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AGAINST FUNDAMENTALISM IN HIPPOCRATIC HERMENEUTICS: A STUDY OF Περὶ νούσων β

BY
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When reading and studying ancient Greek medicine we face problems of commensurability and translatability between the Greek culture and our own. It does not make the matter any easier that our European culture is generated from and in dialogue with the ancient Greek culture. In the course of this century the tendency has been increasingly to stress the difference between the cultures with the result that ancient Greece has become more foreign to us than it used to be. In 1822 P.B. Shelley wrote in the preface to his drama *Hellas*: 'We are all Greeks. Our laws, our litterature, our religion, our arts, have their roots in Greece.' But in 1993 the English classical scholar Poul Cartledge wrote: 'For me ... the ancient Greeks are in crucial cultural respects, ideological no less than institutional, "desperately foreign".'[1] This escalating 'otherness' of the Greeks has meant that anthropological methods and insights have increasingly, and rewardingly, been imported into classical studies.[2] One casualty has been the *rationality* of Greek philosophy and science and the *homogeneity* of these categories (particularly in the writings of G.E.R. Lloyd).

[1] *The Greeks* (Oxford 1993) 5. Cartledge is quoting J.W. Jones *On Aristotle and Greek Tragedy* (London 1962).

[2] 'When L.H. Morgan wrote his *Ancient Society* (1877) he was still using his knowledge of Greek and Roman society to interpret what he had seen among the Iraquois rather than the reverse. But as information about primitive societies began to flood in, anthropologists developed their own theories about the evolution of social institutions and beliefs, which classicists in turn adopted or adapted in reconstructing early stages of Greek, Roman and Near Eastern history and culture.' C.S. Humphreys *Anthropology and the Greeks* (London 1978) 17-18.

In what follows I want to address some general problems relating to the interpretation of cultures, and medicine in particular, and then look at the Hippocratic[3] treatise *Morb.* II (Περὶ νούσων β) in the light of this discussion.

INTERPRETING CULTURES AND THE SPECIAL CASE OF MEDICINE

The question how far it is possible to understand or translate other cultures in our terms has traditionally been associated with the debate on rationality and relativism. The rationality position looks upon primitive science and/or mythology as pre-rational, irrational or protoscientific in relation to later and/or modern 'rational' science. Our modern rationality is used as a factual criterion to judge other cultures and their modes of thought. The relativity position, on the other hand, rejects the idea of a universal criterion by which all cultures and mentalities can be measured against. The former position does not imply that the translation is easy or somehow given and the latter does not imply that it is impossible, although if they are formulated in an extreme fashion they do imply this. The relativity position insists on interpreting and describing cultures as wholes, i.e. on describing a cultural phenomenon in relation to that culture as a whole, before measuring it against the same or a similar phenomenon in another culture, if they envisage any such possibility at all. The rationality position does not require that. If there is a given basis to measure a cultural phenomenon against, it is not necessary to look at it in the light of its cultural context.

This very short description does no justice to these positions and the dialogue between them, but it should give some idea of the issues involved. The cultural anthropologist S.J. Tambiah has, in trying to mediate between rationalists and relativists, set down some ground rules for interpretation and evaluation. According to these one should

[3] By 'Hippocratic' I only mean that it is a part of the Hippocratic Corpus. On the Hippocratic question see G.E.R. Lloyd's 'The Hippocratic Question' in his *Methods and Problems in Greek Science* (Cambridge 1991) 194-223.

> set down as precisely as possible, firstly, under what conditions firm judgements can be made about the 'rationality' (that is the coherence, consistency and verifiability) of one belief system or mode of action *vis-à-vis* another; secondly, under what conditions we can meaningfully compare two systems and pronounce them to be *truly relative*, and thirdly, under what conditions they are best treated as incommensurable.[4]

Accordingly, there are three possible outcomes: comparison is possible *and* it is possible to judge the relative value[5] of the phenomena compared; comparison is possible, but the phenomena are '*truly relative* or alternatives of the same standing'; the common base of the phenomena is so narrow (or practically non-existing) that comparison is meaningless.[6] This tripartite division is based on the principle that an understanding and translation are impossible without some common ground for the translated and translating cultures.[7]

For present purposes it is important to note that as an example of the first possibility, i.e. of the possibility of judging the relative value

[4] *Magic, Science, Religion, and the Scope of Rationality* (Cambridge 1990) 130.

[5] Tambiah does not use the word 'value' in his discussion, but on p 133 he says: 'In this case one can make a valid transcultural judgement of superiority ...' which is obviously a value judgement.

[6] *Ibid.* 131.

[7] This principle is usually established with a transcendental argument, i.e. an argument from the *fact* of successful interpretations and translations to their precondition. Tambiah refers this argument to A. MacIntyre's 'The Idea of a Social Science' *Against the Self-Images of the Age* (London 1971) 211-229 (originally in the *Aristotelian Society Supplementary Volume* (1967) 95-114): '... an anthropologist's successful translation and account of another people's beliefs, norms and actions imply that there is some shared space, some shared notions of intelligibility and reasoning (rationality) between the two parties.' 121. He himself approves of D. Davidson's principle of interpretative charity which says that 'the only possibility at the start is to assume general agreement on beliefs' and that 'the basic strategy must be to assume that by and large a speaker we do not yet understand is consistent and correct in his beliefs' *Essays on Actins and Events* (Oxford 1980) 238. I feel compelled in this context to mention the 'bridgehead argument' of M. Hollis according to which we must assume 'Other Minds to be basically like us', *The Philosophy of Social Sience. An Introduction* (Cambridge 1994) 224.

of cultural phenomena, Tambiah chooses an example from medicine.[8] Medicine and other hard sciences are obvious candidates for this category, and it does not seem to make sense to doubt modern medicine as being superior to older forms of medicine. If we assume that ancient and modern medicine are both in the business of healing, and if the criterion is the success of treatment, modern medicine is clearly superior to ancient or primitive medicine.[9] But this evaluation is not as straightforward as it may seem, and, I will argue, not relevant in the interpretation of ancient medicine to-day. Tambiah is an anthropologist and not primarily interested in ancient medicine. In the present context it is important to note one obvious dissimilarity between these two disciplines. Anthropologists base their work on ethnographic fieldwork but classical studies mainly on texts, where fieldwork is an impossibility. We have therefore no independent access to the 'empirical reality' the texts refer to and must rely on the 'interpretation' of it in the texts.

The fundamentalism[10] I refer to in the title of this paper is the fundamentalism of 'empiricist biomedical hermeneutics', a species of the rationalist approach. According to this, medical theories correspond to biomedical conditions of a physical body that serve as a bridge between the 'other' theory and our own. If we know which disease is being discussed (described and explained), we have a culturally independent criterion, a known physical condition which both we and they are talking or writing about. Then the commensuration and translation are straightforward with a minimal risk of mis-

[8] *Ibid.* 132-133.

[9] In the example he cites, smallpox in South India and Sri Lanka, the decisive evidence is that the cult of the smallpox goddess died out. It must be noted that in ancient Greece the cult of Asclepius flourished side by side with Hippocratic medicine and that the Hippocratics did not attack this cult in their writings. Tambiah says nothing about how far 'medical' cults in general died out and one would not expect them to. It must also be noted that modern medicine is not clearly in all cases superior to ancient medicine, eg regarding mental illnesses that claim is not unproblematic. But neither can it be said that ancient medicine is superior to modern medicine when it comes to mental illnesses. Tambiah regards European and Indian explanations of mental illnesses as truly relative.

[10] 'Objectivism' in the terminology of R. Bernstein *Beyond Objectivism and Relativism* (Philadelphia 1983).

interpretation, as it makes it possible to bipass the 'double hermeneutics' involved in interpreting interpretations. But there are some serious problems with this model. One is the use of modern medical knowledge as a *factual* norm. Another is the presupposition that there is a straightforward relation (correspondence) between language and reality. But the one I want to stress (related to the correspondence problem) is the non-appreciation of the practical embeddedness of illness and disease descriptions. Even today determining what an individual patient suffers from is not a straightforward process. The endocrinologist Svend Johansen described the situation thus 1981:

> Medicine is a very inexact science to-day. The individual patient always surprises. He dies contrary to all expectations, recovers against all expectations, or maybe has quite another disease than was believed in the first place. The individual patient is incalculable. You never know where he is.[11]

There is no reason to believe that this was *less* true for the Hippocratics. The problem of relating an illness or disease description to the biomedical condition that produced it relates in different ways to the patient's and to the doctor's description. They experience the disease each in their own way. When you get ill it is something strange happening to *yourself* and not something you control.

> Eventually, you screw up a courage and go to a doctor whose interpretative powers, augmented by a multiple of diagnostic tests, should greatly exceed your own. In the surgery or the clinic, you will find those meaningless, unpleasant sensations, those enigmatic bumps, named, and a kind of general significance conferred on them. With the name will come an ex-

[11] 'Lægevidenskabens Nuværende Forfald og Mulige Fremtidige Genrejsning' *Ugeskrift for Læger* 143/26 (1981) 1665-1667 (1665). I cite the translation from Uffe Juul Jensen's *Practice & Progress* (London/Oxford 1987) 31. Note that if Johansen had been a classical scholar or a philosopher, and not someone who belongs to the health system, this statement would not have had the same force.

> planation, a course of action, a prognosis which may or may not be reassuring.[12]

But the doctor, as well as the patient, is a pragmatically located subject involved in a particular kind of activity with internal and external constraints.[13]

In the following I will try to exemplify some of this by discussing passages from the Hippocratic treatise *Morb.* II.

ΠΕΡΙ ΝΟΥΣΩΝ Β AND THE INTERPRETATION OF EARLY GREEK MEDICINE

The treatise *Morb.* II is one of the nosological treatises in the Hippocratic Corpus. Chapters 12-75 consist of identifying diseases, describing symptoms, prescribing treatment and prognosis. Chapters 1-11, which discuss the same diseases as chs. 12-31, are mainly concerned with etiology and have hardly anything to say about treatment. It is generally agreed among scholars that *Morb.* II, chs. 12-75 are among the earliest treatises in the Hippocratic Collection.[14] They are, in Jouanna's words, '... un traité technique, écrit par un auteur anonyme (ou auteurs anonymes) à l'intention du médecin traitant, le malade étant considéré comme un tiers.'[15] As such they give some insight into 'how the Greek *doctors* saw their *craft*, and how they attempted to become better at it'[16] because one is free of the polemical layers that dominate the better known 'rational' treatises. I will come back to and qualify this characterisation in the following.

[12] Raymond Tallis 'The Difficulty of Being Human. The Benefits and Bugbears of Medical Advance' *The Times Literary Supplement* no. 4902 (March 14, 1997) 5-6 (5).

[13] Byron J. Good *Medicine, Rationality, and Experience* (Cambridge 1994): 'all discourse is pragmatically located in social relationships' and 'all assertions about illness experience are located in linguistic practices and most typically embedded in narratives about life and suffering.' 23-24; 'An anthropological hermeneutics requires not merely a mapping of symbolic elements from one system to another or a pairing up of sentences, but a comparison of the situated practices through which knowledge is produced and elaborated.' 112-113.

[14] Based on the studies of J. Jouanna *Hippocrate: Pour une archéologie de l'ecole de Cnide* (Paris 1974) and H. Grensemann *Knidische Medizin* I (Berlin 1975). The treatise had been used earlier as a representative for the earliest stages of Greek 'regular' medicine by F. Kudlien in *Der Beginn des medizinischen Denkens bei den Griechen* (Zurich 1967) and in 'Early Greek Primitive Medicine' *CM* 3 (1968) 305-336. See also more recently Volker Langholf *Medical Theories in Hippocrates* (Berlin 1990) 25, and 52, n. 84.

A natural, but deceptive, response to a description of a disease is to try and match it with a disease we know. If we know which disease is being described, it is supposed to be easy to judge the accuracy of the description and to evaluate the author's claim to his knowledge of diseases or the rationality of the description. The empiricist model is dependent on an identification of what disease is being described and explained. If we find the description lacking it is possible to explain this in various ways. In chapter 21 of *Morb.* II we find this description in a discussion of diseases of the head:[17]

> Ἄλλη νοῦσος· ἐξαπίνης ὑγιαίνοντα ὀδύνη ἔλαβε τὴν κεφαλὴν καὶ παραχρῆμα ἄφωνος γίνεται καὶ ῥέγκει καὶ τὸ στόμα κέχηνε καὶ ἢν τις αὐτὸν καλῇ ἢ κινήσῃ, στενάζει, ξυνιεῖ δ' οὐδὲν καὶ οὐρεῖ πολλὸν καὶ οὐκ ἐπαίει οὐρέων. οὗτος, ἢν μιν μὴ πυρετὸς λάβῃ, ἐν τῇσιν ἑπτὰ ἡμέρῃσιν ἀποθνήσκει · ἢν δὲ λάβῃ, ὡς τὰ πολλὰ ὑγιὴς γίνεται· ἡ δὲ νοῦσος πρεσβυτέροισι μᾶλλον γίνεται ἢ νεωτέροισι.
>
> (Another disease: pain suddenly seizes the head in a healthy person, and he at once becomes speechless, breathes stertorously, and gapes with his mouth; if anyone calls to him or moves him, he moans; he comprehends nothing; he passes copious urine, but is not aware of it when he does. Unless fever occurs in this patient, he dies in seven days; if it does, he usually recovers. The disease is more frequent in older persons than in younger ones).

[15] J. Jouanna: 'Notice' in Jouanna (ed. and tr.) *Hippocrate, Tome X (2e partie), Maladies* II (Paris 1983) 21.

[16] Iain M. Lonie 'Literacy and the Development of Hippocratic Medicine' in F. Lasserre and P. Mudry (eds.) *Formes des pensées dans la Collection hippocratique* (Geneva 1983) 149.

[17] Text from the Budé edition of J. Jouanna *Hippocrate, tome X, op. cit.* Translation by Paul Potter, from his edition and translation of Hippocrates for the Loeb Library, vol. V. (Cambridge (Mass.) 1988).

From our point of view this looks like a fairly common sense empirical description which shows no signs of a special approach: anyone in his 'right mind' could have produced this description from experience.[18] But there are some interesting things in it. Firstly, the fact that the patient dies in seven days (i.e. *within* seven days and not *on* the seventh day). It is well known that the number seven had a special significance in Greek numerology. It runs through *Morb.* II and other Hippocratic treatises, and there is even a Hippocratic treatise on the number seven (probably late).[19] It had a prominent place in the cult of Apollo, the father of Asclepius and himself a god of medicine, and in Pythagoreanism as well as near oriental mythology.[20] Even though the author of *Morb.* II does not work with a detailed theory of critical days he obviously has some preferred numbers. These numbers have significance in themselves and are not only used as organs of measurement, even though they *are* used for measurement.[21]

Secondly, the mention of speechlessness. In ch. 22 speechlessness is the sole symptom listed, this time as the result of drunkenness, and it is put in a way that implies a close connection with the disease described in ch. 21.[22] But it is described as a different disease and this time the critical point is day three. In ch. 6, the corresponding chapter from the etiological part, speechlessness is one of three symptoms listed, together with pain in the head and losing power over oneself (ἀκρατὴς ἑωυτοῦ). There follows an etiological explanation of the disease:

[18] A criticism levelled against the lost *Cnidian Sentences* (Κνιδίαι γνώμαι) by the author of *Acut.* (Περὶ διαίτης ὀξέων), ch. 1. Jouanna and others have argued that *Morb.* II, ch. 12-75 is the text closest to this lost text.

[19] Jaap Mansfeld in *The Pseudo-Hippocratic Tract* Peri; Περὶ ἑβδομάδων *ch. 1-11 and Greek Philosophy* (Assen 1971) argues for a date in the first century BC.

[20] See W. Burkert's 'Zahl und Kosmos' in his *Weisheit und Wissenschaft, Studien zu Pythagoras, Philolaus und Platon* (Nürnberg 1962) 441-456.

[21] 'Zahlen sind in allen urtümlichen Kulturen nicht abstrakte, mathematisch-quantitative Begriffe, sondern geheimnisvolle Wesen: "chaque nombre a ... sa physiognomie individuelle propre, une sorte d'atmosphère mystique, de »champ de force« qui lui est particulier".' Burkert *ibid.* 444. His reference is L. Lévy-Bruhl, *Les fonctions mentales dans les sociétés inférieures* (Paris 1951) 236.

[22] *Cf.* J. Jouanna (1974) 122.

> He suffers these things when dark bile (μέλαινα χολή) is set in motion in his head, and flows mainly to where most of the vessels in the neck and chest are; then, owing to the cooling of the blood, he becomes paralyzed in his other parts, and powerless (ἀκρατής).[23]

This explains the three main symptoms listed: the black bile flowing to the *neck* explains the speechlessness. Even if speechlessness does not seem to play a leading role in the description in ch. 21, when taken together with ch. 22 it emerges as one of the main symptoms and is taken by the author of ch. 6 to be so.

It is commonplace to note that observations are never purely objective, that there always are a number of subjective decisions behind a list of symptoms. It has to be decided which symptoms to include as being important and which are to be excluded. The list can never be complete. I am not here interested in the mechanics of the selection or why the authors chose speechlessness as being important, but the fact that speechlessness is an essential part of the description of the disease influences the later causal explanations of it. Thus the author of ch. 6 explains the fact of speechlessness not just as being incidental to the disease but as being an essential part of it. The same goes for the other symptoms. Cooling of the body is not mentioned in the descriptions, but in the prescribed treatments in chs. 21 and 22 the crucial, because life-saving, step is to warm the patient up. Otherwise he cools down and dies. In ch. 6 this is connected with losing power over oneself. The presence of black bile in the chest cools the blood and that in turn leads to the patient losing power over his other parts (τῇ ἄλλῃ), presumably other than the neck. It is therefore important to note which symptoms are picked out if one wants to understand the explanation given of the disease, as it is the *symptoms as described* that are explained.[24]

Before I take a closer look at the etiology given in ch. 6, I want to

[23] Tr. P. Potter *op. cit.*

[24] See Jaap Mansfeld 'Theoretical and Empirical Attitudes in Early Greek Scientific Medicine' *Hippocratica. Actes du colloque hippocratique de Paris* (ed. M.D. Grmek) (Paris 1980) 371-391 (377-378), for a similar point about the βλητός disease in *Morb.* II 8 and 25.

note some essential formal characteristics of the treatise in order to clarify how the doctor went about his 'practical' theorizing. The whole treatise, chs. 1-11 and chs. 12-75, is composed on the model of lists. It consists of a list of diseases, and the discussion of each disease is largely in the form of lists: lists of symptoms and lists of things to do. Lists, when written down, invite one to elaborate on them, to extend them to include more and more details.[25] This can lead to an identification of an increasing number of diseases that differ from one another only in insignificant details.[26] This is inherent in the approach. If you concentrate exclusively on the observable symptoms, as in chs. 12-75, and given that they can vary endlessly in detail, you end up with an infinite number of diseases. There seems to be an inherent tension in this approach between, on the one hand, describing and elaborating on known diseases and, on the other hand, concentrating on the symptoms and the interrelations between them, on which symptoms form a cluster and constitute an independent disease.[27] One can see this in *Morb.* II, chs. 12-75. The chapters are headed by the name of a disease, the disease name plus the attribute 'another', 'another disease' or a conditional clause ('if the case is such and such'), where one sometimes finds etiology. Each chapter starts thus with some kind of an identification that is followed by a list of symptoms. But as one can see from the different identifiers, in some cases the cluster of symptoms is the only identifying mark. This is the case where the author uses 'another disease' or where he has many successive diseases with the same name, and the attribute 'another'. This probably points to an inflation of identified diseases in subsequent rewritings of an 'original' treatise or theory. Known phenomena tend to be named.[28]

There could also be an external reason for this inflation. If there is prestige in identifying as many diseases as possible, it also becomes a contest to do so. The inflation need therefore not only be due

[25] *Cf.* Lonie *op. cit.* 151-154.
[26] *Cf. Acut.* ch. 3.
[27] *Cf.* Langholf 'Symptombeschreibungen in *Epidemien* I und III und die Struktur des *Prognostikon*' in Lasserre and Mudry *op. cit.* 109-120 (109-112).
[28] See Lonie *op. cit.* 152-153, on the relative poverty of names for internal diseases in ancient Greece.

to the internal workings of the approach. The literary form chosen is that of a practical treatise, a handbook, and one should assume that it was at least intended to be used as such. But it does not mean that there are no determining rhetorical elements in it. In a competitive environment like the one in which the Hippocratics lived it was necessary to fight for a position if you wanted to practice.[29]

At the end of chapter 6, after he has given the etiology for the disease described in ch. 21, the author says:

> If a person suffers this condition subsequent to drunkenness (ἐκ θωρηξίων as in ch. 22[30]), he suffers it because of the same things, and he dies or escapes because of the same things.[31]

This remark seems to be in opposition to what is said in ch. 22, or some common ancestor.[32] He claims that what was thought to be two different diseases is only one disease and drunkenness is one possible cause of that disease. There are some other differences between the respective chapters but the most important one is that ch. 6 gives causal explanation of the disease and the other chapters do not.[33] This difference can be explained by different conceptions of aims in

[29] In ch. 3 of *Acut.* the author criticises the number of diseases in the *Cnidian Sentences.* In *Morb.* II, chs. 1-11 some of the diseases described in chs. 12-32 as being different, are treated as only one, sometimes with what seem to be polemical statements (*cf.* in the next paragraph). This indicates a reaction to this trend, a reaction that is no less polemically determined.
[30] In ch. 6 θωρηξίων is in the plural and Jouanna translates 'à la suite d'ivresse répétée'. In ch. 22 it is in the singular (the only place in the treatise). These readings agree with the mss. See Jouanna *Hippocrate, tome X*, n. 3 to p. 138 and n. 1 to p. 156.
[31] Tr. P. Potter *op. cit.*
[32] In the Greek text ὑπὸ τῶν αὐτῶν is thrice repeated. I am not claiming that ch. 6 is written as a response to 'our' chs. 21 and 22. I do assume, however, that it has the same or a similar view as a point of departure.
[33] This should of course be generalised for chs. 1-11 vs. 12-75. Consentrating on symptoms makes it difficult to distinguish between different diseases with similar symptoms and one disease with different symptoms (*eg* under different conditions). Introducing causal language to the discussion of diseases in *Morb.* II might therefore have encouraged criticism of the inflation of diseases.

the respective parts of *Morb.* II. There is obviously some etiology implied in chs. 21 and 22 and it must be assumed that the author decided not to include it. His task was to list the important symptoms for identification of the disease, and to inform of the right treatment.[34] The author of ch. 6, on the other hand, is in the business of explaining diseases, in opposition to merely describing them. Not that his task was purely theoretical as opposed to practical. Presumably the physician was supposed to know about these things and, as the author of *Aff.* (Περὶ παθῶν) says,[35] it is also important for the layman to know about them. In that way he can 'help himself in diseases', but more importantly for the physician, he will 'be able to understand and to judge what physicians say and what they administer to his body'.[36] As the physician did not have the state-authorised institutional background as physicians today, he had to convince the patients of the soundness of his method, and a way to do that was to explain how and why it was supposed to work. The dogmatic tone of *Aff.* bears witness to this function of the treatise.

To illustrate this further and to point to some social implications of this difference I turn to Plato's *Laws* book 4 where the Athenian distinguishes two sorts of physicians that use different methods in dealing with patients. There are those that gain their knowledge by 'observing and obeying their masters and by experience, and not according to nature as the free men learn the art and teach to their pupils/children.' (720b)[37] The free doctor confides with the patient

[34] This reminds of Thucydides' description of the plague (II 47.2-52) where he states: ἐγὼ δὲ οἷόν τε ἐγίγνετο λέξω (48.3). This he does in explicit opposition to those, be it laymen or doctors, who tried to explain the plague (48.2).

[35] Ch. 1.

[36] Ἄνδρα χρή, ὅστις ἐστὶ συνετός, λογισάμενον ὅτι τοῖσιν ἀνθρώποισι πλείστου ἀξιόν ἐστιν ἡ ὑγιείη, ἐπίστασθαι ἀπὸ τῆς ἑωυτοῦ γνώμης ἐν τῇσι νούσοισιν ὠφελέεσθαι· ἐπίστασθαι δὲ τὰ ὑπὸ τῶν ἰητρῶν καὶ λεγόμενα καὶ προσφερόμενα πρὸς τὸ σῶμα ἑαυτοῦ καὶ διαγινώσκειν· ἐπίστασθαι δὲ τούτων ἕκαστα ἐς ὅσον εἰκὸς ἰδιώτην. Tr. and text P. Potter from his ed and tr for the Loeb library *Hippocrates* V *op. cit. Aff.* was written for those purposes, i.e. to explain to the layman the nature of diseases, or so the author claims in ch. 1.

[37] κατ' ἐπίταξιν δὲ τῶν δεσποτῶν καὶ θεωρίαν καὶ κατ' ἐμπειρίαν τὴν τέχνην κτῶνται, κατὰ φύσιν δὲ μή, καθάπερ οἱ ἐλεύθεροι αὐτοί τε μεμαθήκασιν οὕτω τούς τε αὐτῶν διδάσκουσι παῖδας. A.E. Taylor translates: 'watching their masters and obeying their directions in empirical fashion, not in the scientific way in which free men learn their art and teach it to their pupils.' In *Plato, the Collected Dialogues* eds., Edith Hamilton and Huntington Cairns (Princeton 1985 (1961)). This description has some force, as it is used in an analogy to explain how the true legislator should conduct his legislating. I.e. it is the familiar part of the analogy.

and his family and friends and persuades them (μετὰ πειθοῦς) to accept his treatment. The other sort, the slave who only treats slaves, is like a tyrant (τύραννος) who dictates what is to be done regardless of the particularity of the situation.(720b-e) Now, servants and slaves do not need convincing. It is the head of the household and his family that need convincing, because if they are convinced the rest of the household follows. The true physician can therefore send his slaves to treat other slaves when he has convinced their 'master' that his treatment is better than other available methods.

Now I will turn to the etiology in ch. 6. The patient suffers

> when dark bile is set in motion in his head, and flows mainly to where most of the vessels in the neck and chest are; then owing to a cooling of the blood, he becomes paralyzed in his other parts, and powerless.[38]

The first thing one notices is that this explanation is entirely false because nothing of this sort takes place. One response to this is to claim that given what the author *could* and *could not* have known about the workings and nature of internal diseases this is, relatively speaking, a rational explanation. Given the observed facts and the available 'theories' this is the best one could come up with. Even if the available theories were wrong, one could claim that at least they were in purely physical, as opposed to superstitious, terms and we wouldn't expect someone to have got it right around 400 BC. But this assumes that the ancient physician was doing the same thing as the modern physician. And while he was in some sense doing the same thing, i.e. dealing with patients and diseases, he was doing it in a different way under different circumstances.

[38] πάσχει δὲ ταῦτα ὅταν αὐτῷ μέλαινα χολὴ ἐν τῇ κεφαλῇ κινηθεῖσα ῥυῇ καὶ μάλιστα καθ' ὃ τὰ πλεῖστα ἐν τῷ τραχήλῳ ἐστὶ φλέβια καὶ τοῖσι στήθεσιν· ἔπειτα δὲ καὶ τῇ ἄλλῃ ἀπόπληκτος γίνεται καὶ ἀκρατής, ἅτε τοῦ αἵματος ἐψυγμένον. Translation P. Potter *op. cit.*

To get a further insight into how the physician went about explaining diseases it is interesting to look at the substance named in ch. 6 as the cause of the disease, black bile. Needless to say it is not recognised today as existing, unlike the three other key humors in Hippocratic medicine, i.e. yellow bile (or just bile), phlegm (mucus) and blood (water was sometimes a part of this group, but never together with black bile). It is only mentioned in ch. 6 (never in chs. 12-75) of *Morb.* II, while bile (unqualified) is often mentioned. It first appears on an almost equal footing with the other humors in *Nat. Hom.* (Περὶ φύσιος ἀνθρώπου, late 5th. c. BC), 'almost' because the author often talks about bile in general without indicating the colour. This indicates that black bile somehow got separated from bile as an independent substance in the development of humorology.[39] But how and why? The Hippocratic doctor inferred the existence of these humors from what came out of the body, mostly from vomit, urine and excreta and blood from wounds.[40] It must be remembered that μέλας does not only mean 'black' but also 'dark'.[41] The existence of something black/dark inside the body might have been inferred from something black/dark that came out of it. But that was probably not the only reason for the inference. What we translate as bile, χολή, could mean something else outside of medicine, i.e.'wrath'.[42] The verb μελαγχολάω, derived from the adjective μελάγχολος,[43] simply meant 'to

[39] This is not universally accepted. Eg Kudlien *op. cit.* 1967 and 1968, argues that black bile was a substance taken over from mythology and rationalized in Hippocratic medicine. And Lonie in 'The Cnidian Treatises of the Corpus Hippocraticum' *CQ* LIX (1965) 1-30, argues that the humorological theory found in chs. 1-11 of *Morb.* II is presupposed in chs. 12-75. On p. 8 he says: 'In 22, where a form of apoplexy is described, the author mentions the contingency that the patient may vomit bile: ... Cf. 6 where the disease is caused by *chole melaina*.' See also Walter Müri in 'Melancholie und schwarze Galle' *MH* 10 (1953) 21-38.

[40] *Cf.* the *Epid.* I and III, *Nat. Hom.* and many other treatises including *Morb.* II.

[41] It is used of blood, earth, water, wine and other phenomena that are hardly black in the *Odyssey* and the *Iliad*. For references see LSJ ad loc μέλας.

[42] Eg in Aristophanes and in the form χόλος in Homer. In Homer there is not distinguished between an organ and an affect, cf φρήν, θυμός etc.

[43] Once attested in Sophocles *Trachiniae* 573. Nessus says to Deianeira after Heracles has slain him with an arrow (572-577; I follow the OCT text ed. by Lloyd-Jones and Wilson):ἐὰν γὰρ ἀμφίθρεπτον αἷμα τῶν ἐμῶν/σφαγῶν ἐνέγκῃ χερσίν, ᾗ μελάγχολος/ἔβαψεν ἰὸς θρέμμα Λερναίας ὕδρας,/ἔσται φρενός σοι τοῦτο κηλητήριον/τῆς Ἡρακλείας, ὥστε μήτιν' εἰσιδὼν/στέρξει γυναῖκα κεῖνος ἀντὶ σοῦ πλέον.

For possible interpretations of this difficult passage see in particular the commentary *ad loc* by P.E. Easterling in her ed of Sophocles' *Trachiniae* (Cambridge 1982) and Malcolm Davies commentary *ad loc* in Sophocles' *Trachiniae* (Oxford 1991).

be crazy'.[44] It has been debated which came first, the psychological or the somatological meaning.[45] It seems that outside Hippocratic medicine, in Homer and Aristophanes for example, χολή and its cognates could either refer to something 'psychological' or something somatic while within the Hippocratic corpus it only refers to somatic phenomena. Discarding the question of which came first (to which the answer probably is 'neither' as such a sharp distinction was not made), the important thing to note is this concentration of meaning in the Hippocratic corpus. The existence of the adjective μελάγχολος and the verb, μελαγχολάω, attested in the latter half of the 5th century may (parallel to the concentration of the meaning of χολή) have contributed to the identification of a substance called black bile (μέλαινα χολὴ), together with observations of blackish/darkish signs in bodily excreta.

LITTRÉ AND THE NECESSITY OF FUNDAMENTALISM

The disease discussed above was identified by Littré, the editor of Hippocrates, as 'apoplexie'. It has since commonly been recognised as such. Émile Littré (1801-1881) is best known for his *Dictionnaire de la langue francaise* and his association, and break, with Auguste

[44] Eg in Aristophanes *Av.* 14; *Eccl.* 251; *Pl.* 12, 366, 372, 903. The same goes for χολή and its cognates. 'le mot χολή lui-même est synonyme de μανία à *Paix* 66.' Jean Taillardat *Les images d'Aristophane. Études de langue et de style* (deuxième tirage Paris 1965) 269.

[45] W. Müri *op. cit.* 21-38, assumes that χόλος in Homer must first mean 'bile': 'Dem jonisch-attischen χολή entspricht bei Homer χόλος: Galle, meist mit dem zugeordneten Affekt: Zorn übersetzt.' And later: 'Das von χόλος abgeleitete Verb χολόω (ärgern, erzürnen) heißt eigentlich, nach der Wortbildung, "mit Galle versehen, zu Galle machen".'

Comte.[46] When he read Comte's *Cours de philosophie positive* in 1840 he was completely overwhelmed ('son livre me subjugue'[47]). He remained an ardent defender of positivism after his break with Comte, which was over the philosophy of positivism. To the readers of this journal Littré is probably best known for his edition and translation of the Hippocratic Corpus, which appeared between 1839 and 1861. His interest in Hippocrates was not primarily historical, antiquarian or philological. In 1804 René Laënnec[48] wrote in a piece called *Propositions sur la doctrine d'Hippocrate, relativement à la médecine pratique*:

> Pour rendre les ouvrages d'Hippocrate plus intelligibles et d'une utilité plus générale, il serait à desirer qu'un médecin instruit dans la langue grecque, et consommé dans la pratique, s'occupât à rechercher les principes systematiques qui ont dirigé leur auteur.[49]

Littré, who trained as a physician, fitted this description and took up the challenge. The very first words of the preface to volume one of his edition are: 'Le travail que j'ai entrepris sur les livres hippocratique, est triple; il a fallu revoir le texte, refaire la traduction, et donner une interprétation médicale.' It is the medical aspect of the Hippocratic

[46] He meant that Comte betrayed the philosophy of positivism, i.e. the philosophy expounded in Comte's *Cours de philosophie positive* (Paris 1830-1842), in later life. See for this in particular Littré's *Auguste Comte et la philosophie positive* (Paris 1863). The following list of books by Littré indicates how enthusiastic he was for the philosophy of positivism: *De la philosophie positive* (Paris 1845); *Application de la philosophie positive au gouvernement des sociétés* (Paris 1849); *Conservation, révolution et positivisme* (Paris 1852); *Paroles de philosophie positive* (Paris 1859); *August Comte et Stuart Mill* (Paris 1867); *Principes de philosophie positive* (Paris 1868); *Fragment de philosophie positive et de sociologie contemporaine* (Paris 1873). He also wrote the preface to the second edition of Comte's *Cours*, 'Préface d'un disciple', and another one to the fourth edition, 'Étude sur les progrès du positivisme'.

[47] *Auguste Comte et la ...*, Préface i.

[48] Famous for developing the stethoscope.

[49] Quoted from the summary of M. Martiny in 'Laënnec et la pensée hippocratique' *La collection hippocratique et son rôle dans l'histoire de la médecine. Colloque de Strasbourg 23-27 octobre 1972* (Leiden 1975) 97-105; 99.

writings that interests Littré and the edition and translation was meant to be useful for medical practice. For this practical purpose it is important that the conditions described in the Hippocratic writings be identified. How is it possible to use the text in medical practice if it is not known what it is about? It is no coincidence that Littré was both an ardent defender of positivism and the editor of the Hippocratic Corpus. The 'best' of the Corpus has long been regarded as the peak of Greek empirical or positive science.[50]

Jaap Mansfeld, in an important article, is among those that agree with Littré's identification.[51] Mansfeld only mentions two symptoms: 'the disease occurs all of a sudden, when the patient is in full health', and 'it is more frequently found in the old than in the young'. He goes on to say that all the other symptoms agree very well with apoplexy (as we know it). But is survival rate of up to seven days typical for apoplexy? The point is that Mansfeld highlights from the list of symptoms in *Morb.* II those that best fit apoplexy, and were probably the reason why Littré made his diagnosis.[52] We can thus see in a modern discussion of these chapters the process of selection and highlighting. If we believe that the disease described is what we know as apoplexy we have some explanation to do. Why seven days? Should we explain the number seven as being purely symbolic? Any effort to try and explain this runs the risk of begging the question. Having identified the disease from the description we go on to explain some discrepancies in the description assuming that it is of the disease we have identified. On the other hand, the mention of seven days does not exclude the possibility of it being apoplexy. A week is seven days, and a week is a convenient approximate measure of time.

But it is not just that this particular identification is uncertain and therefore not helpful, it is not in fact certain how far a right identification would help us at all. When we have a good reason to

[50] 'It can truly be said that the Hippocratic doctors at their best advanced fully to the idea of a positive science ... They were as scientific as the material conditions of their time permitted.' Benjamin Farrington *Greek Science* I (Harmondsworth 1949 (1944)) 70.

[51] *Op. cit.* (n. 24) 375 n. 1. More recently James Longrigg has made some use of this identification in *Greek Rational Medicine* (London/New York 1993) 41-42.

[52] Littré may also have gone by the fact that the disease is listed among diseases of the head and the occurrence of ἀπόπληκτος in *Morb.* II ch. 6.

identify a disease, as e.g. in the case of epilepsy in *Morb. Sacr.*, it can give us some ground to applaud or denigrate the description of the symptoms, but it is doubtful if it would get us any further. In particular when it comes to making sense of the explanations given there does not seem to be any space for a biomedical empiricist bridge to use as a criterion. I am not claiming that our knowledge of the physical world is utterly useless in dealing with ancient scientific writings. It is a necessary part of a balanced interpretative practice. But I do want to claim that it comes second to a close contextualized reading of the texts and can never allow us to skip this reading or make less demands to it.[53] There was a time when it was important to identify the biomedical fundament of the Hippocratic disease descriptions and explanations, but that was for an interpretative practice different from ours.[54]

[53] My aim in the above has been to demonstrate what I mean by a 'close contextualized reading' of a text to be.

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DEMOSTHENES, DIONYSIUS AND THE DATING OF SIX EARLY SPEECHES

BY
ROBIN LANE FOX

I

Modern judgements on Demosthenes have tended to be cool: we have come far since 1914 when Pickard Cambridge's life of the orator could appear in a series called *Heroes of the Nation*, published in London and New York. In antiquity, Theopompus already attacked him for inconsistency and moderns have continued to question the orator's judgement and realism.[1] 'Realism' is a subjective term and opinions on the realistic ways of assessing and reacting to king Philip will no doubt continue to differ.[2]

There is, however, an objective problem too. We know little enough of Philip, but we sometimes forget what a particular view we have of Demosthenes. It is based only on speeches which were intended to persuade, not to express the sum total of the orator's knowledge. These speeches survive as texts, not transcripts: are they an accurate record of what Demosthenes actually said, let alone thought? In M. H. Hansen's recent view, they are not. They are too general and too impersonal to have been delivered in the course of an Athenian assembly, with the single exception (he believes) of the First Philippic, the one speech which was composed in support of a particular motion.[3] This extreme claim is not convincing. Speeches in the assembly

[1] Plut. *Dem.* 13.1.

[2] H. Montgomery *The Way To Chaeronea* (Oslo 1983) 106-107 for a survey of opinion and a different view: debate continues, for example R. Sealey *Demosthenes and His Time* (Oxford 1993) 219, 'neither the policy nor the strategy can be faulted' and E. Harris *Aeschines The Politician* (1995) 153, 'Demosthenes veered to the other extreme of exaggerating Philip's hostility ... mistakenly thought that relations with Athens were Philip's main concern'.

[3] M.H. Hansen 'Two Notes on Demosthenes's Symbouleutic Speeches' *C&M* 35 (1984) 57-70.