Book

The appeal of ancient medicine for today’s doctors

Sometime around 170 AD, with the Roman Empire at the height of its power, Galen of Pergamum was summoned to treat the emperor Marcus Aurelius in the Imperial palace. The court physicians had diagnosed an oncoming bout of fever. But Galen, after feeling the emperor’s pulse, proclaimed at once that he was suffering from a simple case of indigestion. At this, Marcus remarked: “We have one doctor, and he is a very enlightened gentleman”. A defining moment, perhaps, in the career of a man who prided himself on being regarded by the emperor as “the first among doctors, but the only philosopher”. Such at any rate is Galen’s version of events in his On Prognosis. As always, the factual details of Galen’s accounts of his own prowess must be taken with a grain of salt. But the philosophical ambitions of the greatest doctor of the Roman Empire are no invention; indeed, Galen devoted an entire treatise to arguing that “the best doctor is also a philosopher”. That claim might seem surprising, even startling now, but it was hardly so in ancient Greece and Rome. What does it amount to? Philip van der Eijk’s wide-ranging collection of essays sheds substantial light on this question; in doing so it reveals much that should be of interest to the modern physician.

Part of the reason why Galen’s claim was not surprising in its original context has to do with the understanding of philosophy in Greco-Roman antiquity. Far from the specialised academic subject that it is today, “philosophy” for the ancients encompassed a wide range of intellectual activities and approaches, including much of what we would now call science. Such major philosophers as Plato and Aristotle had a keen interest in questions that were directly relevant to the practice of medicine, for example, the nature and constitution of the human body, its relation to the “soul” (the entity responsible for vital and cognitive functions), and the causes of health and disease. Aristotle’s works, in particular, reveal a concern with such questions as the physiological and moral aspects of the condition known as “melancholy”, the alleged ability of dreams to forecast future events (especially the onset of disease), and the material basis of thinking and cognition. Several of van der Eijk’s essays make major contributions to defining the nature of Aristotle’s engagement with the medical tradition on these and similar issues.

As far as medicine itself is concerned, a key issue in the ancient world was whether it should be based on a theoretical foundation drawn from natural philosophy—a theory of fundamental elements (such as earth, air, fire, and water) or qualities (such as hot, cold, wet, and dry). Galen, for his part, argued vehemently that such a foundation was essential to gain the kind of causal understanding of disease needed for the treatment of patients. Many others, however, renounced such knowledge as unattainable or irrelevant to treatment. Medicine without a basis in natural science is unthinkable today, at least in the dominant western tradition of biomedicine. But if one reflects on the part still played by trial and error in the discovery and testing of drugs, whether or not causal understanding is necessary for the development and use of therapies emerges as a far from antiquarian question. Nonetheless, as van der Eijk shows, even those ancient doctors who denied that medicine needed a foundation in philosophical theory still made substantial use of argumentative techniques drawn from the philosophers. Indeed, the use of argumentative methods, definitions, and concepts drawn from philosophical discourse may be viewed as a defining characteristic of Greco-Roman medicine, at least as it is represented in literary sources such as Galen and the Hippocratic writings.

Literary and other evidence makes it clear that ancient doctors often professed lofty ideals of personal and professional conduct, and that they were frequently recognised as living up to them. In this respect, too, the figure of the doctor overlapped with that of the philosopher or moral teacher. According to the famous Hippocratic Oath, the function of the doctor is “to help, or at least do no harm”. This raises a host of problems about the distinction between intentional and accidental harm, as well as the evaluation of the various factors, many of them ethical, that informed the decision of whether or not to treat a particular patient. Some of these issues, too, are explored in Medicine and Philosophy in Classical Antiquity.

All these developments took place in the context of the ancient medical marketplace, a competitive environment in which various types of healing were on offer and different groups of healers contended with one another, sometimes fiercely, for patients. This emerges especially clearly from the famous text that forms the subject of the first chapter of the book, the Hippocratic treatise On the Sacred Disease. While the author of this text is justly famous for his emphatic assertion that epilepsy has a natural cause and is therefore understandable and treatable by human beings, his immediate concern is to oppose the claims
In brief

**Book Setting standards**

The many clinical, biological, and therapeutic needs of children with HIV are distinctive—after all these children are not little adults. Steven Zeichner and Jennifer Read have asked 60 experts, most from the USA, to contribute to a state-of-the-art textbook on the aetiology and clinical management of paediatric HIV. The main emphasis is on the use of antiretroviral drugs and the management of opportunistic and other infections. The section on the life of children with HIV in the community was especially insightful, and included two useful summaries on adolescents and their reproductive health. Many textbooks on this subject are outdated, and this first, and comprehensive, edition is impressive. The *Textbook of Pediatric HIV Care* certainly teaches us what today’s best standards of care are.

But it is a sad irony that the care so thoroughly outlined in this book is only available to children from high-income countries who have access to the full range of modern medicine. The foreword and preface to the book recognise this fact and acknowledge that most children infected with HIV live in Africa, Asia, or South America and do not have access to this level of care. Half of these children will die before their second birthday without proper care. It is distressing that one has to fight today for practical and affordable antiretroviral formulations suitable for children in these settings. The lucky generation of readers of this 2005 edition can use the information imparted in this text to contribute to the fight against this devastating disease that unnecessarily affects so many infants and children. I hope they bring this knowledge to their peers in resource-limited settings and make the care outlined in this book a universal standard.

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**Book Mean microbes**

Reading between the lines, it seems that Abigail Salyers and Dixie Whitt became fed up with having to answer the same questions about antibiotic resistance. The result is a book that contains reasoned, patient replies to these questions; it should certainly be useful from any other biologists or doctors in a similar position.

*Revenge of the Microbes* is a product of its time and addresses some key topical issues, including the spread of multiply-resistant bacteria and the use of antibiotic-resistance genes as markers in genetic engineering. The wider environmental role of antibiotics is also discussed, although such issues have a higher profile in the USA than elsewhere. Nevertheless, this volume reminds us of the potential dangers we all face if antibiotics stop being effective.

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