

## Book Reviews

For the main part of her work, the translation of the Latin text into German, Lieberknecht has used the Valgrisius edition (Venice 1561) which incorporates a commentary of Mondinus (1275–1326) and an interpretation of Sylvius (Jacques Dubois, 1478–1555). In cases of uncertainty she compares this edition with the Venice and Padua (?) incunabula of 1471, a selection of eleven manuscripts and commentaries. The appendix gives the Latin text, which makes a comparison of her translation possible.

The text itself consists of four main sections. The first one stresses the importance of the rules of treatment and shows the criteria for judging whether a drug is suitable for use. Touch, smell and taste are of particular importance in order to determine the characteristics of a drug, but colour, age, durability and location of a herb give additional information. Certain drugs specifically act on different humours and on different organs.

In the second section instructions are given on how to improve drugs that are too weak or too strong, avoid harmful side effects and direct the drugs to the organ intended. This is done by adding certain substances to the drug itself. The second strategy is to change some of the characteristics of the drug by skilled preparation, especially cooking, washing, soaking or grinding.

The third section describes the circumstances under which cathartics can harm the body, and gives recommendations for treatment. The first condition is when a purgative only stirs up a humour but does not eliminate it from the body, the second is when other humours than intended are purged or painful purgation, and the third is excessive purgation. The fourth section deals with the treatment of harmful conditions after purgation, such as fever, headache, vertigo, loss of eyesight, loss of stomach function, thirst, hiccups, stomach pain, bowel lesions, loss of blood, necessity of defecation, weakness and convulsions. The large number of manuscripts, above all in Latin, but also in Italian and Hebrew, and the early (and expensive)

printings show the importance of the *Canones* down to the seventeenth century. According to various comments of doctors and apothecaries, the *Canones* were very useful for them.

The need for further investigation is evident throughout the book, not only on the authorship of the *Canones*. A comparison with the Arabic sources, if available, would show the ways in which the transition of medical knowledge from Arabic to the Latin-speaking world, with all its translations, interpretations and commentaries, changed the understanding of the subjects concerned. The Latin text exemplifies the observation that, if detached from the Arabic sources, only a partial comprehension of the Arabic original can be provided. It is the merit of Sieglinde Lieberknecht that the *Canones* are now accessible in a modern language as a stimulus to further research.

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**John F Nunn,** *Ancient Egyptian medicine*, London, British Museum Press, 1996, pp. 240, illus., £25.00 (0-7141-0981-9).

Anyone who sets out to write a synthesis of Egyptian medicine, from its pre-dynastic origins to its continuation in Greece, Rome, and Byzantium, faces many difficulties, both of material and of method. Our literary information depends on a small number of papyri, extremely old, lacking in any exposition of theory, and often obscure or controversial in meaning. Bones, skeletons and mummies provide much archaeological data, but a systematic survey of surgical instruments is still lacking (cf. *L'Information dentaire*, 1992, 32: 2792–802). Besides, one must know Egyptology, archaeology, papyrology, medical history, palaeopathology, medicine, etc., and have an up-to-date awareness of the burgeoning secondary literature. There are also two dangers: of attributing to the ancient Egyptian doctor modern medical understanding, and of explaining Egyptian

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medicine, and, in part, filling in the gaps by recourse to preconceived notions of Egyptian influence on Greek medical theories (cf. my article in *Forum*, 1993, 3: 35–43).

John Nunn, with his expertise in both medicine and Egyptology, has tried to present to the general public a broadly complete view of Egyptian medicine that takes into account the most recent discoveries. After a short introduction on the geography and history of the land of the Nile he analyses Egyptian concepts of anatomy, physiology, and pathology, and lists the diseases found in literary and archaeological sources. Magic and medicine have often had a large role in treating the sick, and Nunn's survey of healers includes priests and magicians as well as medical and paramedical personnel, historical and legendary. He makes full use of the lists of doctors by Jonckheere, Ghalioungui, and, most recently, De Meulenaere, *Chronique d'Égypte*, 1986, 61: 239–42. The last three chapters discuss pharmacology, surgery, including traumatology and animal bites, and the specialisms within medicine such as obstetrics and dentistry. In an epilogue, Nunn notes briefly the history of post-pharaonic Egypt down to the Arab conquests of AD 640, and discusses what can be discovered about the survival of native medicine. His appendices list dates, doctors, vegetable substances used in Egyptian pharmacopoeia, and Egyptian words.

This is a marvellous read, well-illustrated with maps, drawings and plates, but in spite of its author's learning and his abundant documentation it does not entirely succeed in avoiding the two traps mentioned earlier—and, indeed how could it? Rather than speak of “toxins” and “conventional” medicine, it might have been better to follow Egyptian wording more closely (cf. *Chronique d'Égypte*, 1995, 70: 84–98). In Egypt, medical activity, like religion and magic, has a strongly ritualized aspect, and the boundaries between the three are often fluid. Religion influences healing texts, *Chronique d'Égypte*, 1995, 70: 52–64; *Aufstieg und Niedergang der Römischen Welt*, 1995, II, 18, 5, 3355–8; and observations made while preparing a dead body for burial impinge

on medical concepts and vocabulary, *Bull. Inst. fran. Arch. Orient.*, 1995, 95: 361–5.

Nunn's contention that Egyptian medicine underwent no major change between 2600 and 525 BC does no more than repeat the Egyptians' own interpretation. But there is also evidence for influence from outside: a Canaanite disease (leprosy?) in P Hearst 170 (*Rev. d'Égyptologie*, 1988, 39: 3–36); formulae apparently in Cretan in P London 32 (*Minos*, 1958, 6: 66); Cretan beans in P Ebers 28; and a remedy devised by a Syrian in P Ebers 422 (cf. Bardinet, *Les papyrus médicaux*, 1995, p. 35). Germer has argued for a transfer of medical plants, in I and W Jacob, *The healing past* (cf. also M C Amouretti, G Comet, *Des hommes et des plantes*, 1993, pp. 71–92), and I have suggested, in *Aufstieg und Niedergang der Römischen Welt*, 1996, II, 37, 3, 2723–5, that in Hellenistic Egypt priests practised both traditional and Greek medicine. Publication of medical papyri in hieratic and in demotic will give greater precision to this suggestion: see J H Johnson (ed.), *Life in a multi-cultural society*, 1992, pp. 234, 305; *Journal of Egyptian Archaeology*, 1994, 80: 145.

A few bibliographical addenda: on minerals, S Aufrère, *L'Univers minéral*, 1991; on plants, N Baum, *Arbres et arbustes*, 1988, and H N Barakat and N Baum, *La végétation antique*, 1992, and *Revue d'Égyptologie*, 1994, 45: 17–39; on dentistry, E A Reymond in *Mélanges Adolphe Gutbub*, 1984, pp. 183–99, and T Bardinet, *Dents et mâchoires*, 1990.

But these minor comments on matters still debated among specialists should not detract from Nunn's achievement in offering us the reflections of a modern doctor, in love with Egyptology, on his distant predecessors. All who are interested in Egyptian medicine cannot fail to benefit from this clear and judicious synthesis, which is both a pleasure to read and easy to consult.

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