inquires into new ways of defining the relation between medicine and philosophy.

9. Conclusion

Although *QOM* was translated into Arabic in the ninth century CE, concrete evidence that it was read and studied in the following centuries is scarce. The importance in the Arabic-Islamic world of Galen's claim that the excellent physician is a philosopher may rather be explained by its being linked to discussions about the precedence of philosophy or medicine in Late Antiquity. While I do not know of any Greek or Latin evidence of such a link, it clearly emerges in the writings of al-Ruhāwī and Ibn Hindū, who both discuss the Galenic dictum together with the Platonic idea of philosophy as assimilation to God, which became one of the standard definitions of philosophy in Late Antiquity. Thus Galen's claim remained hotly and diversly debated in the ʿAbbāsid period.

[56] Klein-Franke 1977, 22:
[...] المنكر لكمال صناعة الطبّ وفضيلة الطبيب وأنّه فيلسوف محقّ، ولم نلتفت إلى ما أورده الجليل جالينوس فقد عرفتم أنّه وضع في هذا المعنى كتاباً مفرداً وهو المعنون بأنّ الطبيب الفاضل فيلسوف...

Humanitas and the Galenic Doctor: Medicine, Philosophy, and Religion in the Renaissance

Caroline Petit

For Pierre Bourdieu, sociology was a martial art; for Galen, medicine is a competitive sport, and just as demanding.[1] In one of his best-known, most translated and discussed works, the Pergamene compares the good doctor to a highly motivated athlete aiming at Olympic glory (*QOM* 1.1). The best doctor must be not only ethical and intellectually intransigent, but also hardworking and entirely dedicated to his work. In sum, any doctor should emulate Hippocrates (a Hippocrates who, as pointed out by Aileen Das and others, looks very much like Galen himself) and demonstrate a commitment to personal ethics (exemplarity, diligence, continence, etc.) as well as logic and anatomy. Galen's message in this brief, highly rhetorical piece chimes with other works of his.[2] Several statements echo others, made in more detailed argumentative treatises and commentaries. The "Hippocratic" doctor here portrayed by Galen is therefore only sketched out; the keen readers of Galen's oeuvre were of course able to connect this rapid sketch with Galen's wider vision of medicine—as they are today.

Galen's ambition here encompasses many facets of his lifelong construction of a medical ideal. In turn, it found a rich reception through the centuries.[3] But Galen's opuscule *Quod optimus medicus* became known relatively late: it was not translated into Latin in the Middle Ages and was first published in Greek in the first tome of the Aldine in 1525.[4] Yet similar representations of the ideal doctor appear in print much earlier,

[1] Bourdieu's statement ("Je dis souvent que la sociologie, c'est un sport de combat, c'est un instrument de self-défense. On s'en sert pour se défendre, essentiellement, et on n'a pas le droit de s'en servir pour faire des mauvais coups") inspired the title of Pierre Carles' documentary (*La sociologie est un sport de combat*, 1995).

[2] Aileen Das' new translation and notes reflect the entanglement of *QOM* with Galenic principles, as expressed throughout the corpus, for example in his commentary to the Hippocratic *Airs, Waters, and Places*, which may have been written in the same period, possibly during the reign of Commodus. Cf. Boudon-Millot 2007, 237–9. On the many modern translations of this Galenic opuscule, starting with Charles Daremberg, see Boudon-Millot 2007, 277, and the general introduction (p. 17–18 and n. 74).

[3] On the Islamicate reception of the opuscule, see Elvira Wakelnig in this volume; cf. Temkin 1991, ch. 5 and passim. Florian Steger, in this volume, demonstrates the ongoing value of Galen's teaching through modern times.

[4] Nutton 1993, 24.

through the works of physicians with a strong interest in philosophy, such as Gabriele Zerbi (1445–1505) and Symphorien Champier (ca. 1471–1539), or philosophers with a polish of medical knowledge. Early humanist translations of Hippocrates date back to the mid- to late fifteenth century and include, among other deontological works, the *Oath* as well as the pseudo-Hippocratic *Letters*.[5] The figure of Hippocrates as a paragon of ethical behavior may thus have grown independently from Galen's opuscule, but it sprang from the same foundations as Galen's *QOM*: the pseudo-Hippocratic *Letters*, for instance, helped shape the image of a patriotic, if generous, Greek physician—a doctor capable of turning down a Persian king's offer of service (Artaxerxes) out of loyalty toward the Greeks. As we will see, such reminiscences from the *Letters* (and/or from *QOM* 3.1?) run throughout the sixteenth century, with contrasting interpretations, at times emphasizing Hippocrates the physician of the poor, at other times, the patriotic Hellene rejecting Persian wealth out of principle. Rather than strictly confining myself to the reception of the *Quod optimus medicus*, then, I propose to review some aspects of the afterlife of Galen's conception of the ideal doctor in the Renaissance through select examples. Renaissance readers and practitioners did not necessarily expand or comment on all facets of Galen's ideal physician; nor did they have the same questions in mind that modern readers do.[6]

1. Erasmus and Galen's *Quod optimus medicus sit quoque philosophus*

According to Michael Stolberg, "in the Renaissance period, the demand that medicine be based on a philosophical foundation resonated more strongly than ever before. Galen's small treatise *Quod optimus medicus sit quoque philosophus*, translated by none other than Erasmus of Rotterdam, was widely read".[7] The learned profile of the ideal Renaissance physician no doubt fed on the philosophical foundations of the medical art according to the ancients. Galen's opuscule therefore stands as an emblem of the ideal doctor arising from humanist culture. It also follows that attempting

[5] S. Fortuna, "The Prefaces to the First Humanist Medical Translations", *Traditio* 62 (2007) [317–35] 317–8.

[6] For example, Devinant wonders about the exact role of philosophy for Galen, which could be construed as ancillary to medicine; cf. J. Devinant, *Les troubles psychiques selon Galien: Etude d'un système de pensée* (Paris 2020) 75.

[7] M. Stolberg, *Learned Physicians and Everyday Medical Practice in the Renaissance*, translated by L. Kennedy / L. Unglaub (Berlin 2021) 7. Stolberg cites Ch. B. Schmitt "Aristotle among the Physicians", in A. Wear / R. K. French / I. M. Lonie (eds.), *The Medical Renaissance of the Sixteenth Century* (Cambridge 1985) [1–15. 271–79] 2.

a history of the reception of this particular treatise can only get entangled with the wider history of early modern "medical ethics".

Galen's *QOM* was printed in Greek for the first time in the Aldine edition in 1525 (tome I). As is well established, the publication of the Aldine marks a new era in the reception of Galen: it was followed by a wave of new Latin translations that were to gradually replace the less satisfactory medieval ones, upon which the first generations of humanists had to rely. Some translators produced an enormous contribution in this respect. Yet the fate of certain opuscules, with a less "medical" outlook, branched out slightly: such was the case of *QOM*. Its liminary position among the first few opuscules of the volume, as well as its general concern for education, science, and ethics, made it a choice reading among humanists beyond the circle of physicians.[8] Less than a year after the publication of the Aldine, which he had been awaiting eagerly, Erasmus published a Latin translation of three Galenic treatises from tome I: the *Protreptic* (*Exhortatio ad artium liberalium studia*), the *De optimo docendi genera*, and our *Quod optimus medicus idem sit et philosophus* (the titles are those used by Erasmus).[9] This 1526 effort led to many reprints from 1540 onwards (with varying degrees of modification and correction) and helped diffuse some of Galen's most accessible works in terms of language, aims, and contents. Later translations by Bellisarius and Rasarius added little to the then classic Latin translation proposed by Erasmus.

Erasmus' eager anticipation of the Galen Aldine, and his subsequent disappointment upon discovering it, are well documented.[10] The many months he took to thank Asulanus for his gift of the Aldine hot off the press, the harsh comments he made in various letters on the poor level of correction of the Greek—all this acrimony has been successfully illu-

[8] L. Elaut, "Erasme traducteur de Galien", *Bibliothèque d'Humanisme et Renaissance* 20 (1958) [36–43] 38: "trois courts traités, techniquement les moins médicaux, à portée philosophique très générale, dont chaque humaniste pourrait tirer profit, de lecture facile, voire captivante".

[9] See the critical edition by E. J. Waszink, *Opera omnia Desiderii Erasmi Roterodami recognita et adnotatione critica instructa notisque illustrata* (Amsterdam 1969) vol. 1, part 1, 665–9. E. Rummel has translated all three translations of Galen into English in: E. Fantham / E. Rummel (eds.), *Collected Works of Erasmus*, vol. 29, *Literary and Educational Writings*, vol. 7 (Toronto 1989) 171–218. Erasmus' declamation praising medicine is translated by Brian McGregor in the same volume. On the limited usefulness of Erasmus' translation for the modern editor of the Greek text, see Boudon-Millot 2007, 269: "Erasme a rectifié certaines fautes évidentes du texte grec et anticipé certaines corrections des éditeurs postérieurs . . . mais il a aussi introduit de nouvelles fautes". Cf. R. J. Durling, "A Chronological Census of Renaissance Editions and Translations of Galen", *Journal of the Warburg and Courtauld Institutes* 24.3–4 (1961) [230–305] 262.

[10] See Perilli 2012, 450–2; P. Potter, "The *Editiones Principes* of Galen and Hippocrates and Their Relationship", in: K. D. Fischer / D. Nickel / P. Potter (eds.), *Text and Tradition: Studies in Ancient Medicine and Its Transmission; Presented to Jutta Kollesch* (Leiden 1998) [243–61] 260.

minated in the context of Erasmus' complicated relationships with editors and friends, as well as rising hostility from powerful Catholic figures, with whom Asulanus eventually sided.[11] Coming from someone so deeply involved with the Aldine milieu throughout his life, who even shared a house and a bed with other correctors and editors, the harsh critiques formulated against the Aldine Galen feel disingenuous. They were at least partially inspired by the poisonous relationships that developed between himself and various Italian figures in this period.

Yet for all his severity, the work of Erasmus as translator of Galen was not perfect; in a detailed study of all three opuscules translated by the great humanist, Erika Rummel has illuminated both his remarkable creativity and poise and the relative haste visible in some details of the final work.[12] "There is a notable tendency", she stresses, "to add, amplify, and elaborate, for the purpose of embellishing a phrase, giving it balance, or explaining its import".[13] Whether Erasmus' practice departs much from humanist goals here is not clear to me: in fact, he is using all the Latin words needed to illuminate the original, in a way that can be traced across humanist translations even in the vernacular.[14] Conversely, Rummel adds, the translation is not exempt from omissions and mistakes—which may be explained by the speed with which this work was conducted. Erasmus, according to Rummel, came to this enterprise partly out of genuine interest for the works of Galen, partly out of disgust following the endless polemics that had stained his work on the New Testament in the few preceding years. It is possible that he could not commit too much time to this group of translations, which are often presented as a circumstantial and recreative activity. To Erasmus' credit, nonetheless, it must be remembered that he spotted several issues with the Greek text of the Aldine, which, too, was printed in some haste and left much to be desired.[15] Some of his difficulties with the text were thus imputable to the editors of the Greek edition, although, as we have seen, he probably exaggerated the issues out of personal feud.

Erasmus' translation aligned with his own goals in the matter of education and ethics. In fact, his interests overlapped with one another, and medicine often provided an analogy for other areas of thought, such as politics or theology. Erasmus' conception of nature, for example, is difficult to understand without considering his views on medicine, expressed in many parts of his oeuvre.[16] Historians of medical ethics have been especially in-

[11] Perilli 2012.
[12] Rummel 1985, 109–13.
[13] Rummel 1985, 111.
[14] See, for example, the way Amyot translates Plutarch into French.
[15] See above n. 9. Erasmus expresses his frustration with the Greek text of the Aldine in letters 1707 and 1713.
[16] Margolin 1969, 28–30.

terested in the opuscule he dedicated to medicine, sometimes pointing out the link with his translations of Galen.[17] The three main points of the declamation are found in Galen's opuscule: according to Erasmus (and Galen), the ideal doctor must demonstrate competence, diligence, and beneficence.

Moreover, Erika Rummel has identified interesting linguistic parallels between Erasmus' own *Declamatio in laudem artis medicae*, published many years earlier (written in 1499, published in 1518), and his translation. In the latter, Erasmus exaggerated slightly the praise of the educator, while also downplaying the role Galen attributed to Asclepius and the divine.[18] He was no doubt drawn to the rhetorical and philosophical dimensions of this group of works, which he was possibly tempted to polish to perfection for his audience. To an extent, then, it is useful to consider Erasmus' translation of Galen's *QOM* together with his own encomium of medicine: both works delineate the ideal physician and address similar questions, which, as we will see, found long-lasting echo in later productions of the Renaissance. Let it be stressed that Erasmus' interest for medicine is not in question. It is an important topic in his correspondence; he was in close contact with contemporary figures such as Linacre and Cop, who played a pioneering role in translating some of Galen's most important works. He was, as was pointed out several times, a patient himself.[19] His translations are dedicated to Hungarian physician Antonin of Košice (Julius Antoninus), who once treated him and with whom he retained links of friendship. Yet what made *QOM* especially interesting for Erasmus was its educational and philosophical emphasis, chiming with his own preoccupations.

Some play down Erasmus' encomium as a mere rhetorical exercise; I disagree. Marc van der Poel has shown that, to Renaissance humanists, who knew the history of rhetoric, and especially of *declamatio*, extremely well, declamation was a philosophical-rhetorical exercise based on the ancient preliminary exercise (*progymnasma*) of the *thesis*, which was much prized in philosophy.[20] In the first decades of the sixteenth century, to which Erasmus belonged, many texts were published as "*declamationes*", mostly focusing on didactic and ethical questions. *Declamatio* was thus, in

[17] See W. R. Albury / G. M. Weisz, "The Medical Ethics of Erasmus and the Physician-Patient Relationship", *Medical Humanities* 27 (2001) 37–41. They are mistaken, however, in assuming (p. 36) that Erasmus had already read *QOM* in Latin in the Bonardus edition of 1490: the work was not available in print by then, nor was it ever available in a medieval Latin translation, to the best of our knowledge. If Erasmus ever read the text before the Aldine, it was in a Greek manuscript. Yet this is unlikely (see below).

[18] Rummel 1985, 112–3.

[19] Cf. H. Brabant, "Erasme, ses maladies et ses Médecins", in: J.-C. Margolin (ed.), *Colloquia Erasmiana Turonensia* (Paris 1972) 539–68; Margolin 1969, 29. See also Rummel 1985, 109–10.

[20] M. van der Poel, "The Latin *Declamatio* in Renaissance Humanism", *Sixteenth Century Journal* 20.3 (1989) 471–8.

the Renaissance, a locus for strong philosophical debate and argumentation. Erasmus, like many others, indulged in this exercise with brio. His *declamatio* in praise of medicine must be taken seriously and not seen as a frivolous pastime. Reading Erasmus' encomium of medicine,[21] a couple of important points arise: Firstly, it is clear that he did not rely on Galen at all; there is no evidence there that he had access to any Galenic work or digest, though he references briefly the Hippocratic *Oath*. This is a meager harvest for Greek medicine. His main source of anecdotes about medicine and doctors is in fact Pliny the Elder, who, at the time, was a key foundation for humanists and a much more accessible resource.[22] Secondly, one of the more serious or controversial aspects of the opuscule is that Erasmus uses this praise of medicine to compare the power (or efficacy) of doctors versus theologians—to the advantage of the former. They do, Erasmus argues, cure the soul as well as the body, and they are more persuasive with their patients. This may align with van der Poel's argument that *declamationes* were used to test and voice new or controversial ideas. The work may belong to epideictic rhetoric as a speech of praise, but it also advances some thoughts which were surely not all palatable among Christians.

Similarly, I somehow disagree with the idea that he then translated Galen to distract or soothe his bruised self after the difficult years he had experienced;[23] rather, I see in his translations of Galen an opportunity to further and refine his own thoughts on medicine and education. As Rummel noticed, he subtly emphasized aspects of the Galenic text that especially suited his own ideas and purposes. This chimes with the impression given by earlier translations of, for example, Isocrates and Plutarch. The group of Galenic works which formed the first few pages of the Aldine gave him a perfect playing ground for this: both their topics and their format fit his interest in education and the arts. In sum, Erasmus' *Declamatio* and his three translations of Galen form an interesting cluster of potentially foundational texts for a discussion of the ideal physician; yet it is important to stress the distance between the two. In his *declamatio*, Erasmus is still unaware of Galenic material and does not hint at much previous literature on the topic of medicine; instead, he relies heavily on Pliny. His praise of medicine and of physicians, to an extent, overlaps with Galen's ideas (for instance, when he discusses the doctor's lack of greed), but only by accident. It is extremely unlikely, given the contents of the text, that Erasmus came into contact with any Galenic work pertaining to "ethics".

[21] I consulted a facsimile of the 1518 edition, published in Darmstadt in 1960. The exact title is *Declamatio Erasmi Roterodami in laudem artis medicae.*

[22] There is much literature on the reception of Pliny in the Renaissance; see, for instance, the many articles published as part of a special issue in *Archives Internationales d'Histoire des Sciences* 61 (2011).

[23] Erasmus indeed spent several years defending himself (Rummel 1985, 108–9).

As we will see, the textual foundations of medical ethics in the Renaissance were much broader than Galen's *QOM*; yet much of *QOM* finds echoes in later Renaissance literature. In this domain however, Galen's discourse seems to blend with images associated with Hippocrates, notably the Hippocrates of the so-called Persian *Letters*.[24]

2. The Ideal Physician in the Renaissance

For whoever wants to get a comprehensive picture of medical works discussing the ideal physician in the Renaissance across Europe, classic scholarly accounts may not be sufficient, either because they focus on a limited time frame or because, as collections of papers, they are by necessity selective.[25] Any in-depth study of "medical ethics" in early modern times would require extensive poring over a wide literature of cases, *consilia*, and specialized treatises dealing with various aspects of the practice. The following examples are mere illustrations of the permanence of certain questionings around the notion of the "ideal" physician; they often echo Galen's own ideas, but do not necessarily cite him. Nor do they conform to one text, or set of texts, attributed to Hippocrates. The rich array of deontological texts in the ancient world and the ways they were used and interpreted, or sometimes even omitted (notably by Galen himself), is beyond commentary.[26] The same could be said of Renaissance scholars, who were at liberty to choose from increasingly numerous sources. In addition, many discussions focus on isolated aspects of medical practice, such as deception in treatment: here, several Galenic works could be commented on, but not *QOM*.[27] For this reason, the following remarks will remain impressionistic, emphasizing some form of alignment between Renaissance authors and Galen's *QOM*.

As we have seen, competence is a point of convergence between Erasmus and Galen. One idea strongly emphasized by Galen in *Quod optimus medicus sit quoque philosophus* is the deep and wide-ranging erudition required from the "new Hippocrates" that Galen is attempting to create and promote (2.2). Galen's ideal physician will travel to learn of different locations and environmental milieus, just like Hippocrates; he will have been

[24] On *Letters* 1–3 (and more precisely 1–2, allegedly written later) see Smith 1990, 18–9. I have not yet consulted the new edition by Jacques Jouanna (Paris 2021).

[25] Schleiner 1995 focuses essentially on the second half of the sixteenth century; Wear / Geyer-Kordesch / French 1993 have a much broader scope, but only one chapter per historical period.

[26] This is the topic of Nutton 1993.

[27] See Schleiner's discussion in his chapter 2 (Schleiner 1995, 5–48). For example, Schleiner (p. 32) discusses Giovanni Battista Selvatico's commentary of Galen's *Quomodo morbum simulantes sint deprehendi libellus*. This is especially true of melancholic patients.

trained in philosophy of course, starting with logic and (as a preliminary) geometry, but also have studied anatomy in detail and the kind of diseases and their classification. In this we see Andreas Vesalius himself joining (or copying) Galen in a plea for anatomical research in the *De humani corporis fabrica*, published in 1543. In his long prefatory address to Charles V, Vesalius proposes a historical account of medicine up to his day, stressing (and deploring!) the decline of anatomy in the training of physicians, who gradually abandoned any hands-on work to drug-sellers for pharmacy, and to barber-surgeons for anatomy and surgery. In his first paragraph, Vesalius says:

> The distribution of professional skills among various practitioners has gone so far that those who have set themselves goals of competency embrace one part of their art to the neglect of others that are closely related and cannot be separated from it, and they never accomplish anything notable; never attaining their proposed goal, they constantly fall short of the true construction of their art.[28]

This opening statement echoes Galen's lament at *QOM* 1.1. Meanwhile, Galen's swipe at druggists (*pharmakeis*, 3.12), combined with 2.8–9, is reminiscent of many Galenic diatribes against greedy professionals (who, however, did not receive his expensive training). This is the picture that Vesalius paints of modern doctors:

> But it was especially after the Gothic devastation, when all of the sciences previously in their prime and fittingly practiced went to ruin, that first in Italy the more fashionable doctors behaved as if they were ancient Romans and scorned working with their hands; they began to order their servants to perform what they thought should be done by hand for the sick, while they only stood by as if they were architects. Soon, when little by little still more practitioners declined the inconveniences of true medicine without refusing any of the profit and prestige, they quickly degenerated from the standard of ancient physicians, abandoning the technique of cooking and food preparation to those attending the sick, the composition of medicine to druggists, and surgery to barbers.[29]

It would be pleasant to excerpt much more from Vesalius, who then turns to the field of anatomy and goes on to describe the sheer lack of knowledge of his contemporaries in anatomy and their greedy practices (churning out expensive manuals for money, in which they plagiarize earlier texts). His emphasis on demonstration in the same preface is also reminiscent of Galen. Yet, in all this, there is no direct quotation from our *QOM*—Vesalius is nonetheless most faithful to Galen's spirit and style.

Erudition certainly remained a foundation for elite physicians. Yet something that interested more Renaissance practitioners was the duty of the physician to help the sick (beneficence), regardless of origin. In fact, the opposite idea somehow seemed to prevail. Among the many distinguished physicians of the period, let us consider Julius Alexandrinus

[28] Garrison / Hast 2003, 1.
[29] Garrison / Hast 2003, 2.

(Giulio Alessandrini [1506–1590], physician to Ferdinand I and Maximilian II). Alessandrini was a keen reader of Galen, to whom he dedicated several works, including an *encomium*.[30] His long treatise, *De medicina et medico*, published in Zürich in 1557, is relevant to the discussion because he took firmly a position against helping one's enemies, somehow using sophistic reasoning to support this reading of Hippocrates.[31] Here, the political context certainly weighs on the minds of authors and readers alike. Alessandrini explicitly refers to "those who helped the Turks" and were in turn punished for their greed. This is a veiled allusion to Gabriele Zerbi's tragic death a few decades earlier (in 1505)—as we will see, Zerbi does play a role in this conversation on "ethics".[32] Zerbi, it must be said, accepted to serve the Ottomans in exchange for a substantial reward, only to be punished by death after his treatment appeared to fail—he was made to watch his son sawed in two by them, and met the same fate immediately afterwards.

The text is in the form of a dialogue in which a character, Turranus, speaks for Alessandrini, explaining that the physician ought to refuse treatment to enemies, personal or national, on the grounds that this was Hippocrates' choice when turning down the offer of kings. Turranus convinces his interlocutor, Marcus. Yet his views were to be debated, on the grounds of the links that exist between all human beings: *humanitas*.

3. The Physician and *Humanitas*

Galen's emphasis on the notion of *philanthropia* (Erasmus had rendered *philanthropos* as *familiaris et amica humano generi*)[33] did not go unnoticed in the vast body of texts questioning the behavior of an ideal physician. One such interesting case is that of Rodrigo a Castro, as explored by Schleiner. In his treatise suggestively entitled *Medicus-politicus*, Jewish Portuguese practitioner Rodrigo a Castro presents himself as *philosophus ac medicus doctor*, thus implicitly embracing the Galenic ideal of the philosopher-physician.[34] Winfried Schleiner has carefully contextualized Rodrigo a Castro's work in wider ethical and religious debates of the late sixteenth century; a Jewish physician from Portugal exiled in Hamburg, Rodrigo a Castro rapidly

[30] See *Galeni enantiomaton aliquot liber, Iulio Alexandrino Tridentino Autore. Eiusdem Galeni Encomium* (Venice 1548). The *Encomium* can be read at 157v–171.

[31] He does not cite Galen's *QOM* as far as I could see. Let us note that, among the fifteen Galenic works that Melanchthon cites (on the basis of the Aldine) in his works on the soul, *QOM* does not appear.

[32] Cf. Julius Alexandrinus, *De medicina et medico dialogus* (Zürich 1557) 334–41 (cited in Schleiner 1995, 74).

[33] Rummel 1985, 112.

[34] Rodrigo a Castro 1614.

established a remarkable reputation in the highest circles as a physician. Yet Jewish physicians, for all their success, were the object of envy and calumny—even in a Protestant country. His *Medicus-politicus* can be construed as a response to earlier works discussing the ideal doctor, notably the Catholic Giulio Alessandrini's treatise introduced above. It is thus interesting to note that he felt he could not leave unchecked the understanding of "medical" charity as understood by his Roman Catholic counterparts.[35] In the *Medicus-politicus*, Rodrigo promotes a more generous physician, capable of treating all men alike, as equals. He thus proposes a more universal approach to therapeutics when it comes to treating "enemies". Although this is not part of Schleiner's discussion, it could be argued that, in doing so, he is going further than Galen, whose view of the ethical Hippocrates in *QOM* (3.1) was one of a physician capable of at least healing Perdiccas, if not Artaxerxes:

> They would never come into the former's sight, though they will heal the latter when sick and in need of Hippocrates' art but will not think it right to remain with him forever. Instead, they will treat the poor in Crannon, Thasos, and other small towns.[36]

The terms chosen by Rodrigo a Castro in the title of his third chapter of book one show his understanding of the word "philosopher": "a doctor must be, and said to be, a good and wise man".[37] This chapter is framed as a refutation of the *Conciliator* by Pietro d'Abano, with a view to reject the astrological determinism, and more importantly the alleged malpractice D'Abano insists routinely takes place in medicine. Instead, Rodrigo a Castro promotes a philosopher-physician: a physician who, through his firm philosophical education, is shielded from the dangers of vice; who educates others in virtue (here, Rodrigo cites Galen's works on the soul, *de cognoscendis curandisque animi affectibus*, p. 7); who is involved in disciplines worthy of interest and in true knowledge. He cites as examples of best (most ethical) physicians: "if we list the most illustrious and as it were fathers of the art itself, we will find that they were known for their exceptional morality: Hippocrates, Galen, Avicenna, Celsus, and others, recommended from all time."[38] While this chapter is imbued with Galenic ideas, and could be seen as paraphrasing Galen in some places, Galen's *QOM* is not cited. Using the *Conciliator* as a starting point here may seem slightly odd for the period in which Rodrigo is writing. In fact, although this is not addressed in Schleiner's analysis, this chapter from the *Medicus-*

[35] Schleiner 1995, 73–93.

[36] Trans. Das p. 27–29.

[37] Rodrigo a Castro 1614, 1.3 (p. 5–8): *medicum virum bonum prudentemque et esse et dici oportere*.

[38] Rodrigo a Castro 1614, 1.3 (p. 6): *immo si numeremus medicorum omnium clarissimos et quasi ipsius artis parentes, insigni quadam morum probitate praeditos fuisse inveniemus, Hippocratem dico, et Galenum, Avicennam, Celsum, et alios ab omni antiquitate commendatos*.

politicus seems to me very much inspired by Gabriele Zerbi's *De cautelis medicorum*, first published in 1495 and reprinted several times throughout the sixteenth century.[39] Often described by moderns as a treatise of "medical ethics", Zerbi's piece remained popular for many decades. As it happens, it *is* cited in Alessandrini's treatise. It could be added, for what it is worth, that Zerbi's argument also somehow transferred to Symphorien Champier, who also attacks Pietro d'Abano on the same matter.[40]

Moreover, some have stressed many Galenic reminiscences in the text; here, however, one must remain cautious. Linden suggests that works such as *De constitutione medicae*, *De optimo medico cognoscendo*, and *QOM* may have inspired Zerbi.[41] But the texts cited by Linden were probably not known to Zerbi, notably *QOM* (which, as we have seen, was first printed in 1525), unless he had access to Greek manuscripts, possibly through Leoniceno's immense library. In fact, Zerbi's only clear sources include Hippocratic texts such as the *Oath* and the *Law* (which he probably knew through the *Articella*), and Avicenna's *Canon*, which emphasizes the need for a physician to be guided by Aristotelian *naturalis philosophia*.[42]

In the case of Rodrigo a Castro, then, we can maybe get a glimpse of the enduring ambivalence of early modern medicine: Rodrigo defended a universalist ideal in pleading for extending medical treatment to his enemies, yet struggled to frame the discussion beyond a very ancient, in part medieval, tradition. According to Winfried Schleiner, however, we should focus on the novelty of his argument in the *Medicus-politicus*:

> For the history of medical ethics, the contribution of some Lusitani physicians was to make a powerful argument for secular medicine or, as the French might put it, *une médecine laïque*. The programmatic goal of medicine became, sometimes as a reaction to anti-Jewish attack, to treat the body rather than the soul. While implicitly and sometimes explicitly this was a medicine perceived as useful to the state, we also saw that Rodrigo a Castro, on a matter for several reasons highly important to him, namely the medical treatment of enemies, differentiates between his medical and his civic duties and leaves little doubt about how he would resolve a dilemma. In the writings of

[39] G. Zerbi, *De cautelis medicorum* (Venice 1495 [at the earliest]). Reprinted in 1503, 1508, 1517, 1525, 1528, 1582, and 1598. It would have been known to Erasmus as well as to Rodrigo a Castro, of course. Cf. Linden 1999, 24.

[40] Julius Alexandrinus, *De medicina et medico dialogus* (Zürich 1557) 189. Cf. Linden 1999, 24 n. 21. On this matter, Champier may have helped Zerbi's ideas spread in France. See Marcellin Bompart's commentary to another set of Hippocratic letters (the Abdera group of letters, around the figure of Democritus): M. Bompart, *Conférence et entrevue d'Hippocrate et Démocrite* (Paris 1632) 42 (citing Champier at some length). This is a French translation from the Greek of those letters; in his abundant commentary, Bompart references the "Persian" letters, of which he was clearly aware. Bompart's text is briefly discussed in C. Petit, "La réception du traité des *Simples* de Galien au temps de Rabelais", *L'année rabelaisienne* 6 (2022) [71–91] 86–7.

[41] Linden 1999, 23 and 30.

[42] R. K. French, "The Medical Ethics of Gabriele de Zerbi", in: Wear / Geyer-Kordesch / French 1993, [72–97] 91.

> exiled Portuguese physicians, we can see the formation of what in the eighteenth century will be medical and ethical commonplaces. While we may now feel uneasy with some of the ideas—such as separating body from spirit (or psyche), or the civic from the medical—and may recognise them as inordinately pat, historians will have to give these physicians in their extraordinary predicament the credit for creating something that can be called *medical* ethics, rather than a general (and usually Christian) ethics applied to medical practice.[43]

With the work of Rodrigo a Castro, then, we see an interesting shift toward a more genuine (or at least more generous) form of medical ethics. But we also see how his framework remains defined by ancient and medieval references on those matters. Galen's role in all this remains modest, in contrast with the Hippocratic exemplum's enduring power. Although his works became widely read and pondered in the second half of the sixteenth century, thanks to superb editorial efforts and translations, his *QOM* apparently played a marginal role in the shaping of early modern medical ethics.

4. Conclusion: The Ideal Doctor, Philosophy, and Religion

The above discussion has highlighted the crucial role that religion came to play in the shaping of medical ethics in the Renaissance. Galen's ideal doctor, his Hippocrates, shared in many virtuous and "scientific" attitudes that we moderns could recognize as "ethical"; but to Renaissance men, salient points of discussion came to be influenced by war and religious strife. Hippocrates' "patriotism", a notion relatively downplayed in Galen's *QOM*, was weaponized in the context of the Ottoman threat, and drifted away from genuine *philanthropia*: the new ideal doctor, according to Giulio Alessandrini, for example, had to prioritize treatment of "his" people and leave his enemies to die. It took an exiled Portuguese Jew, Rodrigo a Castro, to put *humanitas* back in the center of the ideal doctor's action. In a way, Owsei Temkin had shown prescience in his seminal study *Hippocrates in a World of Pagans and Christians*, when he wrote, "The many faces of Hippocrates correspond to the plurality of potential relationships of Hippocratic physicians to Christianity. There is no sense in asking how close the Hippocratic doctor came to anticipating Christian ideals. However, it is valid to ask whether there were specifically Christian demands that were not met by any pagan doctor".[44] It is useful to extend his comments to the more diverse religious framework of early modern Europe. We can see how certain questions are being asked from the Hippocratic

[43] Schleiner 1995, 86.

[44] Temkin 1991, 252.

legacy. Temkin's emphasis on the legendary Hippocrates and the multifaceted heritage of the Coan physician was not misguided: across historical periods, a different Hippocrates was singled out by different audiences. Galen's *QOM* was both an instrument and a casualty in Renaissance appropriations of Hippocrates: from a testimony on *humanitas* and a noble, philosophical approach to medicine, as recognized by Erasmus, its first modern translator, the text became secondary in understanding the ethical Hippocrates, as the *Letters* and other pseudepigraphic works took the center stage.

Another point we ought to make at this time is the extent to which the reception of Galen's *QOM* in the Renaissance is entangled with the medieval tradition. It is tempting to connect the many early modern texts discussing medical ethics with Galen's manifesto; yet most relied not only on Galen, or Hippocrates, but also on medieval arguments dating back to Avicenna and Pietro d'Abano. We can find traces of this intellectual tradition well into the seventeenth century, with Rodrigo a Castro. It is therefore not superfluous, in the last few lines of this chapter, to emphasize the role of Gabriele Zerbi as a bridge between two epochs and cultures, and as a durable inspiration toward the ideal doctor due to the many reprints of his work. *QOM* may never have been translated into Latin before Erasmus, but Galen's ideal physician never ceased to live and to inspire, from late antiquity through Islamic culture, medieval scholastic medicine, and humanism.

D. Appendices

Bibliography

1. Abbreviations

ANRW	*Aufstieg und Niedergang der römischen Welt*
AvP VIII.3	*Altertümer von Pergamon VIII.3. Die Inschriften des Asklepieions*
CQ	*Classical Quarterly*
I.Cret.	*Inscriptiones Creticae*
IG	*Inscriptiones Graecae*
LSJ	H. G. Liddell / R. Scott / H. S. Jones, *A Greek-English Lexicon*
NP	*Brill's New Pauly*
OCD	*The Oxford Classical Dictionary*
OED	*The Oxford English Dictionary*
SVF	*Stoicorum Veterum Fragmenta*
VS	*Die Fragmente der Vorsokratiker*

2. Editions, Commentaries, Translations

Galen, *Quod optimus medicus*

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(The plans of the Asclepieion are intended as working sketches, for precise measurements and scale please refer to the *Altertümer von Pergamon* volumes.)

Source Index (selection)

General Index

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Select publications: *Author, Argument and Exegesis: A Rhetorical Analysis of Galen's In Hippocratis de natura hominis commentaria tria* (Leiden 2015); *Genres and Galen's Philosophical Discourses* (London 2014); *Didactic and Rhetorical Strategies in Galen's 'De pulsibus ad tirones'* (Trier 2009).

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Select publications: *Lukians Parasitendialog. Untersuchungen und Kommentar* (Berlin / New York 1985); *Die attische Mittlere Komödie. Ihre Stellung in der antiken Literaturkritik und Literaturgeschichte* (Berlin / New York 1990); *Platon und die Erfindung von Atlantis* (Leipzig / München 2002); *Platon. Kritias. Übersetzung und Kommentar* (Göttingen 2006); *Libanios. Zeuge einer schwindenden Welt* (Stuttgart 2012); *Iulianus Augustus. Opera* (Berlin / Boston 2015); *Herodot. Historien. Neu übersetzt, herausgegeben und erläutert* (Stuttgart 2017).

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Ralph M. Rosen is Vartan Gregorian Professor of the Humanities and Classical Studies at the University of Pennsylvania. He publishes broadly in various areas of Greek and Roman literature, with a focus on ancient medicine, comic and satirical literary genres, and ancient aesthetics. He is cofounder of the Penn-Leiden Colloquia on Ancient Values and co-editor of five volumes (Brill) of essays from these events.

Select publications: *Making Mockery: The Poetics of Ancient Satire* (Oxford 2007); (co-edited with L. Dean-Jones) *Ancient Concepts of the Hippocratic* (Leiden 2016); (co-edited with H. P. Foley) *Aristophanes and Politics: New Studies* (Leiden 2020); (co-edited with P. N. Singer) *Oxford Handbook of Galen* (forthcoming, Oxford 2024).

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Select publications: *Feder, Tafel, Mensch. Al-ʿĀmirīs Kitāb al-Fuṣūl fī l-maʿālim al-ilāhīya und die arabische Proklos-Rezeption im 10. Jh.* (Leiden / Boston 2006); *A Philosophy Reader from the Circle of Miskawayh* (Cambridge 2014); "Translation as Interpretation: Translating Galen's Polysemous Term *Physis* into Arabic", *Medieval Worlds* 11 (2020) 60–116.

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Select publications: *Asklepios, Medicine, and the Politics of Healing in Fifth-Century Greece: Between Craft and Cult* (Baltimore 2008); (co-edited with J.T. Jensen / G. Hinge / P. Schultz) *Aspects of Ancient Greek Cult: Context, Ritual and Iconography*. Aarhus Studies in Mediterranean Antiquity 8 (Aarhus 2009); (co-edited with P. Schultz / G. Hinge / Ch. Kanellopoulos / J. Franklin) *The Thymele at Epidauros: Healing, Space, and Musical Performance in Late Classical Greece* (Fargo 2017).