

# QMR- Queen's Medical Review

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## What's New in the World of Ancient Medicine?

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### An Interview with Dr. Paul Potter

By *Aisha Ghare, Class of 2015*

Dr. Paul Potter is a physician and former Hannah Chair in the History of Medicine at Schulich School of Medicine & Dentistry at Western University. He has taught at the school for 37 years. He received his BSc and MDCM from McGill University and his DPhil from Kiel University.



**Queen's Medical Review (QMR):** What drew you to the study of ancient medicine?

**Dr. Paul Potter (PP):** I was drawn to the History of Medicine as an ideal opportunity to combine my two great interests in languages – especially ancient Greek and Latin, but also the modern languages (French, German, Italian and Spanish), [with] the sciences and medicine (McGill BSc and MDCM).

**QMR:** What constitutes “ancient” medicine?

**PP:** Generally anything between the invention of writing in 3000 BC and about 500 AD could be called ancient medicine (including Egyptian, Babylonian, Chinese, Indian, etc., medicine), but we classicists use the term more specifically to mean Greek and Roman medicine from about 800 BC to 500 AD.

**QMR:** So what is new in the world of ancient medicine?

**PP:** Scholarship in ancient medicine is evolving surely but slowly, so that “new” is measured in generations of scholars, not in years or months. Over my career three trends are clearly perceptible:

1) The main questions being asked [are different]. They are no longer:

- “Which treatises in the Hippocratic collection of writings (450-350 BC) are genuine, i.e. written by the historical Hippocrates?” and
- “Which individual writings can be analysed to [uncover] hypothetical schools of thought that shaped ancient medicine?”

The questions are now:

- “What basic ideas did the ancients have about the body and its functions in health and disease?”,
- “How does medical thought fit into the framework of contemporary philosophy, i.e. science and literature?”, and
- “How did the professional situation of ancient physicians shape their attitudes of knowledge and society?”

*“Whereas 40 years ago we concentrated our interest on the purely intellectual contents of ancient medicine, today we are far more interested in the cultural and social factors [involved].”*

2) In the 1970s we looked at the handwritten documented evidence for our texts that spans the time from 300 BC to 1550 AD solely as a means of reconstituting the original texts of 400BC, but today we are interested in the history of the evolution of the text through all the intervening periods and how it relates to the medicine of those eras.

3) Whereas 40 years ago we concentrated our interest on the purely intellectual contents of ancient medicine, today we are far more interested in the cultural and social factors [involved]. [For example], we now ask questions such as “how are female structures, functions, and disorders brought into relation with their common human counterparts?” and “how do practitioners and patients perceive each other and how do they each seek to maintain their integrity in the clinical arena?”.

**QMR:** Do you think these answers and discoveries about ancient medicine will impact modern medicine and if so, how?

**PP:** Most of the larger questions faced in contemporary medicine were addressed by ancient writers. [Questions such as] “what is the ethical relationship of the practitioner to his patients?”, “how can medicine reconcile the imperatives of research trials with the rights of individual patients?”, and “how, in an age obsessed with apparently objective numerical analysis, can we properly value the ability of practitioners to make decisions based on phenomena not reducible to this type of assessment?”.

*“...there's more to be found [in ancient medicine] than people see.”*

Also, everybody is aware of the Hippocratic oath. However, there's more to be found [in ancient medicine] than people see. Evidence-based medicine (EBM) is statistical analysis of the results of medicine, [but it is not a new concept]. Galen asked the question “how many patients does it take [to benefit from a treatment]? 10? 20? 50? If it takes 50, why is that important?”. [He and others also explored the ideas of control populations, relative risk, validity, etc. millennia before EBM formalized these concepts]. Hence, an understanding of the ancient approach is valuable.

**QMR:** You were recently at a conference on ancient medicine in Europe. Could you tell us a little of what goes on behind the scenes?

**PP:** The meeting I attended in Paris was the fourteenth in a series of 3-year Colloque international Hippocratique, devoted to the study of the Greek writings attributed to Hippocrates of Cos (c. 460-380 BC). There were about 60 attendees from ten countries and 28 papers on the program dealing with many aspects of the writings and their influence up to about 1650 AD. My paper explored how one author's understanding of the way individual diseases are defined and classified determined the principles by which he organized his treatise “On Barrenness”.

**QMR:** Are there many conferences in the field of ancient medicine? Where can we find the resulting papers?

**PP:** [There are many conferences]: one for Galen, one for editing ancient medicine texts, and a whole series on ancient Latin medicine. Most of the people in the field go to these conferences and publish all the papers in a volume. That's where people tend to publish rather than periodicals. Sometimes people circulate the papers before they're published, but they don't get the final published form for 2-3 years. It takes several years, just as in other areas of medicine [to publish and have the information disseminated].

One difference [between ancient medicine and other areas of medicine is that] if you get an idea, you don't have to rush out and publish it right away with worries that someone else might publish it first. You can sit on it for years before publishing.

**QMR:** Many medical conferences are known to have lots of debate and disagreements. Is this an issue in ancient medicine conferences?

**PP:** We [scholars] can't communicate very well; we speak different languages. Hard-handed arguments are impossible. Because we're doing historical theories, we can go on having contrasting theories for a lifetime. It's not like one wins and others are invalid. There are really different schools of thought and these continue. [However, sometimes you can] discover something. [For example, for some time] one of Galen's books [only had] an Arabic translation. The Greek [version] had been lost. People tried to guess from the Arabic what he said in Greek, [and later when we unearthed] the Greek manuscript, we could go back and see how much of the translation was correct by looking at the original.

*"Because the ancient writings take on timeless questions...[they] will always have an appeal for thoughtful health care givers."*

**QMR:** In the last few years/decades, are you seeing doctors and other health professions looking more closely at the past or are we moving further away?

**PP:** Because the ancient writings take on timeless questions and explore them with both confidence and intellectual freedom they have always and will always have an appeal for thoughtful health care givers. The main barrier to be overcome is the apparent linguistic and

cultural foreignness that separates us from them. It leaves translators and lecturers like me to remove that barrier as best we can.

**QMR:** Since you're one of the leading scholars on Hippocrates, is there an interesting tidbit you'd like to share about him that most people wouldn't know?

**PP:** "Life is short, the art is long" or a series of aphorisms that starts off that way. This slogan has become so general, but people don't know that it's from Hippocrates and most don't realize that the quote is about the medical art.

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