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# Medicine and Misfortune: *Symptōma* in Greek Medical Writing

**Abstract:** The Hippocratic writers have a rich vocabulary to talk about signs and proofs, but they lack a word for symptom. The term *symptōma* does begin to appear in post-Hippocratic writers from the third century B.C. (and some late Hippocratic texts) but it does not easily map onto the semantic field of “symptom” in English and other modern languages. In this paper, I consider the use of *symptōma* in non-medical texts; examine the evidence for the appearance of *symptōma* in post-Hippocratic medical writing; and work through Galen’s definition of the term in relationship to three related terms, *epigennēma*, *pathos*, and *pathēma*. In closing, I suggest that although *symptomata* remain important primarily for what they communicate to the physician, the term also helps create a space in medical writing for the misfortunes suffered by the patient, that is, illness as opposed to disease.

The word *symptōma* first appears in extant Greek literature in the fourth book of Thucydides’ *Histories* under the sign of misadventure. A series of unfortunate events has stranded a large group of Spartan hoplites on the island of Sphacteria. But the Athenian general, Demosthenes, hesitates to attack, fearing that the thick forests of the island will put his troops unnecessarily at risk of being assailed from an “invisible position” (ἐξ ἀφανοῦς χωρίου, 4.29.3). The situation abruptly changes, however, when another chance event, an accidental fire, clears the island of most of its trees, emboldening the Athenians to attack. Lightly armed troops storm the island under cover of darkness and quickly seize the higher ground so that the Spartans, wherever they turn, have enemies behind them. Unable to see for all the dust and arrows and stones and too weighted down with heavy armor to pursue their attackers, the Spartans are like sitting ducks until finally they manage to retreat to their last refuge, a small fort at the edge of a cliff. Here, however, the nightmare is replayed. The Athenian archers somehow manage to climb around behind them, escaping observation until they suddenly appear at the point where the Spartans least expect them. “The

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Lacedaemonians,” Thucydides concludes, “were now assailed on both sides, and to compare a smaller thing to a greater, were in the same predicament as at Thermopylae” (καὶ οἱ Λακεδαιμόνιοι βαλλόμενοι τε ἀμφοτέρωθεν ἤδη καὶ γιγνόμενοι ἐν τῷ αὐτῷ ξυμπτώματι, ὡς μικρὸν μεγάλῳ εἰκάσαι, τῷ ἐν Θερμοπύλαις, 4.36.3). The “predicament” here is the *symptōma*.

Were we to base ourselves on this one case, we might tentatively see a *symptōma* as a quandary or a catastrophe arising from a string of ill-starred events.<sup>1</sup> It may or may not be important that the emphasis in the Sphacteria episode is on being caught off-guard by an attack from left field (the Thermopylae episode also turns on the enemy catching the Spartans unawares from an unexpected path). In any event, the more general sense of “misfortune” or “catastrophe” is what we would expect from a noun formed from the verb *sympiptō*, “to fall upon,” “to happen to or concurrently with,” or “to collapse.”

It is surprising, however, given the meaning of “symptom” in English and other modern European languages, that the first extant occurrence of the word *symptōma* is not found in a medical context. More surprising still is that the word is not found in any of the fifth- and fourth-century B.C. texts gathered in the Hippocratic Corpus.<sup>2</sup> It is true that if you pick up an English translation of one of these texts, you may find references to “symptoms.” Yet a quick glance at the Greek will show that the translator has just fleshed out simple demonstrative pronouns in the original (*tade*, *tauta*).<sup>3</sup> Nor is there an obvious candidate for what will later be called *symptōma*.<sup>4</sup> While we are obviously hampered by the

1 I have argued elsewhere that the attack from left field is crucial to the sense of the symptom, understood in our sense, in archaic and classical Greek literature: see B. Holmes, *The Symptom and the Subject: The Emergence of the Physical Body in Ancient Greece* (Princeton: Princeton University Press, 2010), esp. 48–58.

2 Although it does appear as a likely *falsa lectio* at *flat.* 3.2, 6.94 L. (= 106.2–3 Jouanna, printing πάντων): συμπτωμάτων M : πάντων A : συμπάντων Emmerins.

3 Nor is there any attempt to define what a symptom is in the Hippocratic Corpus: see I. Johnston, *Galen, On Diseases and Symptoms* (Cambridge: Cambridge University Press, 2006), 66.

4 Some scholars see *sēmeion* or *tekmērion* fulfilling this role, e.g., B. Gundert, “Symptom,” in Karl-Heinz Leven (ed.), *Antike Medizin. Ein Lexikon* (Munich: Beck, 2005), 840. Yet semiotic language in the Corpus is used relatively infrequently and in marked ways to cue that a phenomenon is being enlisted in an argument or a prognosis: see V. Langholf, “Zeichenkonzeptionen in der Medizin der griechischen und römischen Antike,” in R. Posner, K. Robering, and T. A. Sebeok (eds.), *Semiotik. Ein Handbuch zu den zeichentheoretischen Grundlagen von Natur und Kultur*, 4 vols. (Berlin: De Gruyter, 1997), 912–21, at 914; R. Thomas, *Herodotus in Context: Ethnography, Science, and the Art of Persuasion* (Cambridge: Cambridge University Press, 2000), 193, 195–98. The Hippocratic words for “sign” cannot therefore be seen as synonyms of the later *symptōma*. I would suggest rather that the word *pathēma* comes closest to the later *symptōma*, especially in the plural. It appears roughly

loss of much fifth- and fourth-century B.C. medical writing, our evidence suggests that the word *symptōma*, rather than originating as a medical term, enters Greek medical writing at some point after the fourth century B.C.

In this paper, I sketch the appearance of the term *symptōma* in our corpus of postclassical Greek medical texts, taking into account, too, the word's meaning in non-medical contexts from the fourth century B.C., particularly the sense of "misfortune." While such an inquiry is hampered by the fragmentary state of many of the sources, it is nevertheless possible to glimpse the emergence of *symptōma* as a technical term as early as Erasistratus. Its technical status will eventually be confirmed by Galen, who expends some effort in trying to pin down its precise meaning within a larger semantic network, thereby rescuing it from the muddier waters of his predecessors. Yet despite the fact that the word appears to have been eventually integrated into the medical vocabulary, as we will see below, the ancient *symptōma* cannot be conflated with our symptom. In the last section, I examine whether the medical distinction between signs and symptoms in modern British and American medicine is relevant to the semantic field of the *symptōma*, suggesting that the term does carve out a space for the sufferings generated by the disease independent of the semiotic value attached to these events by the physician.

## I

While the word *symptōma* does not appear in our fifth- and fourth-century B.C. Hippocratic texts, the same is not true of the verb *sympiptō*.<sup>5</sup> It shows up in these texts a number of times, often with the quite literal sense of "to collapse" or "to fall in," with possible subjects ranging from the uterus and the belly to the patient himself.<sup>6</sup> The noun *symptōsis* ("collapse" or "shrinkage") belongs to

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sixty times in fifth- and fourth-century B.C. medical writing: see, e.g., *epid.* I 2, 2.606 L. (= 1:182.1 Kühlewein); *mul.* I 1, 8.10 L. (= 88.12 Grensemann); *prog.* 1, 2.110 L. (= 193.7 Alexanderson). The plural *algēmata* can also be used of the patient's sufferings: see, e.g., *aff.* 27, 6.240 L. (= 48 Potter); *flat.* 9, 6.104 L. (= 115.10 Jouanna).

5 The verb συμπίπτω/ξυμπίπτω is found approximately sixty times in the Hippocratic Corpus as a whole.

6 For συμπίπτω/ξυμπίπτω as "collapse" or "shrink," see, e.g., *epid.* IV 23, 5.164 L.; *epid.* V 11, 5.210 L. (= 7.19 Jouanna); *epid.* VI 3.1, 5.292 L. (= 52.6 Manetti and Roselli); *fist.* 4, 6.452 L. (= 140.28 Joly); *foet. exsect.* 1, 8.512 L. (= 368.16 Potter); *int.* 34, 7.252 L. (= 186.16 Potter); *morb.* IV 55, 7.602 L. (= 118.11 Joly); *mul.* I 27, 8.70 L.; *mul.* II 133, 8.282 L.; *superf.* 7, 8.480 L. (= 76.5 Lienau). The verb still retains this sense in medical writing of the Hellenistic and imperial periods: see, e.g., Erasistr. fr. 147 (Garofalo); Sor. *gyn.* 1.33 (23.9 Ilberg), 1.44 (31.12 Ilberg), 1.58 (43.24 Ilberg).

the same semantic field.<sup>7</sup> In some cases, however, and especially in *Epidemics* I and III, the verb is used in contexts that do not seem so far removed from those appropriate to modern symptoms: events such as coughing, fever, and headaches, sometimes labeled “signs” (*sêmeia*), *happen* to the patient, as at *epid.* I 19: “all the aforementioned signs happened to mature women and unmarried women” (γυναίξὶ δὲ καὶ παρθένοισι συνέπιπτε μὲν καὶ τὰ ὑπογεγραμμένα σημεῖα πάντα).<sup>8</sup> Already in Alcmaeon we see the expression “disease happens” (νόσον συμπίπτειν, DK 24 B4). Yet these usages of the verb do not seem to have generated a noun, *sympōtōma*, with a medical meaning in the fifth and fourth centuries.

If we turn to the handful of postclassical texts in the Hippocratic Corpus, however, we do come across the word *sympōtōma* on two occasions, although in only one case does the meaning seem specifically medical. To take the first case: in the treatise *Decorum*, usually dated to the later Hellenistic period, we find the following statement:<sup>9</sup>

καὶ γὰρ μάλιστα ἡ περὶ θεῶν εἰδήσις ἐν νόῳ αὐτῇ ἐμπλέκεται· ἐν γὰρ τοῖσιν ἄλλοισι πάθεισι καὶ ἐν συμπτώμασιν εὐρίσκεται τὰ πολλὰ πρὸς θεῶν ἐντίμως κειμένη ἢ ἱατρικῇ, οἱ δὲ ἱατροὶ θεοῖσι παρακεχωρήκασιν. οὐ γὰρ ἐνὶ περιττὸν ἐν αὐτῇ τὸ δυναστεύον. καὶ γὰρ οὗτοι πολλὰ μὲν μεταχειρόνται, πολλὰ δὲ καὶ κεκράτηται αὐτέοισι δι’ ἐνωπέων. (Hipp. *decent.* 6, 9.234 L. (= 27.13–18 Heiberg))

αὐτῇ M : αὐτῇ Littré, with one ms. : αὐτῷ Foës, Ermerins

In fact, it is especially the knowledge of the gods that is embedded in the mind (by medicine?).<sup>10</sup> For in affections generally, and especially in accidents (*sympōtōmata*), medi-

See also Pl. *Phd.* 80c7–8; Arist. *gen. anim.* 2.6, 744a14; 3.2, 754a10. For the more general sense of collapse, see, e.g., Eur. *Herc. fur.* 905 (συμπίπτει στέγη).

<sup>7</sup> See, e.g., *aph.* 1.3, 4.460 L.; *epid.* II 1.6, 5.76 L.; *epid.* IV 35, 5.178 L.; *epid.* VI 3.1, 5.292 L. (= 52.6 Manetti and Roselli).

<sup>8</sup> *Epid.* I 19, 2.658 L. (= 1:196.6–8 Kühlewein). See also, e.g., *epid.* I 18, 2.654 L. (= 1:195.8–9 Kühlewein); *epid.* III 3, 3.70 L. (= 1:225.9 Kühlewein), 6, 3.80 L. (= 1:227.1–2 Kühlewein). The verb is also found in this construction outside these two treatises: see, e.g., *acut. (sp.)* 6, 2.404, Ch. 4 L. (= 70.21 Joly); *Coac.* 130, 5.610 L. (= 132.14 Potter); *epid.* VII 97, 5.452 L. (= 107.8 Jouanna); *mul.* I 2, 8.16 L. (= 92.4 Grensemann).

<sup>9</sup> On the treatise’s date, see U. Fleischer, *Untersuchungen zu den pseudohippokratischen Schriften ΠΑΡΑΓΓΕΛΙΑΙ, ΠΕΡΙ ΙΗΤΡΟΥ und ΠΕΡΙ ΕΥΣΧΗΜΟΣΥΝΗΣ*. Neue deutsche Forschungen, Abt. Klassische Philologie, 10 (Berlin: Junker und Dünnhaupt Verlag, 1939), 59, 67, 108, and *passim*; Fleischer dates the treatise to the first- or second-century A.D. He is followed by J. Jouanna, *Hippocrates*, trans. M. B. DeBevoise (Baltimore: The Johns Hopkins University Press, 1999), 380, 405–406.

<sup>10</sup> Heiberg (followed by Jones) retains M’s αὐτῇ, presumably standing in for ἡ ἱατρικῇ. Perhaps more attractive is the αὐτῷ conjectured by Foës (who is followed by Ermerins on the grounds that it refers to ὁ ἱατρός at the end of the previous chapter).

cine is held in honor by the gods for the most part; physicians have yielded to the gods. For in medicine, that which is powerful is not in excess. While physicians treat many things, many diseases are also overcome for them spontaneously. (trans. adapted from Jones)

There has not been a consensus on the meaning of *symptōmata* here, in part due to the fact that the treatise as a whole is abstruse in both style and content, in part due to the uncertain status of the word itself in this period. Littré translates “symptômes”; in his Loeb translation, Jones opts for “accidents,” adding the note “surely not ‘symptoms,’ as Littré translates it.”<sup>11</sup> Jones is no doubt right that the Greek word is what the French would call a “faux ami.” But the context, with its reference to other *pathē*, supports an interpretation more specifically medical than Jones’ own “accidents” implies. Fleischer and Pohlenz, for example, both recognize that in the Hellenistic period, *symptōma* can have the sense of disease or affection, much like *pathos*, as we will see further below.<sup>12</sup>

Fleischer, in fact, goes further, pointing out that the construction used (ἐν γὰρ τοῖσιν ἄλλοιοι πάθει καὶ ἐν συμπτώμασιν) suggests that *symptōma* is a particular kind of *pathos*. The context lends further support to his claim. The author has been discussing the notion of wisdom in medicine and, in particular, the wisdom associated with medicine. Here, such wisdom expands to deal, in some way, with the gods. The gist of the chapter seems to be that the gods play a role in the success of medicine. The *symptōmata*, then, may be cases where the gods particularly favor medicine, presumably the most difficult and challenging cases. If these are the cases where the physician is most at a loss—and so most in need of divine aid—it may be precisely because of the suddenness or mysteriousness of the affection; indeed, Fleischer hypothesizes that *symptōma* is an affection that is accidental and unexpected (“etwa das Zufällige und Unerwartete”).<sup>13</sup> These connotations recall the Sphacteria episode, where the idea of being caught off-guard is dominant.

The association of *symptōma* with the accidental and unexpected turns out to be consistent with what we see in a number of non-medical authors. Polybius, for example, frequently uses *symptōma* with the sense of “mischance” or “disas-

11 É. Littré, ed. and trans., *Œuvres complètes d’Hippocrate*, 10 vols. (Paris: J. B. Baillière, 1839–1861), 9:235; W. H. S. Jones, *Hippocrates*, vol. 2 (Cambridge, Mass.: Harvard University Press, 1923), 288.

12 Fleischer, *Untersuchungen*, 91; M. Pohlenz, *Hippokrates und die Begründung der wissenschaftlichen Medizin* (Berlin: De Gruyter, 1938), 86. For the meaning of “disease” in a non-technical context, see ps.-Pl. *Ax.* 364c8, which has been dated to the last two centuries B.C.: see J. P. Hershbell, *Pseudo-Plato, Axiochus* (Chico, Ca.: Scholars Press, 1981), 20–21. For its meaning in technical contexts, see further below.

13 Fleischer, *Untersuchungen*, 91.

ter,” as do other postclassical historians such as Diodorus Siculus and Josephus.<sup>14</sup> The relationship between *symptōma* and contingency is found, too, in Aristotle. In *On Prophecy in Sleep*, for example, he sets it in a triad of possible relationships between events, here what happens in dreams: x is either a cause of y, a sign of y, or else their relationship is only coincidental, in which case we have a *symptōma* (462b31–32). Elsewhere, the adverbial expression *apo symptōmatos* occurs together with expressions such as *apo tychēs* and *apo tautomatou*, reinforcing the idea of coincidence.<sup>15</sup> In still other Aristotelian passages, *symptōma* has the sense of an “accidental” rather than an essential property.<sup>16</sup> It is to designate such “accidents” that it is taken up by Epicurus, for whom nothing besides body and void can be thought that is neither a property nor an accident of a body.<sup>17</sup>

It is precisely the sense of something like “mischance” or more simply “chance event” that is dominant when we look to the other (late) case of *symptōma* in the Hippocratic Corpus, in the so-called “Letters to Democritus” that form part of the pseudo-Hippocratic letters and are usually dated to the last centuries

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**14** The word appears 43 times in Polybius’ *Histories* with this meaning: see, e.g., 1.22.1, 1.35.2, 2.71.1, 3.81.7, 5.88.2, 6.53.3, 9.10.9, 21.22.6). See also Diodor. Sic. 15.48.4, 16.46.5, 19.11.7, 20.21.3; Ios. *ant. Iud.* 15.144.3. The sense is usually negative but see, e.g., Polyb. 9.6.5, where *τι καὶ τυχικὸν σύμπτωμα* is a “stroke of luck.”

**15** E.g., Arist. *phys.* 2.8, 198b36–199a1 (οὐ γὰρ ἀπὸ τύχης οὐδ’ ἀπὸ συμπτώματος), 199a4–5 (μήτε ἀπὸ συμπτώματος μήτ’ ἀπὸ ταῦτομάτου). In the biological writings, however, *symptōma* seems to be a necessary accident, rather than a random occurrence: see, e.g., *hist. anim.* 8, 620b35; *gen. anim.* 4.4, 770b6.

**16** See Arist. *cat.* 8, 9b20, 10a3–4; *top.* 4.5, 126b36, 126b39. The claim in K. Kapparis, “Review of Brooke Holmes, *The Symptom and the Subject: The Emergence of the Physical Body in Ancient Greece*,” *Journal of the History of Medicine and Allied Sciences* 66 (2010): 249–51, that these instances exhibit a usage of the word exactly like that found in postclassical medical writers is not tenable. It is thus wrong to conclude, as Kapparis hastily does, that “Aristotle seems to be the author who deserves credit for introducing the usage of ‘symptom’ as we know it in medicine” (250), not least of all because even postclassical medical usage does not coincide with “our” understanding of the symptom.

**17** Epic. *ep. Hdt.* 40; see also Lucr. 1.430–32, 445–48. It seems that the “property” is an essential part of a body’s existence, although it lacks any reality at the atomic level, whereas the “accident” is the contingent capacity of a body, something which befalls it regularly but does not inherently belong to it. Munro argued that the terms were indistinguishable (H. A. J. Munro, *T. Lucreti Cari De renum natura, libri sex*, 3 vols., 4<sup>th</sup> ed. [Cambridge: Deighton Bell, 1886], 2:69–70 ad 1.449) but cf. C. Bailey, *Epicurus, The Extant Remains* (Oxford: Clarendon Press, 1926), 235–36, and A. A. Long and D. N. Sedley, *The Hellenistic Philosophers*, 2 vols. (Cambridge: Cambridge University Press, 1987), 1:36–37. Bodily sensation, for example is a *symptōma* because it is essential neither for the body nor for the soul but is produced by their interaction (*ep. Hdt.* 68).

B.C.<sup>18</sup> The passage concerns the conditions under which medicine falls short of its goals, a *tychē* vs. *technē* moment (he is talking about instances where pharmaceutical plants have happened to be contaminated by venomous snakes). Smith translates *symptōma* accordingly as “hazards of fortune.” Here, then, the word does not exhibit a specific medical meaning.

If we cast our net wider over postclassical medical writing, however, we begin to see further evidence of the status of *symptōma* as something like a technical term.<sup>19</sup> We find the word three times, for example, in the fragments of Erasistratus. One of these, fr. 284 (Garofalo), in which we find Erasistratus’ opinion on what the Greeks called “ox-hunger” (*boulimos*) in a discussion drawn from Aulus Gellius (16.3.10), refers to ox-hunger as *to symptōma*; in Latin, it is a *morbis*. The word here is undeniably medical, but its precise meaning is hard to pin down. Much as in *Decorum*, we seem to be in the general region of diseases and affections, but it is difficult to know how the “symptom” is different from a disease or affection. The second fragment suggests there is a difference without specifying what it is:

ἐννοεῖν δὲ χρὴ καὶ τὰ τοιαῦτα διότι οὐ πάντες ἄνθρωποι ἐπὶ ταῦτα φέρονται πάθη, ἀλλὰ γενομένου περὶ πλείους τοῦ αὐτοῦ συμπτώματος, λέγω δὲ πληθώρας, οὐ πᾶσιν ἐπὶ τοὺς αὐτοὺς τόπους εἴθισται ἡ ὀρμὴ φέρεσθαι, ἀλλὰ τοῖς μὲν ἐπὶ τὸ ἥπαρ, ἐνίοις δὲ ἐπὶ τὴν κοιλίαν, ἄλλοις [δὲ εἰς ἐπιληπτικά πάθη, τοῖς] δὲ ἐπὶ τὰ ἄρθρα. (fr. 162, 39–44 [Garofalo] = Gal. *de venae sect. adv. Erasistrateos* 11.239 K.)

δὲ εἰς ἐπιληπτικά πάθη, τοῖς del. Garofalo

One must understand these matters because not all people end up with the same affections, but, despite the fact that for most the same “symptom” is present—that is, plethora—the attack does not usually affect the same parts in all of them, but for some it is the liver, for others, the bowel, for others [an epileptic condition comes about, for still others] it is the joints.

The *symptōma* here may be distinguished from the *pathos*, although given that the “symptom” is specified as plethora, they may simply be synonyms; at the same time, it is possible for the same symptom (i.e., plethora) to affect different

<sup>18</sup> *Epist.* 16, 9.346 L. (= 72.19 Smith). On the dating of the “Letters,” see W. D. Smith, *Hippocrates, Pseudepigraphic Writings* (Leiden: Brill, 1990), 20–29.

<sup>19</sup> The word also acquires a technical meaning in Hellenistic mathematical writing: see, e.g., Apollon. Perg. *con.* 1 (4.3 Heiberg); Archim. *sph. cyl.* 1 (8.18 Mugler), *con. sph.* 13 (187.4 Mugler), with M. N. Fried and S. Unguru, *Apollonius of Perga’s “Conica”: Text, Context, Subtext* (Leiden: Brill, 2001), 13 and 80–97.

parts of the body, suggesting that we are dealing with a condition that can affect various locations.<sup>20</sup>

The last Erasistratean fragment in which the word appears, also from Galen, complicates matters further. Anyone who wants to cure correctly, it reads, should be well-trained in the art of medicine and leave none of the symptoms that occur (μηδὲν τῶν γινομένων συμπτωμάτων) unexamined.<sup>21</sup> Erasistratus goes on to give an example of just such a “symptom”: the secretion of dark urine from a woman who feels faint and feverish but gives no other sign of distress. Here, in contrast to the first two examples, the *symptōma* would seem to be an evident sign of what is happening inside the body and is thus closer to our own sense of “symptom.” The use of the plural also leaves open the possibility of a single affection or disease being accompanied by a number of “symptoms.”

These few examples from Erasistratus are tantalizing, confirming that the word *symptōma* could be used in a specifically medical sense by the third century B.C. (without that sense coinciding with our own understanding of the symptom).<sup>22</sup> Interestingly, the word appears to have a relatively neutral status: the sense of an unforeseen accident is not discernible. It also seems polyvalent, sometimes suggesting the affection or disease, sometimes the phenomena that accompany it.

Later sources offer further confirmation of the word’s status as a technical term in medicine while also implying an ongoing range of uses. Soranus, probably writing in the second century A.D., uses the singular of pathological conditions such as pica (a pregnant woman’s appetite for non-nutritive stuffs like clay

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**20** Cf. I. Garofalo, *Erasistrati fragmenta* (Pisa: Giardini, 1988), 121: “Se qui *symptoma* ha il valore ordinario la pletora è sintomo di incapacità di utilizzare o disperdere il nutrimento.” See also Sor. *gyn.* 3.26 (109.11 Ilberg): uterine suffocation is named after both the affected part and one particular “symptom”—namely, suffocation. See also Gal. *de meth. med.* 2.2, 10.81–85 K. (= 126.20–132.11 Johnston and Horsley).

**21** Erasistr. fr. 222 (Garofalo) (= Gal. *de atra bile* 5.138 K. [= 88.20–23 de Boer]): καλῶς οὖν ἔχει τὸν βουλόμενον ὀρθῶς ἰατρεύειν ἐν τοῖς κατ’ ἰατρικὴν γυμνάζεσθαι καὶ μηδὲν τῶν γινομένων συμπτωμάτων περὶ τὸ πάθος ἀζητήτων ἀφεῖναι, ἀλλ’ ἐπισκοπεῖσθαι τε καὶ πραγματεῦεσθαι (“Someone wishing to cure correctly would do well to be trained in the art of medicine and leave none of the ‘symptoms’ that occur in connection with the affection unexamined, but must observe them systematically”).

**22** Cf. D. Fausti, “Malattia e normalità: il medico ippocratico e l’inferenza dei segni non verbali,” in A. Thivel and A. Zucker (eds.), *Le normal et le pathologique dans la Collection hippocratique : actes du X<sup>ème</sup> colloque international hippocratique* (Nice: Faculté des lettres, arts et sciences humaines de Nice-Sophia Antipolis, 2002), 229–44, at 236 n. 22. Fausti claims that in Erasistratus the word acquires “il senso odierno,” which she glosses with a contemporary medical definition (“il fenomeno organico che si manifesta come indizio di una malattia e può essere individuato dall’osservatore” [235]).



or chalk) or uterine hemorrhage in his *Gynecology*, implying that the word is again analogous to, if not synonymous with, terms like *pathos* or *nosos*.<sup>23</sup> When he uses the plural, however, he is referring to the sufferings or events that accompany a pathological condition (and seem to be caused by it).<sup>24</sup> The plural is used in a similar fashion in a fragment from Archigenes, also usually dated to the second century A.D.:

Εἰ δὲ πρὸς μεταβολὴν ἐπιτηδείως ἔχοι ἢ φλεγμονή, τουτέστιν ἀρχὴν μεταβολῆς ἤδη δέξοιτο πάντα τὰ προειρημένα, ἐπὶ τῆς φλεγμονῆς συμπτώματα ἐπιταθήσεται. λέγω δὴ τὰ ἀλλήματα ἢ πυρετοὶ ἢ παραφροσύνη ἢ ἄση ἢ ἀπορία κτλ.<sup>25</sup>

If the inflammation should take its expected turn, that is to say if all of the things aforementioned have already undergone the beginning of the change, the symptoms become more intense on top of the inflammation. I am referring of course to pain, fever, delirium, nausea, malaise, etc.

Archigenes makes it clear here that the “symptoms” are the events that follow upon the inflammation (pains, fevers, delirium, and so on). Fragments from other imperial-age medical writers yield similar evidence but no explicit account of the word’s meaning.<sup>26</sup> For that we have to turn to Galen, whose attempts to pin down the sense of *symptōma* confirm both its polyvalence in earlier writers and the difficulty of stabilizing its meaning within the physician’s vocabulary.

**23** On pica: Sor. *gyn.* 1.46 (32.17 Ilberg); 1.48 (35.13 Ilberg); 1.54 (39.9 Ilberg); on uterine hemorrhage: 3.40 (119.7 Ilberg). See also *gyn.* 3.1 (97.27 Ilberg).

**24** Sor. *gyn.* 1.4 (5.17 Ilberg), 1.28 (18.22 Ilberg), 1.46 (32.17 Ilberg), 3.5 (97.2 Ilberg), 3.24 (108.21 Ilberg), 3.47 (126.4 Ilberg), 3.50 (128.3 Ilberg). At 2.9 (57.15 Ilberg), the word refers to things that befall a newborn: Temkin translates “mishaps,” but the meaning may also be closer to “affections.”

**25** G. Larizza Calabrò, “Frammenti inediti di Archigene,” *Bollettino del Comitato per la preparazione dell’Edizione nazionale dei Classici greci e latini* 9 (1961): 67–72, at 68.2–4; see also 68.13–14, with M. Wellmann, *Die pneumatische Schule bis auf Archigenes* (Berlin: Weidmann, 1895), 161.

**26** See also Anon. Paris. *de morb. acut. et chron.* 7.2 (50.26 Garofalo); Antyll. 44.10 Dietz; Aret. 3.3.1 (38.2 Hude), 3.16.1 (60.8 Hude); ps.-Diosc. *alex. pr.*, *bis* (10.9–10; 10.15 Sprengel), 18 (29.8 Sprengel); Erot. fr. 33 (109.15 Nachmanson); Marcellin. *puls.* 14 (464.1–2 Schöne), Philumen. *ven.* 4.11 (8.25 Wellmann), 22.6 (29.11 Wellmann), 25.3 (32.3 Wellmann), 34.1 (38.5 Wellmann); Ruf. *satyr. gon.* 32 (76.6 Daremberg); Sever. *clyst.* 16.2–3 Dietz, 32.25 Dietz. Note that *symptōma* does not occur among the definitions given in the first section of the Anonymous Londiniensis papyrus. The concept that is sometimes named by *symptōma* in later texts is there either to *hepomenon* or to *parakolouthon pathos* (IV 9–12, 7–8 Manetti).

## II

Despite his contempt for hair-splitters, Galen seems to have been seduced throughout his career by the promise of technical precision.<sup>27</sup> That promise proves somewhat elusive in the opening chapter of *On the Differentiae of Symptoms*, where Galen attempts to delineate the proper territory of the *symptōma* by differentiating it from a constellation of related words.<sup>28</sup>

Galen begins with a triad of physical conditions that depart from what is according to nature: the disease, the cause of disease, and the “symptom” of disease.<sup>29</sup> But before examining the relationship between these terms, it is worth seeing how Galen disentangles the *symptōma* from a series of words that he says are habitually used as its synonyms: *epigennēma*, *pathos*, and *pathēma*.<sup>30</sup> For despite the common usage, Galen believes that these words “do not entirely signify the same thing” (σημαίνεται μὲν οὖν οὐ πάντη ταῦτόν ἐκ τῶν ὀνομάτων).<sup>31</sup>

The first of these, *epigennēma*, from the verb *epigennaō*, “to grow upon [something]” or “to generate after,” is the least familiar of these terms to us; and, indeed, Galen says it is not especially common even among physicians.<sup>32</sup>

27 For Galen’s views on language, see R. J. Hankinson, “Usage and Abusage: Galen on Language,” in S. Everson (ed.), *Language* (Cambridge: Cambridge University Press, 1994), 166–87; H. von Staden, “Science as Text, Science as History: Galen on Metaphor,” in P. J. van der Eijk, H. F. J. Horstmanshoff, and P. H. Schrijvers (eds.), *Ancient Medicine in its Socio-cultural Context*, 2 vols. (Amsterdam: Rodopi Press, 1995), 499–517.

28 Galen undertakes a similar task in *de meth. med.* 1.3–1.9; I make reference to this discussion in the notes, observing where it departs from the discussion in *de sympt. diff.*

29 See also Gal. *de meth. med.* 1.9, 10.75 K. (= 116.22–25 Johnston and Horsley), 2.3, 10.86 K. (= 134.17–19 Johnston and Horsley). For Galen’s understanding of the *symptōma*, see also L. García Ballester, *Galeno en la sociedad y en la ciencia de su tiempo (c. 130–c. 200 d. de C.)* (Madrid: Ediciones Guadarrama, 1972), 179–84.

30 Cf. ps.-Gal. *def. med.* 170, 19.395 K.: σύμπτωμά ἐστὶ τοῦ πάθους ἐπιγέννημα (the symptom is the “aftereffect” of the affection); see also *def. med.* 415, 19.445 K.

31 Gal. *de sympt. diff.* 1.1, 7.43 K. (= 198.12 Gundert); see also *de meth. med.* 2.3, 10.86 K. (= 134.24–25 Johnston and Horsley).

32 It is, however, a technical term in Stoicism meaning “byproduct”: e.g., pleasure is an *epigennēma* rather than an end in itself (Diog. Laërt. 7.86, 94–95; Cic. *fin.* 3.32). See also ps.-Gal. *de hist. philos.* 131 (647.19 Diels; cf. Ch. 39, 19.343 K.), where, in a discussion of fever, Diocles is said to have made fever an *epigennēma* (Διοκλῆς δὲ φησὶν ἐπιγέννημα εἶναι τὸν πυρετόν) for ἐπιγίνεται δὲ τραύματι καὶ βουβῶνι; in his edition, van der Eijk doubts that Diocles used the term *epigennēma* (Diocles of Carystus: *A Collection of the Fragments with Translation and Commentary*, 2 vols. [Leiden: Brill, 2000], 2:124–25). The term appears once in the Hippocratic Corpus, at *Coac.* 225, 5.634 L., where it refers to a coating on the tongue.

Galen defines the *epigennēma* here, aiming to distinguish it from the *symptōma*, as that which necessarily (ἐξ ἀνάγκης) follows diseases (and only diseases). It thus has a narrower meaning than symptom, which Galen defines as everything that happens to an organism that is contrary to nature (πάν, ὅ τι περ ἄν συμβεβήκη τῷ ζῴῳ παρὰ φύσιν).<sup>33</sup>

The aspect of the symptom that is contrary to nature turns out to be the clue to the difference that Galen draws here between *symptōma* and *pathos*. Galen here defines *pathos* as a change (*alloiōsis*) from any state (*diathesis*) to another as a result of the body being acted upon; less precisely, he says, some people use it to designate the resulting state.<sup>34</sup> The *pathos* thus acquires its meaning in this context through the opposition of active and passive. The opposition of “contrary to nature” and “according to nature” is, by contrast, irrelevant to the *pathos* in Galen’s eyes: for example sensation, which is according to nature, is also a *pathos* (here Galen is avowedly following Plato).<sup>35</sup> The *symptōma*, on the other hand, is defined, at least in *On the Differentiae of Symptoms*, as being contrary to nature.<sup>36</sup> The same event, then—say, a cut or, to take Galen’s own example, a tremor—can be both a *pathos* and a *symptōma*, depending on how you look at it: insofar as it is a change of state resulting from the body being acted upon, it is a *pathos*; insofar as it is contrary to nature, it is a *symptōma*.<sup>37</sup>

Here the symptom begins to look like the disease (*nosos*, *nosēma*), which is also, of course, contrary to nature. Galen at times seems willing to admit this, allowing at one point that a disease is just one type of *symptōma* (in fact, by this reasoning, even the cause of a disease is a kind of *symptōma*).<sup>38</sup> On other

33 σύμπτωμα μὲν γὰρ εἶναι πᾶν, ὅ τι περ ἄν συμβεβήκη τῷ ζῴῳ παρὰ φύσιν, ἐπιγέννημα δὲ οὐ πᾶν, ἀλλὰ τὸ μόνους τοῖς νοσήμασιν ἐξ ἀνάγκης ἐπόμενον (“For a symptom is everything that happens to an organism contrary to nature, while an ‘epiphenomenon’ isn’t everything [sc. that happens contrary to nature] but what necessarily supervenes on diseases alone,” Gal. *de sympt. diff.* 1.21, 751 K. [= 210.16–18 Gundert]).

34 Gal. *de sympt. diff.* 1.3–5, 744–45 K. (= 200.9–202.12 Gundert).

35 See also Gal. *de meth. med.* 2.3, 10.89 K. (= 138.21–140.9 Johnston and Horsley).

36 Cf. Gal. *de meth. med.* 1.8, 10.64 K. (= 100.14–26 Johnston and Horsley), where the *symptōma* is initially defined as a condition that is either in accord with nature or contrary to nature but does not help or harm the functions of the body (Galen goes on to give a definition more consistent with that in *de sympt. diff.*: see *infra*, n. 38).

37 On the tremor, see Gal. *de sympt. diff.* 1.23, 751 K. (= 210.23–26 Gundert).

38 See esp. Gal. *de sympt. diff.* 1.26–27, 753 K. (= 212.20–214.1 Gundert), where Galen, having defined the symptom as “anything that should happen to the animal that is contrary to nature” (σύμπτωμα δέ, πᾶν, ὅπερ ἄν συμπίπτῃ τῷ ζῴῳ παρὰ φύσιν) continues: ὥστε καὶ ἡ νόσος ὑπὸ τῆν τοῦ γενικοῦ συμπτώματος ἀναχθήσεται προσηγορίαν· ἔστι γὰρ πως καὶ αὕτη σύμπτωμα (“therefore, a disease can be referred to under the designation of the class ‘symptom,’ for it is in

occasions, however, he strives to establish a difference between the disease and the *symptōma*, bringing us back to the triad of the cause, the disease, and the *symptōma*. Galen regularly defines the disease as a condition that impedes a function (*energeia*) of the body.<sup>39</sup> The *symptōma*, on the other hand, while contrary to nature, is not held responsible for harming the body's capacity to function (although it may *be* that harm).<sup>40</sup>

Taken together with the cause (*aitia*) of the disease, the disease and the *symptōma* thus form a series: we begin with the cause, proceed to the disease, and end with the symptom.<sup>41</sup> From this perspective, the *symptōma* appears to have the narrower sense of something that supervenes on a disease (although again, unlike the *epigennēma*, it is not limited to supervening on a disease). Galen evocatively says at one point that symptoms are a kind of shadow (*skiai*), an analogy he elsewhere attributes to Archigenes.<sup>42</sup> The more general idea of symptoms as events that supervene on disease is one that Galen himself suggests was found among other imperial-age writers as well.<sup>43</sup>

Galen's definitional work at the beginning of *On the Differentiae of Symptoms* thus locates the *symptōma* within two different fields of meaning, one where it broadly designates anything that befalls an animal that is contrary to nature, one where it more narrowly captures those misfortunes, including but not limited to damage to function, that supervene on a disease. The dual emphasis corresponds nicely to the two ways we have seen the word *symptōma* function in some of our more fragmentary postclassical medical sources (usually in the singular or the plural, respectively). Moreover, while the second sense begins to approach the modern understanding of "symptom," it does not coincide with it.

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a way itself also a symptom"); cf. above, n. 31. He goes on to classify antecedent causes as a type of symptom as well.

**39** E.g., Gal. *de sympt. diff.* 1.18–19, 750 K. (= 210.3–4 Gundert).

**40** Gal. *de sympt. diff.* 1.20, 750 K. (= 210.11–12 Gundert). See also *de meth. med.* 1.8, 10.65–66 K. (= 102.3–6 Johnston and Horsley), where the *symptōma* is first a condition that does not harm function, then the actual damage to a function; 1.9, 10.71 K. (= 112.2–3 Johnston and Horsley).

**41** See also *de const. art. med.* 14, 1.272 K. (= 98.3–5 Fortuna); *de meth. med.* 1.9, 10.70 K. (= 110.1–2 Johnston and Horsley), 2.3, 10.90 K. (= 140.26–142.2 Johnston and Horsley).

**42** *De sympt. diff.* 1.19–20, 750 K. (= 210.5–7 Gundert). At *de loc. aff.* 1.2, 8.20 K., he attributes the analogy with shadows to Archigenes.

**43** See esp. the definitions that Galen attributes to the Methodist Olympicus at *de meth. med.* 1.9, 10.68 K. (= 104.25–106.3 Johnston and Horsley), where a *pathos* is "a condition of the body that is contrary to nature and persists" (διάθεσις παρὰ φύσιν τοῦ σώματος ἐπιμονος) while a *symptōma* is "that which happens contingent on the affection" (ὃ τῷ πάθει συμβαίνει); it has a form that is "more specific and particular" among things that are contrary to nature. Despite Galen's objections, the definition of symptom here is close to his own (narrower) definition.

But one aspect of the word's ancient semantic field—namely, the sense of the *symptōma* as unexpected or calamitous—is less pronounced in Galen than it was in other medical texts. I want to close by seeing whether that sense may be restored, at least implicitly, to the semantic field of the *symptōma* in postclassical Greek medical writing by introducing a distinction that is important to the modern sense of “symptom”—namely, that between subjective and objective perspectives on suffering.

### III

If the affection and the symptom had offered us different angles on the same event (the cut, the tremor), the idea of the shadow opens up the possibility of two perspectives on the same “symptom,” as it were. From the physician's perspective, the shadow is that which follows, the trace of an event happening elsewhere. But from the perspective of the patient, the shadow could be understood quite differently, perhaps along the lines of the “symptom” that we first encountered in Thucydides: as a misfortune, daemonic and disruptive, like an eclipse suddenly blocking the light.

The contrast between a subjective and an objective perspective is important to how the symptom is seen in modern Anglo-American medicine. Whereas the symptom primarily designates what the patient experiences without the phenomenon necessarily being observable to others (e.g., anxiety, backache), the sign is taken to be public (a bloody nose, or a lesion) and therefore deemed objective.<sup>44</sup> More broadly, the contrast can be between the two perspectives (so that a rash might be both subjectively experienced and objectively observed). Such a distinction, however, does not initially seem relevant to the ancient symptom. The definitional work that we have just followed in Galen, for example, treats the symptom as something objective that happens to the body. In a passage from Rufus of Ephesus' treatise on the interrogation of patients, he ac-

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<sup>44</sup> For example, s.v. “human disease,” *Encyclopædia Britannica. Encyclopædia Britannica Online Academic Edition*. Encyclopædia Britannica Inc., 2013. Web. 27 May. 2013. <<http://www.britannica.com/EBchecked/topic/275628/human-disease>>: “Diseases usually are indicated by signs and symptoms. A sign is defined as an objective manifestation of disease that can be determined by a physician; a symptom is subjective evidence of disease reported by the patient”; s.v. “symptom,” *Taber's Medical Dictionary Online*. Unbound Medicine, Inc., 2000–2013. Web. 9 June 2013: “A symptom represents the subjective experience of disease. Symptoms are described by patients in their complaint or history of the present illness. By contrast, signs are the objective findings observed by health care providers during the examination of patients.”

tually criticizes a reliance on *symptōmata* at the expense of listening to the patient.<sup>45</sup> Here we would seem to have further confirmation of the distance between the ancient and the modern symptom.

Nevertheless, if we consider the relationship of the symptom to a term we have not yet looked at, the sign (*sēmeion*), we can perhaps uncover a less obvious aspect of the ancient “symptom.” In Galen, it is clear that symptoms come before signs, to the extent that they cover everything that the body undergoes that is contrary to nature, usually as a result of a disease. These symptoms are the raw material to which the physician applies the knowledge of his experience and his training. Galen’s two major texts on symptoms, *On the Differentiae of Symptoms* and *On the Causes of Symptoms*, are written to supply just this kind of knowledge, allowing the physician to move backwards from the observed symptom to the damaged function: like shadows, symptoms point to the hidden disease. In light of the intimate relationship between symptoms and signs, it is not surprising that Galen frequently uses the two words together, especially in his commentaries on Hippocratic texts.<sup>46</sup> To take just one example, in his commentary on *Prognostic*, he writes that “it is possible to predict that there will be a crisis from ‘critical symptoms,’ which one can also call ‘critical signs’” (ὥσθ’ ὅτι μὲν ἔσται κρίσις ἐκ τῶν κρίσιμων συμπτωμάτων, ἃ δὲ καὶ σημεῖα κρίσιμα καλεῖν ἐγγωρεῖ, προγνῶναι δυνατόν ἐστίν). He then goes on to add “remember that critical signs are symptoms that indicate by their class impending secretions or apostases” (μὲννησο δὲ ὅτι καὶ τὰ κρίσιμα σημεῖα συμπτώματά ἐστι τῷ γένει δηλοῦντα τὰς ἐσομένας ἐκκρίσεις ἢ ἀποστάσεις).<sup>47</sup>

But notice in this last example that critical signs are drawn from a larger body of symptoms. It is possible that all these symptoms are meaningful in their own way. Yet even so, the *symptōma* always has the potential to exceed whatever signifying work is attached to it, to the extent that it also designates just what happens to the body or to a part of the body as a result of the disease (or indeed, just what happens contrary to nature). Consider a passage from *On the Affected Parts*, where Galen differentiates between a *symptōma* that befalls

45 *Quaest. med.* 21–22 (30.28–32.19 Gärtner).

46 See, e.g., Gal. in *Hp. aph. comm.* 17B.390 K.; in *Hp. epid. I comm.* 3.18, 17A.256 K. (= 128.28 Wenkebach), 3.19, 17A.261 K. (= 131.15–16 Wenkebach); in *Hp. epid. III comm.* 1.5, 17A.535 K. (= 33.20–21 Wenkebach), 1.6, 17A.539 K. (= 35.17 Wenkebach), 2.8, 17A.638 K. (= 102.22 Wenkebach), 3.74, 17A.754 K. (= 169.17–18 Wenkebach); in *Hp. prorrh. I comm.* 1.4, 16.514 K. (= 15.20 Diels), 2.36, 16.590 K. (= 52.25–26 Diels). See also *de cris.* 1.14, 9.614 K. (= 109.17–21 Alexanderson), 3.10, 9.748 K.; *de diebus decr.* 1.13, 9.837 K.

47 Gal. in *Hp. prog. comm.* 3.39, 18B.312–13 K. (= 376.12–13, 18–20 Heeg).

the stomach and the kinds of *symptōmata* that participate in the reconstruction of a causal narrative:

οὐχ ἀπλῶς οὖν προσήκει σκοπεῖσθαι τοῦτο μόνον, εἰ ἡ γαστήρ πέπονθεν, ἢ τι τῶν ἐντέρων, ἀλλὰ καὶ τί τὸ πάθος ἐστί, καὶ διορίσασθαι γε, τίνα μὲν ἴδια τῶν παθῶν ἐστί σημεῖα, τίνα δὲ τῶν πασχόντων μορίων· οἷον ὅτι τὸ μὲν ἀπεπτεῖν γαστρός ἐστί σύμπτωμα, τὸ δ' ἐπὶ τὸ κνισῶδες ἢ ὀξύδες ἐκτρέπεσθαι τὰ ἐδηδεσμένα τῶν κατ' αὐτὴν αἰτίων τε καὶ παθημάτων. (*de loc. aff.* 1.4, 8.42–43 K.)

It is not appropriate, then, to simply consider this alone, whether the stomach has been affected, or something of the viscera; but also what kind of affection is present, which signs are specific for the affections, and which are specific to the affected parts. For example, not digesting is a “symptom” of the stomach, but that food taken in turns fatty or acidic is a “symptom” of the causes and conditions associated with the stomach.

If all symptoms have causes, then, not all symptoms are equally revelatory for a physician trying to give an account of what has happened. Yet regardless of their status in the etiological account, *all* symptoms are events that happen to the body contrary to nature. If we view the *symptōma* in these terms, we grant some independence to what befalls the body and the patient—unhappily, perhaps unexpectedly—from the perspective not of diagnostic meaning but of the event itself.

Perhaps, then, for all the diagnostic work that symptoms can support, they carve out space for the misfortunes that the patient experiences apart from the physician’s interpretive story. It is interesting that if we look at Soranus, where the word *symptōma* occurs sixteen times, signs are almost always signs of something: they are revelatory for the physician. The *symptōmata*, on the other hand, are regularly objects for the physician to assuage (*parēgorein*).<sup>48</sup> They are from this perspective what the body—and, more importantly, an embodied person—undergoes, rather than what makes sense to the physician, misfortunes as much as medical data. They belong to the patient’s distress.<sup>49</sup>

Such misfortunes already exist in the Hippocratic Corpus, despite the fact that there is no word for them. There are certainly cases, for example, where

<sup>48</sup> See Sor. *gyn.* 1.46 (32.17 Ilberg), 3.24 (108.21 Ilberg). See also, e.g. Gal. *de meth. med.* 11.11, 10.764–65 K. (= 156.18–158.2 Johnston and Horsley), 12.1, 10.811–14 K. (= 226.8–228.24 Johnston and Horsley), 12.7, 10.849–50 K. (= 282.5–14 Johnston and Horsley) on the treatment of symptoms versus the treatment of the underlying disease.

<sup>49</sup> See, e.g., Gal. *de meth. med.* 7.8, 10.506 K. (= 308.25–28 Johnston and Horsley).

the physician pursues a treatment solely to alleviate pain.<sup>50</sup> Yet at the same time, if the various phenomena produced by a disease make it into the text, it is because they are seen as meaningful for the physician: everything in the text, in other words, is already a sign. Is it possible that the designation of events and states as *symptōmata* in postclassical medicine complicates this picture, by creating a space within medicine, however limited, for these events as misfortunes of a kind? One must admit, of course, that these unhappy events continue to be incorporated into medical interpretation, at least in Galen.<sup>51</sup> If a space for the experience of the patient does emerge, I freely admit that this is a byproduct of a terminological distinction that serves the physician. But the same might be said of the distinction between symptom and sign in modern medicine. As the physician Richard Baron has written:

We seem to have a great deal of difficulty taking seriously any human suffering that cannot be directly related to an anatomic or pathophysiologic derangement. It is as if this suffering had a value inferior to that associated with real disease.<sup>52</sup>

Perhaps medical writing, by its very nature, codes whatever happens to the patient in ways that are meaningful or potentially meaningful to the physician. Still, between the sudden calamity that strikes the Spartans on Sphacteria and, far in the distance, the modern distinction between the subjective symptom and the objective sign, it may be possible to stake out a bit of terrain for what medical anthropologists call illness, to differentiate it from the medical phenomenon of disease, and to place that terrain as it is fleetingly glimpsed in ancient medical writing under the figure of the *symptōma*.

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**50** E.g., *aff.* 31, 6.244 L. (= 54.15–18 Potter). See also H. King, “The Early Anodynes: Pain in the Ancient World,” in R. D. Mann (ed.), *The History of the Management of Pain: From Early Principles to Present Practice* (Carnforth, N.J.: Parthenon Publishing Group, 1988), 51–62, at 54–57.

**51** The emphasis on symptoms as part of a causal account is probably less important in Empiricism or Methodism, where internal causality does not have the prominence it does in Rationalist or Dogmatist writers.

**52** R. Baron, “An Introduction to Medical Phenomenology: I Can’t Hear You While I’m Listening,” *Annals of Internal Medicine* 103 (1985): 606–11.



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