9 Reading Galen in Byzantium

The fate of *Therapeutics to Glaucon*

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Introduction

Much of what we possess of Greek literature nowadays we owe to the Byzantines, who were keen readers of ancient works and avid collectors of manuscripts, thus ensuring their transmission. However, over and above the significant contribution to the preservation of Greek treatises by Byzantine readers, we often underestimate the intellectual activity of Byzantine authors reflected in their creative transformation of ancient texts, and thus simply label them mere compilers or mediators of the ancient legacy. As Hans Robert Jauss has so nicely illustrated, a text is a living entity not just in the original context in which it was produced, but in any cultural environment where it is revived, and provokes different responses from its various readers in each period. It would be seriously deluded to think that we can somehow recreate the original responses of Byzantine readers, but we can get an idea of the readers’ perspective by examining, for example, the role of Byzantine authors as users and interpreters of ancient texts. Such an examination will not only emphasise the various ways that ancient texts influenced and facilitated the needs of Byzantine readers, but it will also provide us with a better understanding of the various versions and forms in which a given ancient text became available in Byzantium.

In this chapter, I shall focus on the Galenic corpus, whose dissemination in the Byzantine world was widespread and influential; in particular, I have chosen to examine the various revivals of Galen’s Therapeutics to Glaucon, which was copied widely. A number of authors produced commentaries based on this treatise and some were invariably influenced by it in composing their own works throughout the Byzantine era (AD 330–1453). My study is not exhaustive, but rather I shall select specific examples of interest from the various forms of evidence. First, I shall provide some basic introductory details on Galen’s Therapeutics to Glaucon, followed by a section on its circulation and textual transmission in Byzantium. Then, I shall go on to discuss its revival by Byzantine medical authors into two further sections; the first focuses on commentaries and the second deals with medical handbooks.

Galen’s treatise and its target audience

Galen’s Therapeutics to Glaucon (Τῶν πρὸς Γλαύκωνα θεραπευτικῶν βιβλία β´) is a treatise in two books written at some point between AD 170 and 174.
It was addressed to Glaucon, who seems to have been a contemporary philosopher and Galen’s friend. In his *On Affected Parts* Galen provides a long case history in which he refers to a certain Glaucon, who is most probably to be identified with the addressee of the aforementioned treatise. According to Galen’s account, Glaucon encountered him on the streets, not long after Galen first arrived in Rome (AD 162–165/6), and urged him to visit and examine his sick friend, a Sicilian doctor. For, according to Galen, Glaucon – in introducing the patient’s condition to him – said:

... I wanted to find out for myself, not in regard to you personally, but as to whether medical science is able to make a diagnosis and prognosis in such a case.

We have it on Galen’s own authority in this particular anecdote that Glaucon was a philosopher (Γλαύκωνος τοῦ φιλοσόφου), yet he seemed interested in medicine, in particular in the ability of a physician to make accurate diagnoses and prognoses. But it is clear that he was not a professional physician at the time. At the end of the account, Glaucon appears amazed by Galen’s outstanding ability to diagnose very quickly and without any prior knowledge of the patient’s condition that the Sicilian was suffering from inflammation of the liver.

Later on, Glaucon particularly requested Galen to write a special method of treatment, i.e. *Therapeutics to Glaucon*, for him. Right from the very beginning of his work, Galen is eager to show Glaucon’s strong association with philosophy once more by saying to him:

For truly it would be laughable if I were to teach you your own business, as if you had not learned these things from Plato long ago.

Meanwhile, from various references in the text, we can deduce that Glaucon had already read Galenic texts on anatomy (*On Anatomical Procedures*) and drugs (*On the Capacities of Simple Drugs*) and was expected to become familiar with Galenic treatises on pulses and the *On Mixtures*; furthermore, he seemed to know how to prepare certain medicaments. Additional evidence shows that Glaucon was familiar with Galen’s recommendation on the treatment of cancerous swellings, and was probably expected to be able to perform phlebotomy and scarification. We are also informed that he used to accompany Galen, as, for example, when the latter was treating a patient with a small fistula. In the epilogue of his work, Galen confirms that Glaucon would take his book on a journey on which he was soon to depart in case he encountered any medical problems. Byzantine physicians, such as Oribasios and John Zacharias Aktouarios also wrote medical handbooks, *Synopsis for Eunapios* and the *Medical Epitome* respectively, to help travelling laymen, in case there was no physician available on their journey. Galen’s claim that, thanks to his treatise, Glaucon would be able to tell why in certain cases a physician had come to erroneous conclusions is striking, and recalls Oribasios’ account in which he presents his addressee, the “sophist” Eunapios, as being capable of judging a physician’s opinion where there was a disagreement.
Moreover, the exclusion of invasive surgery from the treatment recommendations reinforces the impression that Galen’s addressee was not a professional medical man. Thus, Glaucon could be seen as a *philiatros* (amateur physician or friend of medicine), a philosopher with a great interest in medicine rather than a professional physician.

On the other hand, it is notable that Galen ends his work with a promise to Glaucon that he would compose his *Therapeutic Method* and his two treatises on the composition of drugs, which he would give him on his return or would be willing to send him, should he prolong his trip. The *Therapeutic Method* was not a treatise for the layman or ordinary physician, but presupposed a substantial knowledge of medical theory and experience. This, of course, emphasises Glaucon’s great interest in Galen’s writings on various medical disciplines, as has already been mentioned above, although we should not exclude the possibility that Glaucon might have started studies in medicine or been intending to undertake such a course of study soon. It should be noted that there is a lack of references to *Therapeutics to Glaucon* in other Galenic works, since all its contents are covered in more detail by other of his works. The first book of *Therapeutics to Glaucon* deals with the diagnosis and treatment of fevers. The second book focuses on the treatment of inflammations, tumours, and swellings. In fact, as can be seen in Table 9.1, *Therapeutics to Glaucon* could be seen as a medical handbook that takes a synoptic form by comparison with Books 8–14 of Galen’s long masterpiece *Therapeutic Method*, which treats approximately the same topics in much more detail.

To sum up, there is no conclusive evidence confirming that Glaucon ever practised medicine. *Therapeutics to Glaucon* is a work designed to allow its readers to access practical information on the diagnosis and treatment of various kinds of fevers and inflammations easily. It was presumably intended for well-educated people, who possessed a keen interest in medicine; it could perhaps also be useful

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**Table 9.1 Contents of Galen’s Therapeutics to Glaucon and their correspondence with particular sections of the Therapeutic Method**

<table>
<thead>
<tr>
<th>Therapeutics to Glaucon, ed. Kühn (1826) XI.1–146</th>
<th>Therapeutic Method, 8–14, ed. Kühn (1825) X.530–1021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book 1: Chapter 1, general principles; Chapters 2–16, diagnosis and treatment of ephemeral, tertian, quartan, quotidian, and continuous fevers and associated symptoms.</td>
<td>Books 8–12</td>
</tr>
<tr>
<td>Book 2: Chapters 1–4, diagnosis of different kinds of inflammation and their treatment, including also <em>erysipelas</em>, <em>herpēs</em>, and <em>anthrax</em>.</td>
<td>Book 13</td>
</tr>
<tr>
<td>Book 2: Chapters 5–13, treatment of oedema, scirrhous swellings, scirrhous in the spleen and liver, tumours, abscesses, fistulae, gangrenous inflammations, cancerous tumours, and elephant disease.</td>
<td>Book 14</td>
</tr>
</tbody>
</table>
for medical novices who had already been initiated into the basic theoretical 
principles of the art and wanted to acquire knowledge on the above mentioned 
topics. And we should not preclude its possible use as a brief vade mecum by 
travelling physicians too.

Textual transmission and dissemination in Byzantium

Modern scholars are often preoccupied with the interpretation of certain pas-
sages in particular ancient works. If a critical edition is available, scholars can 
benefit from the apparatus criticus, which documents the various readings in 
the manuscripts. In the case of Galenic works, in particular, the editor often has 
to consider the indirect tradition, and perhaps their medieval translations into 
other languages, such as Latin, Syriac, Arabic, and Hebrew. And this can be 
particularly useful not only in helping an editor choose a particular reading but 
also in completing parts of a text which survive in a fragmentary version in 
Greek. However, we should bear in mind that a critical edition involves the 
editor attempting to restore the text to a state that is as closely as possible to its 
original or archetypal text, and how successful s/he is in this depends on a variety 
of factors, including the editor’s skills and familiarity with the author as well as 
the quality of the witnesses. The latter is very important for our study, since 
unlike modern publishing, in which a printed text has exactly the same format in 
all copies of the book, a Byzantine reader could encounter a Galenic work in a 
variety of versions and layouts.

The Therapeutics to Glaucon or excerpts of it survive in approximately thirty 
Greek manuscripts. The vast majority of the manuscripts date between the thir-
teenth and the sixteenth centuries, although there are a few earlier witnesses, the 
earliest ones being dated to the tenth century, i.e. Parisinus suppl. gr. 446 and 
Vaticanus gr. 2254. In the absence of a critical edition, we are fortunate to have 
a brief study by Serena Buzzi of the text in Parisinus suppl. gr. 446 (= P), 
which is collated with the early nineteenth-century edition by Carl Gottlob Kühn. Since 
Kühn’s edition does not provide variant readings and we often cannot be certain 
whether particular readings are based on manuscripts, earlier editions or an edi-
torial intervention, I have collated specific passages of the first book in three 
witnesses, namely P, Laurentianus Plut. 75.9 (= F), and Beinecke MS 1121 (= 
Y), which allows us to draw interesting conclusions about the versions of the 
text that might have been available in Byzantium. P is a parchment manuscript 
consisting of a collection of medical texts by Galen, Hippocrates, and Byzan-
tine authors such as Paul of Aegina and Leo the Physician. There are a couple 
of folia missing from the beginning of the manuscript, while several folia are 
in such poor condition that they often preserve only a fragmentary version of 
the text. In fact, this damage must have happened at quite a late date and been 
caused by external factors related to its conservation and thus these losses are 
not associated with the actual production of the manuscript. However, there are 
often excerpted Byzantine manuscripts in which the scribe intentionally copied 
only a certain part of the work, as for example in Parisinus suppl. gr. 634 (= Q),
most probably dating to the twelfth century, which contains only the second book of the Galenic treatise. Thus, a complete version of a given text might not always be as easily accessible to Byzantine readers as one might think. On the other hand, Y and F, twelfth- and fifteenth-century manuscripts respectively, contain the Galenic treatise in its entirety in combination with other Galenic works (Y) and the medical corpus of the late Byzantine physician John Zacharias Aktouarios (F).

I shall present two examples, which correspond to two common reasons for which a variant reading may be found among the various witnesses of a text. Firstly, we can very often encounter the transposition of words or small phrases, which in most cases do not result in any significant difference in meaning. As we can see, P and F are in agreement but differ from Y:

P (f. 1r)
. . . τὰ τῶν κατακλίσεων τε καὶ τὰ τῆς [ἀναπνο]ῆς καὶ ὡσα κάτω τε καὶ ἄνω κενοῦται.

F (f. 177r)
. . . τὰ τῶν κατακλίσεων τὲ καὶ τῆς ἀναπνοῆς· καὶ ὡσα κάτω τὲ καὶ ἄνω κενοῦται:
. . . the [signs drawn] from the way the patient lies and from respiration and from those things that are expelled from downward and upward.

Y (f. 108v)
. . . τὰ τῶν κατακλίσεων τε· καὶ τὰ τῆς ἀναπνοῆς· καὶ ὡσα ἄνω καὶ κάτω κενοῦνται:
. . . the [signs drawn] from the way the patient lies and from respiration and from those things that are expelled from upward and downward.

If we look more closely, we can see that F, unlike P and Y, omits the article τά, which again, although it provides a variant reading, does not affect the reader’s understanding of the text. However, our second example shows that sometimes a large, and occasionally significant, part of the text can be omitted in certain witnesses, in this case in P:

P (f. 4r)
. . . κατὰ τὴν πρώτην ἡμέραν ἄλλα τὴν δευτέραν γὲ πειραταίον εξευρείν τὴν ιδέαν τοῦ πυρετοῦ·
. . . [if possible make] a diagnosis on the first day, otherwise you must attempt to discover the kind of fever on the second day.

Y (f. 111r)
. . . κατὰ τὴν πρώτην ἡμέραν διαγνωστέον εἰ ὁδὸς γὲ τὶς ἐστὶν ὁ πυρετός· ἄρα γε γρόνος ἢ ὄξυς· καὶ πότερον τῶν διαλειπόντων καλομέχουν ἢ τῶν συνεγόν· εἰ δὲ μὴ ὅδον τε περὶ τὴν πρώτην ἡμέραν· ἄλλα τὴν δευτέραν πειρατέον εξευρίσκειν τὴν ιδέαν τοῦ πυρετοῦ·
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F (f. 180v)

. . . kατὰ τὴν πρώτην ἡμέραν διαγνωστέον οἷός γε τις ἐστίν ὁ πυρετὸς· ἀρά γε χρόνιος ἢ ὀξύς· καὶ πότερον τῶν διαλιπόντων καλουμένων ἢ τῶν συνεχῶν· εἰ δὲ μὴ οἰον τε περὶ τὴν πρώτην ἡμέραν, ἀλλὰ τὴν δεύτεραν, πειράτεον ἐξεύρετιν τὴν ἱδέαν τοῦ πυρετοῦ·

. . . [if possible make] a diagnosis on the first day as to what the fever is; whether it is chronic or acute and whether it is one of the so-called intermittent or one of the continuous fevers. If a diagnosis is not possible on the first day, you must attempt to discover the kind of fever on the second day.39

Having seen some cases which help us better understand the role of scribes in the transmission and dissemination of the Therapeutics to Glaucon, it should be noted that variant readings in Byzantine manuscripts may sometimes result from the scribes’ efforts to consult more than one surviving manuscript or to make their own contributions to improve the text, much like a modern editor. We should also bear in mind that Byzantine copyists were not themselves native speakers of Attic Greek.40

What is even more striking is the impression the reader can get from the mise en page or folio layout when consulting a particular manuscript.41 In the case of Therapeutics to Glaucon,42 we can identify at least three different ways of arranging the text:

a) The text is contained within the central area outlined by the rulings with occasional brief marginal annotations.

b) The text occupies the central part of the folio; extensive scholia occupy the margins.

c) Longer or shorter extracts from the text (lemmata) alternate with a systematic commentary in the central space and are supplemented by occasional brief marginal annotations.

Let us first concentrate on some examples of the first category in which the text is transmitted in the central area without any associated commentary or substantial parts of the text in the margins. There are, however, sometimes marginal notes, made either by the scribe or by later hands, which are designed to facilitate the reader’s consultation of the Galenic text. They can for the most part be divided into two groups. First, there are some notabilia, single words or brief phrases intended to highlight a particular passage of the work. For example, in P (see Figure 9.1, f. 11v) we often see an abbreviation of the second-person singular aorist imperative ση(μείωσαι), which is a very commonly used injunction in Greek manuscripts as an emphatic indicator that could be translated “note well” or “take notice” and denotes a particular place of interest in the text.43 It may sometimes be followed by another word or a brief phrase referring to the particular contents of the passage in question, as in Y (see Figure 9.2, f. 117v), where there is the following reference to therapeutic methods:

Ση(μείωσαι) πε(ρὶ) φλεβοτομί(ας)
Note well [this section] on phlebotomy
Similarly, in Y (see Figure 9.3, f. 117r) and less often in F (see Figure 9.4, f. 175r) chapter titles usually appear in the margins, whereas in P they are inserted in majuscule in the central area otherwise reserved for the text (see Figure 9.1). This is a common feature of Byzantine medical manuscripts, and what is remarkable is that there are considerable discrepancies in the length of chapters and in chapter titles among the manuscripts of a single work, indicative of the constant intervention of scribes and readers in the transmission of the treatise. It is notable that modern editors of Galen do not in most cases provide chapter titles in their editions, considering them later additions to the text.

The second group in this format includes annotations concerning additions or corrections to the text, which in the majority of cases appear in the margins, either simply set beside a particular part of the text or cross-referenced with it by symbols, such as a cross or an asterisk. For example, in P (see Figure 9.1), the scribe uses a cross in the main body of the text above the word αἱμορραγία (= haemorrhage) to cross-reference ἐρωγύα, a misspelling in the margin of ἐρρωγυῖα (= rupture [of veins]). This is most probably the correct term, since it is retained in this particular passage in F, Y, and Kühn’s edition in preference to αἱμορραγία, which is closely related in meaning and used in the text some sentences above and below. Having checked the accuracy of his copy against his model, the scribe discovered the erroneous reading, which could only be indicated as a correction in the margin, it being too late for a major intervention in the main body of the text. Sometimes, these kinds of emendations can also be found above the line (supra lineam).

The next two categories of layout involve the existence of a commentary on the text. The texts themselves and their contents will be discussed in the next section, but I shall focus here on the modes of presentation of the Galenic work in association with its commentaries. In the case of Q (see Figure 9.5, f. 39v), the text (ff. 39r–64r) is surrounded by an anonymous collection of scholia on parts of the second book of the Therapeutics to Glaucon, written in the margins in the same hand as the main body of the text. The scholia occupy the upper, lower and outer margins of the first few folia (ff. 39r–40v) but become less extensive in the next part of the text (ff. 41r–v, 42r–v, 43v, 44r, 45r, 46r–v, 48v, 49r–v, 58v), where they are usually limited to the upper or outer margins. There is no commentary on the remaining folia. It is notable that in this case the scribe does not use any particular symbols to connect parts of the text with particular scholia, and sometimes, there is no obvious correlation between the text and the commentary, although in some cases scholia are prefaced by a gloss containing a brief phrase or term referring back to the main text. Perhaps, the scholia were written independently in several stages and only later compiled and added into the margins of Q. Interestingly, the lower margin (on ff. 41r–v, 42r–v, 45v, 48v, 50r–57v, 58r–64r) often transmits parts of another Byzantine medical text, i.e. Theophanes Chrysobalantes’ Medical Epitome, which is copied on several folia throughout the codex by a later hand and has nothing to do with the Therapeutics to Glaucon (see Figure 9.6, f. 48v). In this respect it is important to emphasise the high cost of writing materials, which often forced manuscript owners to use any available space in an
existing codex to copy other texts of their choice, in this case a medical text with brief, easily consulted medical advice intended for daily practice.

On the other hand, the late fifteenth-century Marcianus gr. App. cl. V/4 (coll. 544) (= M) written on parchment, contains Stephen’s (fl. late sixth/early seventh century) lemmatic commentary on the first book of the treatise on ff. 125v–157v,51 in which long and short passages from the first book of the Galenic text alternate with commentary in the central part of the folio (see Figure 9.7, f. 133v). The manuscript contains a large collection of Galenic treatises, and the commentary on the first book is followed by the second book of the Therapeutics to Glaucon on ff. 157v–167r. Unfortunately, there is no surviving manuscript of the commentary dated to the Byzantine period, but presumably earlier Byzantine witnesses of the text were copied; it is important to emphasise that Stephen commented on the entire first book, and thus, the surviving manuscripts of the commentary are also considered witnesses of the Galenic text itself.52 The margins of M are generally left intentionally free of text, with the exception of some marginalia, which can be classified into two main groups as discussed above. First, we can, for example, see use of the term ἀπορία (= difficulty) and λύσις (= solution) to designate the effective explanation of a difficult passage on f. 130r.53 In the second group we can include brief additions to the text by the scribe, such as on f. 127r.

Both layouts have their advantages and disadvantages.54 In the case of Q both the main text and the commentary in the margins run continuously allowing the reader to read the Galenic treatise without necessarily consulting the commentary, unlike in M, in which the commentary alternates with the Galenic text in the central area in blocks of various sizes. Stephen’s work was not written to be read on its own but rather in conjunction with the Galenic work, which shows the commentator making more of an effort to urge his reader to approach the Galenic text from his perspective, a technique also used by Galen in his own commentaries on Hippocratic treatises.55 In similar vein, one might argue that the presence of scholia in the margins give the reader a sense of completeness, encouraging him to think that everything he needs in order to understand the text is there. In both cases the reader immediately notices the co-existence of two different textual entities. The different forms of layout serve as visual aids, directing the readers’ eyes to the authoritative role of the commentator and his engagement with the Galenic text.

A last, noteworthy example of the various visual aids deployed in manuscripts to help the reader contextualise a text in Byzantium – and one which deserves special mention – is that of the branch diagrams in the form of divisions (diairesis) related to Therapeutics to Glaucon (ff. 337r–338v; see Figure 9.8, f. 338r). They are part of a large collection of such diagrams on various Galenic works in the late Byzantine codex Vindobonensis med. gr. 16 (= V) (ff. 329r–359v), a manuscript dated to the thirteenth century.56 As we will see below, these diagrams seem to correspond to Stephen’s commentary and were perhaps constructed as companion pieces for the reader in the form of paratextual elements rather than textual entities in their own right. For example, in late Byzantine medical manuscripts, we can see branch diagrams focusing on a particular theoretical aspect,
such as the one in Figure 9.9 (Wellcome MS.MSL.52, f. 146r), which shows the four qualities and accompanies John Zacharias Aktouarios’ corresponding chapter on the subject in the majority of the manuscripts. The current version of V does not contain the original text by Galen, but certain labels point out to particular contents of both the text and presumably the commentary. In fact, this kind of retention aims to increase the reader’s ability to get involved with fundamental principles of the text, diagnostic and therapeutic, and enhance his/her memory.

Thus, an examination of some fundamental aspects of the transmission of the Galenic text and the various layouts used in medieval manuscripts shows the great importance placed on the format and presentation of the text by Byzantine scribes and authors, who used various motivational strategies to influence the reader’s approach to it. In the next section, we shall see in more detail how Therapeutics to Glaucon was adopted in an educational context.

Medical education and Byzantine commentaries

By the early sixth century we can ascertain the existence of a syllabus for the teaching of medicine in Alexandria.\(^57\) It is worth noting that recent excavations at the Kom el-Dikka site in Alexandria have uncovered lecture halls dated to the sixth century, which might have served as auditoria for those studying there.\(^58\) Students followed a medical curriculum consisting of Hippocratic and Galenic texts. In particular, as regards the Galenic canon, of the so-called sixteen books, three versions survive in Arabic.\(^59\) The various works were arranged in order of specialisation starting from works intended to give beginners the essential theoretical background, such as On Sects for Beginners, and the Art of Medicine, followed by specialised treatises on anatomy, diagnosis, and therapy. In all three versions, Therapeutics to Glaucon was included among the introductory treatises, which could be explained by its elementary orientation and concise nature discussed above. Alexandrian scholars wrote summaries,\(^60\) commentaries, and composed branch diagrams on these Galenic works to facilitate their students’ learning experience.\(^61\)

In this section, I will deal with the extant commentary on the text by Stephen and the corresponding branch diagrams. I will also include in my discussion a collection of scholia, which might not necessarily be connected with the study of the Galenic treatise in Alexandria, but was intended to offer supplementary information to help the reader understand the text better. Before that, however, it is important to mention that apart from the surviving Greek commentary by Stephen, there is an extant anonymous Latin commentary on the first book of the Therapeutics to Glaucon and a summary of the entire Galenic treatise in Arabic. The Latin commentary is transmitted in the same manuscript, i.e. Ambrosianus G 108 inf. (second half of the ninth century), along with the commentaries On the Sects for Beginners, Art of Medicine, and On the Pulse for Beginners by the so-called Agnellus; the commentaries which clearly serve a didactic purpose were most probably the product of scholars based in sixth-century Ravenna.\(^62\)
The Latin commentary shows similarities with the Greek commentary by Stephen, but according to Nicoletta Palmieri, the modern editor of the text, it is impossible to argue for a definite dependence and it is more likely that both commentaries derive from an earlier common tradition. It is noteworthy that the Summary (Jawāmi’) to the Therapeutics to Glaucon also shows a close affinity with Stephen’s commentary in Greek.

Stephen is the author of a surviving commentary on the first book of the Therapeutics to Glaucon. He also wrote commentaries on the Hippocratic treatises Aphorisms and Prognostic. We know very little about the author himself. He may have practised medicine, as he seems to be an expert on clinical issues and occasionally refers to patient visits. We should not reject the possibility that Stephen is the same person as the homonymous early Byzantine author who wrote philosophical and astronomical commentaries, although this identification is highly controversial. His medical commentaries show familiarity with the contemporary lectures and medical curriculum in Alexandria. His Commentary on Galen’s “Therapeutics to Glaucon” is written for those in the first stages of their medical education.

The surviving version of the commentary does not follow the usual division into lectures (πράξεις), consisting of a general discussion (θεωρίαι) of the passage being interpreted and of remarks on the language and style (λέξεις), that was developed in Alexandria and it lacks a formal proem. It starts with the Galenic lemma corresponding to the first couple of lines of the prologue, which is followed by Stephen’s comments. Throughout the commentary, there is an evident attempt by an experienced teacher (i.e. Stephen) to explain difficult or ambiguous passages to his beginner students in a more detailed and didactic way. Stephen’s awareness of the level of his readers can be seen, for example, in the reference to the role of bathing for those having fevers, where in an attempt to provide concise and easily comprehended advice, he states:

... here we shall be brief and recall only as much as [is] appropriate for beginners (εἰσαγομένους).

The educational objectives of this commentary are also evident from the regular use of verbs, such as “we have learned” (ἐμάθομεν/μεμαθήκαμεν) and “we have said” (ἐφήκαμεν), with which Stephen reminds his contemporary intended readers of the content of past lectures. Then again, the use of the first-person plural shows an attempt by the author to give his account a sense of inclusivity and actively engage his absent readers. It is notable that Stephen never expresses any kind of criticism of the Galenic theories, although sometimes he is eager to state that Galen does not provide his readers with all the necessary details. A specific example may help us to elucidate further Stephen’s role as a commentator. The passage starts by providing the Galenic lemma:

Certainly these signs are common in those who are otherwise anxious in any way whatsoever. It is especially necessary to draw distinctions on the
evidence of the eyes, even in those who are healthy. And in those who are ill
they are the clearest signs, at least to one who is able to observe them accu-
rately. This, then, is the appropriate way to distinguish someone anxious due
to studies or some kind of intellectual activity from those who are grieving.77

This is followed by Stephen’s account:

Now he [i.e. Galen] has already distinguished grief from rage on the basis
of the difference he mentioned, namely that of the urine and, for that matter,
also on the basis of emaciation and the hollowness of the eyes and colour-
lessness. [But] these symptoms also occur in the case of people who brood.
How, then, shall we distinguish them? Galen himself passed over this topic in
silence, saying only that [we must] distinguish them by reference to the eyes,
but not adding exactly how it is that we must distinguish them. As such, we
ourselves should add that in the case of patients who grieve the eyes appear
as it were fixed and immobile, whereas in the case of the brooding they are
quite mobile and roll around. This is because the eyes announce to us the
passions of the soul, since they are the gateways to the brain, in which the
soul resides . . .78

The reader, having read the Galenic passage, turns to look at Stephen’s comments.
Stephen first emphasises the incomplete status of Galen’s account of how to iden-
tify signs connected with the diagnosis of ephemeral fever, then proceeds to com-
plement his master’s account with new information based on his own view. As
a consequence, the reader is provided with handy, practical details which might
help him if he faces a similar situation when practising medicine. Thus, Stephen’s
main role is to clarify and explain Galen’s account, as he himself acknowledges
when he says:

This passage [i.e. Galenic lemma] is not expressed clearly (ἀσαφῶς
ἐρμηνεύεται79), and so we ourselves shall clarify (σαφηνίσομεν) it.80

Moreover, he is often quick to defend certain Galenic views by openly address-
ning those (τινες) who criticise Galen and highlighting the superiority of Galen’s
own discoveries compared to those of other ancient physicians.81 In this way, he
guides his readers through the ancient medical knowledge by means of his own
thought world.

Having had a glimpse of Stephen’s intentions and his way of commenting on
Therapeutics to Glaucon, I shall now turn to discussing two particular methods
he often uses in his account, offering the reader a new perspective on how to
approach and make use of the Galenic treatise. First, Stephen cross-references
to other Galenic texts82 (such as On Mixtures, On the Sects for Beginners, On
Crises, Therapeutic Method, On the Differences among Fevers, and On Critical
Days) and Hippocratic ones (such as Aphorisms, Prognostic, Epidemics, and On
Nutriment),83 most of which were part of the teaching curriculum, as well as other
potentially useful statements from treatises by other authors, such as Aristotle’s *On the Soul*. The most interesting references are those to other medical works that were studied in Alexandria. For example:

Note here something that we also said in the *To Teuthras on the Pulse*, namely that the irregularity proper to fevers is that the limits of diastole are faster than the middle phases, and the outer limit faster than the inner.

Indeed, *To Teuthras on the Pulse* (also known as *On Pulse for Beginners*), is a Galenic treatise written for those in their initial stages of their education and was studied in Alexandria before the *Therapeutics to Glaucon*. There are also examples in which Stephen prefers to cite the relevant passage from a work mentioned briefly, as in the case of Hippocratic *Aphorisms*:

Due to the motion and boiling of humour in irregular motion, sometimes moving from one part to another and sometimes settling around the stomach, such patients suffer malaise. This is exactly what Hippocrates says: “For patients nearing crisis, the night before the paroxysm is uncomfortable”. He also regards the nature of the day as a sign of the impending crisis . . .

This not only implies the use of Stephen’s work as a companion to *Therapeutics to Glaucon* in an educational context, but also shows how contemporary teachers encouraged students to read certain parts of a text in combination with passages from other Hippocratic and/or Galenic works. *Therapeutics to Glaucon* is no longer an isolated work written for a *philiatros*, but part of a teaching corpus, in which a certain complementarity had been built up among the constituent items by contemporary teachers.

The next important element in Stephen’s presentation of material is the use of the prominent contemporary notion of division (*diairesis*) in his account. Let us focus on an example dealing with *leipothymia*. The Galenic lemma (in italics) is followed by Stephen’s commentary:

*For people swooning (λειποθυμοῦσι) in cases of cholera, diarrhoea, and dysentery.*

*Leipothymia* (*ἡ λειποθυμία*) is nothing other than the sudden dispersal of vital tension. This happens (*γίνεται δ’ αὐτῇ*) categorically in three ways, but specifically through a great number of causes. Now, it happens either when an excess of humour (*διὰ πλῆθος*) chokes the faculty with its weight; or through immoderate evacuation (*διὰ κένωσιν*), which makes beneficial matter slip along with the harmful matter; or else through a sudden change of mixture (*δι᾽ ἀθρόαν κράσεως*) . . .

Stephen makes it clear that one should keep in mind three main reasons (underlined) for *leipothymia* in the above mentioned cases. The first division is then followed by several sub-divisions. This functioned as a mnemonic device for
contemporary students and was widespread in various commentaries and summaries of Galen’s Alexandrian canon. This method seems to have inspired the creation of branch diagrams, providing a visualisation of the knowledge derived from the text in synoptic form. We have already referred to the branch diagrams in codex Vindobonensis med.gr. 16 in association with the first book of the *Therapeutics to Glaucón*, which consist of 65 divisions. Diagram no. 42 on f. 338r (see Figure 9.8) reads as follows:

![Diagram no. 42: leipothymia occurs](image)

The three causes listed in the diagram show an exact, almost word for word, correspondence with Stephen’s commentary. In fact, other diagrams show further connections with Stephen’s work and suggest that a good number of the ancestors of these diagrams may have originally been composed as supplements to the text.

I now turn to the marginal scholia on the second book of the *Therapeutics to Glaucón* preserved in Parisinus suppl. gr. 634. Ivan Garofalo, the editor of this collection of scholia, points out that the terminology found in the scholia has many similarities with the medical commentaries by sixth-/seventh-century scholars such as Stephen, Palladios, and John of Alexandria. Furthermore, scholia on other Galenic treatises of this manuscript seem to provide connections with the works of the sixth-century scholars John Philoponos and Simplikios, but there is no evidence to suggest a definite connection between our scholia and those of the other Galenic treatises.

As I have already mentioned above, there is no direct cross-referencing between the scholia and passages from the Galenic treatise by means of textual symbols. The scholia are often introduced by brief phrases or a single word from the *Therapeutics to Glaucón*, which serve as brief lemmata to the exegetical part of the scholion. The first marginal annotations on ff. 39r–v, which correspond to the beginning of the first chapter of the second book, include a long quotation which is extracted from the case history in *On Affected Parts*, where Galen had visited and diagnosed a friend of Glaucón. There is no intention by the scholiast(s) to provide any practical details or explain any medical ideas; he is/they are simply interested in providing some introductory information about Galen and his addressee as a sort of prologue before the explanation of specialised medical notions begins. The useful connection made between two different works of the Galenic corpus shows that particular attention is paid to the reader, who is thus able to understand something of Galen’s recipient and become aware of links between Galen’s works. As I have already mentioned above, this is the
sole passage in the Galenic corpus, excluding our treatise, that gives some details about Glaucon and his growing relationship with Galen.

A considerable number of scholia have a structure of the following kind:

[Galen] called *hexis* the fleshy substance, whether thin or thick. For “the *hexis*”, as Galen says in the *Art [of Medicine]* “is used with reference to those bodies which someone observes first; these are the muscles, some kind of composite flesh which surround the bones on the outside”.

This passage deals with the reference to *hexis* in the second chapter of the second book of *Therapeutics to Glaucon*. *Hexis*, sometimes translated as “state”, is a complicated medical term, which in Galen is closely connected with mixture (*kra-sis*) and thus with lifestyle factors, such as diet. It refers to the state of a certain part of the body or the entire body. A bad *hexis* is called *kachexia*, the opposite of *euexia*, a good *hexis*.

As already discussed above, reference was also quite often made by Stephen to other Galenic works in the commentary. In addition to the *Art of Medicine*, we can see frequent references to the *Therapeutic Method* and *On the Natural Capacities*, which were all studied in Alexandria and might suggest some sort of connection between the actual production of the scholia and a scholastic environment. On the other hand, there are some references to Galenic works which, although they may not be connected with the Alexandrian curriculum, constitute specialised treatises on particular subjects, such as *Outline of Empiricism* and *On Habits*.

To sum up, the commentator is a reader of an ancient work, in this case a Galenic treatise, and, at the same time, a writer of another treatise, whose composition depends on the commentator’s engagement with the original work. In all cases the commentary transfers the reader to the commentator’s own thought world and influences his/her understanding of it. There is an ongoing relationship between the author of the commentary and the reader, in which the latter is exposed to the former’s expertise (or lack of knowledge), a subjective process, even if the commentator makes no attempt to criticise the earlier author. New knowledge (as in the case of Stephen’s comments on eyes) was mixed with old knowledge, while the use of didactic aids, such as the branch diagrams, was introduced to create a fresh aid to understanding and memorising the *Therapeutics to Glaucon*. The commentator determines which particular Galenic passages are reproduced and even, in Stephen’s case, their length, although this may reflect an awareness of contemporary queries. The nature of the comments depends mainly on the level of expertise and educational background of the intended readers. In the above mentioned examples the main aim is to instruct future generations of physicians. In Stephen’s case, we noticed a systematic attempt to develop his readers’ knowledge by referring to what they have learnt in a previous lecture as essential to an understanding of certain parts of the *Therapeutics to Glaucon*. In
other instances, including the anonymous scholia to the second book, the reader is led in a particular direction concerning how to interpret a Galenic text on the basis of quotations from elsewhere in the Galenic corpus. This might work in different ways for later readers, who were not familiar, for example, with the Alexandrian curriculum, and might create an asymmetry between the knowledge provided and a Byzantine reader’s background in other cultural contexts. Overall, it results in establishing connections between the *Therapeutics to Glaucon* and other works, connections which had not been made by Galen himself. The commentator does not only give a new perspective on how to read a particular Galenic text, but also gives his reader the opportunity of having a wider view on how to approach and familiarise himself with the Galenic corpus. *Therapeutics to Glaucon* became a powerfully didactic handbook in the hands of its early Byzantine commentators, who ensured its transmission and specified its use as an introductory treatise for future physicians.

**Medical practice and Byzantine handbooks**

The last section of this chapter deals with Byzantine medical handbooks. Authors, from as early as the fourth century up to the fourteenth century, including Oribasios and John Zacharias Aktouarios, wrote medical manuals for practical purposes. These were in most cases intended for practising physicians, although, as we will see below, there are examples of treatises written especially for *philiatroi*. Their contents varied, but in most cases, they consisted of diagnostic and therapeutic advice on a large number of diseases in an *a capite ad calcem* (from head to toe) order. Some authors, such as Paul of Aegina, laid a considerable emphasis on surgery, while Alexander of Tralles excluded the use of invasive techniques from his account. They are often considered important only for the preservation of ancient ideas and texts, chiefly Galen’s. However, recent studies have pointed to the intellectual labour behind the projects of these Byzantine authors and practising physicians, including occasionally their own modest contributions. *Therapeutics to Glaucon* constituted a constant source of inspiration for these authors, who were influenced by Galen’s account of fevers and various kinds of inflammation.

As a focus for this discussion, I have selected a section from the *Therapeutics to Glaucon* focusing on the diagnosis and treatment of *leipothymia*. This choice is based on the fact that it formed the basis for the corresponding chapters in the works of various Byzantine authors, which will allow us to show how Galenic knowledge was transmitted in medical manuals throughout the Byzantine era. I will not give the texts in tables of parallel columns, as scholars commonly do; instead, I will give the Greek text as *Lesetext*, which will provide a better overview of the appropriation of the Galenic work. The printed text in the Appendix is by Galen; the single-line underlined parts are those copied by Oribasios; the dotted-line underlined parts are those copied by Aetios of Amida; the double-line underlined parts are those copied by both Oribasios and Aetios of Amida; the
italicised parts are those copied by Alexander of Tralles; additions by the aforementioned Byzantine authors are indicated in bold within square brackets.

Oribasios’ *Synopsis for Eunapios* is a brief treatise in four books that lays great emphasis on therapeutics. It was especially written for his friend, the sophist Eunapios. Eunapios, like Glaucon, appears to be a *philatros* at whose request Oribasios wrote a work giving medical advice in case he found himself facing a medical issue with no physician available. Eunapios, too, is apparently already well-equipped with the appropriate knowledge to treat himself or even others who happened to be with him. The section on *leipothymia* is in Chapter 6 of Book 3, which itself starts with a special treatment for a variety of fevers, using Galen’s *Therapeutics to Glaucon* in many places. Unlike Oribasios’ treatise and its particular addressee, Aetios of Amida’s and Alexander of Tralles’ handbooks are addressed to physicians. Aetios’ long handbook, *Tetrabiblos*, consists of sixteen books covering the following topics: pharmacology, dietetics, surgery, prognostics, general pathology, fever and urine lore, ophthalmology, cosmetics, dental matters, toxicology, and gynaecology and obstetrics. The chapters on *leipothymia* are included in Book 5 which concentrates on fevers and related symptoms. Aetios’ work is characterised by a tendency to include uncritically all the available sources on various medical conditions, and he often reproduces the first-person personal pronouns of his sources, unlike, for example, Alexander of Tralles, who often makes his presence strongly felt throughout his writings. Alexander shows a considerable degree of eclecticism in his works together with a constant concern to provide the best, most effective, and least painful remedies for his patients, usually refined by his rich clinical experience. Alexander of Tralles’ *On Fevers* is a monograph in seven chapters dealing exclusively with the diagnosis and treatment of fevers and related symptoms, although the author prioritises therapy over diagnosis.

As we can see in the Appendix, the Galenic text has been abridged by all three authors in different ways. In using the Galenic work, we can detect verbatim quotations, either explicitly attributed to Galen or not. Neither Oribasios nor Aetios of Amida refer explicitly to Galen at the beginning of their accounts, while Alexander is keen to indicate his source by referring to the “most divine Galen”, thus giving a more accurate indication to his readers. We should note, however, that Oribasios refers in his proem to Galen as one of his main sources in collecting his material (*συναγαγεῖν ἐκ τῶν Γαληνοῦ πραγματειῶν*), together with Rufus of Ephesus and other unnamed medical authors, although he does not specify what Galenic works were used. The same applies to Aetios of Amida, who in his proem makes reference to therapeutic books by Galen, Archigenes, and Rufus, and three works of Oribasios, i.e. *Synopsis for Eunapios; Synopsis for Eustathios*, which was especially written for his son, a practising physician; and the lost synopsis of the Galenic works made for his personal friend, the Emperor Julian (r. 361–3). All the authors omitted almost completely the first part of Galen’s account related to aetiology and the section on the therapy of accompanying symptoms, mainly the treatment of haemorrhage, and started to include Galenic material
again from the advice on bathing. Perhaps, the first of these omissions is due to the less practical and more theoretical nature of the passage in question, while the treatment of haemorrhagic conditions is given in more detail in special chapters of their works. Oribasios and Aetios of Amida show much greater similarities to one another in the material they select than to Alexander of Tralles who integrates longer parts of Galen’s account in his treatise and shows a great awareness of parts dealing exclusively with diagnosis and aetiology. Alexander even supplements the text once with a brief sentence on the usefulness of a certain piece of diagnostic advice given by Galen: “and through this you can diagnose precisely”. Aetios does not seem to draft directly from Oribasios’ Synopsis for Eunapios, but he either based his text directly on Galen or on some other now lost source, perhaps Oribasios’ epitome of the Galenic works for Julian or the lost part of his Medical Collections that dealt with leipothymia. Aetios often prefers not to cut passages of a brief diagnostic and prognostic nature further, and also, unlike Oribasios, evidently aims to provide all the Galenic references to medicinal plants. It is notable that Aetios twice supplements the Galenic account with advice not provided by any other author: first with a brief piece of advice on differential diagnosis between leipothymia and synkopē and second with a brief therapeutic recommendation about women suffering from leipothymia due to excessive menstrual bleeding.

Although I make these observations in the absence of a critical edition of the Galenic text, while the status of the editions of the texts by Oribasios, Aetios, and Alexander is questionable in many instances, Alexander seems much closer to the Galenic original, retains the syntax in the vast majority of cases, and copies the Galenic original text almost word for word. Bearing in mind Alexander’s usually independent attitude and also his sometimes critical attitude toward Galen, it may seem strange to those familiar with early Byzantine medical authors to find such a close resemblance between the Galenic original and Alexander. A detailed study on the compilation techniques and sources of early Byzantine medical authors that can clarify things further remains a desideratum. On the other hand, we should note that some stylistic variations (e.g. word order) might have been introduced in the process of transmission by Byzantine scribes as, for example, we have already detected above in some manuscripts of the Galenic treatise.

Another notable aspect is Aetios’ and Alexander’s division of Galen’s account by chapter titles for the diagnosis or treatment of leipothymia arising from different causes (e.g. “On those swooning due to an accumulation of phlegm”, “On those swooning due to excessive heat”), while the edition of Oribasios’ text gives only one title at the beginning of the account. In this way Aetios and Alexander show their concern that their readers should easily be able to follow their account and quickly consult the parts that they are interested in. Lastly, we should mention an even more abridged version of Galen’s account in Paul of Aegina’s Epitome of Medicine, in which the Galenic original is reduced to a few essential details.

All in all, I hope I have shown another route through which Galen’s Therapeutics to Glaucon became available in Byzantium. The main intention here, compared to the didactic function of the commentaries, is the provision of practical
advice for the composition of Byzantine medical manuals. Authors did not simply copy the Galenic work, they made a special effort to make the best selections with clarity, sometimes supplementing the Galenic text with new observations, presumably derived from their practical experience, or even restructuring it with the inclusion of headings to facilitate their readers’ encounter with the text.

Concluding remarks

I have shown different ways in which a Galenic text could be revived and made accessible in various contexts throughout the Byzantine era. It is evident that *Therapeutics to Glaucon* mattered to the Byzantines, who ensured its transmission and engaged creatively with it. The synoptic and practical nature of the text played a crucial role. Byzantine readers were exposed to a variety of textual versions and manuscript layouts in consulting the treatise, and they also came into contact with the text via indirect transmission. Byzantine scribes, medical authors, and physicians, consciously or unconsciously, had the power to control Byzantine readers’ access to the Galenic text. In their attempts to use the text to serve their own purposes, Byzantine authors, themselves readers of the Galenic treatise, promoted its dissemination. By integrating their own views in the interpretation of the text commentators offered a new perspective on its understanding with the aim of teaching their readers and enhancing their knowledge on particular aspects of medicine. Authors of medical handbooks put great efforts into enriching their accounts by incorporating excerpts from the Galenic work, showing great care in their selection and prioritising “user-friendliness” in their re-arrangement of the Galenic material. Future studies should take a comparative look at the presence of various genres of classical literature in Byzantium and juxtapose evidence from other medieval examples, for instance in Latin or in Arabic, which could elucidate further our understanding of both the revival of classical literature and the accessibility of classical texts in medieval milieus.\(^{131}\)
Appendix

Galen, *Therapeutics to Glaucon*, 1.15, ed. Kühn (1826) XI.47.6–61.4;

Oribasios; Aetios of Amida; Oribasios and Aetios of Amida; Alexander of Tralles;
[author’s own additions]

. . . τὰς δ’ ἀπὸ τῶν συμπτωμάτων τε καὶ νοσημάτων ἐνδείξεις οὐχ ἀπλῶς, ἀλλὰ κατὰ τὴν ἐργαζομένην ἐκαστὸν αἰτίαν χρὴ σκοπεῖν, οἷόν ἐστιν [Περὶ λειποθυμίας] [Περὶ λειποθυμίας]
[Ἐπειδὴ δὲ καὶ λειποθυμία συμβαίνει τοῖς κάμνουσιν ἐπιφέρουσαι συγκοπᾶς καὶ καταβάλλουσι τὴν δύναμιν αἰφνιδίως, ἀκόλουθον ἔστι καὶ περὶ τούτων διαλαβεῖν καθολικότερον εἰδ’ οὕτως ὅσαι καὶ ἠμὲν δέδοκεν ὁ χρόνος εἰδέναι, προσθήσομεν ἰδίας τοῦ θειοτάτου Γαληνοῦ.] ἡ λειποθυμία καὶ ἡ ἐκλογήσις, εἰδέναι γὰρ ὁ ιατροὶ καθ’ ἐνὸς πράγματος ἄμφω τὰ ταύτα τὰ ὄνοματα φέρειν· αὐτὸ μὲν ὅν τὸ πράγμα ἐν ἔστιν, αἰτία δ’ αὐτῶν πολλαὶ λειποθυμίαι γὰρ εἰπὲ τις χολέρας καὶ διαφορίας καὶ δυσεντερίας καὶ λυσεντερίας καὶ γυναικεῖος πόι καὶ νεῦρισαι καὶ ἀμφοτέρων ἡλικίας καὶ φυσικῶν παθῶν ἡμών ὁ λειποθυμίας ἐστί· καὶ ὀρθομορίας καὶ ἀκροβατίας καὶ ἐργασίας καὶ τεκμηρίων διεξαγαγὸς καθόσον ἁπλῶς. ἡ λειποθυμία καὶ ἡ ἐμφάνεια, καὶ ὅταν ἀμπελότερον ἐπιφέρει τὴν γαστέρα καὶ ὁ βούλιμος δὲ καλοῦμενος οὐδὲν ἄλλο ἤ λειποθυμία προηγεῖται· ὁ λειποθυμία καὶ τοῖς παραπληγημένοις ἑντεῦθεν ἔστιν καὶ τοῖς παρεγκλισθέντοις καὶ τοῖς παλαιαίς τῶν οἴκων ἕστηκεν καὶ τοῖς εἰσβόλουσιν καὶ τοῖς πανθερικοῖς των καταβολῶν ὧν ἁπλῶς καὶ καταβάλλουσι τὴν δύναμιν αἰφνιδίως. ἀλλὰ καὶ συνεισχέτοις πολλάκις ἀμέτροις, ἠρέτηκε δὲ ποτέ καὶ ἀπεναίμην μέγαλη λειποθυμία καὶ μάλιστ’ ὅταν ἀμπελότερον ἐπιφέρει τὴν γαστέρα καὶ οὗτοι δὲ καλοῦμενοι οὐδέν ἄλλο λειποθυμία προηγεῖται· καὶ πολλάκις καταβαλῶν καὶ τοῖς εἰσβόλουσιν καὶ τοῖς παραπληγημένοις τῶν μεγάλων καταψυχθέντων τοὺς ἀμφότεροις αὐτῶν πολλάκις ἀκολουθεῖ. προηγεῖται δὲ ἀποπληξίας τε καὶ κακοήθους ἐπιληψίας καὶ διαφορίας καὶ τῶν συγκοπῶν καὶ μισραζμῶν. ἀλλὰ καὶ συνεισβάλλει ποτὲ καταβολαῖς πυρετῶν ὧν ὡς καὶ κακοήθους ἐπιληψίας καὶ μάλιστ’ ὅταν ἀμπελότερον ἐπιφέρει τὴν γαστέρα καὶ καυσώδεις καὶ κακοήθει πυρετῷ συνεισβάλεται ποτὲ καὶ τοῖς μεγάλοις καταψυχθεῖσι τὰ ἀκραὶ τοῦ σώματος ἐν τοῖς εἰσβολαῖς τῶν πυρετῶν· καὶ ὅσοι δὲ μέγεθος φλεγμονῆς ἢ ἱππατος ἢ κολλίας ἢ στομώματος πυρετῶσαι καὶ ὁποῖοι λειποθυμοῦσι κατὰ τὰς ἀρχὰς τῶν παροξυσμῶν· μάλιστα δ’ οἷς μέγαλοι χυμοῖς ὃμοιοι ἢ ἀπεπληξεῖσαν καὶ τοῖς ἐμφάνεισι ἐπικαίρους μορίους. λειποθυμοῦσι δὲ καὶ ὅσοι τὸ σῶμα τῆς γαστρὸς ἄρρωστον, ἢ ὅταν μοχθηρίας χυμοῖς δάκνεται ἢ ὑπὸ παχεοῦς ἢ γλύσχρου ἢ ὑγροῦ ἢ ψυχροῦ βαρύνεται καὶ μὲν δὴ καὶ ψυχικῶν παθῶν ἵσχυι λειποθυμοῦσί τινες· μάλιστα δὲ προεξῆνεται πάσχουσιν αὐτὸ καὶ
οἱ ἄλλως ἀσθενεῖς. καὶ γὰρ λυπηθέντες αὐτῶν πολλοὶ καὶ χαρέντες καὶ θυμωθέντες ἐλευθήμησαν. ἀλλὰ καὶ νοτίδες ἔσθ' ὅτε μὴ κατὰ καιρὸν τοῖς οὕτως ἔχουσιν εὐπαιρικώμενα λειποθυμίας ἐπιφέρουσιν, ὥσπερ καὶ τοῖς ἵσχυροτέροις ἴδροτες ἢμετροί. καὶ εἰ ἀπόστημα τι ραγείη, βλάπτει τὴν δύναμιν ἵσχυρος· καὶ μάλιστα εἰ ραγέν ἄθροος εἰς κοῦλιαν ἢ εἰς στόμαχον ἢ εἰς θώρακα συφρέοι. καὶ ἡμεὶς αὐτοὶ τέμνοντες ἀποστήματα εἰ τὸ πῦον ἄθροώς ἐκκενώσωμεν, ἀνάγκη λειποθύμησι· καὶ εἰ καθαίροντες καὶ ἤπωσον κενοῦντες, ἀθροότερον αὐτὸ ἒρωμεν· οὔδε γὰρ οὔδε ἐν τοῖς ἱδρούς ψυχροσεν καὶ τοῖς πεπονθοῖς ὅπωςς ἢ μάλινα καὶ τὸν ἄνθρωπον. ἀλλὰ καὶ διὰ μέγεθος ὀδύνης ἐκλύσεις γίνονται δήξεών τινων ἢ στροφῶν ἢ εἰλεῶν ἢ κωλικῆς διαθέσεως ἐξαίφνης ἐμπεσούσης· καὶ ἡμεῖς τέμνοντες ἀποστήματα εἰ τὸ πῦον ἄθροώς ἐκκενώσωμεν, ἀνάγκη λειποθύμησι· καὶ εἰ καθαίροντες ή ὁπωσοῦν κενοῦντες, ἀθροότερον αὐτὸ ἒρωμεν· οὐδὲ γὰρ οὐδὲ τὸ ἐν τοῖς ἱδροῖς ὑγρὸν καὶ τοῦ πεπονθέντος ὅπωςς ἢ μάλινα καὶ τὸν ἄνθρωπον.

καθ' ἑκάστην δὲ αὐτῶν ἡ θεραπεία ἴδιος, καὶ γράψαι νῦν ὑπὲρ πασῶν οὐκ ἐγχωρεῖ. τὰς γὰρ ἐν τοῖς πάθεσι συνεδρευούσας οὐχ οἷόν τε χωρὶς ἐκείνων ἰάσασθαι. τοσοῦτον οὖν ἐν τῷ παρόντι λόγῳ ἐροῦμεν περὶ αὐτῶν, εἰς ὅσον ἄν τις μαθὼν ἱκανὸς εἴη τοῖς ἐξαίφνης ἐμπίπτοσιν ἐνίστασθαι παροξυσμοῖς.

διαφέρει δὲ λειποθυμία συγκοπῆς, ὅτι ἡ μὲν λειποθυμία αἰφνίδιον ἐπιπίπτει, ἀναίσθητον καὶ ἀκίνητον τὸν ἄνθρωπον ἐργαζομένη καὶ οὐ πάντως ἱδροῦσιν· ἡ δὲ συγκοπὴ καὶ ἐγρηγορόσι καὶ καταφερομένοις συμπίπτει καὶ πάντως μεθ' ἱδρώτων τῶν συγκοπτικῶν συνήθως λεγομένων. Περὶ τῶν ἐπὶ διαρροίαις ἢ ἂν ὑπὲρ τῇς ἀθρόαις κενώσεσιν ἐκλυομένων εἰ τοῖς μὲν χολέραις καὶ διαῤῥοίαις καὶ ταῖς ἀλλαῖς ταῖς πολλαῖς καὶ ἀθρόαις κενώσεσιν ἐκλυομένως ὕδωρ τε ψυχρὸν προσραίνειν καὶ τοὺς μυκτῆρας ἐπιλαμβάνειν καὶ ἀνατρίβειν τὸ στόμα τῆς γαστρὸς καὶ κελεύειν ἐμεῖν ἢ σπαράττειν τὸν στόμαχον ἤτοι δακτύλων ἢ πτερῶν καθέσεσιν· ἀλλὰ καὶ χεῖρας καὶ σκέλη καὶ πόδας διαδεῖν· εἶναι δὲ χρὴ καὶ τοὺς δεσμοὺς πλείονας μὲν καὶ σφοδροτέρους ἐν ταῖς χερσίν, ὅταν διὰ τῶν κάτω μερῶν αἱ κενώσεις γίγνωσαν, καθάπερ ἐν ταῖς αἱμοῤῥοΐσι τοῖς πεπονθέντοις.
ἐφεξῆς δὲί διορίζεσθαι τὴν τε φύσιν τοῦ νοσοῦντος και τὸ ἔθος καὶ τὴν ἡλικιαν καὶ τὴν τοῦ περιέχοντος ἀέρος κρᾶσαν· εἰς ταῦτα γὰρ ἀποβλέπον ἢ θερμὸν ἢ ψυχρὸν ὑπό αὐτοῦ καὶ ὅσοι φύσει ψυχρότεροι καὶ τοὺς ἐν ἐσχάτῳ γῆρα ἢ καὶ χωρίον ψυχρότερον φύση ἢ καὶ χειμώνος ἐφέρειν τοῦ ψυχροῦ. τοὺς δ’ ἐναντίως ἐξουσίαν ἰδείς διδόναι πινεῖν. ἐστοὶ δὲ καὶ οἴνος ἐπὶ μὲν τοῖς εἰς τὴν γαστέρα ρέμασι θερμόν ἤ ψυχρόν δώσεις τὸ πόμα.

τοὺς μὲν γὰρ ἀήθεις ψυχροῦ πόματος ἢ καὶ φανερῶς βλαπτομένους ὑπ’ αὐτοῦ καὶ ὅσοι φύσει τρίβειν καὶ τοὺς ἐν ἐσχάτῳ γῆρα ἢ καὶ χωρίον ψυχρότερον καὶ τὴν τοῦ περιέχοντος ἀέρος κρᾶσιν· εἰς ταῦτα γὰρ ἀποβλέπον ἢ θερμὸν ἢ ψυχρὸν δώσεις τὸ πόμα.

τοῖς δ’ ἐναντίως ἐχόντες ἀδεῶς διδόναι πίνειν. ἔστω δὲ καὶ οἶνος ἐπὶ τοῖς καὶ τὰ ψύχοντα.

καὶ ταῦτα ἐφιππατήσαντες τὸ σώμα ἐπιτιθέναι. λοντρά δὲ τοῖς μὲν εἰς τὴν γαστέρα ρέμασι ἐπιτηδειότατα· τὰς δ’ αἵματα ἀντιγράφει παρακατεργάζει. καὶ ὅσοι διὰ πλῆθος ἱδρώτων λειποθυμοῦσι, καὶ τοῖς δ’ ἐναντίως ἐχόντες τε καὶ ψύχειν, οὐ χαλᾷν τὸ δέρμα. καὶ τὸν οἶνον ψυχρὸν μᾶλλον διδόναι τοῖς καὶ μηδὲν ὅλως προσφέρειν θερμόν. ἀλλὰ μηδὲ διαδεῖν τὰ κῶλα, μήδ’ ἀναγκάζειν ἐμεῖν, μηδὲ κινεῖν ὅλως. καὶ πνευμάτων εἰσόδους ψυχόντων ἐπιτεχνᾶσθαι καὶ τὸν ἀέρα τοῦ οἴκου τρέπειν εἰς ψύχουσάν τε καὶ στρυφνὴν ποιότητα, μυρσίναις τε καὶ ἀμπέλων ἕλιξι καὶ ῥόδοις καταστρωνύντα τοὔδαφος· τούτων οὐδὲν χρήσιμον τοῖς εἰς τὴν γαστέρα ῥεύμασι, αὔξεται γὰρ εἰς ὅσον ἂν πυκνωθῇ τὸ δέρμα. τοῖς μὲν οὖν ἐπὶ ταῖς κενώσεσιν ἐκλυομένοις οὕτω βοηθεῖν ἔν γε τῷ παραχρῆμα. 

περὶ τῶν ἐπὶ πλήθει χυμῶν λειποθυμούντων

περὶ τῶν διὰ πλῆθος λειποθυμούντων καὶ τὰς ἐφ’ ὑστεραῖς δὲ

καὶ τὰς ἐφ’ ὑστεραις ἐκλυομένας ὡσαύτως ἰᾶσθαι, πλὴν ὀξυμέλιτος, καὶ διαδεῖν καὶ τρίβειν σκέλη μᾶλλον ἢ χεῖρας.
ἐκλύονται, διδοὺς ὕδωρ θερμὸν ἢ ὑδρέλαιον ἐμεῖν κελεύειν. εἰ δὲ δυσεμεῖς εἶεν, θάλπειν χρὴ πρότερον αὐτὰ τε τὰ περὶ τὸν στόμαχον χωρία καὶ πόδας καὶ χεῖρας. εἰ δὲ μηδ’ ἄψινου πίνοντων τὸ λευκὸν πέπερι τριῶν πεπέρεων φαρμάκου καὶ αὐτοῦ ἐπὶ λουτρὸν ἄγειν τὴν ταχίστην. ὅσοι δὲ ψύξεως τινος αἴσθησιν ἔχουσι, τοῦ τε διὰ μηδὲν ἄλλο κωλύει· ὤνησε παροῦσι. ὥστ’ εἰ μὴ γένοιτο αὐτόματον, ἐπιτεχνᾶσθαι χρὴ· μάλιστα δὲ τοῖς προσθέτοις ᾖ· περιεχομένων δ’ ἐτι τῶν χυμῶν κελεύω σε τοῦτο ποιεῖν οὕτως, ἀλλ’ ἡνίκα μὲν καθαρὰ τὰ περὶ τὴν κοιλίαν ἐξωθεῖν πεφυκυίας, ἀνατρίβειν τε καὶ θάλπων παρὰ διαδῶν σκέλη τε καὶ χεῖρας, ἐγρηγορέναι τε φλεγμονῶν ἢ κακοήθειαν πυρετῶν λειποψειχοῦντας ἐν ταῖς εἰσβολαῖς σπαράττων· ἐφεξῆς δ’ ἤδη καὶ οἶνον διδοὺς καὶ τροφὰς.

Πρὸς τοὺς διὰ μέγεθος φλεγμονῶν ἡ κακοήθειαν πυρετῶν λειπομειώσας ἐν ταῖς εἰσβολαῖς καὶ ταῖς προσραίνοις, ἰσομέτρησαι καὶ τὴν προσφέρειν ὡς ἔμπροσθε ἐμπίπτουσι γάρ αὕτη, ἔσεσθαι πρὸ τοῦ παροξυσμοῦ. Πρὸς τοὺς διὰ μέγεθος φλεγμονῶν ἡ κακοήθειαν πυρετῶν λειπομειώσας ἐν ταῖς εἰσβολαῖς καὶ ταῖς προσραίνοις, ἰσομέτρησαι καὶ τὴν προσφέρειν ὡς ἔμπροσθε ἐμπίπτουσι γάρ αὕτη, ἔσεσθαι πρὸ τοῦ παροξυσμοῦ.
οἶνον δεῖ, ἀλλ' ἀρκεῖ τηνικαῦτα ροϊόν ἢ ἀπίόν ἢ μῆλον ἢ τινος ἄλλης ὀπώρας συφωνήσας τοῖς τροφοῖς μικροῖς, καὶ εἰ ἐπὶ τοῖς μετρίους τὸν παροξυσμὸν ἐνέγκοιεν, αὕτης τρέφοντας τοὺς ἄναγκαιον ὀπώρας χρῆσθαν, τάτα μὲν πραξεῖν, εἰ προγνοεῖ τὸ μέλλον ἐσεῖται, τοῖς δ' ἐξαιρετικοῖς εἰς τὸν κίνδυνον ἐμποτίζεσθαι οἶνον τε διόνυσαι, καὶ ἄρτον καὶ κόκκον σὺν αὐτῷ ἡμιψυχητική αὕτῃ μορίᾳ. εἰ γάρ τούτων πλέον ὀπώρας διοῦσθαι ἢ δοτετερότερα αὐτοῖς, οὐ συνοπτίζονται μόνον, ἀλλὰ καὶ χρησίμως τελεσθοῦσιν. [Πρὸς τοὺς δ' ἐπικρατοῦσαν κυρίου μορίου λειτουργοῦντας] [Περὶ τὸν δ' ἐμφραξάς ἐπικάριον μορίου λειτουργοῦντον] τοῖς δεί ἐμφραξάς ἐπικάριον μορίου λειτουργοῦσαν ὀξιμέλει τε διόνυσαι καὶ τροφάς τοῦ τμητικοῦτος τρόπον, τά γάρ παραξενεῖ καὶ γλύκεια μεγάλα ἐν τοῖς τοιαύτας ὀξιμελεῖς βλάβαν, εἰ γὰρ τούτοις πλεῖον ἢ δυσπεπτότερα σιτία τοῖς οὕτως ἔχουσιν, οὐ συγκοπήσονται μόνον, ἀλλὰ καὶ πνεύματος τέλεος. 

Πρὸς τοὺς δι' ἔμφραξιν κυρίου μορίου λειποθυμοῦντας
Περὶ τῶν δι' ἔμφραξιν ἐπικαίρου μορίου λειποθυμοῦντων
τοῖς δι' ἔμφραξιν ἐπικαίρου μορίου λειποθυμοῦσιν ὀξιμέλει τε διόνυσαι καὶ τροφάς τοῦ τμητικοῦτος τρόπον, τά γάρ παραξενεῖ καὶ γλύκεια μεγάλα ἐν τοῖς τοιαύτας ὀξιμελεῖς βλάβαν, εἰ γὰρ τούτοις πλεῖον ἢ δυσπεπτότερα σιτία τοῖς οὕτως ἔχουσιν, οὐ συγκοπήσονται μόνον, ἀλλὰ καὶ πνεύματος τέλεος.
Figure 9.1 Parisinus suppl. gr. 446, f. 11v

(Bibliothèque nationale de France, Paris)
Figure 9.2 Beinecke MS 1121, f. 117v

(Beinecke Rare Book and Manuscript Library, Yale University, New Haven, CT)
Figure 9.3 Beinecke MS 1121, f. 117r

(Beinecke Rare Book and Manuscript Library, Yale University, New Haven, CT)
Figure 9.4 Laurentianus Plut. 75.9, f. 175r
(Biblioteca Medicea Laurenziana, Florence)
Figure 9.5 Parisinus suppl. gr. 634, f. 39v
(Bibliothèque nationale de France, Paris)
Figure 9.6 Parisinus suppl. gr. 634, f. 48v
(Bibliothèque nationale de France, Paris)
Figure 9.8 Vindobonensis med. gr. 17, f. 338r
(Österreichische Nationalbibliothek, Vienna)
Notes

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1. There are of course ancient papyri, which preserve Greek texts, usually in a fragmentary condition; additionally, entire texts or synopses of Greek texts, which are now lost in the original but survive in other languages in medieval translations, such as Latin and Arabic.

2. In the case of medicine, for example, Vivian Nutton (1984: 2) calls the early Byzantine medical authors “refrigerators of antiquity”. Later on this negative view was followed and indiscriminately applied to all Byzantine medical literature by Gotthard Strohmaier (1998: 154), who stated: “medical thought in the Byzantine world had not truly new features”. On the other hand, see the recent thought-provoking study by Jeffreys (2014: 171), who, in addressing classicists working with Byzantine literature, aptly states: “For classicists the message is that they should cease quibbling over iotacist errors and recognise the intellectual endeavours that lie behind so much Byzantine activity”.

3. Jauss (1982: 20): “... the understanding of the first reader will be sustained and enriched in a chain of receptions from generation to generation”.


5. The work is available in Kühn’s edition (1826) XI.1–146. The first book has been translated into English and critically edited by Dickson (1998: 20–278) on the basis of manuscripts which transmit Stephen’s early Byzantine commentary on the text only. The entire text is available in French and English translation by Daremberg (1856: II.706–84) and Johnston (2016: 336–559) respectively. On the dating, I follow Peterson’s convincing conclusion in his substantial study of the text (1974: 3–16) and his specialised article on the dates of the Galenic corpus (1977: 484–95). He has narrowed down Ilberg’s (1896: 179–94) earlier attempt at dating the treatise, which proposed it had been written between AD 169 and 180.


in referring to Galen’s *Therapeutics to Glaucon*; see the evidence collected by Peterson (1974: 28–9). There is also a brief phrase in Galen’s *On My Own Books*, 4, ed. Kühn (1826) XIX.31.12–13, reading “καὶ τῷ Γλαύκωνι τῷ φιλοσόφῳ δοθέντα δύο” (“and two [books] given to Glaucon the philosopher”) that refers to Glaucon’s philosophical identity, but it was put in brackets by Müller (1891) 109.20, without providing a convincing explanation of his choice (1891: lxxxi), although it was included in the sole manuscript, i.e. Ambrosianus gr. 659 olim Q 3 Sup. (fourteenth/fifteenth centuries). The most recent edition by Boudon-Millot (2007) 157.16–7, which also considers a newly discovered witness of the text, i.e. Vlatadon 14 (fifteenth century) that retains the phrase, follows Müller’s choice. On this passage, see Peterson (1974: 26–7).

10 Galen, *MMG*, 2.8, ed. Kühn (1826) XI.112.7; 2.4, XI.99.15; and 1.1, XI.5.11–13 respectively.

11 Galen, *MMG*, 2.2, ed. Kühn (1826) XI.81.7–10; and 2.9, XI.124.10–13;

12 Galen, *MMG*, 2.12, ed. Kühn (1826) XI.143.7–8. The term “cancer” (καρκίνος) in ancient medical texts refers to ulcer, described as a superficial abnormality often caused by an excess of black bile and it could also refer to malignant lesions; on this, see the brief entry by Leven (2005: 538–9).

13 Galen, *MMG*, 1.12, ed. Kühn (1826) XI.38.3–5; 2.3, XI.84.7–8; and 2.12, XI.142.14–16.


15 Galen, *MMG*, 2.13, ed. Kühn (1826) XI.145.12–14: ταῦτα μὲν οὖν εἰς ἀποδημίαν σοι μακρὰν στελλομένῳ νομίζω συμμέτρω ἔχειν. English translation by Johnston (2016: 558): “these things would, I think, be convenient for you to have when setting out on a long journey abroad”.

16 On medical handbooks written for *philiatrois* in Byzantium with a particular focus on John Zacharias Aktouarios’ *Medical Epitome*, see Bouras-Vallianatos (2015d: 160–206).


19 It should be noted, however, that not all doctors performed surgery. On the activity of physicians and surgeons in the Roman Empire, see Jackson (1988: 56–85).

20 LSJ, s.v. φιλίατρος: “friend of the art of medicine”. On the concept, see Kudlien (1970: 18–20); and Luchner (2004: 9–21). *Philiatroi* were expected to be well educated, but not practising physicians. See also Galen’s *On the Preservation of Health*, in which he refers explicitly to the group of *philiatroi*; for example, he does not hesitate to provide extra details in particular passages, so as to be clear enough even for those with just an elementary knowledge of medicine, *On the Preservation of Health*, 4.5 and 6.14, ed. Kühn (1823) VI.269.11–17 and 449.5–7 = ed. Koch (1923) 118.30–119.4 and 197.2–4.


24 Apart from a predictable reference in his *On My Own Books*, 4, ed. Kühn (1830) XIX.30.18 = ed. Boudon-Millot (2007) 157.1–2, in which Galen discusses all his books concerning therapeutics, and a brief reference in his *On Crises*, 2.13, ed. Kühn (1825) IX.696.15–17 = ed. Alexanderson (1967) 162.1–3, where Galen does not expect from his reader to consult *Therapeutics to Glaucon*, there is no other mention of the work in his corpus. For example, it is not mentioned in Galen’s own list of his works in his *Art of Medicine* (written after AD 193), 37, ed. Kühn (1821) I.407.8–412.3 = ed. Boudon (2002) 388.4–392.17, in which he recommends to his readers those treatises that could provide the necessary theoretical background on a variety of specialised medical subjects; on this, see Boudon (2002: 192–6).
25 Fevers caused by humoural imbalances are considered diseases by Galen, by contrast with ephemeral fevers, which are identified as symptoms; see Galen, MMG, 1.3–4, ed. Kühn (1826) XI.16.13–17.7. There is a useful study on this by Wittern (1989: 3–22).

26 For a detailed commentary on the entire treatise from a medical point of view, see Peterson (1974: 47–93).

27 Peterson (1974: 32–46) and Dickson (1998: 19, n. 1) agree on the identification of Glaucan as a philiatros. Johnston (2016: 321) refers to Glaucan as a philosopher with an interest in medicine. Nutton (2004: 868) considers Glaucan to be a physician. In a personal communication I had with Vivian Nutton, he reaffirmed and expanded his view, seeing Glaucan either as a practitioner or a very good philiatros on the grounds that Therapeutics to Glaucan is too detailed to be an introductory handbook. Boudon refers to Glaucan as a physician and philosopher (2000: 482–4) and believes that the work could be considered useful for beginners in medicine (1994: 1454): “Et en ce sens il est légitime, comme les Alexandrins l’ont fait, de considérer le ‘Ad Glaucanem’ comme un ouvrage utile à des débutants”.


30 Diels (1905: 93); and Touwaide (2016: passim). A useful list of witnesses with associated bibliographical references is also available on http://pinakes.irht.cnrs.fr/notices/oeuvre/3164/ (accessed 5 March 2017), although it should be consulted with caution on this particular work; for example, both Laurentianus Plut. 75.9 (fifteenth century) and 75.16 (fifteenth century), available in digital reproduction online at http://teca.bmlonline.it/TecaRicerca/index.jsp (accessed 5 March 2017), contain Therapeutics to Glaucan (ff. 174r–219v and ff. 149v–192r respectively) and not the erroneously listed Therapeutic Method (http://pinakes.irht.cnrs.fr/notices/cote/16694/ and http://pinakes.irht.cnrs.fr/notices/cote/16701/ respectively, accessed 5 March 2017). There are a few surviving papyrus fragments with excerpts of Galenic works, but none of the Therapeutics to Glaucan; for an updated list, see http://cipl93.philo.ulg.ac.be/Cedopal/MP3/dbsearch_en.aspx (accessed 5 March 2017), s.v. Galenus. The work was translated into Syriac (Degen 1981: 146, n. 56) and Arabic (Ullmann 1970: 45–6, n. 40; and Sezgin 1970: 82–3, n. 6); see Hunayn ibn Ishāq’s (d. 873) comments on the Syriac and Arabic translations of the Therapeutics to Glaucan in his Epistle (Risāla), 8, ed. Lamoreaux (2016) 15.6–17.5. It was also translated into Latin before the mid-fifth century AD (see Fischer 2003: 111–12, 285–6 and 2012: 103–16; and www.galenolatino.com/index.php?id=11&L=&uid=40, accessed 5 March 2017) and later on by Niccolò da Reggio (fl. early fourteenth century) (see www.galenolatino.com/index.php?id=11&L=&uid=95, accessed 5 March 2017).

31 On Galen’s textual transmission in Byzantium, see Wilson (1987: 47–64). The spread of surviving manuscripts containing Galenic works peaks in the Palaiologan period. We should bear in mind that, before the widespread introduction of paper in the twelfth century, parchment codices were the norm; see Irigoin (1973: 45–54) and Lowden (2008: 462–72). Another reason might be the destruction of Byzantine books, especially those in private libraries, during the seizure of Constantinople by the fourth crusade in 1204. On the dating of Parisinus suppl. gr. 446 (ff. 1r–31v) and Vaticanus gr. 2254 (ff. 1r–20v) with relevant bibliographical references, see Buzzi (2012: 237–8) and Lilla (1985: 430–2).


33 On Kühn as an editor of Galen’s Opera Omnia, see Nutton (2002: 1–8).

34 The examples are mostly based on Buzzi’s, but all the transcriptions of passages, including those from Parisinus suppl. gr. 446, are based on my own consultation of the relevant manuscripts. Transcriptions from Greek are diplomatic and retain the spelling and punctuation of the relevant codex.
35 For a list of contents, see Omont (1888: 262); and http://pinakes.irht.cnrs.fr/notices/cote/53179/ (accessed 5 March 2017).


40 On textual corrections in the transmission of Greek and Latin texts, see Reynolds and Wilson (1991: 222–33), who provide a variety of useful examples; see also the recent relevant discussion by Tarrant (2016: 85–104).

41 For a brief introduction to Byzantine manuscript layout, see Maniaci (2005: 326–8); see also Maniaci (1995: 16–41), in which she discusses the topic in more detail and gives examples from both Greek and Latin manuscripts.

42 I have not consulted all the available manuscripts and I am only concentrating on a few representative examples.

43 LSJ, s.v. σημειόω, A.II.3. In the mid-fifteenth-century medical manuscript Wellcome MS MSL.52 (f. 96v) a non-scribal hand, in explicating the significance of the text, adds in the margins “ση(μείωσαι) τοῦτο ὡς ἀναγκαῖον” (“note well this as essential”); on this particular manuscript, see Bouras-Vallianatos (2015b: 286–92).

44 On the development of textual indicators in early Byzantine manuscripts, see Lazaris (2010: 285–98). It should be noted that coloured ink is often used in Byzantine manuscripts to mark chapter titles.

45 LSJ, s.v. αἱμορραγέω, αἱμορραγία; and ῥήγνυμι, C.2.

46 Galen, MMG, 1.15, ed. Kühn (1826) XI.52.16–18: καὶ ἐφ’ ὧν ἐπιπολῆς καὶ κατὰ τοὺς μυκτήρας φλεβῶν ἐις τις ἐῤῥωγυῖα, τῶν ἐπεχόντων φαρμάκων τὸ αἷμα ἑπιτιθέναι. English translation by Johnston (2016: 417): “And if on the surface of these or in the nostrils, there is some rupture of veins, apply the blood-staunching medications”.

47 There is an edition of these scholia by Garofalo (2008: 91–103).


49 Q is not listed in Sonderkamp’s (1987: xvii–xix) study of the manuscript tradition of Theophranes’ medical work. The identification of the excerpts was first made by Garofalo (2008: 61, n. 3). In a recent communication Barbara Zipser, who is currently preparing a critical edition of the text, reported that this fragmentary version of the text does not allow her to allot it a definite place in the stemma of an otherwise huge tradition. Theophranes’ text is available in Bernard’s edition (1794–5). See also Sonderkamp (1984: 29–42), who provides a brief study of the author and the work.

51 On Marcianus gr. App. cl. V/4, see Mioni (1972: 254–5). The manuscript does not give the commentary a title, but simply has the heading “ἀρχὴ τῆς μικρᾶς θεραπευτικῆς” (“beginning of the small therapeutic manual”), which refers to the brief nature of the Therapeutics to Glaucon compared to the long Galenic treatise Therapeutic Method that precedes our work in this manuscript.

52 The commentary survives in five post-Byzantine codices and has been critically edited by Dickson (1998: 19–279). On the manuscript tradition of the commentary, see Dickson (1998: 5–16). It is notable that in Ambrosianus L 110 sup., the lemmata do not often provide the Galenic text in full, but only the first couple of words.

53 Cf. Aristotle, EN, 1146b, ed. Bywater (1894): ἡ γὰρ λύσις τῆς ἀπορίας εὕρεσις ἐστιν (“the solution of a problem/difficulty is a discovery”). Interestingly, on another witness of the text, i.e. Ambrosianus L 110 sup. (= A, sixteenth century), there are a couple of times in which specific terms, i.e. κείμενον (= text) and ἔξηγησις (= explanation/interpretation), are used to label the lemma and the commentary respectively in the margins; on the contents and date of the Ambrosianus L 110 sup. see Martini and Bassi (1906: II.596–8).


59 For a reconstruction of the medical curriculum and an analysis of the versions by Ḥunayn ibn Ishāq (d. 873) and Ibn Riḍwān (d. 1068), see Iskandar (1976: 235–58); cf. Roueché (1999: 153–69). There is another Arabic source, which was edited by Garofalo (2000: 135–51), attributed to John the Grammarian (Yahyā al-Naḥwī), an Alexandrian scholar whose name is only known from the Arabic tradition and should not to be confused with the well-known John Philoponos or the author of Hippocratic commentaries John of Alexandria; on John the Grammarian, see Garofalo (1999: 185–218); and Pormann (2003: 233–63). The only source in Greek is found in Stephen’s, 1.pr, Commentary on the “Prognostic” of Hippocrates, ed. Duffy (1983) 30.31–34.11, which refers to the Hippocratic works most probably studied in Alexandria; on this, see Duffy (1997: 9–11), and Westerink (1992: 11–12).

60 None of the Alexandrian summaries survive in Greek, but there are surviving versions in Arabic translation. On the Alexandrian summaries, see Garofalo (2003: 203–31).
See also Pormann (2004: 11–33), who by focusing on the summary of Galen’s *On the Sects for Beginners*, shows that these texts are not simple abridgements, but incorporate rich commentaries.

61 See the very informative overview by Manetti (2015: 1197–215).

62 See Mazzini and Palmieri (1991: 285–310), who argue for the possible existence of a medical school in Ravenna. The city served as the capital of the Kingdom of the Ostrogoths in the late fifth and early sixth centuries before its reconquest by the Byzantine (Eastern Roman) Empire and the subsequent establishment of the Exarchate of Ravenna in 584, after which it became the seat of the emperor’s representative in Italy. In both periods it experienced a considerable cultural flourishing.


64 Garofalo (1994: 329–48). There is one briefer summary, preserved in Arundel Or. 17 (AD 1218, ff. 17r–41v) and attributed to Yahyā al-Nahwī, which is closely related to the longer one preserved in British Library Add. MS 23407 (seventeenth century, ff. 72v–157r) and Wellcome MS Arabic 62; see also Peterson (1974: 101–12, 115–16).

65 On the transmission of this work and the modern edition, see n. 52 above. It is noteworthy that there is no evidence in the surviving commentary to suggest the existence of a commentary on the second book of the treatise.


69 On his medical commentaries, see Duffy (1983: 11–13); and Dickson (1998: 1–3). On Stephen’s Hippocratic commentaries, in particular, see Wolska-Conus (1992: 5–86); and Mansfeld (1994: 52–4). Stephen makes special mention of Alexandria twice in his texts. In the first instance he refers to a particular plant growing in Alexandria, 214, *Commentary on Galen’s “Therapeutics to Glaucon”*, ed. Dickson (1998) 252.5–7, and, in the second example, he refers to the city’s climate, 3.16, *Commentary on the “Aphorisms” of Hippocrates*, ed. Westerink (1992) 106.5–11. Dickson and Duffy, on the basis of the first example and of both respectively, argue that there is no doubt that Stephen was active in the city. Although this is very probable, neither of the examples provides a definite reference to Stephen’s place of work.

70 On this kind of division, see Richard (1950: 191–222); and Westerink (1964: 170–1).

71 On the didactic function of commentaries in the ancient world, see Sluiter (1999: 173–205).


75 The use of the first-person plural is common in ancient Greek and Latin scientific texts, and Galen himself makes use of it. For its use by Galen and the notion of “communality”, see König (2011: 183–6), who argues for a didactic relationship between author
and reader. See also Bouras-Vallianatos (2014: 341–2), who discusses its employment by the sixth-century medical author and practising physician Alexander of Tralles.


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95 This is also substantiated by the fact that the Galenic works represented in the diagrams of the Vindobonensis med. gr. 16 were part of the Alexandrian curriculum. On the connection between the diagrams and the early Byzantine commentaries and summaries of Galenic works, see Temkin (1935: 412–20) and recently Overwien (2012: 169–75) and (2013: 187–217). On further connections between the branch diagrams and Stephen’s commentary, see Gundert (1998: 102, 116–44). Klaus-Dietrich Fischer has brought to my attention the existence of diagrams in Latin connected with *Therapeutics to Glaucon* in Escorialensis N III 17 (twelfth century), ff. 136v–137v for example. These Latin diagrams have not been examined by scholars up to now, and the current catalogue by Antolin (1913: 155–6) does not refer to them.
97 Helmreich (1910: 3); Garofalo (2008: 66, n.29); and Lorusso (2010: 121–2).
98 Garofalo (2008: 91–2). A brief text recounting the relationship between Galen and Glaucon is also found on f. 106v of Beinecke MS 1121 (see n. 36 above), preceding the beginning of the first book of the treatise on f. 107r. This is not accompanied by any further scholia, is clearly aimed at giving an introduction to the treatise, and does not follow the original text of the case history in the *On Affected Parts* very closely, but often takes the form of a synopsis in indirect speech, including linguistic elements of Byzantine Greek. A study of the text, accompanied by an edition and French translation is provided by García Novo (2003: 135–48).
101 On *hexis* in Galen with reference to relevant passages, see Singer (2014: 135, n. 2; 251, n. 77). See also Mattern (2008: 98–105), who discusses the role of a patient’s *hexis* in Galen’s clinical activity.
103 In a similar vein, see also the brief reference to *Therapeutics to Glaucon* itself in the *Scholia on Galen’s on Affected Parts* edited by Moraux (1977) 32.5–12.
106 In my discussion I include only works written in Greek, although there are some notable early Byzantine surviving examples written in Latin by authors such as Theodore Priscianus (fourth/fifth century AD) and Marcellus (late fourth/early fifth century AD). On these authors, see Formisano (2001: 64–84).
107 The most detailed survey of Byzantine medical literature, although now outdated, is by Hunger (1978: II.278–320); for a brief, fresh overview, see Bouras-Vallianatos (2015c: 105–9) and recently Bouras-Vallianatos (2016b: 1025–31).
108 See, for example, Strohmaier (1998: 169): “the chief claim to credit of Byzantine science – which had developed even fewer ideas than Arabic science – was that it had preserved the original Galenic texts”.
109 On the compilation techniques of early Byzantine medical authors, see the study by van der Eijk (2010: 519–54). See also Bouras-Vallianatos (2014: 337–53), who emphasises Alexander of Tralles’ contributions in the field of pharmacology.
110 On this section of Galen’s work, see the discussion by Peterson (1974: 40–2, 61–2), who argues that Galen’s account is already selective and provides only the treatment for a sudden occurrence of the condition. On *leipothymia*, see n. 90.
111 In this I have been influenced by Philip van der Eijk’s (2010: 536–51) methodology in his pioneering study on early Byzantine medical literature.


On the use of first-person verbs and pronouns in Aetios of Amida’s medical compilation, see Debru (1992: 79–89).


On Alexander’s use of the epithet theiotatos for Galen, see Bouras-Vallianatos (2016a: 388–9). A few direct mentions of Galen’s name and his Therapeutics to Glaucon are also provided by Leo the physician (ninth century?) in his Epitome of Medicine; see, for example, the chapters on tertian and quartan fevers, 1.5 and 1.7, ed. Ermerins (1840) 95.1–2 and 20–1. We know very little about Leo and his works; see Bliquez (1999: 293–6). See also Gielen (Chapter 8) in this volume, who offers a fresh study of Leo’s other work, i.e. Epitome on the Nature of Man.


Appendix, 8–39 and 54–81.

On Paul of Aegina, Epitome of Medicine, 2.59, ed. Heiberg (1921) I.125.8–126.20. Paul of Aegina in his Epitome of Medicine shows he is attempting to condense the available material further and thus provide, in his own words, pr., ed. Heiberg (1921) I.2.8–16, a condensed manual for instant consultation that could be carried everywhere by physicians, just like lawyers, who were able to provide themselves with legal synopses. On Paul of Aegina, see the brief introduction by Lamagna (2006: 683–91).
See, for example, the fresh study by Graziosi (2015: 25–47) on portraits of Homer included in Arabic, Italian, and Byzantine manuscripts, which is an attempt to give new insights into contemporary literature. See also the recent thought-provoking study by Mavroudi (2015: 28–59).

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