

Diagnosis as Narrative in Ancient Literature

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## DIAGNOSIS AS NARRATIVE IN ANCIENT LITERATURE

To the medical historian, as Owsei Temkin points out in his classic autobiographical essay, "The Double Face of Janus," disease cannot be a fact without meaning.<sup>1</sup> Yet how a disease takes on meaning may be open to discussion. Let us consider two examples.

A patient has aching joints, a low fever, and nasal passages clogged with mucus. Perhaps she has a headache, perhaps not. All these discomforts add up to only one conclusion: the patient has caught a cold. Whoever has a cold has these symptoms, and whoever has these symptoms has a cold. In fact by treating the symptoms, we will treat the illness. We think of the disease as an entity whose attributes are the patient's symptoms.

Another patient complains of aching joints, but also of chronic fatigue and copious nocturnal sweating. The results of a test will explain these experiences: his body has been invaded by one of the human immunodeficiency viruses. His individual symptoms are his body's response to this invasion, but another person with the same disease may well experience it differently. Diagnosis will mean explaining and understanding the physiological effects of disease on this particular patient. Although treating the symptoms may alleviate the patient's suffering, it will not treat the disease.

These two accounts reflect two different understandings of disease and diagnosis. In the first, a disease is something a patient gets. It affects parts of the patient's body and manifests itself as symptoms, which may be catalogued. Diagnosis matches the catalogue to a list of typical symptoms and, when it has found a satisfactory match, names the disease the patient has. This "ontological" concept, which regards disease as an entity separate from the patient and diagnosis as the assertion that the patient's case history constitutes a specific example of the general entity, can be contrasted with a "physiological," "reactive," or "functional" concept, which sees disease as a process affecting organisms and organ systems and diagnosis as a matter of explain-

<sup>1</sup>Owsei Temkin, *The Double Face of Janus, and Other Essays in the History of Medicine* (Baltimore and London 1977) 421.

ing what is happening to the patient.<sup>2</sup> A physician can treat a disease or a patient.

These two concepts played a central part in the formation of modern medical thought. The ontological concept, adumbrated by Paracelsus in the sixteenth century, appeared fully drawn in the thought of van Helmont and Sydenham in the seventeenth. The physiological concept arose from the anatomical pathology of Morgagni in the eighteenth century and the cellular pathology of Virchow in the nineteenth.<sup>3</sup>

Modern physicians use both the ontological and the physiological concept to account for disease. Because practicing physicians are more interested in explaining and treating diseases (or patients) than in maintaining epistemological purity, a single act of diagnosis may employ both concepts. No necessary correlation exists between either concept and the state of medical understanding or the physicians' ability to effect a cure; of the two examples given above, in fact, we know a great deal more about the aetiology of HIV infection and the action of that virus than about the common cold, and we can cure neither. In order to highlight aspects of disease neglected by the two dominant concepts, some have suggested other models: the "sociological" concept, for example, which sees disease as, at least in part, learned behavior, or the anthropological concept, which places disease within the structures of human culture.<sup>4</sup> None of these has proved as useful in therapy as the two dominant ways of understanding disease and diagnosis.

In everyday discourse, however, the ontological concept reigns supreme. We "get" or "catch" or "have" a disease, we speak of "fighting" or "giving way to" it, and diseases may "go around" in our world. Such expressions in fact make sense for diseases caused by virulent, easily transmitted microorganisms, and it is precisely in recognizing,

<sup>2</sup>For the distinction between ontological and physiological concepts of disease and diagnosis see F. Kräupl Taylor, *The Concepts of Illness, Disease and Morbus* (Cambridge 1979) 1–31.

<sup>3</sup>I offer this summary simply to orient any readers who may be unfamiliar with the history of our usual, and un-Greek, ways of speaking of disease. See further Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, tr. A. M. Sheridan Smith (New York 1973); Walter Pagel, *Paracelsus: An Introduction to Philosophical Medicine in the Era of the Renaissance* (Basel 1958) and *Joan Baptista van Helmont, Reformer of Science and Medicine* (Cambridge 1982); K. Dewhurst, *Dr. Thomas Sydenham (1624–1689), His Life and Original Writings* (London 1966); E. H. Ackerknecht, *Rudolf Virchow: Doctor, Statesman, Anthropologist* (Madison 1953).

<sup>4</sup>François Laplantine, *Anthropologie de la maladie* (Paris 1986) 53–162.

isolating, and curing such infectious diseases that modern medicine has had its most conspicuous success. Conditioned by these triumphs, we find it natural to speak of disease as an entity characterized by a uniform and recognizable set of symptoms.

Yet surely caution is in order when we find ourselves applying modern concepts of disease and diagnosis to descriptions in ancient texts. Our dominant concepts find expression in characteristic forms. The ontological concept of disease often encodes itself as a catalogue of symptoms, and the physiological concept tends to take the form of a tale of causality, which explains the symptoms of a patient as the working of unseen, and often unseeable, agents and processes.

Concepts different from ours will manifest themselves likewise in different understandings of disease, and in different encodings of those understandings. As recently as the seventeenth and eighteenth centuries, many if not most physicians retained some version of the ancient theory of disease as an imbalance of the body's fundamental components or humors. They directed their therapies toward a restoration of the balance of humors. In the context of this understanding of disease, there was only one diseased state: imbalance or distemper. Since every patient suffered from some variation of the same disease state, diagnosis could not consist of selecting from a scheme of many diseases the specific disease manifest in an individual patient. Diagnosis instead consisted of establishing a narrative, the history of a particular patient. By questioning the patient, a knowledgeable physician was able to elicit such a narrative and from it to prescribe therapy; in fact, if the patient was able to provide a full narration of his case, the physician could undertake to treat the patient without visiting him at all. In 1765 Dr. John Morgan, a founder of the medical school of the University of Pennsylvania, promised, "I shall give my opinion in writing on the complaints of patients at a distance from Philadelphia, whenever the history of the case is properly drawn up and transmitted to me for advice."<sup>5</sup> Morgan wrote at the end of an era when many physicians practiced epistolary consultation. Their willingness to do so merely confirms that disease could be encoded as narrative in the period before Sydenham and his followers established the ontological concept of disease and set in motion a revolution in diagnosis and treatment.<sup>6</sup>

<sup>5</sup>John Morgan, *A Discourse upon the Institution of Medical Schools in America* (Philadelphia 1765) "Preface" ii = fol. a2v.

<sup>6</sup>Stanley J. Reiser, *Medicine and the Reign of Technology* (Cambridge 1978) 1–22.

Although there is no reason to suppose that a concept of disease and diagnosis that produces therapeutic success will lead as well to literary or historical understanding, or that literary and historical understanding will manifest itself as the kind of knowledge needed by the successful physician, many students of ancient descriptions of disease have assumed ontological diagnosis as norm and ideal. Thucydides 2.47–51 stands as a notorious case in point. Given the statements contained in those chapters, and especially the detailed description of 2.49–50, historians and philologists have found it hard to resist the temptation to give a modern name to the Athenian plague of 430/429 B.C. Attempts continue. Physicians tend to put forward exotic diseases or combinations of diseases, while classicists prefer a verdict of “not proven” or opt for the old favorites, smallpox, bubonic plague, measles, or typhus.<sup>7</sup> “Which of the diseases known to medicine at the end of the twentieth century,” they ask, “has symptoms matching those of the plague described by Thucydides?”

Their question treats Thucydides’ account as though it were a clinical description which could lead to an ontological diagnosis, and behind their inquiry lies a characteristically modern confusion of narrative and fact. During the nineteenth and early twentieth centuries, all narrative converged onto an empirical or scientific type. When Flaubert called upon the novelist to treat “the human soul with the impartiality which physical scientists show in studying matter,”<sup>8</sup> he reflected this trend even as he helped create it. Romanticism with its call for sincerity, realism with its call for truthfulness, and modernism with its rejection of artifice, to say nothing of von Ranke’s notorious demand for history to report the past *wie es eigentlich gewesen ist*,<sup>9</sup> all have conditioned

<sup>7</sup>Physicians: Alexander Langmuir et al., “The Thucydides Syndrome: A New Hypothesis for the Cause of the Plague at Athens,” *New England Journal of Medicine* 313 (1985) 1027–30, with the response of David Morens, *New England Journal of Medicine* 314 (1986) 855; *Journal of the American Medical Association* 257 (1987) 1094–95; J. A. H. Wylie and H. W. Stubbs, “The Plague of Athens, 430–428 B.C.: Epidemic and Epizootic,” *CQ* 33 (1983) 6–11. Against any identification, with references to previous attempts: J. C. F. Poole and A. J. Holladay, “Thucydides and the Plague of Athens,” *CQ* 29 (1979) 282–300; James Longrigg, “The Plague of Athens,” *History of Science* 18 (1980) 209–25.

<sup>8</sup>“Quand on aura . . . traité l’âme humaine avec l’impartialité que l’on met dans les sciences physiques à étudier la matière, on aura fait un pas immense” (*Correspondance* [Paris 1926–33] III 368).

<sup>9</sup>In the preface (October 1824) to the first edition of his *Geschichten der romanischen und germanischen Völker = Sammtliche Werke* (Leipzig 1867–88) xxxiii–xxxiv vii.

readers to suppose that Thucydides' text will be sufficiently transparent to allow them to identify the disease that it presents.

In recent decades this belief has yielded, albeit slowly in some quarters, to the conviction that no narrative can be completely transparent to reality. Aristotle's distinction between history and fiction seems one of degree rather than kind. Every narrative—that is, every literary work in which we feel the presence of a story and a storyteller—presents reality mediated, and therefore transformed, by the conventions of language and art.<sup>10</sup> There is no reason to regard Thucydides' account of the plague, Galen's description of a Roman lady's lovesickness,<sup>11</sup> or indeed any ancient medical narrative as an exception to this general truth. In fact it is precisely the signs of story and storyteller in such ancient narratives that distinguish them from the impersonal tale of causation in which some modern physiological diagnosis is cast. Like bare chronicles, the modern diagnostic accounts lack the formal and stylistic marks of authorship.<sup>12</sup>

I do not deny that ancient accounts of disease may yield ontological diagnoses. *Epidemics* 1.1 describes what can only have been an epidemic of mumps, and other accounts seem equally responsive to expectations shaped by our concepts of diagnosis;<sup>13</sup> that is, we do not hesitate to assert that the patients described in the ancient text suffered from a disease to which we assign a name, and that the experience of those ancient patients was in essential respects similar to that of modern patients suffering from the named disease. In the same way we assume that a Roman who truthfully announced, "*sitio*," felt many of the same physical sensations we associate with thirst. Human physiology, like a constant term, links the equations of our reading as we puzzle over texts to those of the ancient physicians as they examined patients.

<sup>10</sup>I take the definition of narrative here from Robert Scholes and Robert Kellogg, *The Nature of Narrative* (London, Oxford, New York 1966) 4.

<sup>11</sup>Galen *On Prognosis* 6.2–10 = *Galen on Prognosis*, ed. Vivian Nutton, *Corpus Medicorum Graecorum* V.8, 1 (Berlin, 1979) 100–102 = *Galen Opera Omnia*, ed. K.–G. Kühn XIV (Leipzig 1821–33 = Hildesheim 1964–65) 631–33. References to Galen in the form XIV 631–33 Kühn are to this edition.

<sup>12</sup>On the distinction between history and chronicle see Hayden White, "The Value of Narrative in the Representation of Reality," in *On Narrative*, ed. W. J. T. Mitchell (Chicago and London 1981) 1–23.

<sup>13</sup>E.g., M. D. Grmek and R. Wittern, "Die Krankheit des attischen Strategen Nikias und die Nierenleiden im Corpus Hippocraticum," *Archives Internationales d'histoire des Sciences* 27 (1977) 3–32.

If we had nothing in common with the ancients, we would not be able to talk about them, or with them, at all.

Such transparent accounts of disease, however, are the exception rather than the rule, and if we read all ancient accounts of disease in the expectation that we will be able to name the disease they describe, we are bound to be disappointed at their indirection, their peculiar emphases, and their failure to tell us what we demand to know. So often ancient descriptions of disease mask moral or political reflection,<sup>14</sup> religious doxology,<sup>15</sup> or other ends. Reading these accounts, we become aware that they are not descriptions but stories, shaped by storytellers.

We need, then, a narrative model of diagnosis to use along with ontological, physiological, and perhaps other models as we read ancient authors' accounts of disease. Such a model will not aim at declaring a diagnosis in the terms either of modern, scientific medicine or of pathology before Sydenham. Instead our narrative model of diagnosis will guide us as we take account of the presence of story and storyteller even in nonfictional accounts of disease. It will allow us to understand medical narrative rhetorically, by pointing out the presence or absence of figures of speech and thought, and structurally, by calling attention to ways in which the author has shaped his account. In structural analysis no less than in rhetorical, the absence of obvious or declared artifice cannot be viewed as a token of narrative transparency. What a storyteller leaves out, that silent dog in the narrative nighttime, may provide important clues.

A narrative model of diagnosis may be especially appropriate to ancient medical texts. In the absence of detailed knowledge of human anatomy and physiology, Hippocratic physicians hypothesized that disease resulted from surfeit or emptying, or from an imbalance in the proportion of basic humors.<sup>16</sup> Any change from a better state to a worse

<sup>14</sup>Thomas Africa, "Worms and the Death of Kings: A Cautionary Note on Disease and History," *Classical Antiquity* 1 (1982) 1–17.

<sup>15</sup>The famous stelae from Epidauros are perhaps the best-known examples; see Rudolf Herzog, *Die Wunderheilungen von Epidauros: ein Beitrag zur Geschichte der Medizin und der Religion* (Leipzig 1931).

<sup>16</sup>Volker Langholf, *Medical Theories in Hippocrates: Early Texts and the Epidemics* (Berlin and New York 1990); Marco Fantuzzi, "Varianza e tenacia del Polar Thinking nel *De Prisca Medicina pseudohippocratico*," in *Formes de pensée dans la Collection hippocratique: Actes du IV<sup>e</sup> Colloque international hippocratique*, ed. F. Lasserre and P. Mudry (Geneva 1983) 233–47.

presented dangers.<sup>17</sup> For a physician holding such a concept of disease, diagnosis naturally presented itself as a story of transformation from one state to another. The physician's task was to tell the story of the disease, to "say what has happened, recognize what is happening, foretell what will happen."<sup>18</sup> Although Hippocratic medicine understood the utility of listing symptoms, and later medicine exploited logical and rhetorical schemes of classification and division,<sup>19</sup> ancient physicians from the Hippocratics until late antiquity retained the habit of describing disease as a story. Physiological concepts articulate and shape their stories, just as rhetorical divisions and narrative patterns inform non-medical narrations. Crisis days are expected stations in the tale of an illness, and the Galenic schema protopathy–sympathy–idiopathy constitutes a form in which to narrate the dynamic course of a disease from beginning through middle to end.<sup>20</sup>

Recognizing the suitability of a narrative model of diagnosis to guide our reading of ancient medical texts does not entail believing that ancient authors themselves will declare their use of such a model. Nor should we suppose that all ancient diagnoses are narrative in form, or that the narrative model is important in reading every ancient account of disease. The narrative model, implicit in some ancient texts, becomes explicit only in our reading of them. By invoking it, we may avoid hearing ancient medical literature speak in the impersonal voice which modern science has conditioned us to expect. Instead we may hear the authors, even in the texts which seem at first to speak in stark and impersonal accents.

Thucydides' account of the plague comes to us imbedded in a work which begins with the narrator's proclamation of his authority over the subject matter.<sup>21</sup> Questions about the relation between narrative and event and about the author's procedures confront the reader at

<sup>17</sup>*Aphorisms* 1.3 = *Oeuvres complètes d'Hippocrate*, ed. E. Littré, IV (Paris 1844 = Amsterdam 1962) 458–60; *Aphorisms* 2.50 = IV 484 Littré.

<sup>18</sup>Λέγειν τὰ προγενόμενα, γινώσκειν τὰ παρεόντα, προλέγειν τὰ ἐσόμενα; *Epidemics* 1.5 = II 634 Littré.

<sup>19</sup>See for example the Hippocratic list at *Epidemics* 1.10 = II 668 Littré; and Galen's remarks at the beginning of *On Treatment by Venesection*, XI 258 Kühn.

<sup>20</sup>On this *Krankheitsdynamik* see Almuth Gelpke, *Das Konzept des erkrankten Ortes in Galens "De Locis Affectis"* (Zurich 1987) 60–63.

<sup>21</sup>Θουκυδίδης Ἀθηναῖος ξυνέγραψε τὸν πόλεμον, 1.1.



once,<sup>22</sup> and it is not hard to see how the account of the plague acquires force from its position in the narrative immediately after Pericles' funeral oration. It is different with the Hippocratic case histories of the *Epidemics*. In them, the author's presence and working must be sought out.<sup>23</sup>

Hermocrates, who lay sick by the new wall, was seized with fever. He began to feel pain in the head and loins; tension of the hypochondrium without swelling; tongue, when he began to be ill, parched; immediate deafness; no sleep; no excessive thirst; urine thick, red, with no sediment on standing; stools not scanty, and burnt. On the fifth day he passed thin urine with particles floating in it, and at night he became delirious. On the sixth day jaundice, a general exacerbation, and he was not rational. The following days were similar. About the eleventh day there seemed to be general relief. Coma began. He passed thicker urine, reddish, thin at the bottom, without sediment, and by degrees grew more rational. On the fourteenth day he was free of fever, did not sweat, slept, and became entirely rational. His urine was as before. About the seventeenth day he suffered a relapse and grew hot. On the following days there was acute fever, thin urine, and he became delirious. On the twentieth day he re-entered a critical state, was free of fever, and did not sweat. All the time he had no appetite, was entirely rational, but could not talk. His tongue was dry and he had no thirst. He slept a little and was comatose. About the twenty-fourth day he grew hot again, and his bowels were loose with copious, thin discharges. On the following days there was acute fever. On the twenty-seventh day he died.<sup>24</sup>

"A character," William H. Gass has written, "first of all, is the noise of his name,"<sup>25</sup> and first of all in this story it is a name that we are given, and so a character: Hermocrates, who lay sick by the new wall. At once we are given a list of symptoms, which may reflect the condition in which the physician first found Hermocrates. Immediately, however, the diagnosis takes on the form of a narrative. Things happen to

<sup>22</sup>I have in mind Thucydides' implied criticism of Herodotus at 1.20 and his remarks about his use of sources and procedure in reporting speeches at 1.22.

<sup>23</sup>See Wesley D. Smith, "Generic Form in Epidemics I to VII," in *Die hippokratischen Epidemien: Theorie, Praxis, Tradition. Verhandlungen des Ve Colloque international hippocratique*, ed. Gerhard Baader and Rolf Winau, *Sudhoffs Archiv, Beiheft 27* (Stuttgart 1990) 144–58.

<sup>24</sup>*Epidemics* 3.1, case 2 = III 32–38 Littré.

<sup>25</sup>*Fiction and the Figures of Life* (New York 1970) 49.

Hermocrates. As I have tried to show through my revision of the Loeb translation, he is the subject of many of the verbs in our story. He does or does not sweat or urinate in a certain way, and finally he dies.

The author of the story has chosen to narrate his tale in chronological order from the first to the last day of Hermocrates' illness. This natural order seems inevitable and true, but we ought not to suppose that the story is somehow true simply because it follows the order in which events happen. Narrative attains truth by telling events truthfully, not by telling them in one order or another. By choosing chronological order, the Hippocratic author makes a claim to be telling a certain kind of truth, and he directs the reader's attention to the chronology of disease and to the critical days in which his interest lay.

Strict chronological order may diminish the visibility of the author in the narrative, but his hand is everywhere. He constructs the story about Hermocrates from a chosen set of events. All things do not have equal importance. The first, fifth, sixth, eleventh, fourteenth, seventeenth, twentieth, twenty-fourth, and twenty-seventh days have more significance than the others. Many things about urine interest the author, but he notes only the absence of sweating. The narrative finds room for the fact of Hermocrates' rationality or lack of it, but not for what he said when he could talk or for his own account of his symptoms.

The author has also chosen to tell the story of Hermocrates as part of a collection of similar stories, all of which proceed to one of two conclusions: recovery or death. The understood teleology of disease drives the case histories of *Epidemics* 1 and 3 as surely as the understood teleology of human life gives an inevitable shape to biography. The case histories derive meaning not only from their generic shape, but from their context in a work containing in addition a group of generalizing accounts of the weather and illnesses of a particular place and season. The author of the collection knew that narrative alone could become, as Hayden White puts it, "a solution to a problem of general human concern, namely, the problem of how to translate *knowing* into *telling*."<sup>26</sup> He uses the interaction between general constitutions and particular cases to create in his readers an impulse toward explanation. We do not feel the lack of preface, conclusion, or identification of the collection's author. His self-imposed form, as surely as Homer's inher-

<sup>26</sup> Hayden White (note 12 above) 1.

ited one, demands impersonality, and, again like the author of epic, the impersonal author's presence can be felt throughout his creation.

By no means does all Hippocratic diagnosis assume the narrative form seen in the story of Hermocrates. The famous *katastaseis* or "constitutions" follow an analytical pattern: climate, fevers or other diseases classified by the season in which they occur, general observations. The description of critically ill patients at *Prognostic* 2 certainly equates prognosis with recognition of the so-called *facies Hippocratica*, a group of symptoms occurring at a single time. *Epidemics* 1.23 gives us a clear catalogue of a Hippocratic physician's diagnostic criteria. Such catalogues imply that disease can be recognized by examining, synchronically and in turn, separate features of a patient or his behavior.<sup>27</sup>

These and other examples of diagnosis without a narrative form or context do not, however, establish a case against reading ancient accounts of disease as narratives. We can expect to find diverse concepts of diagnosis not only in the Hippocratic Corpus, but in ancient medicine in general.<sup>28</sup> Students of Hippocratic medicine have sometimes attempted to associate an imagined Cnidian school of medical doctrine with the ontological concept, and an opposing, Coan school with the physiological.<sup>29</sup> This tidy dichotomy between Cos and Cnidus looks more and more like an elaborate encrustation formed by modern scholarship around a tiny kernel of a hint in Galen.<sup>30</sup> We should reject the

<sup>27</sup> Wesley D. Smith, "Analytical and Catalogue Structure in the Corpus Hippocraticum," in *Formes de pensée dans la Collection hippocratique: Actes du IV<sup>e</sup> Colloque international hippocratique*, ed. F. Lasserre and P. Mudry (Geneva 1983) 277–84.

<sup>28</sup> Renate Wittern, "Diagnostics in Classical Greek Medicine," in *History of Diagnostics: Proceedings of the 9th International Symposium on the Comparative History of Medicine—East and West*, ed. Yosio Kawakita (Osaka 1987) 69–89; Mirko D. Grmek, *Diseases in the Ancient Greek World* (Baltimore and London 1989) 292–95 = *Les maladies à l'aube de la civilisation occidentale* (Paris 1983) 420–23.

<sup>29</sup> E.g., O. Temkin, "Die Krankheitsauffassung von Hippokrates und Sydenham in ihren Epidemien," *Sudhoffs Archiv* 20 (1928) 327–52; K. Deichgräber, *Die Epidemien und das Corpus Hippocraticum*, Abh. Preuss. Akad. Wiss., Phil.–hist. Kl., no. 3 (Berlin 1933; 2d ed. Berlin and New York 1971); G. Preiser, "Διάγνωσις und διαγνωστικόν: Zum Krankheits-erkennen im Corpus Hippocraticum," in *Medizinische Diagnostik in Geschichte und Gegenwart: Festschrift für Heinz Goerke*, ed. Chr. Habrich, F. Marguth, and J. H. Wolf (Munich 1978).

<sup>30</sup> Galen, *Methodus Medendi* 1.1 = X 5–6 Kühn. Modern debate begins with the brilliant demolition of the Cos–Cnidus dichotomy by Wesley D. Smith, "Galen on Coans versus Cnidians," *Bull. Hist. Med.* 67 (1973) 569–85, and the more moderate remarks of I. M. Lonie, "Cos versus Cnidus and the Historians," *Hist. Sci.* 16 (1978) 42–75; cf. Jutta

dichotomy, at least in its strict form, along with the idea that every ancient account of disease will satisfy expectations formed by modern nosology.

No one will maintain that *Epidemics* 1 and 3 rank with the *Odyssey* or *War and Peace* as narrative. I do, however, wish to emphasize the choices made by the Hippocratic author in telling his stories and so to suggest that ancient accounts of disease often appear in the form of a narrative, that they are shaped by the constraints and impulses that govern all narrative as well as by the particular rhetorics of narrative in Greek and Roman culture, and that paying attention to their universal and Greco-Roman narrativity can help us to understand some of the important differences between ancient medicine and our own. The questions that we can ask of our own medicine may have no answer when we put them to the ancient stories.

I turn now to a very different story of an illness. We know its author and can give a location in time and space both to his work and to the occasion it describes. In chapters 61–68 of the first *Sacred Tale*, written at some time after A.D. 171, Aelius Aristides recounts an illness that afflicted him at Smyrna, perhaps in the winter of 147/148.<sup>31</sup> His narrative pits the conventional diagnosis of the physicians of Pergamum against the divine instructions of Asclepius. This contrast and the dis-

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Kollesch, “Knidos als Zentrum der frühen wissenschaftlichen Medizin im alten Griechenland,” *Gesnerus* 46 (1989) 11–28. For other views see J. Jouanna, *Hippocrate: pour une archéologie de l'école de Cnide* (Paris 1974); H. Grensemann, *Knidische Medizin, Teil I: Die Testimonien zur ältesten Knidischen Lehre, Analyse Knidischer Schriften im Corpus Hippocraticum* (Berlin and New York 1975); A. Thivel, *Cnide et Cos? Essai sur les doctrines médicales dans la collection hippocratique* (Paris 1981) and “Médecine hippocratique et pensée ionienne: réponse aux objections et essai de synthèse,” in *Formes de pensée dans la Collection hippocratique: Actes du IV<sup>e</sup> Colloque international hippocratique*, ed. F. Lasserre and P. Mudry (Geneva 1983) 211–32; H. Grensemann, *Knidische Medizin, Teil II: Versuch einer weiteren Analyse der Schicht A in den pseudohippokratischen Schriften De natura muliebri und De muliebribus I und II* (Stuttgart 1987).

<sup>31</sup>C. A. Behr, *Aelius Aristides and the Sacred Tales* (Amsterdam 1968) 68–69. The *Sacred Tales* are Orations 47–52 in the edition of Bruno Keil, *Aelii Aristidis Quae Supersunt Omnia*, II [all published] (Berlin 1898 = Hildesheim 1958). References in the form 47K, 62 are to oration and chapter in this edition. A new edition by C. A. Behr, *P. Aelii Aristidis Opera Quae Exstant Omnia* (Leiden 1976–) has not advanced as far as the *Sacred Tales*. Translations of the *Sacred Tales* appear in Behr's *Aelius Aristides and the Sacred Tales* and in his *P. Aelius Aristides: The Complete Works* II (Leiden 1981). I have not yet seen Salvatore Nicosia, *Elio Aristide, Discorsi sacri* (Milan 1984).

ease itself give structure to the narrative in order to highlight the glory of Asclepius and the heroic illness of the author, Aristides.

No one would mistake Aristides' account for a Hippocratic case history. From the opening of the *Sacred Tales*, with its Homeric motifs and emphasis on the author's task, motivations, and presence in the text, Aristides leads his readers to expect a tale of the providence of Asclepius presented in an explicitly literary and rhetorical mode.<sup>32</sup> This mode might be expected to stand entirely apart from the physicians' descriptions. Yet Aristides' intention, to exalt the providence of the god and his healing power, created a need to employ the language of medicine as a foil for the triumphant *logos* of Asclepius.

The narrative in chapters 61–68 begins with just this contrast between the medicine of the god and that of his mortal rivals.<sup>33</sup> We read of two diagnoses. The god's is perplexing, fey, and ambiguous. He recommends various drugs, and Egyptian slippers, like the priests'. These are not prescriptions from the world of Galen or the *Epidemics*. Aristides deliberately obscures the chronological markers that were so important to the Hippocratic physician. We cannot even tell where we ought to place Asclepius' recommendation in Aristides' transition from health to disease. "For a long time" (*ek pollou*), Aristides says, Asclepius had warned him to guard against dropsy and given him remedies, as well as those Egyptian slippers. Then he recommended diverting the flow or discharge downward. Was Aristides ill when Asclepius made his diagnosis? Or did the diagnosis precede the onset of the disease? Aristides' god works his healing wonders through a providence that lies beyond the time of mortal diseases, and Aristides offers us no answer to these questions.

The second diagnosis, on the other hand, presents what seems to be a precise, unmysterious account of a physical disorder. Aristides describes the growth of a tumor in his lower abdomen:

And there occurred a swelling from no apparent cause, at first such as might occur in any other case. Then it developed into a monstrous tumor,

<sup>32</sup>Jan Fredrik Kindstrand, *Homer in der zweiten Sophistik: Studien zu der Homerlektüre und dem Homerbild bei Dion von Prusa, Maximos von Tyros und Aelius Aristides* (Stockholm 1973) = *Acta Univ. Upsal. . Studia Graeca Upsal.* VII; L. Percy, "Theme, Dream, and Narrative: Reading the *Sacred Tales* of Aelius Aristides," *TAPA* 118 (1988) 377–91, esp. 379–80 and n. 8.

<sup>33</sup>H. Erhard, "Arzt und Priester in Pergamon," *Gesnerus* 11 (1954) 11–16.

and the groin was distended and everything swollen. Sharp pains followed and fever for some days. At this point, the doctors cried out all sorts of things. Some recommended surgery, some said cauterization by drug, or that an infection would arise and I must surely die. (47K, 62)

Language and the technique of narrative differentiate the account of Aristides' illness in chapter 62 from the divine diagnosis in chapter 61. Chronological order holds firm, clearly marked by *ap' arkhēs* and *epeita*, and Aristides has taken pains to imitate the vocabulary of medical description. It may be misleading to impose our concept of "medical terms" on ancient Greek medical writing, especially in its earliest stages,<sup>34</sup> but we can observe that *phyma*, *ongkos*, *boubōn*, *odynē*, and *pyretos* are terms whose primary field of use is medical. Galen and the Hippocratic Corpus alone account for 240 of the 468 occurrences of *phyma* in the TLG data bank, 909 of the 3,520 occurrences of *ongkos*, and 107 of the 641 occurrences of *boubōn*.

Phrases shed more light than words on the care which Aristides has taken to give his description a medical coloring. "Monstrous tumor," *ongkon exaision*, finds a medical echo in Galen at *On the Use of Parts* 11.5 = III 858 Kühn. Nowhere else does *exaisios* modify *ongkos*, although *exaisios*, like many words found a half-dozen times in Plato and sprinkled about in Homer and the tragedians, appears to have become widely used, or even overused, by writers of the Second Sophistic in their quest for a classical and Attic style.<sup>35</sup>

<sup>34</sup>J. Irigoin, "La formation du vocabulaire de l'anatomie en grec: du mycénien aux principaux traités de la Collection hippocratique," *Hippocratica: Actes du Colloque hippocratique de Paris*, ed. M. D. Grmek (Paris 1980) 265–83; Geoffrey Lloyd, "The Development of Greek Anatomical Terminology," in *Science, Folklore and Ideology* (Cambridge 1983) 149–67; Françoise Skoda, *Médecine ancienne et métaphore: Le vocabulaire de l'anatomie et de la pathologie en grec ancien* (Paris 1988) = Collection "Ethno-sciences," ed. Serge Bahuchet, no. 4; Langholf (note 16 above) 37–50. For the claim that "standard terms of contemporary medicine" can be identified in Thucydides' description of the plague see D. L. Page, "Thucydides' Description of the Great Plague at Athens," *CQ* 3 (1953) 97–119; and cf. S. L. Radt, "Zu Thukydides' Pestbeschreibung," *Mnemosyne* 31 (1978) 233–45 and 32 (1979) 163. Weaknesses in this view have been exposed by Adam Parry, "The Language of Thucydides' Description of the Plague," *BICS* 16 (1969) 106–18. On Galen's terminology see Phillip H. De Lacy, "Galen's Concept of Continuity," *GRBS* 20 (1979) 355–69, and Richard J. Durling, "Lexicographical Notes on Galen's Pharmacological Writings," *Glotta* 57 (1979) 218–24.

<sup>35</sup>A search of the TLG data bank reveals that *exaisios* occurs seven times in Plato,

Aristides' medical coloring, however, is more than a general wash of physicians' terminology. His human doctors speak with the voice of Hippocrates, and they maintain, as did the Coan's final aphorism, that no cure exists beyond the triple methodology of surgery, cauterization, and drugs.<sup>36</sup>

Two other phrases, neither of them as rare as *ongkon exaision*, reveal that Aristides had a specific model in mind when he imitated the language of human, Hippocratic medicine in his second description of his disease. The collocation *odynai deinai* seems so natural that it is surprising to see how uncommon it is. Before Aristides, only four authors call pains "terrible": Euripides at *Electra* 1346, Dionysius of Halicarnassus at *Roman Antiquities* 12.6.7, Josephus at *Against Apion* 2.144, and the author of *Epidemics* 5 and 7 in the Hippocratic Corpus. Pains are *deinai* twice in *Epidemics* 5 and eleven times in *Epidemics* 7. Aristides' choice of a second phrase, *ap' arkhēs* in the sense "from (a) cause," confirms that he models his human diagnosis on those in the last book of the *Epidemics*. In the Hippocratic Corpus, *ap' arkhēs* and *ex arkhēs* are synonyms, but the authors of most treatises prefer *ex arkhēs*.<sup>37</sup> In *Epidemics* 1 and 3, for example, we find that *ex arkhēs* occurs sixteen times and *ap' arkhēs* only once. But in *Epidemics* 7 the preference for *ap' arkhēs* is conspicuous. There we find the proportions of *Epidemics* 1 and 3 almost exactly reversed: seventeen occurrences of *ap' arkhēs* and only one of *ex arkhēs*.

Aristides' use of *parēkolouthoun* also evokes the last book of the *Epidemics*. Most treatises in the Hippocratic Corpus prefer *epakolouthēo* as the term for one condition "ensuing" or "following on" another. *Parakolouthēō* is heavily concentrated in two treatises: *Coan Precognitions* and *Epidemics* 7.<sup>38</sup> *Parakolouthēō* occurs fourteen times in each of these

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twice in Aeschylus, three times in Homer, once in Herodotus, and twice in the Hippocratic Corpus. It occurs twenty-eight times in Dio Cassius, four times in Aristides, and nine times in Galen.

<sup>36</sup>Aphorisms 7.87 = IV 508 Littré.

<sup>37</sup>For *ex arkhēs* versus *ap' arkhēs* the proportions are as follows: *Ancient Medicine*, 1, 1; *Prognostic*, 0, 1; *Regimen in Acute Diseases*, 2, 1; *Wounds in the Head*, 5, 0; *The Surgery*, 1, 0; *Fractures*, 6, 0; *Joints*, 0, 1; *Aphorisms*, 2, 0; *Prorrhetic*, 2, 0; *Coan Precognitions*, 5, 0; *Diseases 1–3*, 4, 0; *On the Seed, Nature of Children, Diseases 4*, 3, 0; *Places in Man*, 0, 1; *Regimen 1–4*, 6, 2; *Diseases of Women 1–3*, 3, 0; *On Sevens*, 1, 0; *The Physician*, 0, 1; *Precepts*, 0, 1; *Crises*, 0, 1; (Pseudo-Hippocrates) *Letters*, 1, 0.

<sup>38</sup>Karl Deichgräber, *Die Epidemien und das Corpus Hippocraticum*, Abh. Preuss. Akad. Wiss., Phil.-hist. Kl. 3 (Berlin 1933; rpt. 1971), has put forward what Wesley Smith



treatises and only three times elsewhere, twice in *Prorrhetics* and once in *Physician*.

It is hard to resist the conclusion that Aristides intended to give his doctors' recommendation a Hippocratic flavor, and that he had *Epidemics* 7, or 5 and 7, in mind when he composed the description of disease at chapter 62 of the first *Sacred Tale*. Analysis of individual phrases only confirms and makes specific our sense that the divine diagnosis in chapter 61 differs from the human in chapter 62. In reading Aristides, one can hardly be too sensitive to literary reference and allusion, or to the possibility that the author is using literature to define and enrich his own experience and our response to it. The real question is, why?

By confronting the god's timeless, mysterious diagnosis with the chronological, rational, particularized description of the medical men, Aristides prompts a reader to ask which account conveys the truth of the event and what resolution, if any, can be made of the contradiction between them. To answer this question, Aristides now presents the confrontation of divine and human diagnoses in dramatic terms. It is the god against the doctors. Their conflicting explanations and dire prognoses create the dramatic conflict whose resolution provides the point of Aristides' tale. With Aristides' friends as chorus, the conflict between the god and the doctors follows the course of the abdominal tumor, which becomes not only the subject of the narrative, but also its organizing principle.

The dramatic conflict between god and doctors takes the form of a dialogue between divine assurance and human uncertainty, centered on the miracles and paradoxes of chapters 64 and 65 and finally resolved by the healing at the end of chapter 66. When he introduces the doctors, Aristides focuses our attention on their conflicting opinions and lack of certain knowledge: "At this point, the doctors cried out all sorts of things; some said surgery, some said cauterization by drug, or that an infection would arise and I must surely die." Asclepius, in contrast, delivers a single opinion: Aristides must endure and foster the growth.

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(note 30 above) n. 19 has called "plausible arguments for connecting *Epidemics* 5 and 7 with Cos (as well as with Abdera, Thasos, etc.)" and for considering the two books as a unit distinct from others within the *Epidemics*. The division of the *Epidemics* into three groups (1 and 3; 2, 4, and 6; and 5 and 7) has been traced to the work of Dioscurides and Capito in the late first or early second century A.D. See W. Smith, *The Hippocratic Tradition* (Ithaca 1979) 235–39, and "Generic Form" (note 23 above) 144–45.



When the tumor continues to grow, the human response, this time from Aristides' friends, is *aporia pollē*. Their opinions, like those of the doctors, vary. Some marvel at Aristides' endurance, some take him to task for making too much of dreams, and some criticize him for shrinking from surgery or drugs. Again, the god presents a single response. Aristides must endure and pay no attention to contrary opinions. Through a metaphor, Asclepius tells Aristides to reject the conflicting human opinions on the source of his disease; those gardeners, the god says, do not know where to turn their irrigation channels.

The wonders (*thaumasta*) of chapter 64 and the strange events (*paradoxa*) of chapter 65 direct our attention away from the conflict between divine and human opinions and toward Aristides himself. Chapter 64 treats his inner life, both intestinal and intellectual, and chapter 65 reports the god's bizarre commands and Aristides' unquestioning obedience to them. Aristides' fame as a rhetorician and his willingness to carry out the most extreme, even ridiculous commands of his savior figure in nearly every episode of the *Sacred Tales*. Their appearance here reminds us that the *Sacred Tales*' announced purpose, to narrate the providence of the god, takes the form of a celebration of their author's piety and endurance. As Danielle Gourevitch has pointed out, Aristides uses his illnesses to define his own existence.<sup>39</sup> The relationship with Asclepius that marks him out from other men has two sides. For Aristides to be the divinely favored man that he is, Asclepius must heal him; but for Asclepius to heal, Aristides must be ill, and heroically so.

After the marvels and paradoxes of chapters 64 and 65, the dialogue between the single truth of Asclepius and the manifold uncertainties of Aristides' human associates resumes and moves to its climax. The god finally confutes the divergence of human opinion by delivering the same command simultaneously in two different places. This command takes the form of a prescription. "There was," Aristides reports, "a certain drug, whose particulars I do not remember, except that it contained salt." In the *Sacred Tales*, claims about memory are in fact claims about the authority of narrative.<sup>40</sup> Certainly we cannot believe that Aristides simply forgot Asclepius' prescription, or that he could not have recovered its ingredients, as he recovered or remembered

<sup>39</sup>Danielle Gourevitch, *Le triangle Hippocratique dans le monde gréco-romain*, Bibliothèque des Ecoles Françaises d'Athènes et de Rome, fasc. 251 (Rome 1984) 13.

<sup>40</sup>Pearcy (note 32 above).

those of the ointment, drugs, and dentifrices whose composition he specifies in the third *Sacred Tale*.<sup>41</sup> By pretending to have forgotten the ingredients of Asclepius' prescription, except for the commonest and most ordinary, Aristides makes a statement about the contrast between divine and human medicine. Just as the chronological and analytical specificity of the doctors' diagnosis in chapter 62 could not stand against the god's timeless account in 61, so the drug from Asclepius does what the doctors' prescriptions could not. Like the god's diagnostics, his pharmacology lies beyond the constraints of human medicine. To recall its ingredients is as irrelevant as it would be to suppose that a diagnosis from an eternal Asclepius must be delivered after the disease it describes, according to the rules of this world's chronology.

By delivering his healing prescription simultaneously in two places, Asclepius has confuted the conflicting voices of human opinion, represented by Aristides' doctors and his friends. The god has not, however, completely convinced the human bystanders. Their appearances after the miraculous healing balance their appearances before and create a symmetry centered on the *aristeia* of Aristides in chapters 64 and 65. As before the miracle we heard first from the physicians and then from Aristides' friends, so after it we hear from the friends and then from the physicians. The morning after the divine drug had done its work, Aristides reports, his friends were there, congratulating him, but without believing (*khairontes meta apistias*). Immediately afterwards the physicians reappear, amazed at what the god has done but refusing to accept that his providence eliminates all need for their services. There is still, they insist, need for surgery to restore the folds of skin displaced by the tumor, and Aristides should allow this, since what the god had to do was entirely done (*pantōs de ēdē peprakhthai ta ge tou theou*).

The stage has been set for the final refutation of human medicine. After the appearance of a remarkable lesion or sloughing off of the skin and a transformation of its appearance, Asclepius orders Aristides to smear an egg on the area. In a few days no one can tell where the tumor had been. The temporary astringent effect of egg white is well known to actors and acne-plagued adolescents, but it is not enough to observe that an egg might have had the effect that Aristides describes. Like his earlier prescription, whose ingredients and compounding were not im-

<sup>41</sup> See 49K, 23–29 and (the remarkable dentifrice) 36.

portant enough to remember, the god's egg is not therapy but symbolism. Its appearance in dreams is associated with physicians, and it appears with images of Asclepius.<sup>42</sup> Its effectiveness in removing all traces of Aristides' illness declares the god's favor toward Aristides and pronounces the final irrelevance of human medical opinion when cases demand divine healing.

With the disappearance of the tumor and its after-effects, Aristides' story is over. How could it continue, we are tempted to ask. The story is about the tumor, and when what the story is about disappears, so does the story. But that naive view makes storytelling a much simpler thing than it in fact is. Aristides' tumor provides not only a subject for his story, but also one of its structural principles. To see how this can be, let us look at the relation between the tumor and the dialogue between human and divine medical opinion that has shaped our discussion so far.

A chiasmic symmetry created by the opinions of physicians and friends, friends and physicians, focused that dialogue on what I have called the *aristeia* of Aristides in chapters 64 and 65, in which we see him heroically declaiming from his sickbed and enduring the physical ordeals commanded by his divine savior. Aristides' virtue, the quality that allows him to claim the authority to give an account of Asclepius' working, comes from his stubborn adherence to the single voice of the god and his rejection of the conflicting voices of human medicine.

The history of the tumor gives structure to that confrontation between Aristides and the voices of human medicine. After the first pronouncements of the physicians and the god's reply (chapter 62), the tumor continues to grow, to everyone's perplexity: *ho de onkos eti epimallon ēireto kai ēn aporia pollē*. Aristides perseveres, and as the tumor grows, so does his determination to follow the advice of Asclepius. Finally the growth, now described as a *phlegmonē* or inflamed tumor, reaches its worst state and is spreading toward Aristides' navel (chapter 65). Only at this point does the god finally (*telos de*) counter the multiplicity of conflicting human opinions with a multiple but not conflicting opinion of his own, delivered simultaneously to Aristides and his foster father Zosimus. The god's decisive intervention comes at the crisis

<sup>42</sup> Artemidorus 2.43 = *Artemidori Daldiani Onirocriticon Libri V*, ed. Roger A. Pack (Leipzig 1963) 178. Neither Roscher, *Lex.*, nor Pauly–Wissowa s.v. "Asklepios" lists the egg among the attributes of Asclepius, but cf., e.g., Archaeological Museum of Cos, no. 101 (late second century A.D.), a statue of Asclepius holding an egg in his right hand.

point or *akmē*<sup>43</sup> of the disease, and also at the point where Aristides has focused our attention on the height of his virtue in adhering to the god's commands. The acme of the story, as indicated by the focus of its symmetrical structure, coincides with the acme of the disease that is its subject and leads immediately to the miraculous prescription from Asclepius that is its climax.

After the tumor disappears, so does the conflict between the multiple, self-contradictory voices of human opinion and the single voice of Asclepius. That conflict is replaced, on the story's downward slope, by clearing away of the final traces of human resistance to Asclepius' truth. That clearing away corresponds to the healing of the last traces of Aristides' tumor.

The tumor's growth to a climax, its miraculous disappearance, and the shrinking of the remaining distorted tissue form the framework on which Aristides has built his story. The dialogue with physicians and friends, centered in chiasitic symmetry on Aristides' heroic display of adherence to the god's commands, has no necessary connection with the narrative armature created by the history of the tumor. Aristides has chosen to make these two essentially independent structural principles coincide. By patterning his account of how Asclepius confuted human opinion on the progress of his disease, he heightens the importance of his own *aristeia*, which occupies the focus of both divine aretalogy and clinical history, and so of the reader's attention.

The sophistication of this construction, in which clinical history appears not as the reason for the story's existence but as a principle of its literary form, makes it impossible for us to suppose that an important result of Aristides' narrative of his illness will be diagnosis of any actual condition that may have afflicted the rhetorician in Smyrna during the winter of 147/148. The author of *Epidemics* 1 and 3 exploited the seeming inevitability of chronological order, the understood teleology of disease, and the interaction between general constitutions and specific case histories to make us believe that his patients and their diseases existed as objects of study apart from his narrative and to encourage us to speculate on the causes of their conditions. Unlike the Hippocratic author, Aristides does not allow us to read his narrative without awareness of his own presence as creator of it. His disease exists only

<sup>43</sup>Cf. πρὸς τὴν ἀκμὴν τῆς φλεγμονῆς at Galen *De Comp. Med. per gen.* XIII 90 Kühn and *In Hipp. Aph. comm.* XVIIIa 83 Kühn.

in the narrative and for the narrative's purposes: to define the disease's victim and his special relationship with the healing god.

Aristides stands at one extreme of narrative diagnosis, the Hippocratic author at the other. At one extreme, the story held sway over the disease, and the storyteller insisted on his claim to our attention. At the other, we had to seek him out, and the affliction of Hermocrates seemed to dictate its own story. Yet even in this spare account we found the essentials of narrativity, signs of the storyteller and his shaping of the tale. From these extremes we may be able to draw some conclusions that will help us to approach the many ancient accounts of disease that lie between.

First, what I have called the "narrative model" needs to be retained as a possibility in every reading of an ancient account of disease. By using the term "model" I do not intend to impose a schematic or exclusive mode of reading. I hope instead to recommend that ancient medical texts be returned to the framework of expectation within which they were created: the rhetorical culture of Greece and Rome, in which persuasive *logos* held the central place. It is always worth asking which of the diseases known to us might be described in an ancient text, but we must not suppose that when we have answered that question, we have understood the text, or that our inability to answer it condemns the text or our reading. Other questions, the same ones that guide our reading of any ancient text, will remain to be answered. Again, I do not intend to prescribe any single mode of reading or to condemn any other. I suggest only that whatever is worth knowing about a work of Demosthenes or Cicero may also be worth knowing about a work of Galen or Celsus.

Second, awareness of the narrative character of many ancient accounts of disease may help us to avoid the trap of overemphasizing the resemblances between ancient and modern diagnostics and so of overlooking the important points which distinguish *iatrikē* or *medicina* from modern medicine. It is true, for example, that modern diagnosis often takes the form of a tale of causality in which symptoms of disease are presented in chronological order. In this respect modern accounts of disease resemble ancient ones. But careful attention to the narrative qualities of ancient accounts allows us to observe that they often—again, not always—give the individual patient a different role and operate at a different level of generalization than do modern diagnoses.

Modern accounts give primacy to the disease and to the symptoms which signify its presence. They chronicle the course of an illness

in order to establish a chain of cause and effect and to specify the disease which the symptoms at hand signify. Modern accounts emphasize the disease because they proceed from a therapeutic nexus in which giving the disease a name, establishing its cause, and treating the patient are inextricable. To know what disease confronts us is to know what can be done for the patient in front of us. Hence modern accounts generalize about diseases, whether as entities or processes, not about patients. Diseases are the interesting themes, and patients merely variations on them.

In ancient accounts of disease the tale of an illness must often be the tale of a patient. Although ancient physiology knew a number of distinct diseases and pathological conditions (e.g., *kausos*, *peripneumonia*, *phrenitis*), recognizing and naming the disease at hand did not enable the physician to prescribe treatment. The ancient physician expected to find and treat conditions that were more general than the diseases whose names were for him a kind of shorthand way of specifying a collection of symptoms. A modern physician, having recognized the presence of mumps or diabetes, has made a diagnosis; an ancient physician confronted with *kholera* or *hydrōps* had still to ask what condition of surfeit or evacuation, what imbalance of humors, or what blockage of theoretical passages, affecting what *topos*, constituted this particular patient's illness.<sup>44</sup> For the modern physician, symptoms are signs of disease. For the ancient physician, diseases themselves may be signs of the more general conditions which therapy seeks to treat. These general conditions reveal themselves only in the particular circumstances and history of each patient. Every patient is unique, but all diseases are variations on a few pathological themes.

Finally, alerting ourselves to the narrative qualities of ancient diagnosis may help us to appreciate the ways in which our concepts of physiology limit our ability to describe our own bodies and their working. *Homo sapiens*, whose evolution moves almost literally with glacial slowness, has changed little since Neolithic times. Although we have departed from the Greeks and Romans in language, art, and nearly every aspect of culture, we can be sure that our hearts beat and legs move as theirs did. If nothing else, we share with them the facts of our bodies and their limitations, including the final and most profound limitation of all. Yet in recent decades we have come to know that many of

<sup>44</sup>On some differences between ancient and modern understandings of *kholera* and other named diseases see Grmek (note 28 above) 6–8.

these facts, especially but not only the fact of gender, have been shaped by the conscious and unconscious working of our minds. What can we say truthfully about our bodies, and what limits do our bodies set to human experience? As we ask these questions, it may help us to remember that when we speak of our bodies, we have often meant the stories we tell about them.<sup>45</sup>

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