Book Reviews


Hankinson’s English translation of the first two books of On the therapeutic method presents for the first time in a modern language Galen’s own introduction to his most complete treatise on diseases, their therapy and the theoretical problems involved. This work was very famous and widely read in the Middle Ages and in the Renaissance until the seventeenth century, as is shown by the many Greek, Latin and Arabic manuscripts and editions. The studies of this large tradition are only beginning (see Galen’s method of healing, Proceedings of the 1982 Galen Symposium, edited by F. Kudlien and R. J. Durling, Leiden, 1991) and a modern critical edition is not available.

Therefore, Hankinson uses for his translation the unreliable edition of Kühn (1825). This depends on the editio Aldina (1525), which, in turn, probably depends on the editio princeps of 1500. Hankinson also provides a useful collation of two late Greek manuscripts: Par.gr.2161 of 1473 and the slightly later Par.gr.2171 (see Appendix I). He suggests a number of textual corrections, especially on the basis of the manuscripts and the Latin translation printed in Kühn’s edition, which is largely that of Thomas Linacre (1519), see R. J. Durling, Linacre and medical humanism, in Thomas Linacre. Essays on the life and work of Thomas Linacre, c.1460–1524, edited by F. Maddison, M. Pelling and C. Webster, Oxford, 1977, pp. 87–88. Some of the proposed corrections are indeed necessary, while others are debatable.

For example, X, 64, 11 Kühn (I, 8.3, Appendix I, p. 237, Commentary, p. 152) has διασθένεσις, while Hankinson reads πάθος (not παθώς which is a misprint), probably on the basis of the Latin translation (his exposition is not clear). Nevertheless διαθέσις is in the manuscripts in Kühn’s Greek text and Latin translation (affectus), and in my opinion it is the right reading (see especially MM X, 86, 9 ff. Kühn), important for the Galenic theory of symptoms.

But Hankinson’s interest in Galen’s treatise is not philological, but philosophical, and this is why he has chosen the first two books, widely concerned with theoretical and methodological questions. In his valuable commentary he unravels Galen’s arguments about scientific terminology and taxonomy, demonstration and axiomatization in science, and semantic issues related to his theory of therapeutic. Galen’s logic and epistemology are reconstructed, in a way which clearly reveals their richness and complexity, in relation to ancient philosophy, Aristotle and the Stoics in particular, and with reference to debates in our own day. Hankinson submits Galen’s views to a close logical scrutiny, as a result of which their strengths and weaknesses are highlighted. This painstaking work will surely stimulate further discussion.

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This is a study of the growth and development of the medical professions in and around the city of Liége from the year 1699, when the first centralized medical institution of the Collège des médecins was founded, until the end of the nineteenth century. Havelange’s book differs from many others in this field by dealing with a region whose history is unlike that of the national histories in which medical professionalization is commonly inscribed. An independent prince-bishopric in the eighteenth century, Liége and its district was taken over successively by the expanding French revolutionary state in 1794, Napoleon’s empire after 1802, the Dutch-Walloon condominium after 1815, and, after 1830 the newly created Belgian state. Nevertheless, in spite of this background, what are interesting are the similarities between developments in Liége and those which shaped the professional history of medicine in much larger states with stronger national identities. It is a story of the progress from medicine
organized as a privileged trade corporation which only in 1699 definitively separated out pharmacy from the spice merchants' guild, and the surgeons from the barbers. In the eighteenth century, the Collège des médecins functioned as a typically ambiguous body, which Havelange well describes as part “corporation de métier”, part “organisme moderne d’encadrement des professions médicales” (p. 433). The Napoleonic period, too often seen as an unimportant blip on the historical screen, emerges here as a major time of medical advance, when there was a unique movement towards the standardization of medical training and practice throughout Europe, and when the idea of public health became privileged institutionally. This allowed what J. P. Goubert has termed the “medicalisation” of society, not with the relatively weak backing of the old regime state, but with the more effective and coercive powers of Napoleonic rule. The creation of clear boundaries between legal and illegal medicine in this period also laid the foundation for the increasing prominence of medical figures licensed by the state, who used the frequent epidemic outbreaks of the century as the basis of increasing social intervention. To enhance the value of his story, Havelange also engages with the heroic task of constructing a prosopography of the medical profession in and around Liège for this period, taking in not only licensed medical doctors, but also inferior grades of practitioner.

Havelange’s account, however, is not just another local study confirming Goubert’s “medicalisation” thesis. He sets it within a complex historiography, questioning the bases of medical history itself, and reminding the reader of the roots of the genre in the eighteenth century with the attempts of medical historians to write the history of their profession so as to raise their professional status. He also criticises the current attempts to link medical history with methodologies culled from anthropology and sociology, rightly pointing out the functionalist and presentationist orientations of both these social sciences as real difficulties in their use by medical historians. This combination of empirical archival labour and acute conceptual criticism makes this study well worth reading, as does its light and elegant style.

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