

Health: The History of a Concept

A proposed volume for the series “Oxford Philosophical Concepts,” to be edited by Peter Adamson, Professor of Ancient and Medieval Philosophy, King’s College London.

Main Goal of Series

The main goal of the OPC series is to offer philosophically subtle and historically sound accounts of central concepts in the history of philosophy. Each volume will be a history of its concept in that it will offer a story about the most significant events in the life of the concept from its original inception through its transformations to its modern use. The point of this narrative is to deepen understanding of the concept and explore its role in the history of philosophy. Volumes will include the best international scholars, “extra-philosophical” material or Reflections, a lexicon mapping the relation between the concept and terms referring to it, and thorough indices.

Overview

A striking feature of the history of philosophy, stretching from the ancient period through medieval times and up to modern philosophy, is the fact that so many great philosophers had interests in medicine. In the ancient and modern periods one thinks immediately of such examples as Empedocles, Aristotle, Sextus Empiricus, Philoponus, Avicenna, and Maimonides. In the modern period we have Descartes, who commented to the Marquess of Newcastle, “the preservation of health has always been the principal end of my studies,” Locke, who served as a personal physician and worked closely with Sydenham; Boyle, who wrote about the methods of Galen; Berkeley, who worked on tar water; and Leibniz, who claimed repeatedly that he was a Hippocratic. Conversely, prominent figures who were primarily doctors had interests in philosophy. In the ancient and medieval periods one could name Hippocrates (or at least some authors of the Hippocratic Corpus), Galen, and al-Razi. For the modern period, examples would include English physicians like Harvey and Charleton, and early Cartesians like Regius and de la Forge. It is, thus, unsurprising that philosophical ideas often affected medical ones, and vice-versa. In some cases, medical works are our most important sources for philosophical doctrines – one example would be early Stoic views on the soul and its relation to body, preserved thanks to Galen’s polemic against Chrysippus and other Stoics.

At the heart of this fruitful interchange between medicine and philosophy is the concept of health. Needless to say health is a medical concept, indeed, the concept that gives medicine both its definition and its *raison d’être*. But it is also a philosophical concept. Even defining what one means by health is no easy matter. The task involves factual claims about the body which is or is not healthy – for instance, the humoral theory – as well as a normative claim of what it means for the body to be healthy – for instance, that the humors should be in balance. There are epistemic issues about how to arrive at such a definition. We often find attempts to do so by drawing parallels between the human case and other cases. Most obvious, and found already in Presocratic material, is the microcosm/ macrocosm analogy. Thus for instance, the reason why health would be a balance of humors is that it would mean the body’s constituents coming into proportion, the way the different elements of the cosmos are kept in proportion.

Health is an unusual sort of normative concept. For one thing, it is almost inconceivable that someone could prefer not to be healthy. Ironically, such a preference would in itself be taken as a sign of mental illness. By contrast it is easy to imagine someone preferring not to be, say, wealthy or powerful; nor is it difficult to imagine someone (e.g. certain characters in Platonic dialogues) not wishing to be virtuous. In the ancient tradition, each philosophical school sought to explain the source and nature of this unusual and powerful example of normativity. Some schools found this easier than others. For instance Aristotelianism was able to use health as a core example of the way normativity applies to

physical states. This view of health is part and parcel of the Aristotelian commitment to teleology in nature. Whereas the Stoics, for whom all normativity is grounded in virtue, had to devise a special category to handle health (and a few other items, such as wealth): the 'preferred indifferent'. This would become one of their more controversial, and for many critics implausible, doctrines.

Even though health is most obviously a concept applied to bodies, the history of philosophy is full of authors and texts which apply the concept to psychological states, or who go further by doubting the very opposition between healthy bodily states and healthy psychological states. We still speak today of mental illness, of course, but in the ancient and medieval tradition even ethical vice was seen as a kind of illness. Correspondingly, many authors envision a kind of medicine that applies to souls rather than, or in addition to, bodies. (Hence for instance an ethical work by the 10th century Arabic physician, al-Razi, entitled *The Spiritual Medicine*.) One might be tempted to take this as a mere metaphor. On this reading, talk of "health" in the case of the soul would simply be a way of referring to the soul's best state. This is already interesting and important: just think of the complexity with which the more or less metaphorical parallel is explored in Plato's *Gorgias*. But it's clear that authors, starting at least with Galen, also see an intimate causal relationship between bodily health and psychological health: a temperate body is a necessary (even sufficient?) condition for a temperate character. Such authors also exploit the parallel between physical and psychological health to suggest that bodily treatments have analogues at the psychological level. Because of these powerful links between the health of body and the health of soul, we find authors distinguishing between preventative and curative medicines for the soul; we find Galen claiming that he can improve a patient's ethical character by recommending a change in diet; we find detailed explanations of how certain bodily states give rise to certain ethical states.

Health is, furthermore, an important concept in the philosophy of science, because health constitutes the goal of medicine. Medicine, in turn, has a famously problematic status within the hierarchy of sciences. If we look again at a text like Plato's *Gorgias* we can see Socrates using medicine as a standard of rational art, even if medicine is distinguished from philosophy because it has to do with bodies rather than souls. But, despite the importance of health in the Aristotelian corpus, there is no Aristotelian work on medicine. Aristotle's dominance in the late ancient and medieval worlds thus forced a choice: either supplement his works with those of authors like Hippocrates and Galen to yield a more complete textual basis for medical science; or admit that medicine is not really a science, properly speaking, but an applied art, more akin to carpentry than mathematics. We can see the former tendency in the ancient curriculum of logical and medical works developed at Alexandria, and the latter tendency in an author like Avicenna. The conflict over this point finds echoes in the Renaissance tradition, when Galen's position on the question was a matter of dispute among the scholastics.

Of course our proposed volume is not intended to deal with the epistemic claims of medicine as such. But an examination of the concept of health is inextricably bound up with the methodological status of the medical discipline(s). To take just one example, an obstacle to seeing medicine as properly "scientific" was the fact that medical treatment was seen as highly dependent on the particularities of each patient. A good doctor would tailor the cure to the victim of the illness, not just the illness itself, and the same for prescriptions of prophylactic regimen. (One might think here of a well-known text from outside the medical tradition: Aristotle's comment in the *Ethics* that the correct diet is dependent on one's physical constitution.) Indeed many doctors prided themselves on their context-sensitive expertise and emphasized the need for long practice in order to achieve it. But the same feature of medicine could be used to suggest that medicine is more like a knack than a proper science. A related notion, which again raises the question of how medicine relates to ethics, is that doctors must themselves be virtuous in order to perform successful diagnosis and to effect a cure.

All the issues mentioned above remain salient as we move into the Renaissance and the early modern period. Consider for instance the implications of a more naturalistic, even mechanistic, world-picture for medicine. To the extent that early modern thinkers moved away from a teleological or normative understanding of nature – and towards a physical

conception in which bodies simply interacted according to laws of nature – their conception of health was bound to change. Yet, as already mentioned above, the notion of health cannot really be divorced from the notion of proper function. How can “proper function” be explained in the absence of a teleological account of the nature of the organism whose function is at issue? Furthermore, some of the authors central to the ancient and medieval medical traditions (especially Hippocrates, Galen and Avicenna) remain key texts well into the modern period, still used into the 17th century and even later. As late as the 19th century, Galen, Hippocrates, and even Paul of Aegina were still printed, at least in part with medical ends in mind and not simply for antiquarian interest. So we should expect a high degree of continuity in terms of the philosophical import of the history of medicine – even if, arguably, the disciplines of philosophy and medicine begin to move apart somewhat in the early modern period, simply by virtue of increasing specialization.

Nowadays, when it would be a rare person who could claim specialism in both medicine and philosophy, the old philosophical issues regarding health remain with us. Consider the implications of conceiving health as “proper function” in the political sphere: one striking case is the debate of a few decades ago as to whether to identify homosexuality as an illness. Or consider the movement towards emphasizing a holistic and patient-specific understanding of health. Indeed it remains controversial how best to define “health,” even if the question is usually put by asking for a definition of the complementary term “illness” (in the contemporary literature one thinks for instance of classic studies like Georges Canguilhem’s *Le Normal et le pathologique*). There are also disputes about how health should be balanced with other human goods. Consider, for instance, debates about the quantity of life as opposed to the quality of life, which would not be resolved simply by an account of what health is. (Here one might recall Socrates’ point that health could actually be an evil in the case of a person who lacks virtue, since they will use their fit physical condition to harm themselves and others.) It is our hope that a better understanding of health as a concept in the history of philosophy will help to shed some light on the issues faced by contemporary philosophers of medicine.

The structure of the volume

The volume will have two chapters devoted to each of four periods: ancient, medieval, early modern, and later modern/contemporary. We have been careful to assemble a team of authors who all have interests in both the history of medicine and the history of philosophy. This fact alone makes the proposed volume unique and exciting: even in these days when interdisciplinary is cherished, there has been too little in the way of collaboration between historians of medicine and historians of philosophy, especially in projects that span such a large time period.

The volume would also be distinctive in focusing on the Islamic and Jewish tradition in the medieval period. While this is perhaps only to be expected owing to the specialism of the volume editor, Peter Adamson, it is clearly justified intellectually. Medicine was a core activity for medieval philosophers who wrote in Arabic in a way that it mostly was not for Latin philosophers up to the 12th century; and figures like Avicenna and al-Razi had a huge impact on the Latin Christian tradition, as will be explored in our chapters on Renaissance and early modern thought. One could not hope to present a continuous historical narrative from, say, Hippocrates to Descartes, without devoting attention to these figures from the Islamic world. (We also note with pleasure that the very first recommendation under “scholarly standards” in the series guidelines for editors is to include the Islamic and Jewish traditions.) The story will be completed with essays on the Renaissance, early modern philosophy, the 18-19th centuries, and then finally a piece on contemporary philosophical attempts to define health.

The following contributors have agreed to write chapters in the volume:

Ancient period

James Allen (Pittsburgh); Mark Schiefsky (Harvard).

Medieval period

Peter Adamson (King's College London); Peter E. Pormann (Warwick).

Renaissance and early modern period

Guido Giglioni (Warburg Institute); Gideon Manning (Caltech).

Later modern and contemporary period

Thomas Broman (University of Wisconsin); Elseijn Kingma (King's College London)*

*Note: Dr Kingma has just given birth and I have been holding off on approaching her to ask her to write this, but I'm optimistic she will be happy to contribute.

There will be a high degree of coordination between the two authors for each period, but also across periods. To facilitate this we hope to run a workshop conference (probably in London in the late summer of 2012).

As with other volumes in the series we will commission eight interdisciplinary "side notes" or "reflections." There will be two such submissions for each historical period. For the medieval period, because the two main chapters will focus on the Islamic tradition, we will solicit notes on health in Latin medieval philosophy. Each of the eight chapters will be no longer than 12K words, and the reflections can be up to 1K words. That amounts to 104K words, and another 6K or so for the introduction will bring the grand total to 110K words.

In order to keep this volume to a manageable size and to pursue a coherent narrative which follows themes from the ancient (especially Galenic) tradition through to early modern times, we have with some regret chosen not to devote whole chapters to the concept of health in non-Western traditions, e.g. Indian and Chinese medicine and philosophy. We hope, however, to devote reflections to non-Western traditions, and to provide guides to further reading on Indian and Chinese thought.

Publication schedule

As mentioned above we hope to run a workshop in London in the late summer of 2012 which would gather together the authors of the chapters and perhaps some of the authors of interdisciplinary reflections (this will depend a bit on funding). All six main authors will look at each other's work in order to facilitate cohesion of the volume. Final versions would be due in early 2013 with a prospective publication date of 2013-14. Note that the volume editor, Peter Adamson, has received a research project grant from the Leverhulme Trust which will allow him to devote some resources (e.g. the help of a Research Associate) towards the organization of the workshop and editing of the volume. It is also planned that we will make an application for funding for the workshop from the Wellcome Trust.

Prospective audience

Our intended audience is a broad one, and would include especially readers interested in the history of medicine and the history of philosophy. We would also hope to attract the attention of readers with a specialist interest in ancient medicine, Islamic studies or Renaissance studies, since these are areas of particular focus in the volume. It's worth noting that, although there are volumes dealing with medicine or health in individual periods (e.g.

Ancient Medicine by Vivian Nutton, *Health in Antiquity* ed. by Helen King, *Medieval Islamic Medicine* by P.E. Pormann and E. Savage-Smith), these do not necessarily take a philosophical approach. Of course there are also studies, or collections of studies, on the intersections between history of medicine and history of philosophy. In the ancient period for instance one would think of the work of Philip van der Eijk (for instance his *Medicine and Philosophy in Late Antiquity*). Also in the ancient period, the works of Galen are receiving increasing attention from philosophers. In collaboration with James Wilberding, Peter Adamson, the editor of the proposed volume, is in the process of editing a volume on philosophy and Galen for the Institute of Classical Studies, and there is also the recent *Galen and the World of Knowledge*, ed. C. Gill et al, as well as the 2003 volume *Galien et la Philosophie* and the *Cambridge Companion to Galen* which pays due attention to the philosophical side of the Galenic corpus. Yet all these developments seem to suggest more that the time is ripe for a volume such as the one we propose, than that such a volume would be superfluous. Certainly there is no philosophically-oriented study of the concept of health from the ancient to the contemporary period, such as the one we propose here.