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HIPPOCRATIC PRACTICE: CONTEXT AND ETHOS

Lessons for Contemporary Patient-Physician Relations

by

Robert Bartz, M.D.

THESIS

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF ARTS

in

History of Health Sciences

in the

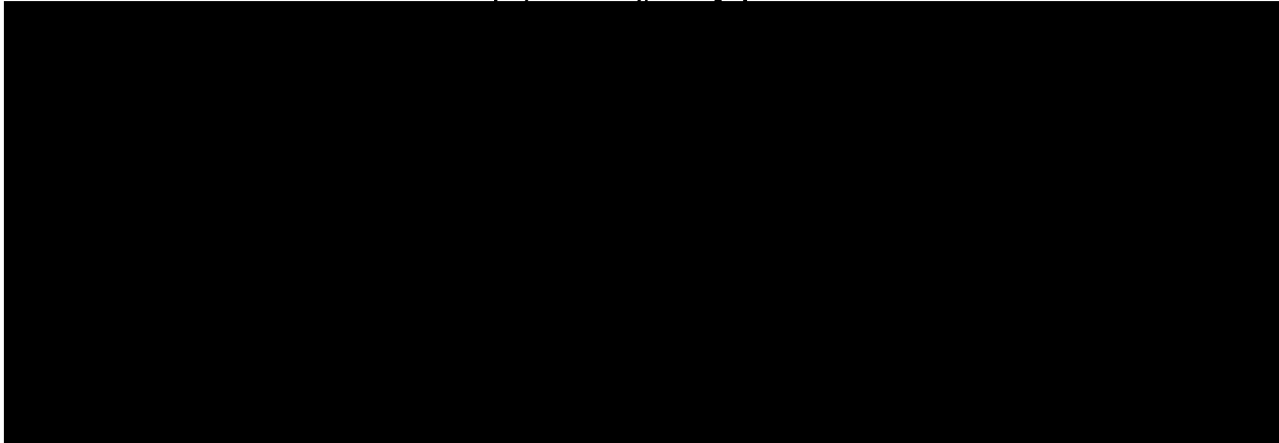
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I wish to acknowledge the very thoughtful comments and direction provided by my friend and teacher Jack Pressman throughout the early research and writing of this thesis. Jack died suddenly in the summer of 1997. I cannot begin to express the loss felt over the tragic death of such a brilliant individual and special colleague.

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RISE IRDRN

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INTRODUCTION

Declare the past, diagnose the present, foretell the future; practice these acts. As to diseases, make a habit of two things-- to help, or at least to do no harm. The art (techne) has three factors, the disease, the patient, the physician. The physician is the servant of the art (techne). The patient must co-operate with the physician in combating the disease.¹

Hippocratic treatise *Epidemics I* late 5th century B.C.

...the Hippocratic principle presents enormous problems. In fact, given all these problems, one can conclude that the Hippocratic ethic is dead.²

R. Veatch, *A Theory of Medical Ethics*, 1981

The whole edifice of Hippocratic ethics has been shaken, and some parts of it dismantled. We are entering a post-Hippocratic era whose future is uncertain...³

E. Pellegrino and D. Thomasma, *For the Patients Good*, 1988

In 1981 Robert Veatch declared the Hippocratic ethic dead and helped lay the intellectual foundation for the construction of what Edmund Pellegrino and David Thomasma have christened the post-Hippocratic era. Their work and the extensive literature in medical ethics that has emerged in the last two decades would seem to challenge any effort to glean something meaningful from the ancient Hippocratic texts. If the Hippocratic ethic is dead and we have entered a post-Hippocratic era can there be anything to gain beyond antiquarian interest from taking the Hippocratic writings seriously?

This thesis will show how a broader reading of the Hippocratic corpus can provide new insight into the understanding of ethics in the activities of ancient Greek physician-healers.⁴ Most work on ancient Greek medical ethics

¹Hippocratic Corpus. *Epidemics I* in *Hippocrates Volume I*, W. H. S. Jones, trans. (Cambridge, Massachusetts: Loeb Classical Library, Harvard University Press, 1923/1957), 165.

²Robert Veatch in *A Theory of Medical Ethics* (New York: Basic Books, 1981), 170.

³Edmund Pellegrino and David C. Thomasma in *For the Patient's Good: Restoration of Beneficence in Health Care* (New York: Oxford University Press, 1988), 203. See in particular Chapter 16 "A Medical Oath for the Post-Hippocratic Era" pgs. 203-206.

⁴Throughout this thesis I will refer to the works contained in the Hippocratic corpus as Hippocratic writings, treatises, or texts, and at times I will refer to the author(s) as Hippocratics. It is, however, important to refrain from assigning Hippocrates as the author of any of these texts. Very little is known about Hippocrates. Based on the earliest references in Plato and Aristotle he came from Cos and was a contemporary of Socrates. He was born around 460 B.C., was famous in his time and likely taught apprentices for a fee. The Hippocratic corpus is a collection of approximately seventy anonymous writings assembled by a group of scholars in Alexandria in the third century B.C. Without any definitive evidence to support whether Hippocrates wrote a specific treatise, commentators since the collection was created

has focused on the Hippocratic Oath and writings with explicit ethical content in the Hippocratic Collection.⁵ This very selective reading has biased many characterizations of early Greek medical ethics as an explicit, principle based, deontological and professionalized Hippocratic ethic held up as the traditional standard of comparison for later writings on medical ethics.⁶ In this thesis I am attempting to recover some of the understanding of the Hippocratic writers about what it meant to be a physician-healer (iatros) in Greece in the mid- to late fifth century B.C.⁷ To do this I will expand the reading of the Hippocratic corpus to more fully describe the ethos of these ancient physicians and to explore the early connections between clinical practice and ethical theory in the development of patient-physician

have often selected those treatises that supported their views as the authentic works of Hippocrates. There is still a very lively debate among scholars of ancient medicine regarding the relationship of Hippocrates to the Hippocratic collection. Detailed discussion of the various approaches to the problems of authorship of the Hippocratic collection and identification of the authentic Hippocrates is beyond the focus of this study. For two very good general overviews see: G. E. R. Lloyd, "Introduction" in *Hippocratic Writings*, J. Chadwick and W. T. Mann, trans., (Harmondsworth: Penguin Books, 1978) and also W. Smith, *The Hippocratic Tradition*, (Ithaca: Cornell University Press, 1979).

⁵In addition to the problem of authorship, the dates these texts were written has been hotly contested. In part the problem of dating has been connected to the concern of identifying the writings that were deemed to be "truly Hippocratic" that is to say written by Hippocrates or a member of his school. For the purposes of this thesis, I am not concerned with identifying the "true Hippocratic writings" but only with a deeper exploration of the earlier writings within the corpus from the 5th century to the very early 4th century B.C. Therefore, I will be selecting those texts available in English translation for which there is general agreement among scholars that they were written in the mid- 5th up to the early 4th century B.C. This includes the following treatises: 1) *Ancient Medicine*, 2) *Epidemics I*, 3) *Epidemics III*, 4) *Airs, Waters, Places*, 5) *Prognostics*, 6) *Sacred Disease*, 7) *The Art*, 8) *Regimen in Acute Disease*, 9-12) *Regimen I-IV*, 13) *Affections*, and 14) *Diseases I*. For further discussion of the problem of the "authentic Hippocrates" or the "Hippocratic School" see especially the debate between Robert Joly and Jaap Mansfeld in the following: R. Joly, "Hippocrates and the School of Cos", in *Nature Animated*, M. Ruse, ed., (Dordrecht, Holland: D. Reidel Publishing Company, 1983), 29-47; J. Mansfeld, "The Historical Hippocrates and the Origins of Scientific Medicine", in *Nature Animated*, M. Ruse, ed., (Dordrecht, Holland: D. Reidel Publishing Company, 1983), 49-76.

⁶Some of the most sustained work in this area has been by Edmund Pellegrino. His conclusions will be summarized and addressed below. See for example: E. D. Pellegrino, "Toward an Expanded Medical Ethics: The Hippocratic Ethic Revisited", in *In Search of The Modern Hippocrates*, Roger J. Bulger, ed., (Iowa City: University of Iowa Press, 1987), 45-64. According to Pellegrino the deontological works include *Precepts, Physician, Decorum*, and *Laws*. All of these texts make explicit statements about how physicians should act in different situations.

⁷I will use physician, physician-healers or the Greek word iatros to refer to the healers whose writings are presented in the Hippocratic corpus. I ask the reader to keep in mind that this was a time when these healers were trying to differentiate their activities from that of many other healers and as such their practice is both similar to and very different from our current understanding of physicians or doctors.

physician has a very deep resonance in both medical professional culture and popular late 20th century American society and reaches a logical extreme when the name Hippocrates is used to symbolize the ideal without any further explanation.¹⁰

In the second perspective the ethical concerns of the ancient iatros are reduced entirely to principles contained in the Hippocratic Oath which are relegated to a few paragraphs in a textbook approach to medical ethics drawn largely from the concerns of modern philosophy.¹¹ When Robert Veatch announced the death of the Hippocratic ethic he took this approach to its logical conclusion.¹² His claim has been applied in textbooks on medical ethics. For example, the tensions between the first and second views have been succinctly summarized by Bernard Lo in favor of the second perspective in a recent book on ethics designed for medical students and physicians. As part of a defense for the necessity of studying medical ethics Lo responded to a skeptic's argument that "ethics is simply a matter of following the Hippocratic Oath or modern codes of conduct." Citing Veatch he argued that "the Hippocratic tradition is highly paternalistic granting patients little role in making decisions.... [and] traditional codes of conduct could not anticipate modern ethical issues. The Greeks could not foresee contemporary dilemmas regarding life-sustaining treatment, AIDS, and managed health care systems."¹³

In both the first and second views there are significant discontinuities between the ancient Greek past and the late 20th century North American

¹⁰See for example the magazine on health and medicine for physicians published by Time Inc. entitled *Hippocrates* and articles in the medical literature such as: G. Povar and J. Moreno, "Hippocrates and the Health Maintenance Organization: A Discussion of Ethical Issues", *Annals of Internal Medicine*, 109:1988, 419-424. In Povar and Moreno's article beyond the title there is no further mention of Hippocrates, the Hippocratic tradition, classical medicine or even the history of medical ethics. The word Hippocrates stands in for the notion of an ethical ideal. Another example is W. M. Bennett's article "Academic physicians, clinical investigator, and managed care. Whither Hippocrates?", *Western Journal of Medicine*, 165(1996): 241-244.

¹¹See for example the popular textbook on medical ethics: T. Beauchamp and J. Childress, *Principles of Biomedical Ethics*, (New York: Oxford University Press, 1989). I will return to their use of history at the conclusion of this thesis.

¹²Robert Veatch, *A Theory of Medical Ethics*, 170.

¹³See: Bernard Lo, *Resolving Ethical Dilemmas: A Guide for Clinicians*, (Baltimore: Williams and Wilkins, 1995), 12.

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present. The first locates a kind of irretrievable ideal at the origins of western medicine in the person of Hippocrates. We are now all tainted by the technical and socio-economic structures influencing the practice of medicine. The second focuses exclusively on the problems of late 20th century medical practice and finds that the considerations of the ancient Greek physician-healers have very little or nothing to do with the concerns of late 20th century physicians.

The writings of Edmund Pellegrino and David Thomasma offer a third perspective that attempts to grasp continuities with principles found in the Hippocratic Oath and to present "new concerns" drawn from the experiences of physicians and patients in the late 20th century. They maintain that medicine entered a post-Hippocratic era in the 1960's fueled by rapid changes in biomedical technology and transformations in the political, cultural and economic structure of American society. They claim further that this situation demands a radical restructuring of the moral foundation of the medical profession for many of the principles derived from the Hippocratic Oath are no longer meaningful for the daily practice of medicine.¹⁴ From this they argue that what is needed is a "new moral philosophy of medicine" that retains relevant components of the Hippocratic Oath while adding important elements missing from the ancient precepts. Pellegrino has declared that, **in contrast to the "genre [of professional ethics] to which the Hippocratic ethic belongs" which "derived presuppositions inherent in [their] moral pronouncements from systems external to medicine, the new moral philosophy would be constructed from a problematic internal and specific to medicine."**¹⁵ For Pellegrino, this new moral philosophy of medicine should be "prior to medical ethics... [and] should provide philosophical foundations for defining what constitutes good medicine, the good physician and the moral obligations that derive from these definitions. **A moral philosophy of medicine would itself be grounded in a philosophy of the nature of health, illness, suffering and healing; the logic and epistemology of medical**

¹⁴E. D. Pellegrino "Medical Ethics: Entering the Post-Hippocratic Era", *The Journal of the American Board of Family Practice*, 1: 1988, 230-237.

¹⁵*Ibid.*, 234-235, my emphasis added.

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knowledge; and especially, in the nature of the physician-patient relationship."¹⁶

While the approach taken by Pellegrino and Thomasma to the significance of the Hippocratics is broader than many efforts in medical ethics their conclusions are derived from a limited reading of the Hippocratic Collection.¹⁷ By extracting the "purely ethical" writings from the Corpus, they have created the impression that the activities of the Hippocratic practitioners were determined by an explicit body of ethical principles. This has allowed Pellegrino to claim that "professional ethics" external to the practice of medicine were guiding the moral behavior of Hippocratic physicians. Absent from this characterization, however, is a sense of the complexity of the ethos of these early physician-healers as they interacted with the sick and attempted to understand and remedy bodily disturbances. Moreover, their approach has failed to explore tensions made both explicit and implicit in the texts by the Greek practitioners as they struggled to apply their understanding of the body, disease, and the environment to the problems of the sick. While it was certainly the case that the broader religious, cultural, and political background influenced the behavior of the iatros in their interactions with the sick, this should not be narrowly construed as an "external professional ethic". Therefore, the methods and conclusions presented by Pellegrino and Thomasma should be clearly differentiated from efforts concerned with understanding the ethical problems and decision making processes addressed by the ancient Greek iatros which can only emerge from broader readings of the Hippocratic writings with an eye toward their historical context.¹⁸

¹⁶Ibid., quotations from pgs. 234-235. My emphasis added.

¹⁷The differences between the arguments of Robert Veatch and those of Pellegrino/Thomasma on the importance of "Hippocratic beneficence" to late 20th century medical ethics can block recognition of their central similarities for purposes of this thesis. Veatch has sought to dispense with the Hippocratic principle of beneficence because it masks professional privilege and power. Pellegrino and Thomasma have attempted to salvage that which is good from the Hippocratic tradition and reconstruct it in a way that meets the concerns of late 20th century medicine and society. However, both Veatch and Pellegrino/Thomasma have focused narrowly on explicit ethical statements contained in the Hippocratic corpus and failed to consider the interrelationships between episteme, techne, and ethos present in the Hippocratic writings. In the conclusion of this thesis I will return to critique both Veatch's view on Hippocratic beneficence and Pellegrino and Thomasma's discussion of a post-Hippocratic moral philosophy.

¹⁸A nod toward the potential utility of an historical approach was made by Albert Jonsen when he examined the notion of "do no harm" taken out of the textual context of *Epidemics I*: Chapter

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This thesis takes an alternative approach to the Hippocratic writings from the three perspectives outlined above. By placing the ethical elements of the Hippocratic writings against the background of the Hippocratics' knowledge of the body, disease, and the environment, we can re-open the reading to the possibility of continuities between the experiences of the ancient Greek iatros and late 20th century physicians. If we hold up the Hippocratic Oath as the banner for the ethics of doctor patient relationships we are of course post-Hippocratic. Indeed, even those who employed the Hippocratic Oath in early Christianity were already post-Hippocratic since swearing by the "pagan deities" of Apollo and Asclepius had already lost meaning.¹⁹ Thus, Pellegrino's assertion of a late 20th century rupture between a Hippocratic and a post-Hippocratic era fails to account for long-standing disagreements over the importance of various elements in the Hippocratic Oath. However, if we broaden our reading of the Hippocratic corpus to look more carefully at the clinical interactions of the ancient Greek iatros can we still be said to be post-Hippocratic?

It is obviously true that the ancient Greek iatros could not anticipate the specific ethical dilemmas that would emerge in patient-physician relationships in the late 20th century as a result of "life-sustaining treatments, AIDS, or managed care." However, study of the activities of the ancient Greek iatros may cast important light on problems like hopelessness, suffering, uncertainty, and competitive healing environments that continue to be of concern in late 20th century patient-physician relations. Indeed, if we free our reading from the focus on ethical principles and the Hippocratic Oath and instead critically examine the clinical struggles expressed in the

11 of the Hippocratic collection. In discussing the significance of this chapter Jonsen wrote, "textual exegesis" (might) "shed light on the maxim do no harm". That was however not his project for he went on to construct four ideal types for the usage of the maxim do no harm without attention to textual or historical context. See: A. Jonsen, "Do No Harm: Axiom of Medical Ethics", in *Philosophical Medical Ethics: Its Nature and Significance*, S. F. Spicker and H. T. Engelhardt, Jr., eds., (Dordrecht-Holland: D. Reidel Publishing, 1977), 27-41. In a more recent work Albert Jonsen and Stephen Toulmin take up a historical and philosophical analysis of the use of casuistry. Although the perspectives of the classical Greek philosophers are considered this work did not examine the Hippocratics. See: A. Jonsen and S. Toulmin in *The Abuse of Casuistry*, (Berkeley: University of California Press, 1988), 47-74.

¹⁹For a further discussion of this period see: Owsei Temkin, *Hippocrates in a World of Pagans and Christians*, (Baltimore: Johns Hopkins University Press, 1991).

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Hippocratic writings, we may still have something to learn from the ancients. This thesis takes seriously the following assertion by G.E.R. Lloyd made at the annual meeting of the American Society of the History of Medicine in the early 1990's:

The ancient doctor may have little to teach his modern counterpart in the matter of diagnosis and treatment. But that is not to say there is nothing to be learned in the matter of the relation between doctor and patient, in the matter of securing the wider well-being of the patient, and in the matter, in particular, of the value of what some Greeks used to insist should be the dialogue between the two.²⁰

²⁰See page 132 in G.E.R. Lloyd, "The Fielding H. Garrison Lecture: The Transformations of Ancient Medicine", *Bulletin of the History of Medicine*, 66: 1992, 114-132. One might even argue against Lloyd's notion that there is nothing to learn from Hippocratic diagnosis and treatment; however, in this thesis I will focus on studying ethos and the patient-physician relationship.

ADDITIONAL PAGES

CHAPTER 1
On Knowing (Episteme) and Healing:
Continuities Between the Hippocratic Iatros and Other Ancient Healers

Calchas rose among them, Thestor's son, the clearest by far of all the seers who scan the flight of birds. He knew all things that are, all things that are past and all that are to come, the seer who had led the Argive ships to Troy with the second sight that god Apollo gave him.²¹

Homer, *The Iliad*

I hold that it is an excellent thing for a physician to practice forecasting. For if he discover and declare unaided by the side of his patients the present, past and the future, and fill in the gaps in the account given by the sick, he will be the more believed to understand the cases, so that men will confidently entrust themselves to him for treatment.²²

Hippocratic treatise *Prognostics* late 5th century B.C.

Physician-healers (iatros) in Greece in the 5th century B.C. worked within a polytheistic society. Religion permeated the life of the polis and was inseparable from the daily experiences of individuals.²³ There were many different healers including seers, magicians, mid-wives, folk healers and temple priests all making claims to knowledge and skill in treating the sick.²⁴ In most 20th century interpretations of ancient Greek medicine the physician-healers with Hippocrates as the exemplar are considered to have initiated a proto-scientific break with the magical-religious practices of priests and seers.²⁵ However the notion of a proto-scientific break between the physician-

²¹Homer, *The Iliad*, R. Fagles, trans., (Penguin Classics, Penguin Books: New York, 1990), 79.

²²Hippocratic Corpus, *Prognostic in Hippocrates Volume II*, W. H. S. Jones trans., (Cambridge, Massachusetts: Harvard University Press, (1923) 1959), 7.

²³See: Walter Burkert, *Greek Religion*, John Raffan, trans., (Cambridge, Massachusetts: Basil Blackwell and Harvard University Press, 1987); Louise Bruit Zaidman and Pauline Schmitt Pantel, *Religion in the Ancient Greek City*, Paul Cartledge, trans., (Cambridge: Cambridge University Press, 1992); and also Christiane Sourvinou-Inwood, "What is Polis Religion?", in *The Greek City: From Homer to Alexander*, Oswyn Murray and Simon Price, eds., (Oxford: Clarendon Press, 1991), 295-322.

²⁴V. Nutton "Healers in the Medical Market Place: Towards a Social History of Graeco-Roman Medicine", in *Medicine in Society: Historical Essays*, A. Wear, ed., (Cambridge: Cambridge University Press, 1992).; S. B. Aleshire, *The Athenian Asklepieion: The People, Their Dedications, and the Inventories*, (Amsterdam: Gieben, 1989); and W. Burkert, "The Meaning and Function of the Temple in Classical Greece", in *Temple in Society*, M.V. Fox, ed., (Winona Lake : Eisenbrauns, 1988).

²⁵William Osler's work in the early decades of the 20th century is exemplary of those who turned to Hippocrates as representative of the ideal physician and initiator of modern medicine. In 1902 William Osler delivered an address on the state of the medical profession in which he claimed that the **critical sense and skeptical attitude of the Hippocratic school laid**

healers and traditional healers undervalues important continuities between the practices of seers and the iatros. An important early critique of the notion of a proto-scientific Hippocratic physician is contained in the work of Ludwig Edelstein. He was one of the first to claim that none of the extant writings in the Hippocratic corpus could be shown clearly to have been written by Hippocrates.²⁶ Edelstein considered the ancient Greek physicians to be craftsmen practicing their trade at a time before licensing or accreditation restrictions on the activities of healing. He noted that the status of craftsmen was a lowly position in ancient Greek society and in a sense deflated the Hippocratics from the status of proto-scientist/physicians to the status of proto-businessmen/healers. He saw their activities as driven by a competitive marketplace but his description of the ancient "medical marketplace" was generally limited to competition between physician-healers and did not fully consider the complex relationship between iatros and traditional healers such as seers. In fact, seers and physician-healers were closely associated in the period preceding the Hippocratic era and according to Burkert were both "mobile bearers of cross-cultural knowledge."²⁷ In order to more fully explore the Hippocratics' clinical ethos it is first necessary to

the foundations of modern medicine on broad lines, and we owe to it: *first*, the emancipation of medicine from the shackles of priest craft and of caste; *secondly*, the conception of medicine as an art based on accurate observation, and as a science, and integral part of the science of man and of nature; *thirdly*, the high moral ideals, expressed in that most 'memorable of human documents', the Hippocratic oath; and *fourthly*, the conception and realization of medicine as the profession of a cultivated gentleman."...Osler drew a direct line between the wondrous scientific achievements of the nineteenth century in bacteriology, anesthesia, and public health and the 'undying glory of the school of Cos that introduced... methodical research... into the domain of its Art, and thus exercised the most beneficial influence on the whole intellectual life of mankind.' See: W. Osler "Chauvinism in Medicine", *Montreal Medical Journal*, 31:1902, 684-699. This is not simply an early 20th century physician's portrait for a similar view was taken by Dr. Arnold Weissler. In an editorial in the Mayo Clinic Proceedings he looked to Hippocrates as the ideal physician who confronted uncertainty by applying **scientific reasoning** and involving the patient in the clinical decision making process. See- A. Weissler. "The Hippocratic Ethic in a Contemporary Era of Clinical Uncertainty", *Mayo Clinic Proceedings*, 66: 1991, 966-967.

²⁶See: Ludwig Edelstein's "The Genuine Works of Hippocrates" published in the *Bulletin of the History of Medicine* in 1939 and republished in *Ancient Medicine: Selected Writings* , 133-144.

²⁷For a more in depth discussion of the role of seers and physician-healers in transmission of knowledge across cultures and the connections between East and West see Walter Burkert, "A Seer or a Healer: Magic and Medicine from East to West", in *The Orientalizing Revolution: Near Eastern Influence on Greek Culture in the Early Archaic Age*, Margaret Pinder and Walter Burkert, trans., (Cambridge, Massachusetts: Harvard University Press, 1992).

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examine their relationship to other healers of the time and to further articulate their understanding of illness and disease.

Prognostics and Divination: On Continuities Between Seers and Hippocratics

There is a history of healing crafts in ancient Greece that goes back centuries before the Hippocratic writings and includes use of dietetic and herbal remedies, the care of wounded, and a range of folk and religious practices geared at healing the sick.²⁸ The development of knowledge around the way food, drink, and herbal remedies were involved in treating sickness (or dietetics) had a long tradition that was acknowledged by some of the early Hippocratic writers. The author of the Hippocratic treatise *Ancient Medicine* drew a direct connection between dietetics and the development of the art of medicine.

For this reason the ancients too seem to me to have sought for nourishment that harmonized with their constitution, and to have discovered that which we use now... Experimenting with food they boiled or baked, after mixing, many other things, combining the strong and uncompounded with the weaker components so as to adapt all to the constitution and power of man, thinking that from foods which, being too strong, the human constitution cannot assimilate when eaten, will come pain, disease, and death, while from such as can be assimilated will come nourishment, growth, and health. To this discovery and research what juster or more appropriate name could be given than medicine, seeing that it has been discovered with a view to the health, saving and nourishment of man, in the place of that mode of living from which came the pain, disease, and death?²⁹

²⁸Women have played an important role in the development of much of this knowledge and practice. This had been a neglected history but it has received much more attention recently. For examples on the relationships between women's knowledge and the development of knowledge represented in the Hippocratic corpus see: Lesley Dean-Jones, "Autopsia, historia and what women know: the authority of women in Hippocratic gynaecology", *Knowledge and Scholarly Medical Traditions*, Don Bates, ed., (Cambridge: Cambridge University Press, 1995), 41-59 and also Ann Ellis Hanson, "Continuity and Change: Three Case Studies in Hippocratic Gynecological Therapy and Theory", in *Women's History and Ancient History*, Sarah Pomeroy, ed., (Chapel Hill: The University of North Carolina Press, 1991), 71-110.

²⁹Hippocratic Corpus, *Ancient Medicine*, in *Hippocrates Volume I*, W. H. S. Jones, trans., (Cambridge, Massachusetts: Harvard University Press, 1923/1957), 19-21.

This tradition was concerned with problems of knowing what to eat or drink to both preserve health and to treat illness.³⁰

Caring for the wounded is graphically depicted in the *Iliad* where Machaon and Podalirius, sons of the great healer Asclepius, are shown fighting the Trojans and caring for Achaeans injured in battle.³¹ This was part of a long tradition of healing injuries that was developed among soldiers, athletes, and other folk but refined by those who practiced the craft more frequently and came to be known as iatros. Temkin suggested that it was perhaps easier for a modern reader to understand the description of injuries and proposed remedies in the surgical texts of the Hippocratic corpus than to understand the approach taken in cases like those found in the Hippocratic treatises *Epidemics I* and *Epidemics III*.³² However, it is important to remember that this was still a surgery directed at the care of wounds and the repair of injured limbs and not at penetrating the cavities of the body to repair diseased organs. In addition, many of the surgical constructs around wound healing utilized the same humoral understanding in the background to the Hippocratic writings in works like the *Epidemics* that I will discuss below. For the purposes of this thesis I am interested in acknowledging the ancient background of practice and knowledge in the care of wounds and looking at how the Hippocratics already familiar with this tradition of "surgical practices of the body" take up a new terrain of the "hidden diseases" and begin to locate them and map them using signs taken from the body.

³⁰A full discussion of this tradition is beyond the scope of this thesis. For examples of work in this area see: G.E.R. Lloyd, "Developments in pharmacology, anatomy, and gynaecology", in his book entitled *Science, Folklore and Ideology: Studies in the Life Sciences in Ancient Greece*, (Cambridge: Cambridge University Press, 1983), 112-200; John Scarborough, "The Pharmacology of Sacred Plants, Herbs, and Roots", in *Magika Hiera: Ancient Greek Magic and Religion*, Christopher Faraone and Dirk Obbink, eds., (Oxford: Oxford University Press, 1991), 138-174; and John Riddle, "Folk Tradition and Folk Medicine: Recognition of Drugs in Classical Antiquity", reprinted from *Folklore and Folk medicines*, John Scarborough, ed., (Madison: American Institute of History of Pharmacy, 1987), 33-61.

³¹Homer, *The Iliad*, R. Fagles, trans., 1990.

³²See: O. Temkin, "The Role of Surgery in the Rise of Modern Medical Thought", *The Double Face of Janus and Other Essays in the History of Medicine*, Owsei Temkin, ed., (Baltimore: The Johns Hopkins University Press, 1977), 487-496; some of the important so called surgical texts appear in translation in *Hippocratic Corpus, Hippocrates Volume III*, E. T. Withington, trans., (Cambridge, Massachusetts: Harvard University Press, 1928/1984).

While highly praised the iatros like those represented in the *Iliad* performed activities limited to removing arrows and treating wounds and were not necessarily the ones to be called on to treat other forms of affliction. For example, when vast numbers of Achaean soldiers were dying from a plague their leaders turned to a seer for help.³³ At least since the time of Homer both seers and physician-healers were considered to possess and utilize special knowledge. Walter Burkert has argued that "seers and doctors are the first enumerated by Homer as migrant 'craftsmen', individuals whom a community would be concerned to attract. They [were] specialists of a particular kind, having their art- *techne*- which no one else [could] master."³⁴ There was a tradition of seers that went with soldiers in battle, worked in the courts of kings, or traveled from place to place attending to the concerns of those who wanted help interpreting and meeting their fate.³⁵ This included the care of the sick and involved deciphering the meaning of omens such as the flight of birds or the reading of signs like the pattern of livers obtained from sacrificial animals (hepatoscopy).³⁶ Comparing the approach taken by the writers in the Hippocratic corpus to the practices of seers will help us to understand the nuances of the shift occurring when the Hippocratics' criticized the practices of traditional healers. This is not an artificial

³³During the conflict Machaon was struck with an arrow and the Achaeans feared that the tide of the battle would turn against them, for "a man who [could] cut out shafts and dress wounds-- a good healer [was] worth a troop of other men." See: Homer, *Iliad*, Robert Fagle, trans., pg. 313.

³⁴Walter Burkert, "A Seer or a Healer': Magic and Medicine from East to West", 41. The reference in Homer comes from the *Odyssey* Book 17 lines 380-387.

³⁵Fridolf Kudlien has argued that there also existed a type of healer that adopted characteristics of both the older seers and the practices of the iatros and he has called them iatros-mantis translated as physician-seers. See: Fridolf Kudlien, "Early Greek Primitive Medicine", *Clio Medica*, 3:1968, 305-336. He has traced the discussion of their early activities to the work of Aeschylus thus situating their activities in the decades before the earliest Hippocratic writings. Their activities were patterned after the description of Apollo in the *Eumenides* which clearly links iatros (physician-healer) and mantis (seer/prophet/diviner) whose practice involved interpretation of signs for the purposes of conducting healing rituals... "Apollo the master of this house, the mighty power. Healer, prophet, diviner of signs, he purges the halls of others-- " See: Aeschylus, *The Eumenides*, in *The Oresteia*, Robert Fagles, trans., (New York: Penguin Books, 1977), 233, line 64-66. The activities of Empedocles may be exemplary of this type of healer who also had connections to the so called Presocratic philosophers. For a discussion of Empedocles see G.E.R. Lloyd, *Magic, Reason and Experience: Studies in the Origins and Development of Greek Science*, (Cambridge: Cambridge University Press, 1979) and also G. S. Kirk and J. E. Raven, *The Presocratic Philosophers*, (Cambridge: Cambridge University Press, 1983).

³⁶For further discussion see especially, W. Burkert, "A Seer or a Healer", on hepatoscopy pgs. 46-53 and also J. Starr, *The Rituals of the Diviner*, (Malibu, California, 1983).

comparison but one that was obviously very important to the Hippocratic writers themselves. The following excerpt from the treatise *Regimen in Acute Disease* is exemplary of the Hippocratics' concerns with comparing their practice with the activities of seers.

The art as a whole has a very bad name among laymen, so that there is thought to be no art of medicine at all. Accordingly, since among practitioners there will prove to be so much difference of opinion about acute diseases that the remedies which one physician gives in the belief that they are the best are considered by a second to be bad, laymen are likely to object to such that their art resembles divination; for diviners too think that the same bird which they hold to be a happy omen on the left, is an unlucky one when on the right, while other diviners maintain the opposite. The inspection of entrails shows similar anomalies in its various departments.³⁷

This text is often taken to represent an important break between the emerging rational-empirical practices of the Hippocratics and the magical-religious practices of priests or seers. It is assumed that the author expected the contemporary educated reader to consider divination as obviously problematic and to recognize the comparison between the activities of some physicians and the practice of seers as obviously derogatory. However, to interpret this very important text strictly as a rhetorical strategy is to read back into the text our present attitudes toward the activities of physicians and the practices of seers. Earlier in the treatise the author made the claim that laymen often had great difficulty differentiating between practitioners that were excellent in the care of individuals with acute diseases and those who simply learned the names of certain remedies and applied them without knowledge of what they were doing.³⁸ In the passage quoted above the author extends this discussion by comparing the practices of physicians with those of diviners. Just as many laymen had difficulty differentiating between good and bad physicians they also had difficulty differentiating the overall value of the practices of physicians from that of diviners.

³⁷See Hippocratic Corpus, *Regimen in Acute Disease*, in *Hippocrates Volume II*, W. H. S. Jones trans., (Cambridge, Massachusetts: Harvard University Press, 1959), 69.

³⁸*Ibid.*, pg. 67.

Thus, we should not assume that the author was attacking the practice of divination in general and juxtaposing the "good" practices of physicians with the "bad" practices of diviners. Rather, it was not divination that was being criticized but only the inconsistencies among those who practiced the art. Just as there could be good and bad physicians there could be good and bad methods of divination and good and bad methods for the inspection of entrails. While certain Hippocratic writers criticized magical practices in general and some particular religious activities, there is nothing in the Hippocratic Corpus that suggests that the writers were criticizing the general belief in gods.³⁹ The challenge faced by the Hippocratics was to be able to differentiate their practices from the activities of other healers and yet to be engaged in healing in a way that was familiar to the sick and their attendants and that did not radically challenge the gods or the divine. Many of these physicians worked as itinerants practicing out of shops they established in village markets alongside other craftsmen of their time.⁴⁰ In a few exceptional cases doctors might become established as residents of specific cities or be employed by a polis. Consultations with the sick would occur in the physician-healer's shop, in the home of the patient, or at the shop of another physician. Hospitals, clinics, and offices as we now know them did not exist in ancient Greece. To make themselves known beyond individual cases physicians, might use public criers to announce their arrival or visit other doctors shops and argue their views about the appropriate treatment of the person being attended by another doctor.⁴¹

To maintain a livelihood each physician needed to demonstrate to sick persons or potential patients that he could be more helpful to them than other healers attempting to treat the afflicted. In this context the Hippocratics

³⁹The work in the Hippocratic Corpus most often cited in this regard is "On The Sacred Disease" in *Hippocrates Volume II*, W. H. S. Jones trans., (Cambridge, Massachusetts: Harvard University Press, 1923/1959), 138-183. See also the following articles by P. J. Van der Eijk: "The Theology of the Hippocratic Treatise On the Sacred Disease", *Apeiron*, 23(1990): 87-119 and "'Airs, Waters, Places' and 'On the Sacred Disease': Two Different Religiosities?", *Hermes*, 119(1991): 168-176 and also H. C. Kee, "Self Definition in the Asclepius Cult", in *Jewish and Christian Self-Definition: Volume Three of Self-Definition in the Greco-Roman World*, B. F. Meyer and E. P. Sander, eds., (Philadelphia: Fortress Press, 1983).

⁴⁰V. Nutton "Healers in the Medical Market Place: Towards a Social History of Graeco-Roman Medicine", in *Medicine in Society: Historical Essays*, A. Wear, ed., (Cambridge: Cambridge University Press, 1992).

⁴¹See L. Edelstein, *Ancient Medicine: Selected Writings* , 89.

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took up and applied the art of prognostics in a manner that had continuities with seers that can be traced back to those depicted in the *Iliad*. In drawing on examples taken from Homer, my assumption is not that the events depicted in the *Iliad* were records of historical fact but that they were instead stories with deep meaning for the ancient Greeks up through the classical period when the authors of the Hippocratic corpus were practicing, speaking, and writing. It is in this sense that the culture represented in Homer's works is in the background of the culture of the ancient classical Greeks.⁴²

In the ancient Greek worldview illness could be sent by an angry god or goddess who also had the power to heal when properly approached.⁴³ When misery struck the practical problem faced by the community was to ascertain whether the destruction was sent by a god or goddess, to determine which god brought on the crisis, to find out why the god sent the misery, and to anticipate what the community could expect in the future. This knowledge was necessary for determining the ritual practices that would be most likely to cast away the trouble and bring good fortune. In a very practical sense the ancient Greeks needed to know how best to direct their prayers, purifications, and sacrifices. The questions of which god, why, and what next were diagnostic and prognostic questions requiring special talent to answer. That is why when the Achaeans asked what had caused the plague they turned to the seer Calchas for advice.⁴⁴

⁴² For the purposes of this project I will not review the very extensive literature dealing with the question of the historical Homer. For an introduction to this problem and the relationships between the oral tradition, early writing of epic poetry and history see the Introduction to *The Iliad* by Bernard Knox in the Fagles translation cited above pgs. 3-67. In addition see Charles Rowan Bye, *Ancient Greek Literature and Society*, (Ithaca: Cornell University Press, 1987). I agree with A. MacIntyre when he wrote the following in describing the relationship of the Homeric epic tradition with ancient Greek society: "It is not just that poems and sagas narrate what happens to men and women, but that in their narrative form poems and sagas capture a form that was already present in the lives which they relate... Courage in heroic society is a capacity not just to face particular harms and dangers but to face a particular kind of pattern of harms and dangers, a pattern in which individual lives find their place and which such lives in turn exemplify." See: Alasdair MacIntyre's *After Virtue*, (Notre Dame, Indiana: University of Notre Dame Press, 1981), 117-118.

⁴³ This is depicted in the opening of the *Iliad* when Apollo, "incensed at the king [Agamemnon] swept a fatal plague through the army— men were dying and all because Agamemnon spurned Apollo's priest." Homer, *The Iliad*, R. Fagles, trans., (Penguin Classics, Penguin Books: New York, 1990), 77.

⁴⁴ Achilles proposed that the Achaeans, "question a holy man, a prophet, even a man skilled with dreams". *Ibid.*, pg. 79. For a detailed discussion of the relationship of the gods and

Calchas was considered "the clearest by far of all the seers who scan the flight of birds. He knew all things that are, all things that are past and all that are to come, the seer who had led the Argive ships to Troy with the second sight that god Apollo gave him."⁴⁵ He identified the problem and recommended a strategy for appeasing Apollo and his priest Chryses. Once Chryses had his daughter back he prayed to Apollo to release the deadly plague. This prayer was followed by a ritual sacrifice of an animal on an altar culminating in a banquet full of hymns of praise to the god with the power to drive away the plague. Public or household ceremonies like that depicted in the opening of the *Iliad* involved purifications, prayers, songs, and animal sacrifices to coax a god or goddess to bring back health to the community or household.⁴⁶ In addition during the year there were special ceremonies held to honor individual gods and as part of their daily activities individuals or members of the household would conduct prayers to particular gods to help protect them and to bring health.⁴⁷

The complex relationships between power and knowledge in the human struggle with illness and suffering are presented already in the beginning of the *Iliad*. When Calchas was called upon to find a solution to the crisis, he knew that his vision of the cause and his subsequent recommendations would challenge the honor of Agamemnon. In a public

humans and the power of dreams in Homeric society see E. R. Dodds, *The Greeks and the Irrational*, (Berkeley: University of California Press, 1951). Chapter 1: Agamemnon's Apology is particularly relevant to my analysis.

⁴⁵The *Iliad*, R. Fagle, trans., 79. For a discussion of the knowledge of seers and the epistemological assumptions present in the Homeric poems see Edward Hussey, "The beginnings of epistemology: from Homer to Philolaus", in *Companions to Ancient Thought I: Epistemology*, Stephen Everson, ed., (Cambridge: Cambridge University Press, 1990), 11-38.

⁴⁶See: M. I. Finley, *The World of Odysseus*, (New York: Penguin Books, 1978/1988); W. Burkert, *Greek Religion*, 55-114; Louise Bruit Zaidman and Pauline Schmitt Pantel, *Religion in the Ancient Greek City*, 27-45 and Christiane Sourvinou-Inwood, "What is Polis Religion?", in *The Greek City: From Homer to Alexander*, 295-322.

⁴⁷L. B. Zaidman and P. S. Pantel have underscored that "Libations regularly accompanied the rituals that punctuated daily life. Hesiod, for example (*Works and Days* 724-6), evokes those performed by the pious every morning and evening. Libations also serve to start off meals, as a gesture of propitiation which fulfilled the same function as the first fruits offering in animal-sacrifice. They were used too to mark an arrival or a departure, placing familiar actions under the protection of the gods who were thereby invoked as witnesses or helpers." Louise Bruit Zaidman and Pauline Schmitt Pantel, *Religion in the Ancient Greek City*, 39. For the quote from Hesiod see for example Apostolos N. Athanassakis (Trans.), *Hesiod: Theogony, Works and Days, and Shield*, (Baltimore: Johns Hopkins University Press, 1983), 85.

display he asked for protection from Achilles before he, "spoke out bravely: Beware-- he casts no blame for a vow we failed, a sacrifice. The god's enraged because Agamemnon spurned his priest, he refused to free his daughter, he refused the ransom."⁴⁸ This scene shows both the possibilities and the dangers present in the application of prognosis by the seer. The gift from Apollo of second sight allowed Calchas to provide diagnostic and prognostic knowledge that confronted the power of Agamemnon.⁴⁹ This knowledge was necessary to aid the Achaeans but threatened the king and thereby placed the safety of the one who knew at risk.⁵⁰ Reputation allowed Calchas to come forward and gain the protection of Achilles in order to provide the Achaeans with the knowledge they needed to address the scourge. However, it was the special knowledge Calchas provided and linked to a ceremonial remedy that once properly performed appeased Apollo who ended the plague. The knowledge necessary for understanding the etiology of the plague emerged out of existing power relations between the gods and humans and in its telling that knowledge was immediately embedded in new power relationships involving humans and the gods.

The prognostic method as described in the Hippocratic writings had continuities with the practices used by seers like Calchas. Both the iatros and the seer acting as prognosticators practiced telling the present, past, and future unaided by the words of the patient or the community. The knowledge they brought forth through the prognostic method was connected to recommendations for treatment of the problem at hand and therefore could have significant consequences for the patient or the community. For both the seers and the Hippocratic physicians the establishment of a good reputation was a necessary dimension in the relationships of power and knowledge that structured particular healing situations.

⁴⁸Homer, *Iliad*, R. Fagle, trans., 80.

⁴⁹My perspectives on the relationships between power and knowledge in understanding the body has been influenced by the work of Michel Foucault. See particularly: *Power/Knowledge: Selected Interviews and Other Writings by Michel Foucault, 1972-1977*, (New York: Pantheon Books, 1980); *Discipline and Punish: The Birth of the Prison*. Alan Sheridan, trans., (New York: Vintage/Random House, 1979), and *The Birth of the Clinic: An Archaeology of Medical Perception*, A. M. Sheridan Smith, trans., (New York: Vintage/Random House Books, 1975).

⁵⁰Terrence Irwin, "Homer" in *Classical Thought*, (Oxford: Oxford University Press, 1989), 6-17.

Edelstein considered the competitive marketplace to be the driving force behind the interrelationships between ancient Greek medical knowledge, practice, ethics and the interactions between physicians and patients. He wrote that,

These circumstances determine the attitude of the patient to the physician and consequently the attitude of the physician to the patient. **For the patient, the physician is not the doctor, the educated man to whose knowledge he defers and whom he recognizes as an authority in his field; on the contrary, the physician is a craftsman who must prove that he knows his business and that he is just as eager to do his work well to earn money. The patient therefore tries to reach an objective judgment of the physician's qualities in order to distinguish the charlatan from the true physician.** In his actions, the physician must take this into consideration; he must give people an opportunity to reach a decision about him and his ability. **The authority that is essential in every treatment must first be established and this means the physicians behavior was dictated by non-medical considerations to a much greater extent than are the actions of today's physician in his relations with his patient.**⁵¹

Practitioners that apprenticed with physicians with good reputations may have fostered their own reputations once they completed their apprenticeship. As with other crafts of the day, an apprentice could only obtain the necessary knowledge and learn skills for successful practice of the trade based on his master's knowledge and skills.⁵² Edelstein claimed that it was application of the art of prognosis that helped the Hippocratic physicians build and maintain reputations. He asserted that prognosis concerned with the past and the present served,

to make the physician independent of the utterances of others. His ability to determine the present and past condition of the patient without recourse to others prevents his being deceived by incomplete statements. **His knowledge of what is happening and of what has been going on beforehand, without having to**

⁵¹Ibid., pg. 87-88 my emphasis added.

⁵²He wrote, "it is a craftsman's knowledge, like any other, simple and secure in its grasp of the subject matter. It may be broadened, new medicaments may be discovered like new techniques in an art, but by and large medical knowledge is a known quantity. The difference between individual craftsmen lies not in their knowledge but in their skill." See L. Edelstein, *Ancient Medicine: Selected Writings*, 90.

ask, inspires astonishment and admiration, and he immediately wins people's confidence. He avoids being deceived by patients who conceal the fact that they have disobeyed his orders.⁵³

Prognosis concerned with the future served physicians by helping them to prepare for what was to come as the disease process unfolded and to make predictions about what the likely outcome of the illness would be for the patient at hand. Edelstein argued against the notion of a general rule followed by Hippocratic physicians stating that "incurable cases should not be treated." Instead, using the prognostic method a physician craftsman faced with a person suffering from a serious acute disease deemed to have little chance of cure could act in the following manner: 1) take the case but avoid responsibility by announcing beforehand the likely outcome of death; 2) announce the likely bad outcome and decline to take the case; or 3) claim that they were forbidden to treat at that moment because their theory predicted harm would come by treating the disease at a critical stage.⁵⁴ Edelstein concluded that, "prognosis and prediction [were] consequently of significance for *people*, for the physician and for the patient, and only thereby for the curing of the disease itself. **In the therapeutic procedure prognosis [was] therefore important not as knowledge from which to derive other knowledge; its importance [was] psychological."⁵⁵**

However, our interpretation of Hippocratic prognosis should move beyond Edelstein's focus on the way knowledge from the method was used to establish and maintain a good reputation. Use of the prognostic method should not be viewed as strictly confined to the goal of establishing a good reputation as an end in itself.⁵⁶ Conversely, establishing a good reputation

⁵³See "Hippocratic Prognosis" in L. Edelstein, *Ancient Medicine: Selected Writings*, 69, my emphasis added.

⁵⁴See L. Edelstein, *Ancient Medicine: Selected Writings*, 97.

⁵⁵See L. Edelstein, *Ancient Medicine: Selected Writings*, 70, my emphasis added.

⁵⁶Edelstein's emphasis on the social function of the prognostic method called into question the intent of the Hippocratic writers. Were they interested in the way nature influenced the body in order to understand cause and effect relationships and to rationally approach the care of their patients or were they driven by concerns about advancing their reputations? In the early 1950's Owsei Temkin noted that, "Edelstein's attempt at separating medicine and science in Ancient Greece had a profound bearing upon the whole relationship between Greek medicine and culture. We have now two almost diametrically opposed views. On the one hand, Greek physicians are considered as the great scientific teachers, to whom even the philosophers are greatly indebted and whom they quote from the time of Plato. This claim is denied by

was part of the process of practicing well the art of prognostics in attending the sick. The prognostic method was not simply part of a psychological strategy. Through application of the prognostic method, knowledge was produced. However in order to apply the method it was necessary to interact with the sick in particular ways so that the physician could see what was the nature of the illness, proclaim what could be expected, and prescribe the remedies that were necessary to administer to the afflicted. The author of the treatise *Prognostics* linked the prognostic method to the problems of being believed and establishing trust with the sick person when he wrote the following:

I hold that it is an excellent thing for a physician to practice forecasting. For if he discover and declare unaided by the side of his patients the present, the past, and the future, and fill in the gaps in the account given by the sick, he will be the more believed to understand the cases, so that men will confidently entrust themselves to him for treatment.⁵⁷

Without belief and trust not only was the reputation of the practitioner threatened but it was unlikely that the healers recommendations would be followed by the ill or their attendants. The author of prognostics continued,

Furthermore, he will carry out the treatment best if he know before hand from the present symptoms what will take place later. Now to restore every patient to health is impossible. To do so indeed would have been better even than forecasting the future. But as a matter of fact men do die, some owing to the severity of the disease before they summon the physician, others expiring immediately after calling him in--living one day or a little longer--- before the physician by his art can combat each disease. It is necessary, therefore, to learn the natures of such diseases, how much they exceed the strength of men's bodies,

Edelstein who thinks that scientifically the doctors were the recipients and that the philosophers quoted them mainly as an example." Temkin continued ".... We can name the disciplines and their methods which make modern medicine scientific, but can we do the same for antiquity? The answer to this question depends very much on our judgment of the Hippocratic writings. ...**To deny their scientific nature means to deny that Greek medicine had a scientific orientation throughout its history.**" See O. Temkin, "Greek Medicine as Science and Craft", *Isis* , 44:1953, 213-225. Reprinted in *The Double Face of Janus and Other Essays in the History of Medicine* , 137-153. I will return to this problem in Chapter 4.

⁵⁷Hippocratic Corpus, *Prognostics*, in *Hippocrates Volume II*, W. H. S. Jones, trans., (Cambridge, Massachusetts: Harvard University Press 1923 /1959), 7, my emphasis added.

and to learn how to forecast them. For in this way you will justly win respect and be an able physician. For the longer time you plan to meet each emergency the greater your power to save those who have a chance of recovery, while you will be blameless if you learn and declare, beforehand those who will die and those who will get better.⁵⁸

The prognostic approach was developed by the iatros in response to the expectations of the sick who had experiences with seers, oracles, temple priests, and magicians all incorporating methods for predicting or influencing the future.⁵⁹ This interpretation contrasts with the view that a brilliant individual (i.e.. Hippocrates) broke completely with the superstitions of previous religious and folk practitioners and created a proto-scientific method of clinical practice that initiated the development of western medicine. Instead it was the religious, folk and magical practices that provided the background structure for the development of another approach to the care of human illness.⁶⁰ This niche was taken up and applied by the iatros like those writing treatises assembled in the Hippocratic corpus and the prognostic approach was subsequently developed and modified according to the experience of the physician-healers in practice.

While continuities with seers are present in the prognostic method, the knowledge represented in the Hippocratic writings emerged out of and were embedded in power relationships different from the relationships of gods to humans, kings to heroes, and seers to kings depicted in the *Iliad*. These new dimensions of power included relationships between physicians

⁵⁸Hippocratic Corpus, *Prognostics*, Jones, trans., 7-9, my emphasis added.

⁵⁹For an overview of popular beliefs and practices see Robert Parker, *Miasma: Pollution and Purification in early Greek Religion*, (Oxford: Clarendon Press, 1983). The chapters on "Disease, Bewitchment, and Purifiers" and "Divine Vengeance and Disease" are particularly relevant to my overall argument.

⁶⁰This is not only true for the emergence and development of physician-healers but also for the development of "science" in general in Ancient Greece. The connections between magic, religion, and folk practices and the emergence of "science" have been studied extensively by G.E.R. Lloyd. See: G.E.R. Lloyd, *Magic, Reason and Experience: Studies in the Origins and Development of Greek Science*,; G.E.R. Lloyd, "Who is Attacked in On Ancient Medicine", in *Methods and Problems in Greek Science*, (Cambridge: Cambridge University Press, 1991), 49-69; and G.E.R. Lloyd, *The Revolutions of Wisdom: Studies in the Claims and Practice of Ancient Greek Science*, (Berkeley: University of California Press, 1987). In this thesis I am attempting to further explore these connections by focusing on the study of the history of medical ethics and the doctor patient relationship.

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and other healers, the relationships between physicians and patients, and the changing social and cultural context in which physicians practiced the art and interacted with patients. Before we can explore the ethical implications of their practice it is necessary to briefly describe their understanding of disease and the human body for it was central to their views of how to act.

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CHAPTER 2

Reading Bodies and Writing about Healing: Distinctions Between the Hippocratic Iatros and Other Ancient Healers

My own view is that those who first attributed a sacred character to this malady were like the magicians, purifiers, charlatans and quacks of our own day, men who claim great piety and superior knowledge. Being at a loss and having no treatment which would help, they concealed and sheltered themselves behind superstition, and called this illness sacred, in order that their utter ignorance might not be manifest. They added a plausible story, and established a method of treatment that secured their own position.⁶¹

Hippocratic Treatise *The Sacred Disease* late 5th century B.C.

Whoever wishes to pursue properly the science of medicine must proceed thus. ...On arrival at a town with which he is unfamiliar, a physician should examine its position with respect to the winds and to the risings of the sun. For a northern, a southern, an eastern, and a western aspect has each its own individual property...⁶²

Hippocratic Treatise *Airs, Waters, Places* late 5th century B.C.

The following were the circumstances attending the disease, from which I framed my judgments, learning from the common nature of all and the particular nature of the individual, from the disease, the patient, the regimen prescribed and the prescriber-- for these make a diagnosis more favorable or less; from the constitution, both as a whole and with respect to the parts, of the weather and of each region; from the custom, mode of life, practices and ages of each patient; from talk, manner, silence, thoughts, sleep or absence of sleep, the nature and time of dreams, pluckings, scratchings, tears...⁶³

Hippocratic Treatise *Epidemics I* late 5th century B.C.

While prognostic concerns were of interest to many ancient healers, what varied between healers was the matter they used for signs to develop their interpretations and predictions. While some seers looked toward the flight of birds and other diviners examined entrails, the Hippocratic iatros examined signs on the surfaces of the human body, scrutinized material coming from inside the body, and studied the environment surrounding the body in order to make their prognosis. Thus, the iatros influenced by the writings and practices of the Hippocratic authors and intent on reading and interpreting bodily signs looked at the sick in a manner that differentiated them from other healers of their day. There are different understandings of

⁶¹Hippocratic Corpus, *Sacred Disease in Hippocrates Volume II*, W.H.S. Jones, trans., (Cambridge, Massachusetts: Harvard University Press, 1923/1959), 141.

⁶²Hippocratic Corpus, *Airs, Waters, Places in Hippocrates Volume I*, W.H.S. Jones, trans., (Cambridge, Massachusetts: Harvard University Press, 1923/1957), 71.

⁶³Hippocratic Corpus, *Epidemics I in Hippocrates Volume I*, W.H.S. Jones trans., 181.

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the body and disease expressed throughout the Hippocratic Collection. However, in general they were all influenced by a view of the human body based on a humoral understanding of health and illness. The author of *Epidemics I* wrote,

In all dangerous cases you should be on the watch for all favorable coctions of the evacuations from all parts, or for fair and critical abscessions (abscesses). Coctions signify nearness of crisis and sure recovery of health, but crude and unconcocted evacuations, which change into bad abscessions (abscesses), denote absence of crisis, pain, prolonged illness, death, or a return of the same symptoms. **But it is by a consideration of other signs that one must decide which of these results will be most likely. Declare the past, diagnose the present, foretell the future; practice these acts. As to diseases, make a habit of two things-- to help, or at least to do no harm. The art has three factors, the disease, the patient, the physician. The physician is the servant of the art. The patient must co-operate with the physician in combating the disease.**⁶⁴

Constitutions, Humoral Flow, and the Temporal-Spatial Context of Disease

In the Hippocratic writings, human bodies were viewed as being in constant states of flux or potential flux depending on the climate, season, geographic location, individual constitution, diet, drink and activity. Disease was viewed as an unfolding process reaching moments of crisis. During a crisis the process of healing could move in favor of recovery, turn in an unfavorable direction or be transformed into another disease with a new process of unfolding. The Hippocratic iatros utilized the prognostic method to identify and interpret both bodily and environmental signs that taken together announced the direction the process was heading. Signs outside the person's body included the stars, climate, winds, water, and terrain for any of these could disrupt bodily humoral balance.⁶⁵

⁶⁴Hippocratic Corpus, *Epidemics I* in *Hippocrates Volume I*, W.H.S. Jones trans., (Cambridge, Massachusetts: Harvard University Press, 1923/1957), 163-165. Note: the word abscession is the translator's word for abscess formation and transformation and should be read in that manner.

⁶⁵See: Hippocratic Corpus, *Airs, Waters, Places* in *Hippocrates Volume I*, Jones trans.

In *Epidemics I* and *Epidemics III* the author begins each section by stating the place where the observations were made and describing the overall pattern of rain, wind, sun, and other important climatic elements for each of the seasons of the year. For example, the broader context for the quote from *Epidemics I* above was set out as follows: "In Thasos early in autumn occurred unseasonable wintry storms, suddenly with many north and south winds bursting out into rains. These conditions continued until the setting of the Pleiades and during their season."⁶⁶ These conditions were considered to have direct effects on the health of individuals and the impact would depend on the person's constitution and the degree of change between one seasonal pattern and another. The author of *Epidemics I* continued, "The whole year having been wet, cold, and northerly, in the winter the public health in most respects was good, but in early spring many, in fact, most suffered illnesses."⁶⁷ Thus because the whole year had been wet and cold the change from fall to winter when the season would be expected to be wet and cold did not produce any general ill effects on the population. In *Epidemics III* the author discussed what happened in general to persons afflicted with consumption which was the "severest and most troublesome disease" of the year and most cases began in the winter. In all the cases described, spring was the worst enemy and caused the most deaths while summer was the most favorable season in which fewest died. The change to summer, rather than the particular elements of the summer climate, is what the author believed was helpful in resolving the winter affliction of consumption. For the Hippocratic writers, seasonal changes in weather had very powerful effects on the human body.

In addition to signs external to the body the Hippocratic physicians closely watched for temporal signs by carefully observing the pattern of fever

⁶⁶Hippocratic Corpus, *Epidemics I*, Jones, trans., 153. Cases drawn from *Epidemics I* and *Epidemics III* will be examined later in this thesis to explore further the interrelationships between *techné*, *epistémé*, and *ethos*. Epidemic should not be translated in our modern sense as a disease spreading to affect a population of people such as "an influenza epidemic" or more generally as the study of disease as in epidemiology. As Burkert has noted it is instead, "the term for a temporary sojourn, *epidemia*, typically used of migrant physicians [that] can equally be applied to seers." See: Burkert, "A Seer or a Healer", pg. 43. See also: V. Langholf, *Medical Theories in Hippocrates, Early Texts and the Epidemics*, (Berlin and New York: Walter de Gruyter, 1990).

⁶⁷Hippocratic Corpus, *Epidemics I*, Jones, trans., 155.

in the sick. In chapter 6 of *Epidemics I* the author discussed the type of fevers people experienced during the second year he recorded on the island of Thasos. That year the people were fortunate because there were no "fatal ardent fevers of phrenitis" and while there were frequent tertians, quartans, and quotidian fevers these were "protracted but not dangerous, except for those who from all other causes were predisposed to die."⁶⁸ The writer was describing an approach to the observation of the pattern of fevers that attempted to differentiate predictable fevers from the unpredictable; the endemic and less dangerous diseases from the acute and dangerous. To make this differentiation the physician needed to learn the pattern of illness specific to certain places and corresponding to particular seasons. By watching fevers closely the physician could develop a temporal understanding of the unfolding of disease that would help in making that differentiation.

In Chapter 1, I argued that the approach of seers directly influenced the development of the prognostic method used by the Hippocratic physician-healers. At the same time the pattern of disease present in Greece in the 5th century B.C. also influenced the development of the method and the possibilities for knowledge of the body that would be attained through that method. We must be cautious in using late 20th century disease categories to diagnose the ancient diseases because this can bias our views of the ancients and prevent us from taking seriously the problems they faced and the strategies they utilized in understanding and treating disease.⁶⁹ However, at the same time, our current knowledge of the patterns of disease in Greece during the time of the Hippocratic writers can help us understand what it was the Hippocratics likely confronted. For example, malaria is suspected to have been prevalent in particular regions of Greece at the time of the Hippocratics and likely influenced the pattern of fevers the Hippocratic writers described.⁷⁰

⁶⁸Ibid., 157.

⁶⁹This approach has narrowly focused on diagnosing ancient diseases see for example: A D. Langmuir, T. D. Worthen, J. Solomon, C. G. Ray, and E. Petersen, "The Thucydides Syndrome: A New Hypothesis for the Cause of the Plague of Athens", *New England Journal of Medicine*, 313(1985): 1027-1030.

⁷⁰For further discussion of the relationship of disease to medical thought and practice see: Guenter Risse, "Epidemics and Medicine: The Influence of Disease on Medical Thought and Practice", *Bulletin of the History of Medicine*, 53: 1979, 505-519. For further discussion of the pattern of disease in ancient Greece see: Robert Sallares, *The Ecology of the Ancient Greek World* (London: Duckworth Press, 1991), 221-293; and Mirko Grmek, *Diseases in the Ancient*

In addition to the temporal aspects of disease manifested by the evolution of fevers the Hippocratics also attended to the temporal-spatial unfolding of disease made visible through various critical bodily signs. The Hippocratic writings advocated direct examination of the surface of the body of the patient and the author of *Prognostics* gave detailed description on how to conduct both an inquiry and an examination of a person suffering from an acute disease.⁷¹ This was done to help the physician identify "dangerous cases" or acute diseases that did not fit into the regular pattern of fevers and were thus more likely to end unfavorably. Marks on the surface of the body (for example abscesses, ulcers, joint swellings) were like sign posts of what was likely to come as the disease process developed.⁷² For example, the doctor observed for signs of the ripening of an abscess because an abscess that became ripe portended recovery. Like the ripening of fruit an abscess was thought to go through various changes in color and consistency in the process of becoming mature. However, as with fruit, the climate or other unfavorable constitutional elements could interfere with the process of ripening. Many of these were not under the control of either the patient or the physician. A breakdown in the ripening process produced immature abscesses. Immature abscesses in turn denoted: absence of crisis, pain, prolonged illness, return of symptoms, and death. To make a determination about whether a favorable

Greek World, Mireille Muellner and Leonard Muellner, trans., (Baltimore: Johns Hopkins University Press, 1991).

⁷¹Hippocratic Corpus, *Prognostics*, Jones, trans., 9-11. The iatros was suppose to begin by examining the face and noting whether it had the characteristics of a healthy person. This included looking at the eyes, ears, temples and nose. A yellow or black face, hollow eyes, cold ears, sunken temples or a sharp nose were bad signs. During the examination the physician inquired about the person's sleeping patterns, bowel patterns, and appetite. This information helped the iatros to interpret the signs noted on the face of the sick person. For example, if the face had some of the characteristics above and if the person "confessed to feeling sleepless", having loose bowels and suffering from hunger then, "the danger [was] less, the crisis [would] come in a day and a night if through these causes the face [had] such an appearance. If no such confession, and no such recovery this [was] a sign of death." (pg. 19) The examination continued with an observation of the position of the patient, the movement of the arms and legs, the variations in respiration, temperature and color of the head, hands and feet, the type of sweats the person had and the timing of the sweats. Next, the hypochondria, and abdomen were observed with particular attention to swellings or abscesses. Finally, the flank, loins, thighs and legs [were] also examined with particular attention to dropsies.

⁷²For a further discussion on the emergence of the epistemology of modern medicine see Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, 1975.

or unfavorable abscess was likely to form or a fever was likely to move in a harmful or helpful direction the iatros took into account other signs.⁷³

The author of *Epidemics I* continued, "but the quartans, while in many instances they began at first with quartan periodicity, yet in not a few they became quartan by an absecession (i.e.. abscess formation and subsequent transformation) from other fevers or illnesses. They were protracted, as quartans usually are, or even more protracted than usual."⁷⁴ While these fevers were not dangerous in this particular constitution they demonstrated how some fevers or illness could become transformed into other fevers or illnesses. Only a physician carefully attending to the temporal patterns and processes of illness would be alert to an emerging crisis and be ready to help the sick person at the proper time. In a further discussion of the problem of fevers, the author of *Epidemics I* wrote,

...each of these fevers has its modes, its constitutions and its exacerbations. For example, a continuous fever in some cases from the beginning is high and at its worst, leading up to the most severe stage, but about and at the crisis it moderates. In other cases it begins gently and in a suppressed manner, but rises and is exacerbated each day, bursting out violently near the crisis. In some cases it begins mildly, but increases and is exacerbated, reaching its height after a time; then it declines again until the crisis or near the crisis. These characteristics may show themselves in any fever and in any disease. It is necessary also to consider the patient's mode of life and to take it into account when prescribing. Many other important symptoms there are which... must be duly weighed when considering and deciding who is suffering from one of these disease in an acute, fatal form or whether the patient may recover; who has a chronic, fatal illness, or one from which he may recover; who is to be prescribed for or not, what the prescription is to be, the quantity to be given and the time to give it.⁷⁵

⁷³Hippocratic Corpus, *Epidemics I*, Jones, trans., 163.

⁷⁴Hippocratic Corpus, *Epidemics I*, Jones, trans., pg. 157. This section provides an excellent example of the transformation of disease process. While in some cases the quartan fevers began as quartans and remained so throughout, in other cases they started as other types of fevers and were transformed into quartans out of an abscess formation and subsequent redirection of the fever process.

⁷⁵*Ibid.*, pg. 183-185.

Before discussing further the array of signs considered by the Hippocratic iatros, it is important to see that the overall approach taken by the iatros was derived from a radically different epistemological stance toward the body and the treatment of acute disease than that of typical late 20th century physicians. The Hippocratic iatros watched for visible bodily manifestations of disease in order to understand the direction illness was taking in the sick person before them. The iatros adjusted their approach to regimen or treatment according to the corporal signs considered within the context of a constellation of signs surrounding the afflicted. The typical late 20th century physician views the corporal signs as indicators of underlying pathophysiological processes that can be understood at a molecular level. The late 20th century physician uses bodily signs in conjunction with laboratory data to make a diagnosis and the treatment follows from their pathophysiological understanding of the disease at hand. Thus the epistemological background to mapping the spatio-temporal context of disease was topographical and necessarily unfolding for the Hippocratic iatros while the background for the 20th century physician penetrates the body's surface to reveal and to localize disease. The aim for the Hippocratic iatros was to treat illness over time to bring about recovery while the 20th century physician strives to obliterate disease in a therapeutic moment.

Prognostics and the Direction of Disease: Signposts from Within

In addition to fevers and visible external corporal signs the iatros also examined matter coming from inside the diseased body. Urine, stool, vomitus and sputum were noted for location, color, texture, smell and in some cases taste. These materials were examined to aid in determining the direction of the disease. The author of *Prognostics* wrote, "the pus is most favorable that is white and smooth, uniform and least evil-smelling. Pus of the opposite character is the worst."⁷⁶ Stools that are "soft and consistent and passed at the time usual in health and in quantity proportional to the food taken" are good signs. While bad signs include black, livid, oily, or fetid stool and the "stool ought to grow thicker as the disease nears the crisis."⁷⁷ The physician was to look carefully at the urine sediment and the color of the

⁷⁶Hippocratic Corpus, *Prognostics*, Jones, trans., 19.

⁷⁷*Ibid.*, pg. 23-25.

urine, for the urine was considered "best when the sediment [was] white, smooth and even for the whole period of the illness until the crisis, for it indicate[d] a short sickness and a sure recovery." The type of urine sediment was compared with the processing of cereals including coarse meal which was bad, flaky which was worse, and bran which was the worst of all. In examining vomitus the author noted that, "vomit that [was] **most useful** [was] thoroughly compounded of phlegm and bile, not thick, not too great a quantity."⁷⁸ Less compounded vomit was worse, and "sputum...should be quickly and easily coughed up and the yellow should appear thoroughly compounded with the sputum". The author concluded with a description of different colors and textures of uncompounded sputum and underscored the point that sputum was unfavorable if it did not relieve pain.⁷⁹

Through examination of material coming from inside the body the iatros was looking for signs of favorable coction for, "coctions of evacuations that come from all parts of the body signif[ied] nearness of crisis and sure recovery." The healthy body was thought to cook substances that were taken in. Heating of the substance in the proper manner was considered necessary for the mixture to be properly transformed. While this process was considered natural to the body it could be affected by the seasons, the individual constitution, the types of matter taken in, and the actions of the patient or physician.⁸⁰ By taking all of the signs into consideration the doctor was expected to determine whether the bodily cooking process was occurring properly and to take actions to support that process if it was going properly or modify it if it was misdirected. Thus the materials coming from inside the body were taken up by the Hippocratic physicians both as signs of the unfolding of disease and as aids for determining what course of action to take to help the sick person.

⁷⁸Ibid., pg. 25-27. My emphasis added. Note that the notion of vomit being useful indicates that it was not simply a sign to be interpreted but a process involved in the unfolding of the illness that could be helpful or harmful.

⁷⁹Hippocratic Corpus, *Prognostics*, Jones, trans., 29-31.

⁸⁰Hippocratic Corpus, *Regimen in Acute Disease*, Jones trans., 57-125. With this understanding of the bodily cooking process as something that was potentially modifiable through human action texts like *Regimen in Acute Disease* were very detailed examples of how to approach the care of this cooking process in daily life to maintain health and confront disease. In that sense it is like a text in cookery showing how to improve the process of cooking that was considered to be initiated when the body interacted with disease.

The treatise *Prognostics* included some specific examples of acute diseases and the prognostic approach to be taken in their care. For example after discussion of the character of sputum the author wrote, "such pains in these parts as do not give way before either purging of sputum, evacuation of the bowels, venesection, or purges and regimen, must be regarded as about to turn to empyema." Examples of those leading to death were then presented. In the case of empyema, "the good symptoms [were] these: to bear up easily against the disease; to have good respiration; to be free from the pain; to cough up the sputum readily; the whole body to be evenly warm and soft; to have no thirst; urine, stools, sleep and sweat to get the characters that have been severally described as good. If all these symptoms supervene the patient will not die; if some, but not all the patient will die after living for longer than fourteen days." Bad symptoms were considered to be the opposite of those detailed above and were also described. The author concluded by writing, "you must take into account both the good signs and the bad that occur and from them make your predictions; for in this way you will prophesy aright."⁸¹

In addition to empyema the author discussed other problems such as headaches, pneumonia, throat pain, convulsions in children, and ear pain. Each of these problems were considered within the prognostic approach that organized the treatise. The discussion of what to expect in acute fevers was very important because it helped to provide a background on both the understanding of crisis and the approach to time to be taken by the physician applying the prognostic approach. The author concluded the treatise with the following:

He who would make accurate forecasts as to those who will recover, and those who will die, and whether the disease will last a greater or less number of days, must understand all the symptoms thoroughly and be able to appreciate them, estimating their powers when they are compared with one another, as I have set forth above, particularly in the case of urine and sputa. It is also necessary promptly to recognize the assaults of the endemic diseases, and not to pass over the constitution of the season.

⁸¹Hippocratic Corpus, *Prognostics*, Jones, trans., 29-31. My emphasis added to the quote.

However, one must clearly realize about sure signs and about symptoms generally, that in every year and in every land bad signs indicate something bad, and good signs something favorable, since the symptoms described above prove to have the same significance in Libya, in Delos, and in Scythia. So one must clearly realize that in the same districts it is not strange that one should be right in the vast majority of instances, if one learns them well and knows how to estimate and appreciate them properly.⁸²

There was a complicated interplay between the ripeness metaphor that appeared to have limited human action and the cooking metaphor that allowed for human intervention. In section VIII of *Epidemics I* the author discussed the abscesses observed in the long process of the dangerous continuous fevers he found on Thasos. Those with fair or favorable abscesses evacuated spontaneously and their recovery ensued. However, some were too severe to be endured, thus even though a ripened abscess had formed it was too severe for the patient to handle. Others were too slight to be beneficial therefore the illness was prolonged and often transformed into dysentery, tenesmus, fluxes, and dropsy.⁸³ But the worst sign of all was when "crude and unconcocted evacuations changed into bad abscessions (abscesses)." In this case another kind of transformation had occurred from the unconcocted to the unfavorable abscess. Just as a breakdown in the process of ripening could produce immature or bad abscesses, a problem with the cooking process could produce unconcocted or bad abscesses. Again in order to make a determination about how unconcocted evacuations and bad abscesses would develop the iatros looked to an array of other bodily and environmental signs. On Thasos during the second year the author witnessed and recorded in *Epidemics I*, "the only good sign, the most striking that occurred, which saved very many of those who were in the greatest danger, was when there was a change to strangury, into which abscessions took place (ie. the expulsion of pus through the urine which was painfully and slowly squeezed out)."⁸⁴

⁸²Ibid., pg. 55.

⁸³Again this shows how abscesses were viewed differently from our late 20th century notions of disease. In this case abscesses which might have brought the disease to crisis with a favorable resolution were instead too slight to have an effect on bringing the disease to crisis and subsequently resulting either in prolongation of the illness or transformation of the original disease into more serious and frequently fatal disease.

⁸⁴Hippocratic Corpus, *Epidemics I*, 163. Strangury translates as drops squeezed out or slow and

In summary, the Hippocratic prognostic method involved both interpretive and therapeutic dimensions that were directly connected to care of the sick. The method was used to read bodily signs in order to forecast the sick person's future and to determine the direction of disease. Therapeutic actions were taken to support the process if it was heading in a favorable direction or to modify the process if raw or immature matter or abscesses were identified by the iatros. Facilitating the process involved knowing when and how to take actions to direct or redirect the process. Actions like venesection, or administering purgatives or cathartics, were typically performed out of a topographical understanding of disease and the body. The efforts were made to shift humors from one site in the body to another or to bring the bad material to the surface or to transform unconcocted material into concocted material and good abscessions. In a discussion of the uses of venesection in the care of acute diseases, the author of *Regimen and Acute Disease* limits the use of venesection to those cases of empyema when the patient developed pain in the area of the clavicle. Then the doctor should open up a vein at the forearm and let the blood flow.⁸⁵ The pain at the clavicle was an indicator of a critical abscess formation and venesection would allow the disease to flow from the chest to the arm and out of the body. The iatros was expected to take actions that helped, or at least did not harm, and with the cooperation of the patient combat the disease.

Prognostics: On Framing Judgments to Guide the Actions of Physician-Healers

The clinical attitude proposed by the author of *Epidemics I* has been called "conservative" but this implies that the iatros was passive or uninvolved. It is contrasted with a manner of therapeutic intervention as an active or aggressive approach. However, the stance taken by the Hippocratic iatros toward the afflicted was vigilant requiring a keen mindfulness of a vast array of signs including attention to the effects of climate, place, customs, diet, and activity on the diseased body combined with careful examination of the

painful urination. "In these cases... urine copious, thick, varied, red, mixed with pus, and passed with pain. But they all survived... bowels recovered, appetite returned, and fever abated."

⁸⁵Hippocratic Corpus, *Regimen in Acute Disease*, Jones, trans., pg. ?

bodies of the sick and the matter coming from inside those bodies. All of these signs needed to be taken together to appropriately apply the prognostic method. If the body was successful in warding off disease the iatros recognized this, foretold the future, and did not interfere. If assistance would help the physician directed or redirected the coctions or assisted the evacuation of an abscess. The Hippocratic physician tried to avoid a harmful action by paying careful attention to the timing and prediction of crisis. The wrong action, or an action taken at the wrong time could prolong the disease, transform the disease into a more dangerous malady, or lead to the demise of the patient. But this did not prevent action. In the case of "Anaxion in Abdera who lay sick by the Thracian gate after being seized by an acute fever" (case 8 of *Epidemics III*) the physician performed a venesection on the eighth day of his illness. "There was an abundant and proper flow of blood", and Anaxion's "pains were relieved although the dry cough persisted."⁸⁶

This outward looking, temporal, topographical, humoral, and process approach to disease informed the most minute actions of the doctor. While physicians had a limited number of actions they could take in assisting the sick, the ancient texts described a detailed strategy to adopt when administering gruel or changing the sick person's regimen. The simplest actions like administering gruel appear to have been taken very seriously and considered potentially as dangerous as interventions we might consider to be more "invasive" like venesection.⁸⁷ The author of *Epidemics I* wrote,

The following were the circumstances attending the disease, from which I framed my judgments, learning from the common nature of all and the particular nature of the individual, from the disease, the patient, the regimen prescribed and the prescriber--for these make a diagnosis more favorable or less; from the constitution, both as a whole and with respect to the parts, of the weather and of each region; from the custom, mode of life, practices and ages of each patient; from talk, manner, silence, thoughts, sleep or absence of sleep, the nature and time of dreams, pluckings, scratchings, tears; from the exacerbation's,

⁸⁶See: Hippocratic Corpus, *Epidemics III*, Jones, trans., 269-271. In the case of Anaxion, who suffered from empyema, the fever went down on the eleventh day, he began to expectorate concocted sputa on the seventeenth day, he had a minor crisis on the twentieth day, and a general crisis on the thirty fourth.

⁸⁷See Hippocratic Corpus, *Regimen in Acute Disease*, Jones, trans.

stools, urine, sputa, vomit, the antecedents and consequence of each member in the successions of diseases, and the abscessions to a fatal issue or a crisis, sweat, rigor, chill, cough, sneezes, hiccoughs, breathing, belchings, flatulence, silent or noisy, hemorrhages, and hemorrhoids. From these things must we consider what their consequence also will be.⁸⁸

If we had the written methods of priests and seers it is likely their descriptions of the problems they encountered and the strategies they used for addressing them would be as rich and complex as the writings of the Hippocratics. Unfortunately, for this period we do not have a record of their activities very likely in part because their practices remained part of an active oral tradition and were passed down through apprenticeship relationships or viewed as special gifts from the gods.⁸⁹ Perhaps what is most significant about the practices of the physicians whose activities are represented in the Hippocratic writings is that they were written down.⁹⁰ In one sense this writing likely helped to fix the method so that it could be applied by various practitioners in various contexts. However, it would also put the method to a kind of experiential test as others attempted to apply the approach to their particular situations. It may be that this act of writing more than anything else is what drives a debate over method and thereby theories of disease and the body as individual practitioners discover that some aspects of the method do not apply to their situation. The author of *Epidemics III* wrote,

The power too to study correctly what has been written I consider to be an important part of the art of medicine. The man who has learnt these things and uses them will not, I think, make great mistakes in the art. And it is necessary to learn accurately each constitution of the seasons as well as the disease: what common element in the constitution or in the disease is good, and what common element in the constitution or in the disease is bad; what malady is protracted and fatal, what is protracted and likely to end in recovery; what acute illness is

⁸⁸Hippocratic Corpus, *Epidemics I*, Jones, trans., 181

⁸⁹For a collection of magical spell, formulae, hymns, and rituals from Greco-Roman Egypt spanning the period from the 2nd century B.C. to the 5th century A.D. see Hans Dieter Betz, *The Greek Magical Papyri in Translation*, (Chicago: University of Chicago Press, 1986).

⁹⁰For a review of many of the scholarly debates regarding oral and written communication in ancient Greece see Rosalind Thomas, *Literacy and Orality in Ancient Greece*, (Cambridge: Cambridge University Press, 1992).

fatal, what acute illness is likely to end in recovery. With this knowledge it is easy to examine the order of the critical days and to prognosticate there from. One who has knowledge of these matters can know whom he ought to treat, as well as the time and method of treatment.⁹¹

In conclusion the prognostic approach, explicitly described in various Hippocratic texts and implicit to the writings and case description in other texts, was a complex method embedded in and informed by a polytheistic religious context in which many healers were engaged in practice. In addition the method was informed by a way of knowing about diseased bodies where all aspects of being affected those bodies and could potentially produce disease or death. The physician needed to be able to interpret an array of signs to be able to know when to change the regimen, administer a cathartic, or bleed a patient. These signs mapped out on the surface of the body the spatio-temporal landmarks of disease and the very circumscribed terrain for the physician's action in service of the art. While the internal body remained hidden from view all that was external to the body was scrutinized. Still for the practitioners represented in the Hippocratic Corpus it was the body that was to be carefully adjusted and not the heavens in contrast to Empedocles who claimed to be able to alter the heavens in the interest of healing.⁹² And while hidden from view the internal body occasionally produced sputum, urine, and vomitus revealing glimpses of the process of disease that raged on beneath the surface.

⁹¹Hippocratic Corpus, *Epidemics III*, Jones, trans., 257.

⁹²On Empedocles see: G. S. Kirk and J. E. Raven, *The Presocratic Philosophers*, (Cambridge: Cambridge University Press, 1983), 280-321.

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CHAPTER 3

On Art (Techne) and Healing: Continuities Between the Hippocratic Iatros and Craftsmen

...those who blame physicians who do not undertake desperate cases, urge them to take in hand unsuitable patients just as much as suitable ones.... Those experienced in this craft have no need either of such foolish blame or of foolish praise; they need praise only from those who have considered where the operations of craftsmen reach their end and are complete, and likewise where they fall short; and have considered moreover which of the failures should be attributed to the craftsmen, and which to the objects on which they practice their craft.⁹³

Hippocratic Treatise *The Art* late 5th Century B.C.

While the Hippocratics focused on the body of the afflicted for content in developing prognostic and therapeutic stories about unseen disease tensions emerged in their interactions with the sick. Critics claimed that the Hippocratics knowingly cared for those that would spontaneously heal to advance their popularity while neglecting those who would die to defend their art and reputations. In their defense the Hippocratics, adopting ideologies and practices of the marketplace, argued that they should be considered healing-craftsmen.

To situate the approach to the sick person advocated by the Hippocratics and its implications for understanding the interrelationships between episteme, techne, and ethos I will look next at the defense of the practices of physician-healers contained in the treatise *The Art*. While it is generally agreed by scholars that this work was written in the late 5th century B.C. there has been a lively debate regarding the background of the author. Some scholars have taken the position that the author was either a sophist or a rhetorician who may have made a speech in the public arena. Great sophists such as Protagoras or Hippias have even been considered as possible authors.⁹⁴ Edelstein argued forcefully that *The Art* was the work of a physician. In fact this treatise is very important for Edelstein's thesis that the Hippocratic physician was a craftsman. He claimed, "although the writing *The Art* is the composition of a physician, he has, in the battle he wages,

⁹³Hippocratic Corpus, *The Art*, Jones, trans., 205.

⁹⁴See the discussion by W. H. S. Jones in *Hippocrates Volume II*, pgs. 187-189.

distanced himself to the utmost from his activity as a physician, however much he may have to fight this fight in his very capacity as a physician. But in these general discussions, he can still utilize the same dialectic training which he must normally apply in the sickroom and in public."⁹⁵ For the purpose of this thesis, it doesn't matter whether the author was a physician or a physician's advocate. I take the material as evidence that there was an important debate going on in Greece in the late 5th century B.C. over the value of physicians and this work gives us a glimpse into the concerns of both physicians and patients written from the perspective of physicians.

In *The Art* the author compared the practices of doctors to the activities of craftsmen to counter contemporary criticisms of the work of physician-healers.⁹⁶ The author of *The Art* argued that critics ignored the way the basic materials available to physician-craftsmen influenced what was possible for them to produce. Like all other craftsmen, it was the quality of the materials they started with that in large part determined the outcome. For physician-craftsmen the materials were the substance (or constitution) of the body, the power of disease, and the character of the patient. When a sick person died after a physician's visit these materials should be scrutinized not the effectiveness of the art, for unlike wood or leather they were difficult to shape yet the demands of the public on physicians were higher than they were on other craftsmen.⁹⁷

The Constitution of the Body and the Limits of the Craft

The structure of the human body created enormous challenges for practitioners of medicine. While some diseases were readily visible others remained obscure. This difficulty in perception could lead to delays in treatment for which this author argued. "If while the sight [of the disease] is being won, the body is mastered by slowness in calling in the attendant or by the rapidity of the disease, the patient will pass away. For if disease and treatment start together, the disease will not win the race, but it will if it start with an advantage, which advantage is due to the density of our bodies, in

⁹⁵See: L. Edelstein, "The Hippocratic Physician", in *Ancient Medicine: Selected Papers*, 104.

⁹⁶Hippocratic Corpus, *The Art*, Jones, trans., 191-217.

⁹⁷*Ibid.*, 213.

which disease lurk unseen."⁹⁸ This posed a challenge to those practicing the art to apply strategies to determine the age of the disease and to reveal disease hidden away in the many cavities of the body.

In *The Art* diseases were classified into two groups, the readily visible and the hidden or obscure ones. The first group was the smaller group in which the signs of disease could be easily identified by sight or determined by touch. The "open" or externally visible diseases such as those of the skin while they might be difficult to treat were considered to be potentially curable because they could be more easily detected. The discovery did not occur "for those who [had] desire only, but for those of them who [had] power."⁹⁹ This power of observation and understanding belonged to those with natural ability who had been adequately educated in the art of medicine. The second group of diseases was larger and more difficult to treat. These hidden maladies included diseases of bones and the cavities of the body. The many cavities in the body included the limbs (space between muscles and also the veins), the trunk (liver, kidney, spleen and bowels), the head (brain), the chest (heart), and the back (lungs). The author wrote that, "a man who sees only with his eyes [cannot] know anything" of the cavities or the obscure diseases." In sickness the hollow organs of the body normally filled with life-giving spirit were "pervaded by unhealthy humors" but the obscurity of the unhealthy humors could potentially be revealed and mastered through examination of the sick by practitioners of the art. This required special skill for, "more pains in fact, and quite as much time are required to know them as if they were seen with the eyes; for what escapes the eyesight is mastered by the eye of the mind."¹⁰⁰

Although hidden maladies such as empyema and other diseases of the cavities prevented those practicing medicine from seeing "with the sight with which all men see everything most perfectly", practitioners of [the art] had "discovered other means to help it."¹⁰¹ This included observations on the quality of the voice, the pace of respiration, the quality, timing, smell, color

⁹⁸Ibid., 210.

⁹⁹ Ibid., 207.

¹⁰⁰Ibid., 209-211.

¹⁰¹Ibid., 215.

and texture of bodily discharges allowing practitioners of the art "the means of inferring" the condition the person suffered from and the parts of the body affected or likely to become affected. In addition the author wrote that "when this information [was] not afforded, and nature herself yield[ed] nothing of her own accord, medicine had found means of compulsion, whereby nature [could be] constrained, without being harmed, to give up her secrets; when these [were] given up she made clear, to those who knew about the art, what course ought to be pursued."¹⁰² The means of detection included administering "certain acid draughts and foods" to get a patient to "rid himself of phlegm", making a patient walk uphill to observe for abnormalities in respiration that may not be apparent at rest, and administering substances "which excreted in the urine, or through the skin, revealed the disease better." The author emphasized that these "methods to be employed and the signs produced differ[ed] from case to case. As a result the "signs [could] be difficult for the physician to interpret and then cures [were] slow and mistrust in the power of the doctor persist[ed]."¹⁰³ But given the difficulties created by the constitution of the body the author concluded that, "the power of the art, when it raised a patient suffering from an obscure disease, was more surprising than its failure when it attempted to treat incurables."¹⁰⁴

The structure of the body not only posed general problems for the art of medicine but it also posed problems for those suffering from disease and their attendants as they attempted to understand and address the trouble of the sick person. According to the author, when facing someone suffering from hidden disease attendants could not "see the trouble with their eyes nor learn it with their ears and tried to track it by reasoning." Even the "attempted reports of their illnesses made to their attendants by sufferers from obscure

¹⁰² Ibid., 215.

¹⁰³The translation of this section from Jones seems overly clumsy and confusing so in this case I have selected the translation from Chadwick and Mann. See: "The Science of Medicine", *The Hippocratic Writings*, G.E.R. Lloyd, ed., (New York: Penguin Books, 1983), 147. The section from the Jones translation reads as follows: "Now as the relation between excretions and the information they give is variable, and depends upon a variety of conditions, it is accordingly not surprising that disbelief in this information is prolonged, but treatment is curtailed, for extraneous factors must be used in interpreting the information before it can be utilized by medical intelligence." Ibid., pg. 215

¹⁰⁴Hippocratic Corpus, *The Art*, Jones, trans., 213.

disease are the result of opinion, rather than of knowledge."¹⁰⁵ Because if the sick knew what caused their illness they would not have "fallen into them, for the same intelligence is required to know the causes of diseases as to understand how to treat them with all the treatment that prevents illnesses from growing worse." But, the author continued, "when not even the reports [provided by the sufferer] afford perfectly reliable information, the attendant must look out for fresh light."¹⁰⁶ The delay caused by this should not be blamed on the art but on "the constitution of human bodies. For it is only when the art sees its way that it thinks it right to give treatment, considering how it may give it, not by daring but by judgment, not by violence but by gentleness."¹⁰⁷ If the "human constitution admits of being seen, it will also admit of being healed." But "if while the sight is being won, the body is mastered by slowness in calling in the attendant or by the rapidity of the disease, the patient will pass away. For if disease and treatment start together, the disease will not win the race, but it will if it start with an advantage, which advantage is due to the density of our bodies, in which diseases lurk unseen, and to the careless neglect of patients."¹⁰⁸

The Power of Disease and the Limits of the Craft

The power of disease and in particular the length of time the patient had been "filled with disease" would also contribute to the possibility of cure. The author continued the craft analogy by comparing the speed of craftsmen working on wood with the speed of physician-craftsmen. "Through these arts [ie. carpentry or carving] and with these substances [ie. wood] are easily shaped aright and yet are wrought not so much with a view to speed as correctness. Nor are they wrought in a casual manner, but functioning ceases if any instrument be lacking. Yet in these arts too slowness is contrary to their interests; but in spite of this it is preferred."¹⁰⁹ The faster a craftsman worked the more product they could produce but correctness of the craft was preferred. In the medical art the length of time until cure would depend on

¹⁰⁵Ibid., 211.

¹⁰⁶Ibid., 211.

¹⁰⁷Ibid., 211.

¹⁰⁸Ibid., 211.

¹⁰⁹Ibid., 213.

the total length of the race and the distance already traveled in the race between disease and treatment.¹¹⁰ The Hippocratic physician could not change this temporal relationship that existed prior to attending the patient. However, if called in early and through correct application of the craft the doctor might help for in cases of hidden disease if the art revealed the disease early the treatment could win over the disease but if the treatment was applied late the disease would surely win. The author concluded that "the sufferings of patients due to their not being quickly observed are the fault, not of the medical attendants, but of the nature of the patient and of the disease."¹¹¹

The Character of the Sick and the Effectiveness of the Craft

The actions taken by the sick contributed to the possibility of cure. "The careless neglect of [the sick]", the author wrote, "is not to be wondered at, as it is only when diseases have established themselves, not while they are doing so, that [they] are ready to submit to treatment."¹¹² The author attacked those who criticized "the art of medicine" because some of the sick died even though they were attended by physicians. **"What trustworthy reason leads them to absolve a patients weakness of character, and impute instead a lack of intelligence on the part of his physician. As if doctors can prescribe the wrong remedies but patients can never disobey their orders! It is far more likely that the sick are unable to carry out the instructions than that the doctors prescribe the wrong remedies."**¹¹³ A physician comes to a case "healthy in body and mind" and compares the patient's symptoms with similar cases he has seen in the past in order to make his recommendations about cure. By contrast the sick "do not know what they are suffering from, nor why they are suffering

¹¹⁰Note that the author moved back and forth between comparisons with the experiences of both craftsmen and athletes in analyzing the difficulties faced by physician-healers.

¹¹¹Ibid., 211.

¹¹²Ibid., 211-213.

¹¹³See: Hippocratic Corpus, *The Science of Medicine*, Chadwick and Mann trans., Lloyd, ed., 142. The Jones translation appears cluttered here and he acknowledged a potential problem in the translation of ill-luck in a foot note suggesting that weakness may be preferred. "I wonder what adequate reason induces them to hold innocent the ill-luck of the victims, and to put all the blame upon the intelligence of those who practiced the art of medicine. It amounts to this: while physicians may give wrong instructions, patients can never disobey orders. and yet it is much more likely that the sick cannot follow out the orders than that the physicians give wrong instructions." Ibid., 201.

from it, nor what will succeed their present symptoms. Nor do they have the experience of the course of similar cases. Their present pains are increased by fears for the future. They are full of disease and starved of nourishment; they prefer an immediate alleviation of pain to a remedy that will return them to health. Although they have no wish to die, they have not the courage to be patient."¹¹⁴ In this context the author concluded that, "it is much more likely that the physician gives proper orders, which the patient not unnaturally is unable to follow; and of which illogical reason's' attribute to the innocent, allowing the guilty to go free."¹¹⁵

Spontaneous Recovery or The Art of Medicine in Daily Life?

In response to the notion of spontaneous recovery, the author of *The Art* claimed that people who did not call in a physician inadvertently used in "self-treatment the same means as would have been employed had a physician actually been called in."¹¹⁶ By changing their regimen through regulation of food, drink, activity, rest, and hygiene or through the administration of medicines and purgatives the sick unknowingly did for themselves what a physician would have suggested in their particular situation. This was an important demonstration of the existence and the power of "the art" because it worked even in those who used it unknowingly and therefore could not be said to have believed in it. The sick "must have learned, by having been benefited [by] what it was that benefited them, just as when they were harmed they must have learned by having been harmed [by] what it was that harmed them."¹¹⁷ In contrast with popular belief, it was not fate or luck that brought about the health of these individuals. The author argued that, "no patient who recover[ed] without a physician [could] logically attribute the recovery to spontaneity. Indeed under a close examination spontaneity disappears; for everything that occurs will be found to do so through something, and this 'through something' shows that spontaneity is a mere name, and has no reality."¹¹⁸

¹¹⁴Hippocratic Corpus, *The Art*, Jones, trans., 201.

¹¹⁵*Ibid.*, 203.

¹¹⁶*Ibid.*, 197.

¹¹⁷*Ibid.*, 197.

¹¹⁸*Ibid.*, 199-201.

To summarize, the art of medicine was considered to be a body of activities in the care of the afflicted that could be utilized by physicians trained in the craft, applied by the sick or their attendants instructed in the art, or used by accident by those who through chance modified their regimen in a helpful manner. In each instance it was the existence of the art of medicine that was thought to be determining the sick persons recovery. According to the author of *The Art*, physicians were needed because most people lacked the ability to discern benefit and harm carefully enough to make the correct adjustments in their daily regimen. However for those that could, their "praise or blame [of] what composed the regimen under which [they] recovered, all these things belong[ed] to the art of medicine."¹¹⁹ At the same time, failure of remedies was no less proof of the art of medicine because remedies were successful only if applied correctly and could be harmful if applied in the wrong manner.

The Physician-Craftsman and the Product of the Craft

The physician-craftsman stood in relationship to the materials at hand to be shaped through application of their craft. Appropriate and timely application of "the art" might prevent death, "knowing that not everything [was] possible to medicine" and... "it would not be fair to expect medicine to attempt cures that [were] all but impossible, nor to be unfailing in its remedies."¹²⁰ The author criticized people "who blame[d] medicine because of those who refuse[d] to undertake desperate cases" arguing that,

...if a man demand from an art a power over what does not belong to the art, or from nature a power over what does not belong to nature, his ignorance is more allied to madness than to lack of knowledge. For in cases where we may have the mastery through the means afforded by a natural constitution or by an art, there we may be craftsmen, but nowhere else. Whenever therefore a man suffers from an ill which is too strong for the

¹¹⁹Ibid., 199.

¹²⁰Hippocratic Corpus, *The Science of Medicine*, Chadwick and Mann, trans., Lloyd, ed., 147. The Jones translation reads as follows here: "Now that medicine has plentiful reasoning in itself to justify its treatment, and that it would rightly refuse to undertake obstinate cases, or undertaking them would do so without making a mistake." Ibid., 217.

means at the disposal of medicine, he surely must not even expect that it can be overcome by medicine.¹²¹

These "critics" and "fools" would have doctors spend as much time on "incurable patients as on those physicians could do something for." Furthermore, the author continued, "**those experienced in this craft have no need either of foolish blame or praise; they need praise only from those who have considered where the operations of craftsmen reach their end and are complete, and likewise where they fall short; and have considered moreover which of the failures should be attributed to the craftsmen, and which to the objects on which they practice their craft.**"¹²²

Although the application of the art by a specific physician might be criticized, the knowledge contained in "the art of medicine" was not questioned. The art provided the background repertoire of knowledge and practice informing the activities of good physician-craftsmen. In this context, death or a bad clinical outcome would not lead even a reflective Hippocratic physician to question the knowledge contained in "the art". Instead a reflective physician would conclude that either the patient failed to follow orders, the disease was too powerful, or there was an error in the application of the art. Implicit in the Hippocratics' claim was the conclusion that the product of their practice depended not only on the knowledge (episteme) derived from the art but also on the manner in which the healer applied the art (ethos) and the materials and tools utilized (techne) in practice. The physician-healer was considered to be the craftsman while the patient and disease were considered the materials available to the craftsman. An expert physician-craftsman used prognosis to differentiate materials that were damaged but usable from those that were completely defective. The iatros as physician-craftsman could be blamed for ignorance of the art or for inappropriate application of the art but he could not be blamed for refusing to work with bad materials even if the refusal resulted in death.

¹²¹ Ibid., 203.

¹²² Ibid., 205, my emphasis added.

CHAPTER 4

Perspectives on Rhetoric and Healing: Distinctions Between the Hippocratic Iatros and Craftsmen

I have often, along with my brother and with other physicians, visited one of their patients who refused to drink his medicine or submit to the surgeon's knife or cautery, and when the doctor was unable to persuade them, I did so, by no other art but rhetoric.¹²³

Plato's *Gorgias* early 4th century B.C.

Anyone who wishes to ask correctly about healing, and, on being asked, to reply and rebut correctly, must consider the following:..... What physicians treating patients achieve by luck. What good or bad things patients suffer in diseases. What is said or done on conjecture by the physician to the patient, or by the patient to the physician. What is said and done with precision in medicine...¹²⁴ There is no demonstrated starting point of healing, which truly is the starting point of the whole art... We start out in medicine sometimes by speaking, at other times by acting, and we end in like manner; nor, when we begin by speaking, do we begin with the same words, not even if we are speaking about the same thing, nor do we end with the same words.¹²⁵

Hippocratic Treatise *Diseases I* late 5th Century B.C.

The treatise *The Art* gives a glimpse of the concerns of physician-healers who were defending their practice against the critique of some educated non-physicians. To more thoroughly understand the background to the ethical concerns present in the interactions between Hippocratic physicians and the sick we can examine the early Platonic dialogues for examples of the perspectives of educated non-physicians. The Platonic dialogues give us the opportunity to take the views of educated non-physicians to recover what is explicitly or implicitly revealed about the concerns of both sick persons and physicians. In this reading I am attempting to get beyond the view of Edelstein's that philosophy (ie. the work of the Pre-Socratics, Socrates, Plato, and Aristotle) laid the intellectual groundwork for medicine and instead look at the dialectic relationship that must have existed

¹²³Plato, *Gorgias* in *The Collected Dialogues of Plato*, Edith Hamilton and Huntington Cairns ed., (New York: Bollingen Foundation and Pantheon Books, 1964), 239. *Gorgias* was a contemporary of both Socrates and Hippocrates.

¹²⁴Hippocratic Corpus, "Diseases I", *Hippocrates Volume 5*, Paul Potter, ed. and trans., (Cambridge, Massachusetts: Harvard University Press, 1988), 99. For a review of the history of scholarship on *Diseases I* see Potters general introduction on pgs. ix-xiv and also the introduction to *Diseases I* pgs. 94-97.

¹²⁵*Ibid.*, 119.

between the philosophers and the physicians.¹²⁶ At the same time, to view the Hippocratic writers as physician-philosophers in the way Owsei Temkin has done is also problematic.¹²⁷ In my work I am experimenting with a double reading of texts to breakdown both the distinct physician versus patient and the philosopher versus physician perspectives. In the case of the Hippocratic writings in addition to the outlook of the writer as physician I am trying to glean what is revealed about the concerns of the sick person. In my reading of Plato's early Socratic dialogues I am looking to them not only as works of philosophy but also with an eye toward reconstructing educated non-physicians' views about the interactions between physicians and patients. We need to breakdown the boundaries between "science", "medicine", "literature" and "philosophy" if we want to piece together the fragments of ethical understanding in pre-modern societies. These modern categories have blocked our ability to critically examine our assumptions. This problem has also been recognized by philosophers who have turned to the Hippocratic writings to help understand the context for the philosophical concerns in Plato and Aristotle.¹²⁸

¹²⁶Edelstein's position is most systematically presented in "The Relation of Ancient Philosophy to Medicine", reprinted in *Ancient Medicine: Selected Writings*, 349-366. His position is captured in the following quotes: "In antiquity, philosophy influenced medicine rather than being influenced by it. Philosophical insight guided the physicians in their biological, physiological, and anthropological studies (pg. 350).... The empiricism of the Hippocratics, as far as it was a conscious method, was derived from philosophy (pg. 354).... Ancient medicine neither in scientific nor in ethical matters made startling discoveries that heralded a new era; it voluntarily submitted itself to philosophy. This is perhaps one of the reasons for its failure as a science, great as it was as an art (pg. 357)..."

¹²⁷For Temkin's perspective see "Greek Medicine as Science and Craft", *Isis*, 1953, reprinted in the *Double Face of Janus*, 137-153 and also discussed in footnote 48 above. Temkin argued that there were "two types of medical men" in antiquity and he designated them as "physician and leech". The physician was concerned with the study of nature and it is the writings of physicians that have come down to us as the Hippocratic writings. The leech was a craftsman. It was the competitive social realm in which the ancients practiced their craft that induced "certain leeches to borrow from philosophers to construct medical theories as content of speeches to impress patients and whole audiences and to use methods like prognosis to increase their reputations... (in addition) there were medical reasons combined with social incentives that induced the leech to become a physician."(pg. 147)]

¹²⁸Perhaps the best example is work by Martha Nussbaum. See: Martha Nussbaum, *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy*, (Cambridge: Cambridge University Press, 1986), 89-121; and also Martha Nussbaum, *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, (Princeton: Princeton University Press, 1994). I will return to this later.

Plato's early dialogues contain numerous comparisons between the knowledge of physician-healers and the knowledge of craftsmen and there is a general working out of the craft analogy as it relates to the practice of the healing arts. For this thesis I am selecting the early Platonic dialogues (i.e. early 4th century B.C.) to help reconstruct "patients' perspectives" during the time of the earliest Hippocratic writings which are considered to be documents from the later decades of the 5th century B.C. While this presents methodological problems we do not have any other sustained source contemporary with the Hippocratic writings that could provide that perspective. I offer the following arguments for carefully considering the views contained in the early Platonic dialogues. The early dialogues were written within a period of 10 to 15 years after the death of Socrates (399 B.C.) and set from the late 430's up to the death of Socrates. This means that the temporal distance between Plato and the events he depicted is comparable to a historian today writing about America from 1945-1980. As a student of Socrates, Plato was immersed in a rich oral tradition of intellectual exchange and story telling. His rendering of the Socratic dialogues before he had fully worked out his more formalized position in the Republic certainly contains elements of the views adopted by educated Athenians in the late 5th century. In fact, the dramatic effect that Plato assumes for his reader means that the reader of the early 4th century must find what Plato takes up from the late 5th century to be of interest and believable. In addition many of the key characters (ie. Gorgias, Socrates, Protagoras) were contemporaries of Hippocrates and other late 5th century physicians. Of course Plato used the analogies drawn from medicine not simply as descriptions of illness and healing but as part of his overall concerns about the nature of virtue. However, in the early dialogues there is a sense that the views of Socrates and his Sophist contemporaries shine through in what is being said. In that sense the analogies work because they represent common educated views on the body, disease, health and the practice of healers.

Hippocratic Iatros: Craftsman and Rhetorician

In the Laches Plato noted that it was possible to become an expert in a craft without having a teacher. However, one who made this claim would be expected to show "several well-made pieces of work as examples of their

skill."¹²⁹ While with other crafts the craftsmen could bring in products for people to judge, in the case of the healing crafts the product was more difficult to show prior to exercising the techniques of the craft. This problem was taken up in the *Gorgias* when Socrates discussed the difference between health and the appearance of health. "For example, many people appear to enjoy health in whom nobody but a doctor or trainer could detect the reverse."¹³⁰ If health was considered the product of the medical craft and people could appear healthy when they were in fact sick, how could the physician-craftsman convince people of the value of their remedies and demonstrate the outcome of their craft? It was here that the use of rhetoric was cited by the ancient sources. Gorgias made this point forcefully to Socrates when he said,

I have often, along with my brother and with other physicians, visited one of their patients who refused to drink his medicine or submit to the surgeon's knife or cautery, and when the doctor was unable to persuade them, I did so, by no other art but rhetoric. And I claim too that, if a rhetorician and a doctor visited any city you like to name and they had to contend in argument before the Assembly or any other gathering as to which of the two should be chosen as doctor, the doctor would be nowhere, but the man who could speak would be chosen, if he so wished.¹³¹

The exercise of carefully choosing words in order to persuade was recognized as a powerful activity. Gorgias went on to claim that, "the rhetorician is competent to speak against anybody on any subject, and to prove himself more convincing before a crowd on practically every topic he wishes, but he should not any the more rob the doctors-- or any other craftsmen either-- of their reputation, merely because he has this power. One should make proper use of rhetoric as of athletic gifts."¹³² However, under Socrates careful scrutiny the complex problem of the doctors knowledge and the rhetors art of persuasion was explored. While the doctor was likely to be more knowledgeable about health than the rhetorician he might be less

¹²⁹Plato, *Laches*, Ian Lane, trans. and intro., in *Early Socratic Dialogues*, Trevor J. Saunders ed., (New York: Penguin Books, 1987), 93.

¹³⁰Plato, *Gorgias*, Walter Hamilton, ed. and trans., (New York: Penguin Books, 1988), 45.

¹³¹Plato, *Gorgias*, *Collected Dialogues*, Hamilton and Cairns, ed., 239.

¹³²*Ibid.*, pg. 240.

persuasive before a popular audience and more persuasive before an audience of experts. This led to Socrates conclusion that the art of rhetoric had "no need to know the truth about things but merely to discover a technique of persuasion so as to appear among the ignorant to have more knowledge than the expert."¹³³

However, the conflict between the art of rhetoric and the craft of medicine did not emerge because rhetoricians wanted to convince the ignorant of something they knew to be false but because the product of the doctor was so difficult to demonstrate thereby making it necessary to show through rhetoric what it was the doctor hoped to produce. An expert shoemaker, carpenter, or potter need not be engaged in rhetoric over the quality of their work, instead they could very simply point to work they had completed and end any debate over their skills. A similar demonstration would be difficult for the doctor. What could he do, point to a healthy man and say, you see that man over there he is healthy today because of my remedies. Or you see that man over there, he looks healthy but he is sick and I will make him healthy again. Although this problem is never explicitly acknowledged in the early dialogues, it is implicitly confronted by an attempt to more clearly define the knowledge and activities of medical craftsmen.

Like other craftsmen physicians did not "choose and apply materials to their work at random but with the view that each of their productions should have a certain form." In the case of craftsmen "who have to do with the body, physical trainers and doctors, give order, and discipline to the body [for] harmony and order will make a building good, but disorder bad ... the name of the bodily quality resulting from order and discipline is health and strength."¹³⁴ With this in mind the craft of medicine "investigated the nature of the subject it treat[ed] and the cause of its actions and [could] give a rational account of each of them."¹³⁵ This differentiated medicine as a craft dedicated to bringing forth bodily health from cookery a routine "devoted to cultivating pleasure" Part of the method for investigating the body included attention to appearance. In a dialogue with Protagoras, Socrates argued "if a man were

¹³³Ibid., 242.

¹³⁴ Ibid., 286-287.

¹³⁵ Ibid., 284.

trying to judge by external appearance of another's health or some particular physical function he might look at his face and hands and then say: Let me see your chest and back too, so that I may make a more satisfactory examination."¹³⁶ But unlike most other crafts often the physician craftsmen had to produce pain in order to help the sick person. People often did not like the medical regimen recommended by physician-craftsmen but some of them submitted because the treatment was expected to be beneficial for the recovery of their health.¹³⁷

In summary, the craft analogy for physicians created an expectation for a definable product of their activities. The experiences of patients with some of the methods used by physician-craftsmen meant that some of the sick even though they were suffering from serious ailments would "avoid [giving] any account of [their] physical defects to doctors and undergoing treatment" because of fear of pain and suffering caused by cautery or surgery.¹³⁸ If this was true of some obviously suffering from disease it must have been particularly problematic for those who felt healthy but were told that they were ill or would become ill from something that they could not yet observe. Thus, the picture of the educated lay understanding of the structure of knowledge for the physician-craftsman is as follows: They aimed at restoring harmony and order of the body which for the body meant health and strength. In order to accomplish this physician craftsmen would be expected to investigate the nature of the body, the cause and actions of order and disorder of the body, and give rational accounts of their investigation. One important element in this method was examination of the external appearance of the sick person. Finally, in practicing their craft sometimes it was necessary to produce pain in order to bring about bodily harmony, strength and health. These general aims and methods helped to differentiate medicine as a craft from other routine activities like cookery. At the same time medicine was differentiated from other crafts that were directed at materials external to the human body with tangible products and well defined methods.

¹³⁶Plato, *Protagoras*, W. K. C. Guthrie, trans. and ed., (New York: Penguin Books, 1956), 88.

¹³⁷Plato, *Gorgias*, *Collected Dialogues*, Hamilton and Cairns, eds., 261-262.

¹³⁸*Ibid.*, 261-262.

On Hippocratic "Holism" and Tensions Between Body and Soul:

In the *Ion*, Socrates contrasted the skills of a doctor with the skills of a carpenter to make the point that, "the objects of knowledge in one field should be different from those in another".¹³⁹ Socrates was able to show to Ion that a doctor would be in a better position than a poet to decide whether Homer had accurately portrayed the activities of doctors.¹⁴⁰ While this seems straightforward and obvious, the dialogue goes on to include prophets (seers) as expert craftsmen in better positions than poets for judging the quality of Homeric passages related to the knowledge and activities of seers.¹⁴¹ In order for this section to work both dramatically and logically it is assumed that educated Greek citizens considered the work of seers to be a respected field of knowledge and activity separate from physician-healers and practiced by individuals with special talent, training, and experience. While a seer was not the best one to judge the Homeric passages detailing medical remedies for the sick, a doctor was not the best one to judge the passages describing omens or the activities of seers.

The range of accepted healing practices for educated classical Greeks did not end with divination.¹⁴² In the *Charmides*, Socrates feigned being a doctor to seduce the young Charmides to enter a dialogue on the nature of virtue. Critias coaxed Charmides to get attention for his headaches from Socrates who offered a leaf as a remedy noting that, "there was a charm that went with the remedy: if one chanted the charm at the same time as one employed the remedy, the remedy cured one completely; without the charm, the leaf was of no use."¹⁴³ Socrates learned this charm from Thracian doctors while on an

¹³⁹Plato, *Ion*, in *Early Socratic Dialogues*, Trevor Saunders trans., intro., ed., (New York: Penguin Books, 1987), 60.

¹⁴⁰*Ibid.*, pg. 61.

¹⁴¹*Ibid.*, pg. 62. The passage quoted from the *Iliad* is XII, lines 200-207.

¹⁴²On the range of accepted healers at the time of the Hippocratics G.E.R. Lloyd has written, "In antiquity there was not just the one image of the ideal physician, but a great variety of images, some overlapping, some mutually exclusive. some people were for assimilating the doctor to the diviner or the seer, or otherwise for bringing medical practice under the aegis of the gods. But others saw doctors as craftsmen, where what counted was skill built up from long experience, and more especially a trained eye." See: Lloyd, "The Transformation of Ancient Medicine", pg. 130.

¹⁴³Plato, *Charmides*, Donald Watt, trans. and intro., in *Early Socratic Dialogues*, T. Saunders ed., (New York: Penguin Books, 1987), 180.

expedition with the army.¹⁴⁴ He compared the approach to healing taken by good Greek doctors with that of the Thracians who gave him the charm in strictest confidence. When Charmides tried to persuade Socrates to give him the charm so that he might, "take down a copy ", Socrates replied with the following very revealing description of the activities of good doctors:

You see, it's the sort of charm which cannot cure the head alone. Perhaps you too have heard what good doctors say when a patient comes to them with sore eyes. They say, that they cannot attempt to heal his eyes alone, but that they must treat his head too at the same time, if his sight is to recover. They say also that to think that one could ever treat the head by itself without the whole body is quite foolish. On that principle, then, they apply their regimens to the entire body and attempt to treat and heal the part in conjunction with the whole.¹⁴⁵

Socrates went on to claim that the Thracian doctors took this approach to the whole one step farther stating that, "Our king Zalmoxis, who is a god has said that, just as one shouldn't try to heal the eyes without the head, or the head without the body, so one shouldn't try to heal the body without the soul either; and that this is the reason why many diseases baffle doctors in Greece--because they ignore the whole, which they ought to take care of, since if the whole is not well, it is impossible for part of it to be so."¹⁴⁶ To these Thracian doctors,

All things both good and bad originated in the soul and spread from their, just as they did from the head to the eyes. One ought to treat the soul first and foremost, if the head and the rest of the body were to be well....The soul was treated with certain charms and these charms were beautiful words. As a result of such words self-control came into being in souls. When it came into being and was present in them, it was then easy to secure health both for the head and for the rest of the body. Now, when he taught me the remedy and the charms, he said, 'See that no one who has not first surrendered his soul to be treated by you with the charm persuades you to treat his head with this remedy... this is a mistake that is made with people today. Some men try

¹⁴⁴For an introduction to ancient Thrace see: A. Fol and I. Marazov, *Thrace and the Thracians*, (New York: Penguin Books, 1977).

¹⁴⁵Ibid., pg. 180.

¹⁴⁶Ibid., pg. 181, my emphasis added.

to be doctors and try to produce either health or self-control, the one in isolation from the other.¹⁴⁷

While this section is a dramatic lead in for Socrates to explore the nature of self-control or self-knowledge, it is certainly a very elaborate introduction that works for the reader only if it is based on an assumed background of understanding. The use of charms or other magical forms of healing must have been very popular at this time even among the educated Athenians. But this discussion goes even further to suggest that for certain Thracian doctors the use of very special charms fit into a very complex set of practices based on a holistic view of health and illness. Interestingly, Socrates claimed that with their attention to the soul the Thracians considered their approach to be more comprehensive than some of the best Greek doctors who while holistic with regards to the body failed to account for the body's relationship with the soul.¹⁴⁸

Not only were prophets, seers, diviners, magicians, charmers, and Thracian doctors (to name only a few) present and active in healing they were also making claims to knowledge distinct from and in some cases better than the knowledge of the Hippocratics. Scholars have often drawn links between the passage on the good doctors attention to the whole body contained in the *Charmides* and the holistic method of Hippocrates described in the *Phaedrus* to make the point that this approach was advocated by Hippocrates.¹⁴⁹ What has been neglected here is the alternative Thracian view on the approach to the body and disease that argued that Greek doctors' holistic approach to the

¹⁴⁷ Ibid., pg. 181.

¹⁴⁸ Ibid., 181. For further discussion see footnote 1 in *Charmides*, pg. 181 and also reference to Zalmoxis (Salmoxis) in Herodotus, *The Histories*, Aubrey de Selincourt, trans., A. R. Burn, ed., (New York: Penguin Books, 1972), 301-303.

¹⁴⁹ Ibid., 180. See footnote 2 in *Charmides*, pg. 180 as an example of that linkage. The passage used is *Phaedrus* 270c. In this portion of the dialogue Socrates asked *Phaedrus* if he thought it was "possible to understand the nature of the soul satisfactorily without taking it as a whole?" *Phaedrus* responded by saying, "If we are to believe Hippocrates, the Asclepiad, we can't understand even the body without such a procedure." Socrates went on to elaborate the method applied by Hippocrates and the truth regarding this matter of nature. See: Plato, *Phaedrus*, in *The Collected Dialogues of Plato*, Edith Hamilton and Huntington Cairns, eds., (New York: Bollingen Foundation and Pantheon Books, 1964), 516. I am not using this section to find the authentic Hippocrates. Instead, I am taking the discourse as representing important views on the practice of healing present in the background to the Hippocratic writings that have come down to us in the Collection. This means that we need to consider not only Plato's discussion of the views of the Asclepiads but also the views of the prophets and Thracian doctors as well.

body alone did not go far enough because it failed to incorporate the soul. Blocked by a scientific discomfort with the mystical notion of charms, readers have selectively extracted the apparently rational passages about the Greek doctors' holistic approach from the context of the Thracian critique. However, it is clear that the circle of intellectuals surrounding Socrates took the Thracian view seriously.¹⁵⁰

On Trust and the Acts of Healing by the Ancient Greek Iatros

A background of trust between the iatros and the patient was essential in an environment with many different healers that posed difficulties for the iatros in revealing the hidden nature of disease, demonstrating the product of their craft, and using painful remedies to restore well-being. In the *Lysis* Socrates discussed the example of a King whose son had a problem with his eyes to show the interrelationships between knowledge, trust, friendship, and usefulness.

If his son had something the matter with his eyes, would he allow him to touch them himself, if he thought him ignorant of the healing art, or rather hinder him. (Hinder him.) But, against us, on the other hand, if he conceived us to be skilled in the art, he would, I imagine, make no objection, even though we wished to force open the eyes, and sprinkle in ashes, as he would suppose us to be rightly advised. (True he would not) **And do with everything else whatsoever, he would entrust it to us rather than to himself or his son, if he believed that we knew more about it than either of them did...** If you acquire knowledge my son all men will be friendly to you, for you will be useful and good. If not, you will have no friend in anyone, not even in your father or mother, or any of your family.¹⁵¹

¹⁵⁰Given that the author(s) of *Epidemics I* and *Epidemics III* spent an extended time on Thasos and traveled to Abdera, it seems likely that at least some of the Hippocratic writers were aware of the Thracian view and that therefore their writings and practices are developed out of that understanding. The author of *Epidemics I* spent at least three years on the island of Thasos which was located just south of the Thracian coast. The author of *Epidemics III* whom many scholars think is the same as the author of *Epidemics I* traveled between Thasos and Abdera on the Thracian coast and included six cases from Abdera in his collection. (See cases VI-X and case XIII in *Epidemics III*)

¹⁵¹ Plato, *Lysis*, in *Early Socratic Dialogues*, T. J. Saunders, ed., (New York: Penguin Books, 1987), 119.

The problem of trust is taken up again in the *Protagoras* an early work of Plato's set in the late 430's BC. At the time of the dialogue, Pericles was still in power and it was a few years before the beginning of the Peloponnesian War and the outbreak of the plague. In addition to being an important philosophical exploration on the nature of virtue, the dialogue offers important comments on the activities of physicians and the experiences of the sick. In the dialogue, Hippocrates a young friend of Socrates wants Protagoras to be his teacher but has given little thought to the implications of studying with someone he doesn't really know. Hippocrates recognized that if he were to study with his namesake, Hippocrates of Cos he would be studying to become a doctor but had difficulty stating clearly what he hoped to achieve through his interactions with Protagoras.¹⁵² He was encouraged by Socrates to consider that,

If it were a case of putting your body into the hands of someone and risking the treatment turning out beneficial or the reverse, you would ponder deeply whether to entrust it to him or not, and would spend many days over the question, calling on the counsel of your friends and relations; but when it comes to something which you value more highly than your body, namely your soul-- something on whose beneficial or harmful treatment your whole welfare depends-- you have not consulted either your father or your brother or any of us who are your friends on the question whether or not to entrust your soul to this stranger who has arrived among us.¹⁵³

While this helped to set up the confrontation between Socrates and Protagoras with the subsequent Socratic examination of the nature of virtue, once again the effectiveness of the dramatic technique depended upon a background of understanding present in Athenian society. When strangers came to town professing the ability to cure certain bodily ailments the sick were faced with the difficult problem of determining whether they should follow the recommendations of the alleged healer. To entrust ones body to the actions of a physician-healer was an act requiring careful deliberation for educated Athenians. While Plato often used analogies drawn from medicine to make philosophical points, in this dialogue he explicitly draws connections

¹⁵²Plato, *Protagoras*, Guthrie, trans., 40.

¹⁵³*Ibid.*, 43.

between the care of the body and the care of the soul through the use of the Hippocratic allusion. It was not an accident that Plato selected the name Hippocrates for a character searching for a teacher of virtue. At the time of the dialogue Socrates, Hippocrates of Cos, and Protagoras were all living and Hippocrates of Cos had established an important reputation thereby making the connection between doctors of the body and doctors of the soul work for the readers.

The use of the craft analogy to define the aims and approach of Greek doctors did very little to differentiate them from other healers of the day. Thracian doctors, prophets, priests and folk healers all aimed at reestablishing harmony, strength and health in the people they treated. Each examined disorder and gave their account of its nature and consequence. Finally, healing often involved some degree of pain or sacrifice carried out because of the search for restoration and strength. The differentiation between the Hippocratic iatros and that of all other healers turns on the Hippocratic concentrated focus of attention on the human body viewed as at once distinct from the soul but affected by all that passed through it or surrounded it. This differentiation opened up the possibility for both Hippocrates and Socrates. Hippocrates and the Hippocratic became the doctors of the body and Socrates and his followers became the doctors of the soul. For both the craft analogy was an important point of departure from practitioners they were attempting to be distinguished from. At the same time, for both the analogy seems forced and the breaking points in the analogy point to important problems present in the differentiation of medicine and philosophy from traditional ways of knowing and seeing.

CONCLUSION

Ethos and Healing:

Reading the Hippocratic Corpus Before the Hippocratic Oath

Any man who is intelligent must, on considering that health is of the utmost value to human beings, have the personal understanding necessary to help himself in diseases, and be able to understand and to judge what physicians say and what they administer to his body, being versed in each of these matters to a degree reasonable for a layman.¹⁵⁴

Hippocratic Treatise *Affections* late 5th Century B.C.

I'm not sure how much he understands of it (ie. the self care of type II diabetes) and I'm also not sure that I have tools for getting at his understanding. I don't trust him to be honest enough to ask me questions and I'm not sure that I can pick up the cues to tell whether he understands or doesn't understand. I can't always read his agenda even if I ask him about it directly.¹⁵⁵

Family Physician late 20th Century A.D.

In this constitution there were four symptoms especially which denoted recovery:-- a proper hemorrhage through the nostrils; copious discharges by the bladder of urine with much sediment of a proper character; disordered bowels with bilious evacuations at the right time; the appearance of dysenteric characteristics. ..Women and maidens experienced all the above symptoms...in fact I know of no woman who died when any of these symptoms took place properly. For the daughter of Philo, who died, though she had violent epistaxis, dined rather unseasonably on the seventh day.¹⁵⁶

Hippocratic Treatise *Epidemics I* late 5th Century B.C.

Before the study because of her psychological and social situation (alcoholic, homeless) I just didn't feel like there was any chance of her regularly taking medications or regularly coming in for care, and so I detached from her. But when the study began and she seemed to be taking her medicines, I thought that maybe I had misjudged the situation. Then last time when she said she hadn't been taking the medication, I felt surprised, disappointed, despairing even, just thinking that she can't even take the medicine, I mean that is the simplest thing in a sense that we ask the diabetics to do I figured oh this is hopeless.¹⁵⁷

Family Physician late 20th Century A.D.

¹⁵⁴Hippocratic Corpus, *Affections*, in *Hippocrates Volume 5*, Paul Potter, ed. and trans., (Cambridge, Massachusetts: Harvard University Press, 1988), 7.

¹⁵⁵This quote is from a family doctor discussing the difficulties she experienced in caring for a 65 year old Navajo man with type II diabetes. It is taken from my case study of the care of Native Americans with type II diabetes treated in an urban community health center. Robert Bartz, "After Biopsychosocial Theory: A Case Study of Doctor-Patient Interactions in a Native American Health Center", unpublished manuscript 1997.

¹⁵⁶Hippocratic Corpus, *Epidemics I*, Jones, trans., 175.

¹⁵⁷The same family physician cited in footnote 155 discussing the care of a 45 year old Winnebago woman with type II diabetes.

In this thesis I have focused on the narrow reading and consequent misinterpretation of the Hippocratic corpus that medical ethicists like Robert Veatch, Tom Beauchamp, James Childress, Albert Jonsen, Edmund Pellegrino and David Thomasma have held in common. When Robert Veatch declared the Hippocratic ethic dead he based his conclusion on what he considered to be the central Hippocratic principle for late 20th century physicians, "to benefit the sick according to (the physicians) ability and judgment and... to keep the sick from harm."¹⁵⁸ He claimed that, "no rational person would agree that the physician should be given the role-specific duty of always doing what, according to his ability and judgment, he considered to be for the benefit of the patient."¹⁵⁹ He argued that the principle was paternalistic because ultimately the individual physician would determine what was likely to benefit or to harm the sick leaving little room for patient autonomy. In addition he viewed the principle as dangerously consequentialist because the broad concern of benefit placed in the hands of a physician meant that doctors would be determining what was spiritually, mentally, socially, and physically of benefit even though they held no claim to special expertise in all of those realms. Finally, the principle was overly individualistic in that it focused on the concerns of the individual sick person without consideration of the broader public context of sickness and health. Veatch's claims dealt a blow to the "Hippocratic ethic" at a time that emphasized patient rights, the emergence of non-physician experts in health and healing, and a broader public health perspective on the causes and treatment of illness. Individual physicians with Hippocrates as their forefather could no longer be seen as the carriers of special wisdom when it came to making complicated bioethical decisions. Not even the medical profession holding up the Hippocratic Oath as banner of an ancient healing tradition could take center stage. The Old Ethic needed to be replaced by New Ethics and a number of intellectuals were positioning themselves to contribute to the construction of post-Hippocratic medical ethics.¹⁶⁰

¹⁵⁸Veatch, *A Theory of Medical Ethics*, pg. 22. Note: Veatch quotes from L. Edelstein's translation of the Hippocratic Oath taken from his article "The Hippocratic Oath: Text, Translation and Interpretation" reprinted in *Ancient Medicine: Selected Papers*, 6.

¹⁵⁹Veatch, *A Theory of Medical Ethics*, 170.

¹⁶⁰ A systematic analysis of the ethical theories and writings for each of these intellectuals is beyond the scope of this work. For further discussion on the history of modern American bioethics see: David J. Rothman, *Strangers at the Bedside: A History of How Law and*

The reading of the Hippocratics was from the beginning managed selectively by medical ethicists so that the concerns of the ancient iatros could be systematically placed outside of our "progressive" modern concerns. While Veatch noted in passing that the Hippocratic Oath could be analyzed by attempting to grasp the meaning it held for the ancient Greek healers, he quickly dispensed with that approach and focused on its meaning for "physicians today who have some sense of loyalty to it."¹⁶¹ Veatch acknowledged an opening for a broader reading of the corpus when he wrote,

It is not clear that the Hippocratic corpus itself is individualistic. The Edelstein translation says that the physician's duty is to benefit 'the sick,' a translation made by Jones as well. Does this mean the Hippocratic physician was to benefit the sick patient with whom he was interacting or was he to benefit his sick patients as a group?...The prescription in *The Epidemics* that the physician is to help, or at least do no harm, does not restrict itself to helping one's own patient or even one's own patients. That it is in the context of a treatise on epidemics suggests that broader issues-- we might call them public health questions-- were at stake.¹⁶²

However, he immediately closed off a broader reading of the corpus when he went on to write, "Whether or not the classical Hippocratic physician was committed only to the interests and welfare of the patient with whom he was interacting, this individualism has, at least until recently, become dominant in the mainstream of modern Hippocratic ethics."¹⁶³ This historical slight of hand whereby current concerns or misinterpretations are used to dispense with a serious close reading of the Hippocratic writings has been used by other notable writers.

Beauchamp and Childress began their popular book *Principles of Biomedical Ethics* by affirming the following: "We do not ignore the history of moral reflection in health care; indeed, we assume its relevance. But we

Bioethics Transformed Medical Decision Making, (New York: Basic Books, 1991) and also Stephen Toulmin, "Medical Ethics in Its American Context: An Historical Survey", in *Biomedical Ethics: An Anglo-American Dialogue*, Daniel Callahan and G. R. Dunstan, eds., (New York: New York Academy of Sciences, Volume 530, 1988), 7-15.

¹⁶¹Veatch, *A Theory of Medical Ethics*, 19.

¹⁶²*Ibid.*, pg. 154.

¹⁶³*Ibid.*, pg. 154.

emphasize the development of a theory and a set of principles for the treatment of problems that even the most elevated and ancient forms of medical ethics are ill equipped to handle."¹⁶⁴ Albert Jonsen has criticized this position taken by his colleagues and written a book that, "dwells on the 'history of moral reflection in health care,' in the conviction that its 'elevated and ancient forms' may handle certain problems with a wisdom that theory and principle occasionally miss."¹⁶⁵ However, Jonsen's work "alludes to history" and is not intended to be either "historical scholarship" or "philosophical treatise" but a "personal reflection reaching for an insight into the encounter between the ethical tradition of Western medicine and the technological health care of today's world."¹⁶⁶ This anti-history history is taken to its logical extreme with a more recent book that Jonsen has co-authored entitled *Bioethics: An Introduction to the History, Methods, and Practice*. In the section on the introduction to the history of bioethics two paragraphs are devoted to "Early History" which moves from the ancients up to the mid-20th century. This concludes with the statement, "thus, medical ethics, throughout the centuries and in very different social and cultural settings, has consisted of a somewhat stable set of moral admonitions and ideals."¹⁶⁷ This thesis is intended as a start toward filling this important historical void in the writing of late 20th century medical ethicists. While Veatch's narrowly construed Hippocratic ethic may be dead, a closer reading of the Hippocratic corpus demonstrates that many of the concerns of the ancient iatros regarding ethos and healing are very much alive.

Episteme, Techne, Ethos and Rhetoric in Reading the Hippocratic Corpus

From the beginning the Hippocratics were engaged in practice that both explicitly and implicitly utilized more ancient traditions of healing adapting the ancient knowledge to meet their changing concerns. What

¹⁶⁴Tom Beauchamp and James Childress, *Principles of Biomedical Ethics*, (New York: Oxford University Press, 1989), 3. This is cited by Albert Jonsen in the preface to his book *The New Medicine and the Old Ethics*, (Cambridge, Massachusetts: Harvard University Press, 1990), ix.

¹⁶⁵Albert Jonsen, *The New Medicine and the Old Ethics*, pg. ix.

¹⁶⁶*Ibid.*, pg. x.

¹⁶⁷Albert Jonsen, "Introduction to the History of Bioethics", in *Bioethics: An Introduction to the History, Methods, and Practice*, Nancy Jecker, Albert Jonsen, Robert Pearlman, eds., (Boston: Jones and Bartlett Publishers, 1997), 3.

differentiated the Hippocratic iatros from earlier healers was not principally a shift from the "magico-religious" to the "empirico-rational" but a focus on interpreting the signs of the body of the sick person before them.¹⁶⁸ This shift toward reading the body left the traditional concerns of declaring the past, present, and future intact but resulted in different content in the prognostic stories told by the Hippocratics. They interpreted bodily signs out of their understanding of the person's constitution, diet and activity in conjunction with a complex interrelationship of signs surrounding and influencing the body including the stars, climate, airs, waters, and place.¹⁶⁹ These signs were then used by the Hippocratics to construct their stories of prognosis and to explain to the sick person and the person's attendants what action needed to be taken. In many cases what was performed from a therapeutic perspective had close similarities with earlier healing but the account given for why it was done at a specific moment and in a particular manner changed from the traditional story.

While the Hippocratics' focused on the body of the afflicted for content in developing prognostic and therapeutic narratives about unseen disease, problems emerged in their interactions with the sick, forcing a defense against various vocal critics of their art. The critique was on both epistemological grounds (ie. the knowledge was considered useless because many sick would be likely to recover spontaneously) and ethical grounds (the Hippocratics were charged with neglecting the sickest because they knew they would die and their death would have demonstrated the uselessness of their art). The substance of the critique demonstrates that from the origins of Hippocratic practice the problems of episteme, ethos, techne, and rhetoric were interwoven. From the beginning critics argued that the Hippocratics'

¹⁶⁸These categories for understanding were used by Henry Sigerist in his *History of Medicine Volumes I and II*, (Oxford: Oxford University Press, 1951).

¹⁶⁹This is written about in detail in the Hippocratic treatise *Airs, Waters, Places*. Earlier I made the claim that at least some of the Hippocratics working on Thasos would have likely come into contact with the more holistic Thracian ideas integrating the body and the soul. It also seems very likely that the beliefs about climate, stars, wind, water, and place detailed in *Airs, Waters, Places* were taken up from very ancient beliefs and folk practices and then integrated into a systematic approach to reading the body. Knowledge about climate, stars, wind, water, and place were all very important to the many cultures of people living around the Aegean where travel by sea was essential to their ways of life. See: Hippocratic Corpus, *Airs, Waters, Places*, Jones, trans., 71-137 and also C. G. Starr, *The Economic and Social Growth of Early Greece, 800-500 B.C.*, (New York: Oxford University Press, 1977).

knowing that their art was unfounded knowingly cared for those that would spontaneously heal to advance the popularity of their practice while knowingly neglecting those who would die in order to prevent loss of prestige for their art and reputations. In response to this very rigorous critique some Hippocratic writers drew on an analogy that also united rhetoric, episteme, ethos, and techne.

In a time of increasing movement of crafts and craftsmen the Hippocratic practitioners adopted ideologies and practices of the marketplace surrounding their activity and like some sophists and philosophers looked to the work of craftsmen as models for what they were doing as healers. This meant that the outcome or product of healing depended not only on the knowledge (episteme) derived from the art but also the appropriate application of materials and tools in practice (techne) and the overall manner in which the healer applied the craft (ethos). The comparison between the Hippocratic art and the activities of craftsmen had both traditional and contemporary appeal. Since the time of Homer healers had been compared with craftsmen and contemporary thinkers like Protagoras and Socrates were also drawing analogies between their particular views on ethos and the work of craftsmen.¹⁷⁰

While in general the healing craft was viewed as involving three aspects the iatros, the disease, and the patient; in the craft analogy the iatros was considered to be the practitioner or craftsman while the patient and disease were considered the materials used by the craftsman. This meant that neither the iatros nor the healing craft could be criticized if an iatros refused to treat a dying patient for a craftsman would not knowingly use defective materials. If he did and the product was poor, the outcome would be blamed on the materials and not on the craft or the craftsman. Craftsmen could be blamed for not knowing how to practice their art or for knowingly doing the wrong thing but they could not be blamed for refusing to work with bad materials even if their refusal resulted in death. An important part of the art

¹⁷⁰On a very important document demonstrating different views between Socrates and Protagoras on crafts and virtue see Plato's dialogue *Protagoras*. Plato, *Protagoras*, Guthrie, trans. This is important for understanding the ethical concerns in the background to the Hippocratic writings.

of prognosis was differentiating between materials that were damaged but usable from those that were completely defective.

The use of the craft analogy produced problems for Hippocratic practice. The outcome of the healing craft unlike the product of a shoemaker was complicated to define and even more difficult to demonstrate and judge. Since the healing art as craft was deemed most effective if the best materials were used it was important to detect bodily disease early. To work with the highest quality materials the iatros would ideally strive toward identifying disease even before a "sick" person perceived their illness. Thus someone who felt little out of the ordinary needed to be persuaded that they were sick and convinced that once treated they could be returned to health. This involved the art of rhetoric and was distinguished from displaying a pair of well made shoes as an example of a craftsman's skills. In addition, while the analogy viewed sick persons as materials, the actual practice showed them to be both animate materials (ie. the body) and craftsmen (ie. the person). This was not explicitly developed in the Hippocratic writings but it was implicit and unacknowledged in defending the art against two important problems. First, the craft analogy was used to argue against the notion of spontaneous recovery by claiming that when a sick person appeared to recover without help of the iatros they had actually applied the art to themselves. Sick persons could either knowingly or unknowingly apply the art and thereby be healed independent of the actions of a physician. Next, it was also of concern that even when the physician-craftsman applied the art appropriately the sick person could fail to follow the regimen recommended and succumb needlessly to the disease. Both of these examples differentiated the material of the healing craft (the person) from the inanimate materials of other craftsmen and thus created the need for a very complex and rich verbal exchange between the iatros and the sick and his/her attendants.

The transformation in episteme inherent in the activity of reading the body together with the shift in ethos intrinsic to the practice of a healing craftsman created the need for more elaborate interaction between iatros and the sick. Difficulties with maintaining confidentiality, establishing trust, and developing a good reputation were cast differently by the Hippocratics from that of traditional healers. Increasing attention to corporal signs combined

with a concern for early disease detection made it necessary to either closely observe the bodily materials or have them described carefully and in sequence by the sick person or their attendant. In order to obtain access to the very substrate of understanding, the physician needed to gain the trust of the sick so that personal or bodily secrets would be revealed. Coercion might work for momentary observations but would not be compatible with the detailed observations recorded in the *Epidemics*.¹⁷¹ These case histories document the ongoing interaction with and observation of the sick as well as members of their household. The establishment of some basic level of trust sprang forth from the needs of the practice of the Hippocratic art and in turn made the practice of the art possible. The iatros needed to make clear his interest in the body of the sick while reassuring the patient and their attendants that he was not going to make any sexual advances or in any other way take advantage of the afflicted or their household members. The physician-healer also needed to teach the ill and their attendants how to make bodily observations and to report clearly the signs required for appropriate application of the art. Establishment of trust or reputation should not merely be seen as outcomes or products of the Hippocratic prognostic art, they were not ends in themselves useful to the Hippocratic practitioner competing in the medical marketplace. Instead trust and reputation were essential to practice, both emerging out of the demands of a changing episteme focused on bodily signs and changing ethos struggling with problems inherent in craftsmen's relationships.

¹⁷¹Hippocratic Corpus, *Epidemics I* and *Epidemics III*, Jones, trans., 139-288. See for example in *Epidemics III*, Case 2-- "In Thasos the woman who lay sick by the Cold Water, on the third day after giving birth to a daughter without lochial discharge, was seized with acute fever accompanied by shivering. For a long time before her delivery she had suffered from fever, being confined to bed and averse to food. After the rigor that took place, the fevers were continuous, acute, and attended with shivering. Eighth and following days. Much delirium, quickly followed by recovery of reason; bowels disturbed with copious, thin, watery and bilious stools; no thirst.. " pg. 261. It seems very likely that to get the history of what happened before the delivery of the infant, the iatros had to carry on a discussion with a member of the household given that the woman was acutely ill and delirious during much of her illness. This turned out to be a very protracted illness with death occurring on the Eightieth day. The iatros records entries on days 8, 11, 20, 27, 40, 60, and 80. On the 60th day he wrote, "on the succeeding days she lost power of speech, but would afterwards converse." However the next entry is not until the 80th day and is simply written... Death. This suggests that the description afterwards was gathered again from someone close to this woman.

Forgetting Hippocrates and Re-membering the Hippocratics

In considering the implications of the Hippocratics for our modern concerns we need to begin by putting the Hippocratic ethos back on its feet. Rather than narrowly focusing on the Hippocratic Oath we must instead reconstruct the entire practice of the Hippocratics by including other writings of the Collection known as the Hippocratic corpus. With this approach we find that the ethos of the Hippocratic iatros developed out of practices based on personal encounters with the sick and other members of their household. Shifting attention to the body of the sick, the Hippocratic iatros needed to make an effort to personalize this encounter in order to read the signs necessary for correctly interpreting the direction of the illness and to determine what was needed to help and not to harm the afflicted.

While the changing episteme required close interactions they frequently occurred between strangers at a time when the traditional ethic of helping friends and harming enemies was still prevalent but undergoing critique.¹⁷² With the emergence of Athenian democracy and in the context of threats to Athenian hegemony the traditional ethic of helping friends and harming enemies was challenged.¹⁷³ Being able to identify who were your

¹⁷²See in particular Mary Whitlock Blundell, *Helping Friends and Harming Enemies: A Study in Sophocles and Greek Ethics*, (Cambridge: Cambridge University Press, 1989).

¹⁷³In this thesis I am expanding the context of Hippocratic ethos to examine the interrelationships between episteme, techne, ethos, and rhetoric. A detailed discussion of the political and socioeconomic context of late 5th century Greece is beyond the scope of this work. However, the next phase of this project would broaden the context to look more carefully at the relationships between the changing political and socioeconomic environment and the healing practices and ethos of the Hippocratic writers. Briefly it would include attention to the following: 1) Overview of the changes in the socioeconomic and political organization of life in ancient Greece. See for example: C. G. Starr, *The Economic and Social Growth of Early Greece 800-500 B.C.*, (New York: Oxford University Press, 1977); J. V. A. Fine, *The Ancient Greeks: A Critical History*, (Cambridge, Massachusetts: Harvard University Press, 1983); M. I. Finley, *Economy and Society in Ancient Greece*, B. D. Shaw and R. P. Saller, eds., (New York: Viking Press, 1982); and S. Hornblower, *The Greek World 479-323 B.C.*, (New York: Methuen, 1983).

2) The interrelationships between the development of ancient Greek political and ethical discourse and the physical and social environment of ancient Greece. See for example: J. P. Vernant, *The Origins of Greek Thought*, (Ithaca, New York: Cornell University Press, 1982).

3) Interrelationships between political and socioeconomic changes in mid to late 5th century Greece and the developments of ethical and political thought. See for example: A. MacIntyre, "The Virtue of Heroic Societies" and "The Virtues at Athens" in, *After Virtue*, (Notre Dame, Indiana: University of Notre Dame, 1981), 114-136. M. I. Finley, *Politics in the Ancient World*, (Cambridge: Cambridge University Press, 1983); C. R. Bye, *Ancient Greek Literature and Society*, (Ithaca, New York: Cornell University Press, 1987); G. B. Kerford, *The Sophistic*

friends and who were your enemies was not a simple process as the traditional family based ethic was challenged by debates over a polis or citizen based ethic.¹⁷⁴ Many of the writings in the Hippocratic corpus reflect the concerns of physicians traveling from place to place throughout Greece and Asia Minor.¹⁷⁵ This meant that in their interactions with the sick they frequently began from the position of stranger. They had to demonstrate through practice and rhetoric that they would approach the concerns of the sick from the position of a friend. Thus when the author of *Diseases I* argued that "we start out in medicine sometimes by speaking, at other times by acting" the claim emerged simultaneously out of concerns for appropriately caring for the sick (through correct application of prognosis and techne) and for the appropriate manner of approaching the sick (through correct ethos and rhetoric).¹⁷⁶ Therefore, "To help or at least to do no harm" must first be understood as part of a strategy of healing necessarily embedded in close personal encounters and interactions.

Movement, (Cambridge: Cambridge University Press, 1989); R. Garland, *Introducing New Gods: The Politics of Athenian Religion*, (Ithaca, New York: Cornell University Press, 1992); A. W. Saxonhouse, *Fear of Diversity: The Birth of Political Science in Ancient Greek Thought*, (Chicago: University of Chicago Press, 1992); and N. Thompson, *Herodotus and the Origins of the Political Community: Arion's Leap*, (New Haven, Connecticut: Yale University Press, 1996).

¹⁷⁴For a discussion of emerging tensions between the household (oikos) and the city (polis) in Classical Greece see S. C. Humphreys, *The Family, Women and Death: Comparative Studies (2nd. Edition)*, (Ann Arbor: University of Michigan Press, 1993), "Oikos and Polis", pgs. 1-21; and S. Pomeroy, *Xenophon Oeconomicus: A Social and Historical Commentary*, (Oxford: Clarendon Press, 1995). Many of Sophocles tragedies addressed this theme but the *Antigone* is of particular relevance here. See: Sophocles, *Antigone* in *Sophocles I*, Elizabeth Wyckoff, trans. and David Grene, ed., (Chicago: University of Chicago Press, 1954). The Socratic attempt to define and unify virtue can be seen as a strategy to overcome the range of competing concerns faced by Athenian citizens and intellectuals of the time. The Protagorean perspective that affirmed a multiplicity of virtues and the capacity of all humans to act in a virtuous manner might seem to be inherently problematic during this time of rapid change in the self understanding and everyday experience of 5th century Greeks. However, the ethical standpoints taken in the writings of the Hippocratic physicians point to a way of interacting with others that is much more akin to the Protagorean views than to the arguments of Socrates. For further discussion of Socratic ethics see in particular: Terrence Irwin, *Plato's Moral Theory: The Early and Middle Dialogues*, (Oxford: Oxford University Press, 1991) and Gregory Vlastos, *Socratic Studies*, (Cambridge: Cambridge University Press, 1994). For an important recent study of Protagoras relevant to this thesis see: Edward Schiappa, *Protagoras and Logos: A Study in Greek Philosophy and Rhetoric*, (Columbia, South Carolina: University of South Carolina Press, 1991).

¹⁷⁵*Airs, Waters, Places, Epidemics I and Epidemics III* are particularly good examples.

¹⁷⁶Hippocratic Corpus, *Diseases I*, Potter, trans., 119.

It is clear from several examples that establishing this kind of personal contact was challenging and at times frustrating for the Hippocratic iatros. Both *Diseases I* and *Affections*, which are primarily detailed texts about diseases and their treatments, begin with descriptions of what laymen needed to know and the complexity of interacting with patients.¹⁷⁷ It is likely that from the author's perspective, the daughter of Philo from *Epidemics I*, cited above, died needlessly because she "dined unseasonably" on a critical day during her illness.¹⁷⁸ The author emphasized the point that **all others who bled recovered**. She bled but did not recover and given the central place of regimen in the theory of disease and the fact that this author mentions this case suggests that in his mind a seasonable regimen had been described to this patient and she did not follow the recommendations. Or perhaps the doctor was called in late after the crisis occurred and the mistake in regimen had already been made. In either case a needless death by their own criteria must have been disturbing for the Hippocratics.¹⁷⁹ Cases like Philo's daughter point to a need to educate the public generally about the nature of health and illness but they also underscore the difficulties the Hippocratics faced in their daily clinical interactions.¹⁸⁰

The forty-two case narratives presented in *Epidemics I* and *Epidemics III* illustrate the difficult decisions faced by the Hippocratic iatros. The cases frequently display rather detailed daily observations made of the sick person followed by gaps in observations that may last days only to be followed by

¹⁷⁷Hippocratic Corpus, *Affections*, Potter, trans., 99-101. Potter convincingly argues against the view that *Affections* was a book on popular medicine. Whether the treatise was directed at a popular audience or not it clearly shows a concern for the "lay view" and demonstrates what it is necessary for an iatros to know to be able to communicate with educated patients.

¹⁷⁸Hippocratic Corpus, *Epidemics I*, Jones, trans., 175.

¹⁷⁹A modern reader may identify cases that should have lived if they had the treatments "we have now". That is not what is at stake in this case. It is clear that the author of the treatise believes that Philo's daughter would have lived if she had not eaten unseasonably on a critical day.

¹⁸⁰Examples of a series of treatises that seem to have been directed at the public are: Hippocratic Corpus, *Regimen I, Regimen II, and Regimen III*, in *Hippocrates Volume IV*, W.H.S. Jones, trans., (Cambridge, Massachusetts: Harvard University Press, 1931/1979), 223-420. These writings offer very detailed instructions on regimen in daily life suggesting that if they were followed the individual could come closer to achieving health and harmony in life and ward off disease early if stricken. For a very interesting discussion of this work and the implications for the construction of personal and moral identity in classical Greece see: Michel Foucault, *The Use of Pleasure: History of Sexuality Volume 2*, Robert Hurley, trans., (New York: Random House Books, 1990).

more detailed and complete narrative.¹⁸¹ This pattern suggests that the iatros either was required to leave the presence of one sick person to attend to another person or was not called back with any regularity. In order to prevent inappropriate administration of regimen at a time of crisis, to be called at a critical moment in the illness, and to be assured of getting an accurate description of what went on in their absence the iatros needed to involve others in both the prognostic and therapeutic process. In this context it was important for the iatros to establish a good and trusting relationship not only with the sick person but also with other members of the household. Both family members and servants could provide critical observations of the sick and often decided when another visit would take place. *The Art* detailed some of the frustrations faced by the iatros in interacting with household members. However, they were clearly necessary to a healing practice focused on the body of the sick person and often carried on in the dwelling of the sick. All of these relationships required a fair measure of trust and it is out of these personal interactions that documents like the Hippocratic Oath emerged.

Thus ethical statements contained in writings like the Hippocratic Oath developed out of a pattern of healing practices that required close attention to a sick person's body by the physician-healer. The explicit ethical documents were produced out of the concerns of both the ancient physician-healers and the afflicted as they interacted in these changing healing relationships. The terms in the Oath presupposed a model of care based on selected household visits in a competitive healing environment populated by other healers. This situation required close collaboration between the Hippocratic iatros, his apprentices, the sick person, family and other members of the household. The Hippocratic iatros needed assurance that any of his apprentices could be trusted and thus demanded a pledge or oath from them modeled after the traditional concerns of family relationships. At the same time, patients needed to be reassured that they and their household members would be handled with dignity in their interactions with the iatros. This is in the background to the statements proscribing sexual acts and emphasizing confidentiality.¹⁸²

¹⁸¹A good example is *Epidemics III*, Case 2 discussed above in footnote 171.

¹⁸²For further discussion of the interrelationships between the personal and the professional in the construction of the Hippocratic Oath see Heinrich von Staden, "In a pure and holy way":

By now it should be clear that Veatch's characterizations of the "Hippocratic principle" are incorrect. There was not One Principle guiding how the iatros would act. Even if we focus on "to help and at least to do no harm" as Veatch has done we find that to describe this as consequentialist, paternalistic, and individualistic is to completely misconstrue the meaning of this statement. First, embedded as it was within a rich clinical understanding, it was not consequentialist in a utilitarian manner. It should not be read through Benthamite lenses as attempting to maximize benefit or minimize pain as Veatch has claimed. The *Epidemics* give us the opportunity to read this in a clinical context and find that it is not an outcome-based ethic but it is instead a process-based ethic. The content of the action to be taken was highly contextual involving a complex reading of bodily signs and the establishment of a relationship with the patient that sought friendship between strangers. Taking all of that together, the iatros was to act to help and at least do no harm. Next, I have shown that it was not narrowly individualistic either. From the standpoint of the care of the sick, it is clear that very often family, friends, and servants/attendants were involved in all levels of the healing process. In addition, the Hippocratics were concerned not only with the care of individuals but were also involved in educating the public about a variety

Personal and Professional Conduct in the Hippocratic Oath?", *The Journal of the History of Medicine and Allied Sciences*, 51:1996, 404-437. Henrich von Staden has provided a new translation of the Oath and the sections relevant here are as follows: "Into as many houses as I may enter, I will go for the benefit of the ill, while being far from all voluntary and destructive injustice, especially from sexual acts both upon women's bodies and upon men's, both of the free and of the slaves." "And about whatever I may see or hear in treatment, or even without treatment, in the life of human beings --things that should not ever be blurted out outside-- I will remain silent, holding such things to be unutterable [sacred, not to be divulged]; "And in a pure and holy way I will guard my life and my techne." He has also seriously called into question the more narrow reading of the Oath offered by Ludwig Edelstein who considered the Oath to be a product of a Pythagorean sect. For von Staden the religious elements of the Oath could readily be more mainstream with significant interconnections between personal and professional elements of the Oath. He concludes by arguing that "The prayed-for reputation stands in direct relations to the sworn moral and religious commitment to live one's life, and to practice one's profession, in a way that will not offend any of the gods witnessing the oath. These reciprocal divine-human dynamics ensure that the Oath's conception of reputation does not tolerate a discrepancy between seeming and being, between appearance and reality, between opinion and truth. The oath-taker's "holy and pure" life and practice will bind the gods to grant him an eternal, universal good reputation, just as his solemn oath, sworn before all the gods, binds him both to live such a life and to practice his profession "in a pure and holy way." (pg. 437).

of matters in terms of health and illness.¹⁸³ Finally, the charge of paternalism is clearly overstated. When we turn to the broader Hippocratic writings and the early Platonic dialogues, we do not find paternalism but instead find a multifaceted relationship dealing with the problematic of creating the necessary interaction for the interpretation of bodily signs and the treatment of the afflicted. It is clear that even when the Hippocratics presented their best healing arguments, the sick at times did not follow their advice or even resisted their "help". We should not view this process as simply paternalistic, but should instead look carefully at the complex interplay between episteme, techne, ethos, and rhetoric that was in the background to the emergence of the Hippocratic iatros and structured their interactions with the sick.

The Hippocratic Oath should be read as emerging out of the concerns emanating from Hippocratic practice and daily personal interactions with the sick and members of their households. Rather than viewing a document like the Hippocratic Oath in terms of a professionalizing strategy created out of paternalistic concerns, we should instead explore how the everyday experience of the iatros and his apprentices and the sick and their household members created the concerns that are expressed in the Oath. It is in this sense that the ethos of healing for the Hippocratics is co-constructed out of the concerns of the iatros and the sick around the 5th century B.C. However, this does not mean that we should return to a romantic view of the Hippocratics and begin another search for the ideal physician. It is my contention that what we have to learn from the Hippocratic writings does not come to us as overarching ethical principles but appears instead from grappling with the clinical problems they faced and described. Therein lie the everyday struggles of the physician-healers and the sick.

This chapter began with quotes from the Hippocratic texts juxtaposed with quotes from one of my contemporaries. The resonance in those quotes combined with the central arguments of this thesis call into question the claim by Pellegrino that in the 1960's we clearly entered a post-Hippocratic era. We need to move beyond Pellegrino's view of the "Hippocratic ethic" that was constructed out of readings limited to the deontological Hippocratic texts

¹⁸³See for example Hippocratic Corpus, *Regimen I-III*, Jones, trans, 223-420

and interpreted narrowly within a "genre of professional ethics". By expanding the reading to the broader Hippocratic corpus, I have shown how the problems of ethos articulated in the explicit ethical treatises likely emerged out of a practice of healing focused on the body and requiring a personal interaction between the iatros and the sick. While concerns such as challenges to the traditional manner of helping friends and harming enemies were in the background to the Hippocratic writings, they should not be seen as a body of "external professional ethics" determining the content of a "Hippocratic ethic". In fact, much of what we now take to be the classical basis of western ethics was developed after the early Hippocratic writings.¹⁸⁴

Pellegrino has argued that what we need in this "post-Hippocratic era" is "a new moral philosophy constructed from a problematic internal and specific to medicine... [and] that this moral philosophy would be grounded in a philosophy of the nature of health, illness, suffering and healing; the logic and epistemology of medical knowledge; and especially, in the nature of the physician patient relationship."¹⁸⁵ What I have shown in re-reading the Hippocratic corpus is that the "problematics internal and specific to medicine" that Pellegrino outlined are not new but were already present in the Hippocratic writings. By looking at the interactions of episteme, techne, rhetoric and ethos we can begin to reconstruct the understanding of health, illness, the body, and healing and in turn begin to draw some new conclusions about the nature of the doctor patient relationships that existed

¹⁸⁴Thus the ethical considerations raised in the Hippocratic treatises should be read as concerns preceding the structured philosophies of Plato and Aristotle. In this way they can inform our understanding of the development of classical ethics. This approach has been taken by Martha Nussbaum in *The Fragility of Goodness: Luck and Ethics in Greek Tragedy and Philosophy*, 1986, 89-121; and *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*, 1994. Nussbaum has pointed to the Hippocratic writings as important texts for understanding the use of the craft analogy in Plato's writings. However, she has read the Hippocratic works from an Aristotelian perspective gleaning four key principles inherent in the Hippocratic understanding of techne. My approach to reading the Hippocratics is different. If, as MacIntyre has suggested, Homeric narratives tell us something about the social structure and ethical assumptions in the background to classical Greek thought, then the Hippocratic writings tell us something about the social structure and ethical assumptions in the background to Aristotle's philosophy of virtue. With this in mind they should not be read through Aristotelian lenses, as Nussbaum has done, but instead against the background of their contemporaries who were also making ethical claims. The contemporaries of the early writers in the Hippocratic corpus included Sophocles, Socrates and Protagoras. See also: F. Kudlien, "Medical Ethics and Popular Ethics in Greece and Rome", *Clio Medica*, 5(1970): 91-121.

¹⁸⁵E. D. Pellegrino, "Medical Ethics: Entering the Post-Hippocratic Era", 234-235.

during the time of the Hippocratics. In other words, the questions that Pellegrino claims as part of a new moral philosophy are not post-Hippocratic concerns but problems that were already present in the writings that have come down to us as the Hippocratic corpus. The elements contained in Pellegrino's problematic are the elements necessary to the establishment of an iatrogenic ethos focused on healing the body of a sick person. However, to see that one needs to look beyond the Oath and the documents with explicit ethical content.

Rather than constructing an ahistorical post-Hippocratic moral philosophy, what we need instead is a more complete history of medical ethics and the patient doctor relationship carefully combined with critical exploration of our present patient-doctor encounters. Further reading of the Hippocratic case examples will help to flesh out more specific examples of interactions between iatros, patient, and household members. In addition this approach can readily be applied to critical examination of other important historical moments in the history of doctor patient relationships and medical ethics. Finally, I would propose that there could be a very fruitful interchange between work in the history of patient-doctor relationships and more recent efforts in the anthropology of bioethics and the patient-doctor relationship.¹⁸⁶ There are still lessons to be learned from the Hippocratics but we need first to re-member them.

¹⁸⁶See for example the issues raised and methods discussed in the following: Arthur Kleinman, *Writing at the Margin: Discourse Between Anthropology and Medicine*, (Berkeley: University of California Press, 1995); William Ventres, Mark Nichter, Richard Reed, and Richard Frankel "Limitation of Medical Care: An Ethnographic Analysis", in *Bioethics: An Introduction to the History, Methods, and Practice*, Nancy Jecker, Albert Jonsen, Robert Pearlman, eds., (Boston: Jones and Bartlett Publishers, 1997), 218-231; Cynthia J. Stolman, "Should Medical Encounters be Studied Using Ethnographic Techniques?", in *Bioethics: An Introduction to the History, Methods, and Practice*, Nancy Jecker, Albert Jonsen, Robert Pearlman, eds., (Boston: Jones and Bartlett Publishers, 1997), 232-236 and also my unpublished manuscript R. Bartz, "After Biopsychosocial Theory: A Case Study of Doctor-Patient Interactions in a Native American Health Center", 1997.

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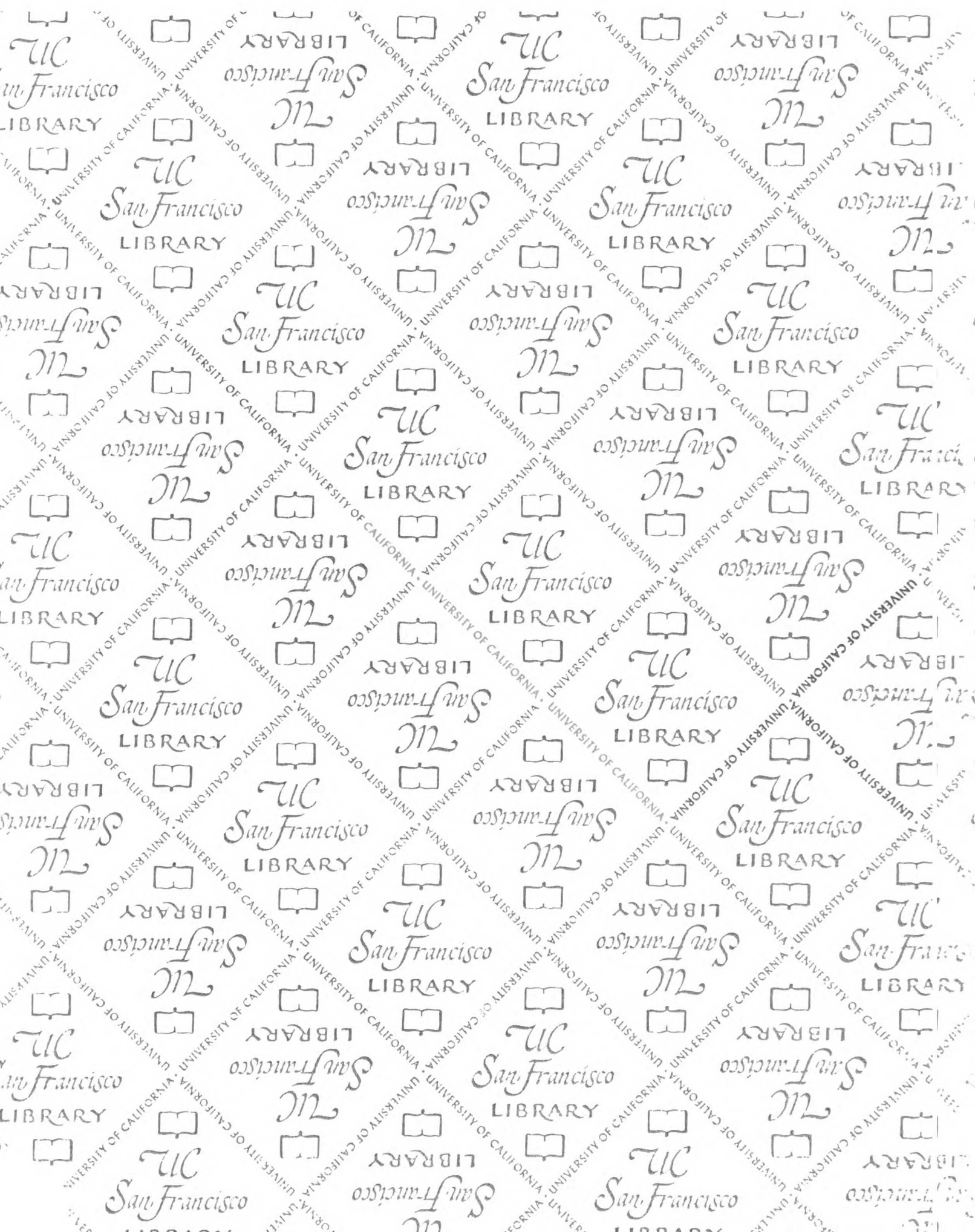
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