

*Antiochus and Asclepiades: medical and philosophical  
sectarianism at the end of the Hellenistic era*

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According to Sextus Empiricus, a man who himself combined medicine and philosophy in his career, Antiochus ‘from the Academy’ engaged with the views of Sextus’ similarly poised predecessor, the famous physician Asclepiades of Bithynia.<sup>1</sup> The identification, it should be stressed, belongs to Sextus, who is discussing the Cyrenaics’ theory of knowledge and its affinity with those who declare that the senses are the criterion of truth. He chooses to illustrate this latter position with a quotation from Antiochus’ *Canonica*: ‘But a certain other man, second to none in the medical art, and also a student of philosophy, believed that the sensations are really perceptions, and that we apprehend nothing at all by reason.’ This ‘other man’ Sextus suggests, indeed suggests that Antiochus suggests, is Asclepiades. For the Bithynian physician’s notorious rejection of the notion of the *hēgemonikon* leaves all the work of the soul to be done by the five senses (or vice versa), and they were contemporaries, alive at ‘the same time’, so the allusion seems clear; and it has remained plausible ever since.<sup>2</sup>

Sextus’ chronological accuracy has, of course, been called into question; but his pairing of Antiochus and Asclepiades is still instructive.<sup>3</sup> However long (or short) their actual contemporaneity, both were, importantly, participants in the changing intellectual and political world of the late Hellenistic Mediterranean, a world being reshaped by the increasing power of Rome. Both spent time in Rome, Asclepiades actually settling there, and both were drawn into wider networks of Roman elite patronage and influence.<sup>4</sup> Moreover, Asclepiades’ choice of the emerging metropolis as his base at the expense of Alexandria, the established medical centre of the

My thanks to Charles Brittain, David Leith and David Sedley for comments on an earlier draft of this chapter.

<sup>1</sup> Sext. Emp. *Math.* 7.201–2 (see Appendix F2).

<sup>2</sup> See also *Math.* 7.380, and e.g. Tert. *De anim.* 15.2–3 for further emphasis on Asclepiades’ rejection of the *hēgemonikon*.

<sup>3</sup> By Rawson 1982, discussed extensively below.

<sup>4</sup> For Antiochus’ biography see Chapter 1, and for Asclepiades see below.

Mediterranean, finds a parallel of a kind in Antiochus' displacement from Athens, the historic home of the philosophical schools, to the less philosophically developed Egyptian capital as well as other cities of the East, as ambassador to various Roman generals and companion to Lucullus.<sup>5</sup> Nor is it just the pair's patterns of mobility and relations with the Roman aristocracy which can be aligned, for they share an innovative relationship with their respective intellectual traditions as they took organizational form: with, that is, the configuration of philosophical schools and medical sects which characterized the Hellenistic period.

Asclepiades is not recorded as leaving anything particular behind when he founded his 'new sect', though he will ultimately have a famously disloyal pupil – Themison of Laodicea. Nor, indeed, do shifting allegiances in medicine, breaking away from teachers to establish or join other groupings, generally seem to have attracted the kind of recriminations heaped on Antiochus, but the Bithynian physician's move was a bold one none the less, mounting a definite challenge to the old sectarian order in medicine, dominated by Alexandria and framed in particular terms as it was. Likewise Antiochus, and also Aenesidemus, seem to have changed the rules about allegiance within the Academy and contributed to a wider reconfiguration of philosophical schools, their location, interrelations and identities, at the time. There is, then, a certain lack of precedent, at least in their own traditions, for either Antiochus or Asclepiades, but the question arises whether there was any borrowing of practice, or just exchange of ideas, between philosophy and medicine at this juncture. The most obvious possibility is that Antiochus took inspiration from patterns of Alexandrian sectarianism in the medical domain, but perhaps the emphasis should be on a common context – social or political, cultural or geographical, or some combination of them all – which engendered, or encouraged, both moves.

It is the above questions that this chapter attempts to address. It begins, therefore, with an outline of the sectarian landscape of Hellenistic Alexandrian medicine: the traditions and arrangements, groupings and individuals that Antiochus might have encountered in Alexandria in the early decades of the first century BCE, and their historical trajectories. The picture is also broadened out to trace the spread of medical schools beyond Alexandria, but with the Ptolemaic capital as their mother city, and then the development of centres of medical learning, medical lineages, without such

<sup>5</sup> Whether Asclepiades ever even visited Alexandria is unclear, though he did spend some time in Athens: Cael. Aur. *Celeres passiones* (CP) 2.129.

Alexandrian roots, especially in Rome. The aim is both to indicate possible points of practical and conceptual dialogue between philosophy and medicine, and to explore other congruities between the two, where paths cross or run together for more geopolitical reasons.

MEDICAL SECTARIANISM IN THE FIRST CENTURY BCE:  
ALEXANDRIA (AND SATELLITES)

Any discussion of ancient medical sectarianism must begin with the *Empeirikē hairesis*, the Empiric sect. It was the departure of Philinus of Cos from 'the house of Herophilus' (the great Hellenistic anatomist, and Philinus' teacher), his development of a new approach to the medical art, founded solely on experience (however complexly conceived) and not on speculative theories about the workings of the human body, which started everything moving.<sup>6</sup> Not that epistemological debates had been absent from previous medical discourse, but from this moment in early Ptolemaic Alexandria onwards they took on a new significance, as one group decided to base their identity on their position in this debate: to focus on related questions about the nature of knowledge and the nature of the medical art (*iatrikē technē*). Thus the sources repeatedly insist that these physicians 'call themselves Empirics, from "experience" (*empeiria*)'; they refuse to be named after a man, as the Herophileans or Erasistrateans (the followers of Erasistratus, the other great physician of early Hellenistic Alexandria), but want to be known 'by their frame of mind'.<sup>7</sup>

There is then a certain unevenness in the sectarian terrain from the very outset. Philinus' successor as key shaper of Empiricist doctrine, Serapion of Alexandria, composed a treatise *Against the Sects* (*Pros tas haireseis*), which presumably treated all the medical lineages which were named after their founders as *haireseis*, despite the sense in which they were formed on quite different terms from the Empiric sect.<sup>8</sup> But what the Herophileans and Erasistrateans (and, indeed, others) shared, however implicitly, was a commitment to the use of reason in medicine, to enquiries into the causes of diseases, and physiological theorizing; so, by default, they were given the

<sup>6</sup> Philinus' departure: [Gal.] *Introductio seu medicus* (*Int.*) 4.2 (9.15–18 Petit); Herophilus and his 'oikos': von Staden 1989. On the Empiric sect more generally see the fundamental work of Deichgräber (1965).

<sup>7</sup> Cels. pr. 27: 'se empiricos ab experientia nominant'; cf. pr. 10; Gal. *Subf. emp.* 1 (p. 42 Deichgräber (Dgr)): 'a dispositione que secundum animam' (Nicolò da Reggìo's translation): he draws a parallel with the philosophical sceptics in this respect. On the wider resonances of this claim see Polito 2007b.

<sup>8</sup> Gal. *Lib. prop.* 12.1 (Boudon-Millot (B.-M.) 163.10–11).

collective label ‘rationalist sect’ (*logikē haireisis*). But, as Heinrich von Staden has emphasized, this is a purely conceptual category, useful for structuring lists of important medical figures, and setting out certain debates in a clear fashion; it is not a self-definition, nor an actual organization.<sup>9</sup> Indeed, in general, the unambiguous sectarian lines drawn in later handbooks and, most especially, Galen’s far from disinterested discussions of the differences between various groupings need to be treated with caution.<sup>10</sup>

The development of the eponymous *haireseis* themselves seems, moreover, to be a product of Hellenistic Alexandria, if not of the particular pressures of the *Empeirikoi*. Thus the teachers of Herophilus and Erasistratus – Praxagoras of Cos and Chrysippus of Cnidus respectively – belong to a previous era in this regard.<sup>11</sup> They are prominent physicians of the late fourth century who made a considerable impact with their writing and teaching (probably located in their home cities), formulated important theories and had influential pupils, but, it appears, were not in the business of founding long-term lineages.<sup>12</sup> Thus, neither Herophilus nor Erasistratus is considered a defector in any sense, indeed both are doctrinally dependent on their teachers – Herophilus shares Praxagoras’ fundamental humoralism and Erasistratus develops Chrysippus’ distinctive opposition to therapeutic bloodletting.<sup>13</sup> Rather they inaugurate a new phase in the nature of medical groupings. These figures, together with Erasistratus’ brother Cleophantus, will not just have students, but also followers for generations to come.<sup>14</sup> They will provide points of identification; essential parts of their teaching will continue to command allegiance, long after both their deaths and the demise of those who studied with them, as some kind of pedagogic continuity and collective identity is maintained down the centuries.

<sup>9</sup> Von Staden 1982: esp. 81–3; on the parallel development of the concept of philosophical sects to aid the orderly composition of philosophical handbooks, see Mansfeld 1999: 19–23.

<sup>10</sup> Galen has particular reasons for wishing (like Celsus before him) to exaggerate sectarian vitality, divergence and mutual animosity, so that his own position may appear all the more distinctive, moderate and sensible.

<sup>11</sup> Praxagoras and Herophilus: e.g. Gal. *Trem. palp.* 1 and *MM* 1.3 (VII 584–5, and X 28 Kühn (K.)); Chrysippus and Erasistratus: e.g. Gal. *Ven. sect. Er.* 2 and 7 (XI 152 and 171 K.); Praxagoras and Chrysippus are also often paired together: e.g. Cels. pr. 8.

<sup>12</sup> Occasionally Galen vaguely implies that they did – e.g. *Lib. prop.* 1.9 (B.-M. 138.13–14) and *Ven. sect. Er. Rom.* 2 (XI 197 K.) – but neither he nor anyone else actually names any followers rather than students, and the context never suggests serious attention to historical accuracy (rather the reverse).

<sup>13</sup> Humoralism: e.g. [Gal.] *Int.* 9.6 (22.7–9 Petit), though Praxagoras’ humours were quite distinctive, see Steckerl 1958, and cf. e.g. Gal. *Diff. puls.* 4.3 (VIII 723 K.); venesection: e.g. Gal. *Cur. rat. ven. sect.* 2 (XI 252–3 K.), though much of this treatise and the others on Erasistratus is about his inconsistency, deviations from Chrysippus, himself, his fellow-students, pupils and everybody.

<sup>14</sup> *Haireisis* of Cleophantus: Gal. *Hipp. Epid.* 3.2.4 (CMG V 10.2.1: 77.19–21); see also Cael. Aur. *CP* 2.56.

Still, all these *haireseis* are pretty loose genetic formations, based on a mixture of shared doctrine and descent, without any formal organization. Ptolemaic Alexandria became a centre of learned medical activity, including education. It was a place where Herophilean, Erasistratean and Empiric teachers could be found, as well as those with no apparent affiliation; but it was not the location of an Empiric or Herophilean School. At any one time there might have been a particularly pre-eminent figure operating in a specific current or field, but there is no indication that any kind of pedagogic monopoly or sectarian scholarship attended on such a position; and eminence was just as often shared, or indistinct, in any generation. Nor, in fact, did studying with a Herophilean, or anyone else, necessarily determine the allegiance of a student, who might indeed have shopped around for his learning. There is a certain presumption in that direction, however, a sense that being the *auditor* (Greek *akoustēs*) or *discipulus* (Greek *mathētēs*) of someone – which is a relationship the ancient sources are certainly interested in – implies a degree of doctrinal continuity, of sectarian succession, unless otherwise stated. Still, things might well turn out otherwise and, in a world without formal leadership or organisation, there can really be no orthodoxy either. The followers of Herophilus may all have agreed with their founding father that sphygmology was an important part of the medical art, for instance, but they all offered their own, slightly different, definition of the pulse and developed its study in diverse ways. And there are greater disagreements too, noted between followers, or between founder and followers, and noted without particular excitement.<sup>15</sup>

All of these issues, and more, are illustrated in the *Empeirikē hairesis* of the first century BCE; for the most prominent Empiric physician of that century (probably of any century) followed a career path not unlike that of the sect's founder: Heracleides of Tarentum was a pupil of the Herophilean Mantias before switching allegiance.<sup>16</sup> Despite his fame as a pharmacologist, Mantias' dates are not known, nor indeed his location; though there is a strong Alexandrian presumption in all of this.<sup>17</sup> Generally, if a Herophilean left Alexandria it was noted, and no such notice appears for either Mantias or Heracleides. Heracleides is also a little more datable since

<sup>15</sup> On Herophilean sphygmology see von Staden 1989: 445–50; and e.g. Soranus places the Erasistrateans Athenion and Miltiades on the opposite side from Erasistratus in the debate about whether there are diseases specific to women (*Gynaecology*. 3.1), though perhaps implying that they interpreted their founder's views differently.

<sup>16</sup> Gal. *Comp. med. gen.* 2.1 and 5; *Comp. med. loc.* 6.9; which are T(estimonia) 11, T17 and T14 in Guardasole's edition (1997). This includes improved editions of many fragments, and discussion. Heracleides is certainly the most widely cited Empiric in the extant literature, by a long way.

<sup>17</sup> On Mantias see von Staden 1989: 515–18.

he reuses a remedy belonging to the Erasistratean Hicesius, whose activities are mentioned by Strabo (in an interesting passage which will be discussed below) and placed ‘in the time of our fathers’; that is about 100 BCE.<sup>18</sup> All the other chronological hints and relations pertaining to Heracleides tend to prevent his moving too far away from Hicesius, so Alessia Guardasole (as Karl Deichgräber before her) concludes that his *floruit* is most likely to be around 75 BCE.<sup>19</sup>

Heracleides’ departure from Mantias appears to have been less hostile than Philinus’ from Herophilus, though, for he seems to have taken both strong pharmacological interests and some slightly rationalist ideas with him. The late antique, and far from Empiric, Latin medical writer Caelius Aurelianus even accuses Heracleides of failing to observe the ‘custom’ (*mos*) of his *secta*, by advocating a therapeutics which depended, in part, on notions of disease causation.<sup>20</sup> Galen, on the other hand, allows Heracleides to defend himself from any charges of un-Empiric conduct in relation to his discussion of the vexed question of whether or not a dislocated hip can ever be successfully reset. Heracleides’ view, which Galen quotes in order to agree with it, is that it can be, as a range of distinguished witnesses and his own experience testify.<sup>21</sup> From this it follows, he says, and in response to a Herophilean argument for impossibility on anatomical grounds, that sometimes the tendon which keeps the hip bone in place does not snap completely, despite the dislocation, but rather loosens and can tighten up again.<sup>22</sup> Having thus ventured into possibly enemy terrain and become involved in speculation about hidden processes, Heracleides concludes that ‘to enquire into these things is useful, though not entirely universal (*koinon*)’.<sup>23</sup> Galen explains that the Tarentine added this to protect his empiricist principles, though he is less helpful on exactly how it achieved that.

Whether Heracleides’ statement here, embedded as it was in a work on therapeutics, should simply be taken as clarificatory, or whether his Empiric credentials were being called into question at the time is entirely unclear.<sup>24</sup> Against exactly whom any defence might have been offered

<sup>18</sup> Gal. *Comp. med. gen.* 5.6 (F1 Guardasole); Strabo. 12.8.20: ἐπὶ τῶν ποτέρων ἡμετέρων.

<sup>19</sup> Guardasole 1997: 23; following Deichgräber 1965: 258.

<sup>20</sup> Cael. Aur. *CP* 1.166–183 at 181 (F49 Guardasole); more generous interpretations are also possible.

<sup>21</sup> Gal. *Hipp. art.* 4.40 (F43 Guardasole at 81).

<sup>22</sup> The argument that the anatomy of the hip joint means that dislocations cannot be reset belongs to the Herophilean Hegetor: see von Staden 1989: 512–14.

<sup>23</sup> ἐπειδὴ τοῦτο ζητεῖν ἐστὶ χρήσιμον, ἀλλ’ οὐ παντελῶς κοινόν: Guardasole F180 (20–1), a text which differs significantly from that in Kühn, and therefore, from that in Deichgräber.

<sup>24</sup> Galen is quoting from the fourth book of Heracleides’ *External Remedies*. It should be noted that, following V. Boudon-Millot’s reinterpretation of Gal. *Lib. prop.* 12.3 (B.-M. 163.16–17 and 218 n. 14), Heracleides is left without any programmatic works.

would also make a considerable difference. Being called inconsistent, or contradictory, by external rivals is one thing, indeed a very common thing in ancient medical discourse, but it would be quite another, unparalleled in fact, if an internal rival were to accuse a fellow-sectarian of not being a 'real Empiric' (or 'real Herophilean' or the like).

Heracleides certainly does seem to have had at least one contemporary internal rival. Apollonius of Citium is the author of the only text to survive from the incredibly vigorous and productive medical scene in Hellenistic Alexandria – that is, his so-called commentary on the Hippocratic treatise *On Joints* – and it is a text which evinces an Empiricist position, albeit rather more subtly than some would like.<sup>25</sup> Apollonius never refers to himself explicitly as an *Empeirikos* but, in discussing the question of resetting the hip, he lays out the positions of those who argue from anatomy and those who argue from experience, the latter being the view he himself clearly favours; indeed his exposition is more strictly Empiric than that of Heracleides.<sup>26</sup> On this occasion Apollonius made no mention of the Tarentine, but he also wrote eighteen books against Heracleides' Hippocratic lexicography and three books against the first of such glossaries, that of the Herophilean Bacchius.<sup>27</sup> Though Hippocratic interpretation of various kinds was certainly an important activity for the Alexandrian *Empeirikoi* (from Philinus onwards), as also for the Herophileans, and both groups wished to claim the authority of the great man, there is no indication that Apollonius was doing anything other than asserting himself in the genre in the customary manner – that is by attacking and replacing the most recent work in the area (belonging to Heracleides in this instance) – rather than anything more systematic or sectarian.<sup>28</sup> So, this looks more like the Herophilean debates about the pulse than anything more serious; ancient medicine was, after all, a competitive business, and differentiation from, and contest with, rival physicians was just a part of the way things worked. The arguments within rather than across sectarian boundaries were of a distinct kind, but they were no less lively and committed for that.

Apollonius, unlike Heracleides, seems to have had an Empiricist teacher – Zopyrus of Alexandria.<sup>29</sup> Zopyrus is not labelled as an Empiric

<sup>25</sup> Thus Wesley Smith argues that he is a 'Hippocratean' rather than an Empiric: 1979: 214–15.

<sup>26</sup> Apoll. *Commentary on Hippocrates, On Joints* 3 (CMG XI I.1: 78.24–82.6); and see on this debate more generally Frede 1988: esp. 89–95 (though Frede uses the Kühn text).

<sup>27</sup> Erotian, pr. (fr. 311; cf. frs. 317 and 323 Dgr). On Bacchius see von Staden 1989: 484–500.

<sup>28</sup> On the development of sectarian exegesis see von Staden 1982: 90–1; Erotian names at least four *Empeirikoi* and four Herophileans who wrote competitive Hippocratic glossaries against each other (pr. 4.24–5.14 Nachmanson).

<sup>29</sup> Apoll. *Comm.* I (CMG XI I.1: 12.1–5 = fr. 266 Dgr) for his relationship to Zopyrus, whom he describes as practising orthopaedic surgery in the most Hippocratic fashion. Given the amount

in any surviving source, his name appearing in no extant list of prominent *Empeirikoi*, but what little is known about him is perfectly congruent with Empiricism, so his allegiance is inferred from that of Apollonius. As well as probable doctrinal continuity between the two, there is a certain continuity of orientation towards royalty. Apollonius dedicated his Hippocratic commentary to King Ptolemy, and the guess is, given that he is a contemporary, perhaps a younger contemporary, of Heracleides, that this is Ptolemy Auletes (or *Neos Dionysios*), who ruled most of what remained of the Ptolemaic Empire from 80 to 51 BCE (though he was briefly deposed in 58–55 BCE), or his brother, Ptolemy of Cyprus, king of the other part of the imperial domains from 80 to 58 BCE.<sup>30</sup> Zopyrus is reported by Celsus to have concocted an antidote for King Ptolemy, perhaps Auletes again, or one of his longer-lasting predecessors (Soter II or Alexander I); and by Galen to have sent a similar recipe to Mithridates VI Eupator – the culturally and territorially ambitious King of Pontus – carried by a condemned man on whom it was intended to be tested (once he had been poisoned, of course).<sup>31</sup>

Given Mithridates' famous interest in both medicine and poisons, this story is probably too good to be true, unless Zopyrus was a court physician and this was essentially a diplomatic mission.<sup>32</sup> He might, though, have been a more ordinary participant in Mithridates' network of medical patronage and correspondence, or at least have aspired in that direction; and the tale, with or without its embellishments, serves to confirm Zopyrus as an older contemporary of Heracleides.<sup>33</sup> Mithridates did not die until 63 BCE (and then with some difficulty), having been King of Pontus for some sixty years, but his medical activity is likely to have reached its heights in his most expansionist, empire-building phase, in the couple of decades before the outbreak of the first war with Rome in 88 BCE; though there is no reason to think it then came to a complete halt.

of attention that Heracleides' status as pupil of Mantias receives, it is pretty unthinkable that he had another teacher, so I do not consider that the Heracleides without an ethnic who is listed by Diogenes Laertius (9.115) as pupil of Ptolemy of Cyrene and teacher of Aenesidemus is actually the Tarentine, whatever claims are being made.

<sup>30</sup> The royal dedication may be one reason why Apollonius is more reticent on his sectarian affiliations than he might be in a text more directly addressed to his colleagues; though actually lack of explicit self-labelling seems quite standard, for example, in Soranus, *Gynaecology*.

<sup>31</sup> Cels. 5.23.2; Gal. *Antid.* 2.8 (XIV 150 K.).

<sup>32</sup> Mithridates certainly did seek alliances with the Ptolemies. The Ptolemaic princes (who were to become Ptolemy Auletes and Ptolemy of Cyprus) were brought up at his court after Mithridates took Cos, in 88 BCE, and they were, reputedly, later betrothed to his daughters (App. *Mith.* 23 and 111). On stories about Mithridates and antidotes see Totelin 2004.

<sup>33</sup> Mithridates also corresponded with Asclepiades of Bithynia, for example, and was associated with the notable *rhizotomos* Crateuas (Plin. *HN* 25.62).



Roman power was also being felt quite acutely in Egypt at this time: the whole Mediterranean world was being reconfigured politically and culturally in the first century BCE. So it is perhaps unsurprising that Apollonius of Citium seems to bring the Hellenistic, Alexandrian, phase of the *Empeirikē hairesis* to an end. There are a couple more Empiric physicians plausibly located in the mid first century, but after that the record becomes largely blank.<sup>34</sup> Deichgräber's attempts to bridge the gap between Apollonius and the revival of a more sceptical medical empiricism in the early second century CE are ingenious but not convincing.<sup>35</sup> There is only one figure of any solidity in this period – Cassius – and, whether or not he was an Empiric, and whether his career began in the first century BCE or later, he was definitely based in Rome, not Alexandria.<sup>36</sup> This was now the place to be.

There are some parallel developments within the 'rationalist' community of the first century BCE, in terms of the shifting geography of learned medicine. The emergence of Rome as a real centre of medical culture in this century, a story which is very much bound up with the crucial and controversial career of the great 'rationalist' physician already mentioned, Asclepiades of Bithynia, will, however, be deferred for the time being, while we complete the consideration of the various other, more Alexandrian, reconfigurations of the period. In this respect, Strabo reports that in his time a 'great school (*didaskaleion*) of Herophilean physicians' was founded in the vicinity of the temple of Men Karou, near Laodicea in Phrygia, by Zeuxis, just as in the previous generation Hicesius established an Erasistratean school at Smyrna.<sup>37</sup> It appears that the institution at Men Karou was somewhat more successful than that at Smyrna, however. Hicesius had followers, but no known heirs; while Zeuxis had been succeeded by Alexander Philalethes by the time Strabo was writing, and he was then perhaps followed by Demosthenes Philalethes in the first century CE.<sup>38</sup> Regardless of longevity, these moves seem to mark a new development in ancient medical organization. Strabo's use of the term *didaskaleion* is striking, as is his explicit assertion that these are Herophilean and Erasistratean

<sup>34</sup> These are Diodorus and Lycus, whom Deichgräber places around 60 BCE (1965: 203–5). See also Stok 1993.

<sup>35</sup> They involve (1965: 209–12) a complete nonentity (Archibios) and an attempt to multiply the doctors called Zeuxis in the period to include an Empiric.

<sup>36</sup> See von Staden 1997 for a review of the evidence for Cassius.

<sup>37</sup> Strabo. 12.8.20: διδασκαλείον Ἡροφιλείων ἰατρῶν μέγας; and see von Staden 1989: 529–31.

<sup>38</sup> Follower of Hicesius: Diog. Laert. 5.94; Strabo 12.8.20 refers to Alexander's succession, and perhaps the demise of the Smyrnan enterprise; von Staden 1989: 575 suggests that Demosthenes was not just Alexander's student (Gal. *Diff. puls.* 4.4 and 5: VIII 726–7 and 731 K.) but his successor.

schools respectively. A monopoly situation seems to be envisaged, within an exclusively pedagogical context, involving scholars; which is all rather different from the Alexandrian set-up and looks in some ways closer to the philosophical model.

Whether such monopolistic considerations played any part in motivating these moves is entirely unclear, however. Both Herophileans and Erasistrateans continued to be active in Alexandria at the same time, and along much the same lines as before. The Herophilean Dioscorides Phacas may have been associated with the Ptolemaic court of Auletes and his warring children, Cleopatra VII and Ptolemy Theos Philopater, for example, while his younger contemporary, Apollonius Mys, is one of the most famous and influential followers of Herophilus more generally.<sup>39</sup> Apollonius, indeed, lived through the final defeat of Cleopatra (and Antony), and Egypt's annexation by Rome, entailing as it did Alexandria's absorption into a new international order and thus her political, if not yet cultural, eclipse. The names of Erasistrateans who can be securely located in first-century BCE Alexandria are rather harder to come by, but the current actually seems to have been collectively more robust than the individually better-populated Herophilean grouping. The *Erasistrateioi* are the strongest corporate presence in the first-century CE compilation by Anonymus Londinensis, for example, and they were a successful and distinct presence in Galen's Rome, while the Herophilean lineage had dissolved over a century earlier.<sup>40</sup>

Doctrinal divisions between the Herophileans of Men Karou and those of Alexandria are equally elusive. It has been suggested that Alexander Philalethes was a pupil of Asclepiades of Bithynia, though the only source to assert this is very late and the practicalities are problematic; but he is certainly associated with Asclepiades and Asclepiadean ideas more widely, giving his Herophileanism a particular flavour.<sup>41</sup> One of his pupils, Aristoxenus, seems to have been a very contentious character, moreover, whose substantial treatise, *On the Sect of Herophilus* (*Pēri tēs Hērōphilou haireseōs*), criticized pretty much all its members, though von Staden suggests that his fellow-Laodiceans may have been spared.<sup>42</sup> This is speculation, however,

<sup>39</sup> Strabo mentions Apollonius (14.1.34), and he is also cited by many surviving medical authors; on Dioscorides see von Staden 1989: 519–22.

<sup>40</sup> See, e.g., Anonymus Londinensis 26–8 and 36; and Galen's polemical treatise *On Venesection against the Erasistrateans in Rome*. For background on the London text see, e.g., Manetti 1999.

<sup>41</sup> Only the anonymous Brussels fragment 'On the Seed' labels Alexander as *discipulus* of Asclepiades (Anonymus Bruxellensis 1), though the latter is a figure of the early first century BCE, while the former is located much later in that century. Vaguer connections between the two are made at e.g. Cael. Aur. *CP* 2.1.5–6.

<sup>42</sup> Gal. *Diff. puls.* 4.10 (VIII 746 K.); von Staden 1989: 559–65.

and Aristoxenus could also be described as following a trend set by the Alexandrian Herophileans Apollonius Mys and Heracleides of Erythrae, both probably slightly older than him, in composing such a text, focused on his own sect.<sup>43</sup> All may be demonstrating a degree of insecurity about their own sectarian identity, and concern about the diminishing strength of Alexandria in an increasingly competitive cultural environment, medicine included; a world in which some of the terms of the medical debate are shifting. The old epistemological battle lines are being redrawn, or indeed erased, in favour of more generally systematic ones, in which competing versions of the medical art make greater use of a range of philosophical concepts and approaches to system building.

The key figure in driving this change forward, in breaking up the old Hellenistic medical settlement, is Asclepiades of Bithynia. It is he who puts Rome on the map of ancient medical learning, who finds this growing Mediterranean metropolis a location conducive to the development and propagation of a new, more joined-up and theoretically elaborated style of medical system. This is a style which engages with Hellenistic epistemological debates and other dividing lines but also moves beyond them and takes the tradition in a different direction. So it is to Rome that our discussion must now turn. Before making that move, however, Antiochus must be fitted into the narrative, one which has some more general parallels with the contemporary story of philosophical decentralization too.

While much remains uncertain about Antiochus, it is undoubtedly the case that Alexandria's medical scene, and wider cultural situation, made it a relatively easy place for him to find an appropriate audience, one that would be receptive to a new doctrinal direction, less judgemental and more flexible about matters of school allegiance and identity than was normal in Athens. Heracleides was about to leave his Herophilean teacher for the Empiric sect, for example, apparently without recrimination, and he, like all around him, would continue to claim Hippocratic authority for his version of the medical art. It is worth noting here that Alexandria is also where Aenesidemus established his new philosophical circle.<sup>44</sup> Moreover, while Antiochus' relationship with Lucullus complicates the picture, the facts that he did not go to Rome when forced out of Athens, that open hostilities with Philo broke out when Philo was in Rome and Antiochus in Alexandria and that the dispute could be thought to express the wider animosity between the two cities are surely significant. Without Lucullus' presence, it is assumed that Ptolemy Soter II might well have sided with

<sup>43</sup> Von Staden 1989: 540–63.

<sup>44</sup> Eus. *Praep. evang.* 14.18; and see, e.g., Mansfeld 1995.

Mithridates and, regardless of royal manoeuvring, Alexandrian sympathies are likely to have been largely anti-Roman, particularly among intellectual circles.<sup>45</sup> Rome was not just a political threat but, increasingly, a cultural rival too. The medical *haireseis* of Alexandria may have had outposts in Smyrna and Laodicea, but not Rome, and Zopyrus corresponded with Mithridates, not the Senate: it was the Battle of Actium in 31 BCE which finally broke Alexandrian resistance in this respect.<sup>46</sup> So, however accidental the circumstances, Antiochus' travels, both his departure from Athens and his sojourn in Alexandria, did probably play a role in his doctrinal development, in fostering his distinct position and his own claim to the legacy of Plato.

MEDICAL SECTARIANISM IN THE FIRST CENTURY BCE:  
ROME (AND SATELLITES)

Meanwhile, Asclepiades had been having a major impact on the medical scene in Rome, as is evinced by the privileged position he occupies in all the surviving Latin medical texts of the early empire: that is, those of Celsus, Scribonius Largus and Pliny the Elder. The value each places on the Bithynian physician's intervention varies, but all these authors give him the decisive role in determining the shape and substance of learned medicine in Rome thereafter, which they are all responding to, engaging with, in their own ways. He made a more general impact on the classical medical tradition too, one which can be traced across most of its textual remains, including its more summary compilations – its handbooks and catechisms.<sup>47</sup> Indeed, Asclepiades also features in more philosophically oriented doxographies, as well as being recognized for his commitment to the philosophical enterprise by Antiochus of Ascalon himself, as mentioned at the outset.

The more local Roman evidence seems the best place to start, however. In the summary history of ancient medicine which forms part of his proemium to the books on the medical art, Celsus describes developments as petering out, and a dull inertia setting in, as the division between rationalists and empiricists became well established and congealed: 'until Asclepiades changed, in large measure, the approach (*rationem*) to

<sup>45</sup> Indeed, even with Lucullus there, the help Ptolemy provides is limited, see Plut. *Luc.* 2.5–3.1.

<sup>46</sup> Fraser 1972: 810.

<sup>47</sup> Vallance 1993: 711–27 lists extant references (though several additional testimonia have been discovered since).

healing'.<sup>48</sup> It is, then, Asclepiades and his most famous but divergent pupil, Themison, whom Celsus casts as the founders of modern medicine; it is they who have shaped the medical art of the present day, as reflected in his text.<sup>49</sup> Scribonius Largus, in the dedicatory epistle which commends his collection of recipes to the imperial freedman Callistus, refers to Asclepiades as 'the greatest medical authority', though one whose position on pharmacology was rather underdeveloped, and so vulnerable to being traduced.<sup>50</sup> The Bithynian physician's first appearance in the *Natural History* is just as laudatory. Asclepiades is hailed as the 'most outstanding' ('summa') figure ever in the art of medicine, outstripping even Hippocrates himself.<sup>51</sup> Though it counts amongst his achievements at this point, however, it will turn out that founding a 'new sect' ('nova secta') is actually not a good thing to do; and the numerous innovations which Asclepiades introduced into the medical culture at Rome, the large-scale changes he wrought, will be lambasted in the rest of the work. Asclepiades is the chief villain in Pliny's Roman medical history, a fact that emphasizes, rather than diminishes, his impact.

It is his 'new sect' that is of most interest here, of course, but before we examine its formation in more detail, questions about Asclepiades' dates must be addressed. For, in an important article, Elizabeth Rawson argued that the Bithynian was more a figure of the late second than early first century BCE, and her chronology has been very widely accepted.<sup>52</sup> It is, however, questionable, for she puts far too much pressure on a single, somewhat ambiguous, sentence of Cicero's *On the Orator*; and she rejects the reasonably substantial conflicting evidence (such as that of Sextus Licinius Crassus say, in a dialogue set in 91 BCE, that 'we have been familiar' with Asclepiades, 'as physician and friend', while praising his rhetorical skills and noting the medical success they have brought, certainly means that the Bithynian was well established in Rome by this date, having already gained the respect of cultured Roman aristocrats; but it does not mean that

<sup>48</sup> Cels. pr. 11: 'donec Asclepiades medendi rationem ex magna parte mutavit'.

<sup>49</sup> Not only does an ongoing dialectic between the old and the new, embodied by Asclepiades, structure much of Celsus' discussion, but on occasion he explicitly follows some of the Bithynian's organizing principles, see, e.g., Cels. 2.14.1.

<sup>50</sup> Scrib. Larg. Ep. 7–8: 'maximus auctor medicinae'; and see also 75, recipe which belongs to 'Asclepiades noster', and 84.

<sup>51</sup> Plin. *HN* 7.123–4.

<sup>52</sup> Rawson 1982. The only recent monograph on Asclepiades, for example, Vallance 1990, concurs on the dating. There are those who remain agnostic, but the only direct challenge has been made by Polito 1999, who argues (interestingly but unconvincingly) for an even further backdating.

Asclepiades was already dead by that juncture.<sup>53</sup> Despite Cicero's historical punctiliousness in his dialogues, they are also literary products, after all; and, even if Crassus is taken to be definitely asserting that familiarity with the Bithynian had completely ceased at this point, his demise is not the only possible, or indeed most plausible, explanation of that situation.

That Asclepiades has left town may be unlikely, and Cicero would probably have reported a serious quarrel but perhaps not something less dramatic: what if the Bithynian had simply withdrawn from Crassus' circle to pursue other projects? Like Galen, several centuries later, Asclepiades may have moved on from an initial phase of frenetic self-promotion, of chasing elite patients and patrons and of 'surpassing the other physicians in eloquence', to a period of intellectual consolidation and system-building. He may have turned from public performance and the cultivation of the smoothest of bedside manners to gathering a circle of pupils around him and putting his vision of the medical art into writing. This is, after all, what is involved in founding a 'new sect', and these are activities which neither Crassus nor any of his other conversationalists make any reference to at all.<sup>54</sup> Pliny may be quite loose in his use of the term 'secta', which he takes to be synonymous with 'factio' and 'schola', but it is clear that he means a grouping with a distinct identity, comprising adherents to particular doctrines, and all owing allegiance to their eponymous hero.<sup>55</sup> It is also clear, from that and other evidence, that this was a Rome-centred phenomenon; the imperial capital was where Asclepiades had his greatest intellectual impact, where his lineage really flourished.<sup>56</sup> So, while Pliny's temporal framing, which places the Bithynian 'in the time' ('aetate') of Pompey the Great, pushes things too far forward, Sextus' synchrony of Antiochus and Asclepiades may have more to it.<sup>57</sup> Probably an older contemporary of the philosopher, the Bithynian physician certainly arrived in Rome before

<sup>53</sup> Cic. *De or.* 1.62: 'neque vero Asclepiades is, quo nos medico amicoque usi sumus, tum, cum eloquentia vincebat ceteros medicos, in eo ipso, quod ornate dicebat, medicinae facultate utebatur, non eloquentiae.'

<sup>54</sup> Such a change in focus would also fit in with Pliny's accusation that Asclepiades began his career as a teacher of rhetoric, before deciding that medicine would be more lucrative (*HN* 26.12). While there seems to be no actual foundation to the attack, all the indications are that Asclepiades' medical interests predate his arrival in Rome; though his rhetorical skills were clearly considerable, it might be that his turn from patient-chasing to system-building provides the basis which Pliny embellishes with vitriol.

<sup>55</sup> Plin. *HN* 29.6 places Asclepiades in a generally sectarian setting in which medical *factiones*, *scholae* and *sectae* all feature; otherwise he has a *schola*: 14.76, 20.42 and 22.128; following on from the *nova secta* of 7.124.

<sup>56</sup> In addition to Rome, Asclepiades reports cases witnessed in Athens, Parium, and the Hellespont more generally (Cael. Aur. *CP* 2.129).

<sup>57</sup> Plin. *HN* 26.12; see also, e.g., 22.128.

the end of the second century BCE, but he is also likely to have lived into the second decade of the first century, perhaps long enough to see the young Pompey's rise to fame as Sullan partisan in 83 BCE. This would give Asclepiades the time in Rome necessary to have the kind of impact that he did and would produce the most plausible relative chronology for his various pupils and followers, and for the 'new sect' he founds.

Four physicians are specifically labelled in the sources as the Bithynian's pupils (*auditores* = Greek *akoustai*; or *discipuli*), and not just as his followers (*sectatores* or *Asklēpiadeioi*). They are Themison of Laodicea, Titus Aufidius the Sicilian, Philonides of Dyrrachium, and Nico of Agrigentum.<sup>58</sup> Of these, all except perhaps Themison, whose eventual defection will be discussed below, clearly participated in Roman networks of influence, power and status. They hailed from either Sicily or Rome's main bridgehead to the east, and Titus was even a Roman citizen.<sup>59</sup> Others were to follow in his footsteps. In addition to Marcus Artorius, Octavian's physician, and the freedman Antonius Musa, who famously cured Augustus with cold baths in 23 BCE, both of whom seem to have been Asclepiadeans, two of the most significant pharmacological authorities of the mid first century CE are the *Asklēpiadeioi* Sextius Niger and Tullius Bassus.<sup>60</sup> This sectarian label is applied to them by Dioscorides, the most influential writer on medical materials of that century, and Pliny cites both as authorities for most of the medical books in the *Natural History*, making explicit what would otherwise have to be surmised: these were Romans who wrote in Greek.<sup>61</sup> Dioscorides lists other affiliates of what he considers to be the dominant current in his field too, including a Petronius, who would seem to be Roman by birth or manumission, as do the Marcus Gallus, Clodius and perhaps Lucius who are referred to as Asclepiadeans in other sources.<sup>62</sup>

<sup>58</sup> Plin. *HN* 29.6 (and, implicitly, e.g. Cael. Aur. *CP* 2.84): Themison; Steph. Byz. (Meineke 245.1–6) and Cael. Aur. *Tardae passiones* (*TP*) 1.178: the others. Alexander Philaethes is also so named in a single late source (Anon. Brux. 1), but the claim is a dubious one, whereas other ancient references to Themison, Titus, Philonides and Nico fit well with their status as direct pupils.

<sup>59</sup> Laodicea in Syria is also brought within the ambit of Roman power by Pompey and might also of course provide a link with the Herophileans of Men Karou.

<sup>60</sup> This is to identify Octavian's physician M. Artorius, whose dream saved his patron at Philippi (see e.g. Vell. Pat. 2.70.1), with Artorius the Asclepiadean cited in Caelius Aurelianus (e.g. *CP* 3.113). Antonius Musa's sectarian affiliations are attested at Plin. *HN* 29.6, and although 'auditor' is an insertion by some editors, as the text stands he is simply a follower rather than a student of Asclepiades; on his cure of Augustus see, e.g., Suet. *Aug.* 59 and 81; and Cass. Dio 53.30.3–4, which states that he is a freedman.

<sup>61</sup> Diosc. *Materia medica* (*MM*) pr. 2; Plin. *HN* 1 (books 12–16 and 28–32: Niger; 20–7 and 33–4: Niger and Bassus), cf. 29.17. Presumably Titus also wrote in Greek: a *De anima* is referred to by Caelius Aurelianus (*TP* 1.178), which would have been *Peri psychēs* in Soranus.

<sup>62</sup> Diosc. *MM* pr. 2; Gallus appears in Galen, *Comp. med. loc.* 8.5 (XIII 179 K.), Clodius in Caelius Aurelianus (*CP* 3.96), and Lucius (or Lysias) in Soranus, *Gyn.* 3.1.

Dioscorides, a non-sectarian author of a specialist medical treatise, also identifies the doctrinal signature of the *Asklēpiadeioi* in much the same way as encyclopaedic summarizers and compilers of medical handbooks will. It is their commitment to a particulate physics which is crucial: their commitment to a conception of the human body as composed from *onkoi* (corpuscles) and *poroi* (pores or passages); and to a definition of health as balance (*summetria*) of the *onkoi* and *poroi*, and disease as caused by the impaction (*entasis*) of the former in the latter.<sup>65</sup> This, of course, also informs their therapeutics. Galen repeatedly brands Asclepiades ‘shameless’ for his rejection of a specific humoral approach, indeed of any kind of qualitative approach to curative regimes and prescriptions altogether.<sup>64</sup> Others found more appealing the notion of ‘general remedies’ (or ‘aids’) – such as abstaining from or drinking wine or water, fasting, massage and various forms of ‘passive exercise’ (for example, rocking) – which emerged from Asclepiades’ ideas about how human bodies interact with their environment – how somatic composition and balance are affected.<sup>65</sup> Celsus adapts an Asclepiadean pattern in parts of his exposition, and Pliny views the seductive simplicity and pleasantness of these therapies as the secret of the Bithynian’s success amongst the Roman elite.<sup>66</sup>

The encompassing and integrated character of Asclepiades’ medical system is thus clear. His views obviously had epistemological dimensions too, and, as well as the implicit commitment to reason as the basis of his version of the *iatrikē technē*, the Bithynian is cast by Galen as openly despising experience more generally: as a vocal, though contradictory, opponent of reliance on it in medicine and, it follows, hostile to the *Empeirikē hairesis*.<sup>67</sup> This does not seem to be Asclepiades’ main concern, however. He was more positively focused on his systematic and joined-up approach to medicine and on promoting its innovative qualities: on the newness of his prescriptions and therapies, and the way they fitted into a larger set of

<sup>63</sup> See, e.g., Cels. pr. 15–16; [Gal.] *Int.* 9.5 and 13.6 (21.12–14 and 47.15–18 Petit); and Gal. *PHP* 5.3.18 (*CMG* V 4.1.2: 308.27–9). For general discussion see Vallance 1990; though debate about the precise nature of these *onkoi* is very much ongoing: see Polito 2007a and Leith 2009.

<sup>64</sup> Gal. *Hipp. elem.* 12.1–11 (*CMG* V 1.2 147.8–149.14).

<sup>65</sup> *Communia auxilia* in Celsus (2.14) and Pliny (*HN* 26.13); *communia adiutoria* in Caelius Aurelianus (*CP* 1.152); perhaps originally κοινὰ βοηθήματα?

<sup>66</sup> Cels. 2.9–17; Plin. *HN* 26.13–17.

<sup>67</sup> Gal. *Sect. int.* 5 (*Scripta minora* 3 9.9–13); *Subf. emp.* 11 and 12 (84.11–31 and 88.19–89.1 Dgr); *Med. exp.* 1 (86 Walzer). Galen is, of course, a deeply hostile witness, but the criticism of Asclepiades as over-reliant on theory at the expense of practice and experience is more widespread: e.g. Diosc. *MM* pr. 2; Plin. *HN* 26.12–13.



understandings and explanations.<sup>68</sup> The novelty may have worn off, but his many followers certainly stuck to his main teachings and remained committed to a physiology, pathology and therapeutics based on *onkoi* and *poroi* – on the body's particulate situation, processes, and interactions. And they did so with continuing success, as has already been illustrated, in respect of both the prominence of their patients and their wider contribution to the intellectual and practical portions of the medical enterprise.<sup>69</sup>

Doctrinal continuity seems to have been maintained, in part, through systematic exegesis of Asclepiades' writings. Medical pedagogy was to become increasingly bound up with commentary, the detailed explication of a set of texts, and it appears that this was the Asclepiadean practice from early on. Caelius Aurelianus (following Soranus) has Asclepiades' *sectatores* picking over his statements word by word, and Pliny makes a rather vague reference to close study, examination, of Asclepiades' famous book *The Wine-Giver* (*Oinodotes*).<sup>70</sup> This suggests some kind of institutional framework, presumably located in Rome, though there is no reason to suppose that that was the only place where the teachings of Asclepiades might be engaged with; nor should the formality of any such set-up be exaggerated. The list of followers or adherents is a relatively long one but it lacks scholarchs, or even leaders; and, indeed, specified master–pupil relationships are absent after the first generation. Rawson agrees that the physician Sextus Fadius, whom Cicero encounters in Velia in 44 BCE, is the pupil of Nico of Agrigentum, though neither his teacher's ethnic nor his sectarian affiliation is specified.<sup>71</sup> Artorius or Antonius Musa would be similarly second- or third-generation Asclepiadeans, but all the other physicians so labelled float more freely in time, occupying a space somewhere after Asclepiades and before the date of the treatises in which they appear. The vitality of the Asclepiadean lineage through the first century BCE and well into the first century CE is apparent none the less, as is its focus on Rome,

<sup>68</sup> Though the reports (e.g. Cels. 2.14 and Plin. *HN* 26.14) tend to refute, or minimize, Asclepiades' claims to innovation, at least in the therapeutic domain, that only serves to emphasize novelty as a key aspect of his rhetoric.

<sup>69</sup> Contrary to Vallance's entirely unfounded assertion that the followers of Asclepiades were 'few, somewhat neurotic', and 'not particularly important' (1990: 131).

<sup>70</sup> Cael. Aur. *CP* 1.pr.7–9, and 3.189; Plin. *HN* 23.32.

<sup>71</sup> Cic. *Fam.* 7.20.3; Rawson 1982: 363 n. 34. Her argument is very plausible but does tend to speak against her dating – not definitively by any means, but the sequence works more smoothly if Asclepiades' activities extend beyond 91 BCE.

although there are numerous Greek names as well as Roman amongst its adherents.<sup>72</sup>

The *nova secta* that Asclepiades founded is, therefore, new in both form and content, not to mention location. The geography and cultural flavour of learned medicine is shifting, aligning itself more closely with the changing patterns of political power. So it is perhaps unsurprising that the main challenge to Asclepiadean dominance at Rome should come from within, from the defection of Asclepiades' pupil Themison of Laodicea and the establishment of a rival medical grouping by his followers, based on a particular 'method' (*methodos*). It is in this direction that this discussion will now turn.

A passage in Pliny has Themison initially loyal, adding to his teacher's writings, and then subsequently changing his doctrines ('decreta').<sup>73</sup> Celsus considered this divergence to have occurred very late in life – *in senectute*.<sup>74</sup> Caelius Aurelianus' ongoing engagement with both master and pupil presents a similar pattern of continuity, collaboration and then departure but from a different perspective.<sup>75</sup> While for Pliny Themison's move is symptomatic of a wider malaise in the world of Greek medicine, as its factionalism, instability, disagreements and changeability all count heavily against it, for Celsus it is more progressive but still generically so.<sup>76</sup> It is not that Celsus actually favours the Laodicean physician's teachings, the *methodos* he and his followers propound, but that he has a broadly positive view of change, new ideas, in the medical tradition in general. Recent developments, as he sees it, have pushed matters forward, adding to the medical resources he can call on in compiling his encyclopaedia today. For Caelius, on the other hand, Themison's defection is a very specific step in the right direction, towards the true 'method', and the formation of the sect with which he himself identifies.<sup>77</sup> There is still considerable work to be done: Thessalus of Tralles and (most especially) Soranus of Ephesus,

<sup>72</sup> Diodotus and Niceratus: Diosc. *MM* pr. 2; Chrysippus: Cael. Aur. *TP* 4.114; Demetrius of Apamea: Sor. *Gyn.* 3.1; Arius: Gal. *Comp. med. loc.* 4.8 and 5.3 (XII 776 and 829 K.). These are all names which appear elsewhere in the medical literature too, without sectarian specifications; in some cases identity is almost certain, in others most unlikely, and in many somewhere in between.

<sup>73</sup> Plin. *HN* 29.6.      <sup>74</sup> Cels. pr. 11.

<sup>75</sup> The linked references to Themison and Asclepiades are too numerous to mention, but *CP* 2.84 is the most explicit about their ongoing interplay and collaboration.

<sup>76</sup> Though Pliny still labels Themison 'a top authority' ('summo auctore'): *HN* 14.115; and includes him in the list of authorities for a number of his books.

<sup>77</sup> See, e.g., *TP* 4.6, where Themison had 'not yet clearly grasped the methodic teaching' ('nondum limpide methodicam perspiceret disciplinam'); and 5.51, where his views are described as partly *methodicus* and partly not; in contrast to *nostri methodici* at e.g. *CP* 2.179.

whose treatise Caelius is ‘Latinizing’, will need to complete the job in the first century CE; but they are building on Themison’s foundations and, indeed, owe much to Asclepiades too.<sup>78</sup>

Still, Celsus, writing a couple of decades before Thessalus’ arrival on the Roman medical scene, speaks of the followers (‘aemuli’) of Themison as a distinct grouping, as a self-identified, definite presence in contemporary medical culture.<sup>79</sup> He locates them in the context of the epistemological debates between the champions of reason and those of experience, and as asserting their distance from both.<sup>80</sup> According to Celsus, they held that causes are irrelevant to therapy, all that is required being to grasp the ‘generalities’ (‘communia’) of disease: its division into ‘constricted’ (‘adstrictum’), ‘fluid’ (‘fluens’), and ‘mixed’ (‘mixtum’) varieties. Recognition of these types, whether the conditions are acute or chronic, and of their phases, leads to the appropriate therapeutic conclusions. They call this path, or process, ‘the method’ (*methodos* in Greek) and have built their sectarian identity around it. Thus, they disagree with both the notion that medicine is a matter of ‘conjecture about hidden things’ (‘coniectura rerum latentium’), and the view that it is a matter of ‘studying experience’ (‘observatione experientorum’). Having set up this double rejection, however, Celsus goes on to undermine its validity.<sup>81</sup> Themison’s followers must, in fact, be relying on reason or experience in the construction of their method, and on their commitment to it; and they have impoverished these two possibilities, these two approaches, through their denials and misunderstandings. Excluding the benefits of causal considerations, on the one hand, and the detailed differentiation of diseases, cases and circumstances, on the other, is unhelpful and is not what actually happens anyway.

Celsus’ project in all this is pretty clear, for his own position emerges through this discussion as roughly the mirror image of the one he gives to Themison’s *aemuli*: that is, an acceptance of the contribution of both reason and experience, generality and particularity, to the medical art, in a properly balanced combination.<sup>82</sup> His reportage is, therefore, undoubtedly rather

<sup>78</sup> On Caelius’ relationship to Soranus’ text see, e.g., *CP* 2.65, 2.147; for a neat alignment of Asclepiades, Themison, Soranus and Caelius see, e.g., *TP* 3.122.

<sup>79</sup> Celsus always uses *aemuli* rather than the later *sectatores* (e.g. pr. 20 and 62 – of Asclepiades and Themison respectively); those associated with Themison are a presence *saeculi nostri* (pr. 54). The Latin terminology may still be under construction – see Langslow 2000 for discussion – or Celsus may have a different view of such ‘followers’.

<sup>80</sup> They are the focus of discussion at pr. 54–7; though it should be said that the actual views of Themison himself are not articulated here and indeed may be different (54).

<sup>81</sup> Cels. pr. 62–7. <sup>82</sup> Cels. pr. 68–75; and see the discussion of von Staden 1994.

contrived, and quite different from that of Soranus and Caelius Aurelianus, for example. Though consistently critical of Themison's Asclepiadeanism, these authors never represent his moves towards the true 'method' in epistemological terms, and they rarely deploy traditional (or Hellenistic) sectarian terms more generally.<sup>83</sup> There is little sense of a really radical break at any level, either between Asclepiades and Themison or between the latter and his successors; rather there is a rolling programme of therapeutic reform. Caelius catalogues and corrects numerous curative errors, in which the occasional conceptual misprision is of no more significance than the much more frequent mistakes of practical detail, of timing and technique, of prescription and process.<sup>84</sup>

Alongside the regular engagement with the man himself, Caelius also repeatedly refers to Themison's *secta* and *sectatores*.<sup>85</sup> Indeed, he mentions two followers by name – Eudemus and Proclus – and reports, praises and criticizes their views on a number of medical matters.<sup>86</sup> Though the only figure explicitly labelled as Themison's student (*mathētēs*) is Meges of Sidon (by a scholiast on Oribasius), the assumption has been that both Proclus and Eudemus were his pupils, not just adherents: students, indeed, of his old age, because, unlike Meges, they appear in various listings of *Methodikoi*.<sup>87</sup> This is all rather speculative, however, and attempting to construct a lineage of Themisonians, or early Methodics, is impossible given the partial and contradictory nature of the evidence. Some texts tend to confirm the closeness of Themison, Proclus and Eudemus, others refute it, and many are entirely indifferent.<sup>88</sup> All that can be said with certainty

<sup>83</sup> This may be a function of what survives: Soranus' more theoretical works (e.g. *On Generalities and On Causation*) might have participated in different debates. On his oeuvre see Hanson and Green 1994.

<sup>84</sup> See, e.g., the sustained engagement at *CP* 1.116–54 (Asclepiades) and 155–65 (Themison). Caelius does accuse Themison of speculative 'dogmatism' and mistaken Asclepiadean physics (*TP* 4.4–8) but errors of timing are just as important.

<sup>85</sup> See, e.g., *CP* 1.155 and *TP* 1.179 ('secta') and *CP* 3.173; *TP* 1.183, 2.157 and 4.8 ('sectatores'); see also Sen. *Ep.* 95.9–10 for reference to the *sectae* of Asclepiades and Themison (as well as Hippocrates) as exemplifying doctrinal difference in medicine.

<sup>86</sup> Cael. Aur. *CP* 2.219, 3.105 and 3.107 (Eudemus); *TP* 3.100 (Proclus)

<sup>87</sup> See, e.g., Gal. *MM* 1.7 (X 52–3 K.) for such a listing; and for Meges see schol. on Orib. *Coll. med.* 44.21 (*CMG* VI 2.1: 142.12). Caelius does use the word *discipulus* on occasion, but he is not consistent in picking out pupils from amongst the general adherents, and, is, of course, much later.

<sup>88</sup> Confirming: e.g. the *Suda* entry which describes the Neoplatonist Proclus as a 'hierophant of Themison of Laodicea' (s.v. Πρόκλος; 210 Adler), and Gal. *MM* 1.7 (X 52–3 K.); refuting: e.g. [Gal.] *Intro.* 4.3 (9.24–10.5 Petit); indifferent: Celsus, in which some of the other names on Galen's list appear (which would make them early), but without sectarian or any other identifying labels, and they are hardly rare (e.g. Dionysius!). Attempts to identify this Eudemus with Eudemus the physician (and more) of Livilla, the ill-fated wife of Drusus and daughter of Germanicus (mentioned, without sectarian affiliation, at Tac. *Ann.* 4.3–11 and Plin. *HN* 29.20) would obviously help with

is that Themison did found a distinct medical grouping in the mid first century BCE, which seems to have been centred on Rome and formed according to the new style;<sup>89</sup> that is, on terms which could be construed epistemologically but do not seem to have been presented that way by their instigator. His followers might have been more inclined to discourse on reason and experience; but, while Celsus may be right to say that ‘through their name’ (‘eo nomine’) they registered their dissent from the partisans of both, on the assumption that the name in question is ‘Methodics’ (or, at least something based on *methodos*), this dissent could be more thoroughgoing than he allows.<sup>90</sup> It might be less concerned with rejecting speculation about hidden causes or observation than with rejecting both as routes to intellectual identity, asserting instead that they should be defined in a more processual way, through their whole approach to the aims of the art of medicine.

It is not just Asclepiades and Themison in Rome who are ringing in the changes at this juncture, breaking up the old Hellenistic medical settlement, for there is another, less easily localized but just as distinctive, medical current which arrives on the scene in the first century BCE. The *Pneumatikē hairesis*, a grouping within the ‘rationalist’ fold which is named not from its founder or its ‘frame of mind’ or ‘method’ but from its commitment to the ‘all-pervading *pneuma*’ as the underlying cause of both health and disease.<sup>91</sup> This is just one of the notions that Athenaeus of Attaleia, the inaugural *Pneumatikos*, took from the Stoics, for he was, according to the surviving Arabic translation of Galen’s treatise *On Containing Causes*, ‘a pupil’ (*tilmīd*) of Posidonius.<sup>92</sup> The Latin version is less specific in its phrasing but certainly places Athenaeus and Posidonius in a direct and personal relationship.<sup>93</sup> The obvious place for the Attaleian physician to have studied with Posidonius is Rhodes, and the indications are that this was in the latter stages of Posidonius’ career, but where Athenaeus then

the chronology but have nothing else to recommend them (and the maths at Tecusan 2004: 14 does not work at all).

<sup>89</sup> Celsus clearly, if implicitly, locates Themison and his school in Rome, and the Laodicean wrote about a case of satyriasis he witnessed in Milan as well as addressing therapeutic letters to one Asilius, a good Roman name (Cael. Aur. *CP* 3.186).

<sup>90</sup> Cels. pr. 57; he never uses the word ‘methodici’, but does emphasize that there is self-definition through the *methodos*, as does, Caelius.

<sup>91</sup> τῶ διήκοντι δι’ αὐτῶν πνεύματι: [Gal.] *Int.* 9.6 (22.12–17 Petit); whether they called themselves *Pneumatikoi* is entirely unclear; indeed there are hints to the contrary.

<sup>92</sup> Gal. *CC* 2.1 (*CMG Supp. Or.* II 54.3–6); the links with Stoicism are more general, and more generally remarked on, too, see, e.g., [Gal.] *Int.* 9.5 (21.14–21 Petit).

<sup>93</sup> Athenaeus was ‘conversatus’ with Posidonius, in Nicolò da Reggio’s translation (*CMG Supp. Or.* II 134.3–6).

lived, practised, wrote and taught is entirely obscure. He might have stayed on Rhodes, or moved to Alexandria or to another city of the Greek East or even, though this seems the least likely, have visited Rome. If Athenaeus had spent time in the imperial capital then he and his followers would not have escaped Celsus' notice, as they did, whereas recent medical developments outside the metropolis are basically ignored by the encyclopaedist. It is a few decades after Celsus was writing that the *Pneumatikoi* make a splash at Rome, with Agathinus the Spartan and his even more famous pupil, Archigenes of Apamea; and Agathinus seems to have made a conscious effort at relaunching the 'pneumatic' brand of medicine.<sup>94</sup>

Though the *Pneumatikoi* do not seem to have made the most propitiously located of starts, then, Athenaeus did have students, one of whom – Theodorus – is named by Diogenes Laertius, and a 'Magnus' also comes between the original founder and Agathinus.<sup>95</sup> What Athenaeus also had was a systematic and theoretically developed approach to the medical art, which seems to have been contained in a single thirty-book work, *Peri boēthēmatōn*, from which only fragments survive.<sup>96</sup> It covered elemental physics and general principles of causation, as well as human physiology and pathology – the causes and classifications of disease – regimen and therapeutics. Galen has nothing but admiration for the scope and coherence of Athenaeus' vision, for his rigour and thoroughness, and his construction of an entire medical system, though he often strongly disagrees with the actual content (or, at least, claims he does).<sup>97</sup> He also notes that Athenaeus engaged with, and argued against, Asclepiades' elemental theories, which not only would tend to confirm the Attaleian as a figure of the mid rather than early first century BCE but also emphasizes the equivalence between the two men's medical projects.<sup>98</sup>

These are both systems built around the application of certain kinds of physics to medicine, to understanding the human body in sickness and health, and to the movement between the two. These physics come as part

<sup>94</sup> See e.g. [Gal.] *Def. Med.* 14 (XIX 353 K.) for Agathinus' 'discovery' of a 'fourth sect', which he called 'episyntetic'.

<sup>95</sup> Diog. Laert. 2.103; Theodorus; Magnus appears between Athenaeus and Agathinus in lists at both Gal. *Diff. puls.* 3.6 (VIII 674 K.) and Cael. *Aur. CP* 2.58 though the latter is cast, in some sense, as a listing of methodics. At a stretch, Theodorus and Magnus could make a direct paedagogic line of descent from Athenaeus to Agathinus, and so Archigenes.

<sup>96</sup> Mostly as excerpts in Oribasius, and a collection of the fragments and testimonia remains very much a desideratum. Wellmann 1895 is outdated but not really superseded by Kulf 1970.

<sup>97</sup> See, e.g., Gal. *Hipp. elem.* 6.2 (CMG V 1.2: 102.7–10); *Caus. symp.* 3.1 (VII 165 K.); Athenaeus' division and organization of the parts of medicine also made it into the medical handbooks, see e.g. [Gal.] *Int.* 7.4 (14.9–14 Petit); cf. [Gal.] *Def. med.* 10 (XIX 351 K.)

<sup>98</sup> Gal. *Hipp. elem.* 9.20 (CMG V 1.2: 132.21–134.2).

of wider packages, moreover: they fit into larger philosophical structures. The sense of buying into the whole package may be more direct and obvious for Athenaeus in relation to the Stoics than for Asclepiades in relation to the Epicureans, and much scholarly energy has been expended on trying to distance the Bithynian from contemporary atomism; but it is still there none the less.<sup>99</sup> David Leith has recently and persuasively argued for a closer connection between Asclepiades and Epicurus than has been fashionable lately, and there is a broader point of systematicity too.<sup>100</sup> Theoretical reach and coherence, practical completeness and explanatory continuity have all become important features of the way in which sectarian identities are formed in the medical world of the first century BCE, in line with other intellectual developments of the period, well exemplified by Antiochus' new philosophical system. Again reminiscent of Antiochus, epistemology has been integrated into these more encompassing approaches, rather than making the running; and there is a sense in which Themison's 'method' could be seen as a more compact, pared down, version of this same project.

This is, of course, to argue that a primary characteristic of the changing shape of medical sectarianism in the late Hellenistic period is a growing philosophical influence on medicine or, to be more precise, a greater impact of certain philosophical schools on medicine, rather than vice versa.<sup>101</sup> However, these more philosophically sophisticated medical currents could then contribute to, and become more involved in, discussions within and between the various philosophical formations, as Antiochus registers with his reference to Asclepiades' views on sensation and perception. The importance of location and connection has also been emphasized in this increasingly Rome-centred world. Being in Rome itself is more important for the medical men than for the philosophers at this point, but both benefit from association with the Roman aristocracy. The key source for the elite relations of Antiochus and Asclepiades, however, namely Cicero, again underlines the distinction between the two. He makes only a single reference to the Bithynian physician, to his persuasiveness and success, but without any medical content, which stands in stark contrast to his much more substantial discursive engagement with Antiochus. This is far more expansive, and with real content, actual exploration of his teaching, involving a larger cast, a larger set of ideas and a larger stage. The relative position of

<sup>99</sup> See, e.g., Vallance 1990; Asclepiades' *onkoi* are definitely frangible, but there is a question about how much that really matters.

<sup>100</sup> Leith 2009.

<sup>101</sup> This is a trend that will continue, so, for example, the revitalization of the Empiric sect under the Roman Empire will be in close alliance with Pyrrhonian Scepticism.

philosophy and medicine, with the former being something that a Roman senator might himself practise and the latter something he will get others to practise for him, is thus writ large. Still, these aristocratic entanglements were advantageous in both cases, strengthening as they did Antiochus' and Asclepiades' claims to authority and leadership in their own fields.

#### CONCLUSION

There is then a sense in which medicine and philosophy converged in the late Hellenistic world. The philosophical schools moved a little closer to the medical *haireseis* in their configuration and meaning, with the new/old foundations of Antiochus and Aenesidemus, and a greater degree of mobility between groupings more generally; while the figures really setting the pace in the medical domain are those who have finally adopted the programme of the Hellenistic philosophical schools and have built coherent medical systems on philosophical models. Antiochus' gesture towards contemporary medical thought, preserved by Sextus Empiricus, could be seen as recognizing that growing philosophical sophistication amongst some leading physicians. However, though much of this movement, on both sides, fits in with wider patterns of change in the late Hellenistic Mediterranean, little actual interaction between medicine and philosophy has been detected beyond the general traffic in ideas. Moreover, while some of the geopolitical factors at work have had similar effects across the board, others have impacted in a more differentiated way, reinforcing the divergent social and political positions of medicine and philosophy, and underlining their distinct organizational principles.

So, for example, while the metropolitan strongholds of philosophy and medicine – Athens and Alexandria respectively – are both damaged and displaced by the rise of Roman power, and by the conflicts and alliances implicated in that rise, there are elements of commonality and difference in the stories which play out as a result. On the one hand, that decentralization fosters greater variation in approach and allows for more innovation (however framed) is a point of general validity; on the other hand, Athens and Alexandria are quite distinct cities, with quite distinct metropolitan claims, so that much else will diverge. Whereas Athens' grip on philosophy is historical and ideological and has already survived its political fall, Alexandria's grip on medicine is rather more pragmatic. The Egyptian capital will find enough of a history to be able to rebuild itself as the premier, though far from exclusive, centre of medical education in the early Roman Empire, after its power has definitely departed, but with that political



loss will go its ability to keep hold of the most medically ambitious. These physicians will, by and large, move on from Alexandria to Rome; for unlike the philosophers, who can expect sections of the Roman elite to come to them, physicians have to go to their patients, and, for the time being, their aristocratic interactions will be mainly by the bedside or at least have the bedside in fairly direct view.<sup>102</sup>

Antiochus and Asclepiades demonstrate these differences despite their dialogue. Antiochus will return to again-defeated Athens to teach and will have Roman senators as students; Asclepiades will stay in victorious Rome but will not count senators amongst his pupils, and, though it is necessary to construe the category of patient pretty broadly to encompass his relations with Crassus, that does seem to be the correct category none the less.<sup>103</sup> Moreover, while without a school identity of some kind a philosopher would find students hard to come by (indeed, it might be argued that in the ancient world just being a philosopher, without a school, is existentially tricky), the same cannot be said of physicians in search of patients. Claiming to have studied in Alexandria or to be an Asclepiadean or the like will have assisted in the process of self-marketing, especially to the elite, but it was not essential, and other aspects of the presentation took priority. Certainly, just being a physician, without further affiliation, was not only a viable possibility but also a very common one, even amongst those operating in the learned medical tradition. For all could go back to Hippocrates and lay claim to his authority; sectarian divisions in medicine came later and, however elaborate, were less fundamental than in philosophy. Antiochus, on the other hand, rather emphasizes the fundamental quality of the philosophical schools.

<sup>102</sup> The situation will have changed by the late second century CE when, as Galen records, the didactic and epideictic dimensions of interactions between doctors and elite in Rome have become more prominent, but winning patients remains essential.

<sup>103</sup> Ancient doctors offered a range of services, both practical and discursive, to their patients, particularly the richer ones.