

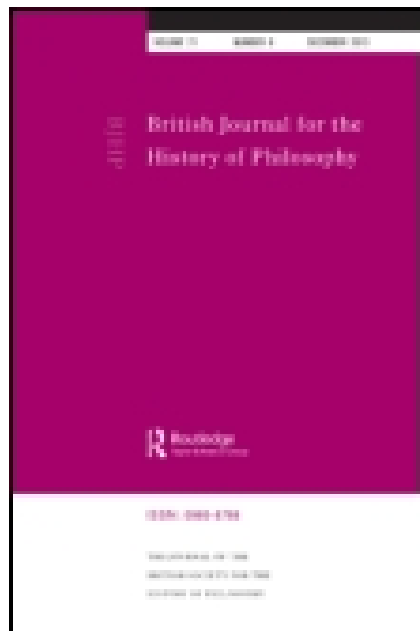
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### The Fight for Health: Tradition, Competition, Subdivision and Philosophy in Galen's Hygienic Writings

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## ARTICLE

# THE FIGHT FOR HEALTH: TRADITION, COMPETITION, SUBDIVISION AND PHILOSOPHY IN GALEN'S HYGIENIC WRITINGS

Peter Nicholas Singer

The paper examines the conception of health of the Graeco-Roman medical and philosophical author Galen. On the basis of a range of texts, especially *Matters of Health* (*De sanitate tuenda*) and *Thrasylbulus*, the most significant and influential characteristics of this conception are considered: the twofold definition of health in terms of balance (*summetria*) of elements and of organic function; the notion of a latitude (*platos*) within health; the extent to which health is conceived as a specialist expertise, and against this the possible role of the patient in understanding his/her own health. Galen's health writings are also considered in their social-historical context (to what extent his theory of health is only applicable to a narrow elite; what is the nature of his polemic against other, rival health practitioners; the original oral-debate nature of the texts and the implied relationship of expert to audience) and in relation to their intellectual predecessors – Hippocrates, Plato, Aristotle and a range of other, e.g. Hellenistic, medical writers. Particular significance is found in Galen's adoption of philosophical (especially Platonic and Aristotelian models) in his self-presentation.

**KEYWORDS:** Galen; health; ancient medicine; Greek philosophy

Galen's theorization of health stands in a fascinating relationship, both to its successors and to the intellectual tradition within which it arose.<sup>1</sup>

To summarize the former relationship briefly, albeit with simplification: Galen's great treatise of 'Hygiene', *De sanitate tuenda* ('Matters of Health'), became one of his most popular works, a popularity culminating in a number of high-profile editions and translations in the Renaissance;

<sup>1</sup>An outstanding account of the historical background is Grimaudo, *Difendere*. I refer to her arguments *passim*; the reader is referred to that book generally for fuller discussion. Cf. also Wöhrle, *Studien*.

his view of the ‘latitude’ of health was influential in both medieval and later times; it is his version of the theory of a healthy balance of elements or humours that dominated medical thought for a millennium and a half; and the view of performance of function as definitional of health is, in some form, arguably still with us.<sup>2</sup>

It is, though, the latter relationship that will concern us more in what follows: we shall attempt an analysis of Galen’s theory of health which also considers in some detail its relationship with predecessors and rivals. Such analysis immediately throws up a number of apparent tensions or oppositions, both in Galen’s own conception of health and in his approach to previous or conflicting views. Our argument will proceed by considering these apparent tensions, and attempting to discover what may be learnt from Galen’s statements and arguments in these problematic areas.

They may be summarized as follows:

- (A) *Consensus versus competition*: in what ways does Galen’s view of health harmonize or contrast with views in the medical–philosophical tradition before him, and how does he himself characterize that relationship?
- (B) *Perfectionism versus compromise*: to what extent is Galen’s conception of health something which involves an ideal patient (in terms both of natural capabilities and of opportunity for healthy lifestyle), and to what extent is it rather something much more widely extendable, both conceptually and socially?
- (C) *Abstract schematization versus practical application*: Galen insists on the value of practical experience; what is the practical import of his highly abstract definitional and subdivisional schemes?
- (D) *Health as specialist art or as project for the individual*: to what extent can everyday or non-theoretical observation and practice be central to the pursuit of health, and to what extent does it rather require the constant input of a specialist able to give correct theoretical analysis?

## CONSENSUS VERSUS COMPETITION

### Health and Heritage

We begin by considering the central features of Galen’s definition of health, and the relationship of these to the previous tradition.

There is a broad consistency, though with certain variations in verbal formulation and argumentative presentation, in Galenic statements on the nature and definition of health.

<sup>2</sup>*De sanitate tuenda* was the first Galenic work translated into Latin by Thomas Linacre, in 1519 (with a dedication to Henry VIII). On the subsequent influence, or subsequent of a function-based definition of health, see Grimaudo, *Difendere*, 58ff.

Let us begin with the broad consistency. We may identify three central features of this conception of health.

- (1) Health consists (i) in the correct mixture of the homogeneous parts and (ii) in the correct composition of these in the higher-level bodily structures or organic parts;
- (2) there is an indissoluble connection between this kind of correct balance or composition and the correct functioning of the parts of the body;
- (3) there is a latitude inherent in the concept of health; in other words, to be regarded as healthy body does not have to be in absolutely the best state that could be imagined for it.

### The two-level conception of health

The first view – the two-level conception of health – is stated at a number of places. It is to be understood in the context of Galen's broadly Aristotelian view of the different levels of bodily composition: the homogeneous or uniform ('homoimerous') parts are the lower level, simpler bodies, such as blood, bone and flesh; the more complex organic parts, such as heart or liver, are composed of these. The Aristotelian forebear of this view is prominent in the biological works, especially book II of *Parts of Animals*. The Galenic significance of the two levels, in their relation to health, is clearly presented in the short work, *The Best Constitution of Our Bodies*:

Or is it that the best constitution is necessarily one with best mixture, but that the one with best mixture is not necessarily the best? For the well-balanced mixture from hot, cold, dry and wet is the health of the homogeneous parts of our body; but the shaping of the animal from all these [latter] consists in the position, size, shape and number of the constituents; and it would seem possible that a body put together from parts which were all, or mostly, well-mixed, may go wrong in terms of their size, number, shaping or relationship with each other.

(*Opt. Corp. Const.* 1, 7,3-12 H., IV.737-8 K.; translations are my own)

It is summed up again later in the same work:

So the best constitution of the body will be that in which all the homogeneous parts – ... those which are simple in relation to perception – have their own proper mixture, and the composition of each of the organic parts from these has achieved the most well-balanced constitution, in terms of their sizes, amounts, shapings and relationships with each other.

(*Opt. Corp. Const.* 2, 10,8-13 H., IV.741 K.)

This definition of health is also put forward, in almost identical language, in Galen's hygienic magnum opus, *Matters of Health* (I.1, 3,13-17 Koch, VI.2 K.; cf., very similarly, *The Art of Medicine* 4, I.314-315 K.).

It is interesting to note, here, that while Galen is keen to insist on some notion of good mixture or good balance as an agreed feature of the previous tradition on health, he is, equally, at pains to emphasize the specific point of departure of his own view from that tradition. That is to say: the first part of the two-level definition of health – a good balance of constituent elements – is presented as agreed; the second – that involving the ‘shaping’ or ‘composition’ of the body as a whole, or of the organic parts, on the basis of these constituents – as a Galenic departure from that consensus.

So, in *The Best Constitution of Our Bodies*, just before the first passage quoted above, the alternative which Galen rejects is referred to as ‘the opinion of many of the ancient doctors and philosophers’ (*Opt. Corp. Const.* 1, 7,2-3 H., IV.737 K.); and in *Matters of Health* it is asserted that the following propositions have been demonstrated elsewhere and should be taken as assumptions for the argument:

That health is not, straightforwardly, a good-mixture or good balance of the elements from which we have come about, *as nearly all those before us thought*, but that this is only the health of the homogeneous parts ... and that the health of the organic bodies is composed by the shaping ...

(*San. Tu.* I.4, 7,26-32 Koch, VI.11-12 K.)

Both appeal to and departure from tradition are interesting. As Grimaudo has discussed, the claim that the medical–philosophical tradition as a whole concurs in seeing health as a balance involves a historiographically dubious approach, isolating a particular term from the various different conceptual frameworks in which different authors have employed it. Specifically on the concept of ‘balance’ (*summetria*), it seems historically dubious to see this as belonging within the Methodists’ or Asclepiadeans’ view of health.<sup>3</sup>

As for the departure, Galen’s argumentative strategy here is noteworthy. In the second part of the definition – and in spite of his usual attitude to the tradition – he presents himself as author of a distinctive and new way of conceptualizing health.

But it is worth noting another aspect of the way in which Galen constructs contention and consensus in this area.

There are certain intellectual schools whom Galen typically *excludes* from the consensus which he constructs. Most prominent are: within medicine, the ‘Methodists’; within physical theory, the followers of Asclepiades and the

<sup>3</sup>See Grimaudo, *Difendere*, esp. 40ff., discussing Manuli, ‘Traducibilità’; also for references on Galen’s attribution of *summetria* to the previous tradition: see e.g. *PHP* V.3, 308,3-310,20 De Lacy, V.448-451 K. (on Chrysippus, but attributing use of the term also to Asclepiades and atomists); *HNH* I.20, 33,4-11 Mewaldt, XV.60 K. and *MM* IV.4, X.268 K. (the latter text attributing the terminology of *summetria* and *ametria* of *poroi* to Asclepiades, whereas Thessalus’s terms are *ποροποιῖα* and *μετασύγκυρσις*, the former apparently implying that Methodists locate *summetria* within *ποροποιῖα*). And cf. *MM* I.7 (X.51-2 K.), where it seems clear that there is *no* consensus between the Methodists and others on health.

atomists. In spite of significant differences, there is a family resemblance between these three groups, both in their theories and, certainly, in Galen's attacks on them.

To simplify: atomists and Asclepiadeans, in Galen's view, stand outside the general medical–philosophical consensus – that in favour of a continuum theory of nature. To subscribe to that broad *general* consensus – such is, essentially, the argument of *Elements According to Hippocrates* – will then lead one inescapably to the correct *specific* theory of nature, in terms of four qualities. Asclepiadeans and Methodists are guilty of gross simplification, seeing all causes of health and disease in particular states of, or events that befall, the *poroi* – channels, possibly invisible, which pervade the human body.<sup>4</sup>

In *The Different Kinds of Disease*, however, there is a different approach. Galen allows two possible accounts of the body's fundamental composition to co-exist as hypotheses: his own, in terms of hot, cold, dry and wet, and some version of an Asclepiadean/atomist one. He devotes some time (*Morb. Diff.* 2–4, VI.838–44 K.) to a hypothetical argument which takes seriously the rival theory (all disease is due to widening or constriction of the *poroi*), attempts to show what follows from this and aims to maximize the agreement between that view and his own (*ibid.* 3, VI.841 K.). *Whichever* of the two fundamental theories one adopts, his claim is, one will be in agreement when it comes to higher-level analysis: 'the diseases of the composite organs are common to both hypotheses' (*ibid.* 4, VI.844 K.).

We find the same approach in *Matters of Health*. Here, it is clarified – consistently with what we have already observed of Galen's historiography – that *all* sects believe that health is a balance (*summetria*): they just differ as to what it is a balance of: the wet, the dry, the hot and the cold on Galen's view, on other views varying masses and channels, or atoms, or 'unjointed', indivisibles, homogeneous or non-homogeneous parts – or any such primary element. On all accounts, it is through a balance of these that we perform our activities with the different parts of the body. Moreover, he goes on to say, we could conduct this enquiry even *without* mention of elements at all. The essential thing is that the activities of the body depend on the *states* (*kataskeuai*); there will therefore be as many distinct types of the latter as of the former (*San. Tu.* I.5, 9,8–26 Koch, VI.15–16 K.).

Elsewhere, Galen implies that atomist or Asclepiadean starting-points are inevitably fatal to one's whole intellectual enterprise. One may ask why he is here concerned to include both Methodists and Asclepiadeans in a wider consensus. And *this* consensus, incidentally (unlike that on *summetria*) is

<sup>4</sup>On Asclepiadean physical theory and Galen's representation of it see Vallance, *The Lost Theory* and Leith, 'The Qualitative Status'; 'Pores and the Void'. For Galen's view of Methodists see his *Sects for Beginners*; cf. Frede, 'Introduction'; 'The Method' and Vegetti, 'Una sfida'; more broadly, Hankinson, 'Epistemology' and 'Philosophy of Nature'.



not one to which he takes everyone to be *explicitly* committed: remember that the definition of health as located at the organic level was presented as his own distinctive contribution. Rather, the argument is that all other sects, whatever other theoretical commitments, *cannot logically avoid* being drawn to this conclusion.

The answer – other than to point out that the group of authorities with whom Galen allies himself for different argumentative purposes has a constantly shifting boundary – is not a simple one. One may tentatively suggest that in the health discourse Galen is willing to embrace a wider range of medical schools as friendly witnesses against the common enemy of the physical trainers or *gumnastai* (to whom we shall return).<sup>5</sup>

### Correct balance and proper functioning

The importance of the organic level of analysis lies precisely in the fact that the correct *functioning* of the organs, or the parts of the body more generally – their ability to perform their activities correctly – is an essential, if not the essential, feature of health.

The view is summarized as follows: ‘that the healthy constitution is assessed on the basis of the activities’ functioning in accordance with nature’ (*San. Tu.* I.4, 7,34-5 Koch, VI.12 K.).

It is also presented as the common view (*ennoia koinē*) of all people, even if they may lack the logical tools to express it clearly, that health involves the bodily activities’ being in accordance with nature (*Opt. Corp. Const.* 2, 8-9 H., IV.739 K.). And the connection between health and good activity is further explored in the same work:

The body which is in the best state with regard to all activities will ... also be found to be the least liable to illness amongst all bodies. For the part which performs its activity best is the product of a good-mixture of the homogeneous parts and of a well-balanced constitution of the organic ones.

(*Opt. Corp. Const.* 2, 10,13-18 H., IV.741-2 K.)

The logical relationship between state and activity or functioning is laid out in more detail in *Thrasybulus*. (This passage also devotes attention to the qualities of strength and beauty – also inextricably related, as we shall see further below.)

<sup>5</sup>On the range of medical authorities mentioned approvingly in *Thrasybulus* – including several with whom Galen has considerable differences – see Grimaudo, *Difendere*, 224 with nn. 42 and 44 (Hippocrates, Diocles, Praxagoras, Philotimus, Erasistratus, Herophilus). But even in the health discourse Asclepiades and the Methodists are seldom treated gently. On the shifting nature of Galen’s list of authority figures, see esp. Vegetti, ‘Tradition and Truth’ and ‘Historiographical Strategies’; and on arguments from authority see Lloyd, ‘Scholarship, Authority’ and Singer, *Galen*, esp. Chap. 4.



Now, natural functioning is dependent on the natural constitution of the body ... the latter has the status of a cause of the former. It is thus impossible for one to precede the other; both must be present if one is. ... All these [*including beauty, strength and 'good-condition'*], then, grow and decrease, reach their perfection or destruction, simultaneously; what harms or benefits any one of them automatically also harms or benefits all the others. ... Which is the first good of the body ... ? There is no real need to state this ... The fundamental, first good ... is perfection of the functions ... Next after this, the second good of the body, which is not a good in the fundamental sense ... but by virtue of the fact that the first good ... is completely dependent on it for its production, is the good-condition of health ...

(*Thras.* 15, 50,16-52,1 H., V.830-2 K.)

In her analysis of these concepts, Grimaudo draws attention to the co-existence of state-based and activity- or function-based definitions of health, identifying some tension. This, perhaps, can be overstated. In the passage just quoted, Galen is making a straightforward causal claim: functioning is dependent on state.<sup>6</sup> The passage also seems to suggest that their precise logical status – whether we define health as consisting in *state* or in *activity* – is ultimately unimportant. What is essential is, precisely, the inextricable link between the two. The good state is the one in which one has good functioning.

What surely is the case – as Grimaudo also points out – is that there is a tension between Galen's stated allegiance to Hippocratic texts and his actual indebtedness to the Alexandrian tradition. Organs and their functions have become central to the understanding of health in the light of the anatomical and physiological developments of Herophilus and Erasistratus at Alexandria (on which see von Staden, *Herophilus*): both figures are mentioned in Galen's hygienic writing, but in a tantalizingly glancing way, certainly not allowing a true assessment of his engagement with them. Organs and their functions are not, meanwhile, a significant element in the humour-, fluid- or substance-based analyses given by Hippocratic texts.

It is interesting here to reflect on *which* Hippocratic works Galen regards as important to the health discourse. Grimaudo (*Difendere*, 224–6) lists those used in *Thrasylbulus* and *Matters of Health*, pointing out the striking absence of one work – *Ancient Medicine* – which actually does have a significant relevance to health and regimen. *Airs, Waters, Places* appears supporting the basic hypothesis of the importance of environmental factors; one passage of *De officina medici* appears in a discussion of massage; there are isolated quotations from *Epidemics* and *Aphorisms* in specific contexts. Very few actual passages are cited: in spite of Galen's allegedly fundamental

<sup>6</sup>How straightforwardly Galen is committed a causal analysis whereby higher or functional levels are fully accounted for in terms of low-level state or mixture, is a larger question; but this does not affect the inextricability claim being made here. See Singer, 'Levels of Explanation' and *Galen*, Chap. 4, introduction; and on Galen's causal theories in general Hankinson, 'Galen's Theory'.

allegiance to Hippocrates in this field, we get no more than a handful of relevant phrases from across the Hippocratic corpus.

There is, then, a tension between stated and actual intellectual alliances: Galen highlights an alleged indebtedness to Hippocrates while largely obscuring the influence more recent, Hellenistic work.<sup>7</sup> Another aspect of this, also well analysed by Grimaudo, is the apparent influence – in spite of scant mention – of Aristotle. In his analysis of bodily composition, Galen is clear that it is *not enough* to talk in terms of elements (but, conversely, that it is important to go to the element level – one must not *only* talk of homoiomerics). Both in the distinction of levels and in the specific concept of ‘homoiomerous’, Galen seems clearly Aristotelian (and un-Hippocratic) – and yet Aristotle is one authority simply not mentioned in *Matters of Health*.

Considerations of provenance aside, however, there is considerable significance in Galen’s actual account of health in terms of function. This, it could be argued, is a Galenic legacy that is still with us. Medical practitioners may assess a person’s health on the basis of his or her ability to perform the normal or essential functions of life; or, conversely, regard a state as pathological, or in need of intervention, when such functions are significantly impaired or when – also part of the Galenic criterion – there is significant pain or distress to the subject.

### The latitude (*platos*) of health

This concept appears early in *Matters of Health*, in the summary, which we have already quoted in part, of propositions taken as assumptions for the purposes of this work:

... that, within health, there is both an optimal form, ... perfect and complete health, and another form which is somewhat inferior, not perfect or complete, and that we state there to be a very considerable latitude (*platos*) within this latter form ...

(*San. Tu.* I.4, 7,34-8,3 Koch, VI.12 K.)

Optimal health may only be available to the lucky few; but others are still ‘healthy’, provided that they are not in pain, and are able to perform everyday functions.

For health is not ... that which is indivisible alone, but also that which is inferior to this, but not so inferior as to have failed in its function. For we all ... require health both for the performance of the activities of life, which are impeded, interrupted or terminated by sickness, and also for the sake of an untroubled existence. For when we are in pain, we are troubled by that

<sup>7</sup>On these issues see Smith, *The Hippocratic Tradition*; Vegetti, ‘L’immagine’ and ‘Il confronto’; Singer, ‘Notes’; Lloyd, ‘Galen on Hellenistics’.

significantly. Such a state, in which we are neither in pain nor impeded in the performance of life's activities, we call 'health'. If someone wishes to apply a different term to it, he will not gain anything from that – no more than those who introduce the notion of 'permanent illness' (*aeipatheia*).

(*San. Tu.* I.5, 10,11-20 Koch, VI.18 K.)

The significance of this proposition is seen as Galen's argument proceeds. Natural differences must be taken into account when determining whether a particular individual should be regarded as healthy or not, *by his or her own standards*. Some perform physical activities better than others. But we do not measure everyone by optimal standards:

... let us allow fevers ... which are so small that ... we are able to engage in public life, bathe, drink, eat, and perform all other actions as we require. It is the unimpeded nature of the function that provides the better definition of health. Even the weakness of the activities – simply stated – is not an indicator of sickness, but rather weakness which is contrary to the individual's nature. We all have poor sight if we compare ourselves with eagles. ... And if compared with Iphiklos or Milo, we would be thought weak in the function of our feet and hands, respectively ... and practically to be maimed, if compared with those who excel in those areas. Which of us would think his eyes in a bad state just because he was unable to see ants at a distance of two *stadia*? ... If someone could not correctly make out the letters written here in this book, though, it would be reasonable to be critical of one's eyesight ...

(*San. Tu.* I.5, 10,31-11,10 Koch, VI.19-20 K.)

The view leads to interesting consequences. The definition of health in relation to innate capacities requires the doctor to understand those capacities, and to produce advice accordingly, rather than in relation to an abstract standard. Moreover, the latitude must be considered in relation to different stages of life; later in *San. Tu.* (V.3-12) Galen goes into detail on care in old age: it emerges clearly that there is a 'health proper to old age', rather than this state being considered as pathological.

But two questions arise. If (as the last passage implies) there are natural conditions – very poor eyesight, for example – which would not be taken as healthy, *even for that individual*, how low a level of natural ability counts as no longer healthy? And failure to perform precisely which, or how many, of life's activities (a few are mentioned in this last passage) amounts to loss of health? Precise answers to these questions are, it seems, not given; but the central point for Galen is that one adapts health prescriptions, and expectations, to what is possible within a given nature.

It is again interesting to consider Aristotelian connections. In *Nicomachean Ethics*, Aristotle speaks of health 'admitting of the more or less' (*EN* X.2, 1173b23-5), while in the *Categories* (a work certainly well known to Galen) he uses a similar formulation for the category of 'qualifieds' (*poia*:

*Cat.* 8, 10b26; for discussion, also of relevant secondary literature, see Grimaudo, *Difendere*, 93–6).

Aristotle's formulation here is different from Galen's; and there are different possible interpretations of the implications of each. Aristotle's might suggest that we should speak of more or less healthy individuals; it could, alternatively, be taken to mean that there are different levels, or degrees, of performance which are consistent with inclusion in the broad category of health. On the latter interpretation, certainly, Galen's view would look Aristotelian. Even on the former, there remains an important area of shared ground: both authors envisage the assessment of individual cases according to a scale, whereby the degree or extent to which a state is sub-optimal will be relevant to health.

Latitude, then, is a central feature of Galen's view of health, advanced against the view of health as perfection, with its concomitant that we are nearly all ill nearly all the time.<sup>8</sup> What seems interesting from a modern perspective is the rejection of the notion of a single, ideal form of health, in conjunction with the focus on the patient's experience as a criterion (as seen in the insistence on patient's pain or trouble in the penultimate quoted extract).<sup>9</sup>

### Health Practitioners in the Graeco-Roman World

One thing that emerges very clearly in *Matters of Health* and *Thrasylulus* is the intellectual competition between Galen and a group of practitioners, also concerned with health: *gumnastai*. I here translate the term 'physical trainers'; 'athletic trainers' or 'sports coaches' would be other possibilities. These are persons who give instruction on *palaistra* or gymnasium training, but whose advice may extend to more general provisions regarding diet and lifestyle. Galen's polemic is addressed, sometimes against *gumnastai* as a class, sometimes against individual *gumnastai*. It seems clear that such *gumnastai* represented a real rival in the health marketplace.

As so often, the methodological problem is that it is Galen's own texts that give us by far the fullest evidence. There is *some* other evidence, both textual and epigraphic: the near-contemporary Philostratus (*Peri gumnastikēs* 14)

<sup>8</sup>Galen is here responding to a live debate. Caelius Aurelianus gives a list of authorities on either side – Asclepiades and Erasistratus insisting on health as a single, invariable item, Herophilus and the Methodists (and Caelius himself) admitting of variations or levels within health (*Salut. Praec.* 184,22-6 Rose). Relevant too is Celsus's category of people who are not strong or in stable health, but should still be regarded as healthy.

<sup>9</sup>I pass over the complication presented by the notion of the 'neither' healthy nor ill, a category which may seem to conflict with the 'latitude' view: if health corresponds to a broad classification, including everything which is not actually pathological, what room is there for this intermediate concept? But it seems that Galen did not (or at least did not consistently) adopt this Herophilean conception. The question is discussed by Boudon, 'Les définitions'; see also her, 'L' *Ars medica*'. *Ars Medica* does use this terminology; elsewhere, in *Thrasylulus* and *Matters of Health*, it is offered as a possibility, but one to which Galen is not definitely committed.

states that *gumnastikē* is a ‘wisdom ... composed of medicine and training (*paidotribikē*), more complete than the one and a part of the other’; Plutarch (*De tuenda sanitate praecepta* 133B-C) has both masseurs and trainers (*paidotribai*) giving health advice; the masseur Theon appears in Lucian (*Quomodo historia conscribitur* 35). Some scholars would argue that the involvement of the doctor in this realm is in fact a late development.<sup>10</sup>

So, the attack on physical trainers relates to a competition over professional competence. Galen is attacking a less educated, non-elite, perhaps more populist form of practitioner. Such individuals have insufficient training in *logos* – logic, specifically, but also literate education more generally – to be able to give clear accounts; the reference to some of them ‘attempting to write’<sup>11</sup> makes clear the difference in social status and education. And the failure properly to perform *diorismos* – to make distinctions – pervades the criticism. We shall observe all these points more fully in our consideration of the *Thrasymbulus*.

### PERFECTIONISM VERSUS COMPROMISE

In one sense, Galen’s answer to this opposition has already been seen. Galen seems a pragmatist, willing to engage with the individual nature and circumstances of each subject before him.

On the other hand, there remains a question as to how narrow Galen’s conception of health is, in practice. In spite of all that is said about latitude in *Matters of Health* that work spends a disproportionately long time in considering the optimal state of health as opposed to the others. Perhaps even more significantly, it seems difficult to reconcile the Galenic approach to health with a lifestyle which would be available to any but the most elite level of Graeco-Roman society.

Leisure is a prerequisite for the proper pursuit of health. Optimal health, certainly, is available only to one with both the best natural constitution and the freedom to pursue the right activities.<sup>12</sup> More broadly, Galenic health prescriptions seem highly demanding: they entail the correct amount, and correct timing, of baths, massage, exercise and food, as well

<sup>10</sup>See Grimaudo, *Difendere*, 134–6. There is a further question of relative roles of *gumnastēs* and *paidotribēs* (both here ‘trainer’). The latter seems a humbler practitioner, who may carry out the former’s instructions (*ibid.*, 145, n. 50), though earlier the terms were less distinct.

<sup>11</sup>The barb is directed at *gumnastai* who have adopted the profession after an unsuccessful career as athletes, then ‘even attempt to write about massage, or good-condition, or health, or physical exercise’ (*Thras.* 46, 97,8-9 H., V.894-5 K.).

<sup>12</sup>The medical importance of the distinction between leisured and constrained appears already in the Hippocratic *Regimen* (III.68-9), and is discussed in the substantial health fragment of Diocles of Carystus (fr. 182, 298,40-3 van der Eijk). For further instances and discussion see Grimaudo, *Difendere*, 196–8.

as very specific details about the nature of each. The freedom condition is discussed in more detail:

... there are ... very many forms of life ... It is not, therefore, possible to contrive the best care in a way applicable to all lives ... , but rather the best possible for each life: one cannot produce care which is best in the absolute sense for all. For many, life is tied up with obligations. ... Some find themselves living such lives because of poverty, some because of slavery ... But ... all those who either through love of esteem or desire of some kind have chosen a life involving professional obligations, so that they have minimal leisure to devote to the care of their bodies, are also slaves – willing slaves, and of bad mistresses. ... In the case of one who is completely free ... it is possible to instruct that person how he may enjoy health to the greatest extent ...

(*San. Tu.* II.1, 38,10-26 Koch, VI.82-2 K.)

To favourable social circumstances one must add the moral precondition, that one must not because of some ambition devote oneself to activities which take away from the leisure necessary for health.

The passage quoted above takes up a discussion begun in the first book of the work – where, however, it is developed in a somewhat different direction. In both cases the context is the discussion of individuals with the best *natural* constitution; within that category, we are considering differences which will come about because of lifestyle.

From the end of the second seven-year period to the end of the third, if you wish to bring him to the peak of good-condition – say you want to make him into a fine soldier, a wrestler ... – you will take less care of the goods of the soul (at least those that lead to scientific knowledge and wisdom); for matters concerning character should be addressed very precisely at this stage of life in particular. If, however, you choose to limit bodily matters to the strengthening of the parts and acquisition of some sort of healthy condition ... while concentrating on the improvement of the youth's soul – you will not need the same daily regime in both cases. And a third and a fourth form of life may be found: that of those who engage in some manual skill, with or without physical exercise – and that of those who engage in farming or business or some other such thing. So it actually seems quite difficult to enumerate all ... For what the art of health professes is to give to all human beings instructions for health ...

(*San. Tu.* I.12, 28,32-29,10 Koch, VI.60-2 K.)

Without departing from the idea of a single optimal lifestyle, this passage makes the claim that specific Galenic health prescriptions will be made for the sub-optimal lifestyles too. Four lifestyles are mentioned, but the list could be extended. The first and second seem to correspond, broadly speaking, to the life of the mind and the soldier's life; the third covers various forms of skilled manual activity and the fourth unskilled ones.

It is doubtless not insignificant that we seem to detect a certain vagueness as we move to the third, and especially the fourth, form of life. But there is at least an acknowledgement of the need for the health practitioner to take account of such differences in social circumstance.

The very first part of this passage, perhaps more interestingly still, seems to suggest not just different *levels* of health, on a scale from optimal downward, but different *kinds* of health prescription which would be given according to individuals' different choices in life. The life of the soldier and the life of the intellectual both represent legitimate choices, and each will have a different form of health as its aim, with different prescriptions. It is particularly interesting, here, that, in spite of Galenic preferences (which we will consider further below), the life of the intellectual is not here *straightforwardly* superior. It is superior in 'goods of the soul', certainly; but there seems at least one simple sense in which it is second best: it aims merely at 'some kind of healthy condition' as opposed to 'peak good-condition'. (Relatedly, indeed, the health perils of the intellectual lifestyle are discussed elsewhere by Galen, including in some autobiographical remarks in *San. Tu.* V.1.)

The picture is not a simple one. Here, a range of different lifestyles with different health implications is hinted at; but that is certainly never explored systematically. The fifth book of the work, on the other hand, gives a very different emphasis, apparently asserting that, *even* for people with sub-optimal constitutions and *even* if they have constraints on their time, the avoidance of all naturally occurring disease – onward into a ripe old age – is a realistic aspiration. Once again, it is medical knowledge of, and adaptation to, the individual that are essential.

#### ABSTRACT SCHEMATIZATION VERSUS PRACTICAL APPLICATION

Galen repeatedly emphasizes his use of *empeiria* and *peira* – experience and testing. He has, he says, waited to write *Matters of Health* until he has acquired the relevant experience to do so. He attacks rivals for criticizing Hippocrates when in fact it is their own lack of experience which has led them to fail to realize that he is right.

Furthermore, he is at pains to criticize others – *gumnastai* in particular – who are excessively abstract or theoretical in their approach. Such criticism has, in general, two targets: the employment (as already mentioned) of abstract concepts of health as opposed to conceptions tailored to the individual; and the excessive production of theoretical categorizations or subdivisions. The second of these two targets could further be considered under two heads: the production of schematizations or categorizations on the basis of fundamental errors or misunderstandings; and the production of



schematization and categorization which is simply superfluous and excessive.

So it is with the criticism of Theon in book II of *Matters of Health*. Theon lacks the *logikos* equipment for the task he has attempted. As we have seen, this is at least partially an attack on someone of inferior education – he either does not know how to interpret, or is not interested in interpreting, Hippocrates – and partly an attack on inferior logical expertise, the inability to make distinctions correctly. In the process, Galen also claims that his opponents produce an impossible proliferation of subdivisions in their discussions.

Without the space to go into any detail here in the analysis of that attack on Theon, one may say that one is left with a doubt as to how substantial the difference is between Galen and Theon, either as regards empirical and clinical matters, or as regards the attitude to Hippocrates.

Galen is himself, of course, no stranger to theoretical abstraction and the multiplication of subdivisional schemes of categorization. It almost seems to be the case, in fact, that the health discourse brings out this tendency in him in more extreme form than any other.

### *The Thrasybulus*

Analysis of the argument of *Thrasybulus* will, I hope, assist our understanding of Galen's aims in engaging in this kind of logical procedure, while also filling out the picture of Galen's health discourse given above. It will add, in particular, to our understanding of the way that this discourse is informed by – or appropriates – particular philosophical discourses: certain Platonic passages and models, on the one hand, and certain Aristotelian modes of argument, on the other. We shall also see how the text develops the Galenic argument against physical trainers and athletes.

Galen opens by addressing a specific individual; what follows will be a written version of the oral answer which he gave to a question set by that person. The public, competitive context of Galen's intellectual activity has been much discussed;<sup>13</sup> here Galen insists strongly on the oral nature of the text: 'it is not the case that I said one thing immediately when you set me the question, and have something different to say in this written version' (*Thras.* 1, 33,1-3 H., V.806 K.).

The relevance of this context to our analysis is twofold. On the one hand *Thrasybulus* seems to show some of the 'rough-and-ready' quality that we might expect from an *extempore* exposition: subjects are followed with

<sup>13</sup>On the competitive or performance aspect of Galen's work, see especially von Staden, 'Galen and the Second Sophistic'; cf. Debru, 'Les démonstrations' and Gleason, 'Shock and Awe'. Public debate procedure and extemporization are vividly described by Galen himself; see *Lib. Prop.* 1, 138-9 Boudon-Millot, XIX.14-15 K. On orality in Galen see Singer, *Galen*, 15-18, 39, 205 and 217ff.

imperfect consistency; transitions abrupt; arguments not always pursued to a clear conclusion.<sup>14</sup> On the other, the *extempore* argumentative context is an opportunity for virtuoso intellectual display: the very plurality and even experimental quality of the plethora of definitions and subdivisions within the art in fact represent an integral part of Galen's engagement with the domain of health.

The 'set question' is: 'whether [the art of] the healthy belongs to medicine or to physical training (*gumnastikē*)' (*Thras.* 2, 33,16-34,1 H., V.807 K.). This may sound to us trivial or merely semantic; but, as we have seen, it corresponds to a real area of socio-intellectual contention. Indeed, it is suggested that such debate was frequent: 'you said that you had often been present at disputes between doctors and physical trainers' (*ibid.*, 34,2-3 H., V.807 K.). The 'art of the healthy' corresponds to the domain of diet, exercise and general daily regime; whether the *iatros* or the *gumnastēs* is the authority in this domain matters enormously to both professions, in a context where the higher echelons of society pay a very high level of attention to such practices.

Throughout the text, Galen insists on the logical-philosophical discourse as the model with which to solve the problem, with early references to logical 'method' or 'theory' and the importance of training in it, and subsequent insistence on sound logical procedure.<sup>15</sup>

Chapters 5–6 introduce the concept of good-condition (*euexia*). We have touched on this important concept already; here it assumes a much more central role. The term refers to an excellence, or optimal state, within the broader category of health; and it is the focus of a particular contention, since clearly it is to this peak state of health that physical trainers would claim that their art was especially relevant (on this point see Boudon, 'Réflexions galéniques').

But let us consider how Galen proceeds in his argument on the art, having introduced the fundamental concepts. By Chapter 6, he has arrived at a possible total of six – or even eight – arts, if one divides normal health (*not euexia*) into a more stable (*kath' hexin*) and less stable (*kata schesin*) form, and also posits a separate art for the production and preservation of each. By Chapter 9, we have a possible seven – or even nine – arts; there is a slightly different focus here, on transitions between states; and the concepts of 'peak good-condition' and 'peak of athlete's good-condition' are

<sup>14</sup>In the case of *Thrasylbulus*, there is even the suggestion that it had its origin in a dialogue, rather than a lecture (2, 35,6-7 H., V.809 K.)

<sup>15</sup>See e.g. references to 'logical theory' and 'method of *logoi*' at *Thras.* 2, 35,6-7 H., V.809 K.; 3, 35,12-13 H., V.809 K.; 4, 35,25-26 H., V.810 K. Specific logical-methodological points insisted on are: to start from definitions or agreed conceptions (2, 34,4-8 H., V.807 K.); not to assume one's answer in the way one puts the question (5, 36,11 H., V.810 K. and following); the appropriate and inappropriate use of analogies with other arts (5, 37,21-23 H., V.812-813 K.); the unimportance of terms, as long as meaning is understood (Chap. 32); that arts must be defined according to their goals, not according to their materials or particularized activities (esp. Chap. 13; see also Chaps 5, 6 and 8).

added. The latter is immediately rejected, with Hippocratic strictures; and the attack on *kakotechniai* with such aims is elaborated, with Platonic echoes, in Chapter 10; we see, however, that it is still in play in Chapter 13, which presents a schema with either five or ten arts in total.

What is going on here? At one level, the answer is simple. Galen is engaged in a *reductio*: he is demonstrating the absurd consequences – in terms of unmanageable plurality – of positing more than one art concerning the body. The oneness of the art is what he is at pains to show; this theme is reasserted, in different ways, from Chapter 11 to Chapter 29. ‘It is therefore clear’, as he sums up at the beginning of Chapter 14, ‘that we should not posit many “goods” for the body, nor should we posit a separation between the productive and preservative arts’ (14, 49,7-9 H., V.828 K.).

But Galen is also playing a double game, because while this proliferation of subdivisions is supposed to demonstrate an absurdity, it also serves to demonstrate his own expertise. Of course, all the items mentioned cannot be different arts; but in carefully dividing the subject matter to produce them as hypothetical arts, Galen has shown not only his logical skill but also the range of different functions performed *within* the one true art. Provided that one regards these as subdivisions *within* a single art, rather than as *separate* arts, all the distinctions made are now valid (or almost all – there will be some doubt over the validity of the ‘athlete’s peak good-condition’).

Such a procedure is elaborated as the work continues. In Chapters 23–24, for example, Galen argues against the use of distinction between activities as a criterion for distinction between arts. Again, though, this enables him to produce yet another correct way of *subdividing* the single art. Chapters 30–31, meanwhile, are interesting not only for yet another reorganization of the material, but for the fact that they show Galen quite relaxed about accepting terms used by other doctors (e.g. ‘prophylactic’, ‘recuperative’, which is, apparently, modish – and, as discussed above, the Herophilean ‘neither’). Different terminology, and even subtly different subdivisions, may be accepted, as long as they are consigned to an appropriate place in the overarching scheme.

The whole argument reaches its subdivisional climax in Chapters 40–41. Two things are achieved here: first, the most elaborate and virtuoso schema so far; second, – in accordance with the overall polemic of the piece against physical trainers – the relegation of those practitioners’ activity to a tiny domain within the overall art of the body. On a correct understanding, gymnastic training is no more than a *part* of ‘exercises’ or ‘daily practices’ – which is in turn a part of ‘actions performed’, in turn a part of *to hugieinon* proper, itself a part of health/preservative more generally, which is one of the two main branches of the overall art. Gymnastic training has ended up occupying an almost insignificant-looking position amongst many other branches of the art – all, of course, ultimately the domain of the doctor.

It is worth noting – without space to discuss them here – the similar subdivisions of the art suggested in *The Parts of the Art of Medicine*, which displays some of the same argumentative features – with, perhaps, an even greater tendency to plurality in its entertainment of different possibilities. (On this text, see von Staden, ‘Dissection, Division’.) Galen seems here to revel in the procedure. ‘It is possible’, he says (citing as authority Plato’s *Sophist* and *Politicus*), ‘to divide each individual thing before us (*singulum eorum, que preposita sunt*) in many ways’ (*Part. Med.* 9, 129,9-10 Kollesch, Nickel and Strohmaier). And:

Let not the plurality of the divisions trouble you, nor that our predecessors divided in different ways; but consider whether nothing of the actual facts/phenomena (*nihil eorum, que occurrunt*) has been omitted. For one who pays attention to this is dividing appropriately (*moderate*).

(*Part Med.* 9, 129,13-16 Kollesch, Nickel and Strohmaier)

There is more than one way to arrive at the ‘ultimate and elemental parts of the art’ (*ultimas et elementales artis particulas*; *Part. Med.* 8, 128,1-4 Kollesch, Nickel and Strohmaier).

There is undoubtedly an underlying consistency in Galen’s approach. At the same time, it appears that a certain plurality of approach to categories, a need to argue subdivisionally, polemically and improvisationally, in some sense form as important a part of Galen’s health discourse. While asserting his superiority in argument and understanding, he is also giving a practical – albeit in fact entirely verbal and theoretical – demonstration of his skill in the art of health.<sup>16</sup>

We have seen that the main polemical aim of *Thrasylbulus* is to assert the competence of the medical art, against that of gymnastic or physical trainers, in the field of *to hugieinon* or everyday health preservation. And we have seen how this aim is accomplished through a process of virtuoso logical and subdivisional activity.

We may, perhaps, also identify a subsidiary polemical aim, whereby Galen scores off rival medical sects, although, as we have seen, the situation here is quite complex.<sup>17</sup>

But there is another major strand in the work’s argumentative strategy, namely the way in which it appropriates the philosophical tradition in

<sup>16</sup>See Barton, *Power and Knowledge*, Chap. 3, paying particular attention to subdivision in Galen’s pulse treatises and identifying a rhetorical strategy – the establishment of prestige through knowledge claims – rather than the communication of information. Analysis of the complex subdivisional schemes in Galen remains neglected.

<sup>17</sup>There is a sidwape at an Empirical doctor, Menodotus, in Chap. 29; the ‘more recent doctors’ in Chap. 30, who introduce particular subdivisions, may be Empiricists (see Grimaudo, *Difendere*, 143, n. 47; on Menodotus, Perilli, *Menodoto*; on Galen’s perhaps complex attitude to him, Boudon, *Galen: Œuvres II*, 35–9). But Galen in this text shows a positive attitude to a wide range of medical authorities (see n. 5 above).

support of its views. We have seen this already, in the insistence on logical method, on the definition of an art in terms of its *telos* or aim, and on the singleness of that aim – all of them Aristotelian features. The priority of function or performance in assessment of a body's or organism's excellence, too, seems clearly Aristotelian, both conceptually and in terminology (*aretē*, *energeia*, *telos*). But there are other philosophical models, in particular Plato, that Galen appeals to even more explicitly.

Galen states that both Hippocrates and Plato agree with him on the nature of *to hugieinon*, even though that term was not used by them – indeed, problematically, Plato used the term *gumnastikē* instead. (A good analysis of Galen's arguments, and the historical background he draws on, is still Jüthner, *Philostratos*, 5–59.)

The attack on perverted arts, and the moralistic language used against athletes in this context, have strongly Platonic echoes – echoes which are then made explicit with a quotation from the *Gorgias*. By the combination of ideas which he presents to us – there is one true beauty of body; this is inextricable from true health; there is a single art governing this and standing in opposition to false, 'flattering' arts – Galen wishes to present himself and his view of the human good as firmly in line with Plato's.

#### HEALTH AS SPECIALIST ART OR AS PROJECT FOR THE INDIVIDUAL

On the one hand, Galen emphasizes the logical–theoretical basis needed (and extensively exemplified), as well as the years or empirical training and practice, in order for a person to become a proficient health expert – one who will make accurate assessments of bodily state and cause, as well as lifestyle prescriptions. On the other, there are statements encouraging the individual to gain knowledge of his or her own constitution, and suggesting that such knowledge, gained over a period of time, may be adequate. Furthermore, it is not the case that *all* work carried out by people who lack the high-level, analytical expertise is damned.

Nurses are praised for some of the practices they have learned through experience with no theoretical basis; and there is, it seems, good and bad *within* the practice of the *gumnastēs*, in spite of poor theoretical attainments. Moreover, the very project of Galen's most significant work in the area, *Matters of Health*, seems to be that of making accessible to the layperson the most important parts of the art, so that he will be able to proceed *without* expert supervision. In the style of its presentation the treatise gives the impression of a piece written for a wider audience; and there is arguably other evidence to support this.<sup>18</sup>

<sup>18</sup>Conventional scholarship dates the work to the 180s and/or later (though on date in general, see Singer, *Galen*, 34–41): Bardong, 'Beiträge', 625ff. A late date seems also supported by the

The role of the patient in understanding his or her own body is, indeed, a very interesting aspect of Galenic health theory. It may appear as a counter-balance to the overwhelming view that one tends to get from Galenic texts of the medical writer's uniquely privileged viewpoint – the sense that the patient is little more than an object to be carefully placed at some point within the (sometimes immensely elaborate) semiotic-diagnostic template provided by the expert.

Much of book V of *Matters of Health* is devoted to the idea of knowledge of the individual, including self-knowledge, with examples of people who have learned to maintain their own health in unpromising circumstances; and the prescriptions extend to detailed instructions on home drug preparation. Even here, though, the situation is not straightforward. The case of Primigenes (V.11) is cited, one who suffered fever if he ever missed a bath: here observation of individual peculiarities was crucial. Yet the complexity and subtlety of Galen's observations and theorization of this case suggest procedures far beyond the layperson. Galen suggests *philiatroi* as the audience for this work – 'medicine-lovers', educated enthusiasts. Such a notion may possibly help to bridge this gap. Yet Galen undoubtedly remains exercised to emphasize the uniqueness of his own expertise.

The project of *Thrasybulus* is in one sense straightforward: the dramatic display of skills in a competitive intellectual market place. Yet, in a sense, this is not a competitive process as normally understood; and this leads us to our last point.

Galen is showing off, asserting his intellectual – and especially logical – superiority. But this is a discourse for an elite audience. By asserting the exclusive nature of his intellectual attainments, Galen displays something other than just his superiority – namely, the enormous gulf between his world and that of society at large. By the same token, he co-opts a certain small minority of listeners as intellectual equals, or at least potential participants in his discourse. To be impressed by such an exposition one must have a certain level of training in, or inclination towards, philosophical modes of argument.<sup>19</sup>

Galen is casting aside the vast majority – and casting himself and his true audience as fellow players in a drama that can only be acted out within the most exclusive intellectual elite. This is, to be sure, the exercise of a

work's non-appearance in one 'auto-bibliographical' text (*My Own Books*), and its appearance, in a phrase that reads like a later addition, in the other (*Ord. Lib. Prop. 2*, 94 Boudon-Millot, XIX.56 K.). This latter passage also describes the work as 'for everyone'. The work was apparently written, after the bulk of his medical-scientific writings, for a broader audience; see also below on '*philiatroi*'.

<sup>19</sup>Galen's *Prognosis* gives a vivid picture of the high *social*, but also *intellectual* (specifically, Aristotelian) elite to which Galen belongs, or aspires. His demonstrations, he says, were performed before all the main intellectuals (*philologoi*) at Rome, and his clients seem to be drawn from a similar group. (See esp. *Praen.* 5, 94-100 Nutton, XIV.624-30 K; and cf. Singer, 'Galen and the Philosophers'.)



competitive intellectual activity. But it is rather far from a straightforward striving for ‘market share’. Galen exalts his own status, but simultaneously cuts himself off from the vast mass of humanity as potential auditors.

One is tempted to borrow the title of a completely different Galenic text: *The Best Doctor is also a Philosopher*. That work explains the proposition of its title in terms of the logical and ethical excellence required of the physician. But Galen’s discourse of health, especially in *Thrasybulus*, seems to offer its own response to the question. The answer, within the social-intellectual elite imagined and addressed by Galen, is in a way simple. The best doctor is also a philosopher because, ultimately, the best patient – or at least, the ideal auditor of the Galenic text – is one too.

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