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Air, miasmes et contagion: Les epidemies dans l'Antiquite et
au Moyen Age (review)

Luke E. Demaitre

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researchers may have employed the cadavers of Egyptians rather than Greeks; this ethnic restriction she compares to Nazi experimentation (p. 31). Essentially two chapters relate Roman medicine and Greek medicine during the Roman hegemony. In representing Roman medicine, King relies too much on attitudes generalized from Pliny's idiosyncratic views. Her propensity to qualification may confuse the student, such as when she says that Archagathus, the first Greek physician in Rome, "likely . . . was invited by the state," and shortly thereafter that he "may have come on his own initiative" (p. 32). Galen is the subject of a chapter review. Galen "is so good that his powers seem almost supernatural," King says (p. 38), in an example of her lively style. Healing was to Galen the organization of experience derived from rationalizing general principles, and then applying those axioms to the patient. Chapter 7 concerns, in general, diet, drugs, healing women, efficacy, and the placebo effect. Notably absent in any detail are surgery and evidence derived from archaeological evidence. King misses an opportunity to draw a similarity between classical and modern medicine when she says that classical physicians had difficulty distinguishing a drug from a food, for so do we. The last chapter and conclusion briefly summarize the legacy of ancient medicine.

Helen King's short account of classical medicine will introduce students to the Greeks and Romans in an easily understood context of the similarities and differences between our times and theirs.

John M. Riddle
North Carolina State University

Sylvie Bazin-Tacchella, Danielle Quérue, and Évelyne Samama, eds. *Air, miasmes et contagion: Les épidémies dans l'Antiquité et au Moyen Âge*. Hommes et Textes en Champagne. Langres, France: Dominique Guéniot, 2001. 199 pp. €22.90 (paperbound, 2-87825-208-X).

The spread of disease has frightened and puzzled mankind through the ages. The eight papers in this volume, while focused on antiquity and the Middle Ages, broadly illuminate the range of responses and explanations. The collection opens with a lucid account of the original meaning of "miasma" by Jacques Jouanna. Originating outside medical thought, denoting a "stain" or "taint" in Greek (approximated in Latin by *infectio*), and implying contagious "pollution," the term was associated with pestilence in popular and religious lore—as may be seen in *Oedipus Rex*. In the rational medicine of the Hippocratic corpus, *miasmata* (plural) changed from a moral to a physical cause, spreading disease by exhalation rather than contact and calling for correction of the air rather than ritual purification.

Miasma virtually disappeared from postclassical Greek medicine, even as the

emphasis on air and the disregard of touch persisted. When Galen explicated Hippocratic teaching on the transmission of plague, he endeavored to “think the invisible” (p. 50) by the stringent application of reason to experience, as Véronique Boudon demonstrates. Mere analogy yielded his tantalizing phrase “germs (*spermata*) of pestilence” (pp. 52–53); logic led him to include exhalations from swamps and corpses among the causes: the root cause was “putrefaction (*sepsis*)” (p. 52), which emanated from the breakdown or “corruption” of living matter. This explanation had a long life and far-reaching consequences. Béatrice Caseau traces the conceptual linkage between decomposition, dangerous fetor, and the role of perfumes in religious ritual and a “form of aromatherapy” (p. 81). The protective power of perfumed smoke induced early Christianity, after initial resistance, to adopt incense. In medieval plague treatises, surveyed by Joëlle Ducos, corrupted air was not only cause but also effect, subject to meteorological conditions and planetary conjunctions. The authors evinced an “extreme ambiguity” (p. 92) by agreeing on the crucial role of air while diverging widely in their interpretations. Theories about airborne transmission had no counterpart in speculations about waterborne diseases, although the importance of drinking water was recognized. Franck Collard observes that, while plague readily raised suspicions of poisoning, dysentery rarely triggered similar allegations, “no doubt because people were accustomed to this evil” (p. 193).

In contrast with this volume’s tightly thematic discussions, the comparative examinations of selected texts seem less conclusive. Évelyne Samama compares the plague reports by Thucydides and Procopius, who witnessed dissimilar epidemics and were separated by almost one thousand years: it is difficult to gauge the significance of their differences; their chief similarity, namely a military perspective, reveals more about the writing of history than about the understanding of epidemics. Sylvie Bazin-Tacchella collates Latin and French versions of the report issued by the Paris medical faculty after the plague of 1348, and of a chapter in Guy de Chauliac’s 1363 manual on surgery: this textual collation, while made more valuable by appended transcripts (pp. 132–56), pertains more to the Black Death than to the subject of this collection.

Contagiousness has most persistently been associated with leprosy—notwithstanding scientific findings to the contrary. In a complementary stereotype, the contagious leper has come to personify the frightful Middle Ages. Demolishing this “caricature” (p. 160), François-Olivier Touati argues that “contagion” was a fluid notion, and that it was not the principal concern in the proliferation of leprosia, which peaked in the twelfth century. Around 1220–30 there came a “change in perspective” (p. 175), when an influx of new translations from Arabic stimulated questions about the exact nature of infection. Then, over the course of several decades and in an increasingly structured society, physicians presented leprosy, successively, as communicable by proximity, as spreading in the same way as pestilential diseases, and as requiring segregation. They specified “contact with lepers” as a cause only after the Black Death, in the culmination of a conceptual evolution and in the context of changing values. Aptly epitomizing his theses—

and much more—Touati concludes that, as the notion of contagion proves, “the medical discourse is never autonomous or neutral” (p. 187).

Luke Demaitre
University of Virginia, Charlottesville

John J. Pilch. *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology*. Minneapolis: Fortress Press, 2000. xiii + 180 pp. Ill. \$18.00 (paper-bound, 0-8006-3178-1).

John Pilch is well known for his application of social-science methods to the study of healing in the New Testament. The volume under review summarizes his researches. Six of the seven chapters have been previously published, most of them in *Biblical Theology Bulletin*. They do not constitute a comprehensive treatment of healing in the New Testament world, but rather a collection of essays that focus on strategies of healing in the Gospels and Acts. Pilch hopes the studies will enable the biblical exegete to adopt a “transcultural stance” that will enable him or her to become a “culture broker” (pp. 35–36).

In reconstructing the healing culture of Palestinian society in the first century, Pilch uses a model developed by anthropologists Florence R. Kluckhohn and Fred L. Stodtbeck. He begins in chapter 1 by comparing medicine as currently practiced in the United States with that of the ancient world. Pilch paints with broad strokes: his comparisons abound in generalizations that lack nuance and ignore temporal and geographical distinctions. He describes his scholarly style as intuitive, “with a preferred interest in the bigger picture” (p. 76). Operating with modern definitions of health, Pilch (not surprisingly) finds that the ancient Palestinian definition of the concept “might be patterned after” that of the World Health Organization (p. 12)!

Historians have long drawn on the categories of social anthropology in their attempts to reconstruct ancient culture and society. Several classical historians (e.g., Geoffrey Lloyd, Peter Brown) have found them to be useful in supplementing more traditional historical approaches to medicine and early Christian healing. Pilch, however, writes with the unqualified enthusiasm of a convert, seemingly without any realization of the limitations of his method. While admitting that the studies of medical historians (which he largely ignores) have cast much light on ancient medicine (p. 15), he thinks that “social-scientific insights” provide the best method of interpreting ancient texts and the most fruitful framework for understanding ancient medicine. There is nothing self-critical in his approach, no attempt to assess the strengths and weaknesses of medical anthropology. Pilch acknowledges that biblical scholars who use conventional philological and historical methods are often uncomfortable with the interpretive strategies of social scientists—but rather than address their concerns, he assures his readers that their objections have been adequately rebutted (p. 17).