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Galen and the Arabic Reception of Plato's Timaeus by Aileen R. Das

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The title of Aileen Das' first monograph, *Galen and the Arabic Reception of Plato's Timaeus*, may mislead readers into thinking that she is solely interested in contributing to the growing literature on reception studies of this important Platonic dialogue. As valuable as Das' contributions to that literature are, in actual fact Das weaves through Greek, Arabic, and Hebrew texts and manuscripts to investigate the relationship between medicine and philosophy in Late Antique Roman and Islamic societies before 1200. She shows how Galen's particular use of this dialogue, in both his commentary on the *Timaeus* and other writings, helped him advance the epistemic authority of medicine *vis-à-vis* philosophy. Galen did so, Das argues, in order to carve out a niche for his own anatomical and medical expertise to settle longstanding disputes among Greek and Roman philosophers over the "corporeal location of the ruling part of the soul" [25]. She then follows up with four case studies of important Islamicate scholars—Ḥunayn ibn Iṣḥāq (d. ca 875), Abū Bakr al-Rāzī (d. ca 925), Ibn Sīnā (d. 1037), and Maimonides (d. 1204)—showing how they used the works of Galen, including his reading of the *Timaeus*, to expand or curtail the boundaries of medicine and a physician's authority in settling key philosophical (and even theological) debates.

The book begins with an introduction that situates Das' book within both *Timaeus* reception studies and, more importantly, within the interdisciplinary field of science, technology, and society (STS). In the latter case, she builds upon Thomas Gieryn's concept of "boundary work" and Pierre Bourdieu's notion of "symbolic capital" to show how Galen—and, following him,

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his Islamicate successors—redefined “knowledge categories” and disciplinary boundaries to rethink and assert their “professional identities” and epistemic authorities [4]. She moves beyond the standard STS literature by applying these concepts to the premodern period and by presenting the Islamicate authors as intellectual thinkers (as opposed to mere “synthesizers”) who “continually refigure...Galen’s map of medical and philosophical knowledge” to construct their own boundaries between medicine and philosophy [4–5]. The introductory chapter also provides a neat overview of pre-Galenic debates, the social context of physicians, and the epistemic authority of medicine that Galen tried to reestablish through his reading and commentary on the *Timaeus*.

In chapter 1, Das argues convincingly that Galen used the “medical” sections of the *Timaeus* to “extend medicine’s jurisdiction” to the extent that a physician and anatomist is presented as having epistemic authority in debates on matters related to the body, soul, ethics, and even the cosmos [33]. The chapter focuses on the oft-neglected Galenic commentary *On the Medical Statements in Plato’s Timaeus* along with his *On the Doctrines of Hippocrates and Plato*, *The Faculties of the Soul Follow the Mixtures of the Body*, and *On My Own Opinions*. Das excels in situating Galen’s own readings of the *Timaeus* within his context, often against the grain of Galen’s own claims that he had “an unmediated connection to Plato” [36]. Another highlight is Das’ use of the later Arabic and Latin surviving fragments of Galen’s corpus to understand Galen’s aims in composing both *Medical Statements* and his *Synopsis of Plato’s Timaeus* and to discern how Galen used passages from the *Timaeus* to weaken the boundary between medicine and philosophy. In the remaining three works, *On the Doctrines*, *The Faculties of the Soul*, and *My Own Opinions*, Das shows how Galen deployed selected passages from the *Timaeus* to establish a physician’s authority

- (1) to settle the dispute over the ruling part of the soul (i.e., brain),
- (2) to shape the character and ethics of individuals through a dietary regimen, and
- (3) to investigate the sensitive ability of plants and the cosmos writ large.

The remaining four chapters show how, through the Arabic translations of the Galenic corpus and the simultaneous (seeming) absence of direct translations of Plato’s dialogues, four physicians from pre-1200 Islamic societies (one from each century) deployed Galen’s understanding of the *Timaeus* to perform their own boundary work. In particular, they came to associate Galen’s position, i.e., that physicians have epistemic authority over the aforementioned three domains, with Plato’s *Timaeus* itself. Das shows that, as far

as Ḥunayn and al-Rāzī were concerned, Galen could have extended the reach of medicine and physicians even further into territory usually reserved for philosophy and philosophers, while Ibn Sīnā and Maimonides both sought to reassert the superiority of philosophy over medicine by reining back Galen's extension of the boundaries of medicine.

In the chapter on Ḥunayn, Das' primary focus is his *Ten Treatises on the Eye*. In particular, she shows how Ḥunayn uses the discussion of the eye and sensation from Galen's *On the Usefulness of the Parts* (and its use of the *Timaeus*) to argue for the elite nature and epistemic authority of ophthalmology as a field. By doing so, Ḥunayn challenges Galen's own dismissal of specialization within medicine in order to elevate the socioeconomic status of ophthalmologists, and arguably other medical specializations.

Some of the arguments in this chapter seem a bit stretched, such as her attempt to connect the circular plan of Baghdad with the caliphal palace at its center to the circular structure of the eye and the centrality of its crystalline humor [93–95]. To be fair, Das anticipates this critique: "In mentioning Baghdad's circular plan, I am not proposing that Ḥunayn took direct inspiration from the place when outlining his anatomy of the eye" [94]. Of course, what is perhaps easier to see is that ideas about the center of a circle being the *telos* or the sake for which the peripheries are created underlie both Ḥunayn's argument for the importance of the crystalline humor and why the caliphal palace was at the center of the city of Baghdad. The contexts to probe here would be the philosophical, mathematical, and even social and religious contexts (e.g., circumambulation of the Ka'ba) of ninth-century Iraq and surrounding Islamic societies that undergird Ḥunayn's argument. None of these details, however, takes away from the compelling case Das makes for how Ḥunayn used the *Timaeus*, through Galen's mediation, to increase the authority and reach of physicians including those specializing in ophthalmology.

The chapter on al-Rāzī is central to the book's argument, as Ibn Sīnā's and Maimonides' lashing out against the overreach of Galen in philosophical issues can be seen in part as a critique of al-Rāzī's expansive characterization of a physician's authority. Das shows al-Rāzī to be a physician who felt that he had the authority as a physician to discuss metaphysical issues, and one who not only found Galen limiting in this way but also found Galen's limited forays into traditional philosophical terrain false because he was an inferior philosopher and poor student of Plato.

Al-Rāzī seems to have known the *Timaeus* not only through Galen's works but also through his reading of Porphyry, Proclus, and other Neoplatonists (and their opponents). Das makes elegant use of many of al-Rāzī's surviving works, in particular his *Doubts against Galen*—a text that, Das explains, was a direct result of al-Rāzī's push to carve out a greater role for a proper, metaphysically trained physician in philosophical discussions. And this is the overreach into physics (e.g., into discussions of the essence and nature of the soul) and metaphysical issues (e.g., God's benevolent nature) that critics of al-Rāzī, especially Ibn Sīnā and Maimonides, found so troubling and sought to correct. However, it is curious that al-Rāzī still chose to exclude the detailed discussions in physics and metaphysics from his strictly medical works, consigning them to his philosophical works instead [120].

Although I agree with Das that al-Rāzī did not think that physicians were intellectually incapable of addressing such topics, this distinction between what is and what is not appropriate for medical works *vis-à-vis* philosophical works in this earlier period (and why) needs to be investigated further within Islamic contexts themselves, perhaps even by comparing these boundaries (however porous) and/or textual genre conventions to other overlapping disciplines. This careful exclusion of certain discussions from medical works is also found in Ibn al-Nafīs' (d. 1288) medical commentaries even though he, like al-Rāzī, composed works in philosophy to challenge existing claims in Avicennan physics and metaphysics, and even though his reworked topics in physics (e.g., the soul-body relationship when dealing with faculties) inform discussions in his medical commentaries. Moreover, from the 14th century onward, we see a greater discussion of issues in physics and metaphysics in the medical commentaries themselves. Clearly, whatever social and institutional contexts were preventing such boundary crossing in terms of textual genres in the earlier period no longer existed for medicine and philosophy, at least in the minds of some medical authors, in the 14th, 15th, and early 16th centuries [see [Fancy 2018](#)].

In chapter 4, Das turns to Ibn Sīnā and explores the (potential) tension between his *Canon of Medicine* and his *Treatise on Cardiac Drugs*. Das argues that in the *Canon*, Ibn Sīnā categorically denies the physician any expertise on theoretical matters, deeming them to be a part of natural science and metaphysics, and so under the domain of the philosopher. She particularly emphasizes the famous passage from *Canon* I.I.I.2 wherein Ibn Sīnā distinguishes between topics and discussions a physician *qua* physician can undertake and what things are deemed to be off-limits. She follows Dimitri Gutas' interpretation of this passage almost exclusively, as other historians

have in the past (including the current reviewer), to show that in the *Canon* Ibn Sīnā sought to “weaken Galen’s credibility in order to reduce the threat of Galenism” to Aristotelian natural philosophy [142], especially, the threat of Galen’s defense of a tripartite soul and encephalocentrism to Aristotle’s cardiocentrism. Das recognizes the role played by Avicenna’s psychology here in connecting the uniform, simple soul with one body part [153–156]. Some of the details of Avicenna’s argument, particularly how novel it really was (and not just a reassertion of Aristotelian cardiocentrism), are not explained as well as they could have been, though they would have further strengthened Das’ argument. For Ibn Sīnā, the heart is the true source of all faculties through a double potentiality (akin to his understanding of the double potentiality/two actualizations inherent in motion). The soul endows the heart with the faculties (potentialities) for all actions, including sensation. The faculty of sensation, for example, undergoes a first actualization in the brain, which allows the brain to control and distribute that faculty, but the second actualization occurs when sensation is truly realized in the sensing part (such as the fingertip). This double actualization and the preparatory role that Ibn Sīnā assigns to the vital faculty are both entirely novel to him.¹ Once we recognize how this double actualization mirrors Ibn Sīnā’s argument for the two perfections of motion in his philosophical corpus, we can see how much Ibn Sīnā’s new interventions in philosophy undergird his medical text, even if he chooses to limit the kind of philosophical discussions found in the *Canon*, as compared to his philosophical compendium *The Healing*.

Of course, Ibn Sīnā engages with much more philosophy in his medical work, *Cardiac Drugs*. Following Gutas’ reading of the restrictive passage from *Canon* I.I.I.2, Ibn Sīnā includes and discusses precisely the kinds of medical topics in his *Cardiac Drugs* that he had seemingly deemed off-limits for physicians, such as the nature of *pneuma* and the detailed philosophical account of pleasure. Das suggests that Ibn Sīnā may have included these philosophical topics because *Cardiac Drugs* was composed for a philosophically oriented patron. Nonetheless, she concludes that the contradiction between

- (1) Ibn Sīnā’s statement and practice in the *Canon* on which theoretical matters can be discussed and
- (2) his practice in *Cardiac Drugs*

¹ For more on this, see Fancy 2013, ch. 4.

suggests that Ibn Sīnā offered “two opposing conceptions of the relationship between medicine and philosophy” [168], or even that Ibn Sīnā’s “subversion of his own disciplinary rules can [perhaps] be interpreted as a sign of his affiliation with the Galenic tradition” [169].

Although I am sympathetic to Das’ openness to exploring tensions and inconsistencies in the works of past thinkers, in this particular case there may be an easier way to reconcile the apparent tension or contradiction. After all, as Das notes, the *Canon* engages in detailed discussions of pleasure in which Ibn Sīnā brings in material from Plato’s *Timaeus* in addition to other philosophical works. Das sees this as Ibn Sīnā’s “inability to erase all the more expansive epistemic claims that Galen makes for medicine” [159]. However, could it be that Das (and many others, including this reviewer) have been misled by Gutas’ interpretation of *Canon* I.I.I.2? Does the text really state that investigations into all matters of medical theory are off-limits for the physician?

As Das herself notes, Ibn Sīnā draws a distinction between *haliyya* (whether something exists) and *māhiyya* (what something is), and it is only the former (i.e., the existence of certain theoretical subjects) that is deemed off-limits to the physician *qua* physician [147]. This means that a physician *qua* physician may have to accept the existence of elements, temperaments, or faculties from a philosopher, but how the faculties worked, how pleasure functions, and so on, were all questions about the *māhiyya* and thus were deemed questions that a physician *qua* physician could address.

If we adopt this more direct reading of the passage, then there is no conflict between the *Cardiac Drugs* and the *Canon* (or between *Canon* 1.1.1.2 and the later discussion on pleasure). The noticeable presence of detailed philosophical discussions in *Cardiac Drugs* compared to their relative paucity (though not absence) in the *Canon* could then be explained using genre conventions and audience expectations (on which more work certainly needs to be done).

For example, we have seen that even though al-Rāzī advocated expanding the epistemic authority of physicians, he still adhered to genre conventions. In fact, Ibn Sīnā’s final position on women’s contribution to generation is identical in the *Canon* and *The Healing*, although the latter’s discussion is far more detailed and philosophically sophisticated. The fact that Ibn Sīnā included the revised position on women’s contribution (which is again neither Galenic nor Aristotelian) shows that he expects physicians to engage in such investigations related to *māhiyya*. In fact, all major 13th-century

commentators on the *Canon*, including Fakhr al-Dīn al-Rāzī (d. 1210), al-Sāmīrī (d. 1282), Ibn al-Nafīs, and Quṭb al-Dīn al-Shīrāzī (d. 1311), read *Canon* 1.1.1.2 as unproblematically stating that only investigations into the existence (*haliyya*) of theoretical medical matters were off-limits for physicians *qua* physicians and not investigations into what they are, how they work, what roles they play in the body, etc. And this distinction between *haliyya* and *māhiyya* was maintained by commentators who continued to adopt the earlier genre distinctions, such as Ibn al-Nafīs, and those who dispensed with them, such as al-Shīrāzī and his successors in the 14th, 15th, and 16th centuries. In all likelihood, the inconsistency that Das sees between the *Canon* and *Cardiac Drugs* has been imposed upon Ibn Sīnā and his corpus due to our (mis)reading of the passage from the *Canon*.

In her final, substantive chapter, Das examines the works of Maimonides, in particular his *Guide to the Perplexed*, his *Medical Aphorisms*, and his medical treatises, such as *On Asthma*, *Regimen of Health*, and *Commentary on Hippocrates' Aphorisms*. She shows that Maimonides perhaps goes the farthest in remedicalizing Galen by undercutting his entire authority in philosophical and theological matters, going so far as to label him a “heretic” [172]. In this respect, Maimonides’ project is significantly more conservative than even Ibn Sīnā’s, although both ultimately advocate a more cardiocentric physiology akin, though not identical, to that found in Aristotle’s works. A highlight of this chapter is Das’ use of the *Guide* to show that Maimonides attacks Plato’s account of creation in the *Timaeus* as heretical in itself, and thus condemns Galen’s upholding of it and his reliance on the *Timaeus* to carve out a space for his forays into philosophical matters [173–181]. Of course, Maimonides did not just stick to theological critiques but also proceeded to challenge Galen’s authority as an anatomist and systematic thinker in *Medical Aphorisms* by critiquing Galen’s arguments for a Platonic tripartite soul, as found in *On the Doctrines of Hippocrates and Plato*.

In conclusion, *Galen and the Arabic Reception of Plato's Timaeus* is a very important and timely book for the history of medicine in Islamic societies. It provides an excellent account of the types of intersections and boundary reconfigurations that were possible between medicine and philosophy from the time of Galen to the late 12th century in Islamic societies. It also provides a much needed corrective to standard accounts by showing how the Late Antique and Islamic successors negotiated certain “patterns of knowledge” that Greek authorities like Galen (and Aristotle and Plato before) had put into place rather than dismissing the work of these later scholars as merely that of “synthesizers” [200]. Personally, I know that I will be returning to Das’

investigations and the questions that she raises with regard to the different conceptions of the epistemic authority of physicians and medicine that were prevalent in Islamic societies before 1200 as I wrestle with how these early conceptions were negotiated, critiqued, and/or transformed in the work of later medical writers.

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