

*Revolutions* (1963) “showed that the positivist distinction between the pure data of sensation on the one hand and the conceptual operations of the theoretical understanding on the other could not be maintained.” Science, in other words, was not simply the unfolding of pure reason. The philosopher Wilfrid Sellars similarly attacked the idea of pure sensory data and argued “that philosophy cannot be done completely independently of its own history.” Soon, philosophers began to take some steps back toward engagement with the world: John Rawls’s influential *Theory of Justice* (1970) appeared; “applied

philosophy,” particularly business and medical ethics, emerged; and feminism arrived on the scene. There has even been renewed interest in the thought of the pragmatists.

Still dominated by the analytical approach, American philosophy today, Nehamas says, seems in “a holding pattern, [without] an explicit sense of unity and mission.” To regain that sense, he suggests, philosophers—who now, for the most part, are simply going their own separate ways—must look outward more and try to make their common discipline, once again, a public enterprise.

## The Forgotten Renaissance

“The Other Face of the Renaissance” by Jaroslav Pelikan, in *The Bulletin of the American Academy of Arts and Sciences* (Apr. 1997), Norton’s Woods, 136 Irving St., Cambridge, Mass. 02138.

In *The Civilization of the Renaissance in Italy* (1860), his famous book about Italian life from the mid-14th to the mid-16th centuries, Swiss historian Jacob Burckhardt vividly described the rise of humanism and worship of the classical past as medieval Christendom declined. Under his spell, many later scholars came to see the Renaissance as a sort of prelude to the Enlightenment. “Humanism” was often equated with the rejection of traditional religious beliefs. But this interpretation is misleading, contends Pelikan, a professor of history emeritus at Yale University.

While Burckhardt wrote of “the revival of antiquity,” the truth is, Pelikan notes, that “neither Hellenic nor Latin culture could be confined to their Classical, pagan expressions.” The humanists of the 15th and 16th centuries, he says, devoted their scholarly labors not only to the works of Plato and Homer but to the Bible and the writings of the early church fathers.

For a millennium after the death of Augustine in A.D. 430, “ignorance of Greek had been a chronic disease in the intellectual life of Western Europe,” Pelikan points out. Yet, thanks in part to the conquests of Alexander the Great (356–23 B.C.), Greek had become a world language. Alexandrian Jews had translat-

ed the Old Testament into Greek, and it was not the Hebrew Bible in the original but their “Septuagint translation” (the miraculous work, according to legend, of 70 translators who, working independently, each achieved the same result) that most of the New Testament writers, including Saint Paul, had known. The Greek church fathers had also produced a vast body of literature. With the recovery of Greek during the Renaissance, much of this literature became accessible in the West for the first time.

Though Latin had not been “lost” in the way that Greek was, it had a similar, and even more extensive, “afterlife,” Pelikan says, in the Vulgate (Saint Jerome’s Latin translation of the Bible made at the end of the fourth



A Florentine scholar in his library, circa 1400.

century), in the Mass, and in the corpus of literature produced by the Latin church fathers, which was even larger than that of their Greek counterparts. The Renaissance humanists looked for inspiration to these “sacred” texts, as well as the ancient non-Christian ones, giving them “the same editorial care and typographical embellishment,” Pelikan writes. Nineteen editions of Augustine’s *City of God*, for instance, were made before 1500.

The “crowning achievements of sacred philology” during the Renaissance were the many Bibles produced, Pelikan writes. There had been numerous efforts during the

Middle Ages to rid the Latin Vulgate translation of corruptions. But the proliferation of printed Bibles in the late 15th and early 16th centuries gave “the Renaissance enterprise of textual criticism . . . a new impetus.” Robert Estienne’s superb edition of the Vulgate, the *Biblia* in two parts, first appeared at Paris during 1527–28. Estienne’s Greek Bible, *Novum Testamentum Graece*, of 1550, “formed the basis of the Greek *textus receptus* for, among other translations, the Authorized (‘King James’) Version of the English Bible,” Pelikan says. The Renaissance and the Reformation, it seems, had much more in common than many have supposed.

## SCIENCE, TECHNOLOGY & ENVIRONMENT

### *Dr. Death is a Quack*

“The Kevorkian Epidemic” by Paul R. McHugh, in *The American Scholar* (Winter 1997), 1811 Q St. N.W., Washington, D.C. 20009.

By helping more than 40 depressed sick people to kill themselves, Dr. Jack Kevorkian has helped give life to the controversy over assisted suicide—and won scattered acclaim as a humanitarian crusader. McHugh, director of the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins School of Medicine, says Michigan’s “Dr. Death” is outrageously, even insanely, mistreating those who put themselves in his care.

“Most suicidally depressed patients are not rational individuals who have weighed the balance sheet of their lives and discovered more red than black ink,” McHugh writes. “They are victims of altered attitudes about themselves and their situation, which cause powerful feelings of hopelessness to abound.” Their depression is treatable—and it should be treated. Modern medicine no longer regards even terminal illnesses as “signposts to the grave,” he notes, but views diseases rather as “processes in life for which the body has ways of compensating and resisting, even if only temporarily.”

Depression among the seriously ill comes in two forms, McHugh says. Patients with certain illnesses—including Parkinson’s disease, multiple sclerosis, Alzheimer’s disease, AIDS dementia, and Huntington’s disease—are often afflicted by depression as a *symptom* of their ailments. “They are overcome with a sense of hopelessness and despair, often with the delusional belief that they are in some

way useless, burdensome, or even corrupt perpetrators of evil . . .,” he writes. “These patients lose their capacity to concentrate and reason, they have a pervasive and unremitting feeling of gloom, and a constant, even eager willingness to accept death.”

Though that may seem a reasonable assessment of the patients’ situation to family members and physicians, it is actually part of the illness, as much a symptom of it as fevers, pain, or loss of energy. Modern antidepressant drugs, McHugh says, are “usually effective at . . . restoring the patient’s emotional equilibrium.”

Of course, some seriously ill patients are suicidally depressed for other, “perfectly understandable reasons, given the grueling circumstances of their progressive and intractable disease.” But their demoralization—unlike symptomatic depression—tends to wax and wane, to come in waves, and to be worse at certain times, such as during the night. “All patients afflicted with disease—curable or incurable—are susceptible to bleak assumptions about their future and their value,” he says. “These susceptibilities can be magnified or diminished by the behavior of their physicians.” In short, demoralization, too, is treatable.

Most pain-ridden patients suffering from terminal or progressive diseases do not in fact go in search of death, McHugh points out.