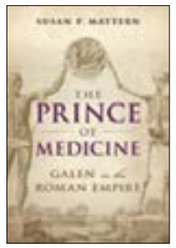
# Out of Hours
# Books

## MAKING A DRAMA OUT OF A CRISIS

**The Prince of Medicine: Galen in the Roman Empire**
**Susan P Mattern**
*Oxford University Press, 2013*
*HB, 368pp, £15.00, 978-0199605453*




Although Galen of Pergamum (129–ca. 216) never left enough personal information to constitute a biography in the modern sense, he was a figure famous enough in his native city, with its Great Altar of Zeus (reconstructed in modern Berlin), as well as in the imperial capital Rome, for his passage to have been remarked on. While he may not have written much about himself he was a prolific author, with a corpus 'making up one-eighth of all the classical Greek literature that survives.' So famous was he as a physician that he was associated in Arab legends with that other charismatic healer, Jesus of Nazareth.

Susan Mattern has already written about the role of the physician in second-century Graeco-Roman society in *Galen and the Rhetoric of Healing*. Her latest book examines the character of the man who was to be the last word in medicine for over a millennium. A rather mysterious, driven, arrogant, and vainglorious figure emerges. Galen himself suffered from a recurrent abdominal illness in his twenties and recovered from it completely aged 27, a cure he attributed to the intervention of the god Asclepius. He then declared himself Asclepius's servant. Son of a wealthy architect, Galen had received a comprehensive Hellenic education and inherited assets substantial enough to allow him to devote his time entirely to his professional interests.

Remarkably in view of the profession's subsequent reputation for venality, his professionalism 'did not include working for money.' His life was one of 'intensely competitive, masculine relationships with friends and rivals': he made his name by besting others.

Those rivals naturally included fellow doctors, and one of the skills that made Galen famous in his lifetime was his daring and accuracy as an anatomist. The Roman populace liked to see exotic wild beasts — giraffes, tigers, rhinoceroses, crocodiles, and hippopotami — being slaughtered in the arena; and medicine offered a kind of agonistic entertainment too. Galen would challenge fellow practitioners to public contests, laying open live pigs, monkeys, and dogs in front of an audience and locating the recurrent laryngeal nerve without damaging the neighbouring structures. (The nerve would then be ligated or cut, thus effectively silencing the howls of the vivisected animal and amazing his audience). Good doctor Galen was a cold fish. Mattern writes:

'*... he is very consistent in expressing no sympathy, fear, pity, disappointment, attachment, or any other emotion for his patients.*'

Medicine was often practised 'in the open', in front of a small audience in a sickroom (or a large one in an auditorium) in order to witness an event that took its cues from the theatre. Medicine knew how to make a drama out of crisis. This event could entail a Socratic-style debate ('That the Best Physician is Also a Philosopher' was the title of one of Galen's tracts), or a kind of diagnostic sparring-match, or even a surgical procedure. Having manually examined patients from the start of his training (which included a visit to Alexandria), Galen derided those he called 'word doctors' (*logiatroi*), and excoriated school-bound theorists: the various methodists, dogmatists, and pneumatists of his day. A clinical education was a 'passionate dialogue' in which everyone could have a say, provided he knew how to argue. The patient could even become a character in the drama of his own illness. Galen's education was eclectic if thorough; and while he knew Hippocratic exegesis, a good amount of outlandish pharmacology, and took his dreams seriously as a mode of revelation, he leaned towards what we would call empiricism. That doesn't mean to say he could step out of his time, and be a modern experimentalist: his reliance on diagnosing from dreams (the title of another work) is instinct with an old tradition that held that the most rational part of a human was an innate divine entity that can guide our conduct.

In a time when the therapeutic options included baths, diet, purging, poultices, and some very odd potions, Galen seems to have been 'a diagnostician of almost supernatural ability.' It was this ability that got him noticed by the emperor Marcus Aurelius, for whom he prescribed a cure of hot compresses and peppered wine to relieve a debilitating digestive ailment. Marcus told his imperial physicians:

'*We have one physician only.*'

While Galen's case studies are almost invariably success stories, often retold over several manuscripts, it must be said that some are frankly impossible in the light of a modern understanding of the body: much like the biblical restoration of sight by the application of spittle (not to mention the resurrection of the dead).

Even when he held a beating macaque heart in his hand, or observed the lungs quivering in the pleural cavity, Galen didn't know what he was seeing. He had an inkling of organ function but didn't grasp that the heart acted as a pump, or that the lungs served a purpose other than as regulators of the former's 'innate heat' (which declined with age). He believed the liver was the source of venous blood, and he promoted the Hippocratic practice of bloodletting. It was ironic that his reputation peaked in the humanistic Renaissance: Vesalius, a young Flemish anatomist, went to Italy to undertake his studies in the 1530s and proved in several human dissections, by applying the same sceptical methods Galen had once used, that Galen had got things wrong.

A few years after Vesalius' proof by demonstration, Montaigne could write in his Essays:

'*We ask whether Galen said this or that; we never ask whether he said anything valid.*'

His was a query about legitimacy hardly unfamiliar to Galen himself.

**Iain Bamforth,**
GP and Independent Scholar, Strasbourg, France.
**E-mail: IainBamforth@orange.fr**

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## THE CBT PANACEA

**Thrive: The Power of Evidence-Based Psychological Therapies**
**Richard Layard and David M Clark**
*Allen Lane, 2014*
*HB, 384pp, £20.00, 978-1846146053*


Richard Layard is a Labour peer and a distinguished economist and David Clark is Professor of Psychology at Oxford. They are both key figures in the NHS IAPT (Improving Access to Psychological Therapies) programme. Their book was published not long after another of the same name, by Arianna Huffington, the high-profile founder of the *Huffington Post*. Both deal in different ways with the pursuit of happiness. Huffington's road to personal wellbeing involves the 'Third Metric', which comprises getting a lot of sleep, mindfulness, relaxation, unplugging, watching your sugar intake, and self-belief in order, in her words, to redefine success and create a life of wellbeing, wisdom, and wonder. Layard and Clark have a simpler panacea: cognitive behavioural therapy (CBT).

Coming, as I do and, I imagine, that most of you do too, from the world of holistic patient care and the biopsychosocial model of illness, the efficacy of CBT in ameliorating mental and physical disorders, was not exactly news. Imagine my surprise in finding that over one 100 pages of this book, which is hardly aimed at an academic readership, consists of a list of sources, annexes, notes, references, and the index. A sledgehammer to crack a walnut I thought, and read on. But no! That wasn't it at all. This book is nothing less than a sledgehammer to crack open the resting place of the Holy Grail: the Holy Grail of universal human happiness, to which the psychological therapies hold the evidence-based key. Forget poverty, pestilence, cancer, climate change, oppression, famine, and genetics, a good dose of CBT will soon get us back on track.

To my astonishment there are back-cover, ringing endorsements from two of my heroes — Melvyn Bragg and Daniel Kahneman, and other serious commentators have been very positive about this publication. Then, at least I think it was then, the penny dropped: we medics have been very bad about communicating what we know and do about the extent of mental health problems in the community, about the inability of much traditional, pharmacologically-based psychiatry to do much for patients, and about the intimate relationships between physical diseases and mental health and illness with which we are so familiar.

This book, which is very well written, if a touch hectoring from time to time, genuinely is news to large numbers of people outside front-line medicine, and front-line general practice in particular. Although I think that Layard and Clark greatly overstate their case, both for patient benefit and for the health and wealth agenda, one very welcome side effect of this approachable and humane book is to articulate strongly the need to recognise and respond to distress in ways that reduce dependency, increase self-efficacy, and instil resilience against future shocks.

**Roger Jones,**
Editor, *BJGP*.
**E-mail: roger.jones@kcl.ac.uk**

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## CARE WORK

**Working with Vulnerable Groups: A Clinical Handbook for GPs**
**Paramjit Gill, Nat Wright, and Iain Brew**
*RCGP, 2014*
*PB, 248pp, £24.95 (RCGP members £22.46), 978-0850843507*


In these times of austerity, there is a danger that progress made in the tailoring of healthcare services to the needs of vulnerable patients will be reversed. Here in Ireland we often try to model our health services for these types of patients on work carried out in the UK. In this book, the editors have brought together an array of experienced practitioners who contribute both practical and evidence-based advice on managing and advocating for these patients.

The introductory chapter sets out the case for acknowledging that not all patients have the same abilities, opportunities, or means to navigate the healthcare system and that we are uniquely placed to help them do this. There is an explanation of the determinants of health and how they impact on the management of the health and illness of our patients. The chapters that follow cover a wide array of vulnerable groups from prisoners to Travellers to older people. While drug abuse (IV or otherwise) and alcoholism are referred to in various sections, it is surprising that they do not have their own specific chapters. With the use of a number of different authors, the book suffers a little from inconsistencies in the layout of each chapter: some utilise case scenarios, some have sample Applied Knowledge Test questions, and others have reference to the MRCGP curriculum, but it is not uniform across each chapter.

The book acknowledges the difficulties faced at times when dealing with vulnerable patients and urges clinicians to realise their limitations when trying to single-handedly address health determinants. The notion of working closely with other agencies and service providers is discussed, a point often forgotten by those in clinical practice. Towards the end, abstract concepts such as 'intersectoral action' are brought to life using the Alma-Ata Declaration as a framework. This section didn't particularly work well for me and contrasted with the practical advice of other chapters. Overall, I feel this book serves to begin the discussion on the skills needed for, and difficulties in dealing with, vulnerable patients.

**Patrick E O'Donnell,**
Clinical Fellow in Social Inclusion, Partnership for Health Equity, Graduate Entry Medical School, University of Limerick, Limerick, Ireland.
**E-mail: Patrick.E.ODonnell@ul.ie**

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