



THE HIPPOCRATIC ASKLEPIAD AND HIS PATIENT

SOME THOUGHTS ON THE PHYSICIAN-PATIENT RELATION- SHIP IN ANCIENT GREEK MEDICINE

Jan Godderis

*èn gar parèi philanthrôpiê,
paresti kai philotechniê*

(Hippocrates, *Paraggeliai*, L. 9.258)¹

“Die Medizin beschäftigt den ganzen Menschen,
weil sie sich mit dem ganzen Menschen beschäftigt”

(Goethe, *Dichtung und Wahrheit*)

Every medical action takes place in the context of an encounter between two subjects, the physician and the patient. The content, form and further development of this subject-subject relationship is defined by unconscious desires as well as conscious intentions on the part of either participant at the moment of their meeting. This humane encounter can only achieve a satisfactory result if the physician reacts compassionately to the patient who seeks his aid and consciously puts his competence, authority and responsibility to work in the interest of that patient, and if the latter, from a complementary point of view (that is, accepting the physician's competence and authority and waiving his own responsibility), reaps the benefits of this attitude. The coincidence of these two intentional, evaluative, but at the same time dispositional approaches is the foundation of every medical act. In any meeting between physician and patient a number of important aspects can be pointed out which, by their mutual interaction, give that event a concrete expression. First and foremost there is a cognitive aspect, namely the making of a diagnosis (the recognition or determination of the nature and location of an illness or injury on the basis of the symptoms), and the formulation of a prognosis (the knowledge, prediction or expectation of the (further) course of the affliction). In addition, there is an operative and an affective aspect, i.e.,

respectively, the treatment applied, and the concrete emotional relationship between physician and patient, which to a large extent determines how the former attends to the latter. And finally there are the ethical-religious and the social aspects. On the ethical-religious level appear the underlying — and sometimes variable — questions of meaning and value systems particular to the individual environment of physician and patient. The social aspect has to do with the fact that both occupy a position in a given society (*societas*), in which human interaction is regulated by cultural norms. The physician–patient relationship — in ancient Greek medicine too — can only be fully understood when all aspects are given due credit. In the present paper all will accordingly be checked against the available data, insofar as these can be documented on the basis of the diversified (medical and non-medical) and sometimes contradictory evidence².

From wizard or purely empirical 'dēmiourgos' to 'technites': development of the cognitive and operative aspects of medicine

Before the period in which the Pythagorean Alkmaion of Kroton (ca. 540 B.C.) and Hippocrates of Cos (460-377) appeared on the scene, medical science in ancient Greece was a combination of empiricism and magic. The military surgeons of the Iliad — *ab Homero principium!* — Machaon and Podaleirios, the sedentary or itinerant healers (*periodeutai*) and the root or herb-seekers (rhizotomists) of pre-Hippocratic medicine were more or less skillful empirical 'dēmiourgoi' (literally: men who worked for the public good); other means of healing — among them incubation in the temples of Asklepios and magical incantations and cathartic rites — were a reflection of mantic–theurgic medical thinking, which predominated until the fifth century B.C.³

Hippocrates introduced a radically new 'technique' in which the physician approached the patient to aid him in the event of illness: the *technē iatrikē*, usually translated as the 'art of healing'. Here one must not forget that the traditional Greek notion of 'technē' comprised not only the technical 'know-how' and, in connection with medicine, the

concomitant 'artful' aspect of the discipline (the intuition in arriving at a diagnosis and formulating a prognosis; the experientially acquired acumen or intuitive determination in prescribing a therapy); it also implied 'knowledge' (*sophia*). The Greek concept of '*technê*', besides "artfully executed handicraft", "artifice" or "art", can also mean "knowledge" or "science" — the opposite of '*tychê*', "blind fate" or "what is decided by fate", which is synonymous with '*atechniê*', "absence of art". '*Technê*' means the knowledge or science how to act in accordance with "what" and "why". The 5th-century B.C. physician, unlike his predecessors, already acted with a measure of rationally acquired competence, which contained the basis of the true knowledge he carried in him in the inductive '*tribê meta logou*' ("the reasoned rubbing in"⁴). He acts in the scientific knowledge of "what" (*ti*) he does with the patient and "why" (*dia ti*) he does so. According to Alkmaion and Hippocrates a '*technitês*', a technical doctor or craftsman who knows his art, requires three forms of knowledge: he must know the disease he is dealing with (this presupposes that he is not only capable of a functional and dynamic interpretation of the pathological processes and clinical phenomena, but also knows something about the specific person afflicted by them, i.e. his patient); he must know what the healing action or remedy is (*ex hou*); and he must know why this treatment cures certain symptoms but not others. From this highly fertile natural-scientific approach (*physiologia*), constructed shortly before by the pre-Socratic philosophers (*physikoi*), there gradually developed the sciences of human '*physiologia*' and '*anatomê*' (the study of the actions, build and structure of all living organisms: i.e. physiology and anatomy in the modern sense of these words), of '*pharmakologia*' (i.e. the scientific knowledge of medicines, the so-called *materia medica*), of '*pathologia*' (i.e. the scientific study of the various forms of disease), and of the '*technê therapeutikê*' (i.e. the scientific doctrine as to which treatment is to be prescribed)⁵. Against the primitive empirical *dêmiourgoi*, wizards, exorcists and physician-priests, in the wake of the "the sage of Kos" the technical successors, so to speak, of Asklepios, the so-called Asklepiads⁶, came to the fore of the contemporary medical scene, yet without wholly eliminating the former. After them medicine would always be understood as *technê iatrikê*, as it is called in several treatises in the Corpus

Hippocraticum⁷.

In ancient Greece, however, the relationship between physician and patient, within the framework of the just described technical approach, and insofar as it can be defined by the evidence at hand, by no means showed a uniform character. A close reading of the available texts (not only the Hippocratic writings, but also the Platonic texts, in particular *Lysis*, *Symposion*, *Charmides*, *Gorgias*, *Politikos*, *Timaios* and *Nomoi*, in which medicine, the physician and the patient are repeatedly spoken of), leaves little doubt on this point. The relationship varied considerably according to the patient's status: free and prosperous citizen, free but poor citizen, or slave. With this restriction in mind, it would appear interesting to trace the concrete emotional relationship between the Hippocratic Asklepiad and his prosperous and cultivated patient.

“Philia” as key to the understanding of the physician–patient relationship: the affective aspect of medical practice

In the event the Asklepiad had to do with a prosperous and cultivated patient he was led not only by financial interests or pure scientific curiosity; he was apparently also ‘moved’ by a desire to give this patient the best possible technical assistance. The patient, in turn, consulted his doctor because he wanted to be cured. Although there is a difference in motive here, the Greeks — as Pedro Lain Entralgo⁸, whose readings of the ancient texts I strongly endorse, has emphasized — perhaps had the acumen to render this in a single word: i.e. the comprehensive term ‘*philia*’, meaning ‘love’, ‘affection’, ‘devotion’, ‘friendship’.

Hôste hygiainôn oudeis iatrôî philos dia tên hygieian: “so no one in health is friend to a doctor, on account of his health”, *all’ ho kamnôn (...)* *dia tên noson*: “but the sick man is (the doctor’s friend) on account of his disease”, thus Socrates in Plato’s *Lysis* (217a), a treatise on friendship; *ên gar parêi philanthrôpiê, paresti kai philotechniê*: “for

where there is love of man, there is also love of the art”: thus a passage in the *Paraggeliai* (Precepts), a late text in the Corpus Hippocraticum (L 9.258)⁹.

Besides a providing of technical assistance (the cognitive and operative aspect), the relationship between physician and patient in Greek antiquity was apparently based on *philia*.

What is the full significance of these two statements (the Platonic and the post-Hippocratic)? What did the notion of *philia* really mean to a Greek, whether a philosopher or a mere mortal?

The major philosophers of the Hellenic world — Sokrates, Plato, and also Aristotle — raised this notion to the very object of their philosophical reflection. For Sokrates (469-399) nothing was more important than *philia*. It is either a desire for something one does not possess, or, if one does possess it, a desire never to lose it again (*kai ou monon einai, alla kai aei einai* – *Symposion* 206a). In a conversation with Lysis and Menexenos, one day in the palaestra, he rather confidentially said: “There is a certain possession that I have desired from my childhood, as every one does in his own way (*tygchanô gar ek paidos epithymôn ktêmatos tou, hōsper allos allou*). One person wants to get possession of horses, another dogs, another money, and another distinctions: of these things I reckon little, but for the possession of friends I have quite a passionate longing (*egô de pros men tauta praiôs echô, pros de tēn tōn philōn ktêsin panu erôtikôs*), and I would rather obtain a good friend (*philon agathon*) than the best quail or cock in the world; yes, and rather, I swear, than any horse or dog. I believe, indeed, by the Dog, that rather than all Darius’s gold I would choose to gain a dear comrade, far sooner than I would Darius himself, so fond I am of my comrades (*houtôs egô philetairos tis eimi*)” (Plato, *Lysis* 211e). Plato (430-347), in the wake of his mentor, was also to meditate on this topic, and his pupil Aristotle of Stageira (384-322) posited in the *Ethica Nicomacheia* that love or friendship was one of the most indispensable requirements of life: *eti d’anagkaiotaton eis ton bion* (1155a).

But what did love or friendship really mean to Sokrates or Plato, and how are we to look at the relationship between *philia* and the better-known notion of *erôs* (or passion)? There are passages in Plato, e.g. in the *Symposion*, but also in the *Phaidros*, in which the two concepts are clearly distinguished. Yet in other texts, for example in the *Nomoi*, he stresses their mutual interlocking: "Friendship is the name we give (*philon men pou kaloumen*) to the affection of like for like in point of goodness (*aretê*)". This must be taken to mean: with regard to a desire for beauty, for what is not deformed, for what is good; the perfection of the soul, man's highest aspiration to happiness (*eudaimonia*), "the good life" (*to eu dzên*) or "doing well" (*kai to eu pratein*)¹⁰, without which life would not be worth living. But — Plato continues — "(friendship is) also (the name we give to the affection) of the needy for the rich, which is of the opposite kind; and when either of these feelings is intense we call it 'love' (*erôta eponomadzomen*)" (*Nomoi* 837b).

This essential connection between *philia* and *erôs*, in which mention is made of a love of other things (including other people), in which the *erôs* is seen as an intensified or extreme form, i.e. as a 'hyperbolê' of *philia*¹¹, and in which the two are linked with "the longing for what is good", with "a pursuit from want towards fulfillment", enables us, according to Lain Entralgo, to understand the exposition with regard to friendship and its meaning for the relationship physician–patient as it is found in Plato's early dialogue *Lysis*. *Philia*, Plato states there, is based on a latent feeling of familiarity or relation (*to oikeion*) that binds a person to his friends; and this in turn is based on "physis", nature: "Then if you two are friends to each other, by some natural bond you belong to one another (*hymeis ara ei philoi eston allêlois, physei pēi oikeioi esth' hymin autois*). ... What belongs to us by nature has been shown to be something we needs must befriend (*to men dê physei oikeion anagkaion hēmin pephantai philein*)" (*Lysis* 221e–222a). According to Plato the need for *philia* can never be fulfilled by a single friend; in other words, it cannot be seen as an attitude towards the only beloved. Nor can it be fulfilled by all beloved together, for one can always make new friends. It must therefore be concluded that man does not love all other things (including other people) in view of himself, but

in view of something else. Like the person who aspires to health (the patient) loves the physician because of what he desires, i.e. good health (*heneka hygieias*), so he likes good health itself because of something else, ... and thus he might continue, until he comes to the so-called *prôton philon*, literally the "first loved", the primary or ultimate object of love, for whose sake all other things (including men) can be said to be friends (*all' hêxei ep' ekeino ho esti prôton philon, hou heneka kai ta alla phamen panta phila einai*, 219d). The *prôton philon* is in itself desirable, because eternal happiness consists only in the possession of the "first loved". Another, e.g. the patient for the physician, is desirable only insofar as he enables one to achieve the *prôton philon* and therewith eternal bliss¹². He is desirable not because of "who" (*tis*) he is, but because of "what" (*ti*) he is; to the extent that he is individually part of the just mentioned primary and fundamental reality, of the "first beloved", of something that belongs to the actual roots of human nature (*physis*) and therefore also to the nature of the universe, the original nature or "*archaia physis*", dealt with in the *Symposion* (193c).

Greek thought concerning love, and also the view of the Hippocratic Asklepiads — and perhaps of Hippocrates himself as well — of friendship, of the evaluative and dispositional attitude towards another (the patient), does not seem at that time to have gone any further. Even the notion of *philanthrôpia*, hardly found in the Hippocratic corpus¹³, will, when used by the Stoics with whom it receives a more lofty philosophical-ethical connotation, still largely bear as underlying motif the perfection of nature (*hê teleiotês physeôs*). It remains 'love from need', born of a lack, driven by a desire for fulfillment, to make up for what is felt as a deficiency. Here we certainly do not yet hear the profound and richer significance of the New Testament notion of "*agapê*", which for that matter hardly appears in pre-Christian philosophical and medical literature, and which will cover a completely different meaning¹⁴. For *agapê* means 'love to give'¹⁵, love of man, love of one's neighbour, without any ulterior motive or oblique glances at anything else. It is the love of another because of God, whereby God is not the end, the final object (*di ho ti*), but the beginning and its permanent foundation (*to hyph hou*)¹⁶. *Philanthrôpia* does not possess this more

profound dimension; to the Greek (including the late Hellenistic Hippocratic Asklepiad) it still remained, like *philia*, pure *physiophilia* or love of universal nature, in its specific appearance of 'human nature'. In the view of some Greek philosophers and physicians the natural perfection of all things (including all men) worked together to bring about the perfection of the universe. The philosophically trained Hippocratic physician sensed it as his own duty to participate in this joint undertaking (*synagein*). *Philia* and/or *philanthrôpia* are the terms the Greeks of that time gave to this desire to cooperate. They of course also formed, as general underlying motifs of human relations, the basis of the physician-patient relationship.

How was *philia* concretely interpreted or applied in the context of the medical relationship in ancient Greece?

For the well-schooled physician the '*iatriified philia*'¹⁷ or friendship for his patient boiled down to an appropriate mixture of *philanthrôpia* (friendship for man in the above-mentioned sense of the word) and *philotechnia* (love of one's art). In this context it must be explicated what an Asklepiad precisely understood by the notion of *technê* and by the term *philotechnia*. No one has given a clearer definition of the concept of *technê* than Aristotle. Unlike the empirical physician, the *empeiros* or *dêmiourgos*, for whom it sufficed to learn how to perform certain acts simply by repeating them, the 'modern' Greek *technitês* or technical doctor acted — as already said — in full awareness of 'what' (*ti*) he was doing and 'why' (*dia ti*). His actions, depending on the situation, were a *mimêsis* or emulation of what nature did of its own accord, or — and this was his most important trump — *poiêsis*, the conscious creation of something nature never produced but which followed the normal line of evolution. His *technê*, the *technê iatrikê* or art of medicine, thus consisted in helping nature in its tendency to heal, both imitatively and creatively. This art found its information in science (the *alêthês logos*, as formulated by Aristotle in his *Ethika Nikomacheia*) and of course relied on *physiologia*: the scientific understanding of nature itself. The physician's function was a 'creative' one in the sense that he might heal a patient who would never recover if left to himself; it was

'imitative' insofar as medicine remained faithful to nature and that the cure it effected in no way differed from the cures that came about in a natural way. *Philotechnia* or 'love of the art' therefore meant nothing more than the physician's love of the technical knowledge and skill that enabled him to boost a patient's natural inclination to get better or, in other words, remedy a dangerous change in the *physis* (nature). A technophile Asklepiad thus combined *philia*, *logos* and *erôs*: *philia* because he felt friendship for the patient and because he showed his love for the art of healing; *logos* because his skill was based on *physiologia* — does not Aristotle state in his *Metaphysics* that medicine is the *logos* of health? — and finally *erôs* because in the true heart of the *philotechnia* there was an especially strong impulse toward the perfection of nature or maintaining that perfect state: something that Plato undoubtedly means where he writes in his *Symposion* that the art of medicine "may be summarily described as a knowledge of the love-matters of the body in regard to repletion and evacuation (*epistêmê tôn tou sômatos erôtikôn pros plêsmonên kai kenôsin*)" (186c)¹⁸.

In other words, the *philia* of the Hippocratic physician for his patient, the result of a combination of *philanthrôpia* and *philotechnia*, was a love of the perfection of man as individualized in the body of the patient. It must be seen as a joyous and respectful love of all that is beautiful in nature (health or harmony) or that leads to beauty (the natural restorative powers of the organism). It is, since it complies with the line of nature's evolution, at the same time a resigned and respectful love for the dark and terrifying inevitability or inescapability imposed by nature upon incurable or fatal illness, in particular for the *anagkê physeôs* (the *fatalis vis et necessitas rerum futurarum*: "the power of Fate and the Necessity that governs future events", as Cicero has the Stoic philosopher say in his *De natura deorum* [I XV 39]).

In the friendship of the patient himself for the physician treating him, two distinct but strongly intertwined ingredients can, upon closer glance, be distinguished. On the one hand, there is his faith in medicine and consequently in doctors, and, on the other, in the individual physician caring for him and to whom he afterwards usually feels grateful. The

patient's confidence in the art of healing appeared in the end to be founded on the religious and sacral prestige that the various 'Arts' or *technai* enjoyed in ancient Greece¹⁹. Even when this reverence later assumed a more rational character, Greek medicine lost but little of the prestige it drew from its *prôtoi heuretai* (first discoverers). On the other hand, the Greek's faith in the *technê* of the Hippocratic Asklepiad was of course not unlimited, but fundamentally tempered by his (in the final analysis religiously embedded) conviction that *anagkai*, inexorable powers, existed in nature. Certain illnesses were in his mind inevitably (*kat' anagkên*) fatal or incurable, and the physician's skill was no match for these unavoidable and inescapable powers (the so-called *atrepta kai anaphylakta*). But this was not the only reason of his limited faith. Feelings of dissatisfaction and disappointment concerning the attitudes and skills of physicians were more than once a matter of discussion in Periclean Athens, even among the most informed and most critical members of the population²⁰.

His technical prowess was nevertheless an important reason why the Hippocratic physician enjoyed the confidence and perhaps also the friendship of his patient, yet it was by no means the only one. His external appearance, decent and clean clothing, a discrete perfume, a dignified bearing, earnestness, gentleness, irreproachability and self-control, as we read in the somewhat later Hippocratic treatises *Peri iêtrou* (Physician) and *Peri euschêmosynês* (Decorum), could strongly stimulate the patient's confidence. By way of complement to Plato's statement "that the patient is the friend of the physician because of his disease" (*dia tèn noson*), the Asklepiads therefore also assumed that the sick could entertain a feeling of *philia* for the doctor because of the physician himself (*dia tou iêtrou*).

Social aspects of the physician-patient relationship

On the social aspects of Greek medicine (besides the affective aspect another important facet of the physician-patient relationship) little information is provided, especially in the Hippocratic treatises. Plato, on

the other hand, is a prime source here. In several texts, in particular in the *Charmides*, *Gorgias*, *Politeia*, *Politikos*, *Timaios*, and *Nomoi*, he paints a vivid picture of medical practice in the main city-states of Hellas. He shows that it conformed largely to the social structure of the polis or city(-state). Thus there was a considerable difference in the standard of medical treatment between the three main categories: slaves, prosperous free citizens, and poor freemen. Slaves, for instance, were not treated by real doctors (Asklepiads trained in the medical schools of Kos, Knidos, Cyrene or Sicilia), but by crude empiricists, who had picked up some rudimentary medical knowledge as slave of a practising physician. Verbal communication between healer and patient as well as the individualization of the treatment was reduced to a minimum²¹. Differences between the more prosperous and the poorer freemen are also pointed out by Plato.

This acute critic of contemporary medicine also shows an interest in two theoretical problems concerning medical care: in his view it should be regulated by just or good laws, and in each individual case applied from a correct appraisal of the effectiveness of the general rules of the *technai*. But how could medical skill be perfected when all patients were unequal or each case different from the other? And how could laws, which by definition possess a universal and binding character, be attuned to individual cases? Plato offered a solution for the difficult problem of the relationship between *nomos* (law) and *physis* (nature, but also behaviour) — a question the Sophists debated zealously and passionately — by treating separately the relationship between 'law' and 'art' on the one hand, and the possible perfection of their respective applications on the other. With regard to the art of healing he was convinced that perfection could only be attained by a rational individualization of the diagnosis and treatment of each patient, in other words by emulating the practice of the Athenian physicians (the true '*technitai*' of medical science) with regard to their free and prosperous patients. To this end, in his opinion, certain conditions had to be fulfilled: the patient should be well instructed in medical matters, in particular about how illnesses come about and how they can be halted or remedied; the patient had to be verbally persuadable if the physician was to win his confidence

(*pistis*); and finally the doctor also had to devote sufficient attention to his biographical data. In the first condition, the instructing (*didaskein*) of the patient, Plato was followed by two important Hippocratic texts, namely the *Peri euschêmosynês* (Decorum) and the *Peri archaiês iêtrikês* (Ancient Medicine). “But if you miss being understood by laymen, and fail to put your hearers in this condition — so we read in the latter tractate — you will miss reality” (*ei de tis tôn idiôteôn gnômês apoteuxetai, kai mê diathêsei tous akouontas houtôs, tou eontos apoteuxetai*) (L. 1.572-574).

From both of these Hippocratic texts it appears that the combination of the physician’s knowledge with the intelligent patient’s accurate perception of what is happening to him, and of how his illness has developed, contributes significantly to a correct diagnosis and a successful therapy. For that matter, a measure of medical instruction was, according to Jaeger²², part of the education or *paideia* of any cultivated citizen. The best way to win the confidence of such a patient and to individualize his treatment was, in Plato’s view, without any doubt *hê peithô*, verbal persuasiveness. A good physician, says Plato, will prescribe his patient nothing before he has in some way persuaded him, in other words has obtained his consent (*kai ou proteron epetaxe prin an pèi xympeisêi – Nomoi 720d*). Instruction (*hê paideia*) and persuasion (*hê peithô*) are most effective when the doctor also has some biographical data on the patient and some information on the chronological evolution of his illness. This recommendation was in all probability put to practice by many Hippocratic physicians. One need only think of the importance attributed in the Corpus to the most suitable moment for medical intervention. It was not enough to do something, it also had to be done at the right moment. The Greeks called that moment *ho kairos*. The patient also had to be closely monitored, according to Plato, like a pedagogue follows the development of the child entrusted to him (*Politeia 406a-b*).

It is understandable that only wealthy, or the so-called ‘best’ (*hoi aristoi*), citizens could afford such a ‘pedagogical therapy’. Only the rich, who could afford to abandon their daily duties, were indeed able to

subject themselves completely to those who cared continuously for their health. To the free but poor(er) citizens, in other words the 'the masses' (*hoi polloi*), little care was actually devoted. They did not get the crude treatment of the slave, but were given a quick 'resolutive' treatment (for example with drastic vomitive and purgative agents)²³.

Although the cultivated Greek discussed the relationship between *nomos* and *physis* with considerable dialectical energy, and although Plato had issued clear directives concerning the perfection of medicine, such a differential approach of the patient appeared to fit in well with the average Greek's view of the social structure of his *polis*. It was important to the common good, in other words for the prosperity of the city(-state), and for that reason eminently defensible. Wholly conform with these views concerning *philia* and the ideal society in Plato's *Politeia* (Republic), according to which persons were appreciated only as long as they were of benefit for the common good and lost their value as objects of affection from the moment they ceased to be of use²⁴, some physicians would make little effort to aid hopeless and weakened patients, regardless of whether they belonged to *hoi aristoi* or *hoi polloi*. They held that no trouble need be taken to prolong a life of which little good remained: "when bodies were diseased inwardly and throughout, he (Asklepios) did not attempt by diet and by gradual evacuations and infusions to prolong a wretched existence (*kakon bion*) for the man and have him beget in all likelihood similar wretched offspring (*kai ekgona autôn, hôs to eikos, hetera toiauta phyteuein*) he did not think it worth while to treat him (*mê oiesthai dein therapeuein*), since such a fellow is of no use either to himself or to the state (*hôs oute hautôi oute polei lusitelê*)" (Plato, *Politeia* 407d-e).

Yet one may well ask whether the Asklepiads indeed systematical-ly adopted this disposition towards hopeless or much weakened patients, who in the Platonic view were both corporal and mental 'wrecks' (*kakophyeis*). According to the author of the treatise *Peri technês* (The Art), many physicians in Antiquity preferred not to treat hopeless or hard-to-cure cases, but rather illnesses that abated spontaneously: "Some say that while physicians undertake cases which would cure themselves, they

do not touch those where great help is necessary (*legontes hōs tauta men kai auta hyph' heautōn an exygiadzoito, ha egcheireousin iēsthai, ha d' epikouriēs deitai, ouch' haptontai*)" (L. 6.12). Even so, there appear to have been differences between the *philia iētrikē* concerning the above question among many Hippocratic physicians, and Plato's opinions concerning the ideal doctor. Some Hippocratic Asklepiads were undoubtedly driven by the bond of brotherly love (*philia*) they felt with their patient, primarily because he was a human being who shared the common filial relationship of all men with the *physis*. Plato's ideal physician, on the other hand, felt friendship for his patient only because he was a member of the community (*polis*) of man, in the service of which he played his part as fully as possible and where he achieved his highest dignity.

Ethical(–religious) aspects of the physician–patient relationship

The physician–patient relationship is played out not only between two subjects, but also within the context of behavioural patterns that reflect contemplation about meaning and values. The latter cannot only be subject to diachronic changes, but may also vary within a given synchronic temporal moment.

The ethic of the Hippocratic physician probably did not develop as secularly, autonomously and independently as we are generally made to believe²⁵, but was firmly embedded in religion. On the fringe of the ancient religious cults (Olympian, Dionysian, Orphic or Eleusinian) there developed, so to speak, an enlightened religion: 'naturalism', a religious and philosophical doctrine whose inner strength was strongly linked to the emphasis on the basal and indivisible character of the *physis*, omnipresent mother nature, of which Zeus, Dionysos, Orpheus and Demeter were merely popular personifications. Thales, Anaximenes, Anaximander, Pythagoras, Empedocles, and the other Pre-Socratics, the precursors whose ideas intellectually influenced the founders of the *technē iētrikē*, were both *theologoi* and *physiologoi*. The Hippocratic Asklepiads apparently felt and thought in the same way as these great

forerunners; in other words, their ethic was rooted in a well-defined explicitly religious feeling, which can be regarded as a compromise, floating between the adoration of the old cult and the more modern 'physiologia'²⁶.

The first aspect is still clearly recognizable in the opening lines of the *Horkos* or Hippocratic Oath: "I swear by Apollo Physician, by Asclepius, by Health, by Panacea and by all the gods and goddesses, making them my witnesses (*Omnumi Apollôna iêtron, kai Askklêpion, kai Hygeian, kai Panakeian, kai theous pantas te kai pasas, historas poieumenos*)" (L. 4.628-629). The second, the great veneration of 'physiologia', appears in such texts as *Peri hierês nousou* (The Sacred Disease), *Peri aerôn hydatôn topôn* (Airs, Waters, Places), *Peri diaitês* (Regimen), and the treatises *Nomos* (Law) and *prognôstikon* (Prognosis). Piety (*hê eusebeia*), which is extolled vigorously and repeatedly by the author of 'The Sacred Disease', is without doubt a combination of the traditional cult of the gods and the new 'physiological devotion' of the Pre-Socratics. It condemns the purification rites and magical rituals with which the superstition of the Ancients would vanquish epilepsy, and recommends instead a combination of religious ceremonial (such as smoke sacrifices, prayers of thanks and protection to the temple gods: *thyein te kai euchestai kai es ta hiera pherontas hiketeuein tous theous*, L. 6.362) with 'natural' therapeutic methods based on the divine nature of the *physis*.

Yet all this does not mean that the medical ethic was the same in structure and content throughout the Corpus. Even the most venerable document with regard to medical morals, the already mentioned *Horkos*, which dates primarily from the fourth century — and which contains the famous phrases *ou dôsô de oude pharmakon oudeni aitêtheis thanasimon, oude hyphêgêsomai xymbouliên toiênde*: "Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course", and *homoiôs de oude gynaikei pesson phthorion dôsô*: "Similarly I will not give to a woman a pessary to cause abortion" (L. 4.630-631) — was never accepted as inviolable dogma by all the physicians of Classical Antiquity²⁷.

Comparison of several Hippocratic treatises shows that there were indeed differences in concrete ethical attitude between the various schools and also between the periods in which the authors of these tractates are to be situated. Nevertheless, some scholars, like Lain Entralgo, have wondered whether they all did not have something in common: for they were all Greeks, *technitai* and *iatroi*. It indeed seems worthwhile to examine whether a common Greek factor can be found which is shared by all the writings of this impressive Corpus, Koan as well as Knidian texts, humoral as well as pneumatic works, those dating from Periclean as well as late Hellenistic times. The question may be asked: what were the most important recurrent ethical prescriptions of Hippocratic medicine within the plurality of co-existing and conflicting moral perspectives? (see n. 39 below).

According to Lain Entralgo²⁸ the 'iatrified *philia*' of the Asklepiads expressed itself *in ethicis* first and foremost in the transformation of the instinct to help, which is demonstrably active in human nature, into a technique, a skill; and secondly in an ethical reflection on the range of medical intervention and on the physician's attitude as to his remuneration for services rendered (a remuneration that seemed morally justified when he proved, through his professional conduct, that he had attained perfection in the practice of his Art).

As for the first aspect it must be emphasized that an instinct to help is indeed active in human nature. One of the basic principles of the Hippocratic medical ethic consisted in the acceptance, interpretation and technical execution of this natural instinct in order to aid the sick and to take action "for the benefit of the suffering" (*ep' ôpheleiêi kamnontôn*), as the Oath says (L 4.630-631). "There are some arts — thus writes the author of *Peri physôn* (Breaths) — which to those that possess them are painful, but to those that use them are helpful (*eisi tines tôn techneôn, hai toisi men kektêmenoisin eisin epiponoi, toisi de chreomenoisin onêistai...*), and medicine is one of these. For the medical man sees terrible sights (*ho men gar iêtros horêi te deina*), touches unpleasant things (*thigganei te aedeôn*), and the misfortunes of others bring a harvest of sorrows that are peculiarly his (*ep' allotriêisi te xymphorêisin ideas karpoutai lypas*); but

the sick by means of the art rid themselves of the worst of evils, disease, pain, suffering and death (*hoi de noseontes apallassontai tôn megistôn kakôn dia tēn technēn, nousôn, ponôn, typēs, thanatou*)” (L. 6.90). The important principle that the physician must be kind to the patient, without bias (*hypopsia*), and the repeated statement in the *Paraggelias* (Precepts) that the physician must treat his patient with devotion, not only in the interest of the latter’s health (*heneken hygieiēs*) but also of his own “good appearance” (*heneken euschēmosynēs*) (L. 9.258), are direct expressions of this moral attitude. According to Lain Entralgo, who differs somewhat of opinion here with Edelstein²⁹, this attitude was rooted in the *philanthrōpia* of the Greek physician, in his love of man for *what* he is (see above). A Hippocratic Asklepiad who adhered to this ethical norm would develop a love of his Art through his love of man, and express his love of man (his patient) through the love of his Art.

This noble task which some (religiously inspired?) Hippocratic physicians appear to have taken upon themselves sprang from a twofold source. In the first instance it was a practical, a ‘technical’ skill, already found among the Homeric physicians. But at the same time it was the application of the by then developed concepts of ‘*philia*’ and ‘*technē*’, with the result that medical *philia* always remained ‘*physiophilia*’ (or love of nature)³⁰, while *technē* was the rational skill to do what nature permitted, to comply with its line of evolution. As *physis* was to them a ‘deity’, they were as a matter of course profoundly and spontaneously aware that they had to respect the limitations of their Art and thus refrain from therapeutic intervention when the *anagkē physeōs*, the inevitability imposed by inexorable nature, made that pointless. This religious or philosophical–ethical imperative is in any event manifestly present in a number of ancient texts, for instance in the definition of the *technē iatrikē* in the aforementioned treatise *Peri technēs* (The Art): “In general terms, it is to do away with the sufferings of the sick, to lessen the violence of their diseases, and to refuse to treat those who are overmastered by their diseases (*kai to mê egcheireein toisi kekratēmenoisin hypo tôn nosēmatōn*), realising that in such cases medicine is powerless (*eidotas hoti tauta ou dynatai iētrikē*)” (L. 6.4-6).

The question that arises here, of course, is whether this explicit order to refrain in such cases from therapeutic intervention was indeed generally obeyed by the Greek physicians of that time. The finding that this imperative fits in particularly well with the aim of this sophisticatedly argued treatise, which is essentially to demonstrate that medicine is merely a *'technê'*, may relativize the meaning it may have had for the less philosophically schooled, practising physician of that time. Nevertheless this imperative also appears elsewhere in the *Corpus Hippocraticum*, for instance in the *Aphorismoi* (Aphorisms): "It is better to give no treatment in cases of hidden cancer (*hokosoi kryptoi karkinoi ginontai, mê therapeuein beltion*); treatment causes speedy death (*therapeuomenoi gar appolyntai tacheôs*), but to omit treatment is to prolong life (*mê therapeuomenoi de, poulyn chronon diateleousin*)" (L. 4.572). In this attitude, for that matter, the basic Hippocratic rule from the first book on *Epidemiôn* (Epidemics) is clearly concretized: "As to diseases, make a habit of two things – to help, or at least to do no harm (*askeein, peri ta nousêmata, duo, ôpheleein, ê mê blaptein*)" (L. 2.634-637). The repetition and the explicit character of this imperative suggest that we may be dealing here with more than merely 'technical' advice, namely with a philosophical or religious-ethical commandment.

This is not all that suprising. The prevailing views of nature, man and the Art — and not in least the Platonic ideal of *kalokagathia* (complete physical and mental equilibrium in man, applying to all areas of life and therefore also to the physician–patient relationship) — probably led many Greek physicians to consider it their duty to refrain from treating incurable or fatally ill patients, or, more correctly, those patients that their ability to distinguish between inescapable disease (*nosos kat' anagkên*) and accidental ailment (*nosos kata tychên*) convinced them that they were incurably ill or condemned by an unyielding decision of divine nature. For that matter, this ethical attitude is in line with what Plato has Pausanias say about the granting of favours: "it is right to gratify good men (*tois men agathois kalon charidzesthai tôn anthrôpôn*), base to gratify the dissolute (*tois de akolastois aischron*)". It is reflected as well in the later application of the same rule to medicine by Eryximachos: "it is a disgrace to do aught but

disappoint the bad and sickly parts, if one aims at being an adept (of the profession) (*tois de kakois kai nosôdesin aischron te kai dei acharistein, ei mellei tis technikos einai*)” (*Symposion* 186b-c). Finally, it formed the basis of Aristotle’s advice to the physician to abandon those whose illness proved incurable: “he has altered, and if one cannot restore him, one gives him up (*alloiôthenta oun adynaton anasôsai ahistatai*)” (*Ethika Nikomacheia* 1165b).

If a sick person wanted to resume his place as a full-fledged member of the community, he therefore had to regain his health. If his condition was hopeless, his disease incurable, then the physician — in accordance with the Platonic view, but also in the spirit of the treatise *Peri technês* — would not take his case. Treatment of such an affliction would in this instance be pointless, since it would fall beyond the legitimate reach of medicine as *technê*, of the art whose aim it is to effect the restoration of a condition of corporal well-being (*eukrasia*) or health of spirit (*sôphrosynê*). The radical naturalism of Greek thought, and the resultant concepts of *philanthrôpia* and *physiophilia* could hardly be otherwise expressed. To take a different point of view would probably have amounted to *hybris*, a lack of humility vis-à-vis the unyielding divine character of the *physis*. The Hippocratic physician was, in the view of Lain Entralgo, the “friend of his patient” because he was, even more fundamentally, the “friend of nature”; and he was the “friend of his Art” insofar as nature permitted him to show his respect and awe as ‘*physiologos*’³¹.

Nevertheless, the Greek saying “*Andros kakôs prassontos ekpodôn philoi* – When things go bad, one’s friends disappear”³² apparently does not always apply, and other views crop up which considerably weaken or even contradict the aforementioned imperative concerning the non-treatment of the incurably ill³³. Numerous Hippocratic physicians indeed appear upon closer investigation to have started some kind of therapy on incurably sick patients. Or they had wholly different reasons than the author of *Peri technês* not to intervene in certain diseases, as is apparent from the treatises *Peri agmôn* (Fractures) and *Gynaikeiôn prôtôn* (Gynecology I).

In the former work, a Koan treatise, the author states with regard to a compound fracture of femur or humerus: “that one should especially avoid such cases if one has a respectable excuse (*malista de chrê ta toiauta diaphygein, hama ên tis kalên echêi tên apophygên*), for the favourable chances are few, and the risks many (*hai te gar elpides oligai, kai hoi kindynoi polloi*). Besides, if a man does not reduce the fracture, he will be thought unskilful (*kai mê emballôn atechnos an dokei einai*), while if he does reduce it he will bring the patient nearer to death than to recovery (*kai emballôn eggyterô an tou thanatou agagoi, ê tês sôtêriês*)” (L.3.540). A closer look here reveals a different approach than in the treatise *Peri technês*. The therapy is no longer dismissed because the hard-to-treat or incurable ailments are beyond medicine’s potential to treat them, but because of a concern for the physician’s social prestige! Refusal to treat without good excuse, an expectable poor result when treatment is instituted: both can damage a doctor’s position or reputation. If he knows he cannot succeed and therefore cannot complete a successful therapy, he will, according to the author of the *Gynaikêiôn prôton*, in the event of a mola-pregnancy (*mylê*) in which the prognosis is in certain cases infaust, indeed “refrain as much as possible from treating this condition (*tautên malista men mê iêsthai*), but if he does attend to his patient, give warning (*eide mê, proeiponta iêsthai*)” (L. 8.150). No treatment (and/or in the event of therapy immediate communication of the poor prognosis: *proagoreuein*) will thus protect the physician against later reproach.

Although pride of place is given here to the doctor’s social prestige and the deontological rule aims to protect him rather than the patient, the treatment of incurable disease still appears to have been frequently considered. In case of red discharge (*rhoos erythros*), which often takes a nasty turn resulting in a woman’s death (*kai hôde apollyntai kata biên*) — thus the author of *Gynaikêiôn deuteron* (Book 2 of the above treatise) — the physician “will from the very onset of the red discharge state his prognosis (*prolegein oun dei archomenôn tôn rhoôn*) and prescribe this regimen (*diatêin de tonde ton tropon*)” (L. 8.236): thus he can protect himself against later reproach while leaving open the possibility, without endangering his position, of ameliorating the

patient's condition by applying the means at his disposal or at least of trying to diminish her suffering. Here we clearly find the physician turning to a patient suffering from an ailment with a bad or dangerous course.

This viewpoint, which contrasts somewhat with the aforementioned counsel not to treat such patients, and which is based on the assumption that the natural condition (*physis*) is not at all exemplary but in need of correction, is brought to the fore even more plainly by the author of the Koan treatise *Peri arthrôn* (On joints). Here the reduction of a compound tibiotarsal dislocation is, to be sure, absolutely refused ("do not reduce such a lesion" – *ta toiauta mê emballein*) — "as it risks killing the patient if the bones are maintained in the state of reduction (*sapheôs gar eidenai chrê, hoti apothaneitai, hôi an emblêthenta emmeinêi*), in which case he dies as a result of spasm (tetanus), and it even happens that leg and foot die off (*spasmos gar ho kteinôn estin, atar kai gaggrainousthai hikneetai tèn knêmên kai ton poda*)"; nevertheless careful treatment of the wound is recommended, to keep the patient, who will of course be deformed and paralyzed, alive (*hoti anagkê ton anthrôpon chôlon aischrôs genesthai ... homôs de ... houtô men iêtreuomenoi sôdzontai*) (L. 4.268-274). Although a 'restitutio ad integrum' is not a real possibility, this author recommends some (albeit limited) therapeutic effort, in order to grant the patient a life with limited functioning³⁴.

This notion of "cure with limited perspectives of functions", for that matter, was not only applied in surgery (which often occupied itself with patients whose life was not in danger, but who could not be completely cured); it is also found in diverse 'internist' treatises of the Knidian school, for instance in the already mentioned *Gynaikeiôn prôton*, in which it is made clear that certain treatments of a serious ulceration of the uterus can lead to a cure, albeit that the woman will remain sterile (*tauta poieousa, hygiês ginetai, geneê de ouk eti*) (L. 8.134). In *Peri nousôn to deutron* (Diseases II), too, and in the treatise *Peri tôn entos pathôn* (Internal affections), which are reckoned among the oldest writings of the Corpus Hippocraticum,³⁵ numerous instructions for

treatment are found, even in cases where the illness takes a chronic course or becomes incurable. That the author of the last-mentioned work is well aware of the fact that many of such ailments are difficult to treat (*hautê hê nousos chalepê*) and require considerable care (*kai therapêiês deomenê pollês*) is apparent from the recurrent stereotype concluding formula: “without this, the disease is not willing to leave off, but clings to many patients until they die (*ei de mê, ouk ethelei eklipein ton kamnonta, kai hês ta polla en toisi polloisi xynapothnêskei*)” (L. 7.178-180). The therapy in such cases is directed towards a good adaptation of the life style (*diaitia*) and towards the relief of the symptoms, especially the pain. The aim is to give the patient as much comfort as possible, regardless of the incurable nature of his disease, and this is clearly underscored by the following statement, which concludes several chapters in which therapeutic indications are given for chronic ailments: *houtô gar an rhêista diagoi, hê de nousos chalepê*: “for with this regimen he will fare most easily; the disease is severe” (L. 7.182).

From a number of works in the Corpus Hippocraticum — especially the just mentioned Knidian texts — it appears that incurable illnesses are not by definition placed beyond the therapeutic reach of medical science. The discussion concerning the question whether or not the physician should turn his back on an incurable patient was not (or hardly) waged in these works. It makes one wonder if the recommendation of therapeutic abstinence only appeared in the more theoretical treatises, such as the already mentioned *Peri technês*³⁶, which offer reflections on the essence of medicine as a *technê*. But even practical writings, such as the Koan *Peri arthrôn*³⁷, deal explicitly with the therapeutic range of the Art, whereby the author explicitly states that untreatable conditions — such as a backwards and non-reducible femur dislocation, resulting in a permanent shortening of the leg — are not beyond the scope of medicine (*exô iêtrikês*) (*sic*). “The investigation of these matters too belongs to the same science (*tês gar autês gnômês kai tauta xynienai*); it is impossible to separate them from one another. In curable cases we must contrive ways to prevent their becoming incurable (*dei men gar es ta akesta mêchanaasthai, hokôs mê anêkesta estai*), studying the best means for hindering their advance to incurability (*xynienta hokê an*

malista kôlutea es to anêkeston elthein); while one must study incurable cases so as to avoid doing harm by useless efforts (*dei de ta anêkesta xynienai, hôs mê matên lymainêtai*)” (L. 4.252). Here the physician — so much is clear — is expressly obliged to familiarize himself with incurable diseases, so that he will be able to arrest their development or alleviate their effect on the patient. The author of Diseases I, *Peri nousôn to prôton*³⁸, is even more explicit on this matter: “Correct is (*orthôs*) to treat the diseases that can be treated (*kai therapeuonta ta men anysta ektherapeuein*), but to recognize the ones that cannot be, and to know why they cannot be (*ta de mê anysta eidenai, dioti ouk anysta*) by treating patients with the former, to give them the benefit of treatment as far as it is possible (*kai therapeuonta tous ta toiauta echontas ôpheleein apo tês therapeiês es to anyston*)” (L. 6.150-152).

A comparative reading of Platonic as well as theoretical and practical Hippocratic texts makes it clear that in Greek antiquity the question ‘whether or not one was to bother with patients suffering from an incurable disease’ did not always receive the same answer. In other words, there was by no means a consensus ‘*in ethicis*’³⁹. Still, it must not be forgotten that not every Hippocratic physician will have assumed the aforementioned Platonic or Aristotelian position, which in certain cases came to therapeutic abstinence or even outright turning away. Caring for hopeless cases apparently belonged, in many circumstances as we have seen, to the classic duties of the Greek physician. The Christianization of the Roman Empire wrought an enormous change in both the theory and practice of human relations. The Greek philanthropic ideal, which was still to experience several possible interpretations but received — certainly in the later Hellenistic period — an increasingly ethical definition⁴⁰, was to be replaced by wholly new terms, not in the least the *caritas hominum*, the ‘love of one’s neighbour’ (a notion complementary to the Greek *erôs* and *philia*), and by the distinction between ‘the natural good’ (*bonum commune*) and ‘the good of the soul’ (*bonum animae*). The *caritas* or *agapê*, a term scarcely found in pre-Christian Greek philosophical and medico-philosophical literature (cf. *supra*), will boil down to the free and active movement of the soul towards another and his needs, towards another ‘me’ (*allos egô*), whether that be a

'true' friend (an *alêthês philos* in the Platonic and Aristotelian sense of the term) or just a poor, pitiable fellow man (*kakos philos*). And this *agapê* becomes truly Christian at the moment when this outpouring of love towards another is seen as taking place 'within God', when God is not its *causa finalis*, but its *causa efficiens*⁴¹. In this new, humanely enriching view of things, *caritas* by definition no longer has any 'natural' limits, i.e. defined by the *physis*, nor any social limits (set by the *polis*). This applies also to the *caritas* of the physician, who will give his care without any restraint to the so-called 'personae miserabiles', the incurable and the dying; something the Greek physician, as we have seen, did not consider an evident duty.

Notes

1. L = Littré: LITTRÉ, E., *Œuvres complètes d'Hippocrate*, 10 vol. (Paris 1839-1861). The translations of Greek passages have mostly been borrowed from the *Loeb Classical Library*.
2. It is evident that some interpretative modesty is frequently in order here. The available evidence is extremely fragmentary. Much is to be conjectured. Furthermore, in some attempts to state conclusions one must be continually aware of the danger of unhistorical retro-projection of present-day concepts or of views that underwent a very gradual development.
3. Mantics = art of prediction; theurgics = magical action by which spirits are exorcized.
4. See ALLBUTT, T.C., *The Historical Relations of Medicine and Surgery* (London 1905), p. 6-13.
5. See TEMKIN, O., *Griechische Medizin als Wissenschaft und Handwerk*, in: *Antike Medizin* (H. Flashar, Hrsgb.), *Wege der Forschung* CCXXI (Darmstadt 1971); KOELBING, H.M., *Arzt und Patient in der antiken Welt* (Zurich 1977), p. 96-97, and HEINI-

MANN, F., *Die geistigen Voraussetzungen der hippokratischen Medizin*, in: *Fundamente moderner Medizin, Documenta Geigy* (Basel 1964), p. 2 ff.

6. The honorary title 'Asklepiad', by which Greek physicians were sometimes addressed, eventually, and certainly by the 5th or 4th century, referred no longer to a deity (Asklepios) or to a formal religious sect, but to a family or guild of physicians, who handed down their medical knowledge from father to son or from mentor to pupil. See ACKERKNECHT, E., *A Short History of Medicine* (New York 1955), p. 44, and KUDLIEN, F., *Der Beginn des medizinischen Denkens bei den Griechen von Homer bis Hippokrates* (Zürich 1967), p. 19-22.
7. See KUDLIEN, F., *o.c.* (I. "Arzt und Kranker"; II. "Die Heilkunde", and III. "Grundformen des Krankheitsbegriffes und der Therapie").
8. LAIN ENTRALGO, P., *Doctor and Patient* (London 1969), p. 17.
9. On the late dating of the *Paraggelias* see e.g. FLEISCHER, V., *Untersuchungen zu den pseudohippokratischen Schriften Paraggelias, Peri iêtrou, und Peri euschêmosynês*. *Neue Deutsche Forschungen, Abt. Klass. Philologie*, 1939. For the concrete interpretation of this passage, as well as for the several explanations already proposed the reader is referred to FLEISCHER, *o.c.*, p. 38 and esp. to EDELSTEIN, L., *The Professional Ethics of the Greek Physician* (p. 320-321) in: *Ancient Medicine. Selected Papers of Ludwig Edelstein* (Baltimore 1967).
10. Aristotle, *Ethika Nikomacheia* 1095a19.
11. See also Aristotle, *Ethika Nikomacheia* 1158a, 1172a.
12. BRÜMMER, V., *Liefde van God en mens* (Kampen 1993), p. 115.

13. The notion of *philanthrôpiê*, for that matter, appears only once in the Hippocratic texts, viz. in the late Hellenistic treatise *Paragge-liai* (L. 9.258), in a context leaving some uncertainty as to the significance to be attached to it: see GOUREVITCH, D., *Le triangle hippocratique dans le monde gréco-romain* (Paris 1984), p. 282 and EDELSTEIN, *o.c.*
14. To accept that the word *philanthropia* would already contain the germ of an, if not Christian, then at least truly humanistic ethic would, as Edelstein has rightly emphasized, boil down to an "unhistorical projection of later concepts into an age entirely ignorant of them" (*o.c.*, p. 322). For the evolution of the notion of *philanthropia* see LORENZ, S., *De progressu notionis philanthrôpias*, diss. Leipzig 1914, and HEINEMAN, s.v. "Humanismus", *Realencyclopädie der classischen Altertumswissenschaft*, Supplementband 5, 1931, col. 298. As for the philosophical, Peripathetic and Stoic interpretation of the term *philanthropia* as 'friendliness', 'friendly disposition', see esp. EDELSTEIN, *o.c.*, p. 329 n. 19 and 330 n. 20.
15. NYGREN, A., *Eros and Agape* (London 1982), p. 210-212.
16. BRÜMMER, *o.c.*, p. 137.
17. LAIN ENTRALGO, *o.c.*, p. 21.
18. LAIN ENTRALGO, *o.c.*, p. 23.
19. The Greek's mythopoeic mentality interpreted the origin of the Arts as something that was stolen from the gods (cf. the Prometheus-myth) or, in the concrete case of medicine, as the outcome of the beneficial and divine learning given by the centaur Cheiron to Asklepios, the son of Apollo.
20. Not only Aristophanes in his second *Ploutos* spoke ironically of the Asklepiads; Socrates too complained about the doctors of

Athens, who showed an insufficient understanding of the part played by the soul in the genesis of disease (“and this was the reason why most maladies evaded the physicians of Greece – that they neglected *the whole* [tou holou], on which they ought to spend their pains, for if this were out of order it was impossible for *the part* [to meros] to be in order” – *Charmides* 156e).

21. “The slaves are usually doctored by slaves, who either run round the town or wait in their surgeries; and not one of these doctors either gives or receives any account of the several ailments of the various domestics (*kai oute tina logon hekastou peri nosêmatos hekastou tôn oiketôn oudeis tôn toioutôn iatrôn didôsin oud’ apodechetai*), but prescribes for each what he deems right from experience, just as though he had exact knowledge, and with the assurance of an autocrat (*prostaxas d’ autoi ta doxanta ex empeirias hês akribôs eidôs, kathaper tyrannos*); then up he jumps and off he rushes to another sick domestic” (*Nomoi* 720).
22. JAEGER, W., *Paideia: the Ideals of Greek Culture* (New York 1944).
23. See MAGNER, L.N., *A History of Medicine* (New York 1992), p. 70.
24. BRÜMMER, *o.c.*, p. 116.
25. See e.g. SCHOTSMANS, P., *En de mens schiep de mens* (Kapellen 1992), p. 32.
26. LAIN ENTRALGO, *o.c.*, p. 44.
27. For that matter, it is not known how the Hippocratic Oath came about, nor who (first) pronounced it. According to Edelstein we have to do with a Pythagorean manifesto and not with an absolute standard of medical behaviour: EDELSTEIN, *The Hippocratic Oath. Text, Translation and Interpretation*. Suppl. Bull. Hist. Med. no.

- 1, Baltimore 1943. Indeed the Oath only assumed canonical significance in the Middle Ages and in Modern Times, whereby it was attributed to Hippocrates and the erroneous assumption prevailed that the 'father of medicine' demanded that all his pupils respect this canon.
28. LAIN ENTRALGO, *o.c.*, p. 45-52.
29. "His view of the Greek physician's *philanthropia* (...) is at variance with Ludwig Edelstein's. Edelstein makes a distinction between the kindliness of the physician-craftsman and the *humanitas* of the later Stoic or the religiously inspired physician-s", PELLEGRINO, E.D., and D.C. THOMASMA, *A Philosophical Basis of Medical Practice* (New York 1981), p. 198.
30. LAIN ENTRALGO, *o.c.*, p. 48.
31. LAIN ENTRALGO, *o.c.*, p. 49.
32. Aristides, *Oratio Panathenaica*, cf. Euripides, *Medea* 561; *Hercules Furiens* 559 and *Phoenissae* 403; Zenobius, *Proverbia* 1,90.
33. See e.g. WITTERN, R., *Die Unterlassung ärztlicher Hilfeleistung in der griechischen Medizin der klassischen Zeit*, Münch. med. Wschr. 121, p. 731-734, 1979, and EDELSTEIN, L., *The Hippocratic Physician* (p. 87-110) and *The Professional Ethics of the Greek Physician* (p. 391-419) in: *Ancient Medicine* (Baltimore 1967).
34. See also KUDLIEN, F., *Der alte Makel der chronische Krankheit*, esp. p. 117 ff., in: *Der Beginn der medizinischen Denkens bei den Griechen* (Zürich 1967).
35. JOUANNA, J., *Pour une archéologie de l'école de Cnide* (Paris 1974).

36. This treatise dates from the last quarter of the 5th century; see (also for the purpose of the work) JOUANNA, J., *Hippocrate*. Tome V 1ère partie: *Des Vents. De l'Art* (Paris 1988).
37. This treatise must probably be dated about 400 B.C. On its place in the *Corpus Hippocraticum*, see DEICHGRÄBER, K., *Die Epidemien und das Corpus Hippocraticum. Voruntersuchungen zu einer Geschichte der koischen Aerzteschule* (Berlin 1971), p. 88-89.
38. This treatise dates from the last third of the 5th century; see WITTERN, R., *Die hippocratische Schrift De morbis I. Ausgabe, Uebersetzung und Erläuterungen*. *Altertumswiss. Texte und Studien* 3 (Hildesheim 1974).
39. There was no well-defined, universally accepted ethic in Antiquity in which the principles of collegiality, the inviolability of life (including that of the unborn fruit), professional secrecy and chastity in contact with the patient and his household, as prescribed in the Hippocratic Oath (*ius iurandum*), were rigorously followed. In this context it should not be overlooked that one of the catalytic factors in the development of Greek medical ethics, according to Edelstein at least, was of a mainly practical nature: an ethical code made it possible to distinguish the Hippocratic physicians from the quacks against whom they were pit. For many their ethical code may simply have had the same function as the incitement to practice formulating a prognosis. It served as proof for the patient and his family that the physician was to be reckoned to a different class of doctors than the unschooled impostors or swindlers who took advantage of the gullibility of many a patient. Perhaps it all boiled down to "an ethic of outward achievement rather than of inner intention": see EDELSTEIN, L., *Ancient Medicine* (Baltimore 1967), and GOUREVITCH, D.: "Qu'en était-il donc réellement de la déontologie hippocratique? Ses règles déontologiques ne sont pas la marque d'une 'belle âme' éthérée, mais représentent plutôt des chapitres d'une morale en action, destinés à protéger le médecin plus encore que

le malade, à défendre la profession contre ses détracteurs” (*Hippocrate au cours des siècles*, p. 70, in: Hippocrate de Cos. De l’art médical (Paris 1994)). See also AYACHE, L.: “Analyse en termes aristotéliens, l’éthique hippocratique relève de la *phronêsis*: de la prudence, c’est-à-dire d’un savoir-faire tenant compte des opportunités dans un monde changeant, plutôt que de l’impératif moral. Le médecin n’est pas soumis à une loi qui s’imposerait catégoriquement et limiterait le pouvoir de la technique; au contraire, c’est la médecine elle-même qui règle le comportement du praticien en fonction de l’opportunité et des intérêts de la communauté médicale” (*Hippocrate* (Paris 1992)), and PELLEGRINO, E.D. & D.C. THOMASMA: “The Hippocratic books are moral in the sense that they espouse a set of strongly held beliefs about what is right and wrong in the physician’s conduct. They are not really ethical in any formal sense of the term; that is, they do not give a systematic justification of philosophical principles for the relationships and obligations they enjoin. The moral precepts themselves are not problematic but simply stated as true. What genuine ethics there is — in the sense of justification of beliefs — is only implicit. No dialectic or analysis of contrary opinions is offered — except possibly between books, but not within them” (*A Philosophical Basis of Medical Practice. Toward a Philosophy and Ethic of the Healing Professions*, p. 201 (New York 1981)).

40. See e.g. GOUREVITCH, D., *o.c.*, p. 255-288 “Les legs de la déontologie hippocratique et les idées nouvelles”.
41. BRÜMMER, *o.c.*, p. 137.