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## In Strange Lands: Disembodied Authority and the Role of the Physician in the Hippocratic Corpus and Beyond

**Abstract:** The role of the physician is usually defined by its outward-looking focus: the physician examines the bodies of others, rather than his own body. But in a medical tradition where the body is a site of truth, why should the physician neglect his own body? In this paper, I explore how the physician comes to be defined in early Greek medical writing as “structurally disembodied,” that is, as a subject position from which the body is viewed objectively and which is immune to the perils of its own embodiment. I begin by mapping the Hippocratic physician in relationship to other figures of knowledge and power in early Greek literature, focusing, in particular, on Odysseus and the addressee of the treatise *Airs, Waters, Places*. I then consider the near-total invisibility of the physician’s own body (*sōma*) in the Hippocratic texts. I also address the relationship of the social role of the practicing physician in the deontological texts to the role of a medical expert being established through rhetorical performance and written communication. Finally, I reflect on why the body may have been seen to pose a threat to medical subjects of knowledge. I argue that in establishing a “cut” between the knower and the body as an object of knowledge, the Hippocratic writers offer an early version of what will come to be known as objectivity. At the same time, the divided subject is also taken up within the ethical tradition as means of enabling reflexive knowledge and the care of the self.

The plague that struck Athens in 430 BC left high casualties in its wake.<sup>1</sup> If we are to believe its most famous witness, the physicians were among the hardest hit.

καὶ ὄντων αὐτῶν οὐ πολλὰς πῶ ἡμέρας ἐν τῇ Ἀττικῇ ἡ νόσος πρῶτον ἤρξατο γενέσθαι τοῖς Ἀθηναίοις, λεγόμενον μὲν καὶ πρότερον πολλαχόσε ἐγκατασκήψαι καὶ περὶ Λήμνον καὶ ἐν ἄλλοις χωρίοις, οὐ μέντοι τοσοῦτός γε λοιμὸς οὐδὲ φθορὰ οὕτως ἀνθρώπων οὐδαμοῦ ἐμνημονεύετο γενέσθαι. οὔτε γὰρ ἰατροὶ ἤρκουν τὸ πρῶτον θεραπεύοντες ἀγνοίᾳ, ἀλλ’ αὐτοὶ μάλιστα ἔθνησκον ὄσῳ καὶ μάλιστα προσῆσαν, οὔτε ἄλλη ἀνθρωπεῖα τέχνη οὐδεμία. (Thucydides II 47)

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<sup>1</sup> I am grateful to Joshua Katz, Jim Porter, and Heinrich von Staden for their detailed feedback on this essay. I would also like to thank Markus Asper for the invitation to present this material at the “Writing Science” conference at New York University in April 2009 and his gracious hospitality on that occasion. Finally, I have benefited much from the responses of audiences at the “Writing Science” conference; at the 2010 History of Science Society Annual Meeting in Montréal; in the Department of History and Philosophy of Science at Indiana University-Bloomington; and in the Department of Classics at Cornell University. I owe special thanks to Faith Wallis and Reviel Netz for their probing questions.

And they had not been in Attica many days when the disease first arose among the Athenians. It was said to have earlier fallen upon many quarters both around Lemnos and elsewhere, but neither a plague of such magnitude nor such a destruction of human life could be remembered anywhere. Neither did the physicians provide sufficient defense at the beginning, because they were treating the disease in ignorance, but they themselves died in greatest numbers to the extent they came in closest contact with it, nor did any other human *tekhnē* suffice.

The physicians' ignorance, in short, costs them their lives, creating a vacuum of authority that the historian steps in to fill.<sup>2</sup> Thucydides stakes his own claim to knowledge on his experience of the disease – a rare instance of the first-person in the *Histories* – as well as his observations of others afflicted with it.<sup>3</sup>

ἐγὼ δὲ οἷόν τε ἐγγίγνετο λέξω, καὶ ἀφ' ὧν ἂν τις σκοπῶν, εἴ ποτε καὶ αὐθις ἐπιπέσοι, μάλιστα ἂν ἔχοι τι προειδῶς μὴ ἀγνοεῖν, ταῦτα δηλώσω αὐτός τε νοσήσας καὶ αὐτὸς ἰδὼν ἄλλους πάσχοντας. (Thucydides II 48)

I will describe only how [the disease] was and I will make clear those things on the basis of which someone investigating, if it should ever strike again, would be least ignorant, knowing something in advance; for I myself was sick, and I saw others suffering.

For the historian, then, if not for the physician, suffering yields knowledge, at least under these circumstances.

What the physicians do not know, most obviously, is how to treat the plague. Their ignorance, however, goes deeper. Thucydides correlates the disproportionate mortality rate among the physicians with their proximity to the sick – a tacit reference, it would seem, to the concept of contagion. He has long been praised, in fact, for taking notice of a phenomenon that the Greco-Roman medical writers, from the classical era to Galen, were largely unable or unwilling to recognize.<sup>4</sup> But there is another blind spot in early Greek medical writing that Thucydides' account reveals, one that, unlike contagion, has received little attention: the vulnerability of the physician. The idea that the physician himself suffers disease is almost entirely absent from fifth- and fourth-century BC medical writing. So, too, is the related idea that the speaker has gained knowledge of a disease by falling prey to it.

In this paper, I argue that the implicit immunity of the physician is part of a larger feature of early Greek medical writing, namely, the disembodiment of those who claim expert knowledge about the nature of the body and its diseases. What is missing from these texts, in other words, is the idea that the physician has a

<sup>2</sup> For the motif of medicine's impotence in the face of plague in later texts, see Lucretius VI 1179, Vergil, *Georg.* III 548–550, and Fausti 2003, 46.

<sup>3</sup> On the relative infrequency of the first-person voice in Thucydides, see Dewald 1987, 149–150; Humphreys 1996, 10–11; Thomas 2000, 226–227, 238 n. 71, explaining the historian's avoidance of the first-person as part of his rejection of the epideictic milieu; Goldhill 2002, 41–43.

<sup>4</sup> See Nutton 1983; Hankinson 1995; Fausti 2003. Jouanna 2001 discusses the limited ways in which the Hippocratic writers employ the concept of *miasma*.

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how to treat the plague. ... makes the disproportionate attention to the sick – a tacit reference that has long been praised, in the Roman medical writers, unwilling to recognize.<sup>4</sup> But what Thucydides' account of attention: the vulnerability of the sick offers disease is almost entirely in writing. So, too, is the disease by falling prey to

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body susceptible to the forces that he masters in others. Disembodiment defined in these terms appears to be one of the essential features of medical authority in the Hippocratic texts.

In recent decades, historians of ancient medicine have grown increasingly interested in the rhetorical construction of authority in the Hippocratic texts and in Greco-Roman medical writing more generally as part of an ongoing inquiry into the formal “scientific” or “technical” features of these texts and the rise of prose.<sup>5</sup> These investigations have demonstrated that in texts likely to have been performed before or circulated within a larger public, authority tends to be secured through assertive self-presentation rather than through a stance of impersonality, as we find in the post-Enlightenment scientific tradition.<sup>6</sup> What G. E. R. Lloyd has called the “egotism” of the more rhetorical Hippocratic authors is undoubtedly a fundamental aspect of their personae.<sup>7</sup> But if we wish to grasp the full contours of these personae, we need to consider not only their strident claims to knowledge and technical expertise but also the silences and omissions around which they form. I am interested here, accordingly, in examining what the Hippocratic texts affirm about authority, what we might call the “noise” of the first-person presence, together with what they ignore or implicitly deny – namely, that the expert on the physical body has a body of his own.

The first-person presence in these texts carves out a subject position vis-à-vis the physical body that I will refer to as the “physician role.” The physician role is determined, in part, by the very structure of the healing relationship, which sepa-

5 For taxonomies of such features, see, e.g., Thesleff 1966; Guillén 1992; van der Eijk 1997. For an overview of the rise of prose, see Goldhill 2002.

6 The impersonal stance is not absent from ancient medical and scientific writing. It is particularly pronounced in Aristotle (Thesleff 1966, 89; Guillén 1992, 328; von Staden 1994b, 104; van der Eijk 1997, 117) and early legal texts (Humphreys 1996, 5). The *Epidemics*, despite the occasional use of the first-person voice, are also usually deemed to have an “impersonal” feel.

7 Lloyd 1987, 56–70. Thomas speaks of these texts’ “egocentric style” (2000, 242) and “egocentrism” (2003, 183). See also Humphreys 1996, 11 (“the arrogant, anxious presence of the writer in his text”); Asper 2007, 43–45, relating the strong personal stance to agonal contexts. Note, however, that these voices are anonymous, “without strongly projected individual contours, and without a pronounced personality” (von Staden 1994b, 105). For this reason, I do not use the language of a “scientific self” in discussing the Hippocratic Corpus, focusing, rather, on the contributions that a number of these authors make collectively to a position of medical authority. On constructions of a “scientific self” in later Greco-Roman medical writing, see, on Celsus, von Staden 1994b; on Galen, Debru 1992; Barton 1994, 133–168; Asper 2007, 333–337; Mattern 2008; Boudon-Millot 2009; Curtis 2009; Nutton 2009; von Staden 2009. See also Hine 2009 on Latin scientific and technical texts. The personae of Herodotus and Thucydides offer interesting contemporary parallels to the Hippocratic personae, although with the historians we are dealing with single-author works and authors who name themselves. Thomas 2000 nevertheless sees similarities between Herodotus’ self-presentation and that of the more rhetorical medical writers; see also Lateiner 1986. On Herodotus’ authorial persona, see further Dewald 1987; Marincola 1987; Goldhill 2002, 28; Baragwanath 2008, 78–81. On Thucydides, see above, n. 3.

rates the sick or wounded body from the person who acts on it. It is informed, too, by the traditional concept of the *iatros* as a figure defined by his exercise of craft knowledge.<sup>8</sup>

But in fifth- and fourth-century BC Greece, the nature of medical authority is undergoing a significant change as the very conditions of producing and enacting medical knowledge are transformed. These changes unfold within a burgeoning field of interest in – and claims to knowledge about – the physical body (*sōma*), its diseases, and human nature. The emergence of the body as an object of expert knowledge expands the epistemological authority associated with the physician and the intellectual ambitions of medicine as a *tekhnē*, transforming the dynamics of the clinical relationship in the process.<sup>9</sup> In such a context, the concept of having a body acquires new implications that can help us better understand what is at stake in organizing an identity around the absence of the body.

These developments go hand in hand with a shift in the performance conditions of medical knowledge in the classical period. It is likely that the more overtly rhetorical texts in the Hippocratic Corpus have their origins in epideictic performances, whether in front of a general audience or before an audience of students or prospective students, before circulating as written texts:<sup>10</sup> medicine, from what we can gather, is of great public interest in the later decades of the fifth century BC and the beginning of the fourth.<sup>11</sup> The growth of contexts and mediums for the display of medical authority results in the embedded social role of the physician as a healer and an expert craftsman being adapted into a rhetorical, performative, and textual phenomenon.<sup>12</sup> Once it is displaced from the clinical encounter,

<sup>8</sup> On the *iatros* as a craftsman, see Homer, *Il.* XI 515 and *Od.* XVII 382–385, with Temkin 1953; Horstmanshoff 1990.

<sup>9</sup> On learned medicine and the educated physician, see Aristotle, *Pol.* III 3, 1282a3–5, distinguishing among the craftsman (*ho dēmiourgos*), the “master-physician” (*ho arkhitektonikos*), and the educated layperson (*ho pepaideumenos peri tēn tekhnēn*). For the educated physician as an influential ideal, see Jaeger 1944, esp. 7–15; Kudlien 1970a, 11.

<sup>10</sup> For rhetorical analyses of specific texts, see Jouanna 1988, 10–24, 167–174; 2003, x–xiii. For a discussion of those treatises that are likely to have been first performed orally, see Jouanna 1984, esp. 32 for the distinction between didactic texts (*cours*) and epideictic ones (*discours*). Not everyone would agree with Jouanna’s categorization of the treatises, but most scholars accept the distinction between didactic and epideictic texts. The difference of addressee obviously matters. For my purposes, however, both types contribute to the discursive articulation of disembodied authority. On the fluidity of the barrier between oral performance and written texts in the later fifth century, see Demont 1993, 192–196; Thomas 2003, esp. 180–188; Asper 2007, 27–28; Bakker 2009, 118.

<sup>11</sup> On the public profile on medicine in this period and the epideictic milieu, see Demont 1993; Thomas 1993; Jouanna 1999, 177–285; Thomas 2000; Laskaris 2002; Thomas 2003, 175–176; Schiefsky 2005, 38–46.

<sup>12</sup> We should include as part of the embedded social role the function of the *iatros* as a teacher. In the archaic and early classical periods, the *iatros* seems to have traditionally trained others, usually family members, on an apprenticeship model. While our evidence is limited, there is a consensus among scholars that this model starts to change in the later classical period as medical

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that role may be recast as a position of knowledge and expertise vis-à-vis the body.<sup>13</sup> The clinical context persists, of course. In fact, the authority of the practicing physician is deeply affected, at least in elite and urban social spheres, by the rise of naturalizing medicine and rhetorical performance. Yet the encounter between the physician and the patient is governed by its own norms, as we will see in the so-called “deontological” treatises, which advise the physician (or the medical student) as to how to conduct himself with his patients and in public. The specificity of those norms means that the construction of medical authority through rhetorical performance must be understood as a particular kind of discursive effect, capable of establishing a specific subject position vis-à-vis the physical body. The articulation of the physician role in these terms, I suggest, has a powerful influence not only in medicine but also beyond it.

I begin my inquiry in an unexpected place: the *Odyssey*. My aim in doing so is to establish an archaic and classical context within which to situate the disembodied medical expert at the crossroads of authority, knowledge, and vulnerability. I read Odysseus’ encounter with Hermes in Book X alongside what may be one of our earliest Hippocratic texts, *Airs, Waters, Places* (ca 425 BC), in order to lay the foundation for my examination of disembodied knowledge in other early medical texts. In undertaking that examination, I define what I mean by disembodied knowledge more precisely by plotting the expansion of the clinical relationship within a field of medical inquiry into the physical body. I then read the amplified physician role that emerges within this field against the more socially embedded role of authority that we see outlined in the deontological texts. In the final section, I examine the specific problems posed to medical authority by the physical body, closing with some brief reflections on the implications of what I will call a “structurally disembodied” position of expert knowledge about the body, both for laypersons invited to care for their own health and for the subject of care in early ethical philosophy.

## 1 In Strange Lands: *Odyssey X* and *Airs, Waters, Places*

By the time Odysseus and his men end up on Circe’s island they should already be home. They had come so close to Ithaca that they saw men tending the fires. But

education moves outside the family: see Kudlien 1970a; Kollesch 1979; Althoff 1993; Jouanna 1996b; Dean-Jones 2003; Leith 2007, 37.

<sup>13</sup> The authorial personae in the Corpus generally lay claim to a position of *medical* authority. The author of *On Fleashes*, for example, despite an expansive cosmological framework, still declares that he is writing “about the medical *tekhne*” (περὶ τῆς τέχνης τῆς ἰητρικῆς, Corp. Hipp., *Cam.* 1 [Littre 8.584=188,5–6 Joly]). Jouanna 1988, 179–183 persuasively argues that the author of *On the Tekhnē*,

then Odysseus falls asleep, and his companions inadvertently release the winds entrusted to him by Aeolus. The winds propel them back into a state of wandering and, eventually, they end up on Aeaea. After they land, Odysseus, encouraged by a sign of rising smoke in the island's interior, dispatches a reconnaissance mission, but only the leader, Eurylochus, returns. Armed with Eurylochus' report of his companions' disappearance, Odysseus sets off into the forest alone in the hope of rescuing them. He is nearing Circe's house when Hermes, in the guise of a young man, stops him short.<sup>14</sup>

πῆ δὲ αὐτ', ὦ δύστηνε, δι' ἄκριας ἔρχεται οἶος,  
 χώρου ἄϊδρις ἐών; ἔταροι δέ τοι οἶδ' ἐνὶ Κίρκης  
 ἔρχονται ὡς τε σύες, πυκινούς κευθμῶνας ἔχοντες,  
 ἢ τοὺς λυσόμενος δεῦρ' ἔρχεται; οὐδέ σέ φημι  
 αὐτὸν νοστήσειν, μενείεις δέ σύ γ' ἔνθα περ ἄλλοι.  
 ἀλλ' ἄγε δὴ σε κακῶν ἐκλύσομαι ἠδὲ σώσω. (Homer, *Od.* X 281-286)

Where, unfortunate one, are you going through the hill country, all alone, knowing nothing of the land? But your companions in Circe's palace are penned up just like pigs, dwelling in close-confined sties. Are you coming here to free them? I do not think you will have a homecoming yourself, but you will remain there with the others. But come, I will free you from evils and save you.

Hermes' promise of protection materializes in the form of a *pharmakon* capable of warding off Circe's magic. The gods call it *molu*, and they alone have the power to dig up its roots (X 305-306).<sup>15</sup> Odysseus – for he is the internal narrator of the story, recounting his wanderings to the assembled Phaeacians – then relates that Hermes showed him the *phusis*, “nature,” of the plant (καὶ μοι φύσιν αὐτοῦ ἔδειξε, X 303).

What it is, precisely, that Hermes gives Odysseus is unclear. Part of the problem is the word *phusis*, which appears here for the first time in extant Greek literature (and the only time in Homer). The fact that Odysseus describes the plant – black at the root, with a white flower – immediately after the mention of its nature has led some scholars to understand *phusis* as “form” or “appearance.”<sup>16</sup> It is likely, however, given the – *sis* suffix, that *phusis* refers to something more dynamic, such as the plant's “process of growing” or “the nature [of the thing] as it is realized, with all its properties.”<sup>17</sup> Moreover, as Heubeck argues in his commentary, the

often seen as a generic sophist, represents himself as a physician defending his *tekhne*; see Jouanna 1988, 47-48 on the likely medical authorship of *On Breaths*.

14 Davies 2008, 30 notes that both the sudden nature of the encounter with Hermes and the fact that Odysseus is alone are consistent with the folktale motif of the helper; see also Homer, *Il.* XXIV 339-469 (Hermes meets Priam).

15 On the lack of a human name for the plant, see Clay 1972.

16 See, e.g., Heinimann 1945, 16-17.

17 “Process of growing”: Jones 1973, 16; “the nature [of the thing]...”: Naddaf 2005, 14, after Benveniste.

verb *deiknūnai* probably encompasses not just the sense of “to show” but also “to instruct.”<sup>18</sup> Taking into account the plant’s divine name and its partial concealment from mortals, we might speculate that Hermes instructs his protégé in the plant’s hidden powers. Indeed, the image of its dark roots contrasting sharply with the milky blossom visible on the surface resonates with later figurations of a nature that “loves to hide.”<sup>19</sup> The passage implies that it is not simply the plant that confers immunity but esoteric knowledge of its nature.

That nature, fittingly, remains obscure to us. In the end, we have to infer the plant’s efficacy from Odysseus’ report that the goddess’s potion failed to enchant him, allowing him to gain the upper hand. But the report contains an intriguing detail. Circe herself credits her guest’s invulnerability to the fact that he has “a mind that cannot be enchanted” (ἀκήλητος νόος, X 329) and, in the next line, she names him with the epithet *polutropos*, “many-turning” or “resourceful” (ἦ σὺ γ’ Ὀδυσσεύς ἐσσι πολύτροπος, X 330). The epithet is rare, but it is taut with significance here. The only other place it appears in the poem is in the very first line, where it qualifies Odysseus as the as yet unnamed subject (*andra*) of the epic. In other early hexameter poetry it is paired only with Hermes in the Homeric *Hymn* dedicated to him (XIII 439). In the very moment, then, that Odysseus secures his identity, he seems to become the double of the god who intervenes to protect him, sharing in his polytropy.<sup>20</sup> If his salvation can be credited in part to privileged knowledge akin to Circe’s own, he gains access to that knowledge, it would seem, not only through the gods’ will but also by virtue of his own mind.

The adventures on Circe’s island are often read, justifiably, through the lens of comparative folklore.<sup>21</sup> But we can also approach *Odyssey* X as a point of departure for thinking about the relationship between expert or privileged knowledge, power – including the power to protect others – and one’s own susceptibility to harm. The Odysseus adrift in Books 9–12 is the paradigmatic traveler through strange and often hostile lands, subject to incalculable risk. He is also the hero of *mētis*, cunning intelligence. While he bears responsibility for his men, he is himself in need of protection, as Hermes’ ominous words make clear (“Are you coming here to free them? I do not think you will have a homecoming yourself...”). Odysseus cannot help others without first saving himself, and, of course, by the end of the wanderings, he will have saved only himself.

The Hippocratic treatise *Airs, Waters, Places* is, like the *Odyssey*, a text about a traveler in strange lands, lands that, in their own way, harbor numerous forces (*dunameis*) that shape and misshape human nature. The author spends the first half of the treatise concentrating on geographical and environmental factors that

<sup>18</sup> Heubeck & Hoekstra 1989, 60, followed by Naddaf 2005, 14.

<sup>19</sup> Nature “loves to hide”: Heraclitus fr. 22 B123 Diels-Kranz. But the motif of plants with magical roots is widespread: see Page 1973, 66, 125 nn. 34–35.

<sup>20</sup> On the shared polytropy of Hermes and Odysseus, see Pucci 1987, 23–25.

<sup>21</sup> See Page 1973, 51–69; Alexander 1991; Davies 2008.

affect health – usually adversely – such as the orientation of a city, the dominant winds, the water used by the inhabitants, and the seasons. It may seem like the threats posed by winds and waters and changes of season hardly approach the magnitude of the Cyclops' quasi-cannibalism or Circe's bestializing magic. But in reality, they have serious and concrete effects on the "cavities" (κοιλίαι) of humans.<sup>22</sup> Consider, for example, the corrosive diseases (dysenteries, hydropsy, and so on) that proliferate during a rainy season or the tyranny of pleasure under certain climactic conditions.<sup>23</sup> Someone who "wishes to pursue the science of medicine correctly (ἡτρικὴν ὅστις βούλεται ὀρθῶς ζητεῖν)" should be on guard against these conditions and others he is likely to encounter in foreign lands (Corp. Hipp., Aer. 1 [Littré 2.12=186,1 Jouanna]). It is just this someone whom the author intercepts in the first line of the treatise to tell him what he has to do (τάδε χρῆ ποιεῖν).

The opening address is located at the text's level of enunciation rather than the level of narration: it is addressed to a reader or a listener, not a character. Nevertheless, it stakes out a position for the authorial persona not unlike that of Hermes, casting the addressee, in turn, in the role of Odysseus. Much like the god, the author observes the world around him from a position of privileged knowledge and, again like Hermes, he invites his addressee to approach this position. While the "gift" does not involve a literal *pharmakon*, the author of *Airs* does offer his reader or listener instruction in the nature of things, emphasizing the *dunameis* of various environmental influences and the *phuseis* of cavities. The instruction that he provides is designed to enable the itinerant physician to master the situations that he is about to encounter.

There is, however, one critical point at which the two texts diverge. In each case, the traveler is intercepted to keep him from running into trouble. We have already seen the danger faced by Odysseus – nothing less than the loss of human form. What about the traveling physician? First and foremost, he avoids being caught unawares when traveling in unfamiliar lands.

καὶ ἀπὸ τούτων χρῆ ἐνθυμείσθαι ἕκαστα. εἰ γὰρ ταῦτα εἶδει τις καλῶς, μάλιστα μὲν πάντα, εἰ δὲ μὴ, τὰ γε πλεῖστα, οὐκ ἂν αὐτὸν λανθάνοι ἐς πόλιν ἀφικνεόμενον ἢς ἂν ἄπειρος ἢ οὔτε νοσήματα ἐπιχώρια οὔτε τῶν κοιλιῶν ἢ φύσις ὁκοίη τις ἔστιν. (Corp. Hipp., Aer. 2 [Littré 2.14=188,6–10 Jouanna])

And it is necessary to consider each case from these givens. For if someone knows these things well – best of all, all of them, but if not, the majority of them – he will not be unaware, when

<sup>22</sup> See, e.g., Corp. Hipp., Aer. 2 (Littré 2.14=189,13–14 Jouanna): ἅμα γὰρ τῆσιν ὥρησι καὶ αἱ κοιλίαι μεταβάλλουσι τοῖσιν ἀνθρώποισιν (For, together with the seasons, the [state of the] cavities changes in human beings), 10 bis (Littré 2.42–44=212,9–213,3 Jouanna; Littré 2.48=216,4–9 Jouanna).

<sup>23</sup> See Corp. Hipp., Aer. 10 (Littré 2.48=216,5–9 Jouanna), 12 (Littré 2.56=222,4–5 Jouanna). Note that in the last example, the phrase ἀλλὰ τὴν ἡδονὴν ἀνάγκη κρατεῖν is part of a sentence that either follows or precedes a major lacuna. But the sense is clear enough and consistent with the representation of Asiatic peoples as less warlike and gentler than Europeans (e.g., Corp. Hipp., Aer. 16 [Littré 2.62=227,11–13 Jouanna]).



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he enters a city where he has no experience, of either the local diseases or the nature of the cavities, what sort of nature it is.

Ignorance, however, turns out to run a very specific risk. The addressee who masters the material set forth in the text evades the danger of “being at a loss in his therapy and failing utterly (ὥστε μὴ ἀπορεῖσθαι ἐν τῇ θεραπείῃ τῶν νούσων μηδὲ διαμαρτάνειν, Corp. Hipp., *Aer.* 2 [Littre 2.14=188,10–11 Jouanna]).”<sup>24</sup> Several lines later, the author trumpets the positive results achieved by the physician who follows his advice:

οὕτως ἂν τις ἐρευνώμενος καὶ προγινώσκων τοὺς καιροὺς μάλιστα ἂν εἰδείη περὶ ἐκάστου καὶ τὰ πλείστα τυγχάνοι τῆς ὑγιείης καὶ κατ’ ὀρθὸν φέροίτο οὐκ ἐλάχιστα ἐν τῇ τέχνῃ. (Corp. Hipp., *Aer.* 2 [Littre 2.14=189,6–9 Jouanna])

By investigating in this way and anticipating the decisive moments, someone would know best about each thing and reach health in the majority of cases and achieve not inconsiderable success in exercising the *tekhnē*.

The author thus promises both health and professional success. But these goods map onto two different beneficiaries: health for those whom the physician sets out to save, professional success for the physician. The idea that the physician has to protect himself, as Odysseus must, is not raised, except insofar as he has to secure his reputation. In fact, the author of *Airs* never mentions, either in the proem or later in the treatise, the vulnerability of the physician to the forces he hopes to master in order to save others: winds, waters, seasons – nothing leaves a trace on him. It is as if, in *Airs*, the very act of traveling keeps the traveler from being located anywhere in particular (a particular climate or a particular culture).<sup>25</sup> The physician seems to lack a cavity of his own, that is, a body that would implicate him in the world described by the text.

The comparison of our two texts, then, founders. It is true that the speaker of *Airs* bears similarities to Hermes. But the tacit immunity of the physician-addressee is more difficult to reconcile with the vulnerability of Odysseus. Then again, the

<sup>24</sup> Brain 1982, observing that the treatise offers little in the way of specific instruction, proposes a more literal interpretation of the two infinitives in the result clause: he takes ἀπορεῖσθαι to mean “to be without resources,” i.e., the proper drugs, and διαμαρτάνειν to mean “to fail utterly.” The reading is attractive, and Jouanna seems to accept it (2003, 188 n. 4). Nevertheless, it does not rule out the less concrete sense of the verbs (knowing what to expect leads the physician to ensure his knowledge of the likely diseases is thorough and up-to-date and it helps him make predictions). See also Corp. Hipp., *Aer.* 24 (Littre 2.92=250,9–10 Jouanna).

<sup>25</sup> We might infer that the ideal addressee is the product of a European milieu, in view of the information that Europeans are sharpest and most intelligent with regard to the *tekhnai*, in contrast to the more sluggish inhabitants of Asia: see Corp. Hipp., *Aer.* 24 (Littre 2.92=249,6–7; 250,5–7 Jouanna). But these are only inferences: the author is not explicit. For allegations of a European bias in the treatise, see Isaac 2004, 55–109; Calame 2005, 135–156. Cf. Thomas 2000, 88–98, who draws a more complex picture of the author’s treatment of Europe and Asia.

differences between the two figures may be just what one would expect, given the strong generic differences between the two texts. Odysseus is a character in a narrative poem, and not just any character but an epic hero, moving through a world thick with danger. The physician, by contrast, is defined solely through his professional status within the parameters of a practical manual, albeit a manual that seems to have had a broad public.<sup>26</sup> Everything else is pruned away.

Yet it is precisely the nature of this pruning that is so interesting. For what we are witnessing in *Airs* and other late fifth- and early fourth-century BC Hippocratic texts is the development of a new position of medical authority. *Airs* presents us with a figure who remains apart from the field of forces that he commands through his expertise. His circumscribed position is why there is no question, as there is for Odysseus, of saving himself before he saves others.

But in exploring what such a position of medical authority looks like and how it takes form, we may not want to set Odysseus aside so quickly. Odysseus is, after all, not simply a character in an epic narrative. He is also a storyteller himself, and never more so than when he narrates his adventures at the court of the Phaeacians. His narration, set off within the poem by its own style, rivals not only that of the court poet, Demodocus, but also, as Egbert Bakker has recently argued, that of the epic poet himself.<sup>27</sup> The hero's split persona exposes a structural division between the position of the poet, who, endowed with godlike vision, stands at a distance in time and space from the events he narrates, and the position of the quest hero, who navigates, half-blindly, various obstacles and threats.

Of course, part of the complexity of Odysseus and the *Odyssey* itself comes from the mutual contamination of these two perspectives, especially in Books 9–12. The point-of-view of Odysseus the storyteller, who speaks with the benefit of hindsight, is subtly interwoven with the more limited point-of-view of the embedded hero.<sup>28</sup> We can see, too, a mutual contamination of roles. Odysseus the narrator speaks not just as a poet but as a survivor, someone who has flirted with death

<sup>26</sup> The ethnographic half of the treatise suggests a broader audience, as Althoff notes (1993, 222). Jouanna observes stylistic markings reminiscent of oral performance (1996a, 11 n. 14) and notes that "le paradoxe est que cette œuvre destinée à des hommes de l'art est parfaitement lisible par des profanes" (*ibid.*). I find it likely that *Airs* was destined for a general audience. In any event, it is certainly a text that contributes to the rhetoric of medical authority.

<sup>27</sup> Bakker 2009, comparing the affinity between Odysseus and the poet of the *Odyssey* to that between Achilles and the poet of the *Iliad* (on which, see Martin 1989). On the stylistic differences between the voice of the bard and the narrative voice of Odysseus, see de Jong 2001, 225–226.

<sup>28</sup> On contaminated perspectives, see, e.g., Homer, *Od.* X 232–243, where Odysseus is recounting the fate of the first expedition of men. We are led to believe that the report Eurylochus makes to Odysseus is the source of Odysseus' knowledge. But Eurylochus' report lacks the events recounted at X 232–243 (the mixing of the potion, its effects, the actual metamorphosis, and the herding of the victims into a pen). The excess knowledge of the narrator – presumably Odysseus but perhaps, also, the bard – thus noiselessly enters the text, intercalating a more expansive perspective with a perspective caught up in the unfolding events.

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time and again and never failed to slip its grasp, while Odysseus the *polytropos* hero often seems to command a perspective not unlike that of the Muse-inspired poet – or a god – even when he is in the middle of things. Recall what Circe says to him: you have a mind that cannot be enchanted. And yet, the thrill of the poem comes from the possibility that Circe might be wrong, from the possibility of Odysseus' seduction, deception, and death, from his subjection to what Pietro Pucci has called "the empire of necessity."<sup>29</sup> The epic's narrative drive requires that Odysseus never simply be a disembodied knower, immune to mortal dangers. He always, one might say, has skin in the game.

But what about the epic narrator himself? Does he shed light on the nature of authorial immunity being articulated in the rhetorically oriented Hippocratic texts? The position from which he speaks is indeed circumscribed in intriguing ways. It is determined by the display of a specific kind of expertise: Alcinous praises Odysseus, for example, for telling his story, *muthos*, with a skill suited to the professional singer, the *oidos* (Homer, *Od.* XI 368). Moreover, whereas Odysseus' authority as a speaker is grounded in autobiographical experience, that of the singer is established through his first-person relationship to the Muses as representatives of a "god's-eye" view of the past, a bond that is invoked at programmatic moments.<sup>30</sup> Finally, the narrative unfolds in a specific spatiotemporal context, where the poet is suspended as a conduit between the audience and the vivid reality of a past made present through the intervention of the Muses.

It is precisely the conditions of the performance context that protect the speaker from the dangers of the narrated world. For however much he is plunged through inspiration into "a kind of *ecstasis*... leav[ing] his own self and lodg[ing] himself in another self that thinks and acts in another time and place,"<sup>31</sup> however much he speaks just like one present at the events related (e.g., *Od.* VIII 491), the first-person voice of the narrator remains protected from the action of the poem, for the simple reason that he is not present, and never was present, at those events as an embodied actor.<sup>32</sup> He may express emotional involvement in the events

<sup>29</sup> See Pucci 1987, 17, 148–154. On the tension between survival and danger that defines Odysseus in the poem, see Pucci 1987, 14–16, 62.

<sup>30</sup> E.g., Homer, *Il.* II 761–762, XI 218–220, XIV 508–510; *Od.* I 1. Griffith 1983, 46–47 relates the reticence of the first-person speaker in Homer to the near-absence of references to the performance conditions and context, emphasizing that the proems to the poems (now lost) would have provided an occasion for the persona of the poet to emerge more fully. On the use of the god's-eye view and other perspectival points in Homeric narration, see de Jong & Nünlist 2004.

<sup>31</sup> Bakker 2009, 120. On the poet's "presence" at Troy, see also Graziosi & Haubold 2010, 4–6.

<sup>32</sup> Homer, *Il.* IV 539–542 is a fascinating passage in this context. The poet is concluding a description of a fierce battle: ἔνθά κεν οὐκέτι ἔργον ἀνὴρ ὀνόσαιτο μετελθών, / ὅς τις ἔτ' ἄβλητος καὶ ἀνούτατος ὄξει χαλκῶ / δινεῦσι κατὰ μέσσον, ἄγοι δέ ἐ Πάλλας Ἀθήνη / χειρὸς ἔλουσ', αὐτὰρ βελέων ἀπερύκοι ἐρωήν (There no more could a man who was in that work make light of it, / one who was still unhit and still unstabbed by the sharp bronze / spun in the midst of that fighting, with Pallas Athene's hold on / his hand guiding him, driving back the volleying spears thrown, transl. R. Lattimore). Who is this man? Kirk (1985, 398) sees him as a "hypothetical warrior," and,

through direct apostrophe to the characters, as when he addresses Patroclus on the threshold of death (*Il.* XVI 787). Nevertheless, he sees without being seen. The dangers faced by the poet arise, rather, from his role as an expert singer who is responsible for mediating a vast trove of privileged knowledge in the agonal space of performance: the inability to communicate information (e.g., *Il.* II 484) and, implicitly, the competitive pressures of other poets and other variants. They are, in short, dangers of the profession.

The persona of the epic poet comes into sharper relief if we look to other archaic genres. In Hesiod's *Works and Days*, for example, the speaker is more deeply embedded in the described world. He is, to speak in general terms, a mortal, as susceptible to sun and cold and hunger as his addressee. More specifically, he adopts an autobiographical stance as one who is very much a victim of events, here the avarice and foolishness of his brother Perses.<sup>33</sup> It is not important whether the persona incorporates biographical truths. What matters, rather, is that the barrier between the speaker and the described world is relaxed. Hesiod grounds his authority in the experience of that world, as well as through wisdom expressed through moral maxims that apply as much to himself as to his audience. If we turn to other genres of archaic poetry, we find that permeability also characterizes the variants of the much discussed lyric "I". These poetic personae, especially in monody, are often shaped by the speaker's susceptibility to suffering, as is well illustrated by Sappho's fragment 31 (LP), with its exquisite deconstruction of the erotically traumatized speaker.

Perhaps the most interesting examples in this context, if also the most difficult to classify, are the personae of early philosophical poems such as "Parmenides" and "Empedocles," whose claims to wisdom are established in part through the narration of transformative experiences: Parmenides' story of his journey beyond the gates of Night and Day and his instruction at the hands of a goddess in the ways of being and seeming and Empedocles' claim to have passed through many incarnations en route to his present divinity.<sup>34</sup> The speakers bear some similarity to the Homeric poet or the poet of the *Theogony*, both of whom claim knowledge of immortal and cosmic proportions. But they also embrace the possibility of occupying the position of divine knowledge themselves through practices of reasoning and, especially for Empedocles, purification.<sup>35</sup> Most important, in these practices

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given that he can be wounded, Kirk, I believe, is right. Still, there is a sense here of the poet and the audience moving in the midst of battle, protected only by the benevolence of Athena. Yet however much these spectators flirt with danger, they remain "structurally" protected from the violence being described. I am grateful to Barbara Graziosi for bringing this passage to my attention.

<sup>33</sup> On the nature of Hesiod's persona and for a decisive refutation of the older view that his poems express a new strain of self-expression in early Greek poetry, see Griffith 1983.

<sup>34</sup> See Empedocles fr. 31 B112 Diels-Kranz; see also B146; Parmenides fr. 28 B1 Diels-Kranz.

<sup>35</sup> On these practices as constitutive of an immortal self, see Miller 2011, esp. 43–77 on Parmenides and Empedocles. On Empedocles and Parmenides, see also Kingsley 1995, trying to reconstruct the priestly and shamanistic tradition that seems crucial to understanding Empedocles' claims of

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the integrity of the self of the speaker is at stake: reason is redemptive, salvific, transcendence-making. Empedocles comes to save others only after having saved himself.<sup>36</sup>

These figures of authority draw us away from the more austere first-person voice of the epic poet, determined by the immediate performance context, toward the messier entanglements of an Odysseus-like figure, whose “I” bleeds into the narrative being performed. But it is just these entanglements that seem so foreign to the construction of authority in *Airs*, too. Like the epic poet, the medical author identifies fully with his position of specialized expertise, expressed in terms of *tekhnē*, as does the persona constructed as an addressee. These positions promise a transpersonal view not unlike that provided by the Muses to the poet. Finally, the dangers faced by both the physician and the speaker – the epideictic milieu offers pitfalls of its own – are attendant on the performance of a professional role: damage to reputation but also the specific danger of not knowing and being at a loss. Elsewhere in the Corpus, the presence of rivals who may undercut one’s authority is explicit.<sup>37</sup> The contexts where medical authority is exercised – the represented world of the physician in *Airs*, as well as its own conditions of performance – appear to exempt those wielding that authority from the field of physical forces over which they claim control, much as the poet-narrator stands outside the world that he represents.

At the same time, the speaker of *Airs* and his addressee are hardly isolated from the world described in the treatise, as we can see if we return to the respective scenes of instruction in that text and *Odyssey* X. Whereas in the epic, the meeting of Hermes and Odysseus is described as a past event, and tersely at that, the medical text enacts instruction in the nature of things. The addressee is encouraged to adopt the author’s position of epistemic mastery by performing “experiments” that allow him to “see” for himself, through inferential reasoning, the workings of things that exercise their *dunamis* on human nature.<sup>38</sup> The world of

authority and, perhaps, those of Parmenides. The context established by Kingsley offers tantalizing parallels to the “shamanistic” aspects of the narrative voice of Odysseus adduced by Bakker 2005, esp. 14–18; 2009, 134–135.

36 See Empedocles fr. 31 B112 Diels-Kranz, with Stehle 2005 on the speaker’s relationship to his audience.

37 See, e.g., Corp. Hipp., *Vet. Med.* 13 (Littré 1.600=134,11–12 Jouanna). On this passage and eristic challenges more generally, see Demont 1993, 202–205.

38 See, for example, Corp. Hipp., *Aer.* 8 (Littré 2.36=207,12–208,3 Jouanna): εἰ γὰρ βούλει, ὅταν ἦ χειμῶν, ἐς ἀγγεῖον μέτρῳ ἐγγέας ὕδωρ θεῖναι ἐς τὴν αἰθήρην, ἵνα πήξεται μάλιστα, ἔπειτα τῇ ὑστεραίῃ ἐσενεγκῶν ἐς ἀλέην, ὅπου χαλάσει μάλιστα ὁ παγετός, ὁκόταν δὲ λυθῆ, ἀναμετρεῖν τὸ ὕδωρ, εὐρήσεις ἔλασσον συχνῶ (if you wish, when it is winter pour some water into a jar with a measure and put it outside, where it will harden best; then, the next day, bring it inside where the ice will melt best, and, when it is melted, measure the water: you will find that it is far less). On the use of εὐρήσεις in the treatise, see also Corp. Hipp., *Aer.* 13 (Littré 2.56–58=223,2–6 Jouanna), 16 (Littré 2.64–66=230,1–3 Jouanna), 20 (Littré 2.74–76=235,9–236,2 Jouanna), 24 (Littré 2.90=248,3–6 Jouanna). See Jouanna 1996a, 20–21 n. 37 for first- and second-person verbs more generally in

the text is continuous with that of the addressee instead of being sealed in the past, as in epic. The knowledge at stake is not dependent on a divine gatekeeper. It is, rather, right there, ready to be discovered with one's own hands and mind. The author speaks not as one inspired by the Muses but as a subject defined by observation, active engagement with the physical world, and argument. It is for this reason that another comparative strategy would place the speaker of *Airs* and his protégé next to Empedocles, who, in other fragments, uses the everyday device of the clepsydra to explain how we breathe, and Parmenides, who uses logic to trace a deductive line to the truth.<sup>39</sup> The author's position in the medical treatise is hardly just that of a spectator, restricted to the rare expression of pity for a hero he sees running headlong to his death. He is an active participant in the world that he describes, as is the addressee who, far from being asked to accept the speaker's vision of the world on faith, can recreate it and test it for himself.

Yet what needs to be determined is *on what terms* the figure of medical authority participates in the physical world that he describes. What we have seen of *Airs* suggests that the role of the physician is premised on unidirectional engagement with the cavities of others, that is, engagement that does not open the physician's own cavity up to disease, contrary to what we saw in Thucydides' account of plague. The subject of medical authority thus occupies a position of assumed immunity, a position that I described earlier as "structurally disembodied." What are the structures that support the disembodiment of medical authority in the classical period? How is this disembodiment affected by the contexts where such authority is deployed? And what are the larger implications of a physician role articulated around the absence of the vulnerable body?

## 2 The Structure of Knowledge in Naturalizing Medicine

The physician in *Airs*, *Waters*, *Places*, as we have just seen, is represented as standing outside the physical forces that harm his patients. But does this mean he is disembodied? Indeed, the claim that the physician occupies a disembodied position of knowledge may seem, at first glance, counterintuitive. To the extent that ancient Greek physicians engage the body through the senses, rather than through, say, the machines so dominant in modern biomedicine, they are sometimes invoked as early witnesses to a lost tradition of *embodied* medicine. The medical writers themselves emphasize the epistemological value of the senses. "The task," the author of *Epidemics VI* writes, "is to bring the body under investigation: vision,

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the treatise. I use the word "experiment" loosely, recognizing that the Hippocratic authors do not pursue experimentation in the modern sense of the word. See Lloyd 1979, 146–169.

<sup>39</sup> Empedocles fr. 31 B100 Diels-Kranz; Parmenides fr. 28 B8 Diels-Kranz.

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hearing, nose, touch, tongue, reasoning arrive at knowledge (τὸ σῶμα ἔργον ἐς τὴν σκέψιν ἄγειν, ὄψις, ἀκοή, ῥίς, ἀφή, γλῶσσα, λογισμὸς καταμανθάνει, Corp. Hipp., *Epid.* VI 8.17 [Littre 5.350=180,3–4 Manetti-Roselli]).<sup>40</sup> The portrait he draws appears to be the paradigm of embodied knowledge.

Yet if we look closer at the grammar of the passage, we can see that it is organized by a split between the senses and reason, on the one hand, and the body (*sōma*) represented as an object of inquiry, on the other. Rather than representing knowledge as originating in or mediated by the body, the author casts the body as an object of inquiry while aligning the senses with reasoned investigation (*logismos*). That is, the senses form a continuum with reason, rather than with the physical body, understood here and elsewhere in the Hippocratic Corpus primarily as a field for the play of impersonal and often volatile forces associated with stuffs like the hot and the cold or bile and phlegm.<sup>41</sup> It is true that physiological accounts of sensing, such as the explanation of sight, smell, and hearing in *On Fleashes* or the analysis of the brain in *On the Sacred Disease*, do submerge the senses into the dynamics of the humoral body.<sup>42</sup> In Hippocratic representations of medical practice, however, regardless of the text's subgenre, the physician's senses function independently of the physiological stratum in the service of reasoned inquiry.<sup>43</sup>

It is worth emphasizing, moreover, the related fact that the senses are on the side of the reality of the physical world outside the self in classical medical writing. Their claim on truth is particularly pronounced in appeals to *autopsia*, "seeing for

40 See also Corp. Hipp., *Off. med.* 1 (Littre 3.272=30,2–7 Kühlewein).

41 On the nature of this body, see Holmes 2010b, 121–147.

42 Corp. Hipp., *Carn.* 15–17 (Littre 8.602–606=197,17–199,23 Joly); Corp. Hipp., *Morb. sacr.* 14 (Littre 6.388=26,14–27,4 Jouanna). The physiology of sensing was a common topic in the inquiry into nature. For early views, see Theophrastus' *De sensibus*, although his accounts must be understood in light of the principles of Peripatetic doxology: see Baltussen 2000.

43 The opening of *On Breaths* is interesting in this context: εἰσὶ τινες τῶν τεχνῶν, αἱ τοῖσι μὲν κεκτημένοισιν εἰσιν ἐπίπονοι, τοῖσι δὲ χρεωμένοισιν ὀνήϊστοι, καὶ τοῖσι μὲν δημότησιν ξυνὸν ἀγαθόν, τοῖσι δὲ μεταχειριζομένοισι σφας λυπηραί. Τῶν δὲ δὴ τοιούτων ἐστὶν τεχνῶν καὶ ἦν οἱ Ἕλληνες καλέουσιν ἰητρικὴν· ὁ μὲν γὰρ ἰητρὸς ὀρεῖ τε δεινά, θιγγάνει τε ἀηδέων, ἐπ' ἄλλοτρίησι τε συμφορῆσιν ἰδίας καρποῦται λύπας· οἱ δὲ νοσέοντες ἀποτρέπονται διὰ τὴν τέχνην τῶν μεγίστων κακῶν, νοῦσαν, λύπησιν, πόνων, θανάτου (There are some *tekhnai* that are troublesome to those who possess them but beneficial for those who use them, a common good for laypersons, but distressing to those who practice them. To the *tekhnai* of this kind certainly belongs what the Greeks call medicine. For the physician sees terrible things, touches unpleasant things, and harvests sorrows that are all his own from others' misfortunes. But the sick are freed from the greatest ills on account of the *tekhnē*: from pain, sufferings, and death, Corp. Hipp., *Flat.* 1 [Littre 6.90=102,1–103,4 Jouanna]). On the passage and later echoes of it, see Jouanna 1988, 9, 128–129. The passage continues to treat the physician as an observer (rather than grounding observation in the body), although it colors his task with a vivid evocation of the woes associated with it. The fact that the physician remains on the side of observation, associated with a specific role (notice that the woes that he harvests are uniquely his) is consistent with my argument, but it does lend a note of empathy and emotional investment lacking in other Hippocratic texts. I thank Faith Wallis for reminding me of the passage.

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oneself.” In a well-known example, the author of *On Generation/On the Nature of the Child* builds support for his arguments about the nature of the embryo – that it is enclosed by a membrane, that it breathes – by introducing evidence from his own experience:<sup>44</sup>

καὶ μὴν ἕξ ἡμέρας μείνασαν ἐν τῇ μήτρῃ γονὴν καὶ ἕξω πεσοῦσαν αὐτὸς εἶδον· καὶ ὁκοίη μοι ἐφάνετο ἐν τῇ γνώμῃ τότε, ἀπ’ ἐκείνων τὰ λοιπὰ τεκμήρια ποιεῦμαι· ὡς δὲ εἶδον τὴν γονὴν ἐκταίην εἴδον ἐγὼ διηγῆσομαι. (Corp. Hipp., *Genit./Nat. puer.* 13 [Littré 7488–490=55,4–8 Joly])

And indeed I myself saw seed that had remained in the womb for six days before falling out. And on the basis of how it appeared to me judging at that time, I will create the following proofs. But now I will explain how it was that I saw the six-day-old seed.

The author’s observation of the seed, as we can see, plays a pivotal role in grounding the proofs that he intends to offer, as the repetition of the verb “I saw” (εἶδον) makes clear.<sup>45</sup> But the emphasis does not just fall on the observation. The author also uses a powerful first-person voice, underscored by the use of the intensive pronoun (*autos*). The effect is not that of narrow subjectivity. Rather, both the assertive first-person stance and the reference to a specific act of seeing, together with the appeal to proofs, cue an intensified, self-conscious argumentative mode that we see elsewhere in the rhetorical medical texts, as well as in Herodotus.<sup>46</sup> The passage thus throws into relief an important facet of a common Hippocratic persona – namely, that of the expert observer who is adept at reasoning about what he sees. The act of vision is neither sensuous nor contingent but the hand-maiden to medical knowledge. The concept of disembodied knowledge that I am working with here, in short, does not exclude sensory knowledge, but cooperates with it.

But why not turn that critical gaze on one’s own body? If it is clear enough why such self-reflexivity is of little use to the (male) author of *On Generation/On*

<sup>44</sup> For other cases of *autopsia*, see, e.g., Corp. Hipp., *Carn.* 18 (Littré 8.608=200,17–20 Joly), 19 *bis* (Littré 8.610=200,28–201,1 Joly; Littré 8.614=202,24–25 Joly), where the witnessing scenario is remarkably similar to that above; Corp. Hipp., *Epid.* V 46 (Littré 5.234=22,8 Jouanna).

<sup>45</sup> The author repeats εἶδον again in conclusion (Corp. Hipp., *Genit./Nat. puer.* 13 [Littré 7492=56,6–7 Joly]). He also promises to offer another piece of evidence (ιστόριον) that will make clear “to anyone wanting to know” that what he says is true (Corp. Hipp., *Genit./Nat. puer.* 13 [Littré 7492=56,7–10 Joly]).

<sup>46</sup> On the use of the language of proof at self-conscious moments of argumentative intensity in the medical writers, see Thomas 2000, 195–198, 235–247 on the polemical first person (esp. 242–247 on its possible epideictic context); see also Debru 1992, 85–89, discussing later medical writing. On Herodotus, see Dewald 1987, 158; Marincola 1987, 131; Thomas 2000, 193. The use of the first-person voice in the medical writers is often associated with claims to originality or innovation (Lloyd 1987, 61–69), although it can also be appropriated for a conservative stance (von Staden 1994b, 104). Van der Eijk observes that the first-person voice is common in archaic poetry when the speaker is invoking general truths (1997, 116).



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the Nature of the Child in the passage above, there are other situations where the speaker could take his own body as an object of observation and even experimentation. Far from being purely subjective, the speaker's own corporeal experience, we might imagine, could facilitate the observation of general truths, as it does for Thucydides, who, in describing the symptoms of the plague, uses his own body as a portal onto the nature of all bodies while investing those observations with the full weight of autopsy. Plato, in fact, represents the physician's susceptibility to disease as a natural asset in medical education in Book 3 of the *Republic*:

ἰατροὶ μὲν, εἶπον, δεινότατοι ἂν γένοιτο, εἰ ἐκ παιδῶν ἀρξάμενοι πρὸς τῷ μανθάνειν τὴν τέχνην ὡς πλείστοις τε καὶ πονηροτάτοις σώμασιν ὁμιλήσειαν καὶ αὐτοὶ πάσας νόσους κάμωσιν καὶ εἶεν μὴ πᾶν ὑγιεῖνοι φύσει. (Plato, *Res publ.* III, 408d10–e2)

Physicians (I said) would be most clever if beginning from childhood they became familiar with the greatest number of the most diseased bodies, besides learning the *tekhne*, and suffered every disease and were not in the least bit healthy by nature.

Socrates, who is speaking here, suggests that the physician's own experience of disease can contribute to his general knowledge of the nature of the body and its pathologies. Some centuries later, Galen will introduce evidence from his own sufferings into his medical writings, turning his trained eye on his own body, and stories of self-experimentation are scattered through the annals of Western medicine and science.<sup>47</sup> The Hippocratic writers, however, do not exploit this route to knowledge or authority, even when they are making general arguments about human nature. The physician's powers of observation are turned on the bodies of other people: his gaze moves outward, not reflexively. Not only, then, is the physician immune to disease, at least in his role as a medical authority: he is also excluded as an object of medical inquiry.

Before trying to better understand these two aspects of the physician role, I would like to consider a class of possible exceptions to my claim that the physician's body is absent from the field of inquiry. These are cases in treatises addressed to a more general audience where we find the author appealing to embodied experiences that he assumes are shared by all of his listeners, such as having your leg fall asleep or getting a headache, in order to support his arguments about hidden causes and entities.<sup>48</sup> These rhetorical strategies imply that the speaker himself belongs to a broader embodied community.

47 See Galen, *Loc. aff.* II 5 (Kühn 8.81). On self-experimentation in Western medicine, see Altman 1972; Schaffer 1992; Forcht Dag 1995; Schaffer 1998; Strickland 1998; Schiebinger 2004, 388–392.

48 Corp. Hipp., *Virg.* 2 (Littre 8.466–468=22,17–20 Lami); Corp. Hipp., *Morb. sacr.* 3 (Littre 6.366=11,9–13 Jouanna). See also, e.g., Corp. Hipp., *Carn.* 18 (Littre 8.608=200,7–8 Joly), where the author offers a similar example with the indefinite pronoun τις; Corp. Hipp., *Nat. hom.* 2 (Littre 6.34=168,4–5 Jouanna). At Corp. Hipp., *Flat.* 14 (Littre 6.110=121,14–15 Jouanna), sleep, insofar as it is “common to all” (ἅπασιν τοῖσι ζῴοισι κοινόν ἐστίν), can serve as a uniquely persuasive “witness” to what an author is saying (μαρτυρεῖ τοῖσιν εἰρημένοισιν). See also Corp. Hipp., *Flat.* 7 (Littre 6.100=111,10–12 Jouanna): the belching most people experience is adduced to support an argument about

The premise of the speaker's participation in this community is made explicit in the few cases where we see the use of the first-person plural. The construction is especially striking in the treatise *On Ancient Medicine*, whose speaker moves between a first-person plural primarily allied with human beings as a species and a first-person singular aligned with the physician.<sup>49</sup> It is as a member of the species that he appeals to "the most manifest of cases in which we are all experienced and which we will keep experiencing (τὰ φανερώτατα ὧν πάντες ἔμπειροι πολλάκις ἐσμέν τε καὶ ἐσόμεθα)" to support his argument about the causes of disease (Corp. Hipp., *Vet. med.* 18 [Littre 1.612–614=142,6–8 Jouanna]). The first of these cases is a flux from the head and nose, the symptoms of which, he assumes, are familiar to "those of us" who have suffered from it.<sup>50</sup> By using the first-person plural here, he implicitly identifies with others who have suffered the affection, perhaps laying claim to a kind of muted autopsy.

Yet, on closer examination, the force of the author's rhetorical strategy lies not in his own experience but, rather, in the experience of the addressee, who is invited to verify the argument being put forth with the evidence produced by his own body. It is the addressee's body, in other words, not the speaker's first-person authority, that is being called upon to bear witness to the claims being made. The speaker withdraws into the crowd, trading his specialized knowledge for the collective knowledge of his audience – or at least a collective experience that is the proper basis for knowledge, as the speaker establishes in his polemical remarks on method in the opening chapters of the treatise.<sup>51</sup> In so doing, he tacitly acknowledges that, like his addressees, he has a physical body. Nevertheless, the acknowledgement is not given rhetorical weight.

One reason the speaker does not emphasize his own corporeal experience here may be because he is not primarily defined in the treatise by his participation in a community of sufferers. Except for his quiet implication in the first-person plural here and on a couple other occasions, he emphatically positions himself as a physician whose knowledge is acquired from observing the bodies of other people.<sup>52</sup> The

bad regimen. On appeals to general experience in medical writing, see also the remarks of Diller 1932, 40; van der Eijk 1997, 117; Laskaris 2002, 129–132.

<sup>49</sup> The complex authorial persona has suggested to some scholars an audience of experts and laypersons: see Jouanna 1990, 14–17; cf. Schiefsky 2005, 36–46, positing an audience of laypersons. On hybrid and lay audiences more generally, see Kollesch 1991, 179–181; Althoff 1993, 222–223; Demont 1993, esp. 192–201; Wittern 1998, 30–33; Dean-Jones 2003, 112–121; Cañizares 2010.

<sup>50</sup> Corp. Hipp., *Vet. med.* 18 (Littre 1.614=142,8–15 Jouanna).

<sup>51</sup> In the first chapter, the speaker argues that the audience should be able to test any statement put forth for themselves, rather than trusting in the "hypotheses" of the speaker: see Corp. Hipp., *Vet. med.* 1 (Littre 1.572=119,4–11 Jouanna) and the remarks at Corp. Hipp., *Vet. med.* 20 (Littre 1.620–622=145,18–146,15 Jouanna).

<sup>52</sup> For the first-person plural elsewhere in the treatise, see Corp. Hipp., *Vet. med.* 7 (Littre 1.584=126,7 Jouanna), 15 (Littre 1.604=137,19 Jouanna): both examples refer to the use of cooked foods by both the author and his audience. See also, e.g., Corp. Hipp., *Flat.* 14 (Littre 6.112=122,14–16

speaker's claim to medical authority is particularly pronounced in a programmatic statement early in the treatise, where he declares that someone discussing the *tekhnē* must discuss things known to laypersons if he is to remain in touch with reality, "for it is a question of researching and describing nothing other than the affections that afflict these very people and on account of which they suffer (οὐ γὰρ περὶ ἄλλων τινῶν οὔτε ζητεῖν οὔτε λέγειν προσήκει ἢ περὶ τῶν παθημάτων ὧν αὐτοὶ οὗτοι νοσέουσι τε καὶ πονέουσιν, Corp. Hipp., *Vet. med.* 2 [Littré 1.572=120,3–7 Jouanna])." Sufferers, from the perspective of the physician, are other people. At this most methodologically significant moment, then, the author positions the physician – and, indeed, himself – formally on the side of disembodied experience, isolated from the broader embodied community. He stands outside the body looking in.

The split between physicians and those who suffer is also evident in the speaker's treatment of the history of medical inquiry. The first phase of discovery is better described as the origin of dietetics. At some time in a distant past, some particularly insightful people observe the corrosive effects of raw foods on their *own* natures. Driven by pain, they discover a means of avoiding it: they learn to cook. The second phase is still empirical in the sense that knowledge is gained through observation and testing, according to the method that was used to develop dietetics. But it is dominated by physicians, who, in developing medicine beyond dietetics, move away from research on their own bodies towards a rough-and-ready experimentation with the bodies of others as they work to find types of food suitable for the sick.<sup>53</sup> The earlier phase of research on human nature persists insofar as each person develops knowledge for himself about the foods best suited to his nature. But a practice where "no one is a layperson but everyone is knowledgeable through use and necessity (ἥς γὰρ μηδεὶς ἐστὶν ιδιώτης ἀλλὰ πάντες ἐπιστήμονες διὰ τὴν χρῆσιν τε καὶ ἀνάγκην)" cannot be considered a *tekhnē* (Corp. Hipp., *Vet. med.* 4 [Littré 1.578=123,9–12 Jouanna]). Medicine, in contrast, is a proper *tekhnē*. One of the aspects that make it a *tekhnē* is the asymmetrical relationship between the observing physician and the embodied patient.<sup>54</sup>

The asymmetry of the clinical encounter offers us a way of beginning to answer the question of why the place of the physician does not coincide with that of the suffering body. For, quite simply, the clinical encounter structures a relationship that opposes the physician to the body. It is admittedly no great revelation to say that the physician is defined through his position in a relationship with the ailing

Jouanna): ὅταν οὖν ἐκ τοῦ εἰωθότος ἔθεος μεταστῆωμεν, ἀπόλλυται ἡμῖν ἡ φρόνησις. For the first-person plural in a later writer, see von Staden 1994b, 108–109, on Celsus.

<sup>53</sup> Corp. Hipp., *Vet. med.* 6 (Littré 1.582–584=125,5–126,2 Jouanna).

<sup>54</sup> The clinical relationship could also be expressed in terms of a triangle involving the doctor, the patient, and the disease: see Corp. Hipp., *Epid.* I 11 (Littré 2.636, ch. 5=190,3–6 Kühlewein). But this triangle often collapses in the medical treatises into an opposition between the physician and the body.

patient. Such a relationship, after all, is visible not only in our earliest Greek texts but in older Egyptian and Babylonian medical writings. The very notion of a healing professional, summed up in the word *iatros*, assumes that the healer treats others on the basis of specialized knowledge. Otherwise, we have a situation like Herodotus describes in Babylon, where they have no need of physicians and the sick lie in the marketplace awaiting advice from passersby with experience of the ailment from which they are suffering (I 197).

But, as I observed earlier, the role of the physician is changing as medicine itself changes in the classical period. The claim that I am making about disembodiment makes sense only in a context where the physical body has emerged as what I have elsewhere called a “conceptual object” – namely, within the context of naturalizing medicine and, more broadly, the inquiry into nature.<sup>55</sup> The body emerges as an object with a nature (*phusis*) that is not immediately transparent but that can be studied and managed by those with proper technical knowledge and expertise. The rise of medical interest in the nature of the body, I suggest, expands the structure of the clinical relationship, transforming the roles of healer and patient.

If we turn back to *On Ancient Medicine*, one reason suggests itself for the author’s relative lack of interest in his own body as a source of knowledge. For, despite the significance of human nature in the treatise and, hence, the potential for acquiring general knowledge through one’s own body, what comes to be most important are particularities, that is, the idiosyncrasies of individual natures, especially in their interactions with food and drink. The complexity of human nature is compounded in the case of disease. It is just this complexity, together with the need for greater study and precision that it entails, that, on the author’s view, differentiates medicine from dietetics. The greater complexity of human nature in disease presumably leads to the development of specialized knowledge acquired outside the limited experience of one’s own body.<sup>56</sup> The physician following the proper method, at least in *On Ancient Medicine*, has two primary ways to gain such knowledge.

On the one hand, the physician establishes his epistemic advantage vis-à-vis the general public by engaging with and closely observing a wide range of bodies and natures.<sup>57</sup> Like the traveler not bound to a particular climate or a particular

<sup>55</sup> Holmes 2010b.

<sup>56</sup> See esp. Corp. Hipp., *Vet. med.* 7 (Littré 1.584–586=126,14–16 Jouanna): τί δὴ τοῦτ’ ἐκείνου διαφέρει ἀλλ’ ἢ πλεον τό γε εἶδος καὶ ὅτι ποικιλώτερον καὶ πλείονος προηγματεῖς. See also Corp. Hipp., *Vet. med.* 9 (Littré 1.588–128,9–10 Jouanna), where medicine requires a greater degree of precision, *akribeîē*. On the specificity of medicine here, see further Diller 1975, 89; Schiefsky 2005, 176. For the differentiation between expert and lay knowledge, see also Corp. Hipp., *Vet. med.* 21 (Littré 1.624–626=148,4–19 Jouanna).

<sup>57</sup> Such experience, together with knowledge of general principles (see above), allows him to aim at the proper measure in treatment (see Corp. Hipp., *Vet. med.* 9 [Littré 1.588–590=128,10–15 Jouanna]). See also Corp. Hipp., *Vict.* I 2 (Littré 6.470=124,17–24 Joly-Byl). On *Vet. med.* 9, see Schiefsky 2005, 185–207. For the meaning of *aisthēsis* in that passage, see Holmes 2010b, 167–169.

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land in *Airs*, he surveys bodies from a synoptic point-of-view that stands outside any body in particular.<sup>58</sup> Such a point-of-view is built up from the physician's own therapeutic and investigative experience. But his expansive field of vision, together with the authoritative perspective that it guarantees, ultimately transcends not just the limits of a single body but also the limits of a single lifetime insofar as it develops from his participation in a larger professional community, often expressed impersonally as the *tekhnē*.<sup>59</sup> Many – although not all – of our extant Hippocratic texts stake their claims to authority on what they contribute to or communicate of the *tekhnē*, as we saw in the opening lines of *Airs*.<sup>60</sup>

On the other hand, the complexity involved in understanding the natures of bodies in medicine is often seen to require a grasp of the hidden causes and powers that determine health and disease, as is the case in *On Ancient Medicine*. Although such knowledge is built up from personal and collective experience, it is also established in the present tense of performance through self-conscious argument and references to observations, especially observations vouched for by the first-person speaker. Repeatedly in the Hippocratic Corpus, and especially in the rhetorical treatises, we find observations being translated into truth claims by being incorporated into conceptual frameworks and arguments about hidden forces and causes. The claim to be able to offer accounts of what is happening inside the cavity, below the threshold of what we feel of our bodies, is precisely what generates so much of the rhetorical “noise” that we find in some texts: the strong first-person voice, signs, and proofs.<sup>61</sup> The stridency of this language and the insistent presence of an “I” can be chalked up to the difficulty of establishing transpersonal authority about the unseen world in a climate where claims to truth, never unchallenged among the poets, have become radically unstable. The result of these conditions is a first-person voice articulated through arguments designed to secure authority about what is hidden in the absence of Muse-like figures.

The prehistory reconstructed by the author of *On Ancient Medicine* implies that technical knowledge arises when self-experimentation gives way, within the realm

58 The synoptic point-of-view is even more pronounced – and, in some cases, detached from experience altogether – in treatises more inclined towards the “philosophical” approach to human nature deplored by the author of *On Ancient Medicine*. The author of *On Fleashes* starts by going back to the beginning of the cosmos: see Corp. Hipp., *Carn.* 1 (Littré 8.584=188,14–17 Joly). The author of *On Regimen* believes someone wishing to treat human regimen must know not only the nature of man but also the *dunameis* of foods and drinks and exercises, the risings and settings of the stars, and so on: see Corp. Hipp., *Vict.* I 2 (Littré 6.468–470=122,22–124,17 Joly-Byl).

59 See von Staden 1996, 412 (writing about the *Hippocratic Oath*): “As a results-oriented, professional expertise, *téchnē* is learned, practised, and transmitted by individuals, yet it transcends them and their private lives, representing a transpersonal continuity and producing a transgenerational community.”

60 On the function of prologues for establishing the text's importance to the *tekhnē* or general usefulness, see Lara Nava 1992, 348.

61 On this language, see Lloyd 1979, 59–102; Thomas 2000, 168–269, esp. 190–200.

of medicine, to the pas-de-deux of the clinical encounter. We do not have to endorse this particular account of medical history to find it useful for understanding how the clinical relationship was being imagined once medicine had acquired an interest in the physical body and human nature as objects of specialized knowledge. For the very structure of the clinical relationship, in dividing the knowing agent from the helpless sufferer, divides the observer from the observed. Recall, for a moment, the passage from *Epidemics VI*. On closer inspection, we can see here that the fissure between the senses and reason, on the one hand, and the body, on the other, maps neatly onto the clinical relationship. The epistemological ambitions of naturalizing medicine, I suggest, expand the roles within this relationship. The role of the physician is elaborated into a position of expert knowledge about the physical body and human nature more generally, as well as a position of technical agency. The patient, for his part, is still a patient. But his role, too, develops to include serving as the object of investigation, rather than simply the target of healing.

The two positions within the clinical relationship are thus rethought according to a structural opposition between, on the one hand, a “disembodied” position of observation and reasoned judgment, a position that often complements a synoptic point-of-view; and, on the other hand, the position assigned to the body as an object of inquiry and manipulation, frequently associated with ignorance. If a speaker interested in securing medical authority lays claim to the former position, we will hardly be surprised.

Consider, for example, the opening chapters of *On the Nature of a Human Being*. The author, aiming to prove that there are four basic stuffs that constitute a human being, proposes an experiment of sorts that involves eliciting these stuffs from the body or, more specifically, from the bodies of other people: “if you were to give a man a medicine that draws out phlegm, he vomits phlegm for you...if you injure a man’s body so as to cause a wound, blood will flow from him (εἰ γὰρ διδοίης ἀνθρώπῳ φάρμακον ὃ τι φλέγμα ἄγει, ἐμείται σοι φλέγμα... καὶ ἦν τρώσης αὐτοῦ τοῦ σώματος τι ὥστε ἔλκος γενέσθαι, ῥυήσεται αὐτῷ αἷμα, Corp. Hipp., *Nat. hom.* 5 [Littré 6.42=176,11–12; 178,1–2 Jouanna]).”<sup>62</sup> The dynamics of the clinical encounter are adapted here to the inquiry into human nature, creating an eviden-

<sup>62</sup> That the effects are produced through the bodies of other people is clear from the author’s discussion of how his opponents arrived at their conclusions: ὁρῶντες πίνοντας τοὺς ἀνθρώπους τὰ φάρμακα καὶ ἀπολλυμένους ἐν τῆσιν ὑπερκαθάρσεσιν... ὁρῶντες ἀποσφαζομένους τοὺς ἀνθρώπους καὶ τὸ αἷμα ῥέον ἐκ τοῦ σώματος... (They see those who drink drugs and die through excessive purgings... They see men who are cut and the blood flowing from the body ..., Corp. Hipp., *Nat. hom.* 6 [Littré 6.44=178,11–12; 15–16 Jouanna]). The context suggests that those observing are other physicians. See also Corp. Hipp., *Carn.* 9 (Littré 8.596=194,15–23 Joly). The object body is not only that of the patient. We also find examples of proofs produced from the bodies of animals, e.g., Corp. Hipp., *Artic.* 8 (Littré 4.94–98=121,12–123,10 Kühlewein); Corp. Hipp., *Carn.* 8 (Littré 8.594=193,20–23 Joly); Corp. Hipp., *Morb. sacr.* 11 (Littré 6.382=21,15–22,4 Jouanna); Corp. Hipp., *Mul.* I 6 (Littré 8.30=100,10–11 Grensemann).

We do not have to be useful for understanding medicine had acquired specialized knowledge of observing the knowing as observed. Recall, perfection, we can see on one hand, and the The epistemological roles within this relationship of expert knowledge as well as a position of observation. But his role, too, is more than simply the

rethought according to the “disembodied” position of observation complements a synoptic relationship to the body as an object of inquiry with ignorance. If a physician occupies the former position,

*Nature of a Human* discusses the stuffs that constitute the clinical encounter: “if you were to be a physician for you...if you were to learn from him (εἰ γὰρ μα... καὶ ἦν τρώσης αἷμα, Corp. Hipp., *Amics of the clinical* creating an eviden-

clear from the author’s *νοντας τοὺς ἀνθρώπους ἀποσφαζομένους τοὺς* : drugs and die through from the body ..., Corp. *ists* that those observing (oly). The object body is 1 the bodies of animals, . Hipp., *Cam.* 8 (Littre Jouanna); Corp. Hipp.,

tial scene organized by two positions: that of the anonymous persons whose bodies serve as sites of proof, and that of the observer, who manipulates the bodies of other people to generate proof.

If we go back to the example of *autopsia* from *On Generation/On the Nature of the Child*, we find a similar scenario of the clinical encounter being repurposed for medical investigation. The author’s observations are embedded in a quasi-narrative frame: a kinswoman brings to him a courtesan who had recently conceived a child and asks him to induce an abortion. He orders (ἐκελευσάμην) the courtesan to jump, touching her feet to her buttocks; the seed falls out, apparently with a thud, on the seventh kick, and he makes the observations that he goes on to relate to his audience.<sup>63</sup> The insertion of a narrative scene at this moment supports the construction of the first-person voice as a voice of observation and inquiry defined against the female patient who performs in accordance with the physician’s commands. We can see here, too, how the split between the role of the observing, manipulating subject and the role of the passive object of inquiry is underwritten by the implicitly hierarchical structure of the clinical relationship. The asymmetry of power implicit in that relationship is, if anything, exaggerated when it enlarges to encompass the investigation of the physical body. If the body is not forthcoming with signs, one must force nature to yield information, one author writes, using legal language reminiscent of the torture of slaves to produce evidence in court.<sup>64</sup>

The expansion of the clinical relationship beyond the healing event puts particular emphasis on the concept of a role. I have been fairly imprecise until now when talking about physicians, focusing on the authorial personae of the most rhetorical Hippocratic texts without excluding practicing physicians. Although these two groups are not the same, we have seen how they are implicated in each other: the clinical encounter is an important structural component of the construction of authority concerning the physical body in medical texts from the classical period, especially those oriented towards a general audience; the development of the physician role as a position of disembodied observation owes much to the rhetoric of medical authority in these treatises. Nevertheless, we must remain attentive to the ways in which the clinical encounter remains distinct from the contexts of oral performance and textual production in the classical period, especially in the sphere of the physician’s self-presentation.

If we turn to the deontological texts of the Hippocratic Corpus, we do find interest not only in the question of how a physician should conduct himself but also in the question of what sort of a person the physician should be, where the concept of “person” is socially embedded and, to some degree, embodied. The main difficulty here is that virtually all the extant deontological texts have been

<sup>63</sup> Corp. Hipp., *Genit./Nat. Puer.* 13 (Littre 7.490=55,8–19 Joly).

<sup>64</sup> Corp. Hipp., *Ars* 12 (Littre 6.24=240,10–17 Jouanna). On the legal language, see von Staden 2007, 28–32.

dated to the end of the fourth century BC or later, making it hard to know whether the concerns that they express about the character and self-identity of the physician are a post-classical development.<sup>65</sup> Still, given that the classical-era physician operated in a context where trust was crucial and in a culture where self-presentation was of the utmost importance in securing trust, what these later texts show us about the cultivation of a professional identity and the physician as a social and ethical actor can shed light on the authority of the physician role as it is being developed in epideictic performances and written texts.

### 3 The Practicing Physician

The Hippocratic texts, as I have observed, do not represent either the authoritative speaker or the practicing physician as figures who have bodies that are vulnerable to disease or open to investigation. But we do find a few intriguing references in the Corpus to the kind of nature that is best suited to medical learning and inquiry, as well as to medical practice. In one of the rare such references outside the deontological texts, the author of *On the Tekhnē* claims that the ability to make medical discoveries rests not only on one's training but also on the industriousness of one's *physis*.<sup>66</sup> The idea that the physician should have a particular type of nature is elaborated in the treatise *Law*, whose author compares the natural ability of the physician, which must be adequate to the understanding of the medical *tekhne*

<sup>65</sup> For the argument that these concerns are due to the development of philosophy, see Edelstein 1967, 319–348; cf. Kudlien 1970b. Most scholars see *Precepts* and *Decorum* as Hellenistic or later, citing stylistic grounds and features that appear Stoic (or, less commonly, Epicurean): see Fleischer 1939, esp. 24, 59–60, 104–105 (dating *Precepts* and *Decorum* to the first or second century AD); Moisan 1993, 10–26, arguing on stylistic grounds for a second-century AD date for *Precepts*. Jouanna 1999, 380, 405–406 follows the first- or second-century AD date suggested by Fleischer for *Decorum* but does not rule out a Hellenistic date for *Precepts*. *Physician* is usually dated earlier. Bensel (1922, 101–102) dates it to the second half of the fourth century BC; his dating is followed by Jones (1923, 306) and Potter (1995, 298). Dean-Jones 2010, 71–72 seems to locate the text in the agonistic settings of the late fifth and early fourth centuries BC, but this is probably too early. Fleischer 1939, 56–57 places *Physician* in the third century BC on stylistic and linguistic grounds; Edelstein 1967, 329 n. 19 concurs, adducing late Peripatetic ideals of the “gentleman” as a model; Moisan 1993, 169 sees the third century BC as the earliest possible date (and allows that it may be as late as the first century AD); Jouanna 1999, 404 dates the treatise to the Hellenistic period or even later. I would favor a late fourth-century BC date, but it is difficult to be certain. *Law* is more difficult still: Edelstein 1967, 333 places it in the later fourth century BC. No doubt the most controversial text to date is the *Oath*: see below, n. 76.

<sup>66</sup> Corp. Hipp., *Ars* 9 (Littré 6.16=235,7–8 Jouanna): δύνανται δὲ οἷσι τὰ τε τῆς παιδείης μὴ ἐκποδῶν, τὰ τε τῆς φύσεως μὴ ἀταλαίπωρα. See also Corp. Hipp., *Off. med.* 4 (Littré 4.284–288=32,17–33,10 Kühlewein), on natural formations of the fingers that are unsuited to surgical agility.



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(ἡτρικῆς σύνεσιν), to the soil in which the “seed” of medical learning takes root.<sup>67</sup> The author of *Decorum* declares that for those engaged in the *tekhnai*, one’s nature is the most important thing, with wisdom following only what has been established by nature itself.<sup>68</sup> Each of these texts recognizes the physician as someone endowed with a nature that determines his capacity to practice medicine. But nature is, in each case, a fixed state, and it is not defined in specific physiological terms. Are there aspects of the physician that have to be cultivated or managed?

The physician is certainly advised in the deontological texts to take care of his appearance and his behavior in his interactions with the public and his patients. Texts like *Physician*, *Decorum*, and *Precepts* offer a host of suggestions as to how the addressee should present himself: he should dress modestly; he should avoid elaborate headgear; he should bear in mind how he appears at the bedside in terms of posture, dress, and demeanor.<sup>69</sup> He should have a ready wit and eschew fussiness and show; he should give orders with calmness and good cheer, but he should be strict and sharp when necessary with the patient.<sup>70</sup> He must be solemn and generous towards his fellow human beings while avoiding expressions of vulgarity.<sup>71</sup> He must be moderate (σώφρων) in his lifestyle and in control of his desires.<sup>72</sup> These last precepts shade into concerns about the physician’s character. Nevertheless, they keep the idea of cultivation in the foreground while rooting the self presented by the physician to his patients in his appearance and comportment.

The most interesting evidence for the physician’s self-presentation in his professional practice is found in the opening lines of *Physician*, where the author recommends that the physician be of good complexion (εὐχρως) and “as fleshed out as nature intended him to be (εὐσαρκος...πρὸς τὴν ὑπάρχουσαν αὐτῷ φύσιν, Corp. Hipp., *Medic.* 1 [Littre 9.204=20,4–5 Heiberg]).”<sup>73</sup> He goes on to explain the reasoning behind the advice: “For the common crowd considers those who are not in excellent condition with respect to the body to be unable to care for others (ἀξιοῦνται γὰρ ὑπὸ τῶν πολλῶν οἱ μὴ εὖ διακείμενοι τὸ σῶμα [οὕτως] οὐδ’ ἂν ἐτέρων ἐπιμεληθῆναι καλῶς, Corp. Hipp., *Medic.* 1 [Littre 9.204=20,5–7 Heiberg]).”<sup>74</sup> Here, at last, we seem to have arrived at the idea that the physician has

67 Corp. Hipp., *Lex* 3 (Littre 4.640=8,1–7 Heiberg=272,1–6 Jouanna). Galen stresses natural ability as well: see Boudon-Millot 2009.

68 Corp. Hipp., *Dec.* 4 (Littre 9.230=26,7–15 Heiberg).

69 On dress: Corp. Hipp., *Dec.* 2 (Littre 9.228=25,17–19 Heiberg), 3 (Littre 9.228=25,21–24 Heiberg). On entering the room: Corp. Hipp., *Dec.* 11–12 (Littre 9.238–240=28,17–29 Heiberg). On headgear and perfumes: Corp. Hipp., *Praec.* 10 (Littre 9.266=33,22–34,2 Heiberg).

70 Corp. Hipp., *Dec.* 7 (Littre 9.236=27,24–26 Heiberg), 16 (Littre 9.242=29,13–19 Heiberg).

71 Corp. Hipp., *Medic.* 1 (Littre 9.206=20,15–18 Heiberg).

72 Corp. Hipp., *Medic.* 1 (Littre 9.204=20,9–13 Heiberg).

73 On the representation of the physician and his body in the early modern period and later (when the physician was portrayed as lean), see Lawrence 1998.

74 Ermerins’ emendation at Corp. Hipp., *Praec.* 6 (Littre 9.258=32,12 Heiberg), ἐαυτῶν for the ὑγιαίνοντων of the manuscripts, produced the sense that the physician should care for himself,

a physical body of his own that figures into the construction of his authority. Indeed, the masses appear to concur with Hermes that someone who fails to take care of himself cannot be trusted to take care of others.

What is interesting, however, is that this idea is pointedly attributed to the many, implying that the care of the body, here as elsewhere in the deontological treatises, matters only for professional self-presentation. The construction of authority, of course, always takes place in dynamic interaction with a public and its expectations. Nevertheless, in attributing concerns about the care of the body to the masses, the author suggests that these concerns are not internal to the physician's sense of identity.<sup>75</sup>

If we want a sense of how practicing physicians themselves may have understood their professional identity, our best source is undoubtedly what has been called "the most *personal* of Hippocratic texts of the classical epoch," namely the Hippocratic *Oath*.<sup>76</sup> The oath, after all, is a genre where the first-person speaker presents himself as an actor embedded in a network of social and ethical relationships with other people, as well as with the gods, and, through his performative utterance, binds himself to this community.<sup>77</sup> The *Oath* not only conforms to these generic expectations but, in fact, exceeds them insofar as it insistently draws attention to the first-person speaker. The oath-taker assumes an obligation to "guard my *bios*" – "life" or "way of life" – "and my *tekhnē* in a pure and holy way (ἀγνῶς δὲ καὶ ὁσίως διατηρήσω βίον ἐμὸν καὶ τέχνην ἐμήν, Corp. Hipp., *Iusi*. 4 [Littré 4.630=4,18 Heiberg=269,16 Jouanna])."<sup>78</sup> The phrasing here recognizes the physician's

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but the reading is not accepted by most editors. For other examples of the "Physician, heal thyself" maxim, see Cicero, *Fam.* IV 5.5 and Amundsen 1977, 648.

<sup>75</sup> Dean-Jones 2010 has recently reconsidered to whom this advice is directed, arguing that the addressee of *Physician* is not the beginning student but the teacher. The teacher, she argues, is being advised only to accept students who look healthy, presumably seeing the student through the eyes of a potential patient.

<sup>76</sup> Von Staden 1996, 418 (emphasis in original), noting the high prevalence (*vis-à-vis* other Hippocratic texts) of possessive pronouns in the *Oath*. See also von Staden 2008, 437 (citing the "intensely personal nature of the performative enunciation of this oath"). The *Oath* is usually dated to the later fifth or fourth century BC. Some have argued, however, for a later date: see Ducatillon 2001; von Staden 2008 draws attention to linguistic features of the *Oath* that are more consistent with Hellenistic texts than with the classical-era Hippocratic texts.

<sup>77</sup> On the *Oath's* relationship to the oath genre, see von Staden 2008.

<sup>78</sup> I print Jouanna's text here and in n. 80. For the sense of *bios* as "manner of living," see von Staden 1996, 419–422; 1997, 175–178; Boudon-Millot 2009. For the expression "in a pure and holy way" (ἀγνῶς...καὶ ὁσίως), see von Staden 1997, who concludes that it must be read in terms of an "internalisation and intellectualisation of purity ... internalised as a condition characterized by a certain kind of mental life over which one has some control and for which one consequently is responsible" (188). For the combination of ἀγνῶς and ὁσίως, which is unusual in the classical period, scholars have often pointed to the elegiac inscription that appeared on the temple of Asclepius at Epidaurus (where ἀγνεῖα is found with ὄσια), conventionally dated to the fourth century BC. Bremmer 2002 challenges this dating and, accordingly, suggests that these adverbs entered the *Oath* at a later (Hellenistic) date. Cf. Chaniotis & Mylonopoulos 2005, 437, reaffirming

mode of life and his *tekhnē* as discrete spheres.<sup>79</sup> Yet by making both these goods objects to be guarded “in a pure and holy way,” the oathtaker conjoins the two spheres of action into a single field where he pledges to exercise moral vigilance. It is to this field that both the benefits that accrue to the physician who fulfills the oath and the punishments entailed by its violation apply.<sup>80</sup>

The *Oath* defines the physician, then, not only in terms of competence but also through his ethical character. The demands on the physician’s character are expressed explicitly through the various prohibitions: the physician swears, for example, not to violate the patient’s trust within the intimate space of the house by entering into sexual relations with the women and men, free or unfree, he meets there or by betraying what he sees or hears in the private domain.<sup>81</sup> These demands are signaled implicitly through the reference to acting “in a pure and holy way.” The consequences of failing to uphold both aspects of one’s professional identity, moreover, are overseen by figures who do not exercise the power to harm elsewhere in the Hippocratic Corpus – namely, the traditional gods.

The *Oath* thus positions the physician in a space unlike any other in the Corpus. The care of the self matters here. Indeed, the *Oath* stresses the idea of vigilant attention to one’s life and *tekhnē* as possessions of the self. Yet such care is organized not by the physician’s relationship to his own body and the impersonal forces that determine its well-being. It is defined, rather, by his social and moral obligations to his patients, his teachers, his fellow physicians, and the gods.

The deontological texts and the *Oath*, in particular, are valuable insofar as they enrich our understanding of the professional role and self-identity of the physician in the classical period. They remind us that he is firmly located within the public milieu as a practitioner of medicine, while also suggesting something of the

the earlier dating of the Epidaurian inscription on the basis of epigraphic evidence not considered by Bremmer (and thus supporting the earlier date of ἀγνῶς...καὶ ὁσίως). At the same time, the fluidity of the *Oath*’s phrasing in antiquity is suggested by our oldest ancient source, a third-century AD papyrus from Oxyrhynchus (*P. Oxy.* 31.2547), which, in addition to diverging from the *textus receptus* in other ways, gives a variant reading for ἀγνῶς καὶ ὁσίως: ]ως κα[ι εὐ]σεβῶς. For recent discussions of the papyrus, see Ihm 2002 and Leith 2007.

<sup>79</sup> Excellence in these two spheres continues to inform positive representations of the physician in the Hellenistic and Roman periods, as we can see, for example, in funerary inscriptions for physicians: see von Staden 1997, 159–172.

<sup>80</sup> Corp. Hipp., *Iusi.* 8 (Littré 4.632=5,8–10 Heiberg=270,8–10 Jouanna): ὄρκον μὲν οὖν μοι τόνδε ἐπιτελέα ποιέοντι καὶ μὴ ξυγχέοντι εἴη ἐπαύρασθαι καὶ βίου καὶ τέχνης δοξαζομένῳ παρὰ πᾶσιν ἀνθρώποις ἐς τὸν αἰεὶ χρόνον, παραβαίνοντι δὲ καὶ ἐπιορκούντι τάναντία τούτων (If I render this oath fulfilled, and if I do not blur and confound it, making it to no effect, may it be granted to me to enjoy the benefits both of life and of *tekhnē*, being held in good repute among all human beings, for time eternal. If, however, I transgress and perjure myself, the opposite of these. Transl. von Staden).

<sup>81</sup> For the need to not violate the patient’s trust within the intimate space of the household, see also Corp. Hipp., *Medic.* 1 (Littré 9.206=20,19–23 Heiberg). Popular abuse of the physician at times represents him as violating this trust: see Amundsen 1977, 645–646.

ideals of character and behavior that physicians might have imagined for themselves as both professionals and members of their communities.

The relationship of these texts to those considered earlier, moreover, is instructive. On the one hand, the deontological texts conform to the expectations that we have developed from our study of the epideictic treatises. The *Oath's* focus on the physician's life (*bios*) in a social and professional rather than a biological sense, in particular, complements the portrait of the physician as disembodied. On the other hand, by expanding that portrait to include self-presentation and ethical obligations, both the *Oath* and deontological texts like *Physician* remind us of the differences between the negotiation of authority in the clinical encounter and the construction of medical authority in the rhetorical texts. The reference in *Physician* to the masses' expectations about what a physician should look like makes it all the more interesting that our fifth- and early fourth-century BC texts do not use the speaker's care of his own body as a strategy for claiming authority, any more than they use the speaker's body as a privileged site of evidence.

The very specificity of the position of medical authority developed in the rhetorically inclined Hippocratic texts reminds us that although that position is indebted to the structure of the clinical relationship and the longstanding understanding of medicine as a craft, it emerges under unique discursive, performative, and conceptual conditions. In the clinical encounter, the physician meets his "audience" – the patient, as well as family members and onlookers – in a field defined socially, ethically, and pragmatically. The physician's authority may still rely on rhetorical skill – as Gorgias immodestly stresses in Plato's dialogue of the same name (456b1–5) – but it is constructed in relationship to immediate concerns about competence.<sup>82</sup> By contrast, in the realm of the epideictic (or textual) "I," authority, displaced from the clinical encounter, is negotiated vis-à-vis broader claims about human nature, disease, and the body and a more abstract concept of expertise.<sup>83</sup> It is not that the epideictic "I" lacks a body. No doubt self-presentation mattered deeply in such contexts. But the performance context undeniably magnifies a speaking "I" – all the more pronounced in the written text – who, freed from the social conditions of the clinical encounter, comes more sharply into focus as a

82 The bedside could be a rhetorically contentious place, often populated by rival physicians. The beginning of *On Diseases I*, for example, seems addressed to a practicing physician who may have to defend his views before the patient or other physicians present at the bedside (Corp. Hipp., *Morb.* I 1 [Littre 6.140=2,3–6,4 Wittern]). On the physician's everyday use of rhetoric, see Edelstein 1967, 65–85, 99–105; Lloyd 1979, 86–98; 1987, 56–70; Kollesch 1991, 182–183. On the practicing physician's rhetorical use of learned medicine, see also Plato, *Leg.* IX, 857d2–4, where the idealized physician addresses his patient "almost like a philosopher, grasping the disease from its origin and going over every nature of bodies (ἐξ ἀρχῆς τε ἀπτόμενον τοῦ νοσήματος, περὶ φύσεως πάσης ἐπανιόντα τῆς τῶν σωμάτων)"; see also *Leg.* IV, 720d1–e2.

83 In some performance scenarios, the speaking "I" does engage in displays of expertise. In the second century AD, for example, Galen combines rhetorical performance with spectacular demonstrations of anatomical knowledge: see von Staden 1994a; Debru 1995; Gleason 2009.

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subject defined by claims to a specialized form of knowledge about the body and human nature. The “I” of treatises like *On Generation/On the Nature of the Child* and *On Ancient Medicine* is the subject of verbs of inquiry, demonstration, and argument, as a number of studies have shown. What we can now note is that these first-person claims to medical authority go together with an implicit cut between the knowing, observing subject and the object of knowledge, between the expert speaker and the physical body. Like the epic bard, the subject of knowledge is not implicated in the force-field he describes. He remains, like Homer, out of the fray even when he enters into the midst of violence and suffering.

The role of the physician as a skilled social actor is thus transformed in the classical period in response to the rise of new contexts for the performance of medical authority. That role is abstracted, as it were, from the clinical encounter and developed through the first-person voices of the medical speeches and writings that proliferated in the later fifth and early fourth centuries BC. It is defined by a cut between the observing, reasoning subject of knowledge about the physical body and the body itself as an object of knowledge. In the final section, I take up the physical body more directly in order to revisit the question of vulnerability with which we began. For, by inquiring more closely into the body displaced, we can begin to explore the larger implications of disembodied medical authority in classical Greece and beyond.

#### 4 Disembodied Authority and the Physician Role

Let us begin by returning for a moment to Book 3 of the *Republic*, where, we can recall, Socrates proposed that physicians acquire their training, at least in part, through the experience of disease. He goes on to add a premise required for the feasibility of his plan:

οὐ γὰρ, οἶμαι, σώματι σῶμα θεραπεύουσιν· οὐ γὰρ ἂν αὐτὰ ἐνεχώρει κακὰ εἶναι ποτε καὶ γενέσθαι· ἀλλὰ ψυχῇ σῶμα. (Plato, *Res publ.* III, 408e2–4)

For [physicians] do not, I think, treat a body with a body. For then it would not be permitted that their bodies ever be or become bad. But they treat the body with the soul.

If, that is, the physician’s capacity for judgment were compromised by his diseases – as is true, Socrates says, for those who suffer diseases of the soul – they could not legitimately form part of his training.<sup>84</sup> But, at least in the *Republic*,

<sup>84</sup> Galen, reflecting on Socrates’ suggestion, also requires the physician to retain his mental faculties if his suffering is to be educational: *Loc. aff.* II 7 (Kühn 8.88–89).

Plato insists that the soul cannot be corrupted by the ills that befall the body, opening up the education of the physician to self-experimentation.<sup>85</sup>

It seems likely that the Hippocratic writers would agree with Socrates that a body is not treated by a body. But they do not take it for granted that the capacity for judgment – the language of the soul is not consistently used in this sense in the Corpus – is insulated from the physical body. Indeed, the operating assumption in virtually all the extant Hippocratic texts is that corporeal disturbances can and often do have an impact on cognitive faculties, whether a writer is simply observing the failure of those faculties among a number of other symptoms or he is giving a self-consciously physicalist account of a disease such as epilepsy.<sup>86</sup> Even in *On Regimen*, the treatise where the soul-body pair is most prevalent, the soul (understood in physicalist terms) is not exempted from the travails of the body.<sup>87</sup> In short, the body for the Hippocratic writers is not just an object of knowledge. It is also a great source of disruption and vulnerability in human nature.

The dangers that the turmoil of the body poses to the faculties on which the physician relies, especially in the event of disease, suggest why the Hippocratic writers might be uncomfortable with Socrates' proposal. The author of *On the Tekhnē* acknowledges as much when he contrasts the physician, who "sets to work with a healthy mind in a healthy body (ὕγιαινούση γνώμη μεθ' ὑγιαινοντος σώματος)," with ignorant, fearful, and suffering patients who are "full of disease (πλήρεις...τῆς νόσου, Corp. Hipp., Ars 7 [Littré 6.10–12=231,8–232,5 Jouanna])." Here, the author recognizes the embodiment of the physician – an unusual case – only to contrast it with the state of the patient.

For many medical writers, however, it seems to have been safer to exclude any consideration of the physician's body, as if the very recognition of the body could put his authority at risk. Their reticence may give us another piece of the puzzle as to why medical authority in the Hippocratic texts is disembodied. For such disembodiment creates a buffer between the volatility of the physical body and the subject position from which medical knowledge and expertise is exercised. The disembodied position of authority in the medical texts, in other words, may be due as much to a suppression of the physician's physicality as to the adaptation of the dynamics of the clinical relationship to inquiries into the body, disease, and human nature conducted in new arenas for the display of medical expertise.

In the end, however, we have to remember that we are trying to explain a silence. It is impossible to know whether the Hippocratic authors were consciously motivated by concerns about the threat posed by physicality to medical authority when they represented themselves as immune to the symptoms that afflict their

<sup>85</sup> The argument that the soul is unaffected by the corruption of the body is developed at length in Book 10 of the *Republic*. But in other Platonic dialogues (e.g., *Phaedo*, *Timaeus*, *Philebus*, *Laws*), the body can indeed be a source of danger for the soul, usually through its pleasures.

<sup>86</sup> For examples and further bibliography, see Holmes 2010b, 157–159, 182–183.

<sup>87</sup> Corp. Hipp., *Vict.* I 35 (Littré 6.518=154,20–21 Joly-Byl).

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patients and form the raw material of expert knowledge. What we can mark is the fact of their disembodiment in these terms. We can mark, too, the resulting identification of these voices with observation, reasoning, and expert judgment, as well as with the capacity to exercise technical agency. The result is a more nuanced portrait of the role of the physician, according to which that role serves as a position from which a reasoning agent extends efficacious control over the unruly physicality of human nature.

What are the implications of the elaborated physician role that we have been tracing? I would venture, first, that it tells us something about a particular way of situating the self vis-à-vis the study of nature. It is misleading, we have seen, to call the voice of medical authority in the rhetorical Hippocratic texts impersonal. To the extent that the stance of the early medical writers is characterized by an aggressive “egotism,” it would seem to preclude them being “objective” in the modern sense of “aspir[ing] to knowledge that bears no trace of the knower.”<sup>88</sup> Nevertheless, the definition of the knower in these texts may stand as a significant and perhaps foundational moment in the early history of objectivity in Western medicine and science. On the one hand, the knowing subject lays claim to his position of authority through his identification with a type of technical expertise, rather than through knowledge defined by the fusion of the knower with the objects of knowledge, as we see in some representations of godlike wisdom in early Greek philosophy.<sup>89</sup> He does not, in seeking knowledge, go in search of himself, as Heraclitus does (fr. 22 B101 Diels-Kranz).<sup>90</sup> On the other hand, the role of the physician is organized around the absence of the physical body. What this means is that the knowledge and the power associated with that position are cut off from the sea of physical forces that dominate the descriptions of the body in the medical texts and determine the fate of patients. The position of the physician is thus protected by a kind of “structural disembodiment.”

Yet insofar as the role of the physician is defined not just vis-à-vis the larger physical world but vis-à-vis human nature, it also creates new opportunities for the self – that is, for subjectivity alongside objectivity. The physician role, as we have seen, moves beyond the clinical encounter to spheres of oral and written performance in the later fifth century BC. It is mobile in other ways as well. While I do not have sufficient space to analyze its migration into other contexts in detail here, I would like to close by indicating briefly two related areas where the transformed “physician role” may have been influential for concepts of the self in classical antiquity.

<sup>88</sup> Daston & Galison 2007, 17.

<sup>89</sup> See Miller 2011, esp. 27–42, 48–51, 70–77, 85–113.

<sup>90</sup> For Plato, physicians know the body without knowing themselves (*Alc.* 1 131a5–7; *Charm.* 164a9–c2). Part of the problem for Plato is that the body does not constitute the self: the self is the soul. But even to the extent the body is virtually synonymous with human nature in the medical writers, it is not a route to self-knowledge for the physician.

In considering lay audiences, we have focused on contexts where the speaker addresses a general public presumed to be interested in medicine. But there are other treatises where the layperson is addressed as someone who is involved in the care of his own body.<sup>91</sup> The treatise *On Affections* begins:

ἄνδρα χρή, ὅστις ἐστὶ συνετός, λογισάμενον ὅτι τοῖσιν ἀνθρώποισι πλείστου ἄξιόν ἐστιν ἢ ὑγίειν, ἐπίστασθαι ἀπὸ τῆς ἑωυτοῦ γνώμης ἐν τῆσι 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. (Corp. Hipp., *Aff.* 1 [Li 6.208=6 Potter])

Any man of intelligence, having taken it into account that health is of the greatest value to human beings, must know by means of his own understanding how to help himself in diseases, and to know and to judge what is said by physicians and what they administer to his body, and to know each of these things to the extent that is fitting for a layperson.

The address bears striking similarities to the opening line of *Airs* (the use of *χρή*, “one ought to”; the *ὅστις*, “whoever,” clause modifying the subject of the *χρή* construction) with a crucial substitution: the aspiring physician is replaced by the intelligent layperson who is an object of medical care.<sup>92</sup>

But the layperson turns out to be not so distant from the physician in this context. For the author invites the addressee to occupy a position that, at least in a modified way, mimics the physician role insofar as it is defined by reasoning, knowledge, and judgment. The layperson, in other words, becomes like a physician, but *in relation to his own body*. He thus internalizes the split within the clinical relationship, which is transformed, accordingly, into a relationship to the self. By laying claim to the structural disembodiment of the physician, the informed layperson isolates his capacity to judge and to reason from the volatile dynamics of the cavity – richly described in the rest of *On Affections* – and ceases to be simply an object of others’ actions. The role of the physician thus becomes a position from which to exercise a modified medical authority, underwritten by the *tekhne*, over oneself – a model of self-reflexive care.

The appeal of such a position seems to have become widespread by the end of the fifth century BC. The treatise *On Regimen*, for example, is addressed to laypersons who seek to manage their bodies in health as well as in disease. The author envisions an audience comprising elites, who are convinced that there are no benefits of wealth without health, and non-elites, who are not in a position to neglect everything to take care of themselves.<sup>93</sup> And Socrates rails against the

<sup>91</sup> See Wittern 1998, 30, who draws a useful distinction between the layperson interested in medicine and the layperson *qua* potential patient.

<sup>92</sup> Some scholars have seen the proem as a frame alien to the body of the treatise, which is fairly technical and addresses the physician in the second-person: see esp. Potter 1988, 4–5. But most scholars now accept the unity of the treatise and see the proem as further evidence of public interest in medical knowledge. See van der Eijk 1997, 86–87; Schiefsky 2005, 41–42; Cañizares 2010.

<sup>93</sup> Corp. Hipp., *Vict.* III 69 (Littré 6.604–606=200,23–27 Joly-Byl).



“excessive” care of the body (ἡ περιττὴ αὐτῆ ἐπιμέλεια τοῦ σώματος) among elite Athenians in the *Republic* (III, 407b8-c6).

Yet for all of Socrates’ ire towards the growing influence of medicine, he also provides evidence for its cultural capital. Indeed, the concept of the “physician role” seems to serve a function in early philosophical ethics, as Plato’s own writings show.<sup>94</sup> Plato, we will recall, believes that the physician does not treat a body with a body but with a soul. The soul on this model takes over the role of the physician; the split between physician and patient is mapped onto the split between the body and the soul. That it is the responsibility of the soul to take care of the body is suggested elsewhere in the *Republic*; the idea appears as well in the fragments of Democritus.<sup>95</sup> In these cases, the position of authority occupied by the physician, to the extent that it is taken over by the soul, appears fully internalized.<sup>96</sup>

But the emergence of the soul’s therapeutic function does not mean the role of the physician becomes irrelevant. In other dialogues, and especially in the early “Socratic” dialogues, Plato often introduces the idea that, in addition to techniques of caring for the body, there are techniques of caring for the soul that resemble those used in medicine.<sup>97</sup> He does draw a distinction between the kind of technical knowledge commanded by a physician and the knowledge required for the flourishing of the soul.<sup>98</sup> Nevertheless, the idea that a philosophical ethics might provide a technique both for maintaining the health of the soul and for curing its ills runs through the Greco-Roman ethical tradition, from Plato through Aristotle to the Hellenistic and Roman philosophical schools.<sup>99</sup>

In some versions of the medical analogy, technical expertise is associated with an external figure – such as a teacher – who stands in relationship to the subject

<sup>94</sup> For a fuller treatment of the relationship between early Greek medicine and early philosophical ethics, see Holmes 2010a; 2010b; and *forthcoming*.

<sup>95</sup> Plato, *Res publ.* III, 403d8-e2; Democritus fr. 68 B159 Diels-Kranz.

<sup>96</sup> See, here, too, Aristotle’s formulation of the soul as an entity exercising its functions without being affected itself in terms of a craftsman exercising his craft, and esp. the analogy to the physician at *Gen. corr.* I 7, 324a24-b6. The passage is fascinating insofar as it suggests that the agent – technically, the *tekhne* of medicine, but Aristotle also speaks directly of the physician – does not have the same matter (*hylē*) as the patient and thus is not affected when he exercises the *tekhne*. Even when Aristotle speaks of the artisan, the artisan’s body is present only as an instrument of the *tekhne*, as Menn points out (2002, 124–125), much as we have seen with the physician.

<sup>97</sup> See Holmes 2010a, with further bibliography.

<sup>98</sup> The extent to which technical knowledge differs from moral knowledge is a source of contention. For the opposing positions, see Irwin 1995, who privileges the craft analogy; Roochnik 1996, drawing a sharp distinction between technical knowledge and Socratic wisdom. The point I make here is a more general one about how the care of the self is conceptualized.

<sup>99</sup> See Jaeger 1957 (on Aristotle); Nussbaum 1994 (on the Hellenistic schools); Tsouna 2009 (on Epicureanism).

like a physician to a patient.<sup>100</sup> But the analogy can also include a subject position from which techniques are applied reflexively to the self. Self-reflexivity here is underwritten, in part, by an implicit cut between the subject and the object of care and the premise that reason and judgment can be isolated from the tumult not only of the body but of the appetitive and emotional soul. Of course, once the clinical relationship has been internalized, there is always the threat that the barrier between physician and patient will collapse, contaminating the technical expertise and knowledge of the former with the volatile physicality of the latter. Nevertheless, the possibility of even erecting that barrier, however indebted to developing ideas of dualism in the classical and Hellenistic periods, may draw, I suggest, on the expansion of the physician role in early medical speeches and texts to encompass a disembodied authority to speak about and manage human nature.<sup>101</sup>

The rise of ethical philosophies organized around reflexive attention to the self brings us back to the scene with which we began: Odysseus' encounter with Hermes. The episode came to enjoy a rich afterlife in the hands of those who sought allegorical meaning in the Homeric poems.<sup>102</sup> One of the most extensive readings of the scene is found in Stobaeus, who attributes it, perhaps wrongly, to the Neoplatonist philosopher and literary critic Porphyry.<sup>103</sup> The allegorist reads Odysseus' adventures on Aeaëa as an incredible story of things having to do with the soul, its care, and especially the repercussions of failing to take care.<sup>104</sup> He is working with a set of assumptions that, while Platonist in slant, share much with the foundations of other ethical philosophies of the first centuries AD.

ἐνθα δὴ τὸ μετὰ παιδείας ἐκάστω καὶ φιλοσοφίας ὄφελος ἀναμνημονεύουσα<sup>105</sup> τῶν καλῶν ἢ ψυχῇ καὶ δυσχεραίνουσα τὰς αἰσχράς καὶ παρανόμους ἤδονάς δύναται κρατεῖν καὶ προσέχειν

<sup>100</sup> See, e.g., Plato, *Crit.* 47d6–48a4.

<sup>101</sup> It may be in the contribution that medicine makes to “techniques of the self” that it is most relevant to the story told about objectivity in Daston & Galison 2007. Daston and Galison introduce ancient techniques of the self as a model for the practices they find integral to the subject position of objectivity in eighteenth-, nineteenth-, and twentieth-century science. They see the ancient self as purely ethical, occupied with the imperative to “know thyself” (2007, 37–39); the “scientific self” is a later development, taking us “far beyond” the ancient directive. The Delphic maxim is indeed crucial for ancient ethics. But perhaps the very notion of a technique of the self begins with a variant of the scientific self, who knows and controls the physical world while standing outside its dynamics. The Hippocratic texts offer an early version of this persona.

<sup>102</sup> On early allegorical interpretations of Homer, see Ford 1999. On allegorical interpretations of the Circe episode, most of which offer some variant of the interpretation in the extract from Stobaeus, see Buffière 1956, 292, 324, 379; Yarnall 1994, 73–78, 93–97; Gosserez 2003 focuses on the early Church Fathers. See Pépin 1982 on the Neoplatonist Odysseus more generally (drawing attention to the salvation theme).

<sup>103</sup> Helmig 2008 makes a good case for attributing the reading to Plutarch.

<sup>104</sup> On the passage, see Buffière 1956, 506–515; Lambertson 1986, 115–119.

<sup>105</sup> ἀναμνημονεύουσα Meineke. ἀν μνημονεύουσα FP<sup>2</sup> ἀν μνημονεύουσα P<sup>1</sup>.

αὐτῇ καὶ φυλάττειν, μὴ λάθῃ θηρίον γενομένη καὶ στέρξασα σώματος οὐκ εὐφροῦς οὐδὲ καθαροῦ πρὸς ἀρετὴν φύσιν ἄμουσον καὶ ἄλογον καὶ τὸ ἐπιθυμοῦν καὶ θυμούμενον μᾶλλον ἢ τὸ φρόνιμον αὔξοντος καὶ τρέφοντος. (Stobaeus, *Ecl.* I 41.60)

By virtue of what each of us gains through education and philosophy, the soul, remembering the good and repelled by shameful and illicit pleasures, is able to prevail and watch itself carefully and take care lest through inattention it be reborn as a beast and fall in love with a body badly suited for virtue and impure, nurturing an uncultivated and irrational nature and encouraging the appetitive and passionate elements of the soul rather than the rational. (transl. R. Lambertson)

Odysseus' companions, transformed into pigs, offer a cautionary tale about souls that fail to conquer their appetitive desires. Odysseus himself is spared their fate only because Hermes, the symbol of reason (*logos*), "meets the soul and clearly points the way to the good," encouraging the soul to remember what it already knows.<sup>106</sup> The allegorist thus transforms the meeting in the forest into a scene in which the god transmits the art of philosophy as a prophylactic drug that allows the soul of the hero to guard against bestialization by "watching itself." Odysseus emerges as an ethical hero who succeeds in protecting himself in the strange lands of the soul's appetites and the unruly body by adopting techniques of care that are symbolized by reason, transmitted by education, and enacted through the practice of philosophy.

In the end, it is precisely because Odysseus anticipates the subject of ethical philosophy that he is not a physician. The role of the physician in antiquity remains distinct from that of the philosopher.<sup>107</sup> His authority is defined by an expertise that moves outward rather than reflexively, targeting the vulnerability of others and human nature in the abstract. If the authority of the philosopher is often premised on his own mastery of the body and the appetitive self – we can think here of figures like Empedocles, Socrates, and the Stoic sage – the authority of the physician rests on the structural suppression of the body, that is, the suppression of the fluid and volatile substratum where selves are made and unmade in early physiological thinking.<sup>108</sup> The structural disembodiment of the physician role tells us something about the difference between technical or even "scientific" authority about human nature and what we might call philosophical wisdom.

And yet, the story of the soul that Odysseus' adventures on Aeaëa come to illustrate may build, I have suggested, on the elaboration of the physician role in

<sup>106</sup> The allegorical interpretation of Hermes goes back at least to Socrates, who, according to Xenophon, identified the god with Odysseus' own capacity to master his appetites in the face of temptation (*Mem.* I 3.7); see also the specific equation of Hermes with reason or philosophy in the *Homeric Allegories* of Heraclitus (72.4).

<sup>107</sup> Galen brings these roles together in fascinating and probably innovative ways without, I would argue, eliminating the sense that they are two *separate* roles.

<sup>108</sup> On the long history of bodily management as part of the philosopher's or the intellectual's identity, see Dillon 1995; Shapin 1998.

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texts and speeches about medicine in the classical period, a process shaped by the specific discursive, intellectual, and performative context in which it unfolds, as well as by the emergence of the physical body as an object of specialized knowledge and, perhaps, as a cause of difficulty for the rational self. However much the physician role is taken over by the soul, it continues to be informed by the intuition that the soul requires techniques to manage its own appetites and the body, techniques developed and transmitted by philosophy. If philosophy often uses medicine to describe its own authority and efficacy, it may be because, by the later fifth and early fourth centuries BC, medicine has become about more than the encounter between healer and patient. It has become an integral part of the history of how we came to stand outside ourselves to take human nature as an object of inquiry, manipulation, and care.

## Bibliography

### Texts quoted

#### Abbreviations and Editions of Classical Texts

Diels-Kranz: Diels, H. 1951–1952. *Die Fragmente der Vorsokratiker*. 6<sup>th</sup> ed., revised by W. Kranz. Berlin.

Kühn: Kühn, C. 1821–1833. *Claudii Galeni opera omnia*, 20 vols. Leipzig.

Littré: Littré, É. 1839–61. *Œuvres complètes d'Hippocrate*, 10 vols. Paris.

LP: Lobel, E., & D. Page 1955. *Poetarum Lesbiorum fragmenta*. Oxford.

#### Hippocratic Texts

What follows are the Hippocratic editions I have used, together with the most convenient English translations. Other editions that are cited are included in the bibliography.

*Aer.*: *Airs, Waters, Places* (Littré 2.12–93). Jouanna, J. 1996. *Hippocrate, Airs, eaux, lieux*. Paris.

Jones, W. 1923. *Hippocrates*. Vol. 1. Cambridge, MA.

*Aff.*: *On Affections* (Littré 6.208–271). Potter, P. 1988. *Hippocrates*. Vol. 5. Cambridge, MA.

*Ars.*: *On the Tekhnē* (Littré 6.2–27). Jouanna, J. 1988. *Hippocrate, Des vents; De l'art*. Paris. Jones, W. 1923. *Hippocrates*. Vol. 2. Cambridge, MA.

*Artic.*: *On Joints* (Littré 4.78–327). Kühlewein, H. 1894–1902. *Hippocratis opera quae feruntur omnia*. 2 vols. Leipzig. Withington, E. 1928. *Hippocrates*. Vol. 3. Cambridge, MA.

*Carn.*: *On Fleshes* (Littré 8.584–615). Joly, R. 1978. *Hippocrate, Des lieux dans l'homme; Du système des glandes; Des fistules-Des hémorroïdes; De la vision; Des chairs; De la dentition*. Paris. Potter, P. 1995. *Hippocrates*. Vol. 8. Cambridge, MA.

*Dec.*: *Decorum* (Littré 9.226–243). Heiberg, I. 1927. *Hippocratis opera. Corp. med. Gr. I.1*. Leipzig. Jones, W. 1923. *Hippocrates*. Vol. 2. Cambridge, MA.

*Epid. I*: *Epidemics I* (Littré 2.598–717). Kühlewein, H. 1894–1902. *Hippocratis opera quae feruntur omnia*. 2 vols. Leipzig. Jones, W. 1923. *Hippocrates*. Vol. 1. Cambridge, MA.

*Epid. V*: *Epidemics V* (Littré 5.204–259). Jouanna, J. 2000. *Hippocrate, Epidémies V et VII*. Paris. Smith, W. 1994. *Hippocrates*. Vol. 7. Cambridge, MA.

*Epid. VI*: *Epidemics VI* (Littré 5.266–357). Manetti, D., & A. Roselli 1982. *Ippocrate, Epidemie: libro sesto*. Florence. W. D. Smith, ed. & transl. 1994. *Hippocrates*. Vol. 7. Cambridge, MA.

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rate, Epidemie: libro  
bridge, MA.

- Flat.: On Breaths* (Littré 6.90–115). Jouanna, J. 1988. *Hippocrate, Des vents; De l'art*. Paris. Jones, W. 1923. *Hippocrates*. Vol. 2. Cambridge, MA.
- Genit./Nat. Puer.: On Generation/On the Nature of the Child* (Littré 7.470–543). Joly, R. 1970. *Hippocrate, De la génération; De la nature de l'enfant; Des maladies IV; Du fœtus de huit mois*. Paris. Lonie, I. 1981. *The Hippocratic Treatises "On Generation," "On the Nature of the Child," "Diseases IV."* Berlin.
- Iusi.: Oath* (Littré 4.628–632). Heiberg, I. 1927. *Hippocratis opera. Corp. med. Gr. I.1*. Leipzig.
- Jouanna, J. 1996. "Un témoin méconnu de la tradition hippocratique: L'*Ambrosianus Gr. 134* (B 113 Sup.), fol. 1–2 (avec une nouvelle édition du *Serment* et de la *Loi*)." In: A. Garzya (ed.), *Storia e ecdotica dei testi medici greci: Atti del II Convegno Internazionale, Parigi 24–26 maggio 1994*. Naples, 253–272. Jones, W. 1923. *Hippocrates*. Vol. 1. Cambridge, MA.
- Lex: Law* (Littré 4.638–642). Heiberg, I. 1927. *Hippocratis opera. Corp. med. Gr. I.1*. Leipzig.
- Jouanna, J. 1996. "Un témoin méconnu de la tradition hippocratique: L'*Ambrosianus Gr. 134* (B 113 Sup.), fol. 1–2 (avec une nouvelle édition du *Serment* et de la *Loi*)." In: A. Garzya (ed.), *Storia e ecdotica dei testi medici greci: Atti del II Convegno Internazionale, Parigi 24–26 maggio 1994*. Naples, 253–272. Jones, W. 1923. *Hippocrates*. Vol. 2. Cambridge, MA.
- Medic.: Physician* (Littré 9.204–220). Heiberg, I. 1927. *Hippocratis opera. Corp. med. Gr. I.1*. Leipzig.
- Morb. I: On Diseases I* (Littré 6.140–205). Wittern, R. 1974. *Die hippokratische Schrift "De morbis I."* Hildesheim. Potter, P. 1988. *Hippocrates*. Vol. 5. Cambridge, MA.
- Morb. sacr.: On the Sacred Disease* (Littré 6.353–397). Jouanna, J. 2003. *Hippocrate, La maladie sacrée*. Paris. Jones, W. 1923. *Hippocrates*. Vol. 2. Cambridge, MA.
- Mul. I: Diseases of Women I* (Littré 8.10–233). Grensemann, H. 1982. *Hippokratische Gynäkologie. Die gynäkologischen Texte des Autors C nach den pseudohippokratischen Schriften De muliebribus I, II und De sterilibus*. Wiesbaden. Hanson, A. 1975. "Hippocrates: *Diseases of Women I*." In: *Signs* 1, 567–584.
- Nat. hom.: On the Nature of a Human Being* (Littré 6.32–69). Jouanna, J. 2002. *Hippocrate, La nature de l'homme*. 2<sup>nd</sup> ed. *Corp. med. Gr. I.1.3*. Berlin. Jones, W. 1931. *Hippocrates*. Vol. 4. Cambridge, MA.
- Off. med.: In the Surgery* (Littré 3.272–337). Kühlewein, H. 1894–1902. *Hippocratis opera quae feruntur omnia*. 2 vols. Leipzig. Withington, E. 1928. *Hippocrates*. Vol. 3. Cambridge, MA.
- Praec.: Precepts* (Littré 9.250–272). Heiberg, I. 1927. *Hippocratis opera. Corp. med. Gr. I.1*. Leipzig. Jones, W. 1923. *Hippocrates*. Vol. 1. Cambridge, MA.
- Vict.: On Regimen* (Littré 6.466–663). Joly, R., with S. Byl 2003. *Hippocrate, Du régime*. 2<sup>nd</sup> ed. *Corp. med. Gr. I.2.4*. Berlin. Jones, W. 1931. *Hippocrates*. Vol. 4. Cambridge, MA.
- Virg.: Diseases of Young Girls* (Littré 8.466–471). Lami, A. 2007. "[Hippocrate], *Sui disturbi virginali: testo, traduzione e commento*." In: *Galenos* 1, 15–59. Flemming, R., & A. Hanson 1998. "Hippocrates' *Peri Partheniôn* ("Diseases of Young Girls"): Text and Translation." In: *Early Science and Medicine* 3, 241–252.
- Vet. med.: On Ancient Medicine* (Littré 1.570–637). Jouanna, J. 1990. *Hippocrate, De l'ancienne médecine*. Paris. Jones, W. 1923. *Hippocrates*. Vol. 1. Cambridge, MA.

## Works quoted

- Alexander, C. 1991. "A Note on the Stag: Odyssey 10.156–72." In: *Classical Quarterly* 41, 520–524.
- Althoff, J. 1993. "Formen der Wissensvermittlung in der frühgriechischen Medizin." In: Kullmann & Althoff 1993, 211–223.
- Altman, L. 1972. "Auto-experimentation: An Unappreciated Tradition in Medical Science." In: *New England Journal of Medicine* 286, 346–352. Reprinted in: R. Bulger (ed.), *Hippocrates Revisited: A Search for Meaning* (New York, 1973), 193–210.
- Amundsen, D. 1977. "Images of Physicians in Classical Times." In: *Journal of Popular Culture* 11, 642–655.
- Asper, M. 2007. *Griechische Wissenschaftstexte. Formen, Funktionen, Differenzierungsgeschichten*. Stuttgart.
- Bakker, E. 2005. "Homeric Epic between Feasting and Fasting." In: F. Montanari & A. Rengakos (eds.), *La poésie épique grecque: Métamorphoses d'un genre littéraire*. Geneva, 1–30 (Discussion, 31–39).
- Bakker, E. 2009. "Homer, Odysseus, and the Narratology of Performance." In: J. Grethlein & A. Rengakos (eds.), *Narratology and Interpretation: The Content of Narrative Form in Ancient Literature*. Berlin, 117–136.
- Baltussen, H. 2000. *Theophrastus against the Presocratics and Plato: Peripatetic Dialectic in the "De sensibus"*. Leiden.
- Baragwanath, E. 2008. *Motivation and Narrative in Herodotus*. Oxford.
- Barton, T. 1994. *Power and Knowledge: Astrology, Physiognomics, and Medicine under the Roman Empire*. Ann Arbor.
- Bensel, J. 1923. "Hippocratis qui fertur De Medico libellus ad codicum fidem recensitus." In: *Philologus* 78, 88–130.
- Boudon-Millot, V. 2009. "Galen's *Bios and Methodos*: From Ways of Life to Path of Knowledge." In: Gill et al. 2009, 175–189.
- Brain, P. 1982. "The Hippocratic Physician and His Drugs: A Reinterpretation of ΑΠΟΠΕΙΣΘΑΙ and ΔΙΑΜΑΡΤΑΝΕΙΝ in Chapter 2 of ΠΕΡΙ ΑΕΡΩΝ, ΥΔΑΤΩΝ, ΤΟΠΩΝ." In: *Classical Philology* 77, 48–51.
- Bremmer, J. N. 2002. "How Old is the Idea of Holiness (of Mind) in the Epidaurian Temple Inscription and the Hippocratic Oath?" In: *Zeitschrift für Papyrologie und Epigraphik* 141, 106–108.
- Buffière, F. 1956. *Les mythes d'Homère et la pensée grecque*. Paris.
- Calame, C. 2005. *Masks of Authority: Fiction and Pragmatics in Ancient Greek Poetics*. Transl. P. Burk. Ithaca.
- Cañizares, P. 2010. "The Importance of Having Medical Knowledge as a Layman: The Hippocratic Treatise *Affections* in the Context of the *Hippocratic Corpus*." In: Horstmanshoff 2010, 87–99.
- Chaniotis, A., & J. Mylonopoulos 2005. "Epigraphic Bulletin for Greek Religion 2002." In: *Kernos* 18, 425–474.
- Clay, J. 1972. "The Planktai and Moly: Divine Naming and Knowing in Homer." In: *Hermes* 100, 127–131.
- Curtis, T. 2009. "Didactic and Rhetorical Strategies in Galen's *De pulsibus ad tirones*." In: Taub & Doody 2009, 63–79.
- Daston, L., & P. Galison 2007. *Objectivity*. New York.
- Davies, M. 2008. "Hermes the Helper Figure: Odyssey 10.275–308." In: *Prometheus* 34, 27–32.
- Dean-Jones, L. 2003. "Literacy and the Charlatan in Ancient Greek Medicine." In: Yunis 2003, 97–121.
- Dean-Jones, L. 2010. "Physician: A Metapaedagogical Text." In: Horstmanshoff 2010, 53–72.

- Debru, A. 1992. "La suffocation hystérique chez Galien et Aétius: Réécriture et emprunt du 'je.'" In: A. Garzya (ed.), *Tradizione e ecdotica dei testi medici tardoantichi e bizantini: Atti del Convegno Internazionale, Anacapri, 29-31 ottobre 1990*. Naples, 79-89.
- Debru, A. 1995. "Les démonstrations médicales à Rome au temps de Galien." In: P. van der Eijk et al. (eds.), *Ancient Medicine in its Socio-Cultural Context*, 2 vols. Amsterdam, 69-81.
- Demont, P. 1993. "Die *Epideixis* über die *Techne* im V. und IV. Jh." In: Kullmann & Althoff 1993, 181-209.
- Dewald, C. 1987. "Narrative Surface and Authorial Voice in Herodotus' *Histories*." In: *Arethusa* 20, 147-170.
- Diller, H. 1932. "ΟΨΙΣ ΑΔΗΛΩΝ ΤΑ ΦΑΙΝΟΜΕΝΑ." In: *Hermes* 67, 14-42. Reprinted in: *Kleine Schriften zur antiken Literatur* (Munich, 1971), 119-143.
- Diller, H. 1975. "Das Selbstverständnis der griechischen Medizin in der Zeit des Hippokrates." In: L. Bourgey & J. Jouanna (eds.), *La Collection hippocratique et son rôle dans l'histoire de la médecine: Colloque de Strasbourg, 23-27 octobre 1972*. Leiden, 77-93.
- Dillon, J. 1995. "Rejecting the Body, Refining the Body: Some Remarks on the Development of Platonist Asceticism." In: V. Wimbush & R. Valantasis (eds.), *Asceticism*. New York, 80-87.
- Ducatillon, J. 2001. "Le Serment d'Hippocrate, problèmes et interprétations." In: *Bulletin de l'Association Guillaume Budé* 2001.1, 34-61.
- Edelstein, L. 1967. *Ancient Medicine: Selected Papers of Ludwig Edelstein*. Baltimore.
- van der Eijk, P. 1997. "Towards a Rhetoric of Ancient Scientific Discourse – Some Formal Characteristics of Greek Medical and Philosophical Texts (Hippocratic Corpus, Aristotle)." In: E. Bakker (ed.), *Grammar as Interpretation: Greek Literature in Its Linguistic Contexts*. Leiden, 77-129.
- Fausti, D. 2003. "'Epidemie' Ippocratiche e mancanza di contagio: un'aporia della medicina antica." In: *Fontes* 11-12, 41-61.
- Fleischer, U. 1939. *Untersuchungen zu den pseudohippokratischen Schriften ΠΑΡΑΓΓΕΛΙΑΙ, ΠΕΡΙ ΙΗΤΡΟΥ und ΠΕΡΙ ΕΥΣΧΗΜΟΣΥΝΗΣ*. Berlin.
- Forcht Dagi, T. 1995. "Autoexperimentation." In: W. Reich (ed.), *Encyclopedia of Bioethics*, rev. ed., 5 vols. New York, vol. 1, 211-215.
- Ford, A. 1999. "Performing Interpretation: Early Allegorical Exegesis of Homer." In: M. Beissinger et al. (eds.), *Epic Traditions in the Contemporary World: The Poetics of Community*. Berkeley, 33-53.
- Gill, C., et al. (eds.) 2009. *Galen and the World of Knowledge*. Cambridge.
- Gleason, M. 2009. "Shock and Awe: The Performance Dimension of Galen's Anatomy Demonstrations." In: Gill et al. 2009, 85-114.
- Goldhill, S. 2002. *The Invention of Prose*. Oxford.
- Gosserez, L. 2003. "Une métamorphose allégorique, les bêtes féroces de Circé vues par les Pères de l'Église." In: *Gaia* 7, 447-459.
- Graziosi, B., & J. Haubold 2010. *Homer. Iliad, Book VI*. Cambridge.
- Griffith, M. 1983. "Personality in Hesiod." In: *Classical Antiquity* 2, 37-65.
- Guillén, L. 1992. "Hipócrates y el discurso científico." In: López Férez 1992, 319-333.
- Hankinson, R. 1995. "Pollution and Infection: An Hypothesis Still-born." In: *Apeiron* 28, 25-65.
- Heinimann, F. 1945. *Nomos und Physis. Herkunft und Bedeutung einer Antithese im griechischen Denken des 5. Jahrhunderts*. Basel.
- Helmig, C. 2008. "Plutarch of Chaeronea and Porphyry on Transmigration – Who is the Author of Stobaeus I 445.14-448.3 (W.-H.)?" In: *Classical Quarterly* 58, 250-255.
- Heubeck, A., & A. Hoekstra 1989. *A Commentary on Homer's Odyssey*. Vol. 2: Books IX-XVI. Oxford.
- Hine, H. 2009. "Subjectivity and Objectivity in Latin Scientific and Technical Literature." In: Taub & Doody 2009, 13-30.

- Holmes, B. 2010a. "Body, Soul, and Medical Analogy in Plato." In: K. Bassi & J. Euben (eds.), *When Worlds Elide: Classics, Politics, Culture*. Lanham, MD, 345–385.
- Holmes, B. 2010b. *The Symptom and the Subject: The Emergence of the Physical Body in Ancient Greece*. Princeton.
- Holmes, B. forthcoming. "Causality, Agency, and the Limits of Medicine." In: *Apeiron* (ahead of print: DOI: 10.1515/apeiron-2012-0016, March 2013).
- Horstmanshoff, H. 1990. "The Ancient Physician: Craftsman or Scientist?" In: *Journal of the History of Medicine and the Allied Sciences* 45, 176–197.
- Horstmanshoff, M. (ed.) 2010. *Hippocrates and Medical Education: Selected Papers Read at the XIth International Hippocrates Colloquium, Universiteit Leiden, 24–26 August 2005*. Leiden.
- Humphreys, S. 1996. "From Riddle to Rigour: Satisfactions of Scientific Prose in Ancient Greece." In: S. Marchand & E. Lunbeck (eds.), *Proof and Persuasion: Essays on Authority, Objectivity, and Evidence*. Turnhout, 3–24.
- Ihm, S. 2002. "Drei Anmerkungen zum hippokratischen Eid." In: A. Thivel & A. Zucker (eds.), *Le normal et le pathologique dans la Collection hippocratique: Actes du Xème colloque international hippocratique, Nice, 6–8 Octobre 1999*, 2 vols. Nice, 671–692.
- Irwin, T. 1995. *Plato's Ethics*. New York.
- Isaac, B. 2004. *The Invention of Racism in Classical Antiquity*. Princeton.
- Jaeger, W. 1944. *Paideia: The Ideals of Greek Culture. Vol. 3: The Conflict of Cultural Ideals in the Age of Plato*. Transl. G. Highet. Oxford.
- Jaeger, W. 1957. "Aristotle's Use of Medicine as Model of Method in His Ethics." In: *Journal of Hellenic Studies* 77, 54–61.
- Jones, H. 1973. "Homeric Nouns in – sis." In: *Glotta* 51, 7–29.
- Jones, W. 1923. *Hippocrates*. Vol. 1. Cambridge, MA.
- de Jong, I. 2001. *A Narratological Commentary on the "Odyssey"*. Cambridge.
- de Jong, I., & R. Nünlist 2004. "From Bird's Eye View to Close-Up: The Standpoint of the Narrator in the Homeric Epics." In: A. Bierl et al. (eds.), *Antike Literatur in neuer Deutung*. Munich, 63–83.
- Jouanna, J. 1984. "Rhétorique et médecine dans la Collection hippocratique: Contribution à l'histoire de la rhétorique au Ve siècle." In: *Revue des études grecques* 97, 26–44.
- Jouanna, J. 1988. *Hippocrate, Des vents; De l'art*. Paris.
- Jouanna, J. 1990. *Hippocrate, De l'ancienne médecine*. Paris.
- Jouanna, J. 1996a. *Hippocrate, Airs, eaux, lieux*. Paris.
- Jouanna, J. 1996b. "Un témoin méconnu de la tradition hippocratique: L'Ambrosianus Gr. 134 (B 113 Sup.), fol. 1–2 (avec une nouvelle édition du Serment et de la Loi)." In: A. Garzya (ed.), *Storia e ecdotica dei testi medici greci: Atti del II Convegno Internazionale, Parigi 24–26 maggio 1994*. Naples, 253–272.
- Jouanna, J. 1999. *Hippocrates*. Transl. M. DeBevoise. Baltimore.
- Jouanna, J. 2001. "Air, miasme et contagion au temps d'Hippocrate et survivance des miasmes dans la médecine posthippocratique (Rufus d'Éphèse, Galien et Palladios)." In: S. Bazin-Tacchella et al. (eds.), *Air, miasmes et contagion: Les épidémies dans l'Antiquité et au Moyen Âge*. Langres, 9–28.
- Jouanna, J. 2003. *Hippocrate, La maladie sacrée*. Paris.
- Kingsley, P. 1995. *Ancient Philosophy, Mystery, and Magic: Empedocles and Pythagorean Tradition*. Oxford.
- Kirk, G. 1985. *The Iliad: A Commentary*. Vol. 1: Books 1–4. Cambridge.
- Kollesch, J. 1979. "Ärztliche Ausbildung in der Antike." In: *Klio* 61, 507–513.
- Kollesch, J. 1991. "Darstellungsformen der medizinischen Literatur im 5. und 4. Jahrhundert v. Chr." In: *Philologus* 135, 177–183.
- Kudlien, F. 1970a. "Medical Education in Classical Antiquity." In: C. O'Malley (ed.), *The History of Medical Education*. Berkeley, 3–37.



Euben (eds.),  
 il Body in Ancient  
 veiron (ahead of  
 urnal of the  
 vers Read at the  
 1st 2005. Leiden.  
 Ancient Greece."  
 ority, Objectivity,  
 Zucker (eds.), Le  
 colloque  
 ural Ideals in the  
 in: Journal of  
 nt of the Narrator  
 itung. Munich,  
 istribution à  
 26–44.  
 ianus Gr. 134  
 In: A. Garzya  
 male, Parigi 24–  
 e des miasmes  
 ' In: S. Bazin-  
 quité et au Moyen  
 iagorean  
 ahrhundert  
 ), The History of

- Kudlien, F. 1970b. "Medical Ethics and Popular Ethics in Greece and Rome." In: *Clio Medica* 5, 91–121.
- Kullmann, W., & J. Althoff (eds.) 1993. *Vermittlung und Tradierung von Wissen in der griechischen Kultur*. Tübingen.
- Lamberton, R. 1986. *Homer the Theologian: Neoplatonist Allegorical Reading and the Growth of the Epic Tradition*. Berkeley.
- Lara Nava, D. 1992. "Función literaria del prólogo en los tratados hipocráticos más antiguos." In: López Férez 1992, 343–350.
- Laskaris, J. 2002. *The Art is Long: "On the Sacred Disease" and the Scientific Tradition*. Leiden.
- Lateiner, D. 1986. "The Empirical Element in the Methods of Early Greek Medical Writers and Herodotus: A Shared Epistemological Response." In: *Antichthon* 20, 1–20.
- Lattimore, R. 1957. *Homer. The Iliad*. Chicago.
- Lawrence, C. 1998. "Medical Minds, Surgical Bodies: Corporeality and the Doctors." In: Lawrence & Shapin 1998, 156–201.
- Lawrence, C., & S. Shapin (eds.) 1998. *Science Incarnate: Historical Embodiments of Natural Knowledge*. Chicago.
- Leith, D. 2007. "The Hippocratic Oath in Antiquity and on Papyrus." In: H. Froschauer & C. Römer (eds.), *Zwischen Magie und Wissenschaft: Ärzte und Heilkunst in den Papyri aus Ägypten*. Vienna, 35–42.
- Lloyd, G. 1979. *Magic, Reason, and Experience: Studies in the Origin and Development of Greek Science*. Cambridge.
- Lloyd, G. 1987. *The Revolutions of Wisdom: Studies in the Claims and Practice of Ancient Greek Science*. Berkeley.
- López Férez, J. (ed.) 1992. *Tratados hipocráticos: estudios acerca de su contenido, forma, e influencia; actas del Vile colloque international hippocratique, Madrid, 24–29 de septiembre de 1990*. Madrid.
- Marincola, J. 1987. "Herodotean Narrative and the Narrator's Presence." In: *Arethusa* 20, 121–137.
- Martin, R. 1989. *The Language of Heroes: Speech and Performance in the "Iliad"*. Ithaca.
- Mattern, S. 2008. *Galen and the Rhetoric of Healing*. Baltimore.
- Menn, S. 2002. "Aristotle's Definition of Soul and the Programme of the *De anima*." In: *Oxford Studies in Ancient Philosophy* 22, 83–139.
- Miller, P. 2011. *Becoming God: Pure Reason in Early Greek Philosophy*. London.
- Moisan, M. 1993. *Édition critique et commentée avec traduction française, de deux œuvres de la Collection Hippocratique: Preceptes et Médecin*. Thèse, Université de Paris IV, Sorbonne, Paris.
- Naddaf, G. 2005. *The Greek Concept of Nature*. Albany.
- Nussbaum, M. 1994. *The Therapy of Desire: Theory and Practice in Hellenistic Ethics*. Princeton.
- Nutton, V. 1983. "The Seeds of Disease: An Explanation of Contagion and Infection from the Greeks to the Renaissance." In: *Medical History* 27, 1–34.
- Nutton, V. 2009. "Galen's Authorial Voice: A Preliminary Enquiry." In: Taub & Doody 2009, 53–62.
- Page, D. 1973. *Folktales in Homer's "Odyssey"*. Cambridge, MA.
- Pépin, J. 1982. "The Platonic and Christian Ulysses." In: D. O'Meara (ed.), *Neoplatonism and Christian Thought*, Norfolk, VA, 3–18.
- Potter, P. 1988. *Hippocrates*. Vol. 5. Cambridge, MA.
- Potter, P. 1995. *Hippocrates*. Vol. 8. Cambridge, MA.
- Pucci, P. 1987. *Odysseus Polutropos: Intertextual Readings in the "Odyssey" and the "Iliad"*. Ithaca.
- Roochnik, D. 1996. *Of Art and Wisdom: Plato's Understanding of Techne*. University Park, Pa.
- Schaffer, S. 1992. "Self Evidence." In: *Critical Inquiry* 18, 327–362.
- Schaffer, S. 1998. "Regeneration: The Body of Natural Philosophers in Restoration England." In: Lawrence & Schaffer 1998, 83–120.

- Schiebinger, L. 2004. "Human Experimentation in the Eighteenth Century: Natural Boundaries and Valid Testing." In: L. Daston & F. Vidal (eds.), *The Moral Authority of Nature*. Chicago, 384–408.
- Schiefsky, M. 2005. *Hippocrates, On Ancient Medicine*. Leiden.
- Shapin, S. 1998. "The Philosopher and the Chicken: On the Dietetics of Disembodied Knowledge." In: Lawrence & Shapin 1998, 21–50.
- von Staden, H. 1994a. "Anatomy as Rhetoric: Galen on Dissection and Persuasion." In: *Journal of the History of Medicine and Allied Sciences* 50, 47–66.
- von Staden, H. 1994b. "Author and Authority: Celsus and the Construction of a Scientific Self." In: M. Buján (ed.), *Tradición e innovación de la medicina latina de la antigüedad y de la Alta Edad Media: Actas del IV Coloquio Internacional sobre los Textos Médicos Latinos Antiguos*. Santiago de Compostela, 103–117.
- von Staden, H. 1996. "'In a Pure and Holy Way': Personal and Professional Conduct in the Hippocratic Oath?" In: *Journal of the History of Medicine and Allied Sciences* 51, 404–437.
- von Staden, H. 1997. "Character and Competence: Personal and Professional Conduct in Greek Medicine." In: H. Flashar & J. Jouanna 1997 (eds.), *Médecine et morale dans l'Antiquité*. Geneva, 157–195 (Discussion, 196–210).
- von Staden, H. 2007. "Physis and Technē in Greek Medicine." In: B. Bensaude-Vincent & W. Newman (eds.), *The Artificial and the Natural: An Evolving Polarity*. Cambridge, MA, 21–49.
- von Staden, H. 2008. "'The Oath', the Oaths, and the Hippocratic Corpus." In: V. Boudon-Millot et al. (eds.), *La science médicale antique: nouveaux regards*. Paris, 425–466.
- von Staden, H. 2009. "Staging the Past, Staging Oneself: Galen on Hellenistic Exegetical Traditions." In: Gill et al. 2009, 132–156.
- Stehle, E. 2005. "The Addressees of Empedokles, *Katharmoi* Fr. B112: Performance and Moral Implications." In: *Ancient Philosophy* 25, 247–272.
- Strickland, S. 1998. "The Ideology of Self-Knowledge and the Practice of Self-Experimentation." In: *Eighteenth-Century Studies* 31, 453–471.
- Taub, L., & A. Doody (eds.) 2009. *Authorial Voices in Greco-Roman Technical Writing*. Trier.
- Temkin, O. 1953. "Greek Medicine as Science and Craft." In: *Isis* 44, 213–225.
- Thesieff, H. 1966. "Scientific and Technical Style in Early Greek Prose." In: *Arctos* 4, 89–113.
- Thomas, R. 1993. "Performance and Written Publication in Herodotus and the Sophistic Generation." In: Kullmann & Althoff 1993, 225–244.
- Thomas, R. 2000. *Herodotus in Context: Ethnography, Science and the Art of Persuasion*. Cambridge.
- Thomas, R. 2003. "Prose Performance Texts: *Epidexis* and Written Publication in the Late Fifth and Early Fourth Centuries." In: Yunis 2003, 162–188.
- Tsouna, V. 2009. "Epicurean Therapeutic Strategies." In: J. Warren (ed.), *The Cambridge Companion to Epicureanism*. Cambridge, 249–265.
- Wittern, R. 1998. "Gattungen im Corpus Hippocraticum." In: W. Kullmann et al. (eds.), *Gattungen wissenschaftlicher Literatur in der Antike*. Tübingen, 17–36.
- Yarnall, J. 1994. *Transformations of Circe: The History of an Enchantress*. Urbana, Ill.
- Yunis, H. (ed.) 2003. *Written Texts and the Rise of Literate Culture in Ancient Greece*. Cambridge.