Medicine of the Ancient Near East and Egypt Through Artifacts

By Michelle Fitzsimmons
About the Exhibit

The exhibit “Myth, Magic, and Medicine: A Journey to the Ancient World” was publicly displayed at the Clendening History of Medicine Museum at the University of Kansas Medical Center from June to September of 2012. The exhibit included artifacts from ancient Egypt, Mesopotamia, Greece, and Rome, however, the following catalog will focus on one portion of the exhibit, which centered on the Near East and Egypt. This catalog aims to use a small selection of the artifacts from the “Myth, Magic, and Medicine: A Journey to the Ancient World” exhibit to explore this important combination of magic, religion, and medicine to varying degrees in ancient Egyptian and Mesopotamian medicine so that historians can better understand the roots of modern medical traditions still seen today. By tracing the roots of this combination, historians can see a continuation into the present day and identify certain changes—such as the introduction of Christianity and monotheism—that affected the way religion and magic are incorporated into modern medical practice.

Acknowledgments

The staff in the History and Philosophy of Medicine Department at the University of Kansas Medical Center has given me this great opportunity. I would particularly like to thank Nancy Hulston for teaching me the ways of the archive before ushering me into the museum. There, with the continuing help of Matt Scanlon and Ryan Fagan, we were able to create this exciting public exhibit. Dawn McInnis, the rare book librarian in the department, helped us to procure a scarce nineteenth-century copy of the Book of the Dead, and I am also indebted to her for her help in doing research on the collection itself. I would also like to thank Dr. Lynda Payne, Dr. Linda Mitchell and Dr. Miriam Forman-Brunell for their continued support and guidance. Without them, my participation in this exhibit and the catalog would not have come to fruition.
This catalog is dedicated to the memory of Dr. Shona Kelly Wray, who passed away in May of 2012. Her passion for history sparked my own interests in the history of medicine, and I am forever grateful for the knowledge she imparted.
Dr. Logan Clendening and his lifelong friend Dr. Ralph Major were the founding fathers of the Department of History and Philosophy of Medicine at the University of Kansas Medical Center. Together they established the department, added to book and artifact collections and honed their skills as medical historians, all while continuing their medical practice. Many of the artifacts used in “Myth, Magic, and Medicine: A Journey to the Ancient World” come from the collections they donated. The legacy of Drs. Clendening and Major is also evident at monthly historical lectures and ever-changing museum exhibits, which have fascinated the citizens of Kansas City for decades. Without their devotion to the history of medicine the museum, library, and archive would not exist as they do today. See (Appendix A) for information on Dr. Clendening and Dr. Major and (Appendix B) for a list of their published books.
that, “magic harnessed various strategies to counteract these fears… and influence the patient’s psychological state.”

John Nunn, a historian of ancient Egypt, similarly argues that modern scholars should not discount magic’s importance to ancient medical practice because of its inherent value as a placebo effect. Doctors today still advocate for mental stability and increased emotional support in patients facing stressful medical treatments, such as chemotherapy. Without knowledge of internal disease, ancient practitioners had to look elsewhere for explanations, which often led them to utilize religion and magic, including prayers to gods for mercy and spells that would appeal to these divine beings. Ancient caretakers differentiated between what they believed were natural and supernatural causes, as can be seen in the strictly practical treatments of battle wounds like bone setting. But when they could not find an explanation for illness, healers added religious and magical rituals to practical treatments in order to restore health.

Introduction

Why were magic and religion included in medical practice in the ancient Near East and Egypt? Markham Gellar, a scholar of Babylonia, reminds his modern audience that even today the usual reaction to disease is, “fear of death and anxiety about loss of health,” and
In many ancient cultures, including the Near East and Egypt, creation myths explained the origins of their religion. John Baines has argued that these myths, “integrate magic and religion explicitly by stating that magic is one of the resources given by the creator to mankind.” The tradition of incorporating religion and magic into medical practice was ever-present in the ancient Near East and Egypt, and investigation of this combination can help us to understand its persistence in modern medicine. This relationship between religion, magic, and medicine did not change significantly until the modern era. Classical medicine (i.e. Greek and Roman) was influenced by these cultures, and these practices continued into the medieval and early modern periods in Europe. Western medicine, although transformed significantly over the past few centuries, was undoubtedly affected by these ancient practices. Indeed, many modern-day Christians use prayer candles and offerings in the hopes that God will bless them with medical aid, divine or earthly. Christian Scientists today still believe in the notion of medicine as a divinely granted.

By examining these traditions, historians can trace their origins, see how they have changed, and most importantly, recognize their continuity in modern medical practice.
The Mesopotamian worldview, which typifies the relationship between religion, magic, and medicine, can be seen in the literary poem *The Epic of Gilgamesh*. The story revolves around Gilgamesh, the king of Uruk, and his companion Enkidu. Gilgamesh and Enkidu find out just how dangerous and emotional the gods can be after Gilgamesh denies the sexual advances of the goddess Ishtar, because she was known to wreak havoc on her mortal lovers by turning them into animals when her childish temper flared. As punishment for his disrespect, Ishtar sends the Bull of Heaven to punish Gilgamesh and the city of Uruk. The bull represents the powerful forces of nature that were controlled by these fickle gods and goddess, like Ishtar. With the help of Enkidu, Gilgamesh kills the Bull of Heaven, and they offer its heart to the sun god Shamash as a show of piety. As Ishtar curses them from the walls of the city, Enkidu hurls a bloody haunch of the bull at her and threatens to slay her, too, if she comes any closer. This insolent act, along with Gilgamesh and Enkidu’s arrogant attitudes, enrages Ishtar even more. After the killing of the bull, Enkidu awakens from a dream that depicted Ishtar and her father, Anu, deciding who must suffer and die for their transgressions against the gods.
They decide that only one of them must die, and agree to kill Enkidu. Only Shamash stands up for Gilgamesh and Enkidu, but is outnumbered by the other angry gods. Enkidu quickly realizes that his nightmare was true when he suddenly falls ill. He calls upon Shamash for help and curses the gods who sent his punishment. After twelve agonizing days, Enkidu finally dies as punishment for disrespecting the gods. Ancient Mesopotamians considered the gods to hold power over life and death as evidenced by the debate over which should die, Enkidu or Gilgamesh. Curses and cursing were taken very seriously, as they brought magical power capable of changing one’s fate. They were considered to be one of the principle ways in which mortals could interact with the immortal and supernatural realm, and to engage agency in their conflicts with the gods. Amulets, charms, and religious rituals could potentially combat the actions of immortals. These gods held power over life and death for ancient Mesopotamians, and were both honored and feared for this reason.
Similarly, the story of *The Princess of Bekhten* demonstrates the Egyptian worldview. The tale focuses on the princess of Bekhten who has fallen gravely ill. The prince of Bekhten travels to Thebes to ask the king for help, for without the king’s aid, the princess would surely die. The king of Thebes gathers all of his knowledgeable physicians and priests in the court, asking them to go to Bekhten to save the life of the princess. When the healers arrive at Bekhten, they find that the princess is not just ill, but rather, possessed by an evil spirit. After trying to exorcise the demon without success, the prince of Bekhten sends another messenger to Thebes during the festival of the god Amon to ask their king if he might send a god, instead of physicians, to heal the princess. The king of Thebes immediately travels to the temple of Khonsu—a god who was known for his healing powers—and prayed for his help for the possessed princess. The king said, “Grant thy magical (or saving) power may go with him, and let me send his divine Majesty into Bekhten to deliver the daughter of the Prince of that land from the power of the demon.” Khonsu’s journey to Bekhten lasts seventeen months, and when he arrives he uses his magical powers to pull the demon from the princess and relieve her illness. In return, the king of Bekhten celebrates the god Khonsu with a feast and a chariot full of gifts and offerings.

Like the story of Gilgamesh, *The Princess of Bekhten* demonstrates the powerful force of the gods that could affect the human health. In this case, the god Khonsu was more of a help than a hindrance, as the gods and goddesses of ancient Egypt were less capricious than their Mesopotamian counterparts. Although the Egyptian relationship to their gods was slightly different, the perception of disease as divine and curable only through divine intervention was the same.
In the ancient Near East, the synthesis of magic, religion, and medicine was not necessarily dependent on socio-economic status. Even the poorest were able to obtain amulets, charms, or cheap figurines such as these in Figure 1. They were generally made of clay, were small enough to be carried. In Babylonian as well as Egyptian culture, religious deities were thought to determine health. Gods, as well as demons, influenced the balance of health in all human beings. They could send illness as a means of punishment or could cause illness simply because they had the power to do so. In Mesopotamian omen literature, homes that acquire household gods “will endure,” whereas those that do not, “will grow poor.” Clay figurines, like the ones pictured in Figure 1, were used in two ways. They could be buried under the house or placed inside the home in order to protect an entire family from harm and illness. In some cases, though, they were used to protect a particular individual, rather than an entire family. These clay images could represent particular gods or demons, but sometimes represented the owner of the figurine. Through the magical process of substitution (or sympathetic magic), the owner could transfer his or her illness to the figurine, often in conjunction with spells or incantations that invoked the help of a deity. In order for these household gods to work in the owner’s favor, however, daily rituals were required. The owners had to greet the gods every morning, pray to them, and present offerings such as incense in order to secure the gods’ aid in maintaining health and protection. They performed these rituals because the gods themselves were believed to be present in these figurines, which thereby were capable of bringing good health.

**Figure 1**
c. 2500 BCE
3 x 1.75 in. (left), 3.75 x 1.5 in. (right)
People in the ancient Near East also used charms and amulets to protect themselves from disease and to appease angry gods. Charms made of stone that included inscriptions and representations of gods like the one depicted in Figure 2a and Figure 2b, were worn on the body, rather than placed in or around the home and were popular across all social strata. Unlike the household clay figurines, amulets and charms were thought to have more power when touching the person they were meant to protect.²¹ Charms like this one had a hole at the top for hanging from a piece of thread, usually around the neck, but could also be worn on the wrists or ankles.²² This particular charm depicts an unknown lion-headed god, with a human body and bird talons, and includes cuneiform inscriptions on the back. Strong or dangerous animals, like the lion, were thought to bring more power to these amulets. These charms were as ubiquitous as household gods.
The household gods in Figure 1 were usually permanent and used as a form of preventative medicine. Amulets and charms, however, could also be made for temporary wear during emergency situations, such as childbirth. The fertility charm in Figure 3 for example, would have been worn for a specific purpose. This bronze charm depicts a penis on one end and a clenched fist on the other, and was designed to both protect and enhance sexual health. Fertility charms like these targeted specific problems such as erectile dysfunction or impotence, which were more often treated with magic because the cause was deemed supernatural. Many believed that witchcraft and sorcery could cause impotence or premature ejaculation and this amulet could potentially protect the wearer against such magic. Amulets were used in combination with magical incantations and transferred power to the wearer, but ultimately appealed to the gods for the sake of health. These were thought to create magical channels to higher powers in order to produce the desired medical outcome of the wearer.
Although gods and demons could cause many illnesses, people might also invoke them in the hopes that they could help to overpower whatever force had brought the illness. In many ancient religions, gods and demons fought amongst each other, lending motivation to help persons hurt by their rivals. Some called upon the Assyrian demon Pazuzu for example, featured in Figure 4, for protection against Lammashtu, Pazuzu’s wife who was known to send disease. She targeted women and children, and could also affect the fertility of both men and women.  

This particular artifact is a replica of the Statuette of the Demon Pazuzu.

The original dates to the first millennium BCE and is now at the Louvre. He is almost always depicted, as he is here, with a human body, head of a dragon with snake, canine, and feline features, bird wings and talons, and a scorpion tail. Dangerous animals are used again as symbols of strength, especially when in hybrid form like Pazuzu, giving the deity even more power. Pazuzu’s likeness was extremely common in Mesopotamia and can be seen in many Assyrian art collections. For protection, people placed statuettes like the one in Figure 4 in the home for the same purpose.
Charm to Protect Against Pazuzu

Pazuzu was both feared and praised, as were most demons. Demons were believed to be fickle, helping humans one moment and harming them the next. Like his wife Lamashtu, Pazuzu could also bring ill health to humans, namely in the form of fevers and plague. Amulets with the image of Pazuzu, like the one in Figure 5, could have been worn to invoke his power or protect against it, depending on the circumstance. When fever and plague were cause for worry, an amulet featuring Pazuzu might protect the wearer from his wrath, as he was the bringer of those ailments. In cases of childbirth, however, mothers or midwives invoked Pazuzu through amulets to protect the wearer from Lamashtu. As a part of the Assyrian religious pantheon, Pazuzu held magical power over forces that affected the health of humans. People who were sick invoked demons like Pazuzu because the direct cause of illness, such as plague, was deemed supernatural.
The importance of the relationship between magic, religion, and medicine in the ancient Near East can be seen in the Law Code of Hammurabi. This is one of the oldest known law codes in existence and predates Biblical laws. Dr. Ralph Major obtained this seven-foot replica, pictured in Figure 6, from museum officials at the Musée du Louvre in 1957, and it remains on permanent display in the Clendening History of Medicine Museum. The original stele is made of basalt, is over seven feet tall and includes cuneiform inscriptions of the laws on both sides. In the official replica of the stele (as well as the original), King Hammurabi is shown receiving the laws from the sun god Shamash. The code itself, written in cuneiform, contains numerous regulations regarding the practice of medicine, and also distinguishes between legitimate and illegitimate magic for medical purposes. Because this combination in medical practice was so common in ancient Babylon, the king wanted these laws to be easily accessible to all medical practitioners, and it is likely that the public heard these laws read aloud. Once the stele was completed, the king placed it at the Temple of the god Marduk. Many of these laws regulated both medical and magical practices, but were directed only to physicians, rather than all medical practitioners such as exorcists. Exorcists often worked alongside physicians, and were brought in on cases where practical medicine did not work or the cause of the affliction was deemed supernatural. Physicians had authority over the practices of the exorcists, which might account for why the latter are not mentioned in the law code. Nevertheless, the connection between religion, magic, and medicine is reinforced by the code’s presentation of physicians as operating between both the natural and the supernatural.
Writings on magic, religion, and medicine were not unique to Mesopotamia. This copy of the *Egyptian Book of the Dead*, pictured in Figure 7, is another example. Egyptologists gave this name to a collection of over two hundred funerary texts and spells, originally written on papyrus, leather, mummy wrappings, and in tombs. These texts show that for the ancient Egyptians health was considered as important in the afterlife as it was in life. Many of these spells come from the *Pyramid Texts* and the *Coffin Texts*, the earliest of which date to the mid-fifteenth century BCE. Some of the texts, however, date to as late as 200 BCE. These later texts show that Egyptian religion remained stagnant for the most part, with new concepts, “merely tacked on” to the old religion. The spells and texts contained within the *Book of the Dead* depict supernatural scenes featuring gods, goddesses, healers, and the deceased. All of these spells and images were meant to instruct the deceased on how to access the magic needed for a successful and healthy afterlife. One of the ways in which the deceased could access such magic was through the use of shabtis—small figurines placed in tombs—which came into Egyptian funerary practice and can be seen in the *Book of the Dead* during the Middle Kingdom (ca. 2000-1700 BCE).
Shabtis, like the ones in Figure 8 and Figure 9, represent the concept of a healthy afterlife for Egyptians. First introduced around 2100 BCE, shabtis' popularity rose significantly during the Middle Kingdom when their purpose became standardized. Originally reserved for royalty, they were mass-produced by the first millennium BCE. The shabtis' role was simple: to replace the deceased in the afterlife when called upon to do manual labor. Early shabtis were made of wood, wax, glass, or ivory and their role was not yet well defined. They portrayed an idealized likeness of their owner in mummiform, and often included inscriptions of the deceased's name or a particular spell. The Egyptians believed that these figures, after being magically endowed through spells and anointing, would respond immediately when the deceased called upon them to work. This is similar to the concept of substitution seen in Mesopotamian figurines, except that the shabtis do not absorb illness, but rather the possibility of illness and injury. They plowed the fields and made food for the deceased in the afterlife so that the deceased could continue to live an afterlife without strain on their health. This is most obvious in later shabtis, which are depicted with agricultural tools. The sixth spell in the Book of the Dead shows the ceremony conducted to prepare the shabtis before being placed in the tomb of the deceased. Mass-produced shabtis in the New Kingdom (ca. 1550-1069 BCE) show that a wide range of people wanted them for their own burials. They became ubiquitous by the later dynasties of the New Kingdom, and came in a variety of colors such as red, blue, white, and black. Those who could afford shabtis paid not only for the shabti itself, but also paid a “wage” to the shabti to ensure it would work in the afterlife. This was paid to the maker of the shabti in the form of silver. The ancient Egyptians were willing to spend a little extra money on these magical figurines to make sure their afterlife would be healthy.
Scarabs were also depicted in the *Book of the Dead* and were one of the most recognizable symbols in ancient Egypt. Many Egyptians wore scarabs like the ones in Figure 10a, Figure 10b, Figure 11a, and Figure 11b, during life but also in death. The scarabs’ purpose differed from the shabtis in that they were meant to protect, not perform labor. Scarabs were associated with creation myths from Egyptian religion, and signified the life cycle. They also represented hope for health and success in the afterlife, and were considered a good luck charm. The scarabs shape imitates the rising sun, which represented new life. Scarabs like the one in figures Figure 10a and Figure 10b would have been extremely common, even among the lower social class.
Scarabs like these would have accompanied the owner in death because of the magical powers associated with them. They were most famously used in the “Opening of the Mouth Ceremony” performed before final burial. The ritual consisted of casting spells on the scarab and anointing it with oil, much like the ritual performed for shabtis. Only then would the scarab have powers in the afterlife. Heart scarabs in particular, like the one in Figure 11a and Figure 11b, had an even more specific purpose. The inscriptions on the bottom were meant to protect the heart, which Egyptians considered the site of human intellect. This particular scarab Figure 11b reads “Menkhepena Tehutimes III” and is probably of royal origin. A spell or incantation that specifically targeted the heart would have been read before the scarab was placed on the heart of the mummy. These scarabs were rare because they were associated with royalty.
The eye of Horus, also known as the *wedjat* eye, was another omnipresent symbol in ancient Egypt. This symbol of an eye with traditional Egyptian makeup, shown in Figure 12, was even more popular than the scarab and nearly everyone owned something that depicted it. This symbol was a necessity of life for many, because it represents magical restoration of health.\(^{47}\) Again, creation myths come in to play: Horus and Seth were deities in the Egyptian pantheon. Seth pulled out Horus’s eye in a fit of anger, but Thoth (another god of the Egyptian pantheon) restored it. The restored eye is called the *wedjat* eye after the goddess Wedjat, who was later identified as the goddess Mut. Because of this myth, the eye of Horus is considered a symbol of “wholeness and health” as opposed to chaos.\(^{48}\) Creation myths often describe the original state of the world as chaotic, and this charm could combat such a state for the owner.\(^{49}\) The symbol could be worn as an amulet, placed in doorways, or over incisions during surgical procedures.\(^{50}\)

Figure 12  
c. 1580 BCE  
Ceramic  
2.5 x 2 in.
Ancient Egyptians also believed that the goddess Taweret could protect health. Shown in Figure 13 and Figure 14, Taweret was usually depicted with the body and head of a hippopotamus, pendulous breasts, the paws of a lion, and the tail of a crocodile. Sometimes she is shown with a full crocodile on her back. Her form is one of the earliest Egyptian deities featured on protective amulets, with some dating back to the end of the third millennium BCE. As seen in Mesopotamian figures, like Pazuzu, Egyptians also used dangerous or powerful animals on protective amulets because their strength was thought to be present in the image. Because hippopotami were some of the most dangerous animals in Egypt, Egyptians considered Taweret one of the most powerful deities. Many invoked Taweret to protect against other dangerous animals, like snakes and scorpions, but she could also protect against nightmares.
Taweret could potentially protect anyone, but she is usually associated with the protection of women and children. Her motherly attributes, such as her breasts, helped to create a visual link between human mothers and Taweret as a religious figure. Ancient medical practitioners considered these two groups as more at risk for health issues, due to childbirth and weakened immunity to disease, and therefore invoked the strongest deities, such as Taweret, to keep them healthy. Pregnant women kept Taweret close to them in the form of charms carried in pockets or necklaces, like the one in Figure 13. During childbirth, particularly, both the mother and child wore images of Taweret to protect from fatalities, such as eclampsia, that were common. Amulets and charms that depicted Taweret held uniquely strong magic that was used to protect against the ailments specific to women and children.
In some instances, deities did not take the form of animals. The physician-god, Imhotep, featured in Figure 15, is the best-known example in the Egyptian pantheon. Imhotep is a rare example of a human turned god after his death, which is why he does not have animal attributes. Most of the gods in the Egyptian pantheon had no earthly origins and so they are depicted as creatures rather than strictly human. Imhotep is usually depicted as a demigod, as he is in Figure 15. He was not fully deified until 525 BCE when he was named son of Ptah, god of medicine. His seated position and earthly clothing and headdress distinguish him from the full gods and goddesses of the pantheon. During his time as vizier to King Zoser (ca. 2780-2761 BCE), he had a reputation as a powerful healer and architect. The Edwin Smith Papyrus is often attributed to Imhotep, and he acted as an astrologer and surgeon during his lifetime. Shortly after Imhotep’s death, when the Egyptians declared him a demigod, the sick flocked to his tomb in the hopes that he might magically restore their health. Some slept in his tomb, praying that he might suggest a cure for their ailments in a dream, and this practice continued in Greece and Rome. Statuettes like the one in Figure 15 could have served as offerings to Imhotep, often containing inscriptions of the person and their affliction. Most of these votive offerings date to the Saitic Period (663-525 BCE), but statuettes of his likeness were not uncommon during other periods, as Egyptians worshipped him for nearly three thousand years. Although there is no evidence that he was a physician in his lifetime, Imhotep’s work as a magician and astrologer inherently linked him to medical practice in ancient Egypt.
Procedures such as circumcision, which are performed today for practical health as well as religious reasons, were part of religious rituals in ancient Egypt. Circumcisions were performed using razors and hones, like the set in Figure 16. The Egyptians believed that the cutting ritual helped to unseal the generative organ, and the blood spilled during the process was a, “physical sign of generative power.” This process was thought to increase fertility in both males and females. But while female circumcision was a private affair, male circumcision was usually a public spectacle. For males, circumcision played two roles in ancient Egyptian society: for priests, cleanliness and health—which was enhanced by the procedure—equaled religious perfection, and for boys, it symbolized the beginning of their journey into manhood. The Book of the Dead and multiple royal tombs depicted this ritual, both in the Old and New Kingdoms, although the practice was not universal. It gained popularity because of its ritual nature, and because priests promoted the procedure. The ritual itself held magical connotations, but the ultimate outcome affected health rather than spirituality, with the exception of the priests and Jews. For priests, this ritual brought them closer to the gods and promoted not only physical, but also spiritual health.
In the ancient Near East and Egypt, medical practice incorporated religious rituals and myth, as well as magic. Because magic was “one of the resources given by the creator,” and because the cause of many diseases was considered supernatural, the people of ancient Egypt and Mesopotamia turned to other modes of healing. Magic and medicine became synonymous in these cultures, as can be seen in the many amulets, charms, and texts that incorporate various healing techniques. These methods often helped alleviate much of the fear of the unknown just as prayer still does today. Because these ancient concepts influenced medieval and early modern practices in Europe, which then influenced modern Western medicine, this combination is still be seen, though to a lesser extent. Christian Scientists, a modern Christian sect, prefer to seek supernatural methods of healing, as opposed to modern techniques and drugs. Although we now know the scientific causes of many diseases, many people still fear incurable new diseases such as AIDS. The continued use of religious and magical healing techniques in today’s medicine is a testament to the legacy of ancient medicine.
Central High—and graduated in 1901 at seventeen years of age. For two years, Clendening studied at the University of Michigan before returning to Kansas to complete his bachelor’s degree at the University of Kansas in Lawrence. Clendening continued at the University of Kansas, completing his medical degree when the program was in its infancy on June 5, 1907. After medical school, Clendening travelled extensively, studying medical topics at the post-graduate level at Harvard Medical School and the Augustana Hospital in Chicago. In 1909, he travelled to Norway with a wealthy family from Kansas City as their private physician. These travels sparked Clendening’s interest in all things foreign, leading him to study in university and teaching hospitals throughout Europe in 1911, such as the highly esteemed medical school at the University of Edinburgh. He also joined the Reserve Medical Corps of the United States Army in 1911, which led to his deployment during World War I. Prior to his deployment, Clendening had been appointed as an instructor at the University of Kansas School of Medicine in 1912 where he taught physical diagnosis and therapeutics. In July of 1914, just before the war broke out in Europe, he married Dorothy Hixon who also played a pivotal role in the establishment of the department. During the war, Clendening served as First Lieutenant for two years at the Fort Sam Houston Base Hospital in San Antonio, Texas after being called to duty on June 5, 1917. He was discharged in December 1918 and returned to Kansas City and his position at the University of Kansas Medical School.

Logan Clendening was born at his family home in Kansas City, Missouri on May 25, 1884 to Edward and Lide Clendening. Logan attended Kansas City High School—later renamed
In 1922, Clendening was appointed KU Assistant Professor of Clinical Medicine and became a favorite professor among students for his humor and quick wit. He became a full professor in 1939 and in that same year founded the History and Philosophy of Medicine Department at the University of Kansas School of Medicine, which still thrives today. As chair of the department, Clendening encouraged medical scholars from many distinguished medical programs such as Johns Hopkins, Yale, and the University of California to speak on a variety of medical history topics. The tradition of these lectures is still carried on today, bringing in many notable historians of medicine.

Clendening was not only known for his medical skills, but also his abilities as a historian of medicine. During the Great Depression, he and his wife Dorothy traveled extensively, collecting rare books and medical artifacts that today make up a significant portion of the Clendening History of Medicine Library and Museum. Clendening also began his writing career in the 1920s, starting with his first book on internal medicine published in 1924. His second book, *The Human Body* became one of the bestselling medical books of the century, being published until the 1970s and selling almost a half a million copies. Clendening was also the author of a widely read health column entitled “Diet and Health” that appeared in 383 newspapers Nationwide, with a combined readership of about 25 million. His medical texts and medical column were only part of his writing career, as Logan turned to writing medical history later in his life. Clendening’s reputation as a medical historian led to his election to the position of the vice president of the American Association of the History of Medicine. He also founded the Quivira Medical Society in Kansas City for physicians interested in medical history.
This group published a weekly newspaper column on medicine, and Clendening often contributed. He later quit his private medical practice and took to traveling with his wife. According to Dr. Ralph Major, Clendening’s longtime friend and successor in the department at the University of Kansas, Clendening, “became intensely interested in medical shrines, in famous hospitals, universities and museums and this interest took him over most of Europe, North Africa and throughout North and South America.” He prided himself on collecting medical artifacts and first editions of countless classic medical texts. Her photographs are also housed at the University of Kansas Medical Center Archives. Clendening’s last book was his most significant contribution to the history of medicine. In 1942, he published a *Source Book of Medical History*, an incredibly detailed account of medical history from antiquity to the twentieth century. Clendening’s writings on medical history would go on to inspire his friend Dr. Major to write his own, more lengthy medical history. Clendening’s life seemed to be at a high point, but he was plagued with depression. His wife and closest friends, however, never thought he would consider suicide. Only three years after the publication of his medical source book, he took his own life on January 31, 1945. In his will, he left all of his artifacts and books to the University of Kansas Endowment Association and also donated fifty thousand dollars to the History and Philosophy of Medicine Department. Dorothy remained an important figure at the History and Philosophy of Medicine Department that Clendening founded just six years prior to his death.
In 1949, Dorothy donated twelve thousand dollars to the university so that they could add to the book collection left by her husband. She also gifted the Logan Clendening Memorial Lectureship in Medical History. Dorothy Hixon Clendening Clark, having remarried in 1950, died in Santa Barbara California in 1973. The Clendening’s contributions to the University of Kansas are still seen today during monthly lectures, published newsletters, and rotating medical exhibits in the museum, most featuring artifacts they collected and donated. The library alone holds nearly six thousand volumes from Logan’s personal collection, allowing local scholars access to many important pieces of medical history. According to the Chair Emeritus of the department, Dr. Robert Hudson, Clendening’s contribution has wider implications in that

“it established Kansas as a serious focus of teaching and study in medical history, as the discipline grew nationally and internationally. By the late 1960s, medical educators identified the History of Medicine Department, and our remarkably successful postgraduate program, as among the most widely known attributes of the University of Kansas School of Medicine.”

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Ralph Hermon Major was born on August 24, 1884 in Liberty, Missouri. His parents, who were of English descent, instilled in him “a love of music and an interest in foreign lands and languages.”

Major attended William Jewell Academy, where his father was a trustee and alumni. At William Jewell, he excelled in the arts, especially in his language courses. Major studied German, Spanish, and French, as well as Greek and Latin. When he graduated in 1902 at seventeen, he was the youngest graduate in the history of the college. After graduation, Major planned a one-year trip abroad with the encouragement of his father. One year turned into three, leading him to explore a variety of places such as Paris, Rome, Athens, Moscow, Corinth, and Istanbul. During those years, Major spent a large portion of his time studying language and medicine at German universities. His knowledge of German proved useful when he applied to John’s Hopkins Medical School in Baltimore, Maryland. It helped Major to stand out, and he was accepted into the medical program at John’s Hopkins in 1906 at age twenty-two, despite lacking much of the scientific background needed for most prestigious programs. Major finished the four-year medical program, becoming a medical doctor in 1910. He stayed at John’s Hopkins as a resident for two years before returning to Europe to study with clinicians and researchers in Vienna and Munich. Major worked as a volunteer at a children’s clinic in Vienna alongside Dr. Clemens von Pirquet, who had been his professor of pediatrics at John’s Hopkins. During Major’s time in Europe, he was offered a position at Stanford near Palo Alto, California, only staying for a year before accepting a position as professor of pathology and chair of the department at the University of Kansas School of Medicine in September of 1914. Later in his life, he recalled the risk he took by coming to such a young school and department, especially without ever touring the place first. Major remarked that the place was in complete disarray when he arrived, and he himself, “washed and scrubbed the floors, walls and windows” as well as, “burned countless paper boxes and scrap paper, carried baskets of broken bottles, test tubes and trash to nearby dumps.”
In 1915, before the United States decided to enter the World War I, Major married Margaret Jackson, who later gave birth to their three children. He worked at the Yale Laboratory School in Connecticut after the War Department decided to use the school to care for injured soldiers. After making friends with other physicians during the war, Major was offered a position in the internal medicine department at the Henry Ford Hospital in Detroit, Michigan. He left his position at KU in 1919, only to return in 1921 when the hospital built a new campus in Kansas City, Kansas. Major was reinstated as the department chair and was also appointed professor of internal medicine. By 1921, with his help, the department employed five John's Hopkins graduates. Major began his writing career in the 1920s. In 1927 he published an article on a well-known John's Hopkins physician, Dr. Halsted. This was Major’s first venture into medical history and he quickly wrote a similar article on William Beaumont, who is considered one of the “fathers of American physiology.” He also wrote an esteemed textbook entitled Physical Diagnosis that had seven editions in six different languages. Major is also known for his book The Doctor Explains, published in 1931. This book was significant in that it was meant for patients, not physicians, as can be seen by the lack of medical jargon and readability. The following year, Major published Classic Descriptions of Disease. This almost seven hundred page volume includes hundreds of translated documents—almost all completed by Major himself—recounting disease from antiquity to the twentieth century. His translations and the book itself were critically acclaimed in the Times Literary Supplement. Major also wrote Disease and Destiny in 1936, Faiths that Healed in 1940, Fatal Partners: War and Pestilence in 1941, Memories of a Vanished Era in 1967, and Old Ties and New in 1968. His crowning achievement as a medical historian, however, came in 1954 when he published his two-volume History of Medicine, spanning antiquity to the twentieth century, which was also published in England. Because of his recognition in the United Kingdom, Major was made a member of the Royal Society of Medicine in London—a feat for any American—and was also asked to join the International Academy of the History of Medicine.
In 1945, after the unexpected death of his friend and colleague, Logan Clendening, Major took on the role as the medical historian of the department. After retiring from his position as chair of the Internal Medicine Department, he accepted Clendening’s old position as Chair of the History of Medicine Department. Major served in this capacity until 1954, when the department introduced the Ralph H. Major Lectureship. In 1955, he traveled the world with his wife, Margaret, spending much of their time in the Philippines before her passing in 1965. They had spent fifty years together at the time of her passing, and Major was deeply affected by her death.

His last two books are recollections of his childhood and travels through Europe and Asia. Like, Clendening, Major collected books and artifacts throughout his travels, greatly contributing to the museum holdings and this particular collection.

Before his death in 1970, Major returned to the university as an emeritus professor to catalog many of the artifacts he and Clendening had collected and donated to the department. He was in his eighties, but that did not stop him from participating in his favorite past-time—medical history. Major’s last two books were written quickly in his old age, bringing his total number of published books to ten. Six years after his death in 1976, the university named the new science building after Major and his long time John’s Hopkins friend Dr. Orr. Major’s dedication to the university helped the medical program to grow exponentially in the years he spent there, increasing the student body from 105 to 453 by the time he retired. His provenance as a medical historian also helped the Department of History and Philosophy of Medicine. Major’s contributions to the department are still recognized today. One of his successors, Dr. Robert Hudson has remarked, “a man who devotes more than half a century of gifted life to a single school of medicine has an impact that can never be measured in terms any more precise than immense or profound.” His legacy lives on, not only in the department he helped to build, but also in his scholarly works on the history of medicine.
Publications of Dr. Clendening and Dr. Major (Appendix B)

Dr. Logan Clendening:


Dr. Ralph H. Major:


End Notes

8. Kovacs, 55.
11. Kovacs, 66.
22. Nemet-Nejat, 212.
24. Geller, 34.
30. KU Med Department of the History and Philosophy of Medicine Staff, “News to the Friends of the Library of the History of Medicine.”
32. Geller, 43.
36. Taylor, 196.
38. Taylor, 112.
40. Taylor, 114.
41. Taylor, 119.
42. Warburton, 192.
43. Taylor, 205.
44. Ibid.
45. Pinch, 156.
46. Taylor, 206.
47. Pinch, 105.
49. Pinch, 9.
50. Veiga, 41.
51. Pinch, 108.
52. Pinch, 157.
53. Pinch, 106.
57. Turnure, 27.
58. Turnure, 28.
60. Knight, 332.
61. Ibid.
62. Baines, 84.
End Notes

65. Coleman, 1.
68. Coleman, 1.
69. Ibid.
70. Major, 258.
71. Hulston, 14.
72. Hulston, 15.
73. Major, 258.
74. Hulston, 19.
75. Hulston, 20.
76. MD Medical Newsmagazine, 5.
77. Ibid.
79. McCool, “Major's Undertakings.”
80. Ibid.
81. MD Medical Newsmagazine, 6.
82. McCool, “Major's Undertakings.”
83. Ibid.
84. McCool, “Major's Undertakings.”
85. Ibid.
86. MD Medical Newsmagazine, 10.
87. Ibid.
88. Ibid.
89. McCool, “Major's Undertakings.”
90. MD Medical Newsmagazine, 12.
91. McCool, “Major's Undertakings.”
92. MD Medical Newsmagazine, 12.
93. McCool, “Major's Undertakings.”
94. Ibid.
95. Ibid.


