

# **HOMO PATIENS: APPROACHES TO THE PATIENT IN THE ANCIENT WORLD**

*Humboldt Universität zu Berlin*

## **ABSTRACTS**

### **PANEL 1: Children Patients**

**Manfred Horstmanshoff**

(Internationales Kolleg Morphomata, Universität zu Köln)

#### *Seeing patients*

When doctors ‘see’ patients, they use their senses, insight, knowledge and experience, they ‘take history’. When medical historians ‘take history’ of individual patients from the past they make individuals visible in history. I will argue that by virtue of content, aim and method patients’ history can make an important contribution to the study of ancient society and mentality. The interdisciplinary study of a funerary inscription in Greek verse from the 3rd century CE (CIG 3272; Peek GVI 1166) by both an ancient historian and a medical doctor may serve to show the pitfalls and potential of the study of ancient case histories. This unique inscription presents an ideal case for demonstration, in that its interpretation involves Greek metre, literature and linguistics, epigraphy, social and religious history, and ancient medicine.

**Lutz Alexander Graumann**

(Klinik für Kinderchirurgie – Universitätsklinikum Gießen und Marburg, Philipps-Universität Marburg)

#### *Death and suffering of a child in imperial Rome*

In the emotional Greek epitaph from the 3rd century CE (CIG 3272; Peek GVI 1166) the short life span, from birth to death, of the 4 year old Lucius Minicius Anthimianus is reported. Subsequent to the previous philological introduction I will interpret the ancient description of the reported three successive diseases (or was it just one?) of this child in its social and cultural context and discuss the feasibility of several retrospective medical diagnoses. I will argue that any retrospective diagnosis is itself very much a product of its time.

**Lesley Dean-Jones**  
(The University of Texas at Austin)

***The Child Patient in the Hippocratics***

When discussing the treatment of a patient, Hippocratic authors always list age as an important criterion in determining prognosis and treatment, and when describing effects of epidemic diseases children's symptoms are usually listed separately from those of adults. However, within the case histories of the *Epidemics* it is usually impossible to tell the age, or even the age group, of any particular patient. There is one condition that is an exception to this rule. Almost all of the cases of head trauma that require trepanning are explicitly said to be children, and sometimes their age is given in years.

The Hippocratic treatise *On Wounds in the Head* describes the process of trepanning in great detail. It includes a chapter on trepanning children in which it is remarked that the skull bones of children are thinner than those of adults and that great care has to be taken in using the trepan drill; a doctor has to check even more frequently than with adult patients that he is not harming the membrane covering the brain. The author remarks that the skull will suppurate more readily in children. Nevertheless, the chapter also indicates that in the case of children the procedure should be performed even in cases of simple contusion of the bone, which is not necessary for adults.

I argue that the reason for this is that the Hippocratics believed that the dominant humor for most children was phlegm, which was believed to be stored in the brain. The treatise *On the Sacred Disease* argued that if this was not purged before birth the child ran a risk of becoming epileptic. It was believed that most children outgrew this condition at puberty. The excess of phlegm also made children susceptible to tonsillitis, as documented in the treatise *Dentition*, of which only the first few chapters deal with teeth. In the case of a child, then, a blow to the head could upset the balance of phlegm in the brain and thereby increase the risk of seizure. Trepanning could alleviate this risk by providing an outlet for the disturbed humor. Trepanning itself was not without risks, so explaining that the patient was a child in a case history was a justification for the procedure.

**Lesley Bolton**  
(University of Calgary)

***Patience for the little patient: the infant in Soranus' Gynaecology***

Today, pregnancy and childbirth is surely one area of the medical sphere where the 'patient' in the western world expects full participation in the process. From the moment of confirmation to well beyond the delivery date, prospective mothers and fathers prepare for months for their upcoming roles within a wealth of medical advice.

The evidence for antiquity, however, as presented by Soranus' *Gynaecology*, suggests a very different scenario. The father is largely an absent figure in this second century account, appearing only as the nuisance making conjugal demands of his pregnant partner. And as to the mother, Soranus' attitude towards her as patient is curiously ambiguous; at times, full of empathy, eager to allay fears and anxious to spare embarrassment, yet at times believing her to be self-indulgent, superstitious and ill-educated in proper infant care.

But in his attitude towards the infant, Soranus is remarkably positive and consistent, and this paper proposes to give some voice to the experiences of this (somewhat) voiceless patient. Against the opinions of those scholars who propose that a high rate of infant mortality encouraged little investment, emotional or otherwise, in infants in antiquity, Soranus' instructions are full of solicitous care, even when faced with apparently insurmountable problems, 'for we see many alive who were born with difficulty in this manner' (*Gyn.* 4.8.16). He is equally attentive, furthermore, in expecting due diligence from those selecting both *obstetrix* and *nutrix*. All of which is quite remarkable from one who professes that, were it not for the need for continuity, 'permanent virginity is healthy' (*Gyn.* 1.32.3).

## **PANEL 2: Case Histories 1**

**Courtney Roby**  
(Cornell University)

### ***Galen on the Patient's Role in Pain Diagnosis***

The pain which accompanies illness or physical damage represents a diagnostic opportunity as well as a therapeutic challenge for the physician. Galen notes that the type and location of pain suffered by the patient can be a valuable source of information about the condition that causes it. It can nevertheless be difficult to identify the cause of pain, particularly if the condition does not present immediately obvious physiological signs. The patient's ability to describe his own pain is of the utmost importance to the diagnostic process – yet this act of description is itself hardly straightforward.

Galen is aware of the many potential problems which arise from reliance on patient self-reporting. The most obvious is deceptive reports from malingerers, but there are numerous complications in the diagnosis even of fully cooperative and honest patients. He notes that laymen may have been rendered incapable of understanding or communicating their experience by the suffering itself, or may simply not have the vocabulary necessary for precise and unambiguous description of the pain they are undergoing. Such a vocabulary even eludes professional practitioners, who according to Galen rely on a classification of pain that uses unhelpful descriptors like "withering" or "sweet." He argues that the creation of a superior descriptive system ideally requires that the physician have personally undergone the types of suffering he seeks to describe.

The problems associated with using patient self-reporting of pain as a diagnostic tool are balanced by the potential of this "inside information" to help the physician discover its cause.

The diagnostic value of the physician's own pain experiences makes this a subject in which empathy with the patient has an unusual significance for Galen. In this presentation I will explore the challenges Galen associates with the patient's role in the description, differentiation, and diagnosis of pain.

**Chiara Thumiger**  
(Humboldt Universität)

*Patients and physicians in the Epidemics narratives*

Much discussion has been devoted by scholarship to the topic of the origins and composition of the *Epidemics* cases, with critical judgment ranging between the two extremes of seeing them as a quick collection of 'Notizen', to appreciating them as elaborate, indeed 'literary' narratives. These reflections are important prolegomena to my paper, which starts from the presupposition that the cases of the *Epidemics* indeed show re-elaboration and precise compositional strategies. In particular, I would like to focus on the presentational and narrative devices and structures in these cases (and in one particular example) to test them as revealing of the interaction between doctor's authority and patient's suffering, 'objectivity' and 'subjectivity', external appearance and internal feeling, to illustrate how these 'pairs' are among the most interesting features of our texts.

**Melinda Letts**  
(University of Oxford)

*Questioning the patient, questioning Hippocrates: Rufus of Ephesus and the pursuit of medical knowledge*

Rufus of Ephesus's treatise on questioning patients is unique in its subject matter. Though often regarded as a straightforward instruction manual, it also has a marked exhortatory flavour, verging occasionally on the polemical: the insistence with which Rufus repeats that the doctor cannot know enough unless he questions the patient suggests that there was disagreement on the matter, as does the closing section in which Rufus defends himself against a hypothetical charge of un-Hippocratic thinking. According to Galen, laymen's knowledge was incompatible with the Art and out of place in a medical treatise. In this paper I argue that Rufus articulates a materially different view, in which engaging patients in the epistemic process is a fundamental prerequisite of good medical practice. I illustrate some of the differences between Rufus's conceptualisation of the relevance and use of questioning and that which can be seen in the theoretical and descriptive writings of Galen and the Hippocratic authors, and show how apparent resonances with some of the preoccupations of modern Western healthcare can be used judiciously to elucidate the significance of those differences. I propose that Rufus's insistence on supplementing medical theory and observation with subjective information acquired from the patient offers a glimpse of an alternative mode of practice that pre-dated Galen, and suggest that recognising the existence of this can help to

enrich our appreciation of the scale and nature of the challenge involved in achieving a productive balance between expert and non-expert knowledge.

### **PANEL 3: Women Patients**

**Helen King**  
(Open University)

***'She felt as though there was a gathering about her heart': physicians' voices, patients' voices in the Hippocratic Epidemics.***

Any case history is an edited text. But who is doing the editing?

On a number of occasions in the Hippocratic *Epidemics*, women's sensations or words are reported. However, looking at comparative material from early modern Europe, Michael Stolberg has pointed out in *Homo Patiens* that even sources as apparently promising as these are mediated *through* the physician, who may only be telling us what women felt if it makes sense within his own terms of understanding. On other occasions too, the listing made by the Hippocratic physician of key past incidents raises the question of the process by which these incidents were selected. Is such editing being done by the doctor-writer, who questions the patient and makes the links, or is he reporting the patient's own choice of significant events preceding the illness? A recent study of a sixteenth-century female patient, Elisabeth of Rochlitz, by Alisha Rankin, shows that in her case the doctor appears to have thought in terms of humours, while the patient spoke about 'fluxes'; Rankin writes that Elisabeth had 'a very fine-tuned conceptualization of illness and its expressed symptoms, and a very different set of concerns than the practitioner'.<sup>1</sup> On one occasion Elisabeth mentions a flux she felt in her chest which 'made her feel she was choking'.<sup>2</sup> This lecture re-examines the status of reports of women's voices in the *Epidemics* within the wider theme of the nature of ancient case histories.

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**Carin Green**  
(Department of Classics, University of Iowa)

***Women's voices: the inscriptions from Epidaurus***

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<sup>1</sup> A. Rankin. 2008. 'Duchess, Heal Thyself: Elisabeth of Rochlitz and the Patient's Perspective in Early Modern Germany,' *Bulletin of the History of Medicine* 82.1, 112.

<sup>2</sup> Rankin, 'Duchess, Heal Thyself,' 130.

The inscriptions found at Epidaurus, (IG IV<sup>2</sup> 1.121-2 350-300 BCE), contain important evidence for women's voices as they seek and evaluate medical treatment. Three concern me in this paper: the dedications of Cleo, Ithmonice and Aristagora. The first two (nos. 1, 2) petitioned the god in order to become pregnant. They report pregnancies of five and three years respectively, ending in successful births. The "births", recorded as sacred events, were, I would argue, a ritual adoption in which woman and infant were initiated into their new status as mother and child. Ritual relationships established by initiation were often expressed by familial terms, e.g. the "sons of the god" in no. 23. Similarly, in Rome, Vestals were "*matres*". In Christianity of course there are brides, sisters, brothers and fathers. The extended "pregnancies" were required to make certain that these women were *not*, in actual fact, going to become pregnant.

Neither Cleo nor Ithmonice is identified by her husband's name, and neither mentions a father for the child. All the women making dedications are represented as acting solely on their own initiative, and for themselves. There are no petitions for the child's gender or condition: Cleo rejoices to have a son of four years, and Ithmonice happily has a girl.

Did the priests dictate the inscriptions? Aristagora's dedication (no. 23) refutes that. The priests may have sanitized the details of her nearly bungled operation, but the final inscription hardly compliments the sanctuary, and was notorious in antiquity (e.g. Aelian *NA* 9.33). The inscriptions should be read as formalized patient narratives. In contrast, physicians, because they entered the most private parts of homes on trust, were compelled to control the narrative entirely for their own and their patient's protection. Hippocratic texts concern patients' conditions and treatments only from the physician's perspective.

#### **PANEL 4: Mental Patient 1**

**Ido Israelowich**

(Department of Classics, Tel Aviv University)

##### ***Madness and mental illness in the eyes of Roman law***

Since the publication of XII Tables in the fifth century BCE and well into the Justinian Code of sixth century CE Roman law acknowledged patients suffering from mental illness as a distinct category. Patients suffering from madness, according to the Roman Code of the early Republic, could not be entrusted with the management of their property and it was a legal requirement that a guardian was appointed. As the Roman law developed, its attitude towards the mad became more detailed. Madness was the grounds for restrictions, interdiction, and extenuating circumstances. However, nowhere in the legal sources is madness defined. Moreover, it is never intimated that physicians had the authority to diagnose madness in a patient.

In my paper I aim to examine the inter-relations between the legal understanding of madness, the status of the mad, and the appearance of Greek medicine and professional physicians in the Roman world. In order to overcome the silence of the Roman legal sources on these matters I will compare the meaning and use of notions concerning the mad and madness (such as *furiosus*, *furor*, *insania* etc.) in the legal sources, and the Latin medical treatises such as

Celsus' *De Medicina* and Pliny's *Naturalis Historia*. Such an enquiry can reveal whether the medical discourse affected the legal one. My second method of overcoming the silence of the legal sources regarding the medical aspects of madness is to look at the growing role of physicians as expert witnesses under the High Roman Empire. I will try and deduce whether they enjoyed some special authority due to their profession when matters concerning madness came before a Roman court.

**Georgios Kazantzidis**

(Department of Greek and Latin, Johannesburg University)

***Words vs. hellebore: Celsus on the treatment of melancholics (De medicina 3.18.17-18)***

In the context of advising how a melancholic patient should be treated, Celsus makes the striking claim that hellebore may not enough by itself to cure the disease; the doctor should also talk to his patient and have it pointed out to him that his sadness is without a cause. In the present paper I discuss the possible origins of this claim and its important implications about the way we think and speak of 'mental' diseases in classical antiquity. As I will argue, while certain parallels can be found in Greek rhetoric, and, in particular, in Antiphon's practice of soothing grief by means of inquiring into its causes, Celsus' line of treatment remains different in that it relies on the assumption that such identifiable causes do not exist in the case of depression. I therefore proceed to propose a reading of Celsus in the light of ps.-Aristotle's definition of melancholic ἀθυμία as a form of 'groundless' (ἄλογος) sadness, in the sense that this sadness draws its origin from a physical cause (black bile) but manifests itself as disproportionate or even unrelated to external events in people's lives. At the same time, Celsus' idea that a melancholic patient can be 'talked out' of his depression seems to dissociate the disease from its physical cause. As I will argue in this case, this has to do with Celsus' limited attachment to humoralism and contributes in effect to a new understanding of what qualifies a disease as mental in a clinical context; for while melancholy is already conceived in Greek medical writings as a disease which affects the mind, it is only with Celsus that its treatment is said to require precisely the patient's own need to understand it as such.

**Pauline Koetschet**

(French Institute in Cairo - IFAO)

***Experiencing Madness: Mental Patients in Medieval Arabo-Islamic Medicine.***

Following their Greek predecessors, Arabo-Islamic physicians distinguished several "diseases of the brain" that came along with psychic symptoms. Such are for example melancholy, lethargy, lovesickness or mania. In this paper, I would like to shift focus from the description of these diseases in academic medical treatises to their embodiment into individual patients, and to compare the role and the representation of the mentally ill in Arabic sources to their Greek antecedents. What part did the patients, as individuals, take in the construction of the medical knowledge of these various mental disorders?

I will especially focus on the case of melancholics, and compare it to other mental patients.

Amongst other questions, I will try to understand if the melancholics were considered as madmen by Arabo-Islamic physicians. In his treatise *On the affected parts*, Galen, following Rufus, set apart a type of melancholy akin to madness. But not all Islamic physicians followed him in doing so.

Second, did the melancholics have a specific social profile, according to physicians, but also to authors of historical sources? Some historians already showed that melancholy, in Graeco-Roman Antiquity, was considered as a disease affecting the social and political elite (S. Swain, 'Rufus of Ephesus: Melancholy and Society', in P. E. Pormann (ed.), *Rufus of Ephesus*, "On Melancholy" 2008). Is it still the case in Arabo-Islamic Middle-Ages? What about the other mental disorders? Finally, did the treatment vary according to the social position of the patient, especially regarding the role played by the hospital in the treatment of insanity?

In order to answer these questions, I will use both Greek and Arabic sources. I will focus on practical sources, as opposed to theoretical, such as case studies, but also biographical dictionaries or historical chronicles.

## **PANEL 5: Patients and physicians in Byzantine Galenism**

**Karl-Heinz Leven, Erlangen**

(Institut für Geschichte und Ethik der Medizin, Friedrich-Alexander-Universität Erlangen-Nürnberg)

### ***Patients in Purple. Byzantine Emperors and their Galenic Doctors***

Unlike Hippocratic or Galenic texts, Byzantine medical literature (6th to 15th century) does not include case histories at all, at least not with regard to contemporaneous patients. However, Byzantine patients can be made out in a variety of other literary genres, ranging from historiography to letters, oratory and hagiographical texts, to name but a few. Because a lot of Byzantine literature focuses on emperors, our knowledge of *medicine in action* is connected to the imperial court where physicians, in many instances as a group, attended to the monarch.

The paper here proposed examines the evidence of imperial patients between the 6th and 15th century and places special attention to the image of the prominent patients as depicted in historiographical sources; these include the works of history written by Procopius, Theophanes the Confessor, John Scylitzes, Michael Psellus, Anna Comnena, John Cinnamus and Nicetas Choniates, furthermore late Byzantine authors like John Cantucuzenus, Georgius Pachymeres and Nicephorus Gregoras.

Questions to be asked include:

What kind of evidence of the (prominent) patient's view can be carved out?

What do we learn of the patient's view both on medicine and physicians?

Which information about individual cases of illness is noted?

Can we discern a personal view on medicine for individual emperors? And if yes, how can we contextualise it?

In addition, all these questions have to be regarded in a diachronic perspective: Is there any development in this long time span of nearly a millenium? And finally, which literary



conventions of the genre of historiography have to taken in consideration when dealing with the emperor as patient?

**Petros Bouras Vallianatos**  
(King's College London)

***Medicine between theory and practice in the twilight of Byzantine Galenism: the role of patient in John Zacharias Actuarius' On Urines.***

In Byzantine medical literature, we can attest only a limited number of cases where important observations are linked to medical practice. John Zacharias Actuarius (c.1275 – after 1328) provides us with detailed accounts of his medical visits, giving a vivid image of the relationship between patient and physician in the Late Byzantine period. He was appointed chief physician to the Byzantine Emperor Andronikos II Palaiologos (1282-1328) sometime between 1310 and 1323 and wrote several books on medical subjects including an extensive treatise on uroscopy, mainly influenced by the Galenic tradition. In this paper, I shall examine the role of patient in John's *On Urines* as regards the position of patient in Galenic texts. In referring to his patients, John usually provides an analytical description of their clinical picture day-by-day, commenting on points of interest and focusing on the processes of diagnosis, prognosis, and therapy. John's relationship with his patients is usually so intimate that he even emphasises their response to the advice he gives them. The confidentiality between patient and doctor is primarily based upon seeking medical help or advice for an effective therapy that can usually minimise harmful side effects of earlier treatments. Like Galen, he does not give the impression of a medical author isolated from everyday society; his patients come from various social classes reflecting the various socio-medical trends of his era. For example, wealthy patients, who could easily acquire advice by many doctors, normally indicate on which basis they choose the 'best' physician. On the other hand, patients of usually lower social status are reluctant in accepting certain pharmaceutical forms on account of their ignorance. These things clearly indicate that when providing the theoretical background of his diagnostic technique John stresses the importance of patient experience.

## **PANEL 6: Patient as Physician 1**

**John Wilkins**

(University of Exeter)

### **Treatment of the man: Galen's preventive medicine in *De Sanitate Tuenda***

Galen sets out in his *De sanitate tuenda* his programme for preventive medicine, that is the strategy by which a person (predominately a male person) can keep himself healthy and avoid going to the doctor. He does not become a patient in need of therapy, in other words. There is still a need for the doctor because the person's nature or physis may not be obvious to him, and most people's physis is not perfect, so some therapeutic adjustments may be needed to the 6 necessary activities that Galen identifies, namely environment, food & drink, exercise and rest, sleep and waking, emptying and filling, and mental wellbeing. I believe this programme is so compelling that it deserves consideration by the major health care systems in western countries such as the National Health Service in the UK.

**Georgia Petridou**

(Humboldt-Universität)

### ***Becoming a Doctor is becoming a God: Aelius Aristides and the appropriation of Healing Power in the Hieroi Logoi.***

This paper looks at P. Aelius Aristides Theodorus, one of the most well-known patients of antiquity, and his *Hieroi Logoi* ('Sacred Discourses', henceforth *HL*), a unique first-person narrative that relates his life-long battle with illness and his intimate relationship with the Pergamene healing cult of Asklepios and the god Asklepios himself. It offers a close reading of selected narratives from the *HL* (such as 1.15; 3.38; 3.43; 5.49, etc.), where either Aristides or his dear ones are represented as possessing healing powers and as practicing *techne iatrikē*. In the selected passages and elsewhere in the *HL*, there is a close correlation between appropriating healing power and power-struggle (culminating in the process of deification). This close link between the two, I argue, is based on the Asklepian system of therapeutics, and reflects current sociopolitical trends, such as kudos ascribed to elite physicians of the time and contestation of the power of (in)famous physicians, such as Thessalus in Galen's *On the Method of Medicine*, 208K.

## PANEL 7: Case Histories 2

**John Z. Wee**  
(Yale University)

### *The Patient as Variable: Presuppositions in the Writing of Case Histories*

This paper examines the role of the fourteen case histories in the rhetorical context of *Epidemics I*, giving weight to the shape of this document preserved in manuscripts. The annual constitutions and case histories in *Epidemics I* are interpreted as an extension of the heuristic in *Airs, Waters, Places*, whereby discussions on the variable of geography give way to finer distinctions of time and the patient as variables. In this scheme, the patient often becomes significant not as a representative case study of a particular sickness, but as an instance of deviation from expected patterns of disease behavior and from anticipated prognoses. The paper will also consider alternative paradigms in Mesopotamian medicine and textual genres, which encouraged the articulation of medical information, not as records of individual patients, but as abstract and universally applicable medical situations. Differences in the manifestation of sickness in Mesopotamia could be more readily attributed to variables of malady, time, and treatment, instead of the patient.

**Brooke Holmes**  
(Princeton University)

### *The Knowledge of the Patient: The Subjective Symptom in the Hippocratic Corpus*

How do physicians know what they know about disease? Even a cursory scan of the sixty-odd texts in the Hippocratic Corpus makes it clear that the early medical writers focus their attention primarily on symptoms to understand what is happening below the surface of the skin. Many of these symptoms are events that can be observed by the physician, such as changes in the urine, sweats, or swellings. But there are a number of symptoms, too—primarily, pain, but also dreams, for example, and the internal heat of a fever—that must have been filtered through the speech of the patient before registering in the text of the medical treatise. It is the subjective information transmitted by the patient but rarely flagged stylistically by the medical writers that I wish to analyze in this paper. What makes the experience of the patient so interesting is its dual nature. On the one hand, such experience is a symptom in and of itself. On the other hand, it is another, non-medical means of knowing the body and what happens inside it. The physician necessarily relies on the knowledge offered by the patient. And yet, the subjective perspective afforded by the patient may also exist in some tension with the observations of the physician. More important, the validity of the report given by the patient is compromised by the fact that it cannot be verified by the senses of the physician. In my analysis, I focus on points in early medical writing where, I argue, we can glimpse the difficulties that physicians encountered in reconciling the dual testimony generated about the body to the ambition of the *technê* to provide an “objective”—that is, *not* limited to embodied experience—perspective on the nature of the disease.

**Colin Webster**  
(Columbia University)

***The Voice of the Patient in the Hippocratic Corpus***

This paper investigates the role that the voice of the patient played in the diagnosis and treatment of disease in the Hippocratic corpus and argues that the voice is not utilized primarily as a medium of reported information, but as a bodily feature to be examined in the same way as complexion and bodily discharges. Within the Hippocratic corpus the sound of the patient's voice is used as a diagnostic tool, whether it is thin, rough or lisping (*Epid.* I, 19.5), clear or low pitched (*Aer.* 6.17-18), or simply hoarse (*Epid.* I 1.24). Throughout the case studies described in the *Epidemics*, however, it is the *type* of speech to which a patient gives voice that is given greater diagnostic weight, seemingly privileged above any information that the patient reveals by means of actually speaking. For example, delirium [παράκρουσι], rambling speech [παράληροι, παραλέγειν, λόγοι πολλοί], voicelessness [ἄφωνοι] and silence [σιγή] are frequently listed alongside more transparently physical symptoms. Even pain, the symptom to which the doctor does not always have direct visual access, is not rendered dependent on the patient's voice for expression. Instead, there is a large effort inside the corpus to formulate a diagnostic technique by which pain is made visible and observable by means of 'body language' and is consequently no longer reliant upon the voiced report of the patient for its usefulness in diagnosis (*Prog.* 3; 5.1-3; *Aer.* 9.38-42). Thus, counter to Jouanna's claim that the verbal inquiry into symptoms is an 'indispensable part' of Hippocratic practice, used "to complete the information obtained through visual or tactile inspection" (Jacques Jouanna, *Hippocrates*. Trans. by M.B. DeBevoise. Baltimore 1999: 135), this paper argues that the voice is far more often treated as at type discharge from one orifice among many, to be interpreted and understood alongside the other *excreta* of the body.

**PANEL 8: Patient as Physician 2**

**Jane Draycott**  
(British School at Rome, Nottingham University)

***The Pro-active Patient: Self-diagnosis and treatment in Roman Egypt***

The assumption that modern scholars tend to make regarding the inhabitants of the Roman world is that, when suffering from an illness or injury, they would automatically seek diagnosis and treatment from a so-called 'professional' medical practitioner – an *iatros* or a *medicus*. However, this was not necessarily the case.

In this paper, I will establish the reasons why a sick or injured individual in need of medical attention might have wished to forgo the services of a physician (e.g. fear of incompetence, dishonesty or malevolence; lack of availability, particularly in isolated or rural areas; and cost). I will scrutinise the evidence for alternative healing traditions as implied by the works

of Scribonius Largus, Gargilius Martialis, Cato, Varro and Columella, and attested by Dioscorides' and Galen's now lost treatises, both entitled εὐπόριστικά (*Family Medicines*).

Using the Roman province of Egypt as a case study with particular attention paid to the communities of Kellis in the Dakhleh Oasis of the Western Desert, Oxyrhynchus in the Nile Valley, Mons Claudianus in the Eastern Desert, and Berenike on the Red Sea coast, I will present papyrological and archaeological evidence that suggests that a diverse range of healing strategies was frequently utilised at the patient's direction, rather than the physician's. Chief amongst these strategies was the individual taking steps to diagnose and treat themselves, their family members and even their friends without recourse to a physician at all, and I will examine and attempt to reconstruct the experience of the patient throughout this process.

**Katherine Van Schaik**

(Department of Classics, Harvard University and Harvard Medical School)

***„It may not cure you, it may not save your life, but it will help you”: the patient-physician relationship and treatment of illness in the ancient Greco-Roman world and in contemporary indigenous communities in Western Australia.***

Medical treatments offer hope of restoration to wholeness, though such treatments themselves are not without differential success rates, unforeseeable risks, and painful side effects. Nonetheless, as sources both ancient and contemporary indicate, patients are often willing to undertake a range of difficult and toxic treatments – for example, modern chemotherapy – when faced with disabling or life-threatening illness. This paper will consider the following questions: How does a healthcare provider establish trust with a patient, such that the patient is encouraged to undertake a potentially toxic treatment, especially with limited guarantees of success or an unknown outcome? What guarantees are made, can be made, or should be made, regarding the outcome? What dictates the kind of treatment options physicians present to patients, and how does disease severity affect the options presented? How do patients make treatment decisions? These questions will be examined in the context of ancient source material such as that of Aelius Aristides and the Asclepian Testimonies, as well as in the context of data obtained from interviews of Aboriginal palliative care patients and palliative care providers in rural Western Australia, completed in 2010 and 2011.

This paper seeks to show that the experiences of the ancient Greco-Roman patient who faced difficult treatment decisions can be more completely understood when considered alongside the challenges faced by Aboriginal cancer patients in their decisions regarding cancer treatment and end-of-life care. Through such interviews of Aboriginal cancer patients, we see that the patient-physician relationship remains unchanged with respect to the trust a physician seeks from the patient, the fear patients experience in the face of poorly understood and potentially incurable illness, and the ways in which treatment decisions are made by both physician and patient.

## PANEL 9: Mental Patient 2

**Susan Mattern**

(University of Georgia)

### ***Galen's Anxious Patients: Lupe as Anxiety Disorder***

Galen often used the word *lupe* to signify a chronic state of mental distress less acute than fear but more intense than worry. Patients suffering from *lupe* develop insomnia and sometimes a progressive illness involving fever, weight loss, skin color change, and other symptoms. Some causes of *lupe* were fear that a secret would be discovered, fear of death after of a bad omen, or the (in Galen's view, irrational) worry that Atlas would grow tired and drop the sky. Galen's *lupe* also retains its connection to its more common meaning, grief at a loss; grieving patients sometimes develop the identical syndrome. The condition could be fatal or could lead to the psychotic state of *melancholia*. Focusing on Galen's stories about patients to highlight his clinical experiences, I argue that Galen's *lupe* is an anxiety syndrome similar to those analyzed in cross-cultural psychological studies today. Equivalent DSM-IVTR diagnoses would be Generalized Anxiety Disorder, Major Depressive Disorder, or Panic Disorder. Many elements of his *melancholia* suggest schizophrenia; Galen and other ancient sources emphasized the element of irrational fear and worry (today called paranoia) in this psychotic syndrome.

**Mark Hochberg/ Michael Fontaine**

(New York University Medical School/Cornell University)

### ***On Being Sane in an Insane Place — The Laboratory of Epidamnus***

In 1973 Stanford psychologist David Rosenhan tested the validity of psychiatric diagnosis by having eight "pseudopatients" feign auditory hallucinations to gain admission to psychiatric hospitals. The admitted pseudopatients acted entirely normally, yet all were nevertheless judged insane by psychiatrists.

In this paper we argue that Plautus' *Menaechmi* anticipates Rosenhan's experiment in surprising and significant ways. Plautus' comedy features identical twin brothers, both named Menaechmus. The second arrives in Epidamnus, the home of the first, and is promptly mistaken by everyone for him. Moreover, the characters attribute each other's confusion to "insanity" (e.g. *certe hic insanus homo*, 282), a whopping 35 times. Notably, they believe sanity resides in the brain (505-6) and insanity is a disease (*morbus*). These ideas are still accepted in medicine today.

We focus on the 'doctor scene' (831-962), which matches Rosenhan's experiment exactly. In it Menaechmus 2, like Rosenhan's pseudopatients, pretends to hear voices to feign insanity (831- 871). When a doctor is summoned, he slips away unnoticed; meanwhile, in comes Menaechmus 1, who naturally exhibits no signs of insanity. He innocently answers the

doctor's questions, but despite observing clear evidence of his sanity (927), the doctor never doubts that his "patient" is insane. Menaechmus 1 closes the scene by asking the audience directly, *an illi perperam insanire me aiunt, ipsi insaniunt?* (962). We argue this question is not merely rhetorical. Rather it highlights a serious ethical reflection on the social nature of mental illness, a reflection that informs the play as a whole. This ethical question probably goes back to Plautus' Greek model, but also has immediacy for the Roman audience, for whom the choice to follow traditional Roman or avant-garde Hellenistic medicine was debated fiercely in the 2nd century. Plautus frames the question of whether psychiatrists are credible – a debate that still roils through medicine 22 centuries later.

## **PANEL 10: Patient-Physician Relationship**

**Jennifer Clarke Kosak**

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### ***Male patients and the healing hand***

In his introductory remarks, the author of the Hippocratic treatise *Physician* urges the doctor to practice justice (*dikaïosunê*) in dealing with his patients, for, he says, "the contracts (*sunallagmata*) between doctor and sick people are small (*mikra*)" and patients "put themselves under the hands (*hupokheirious*) of the doctors"; and, he adds, doctors regularly encounter women, young girls and valuable possessions. These situations demand that the doctor behave with self-control (*egkrateôs*). In his edition of the text, Potter translates 'small contracts' as "intimacies", which seems appropriate to the contexts of bodily contact, females, and possessions.

The words of the treatise indicate the tremendous delicacy of the doctor-patient relationship, in particular because of the issue of touch. While seeing, hearing, and smelling are also essential to a doctor's art, touching is the act that places the greatest demands on the privacy and bodily integrity of the patient. In Athenian law, the body of the citizen is sacrosanct (cf. Demosthenes 22.53-55), and various laws govern the violation of the body through unacceptable physical contact (i.e., the *dikê aikeias* and the *graphê hubreôs*) and other social norms govern the situations under which male-male bodily contact is acceptable (e.g., the *palaistra*). Many passages in the Hippocratic Corpus indicate that the doctor-patient interaction no doubt had become a space in which physical contact was normative (indeed, very intimate contact with the male body is evident in treatises such as *Fistulas* and *Haemorrhoids*), despite the potentially fraught nature of this contact. This paper explores further the connection made in *Physician* between physical closeness and justice, particularly with regard to male patients, by examining several passages in which writers discuss how and when to touch male (or presumably male) patients and thereby attempts to gain a better understanding of what these patients expected and accepted in the encounter.

**Giulia Ecca**  
(Humboldt Universität)

***Der φιλόανθρωπος Arzt und sein Lohn.  
Ein Aspekt der medizinischen Deontologie in den Praeceptiones.***

Die kurze Abhandlung *Praeceptiones* aus dem *Corpus Hippocraticum* besteht aus einigen ethischen Vorschriften über die ideale Haltung des Arztes gegenüber dem Kranken vor, während und nach der Behandlung.

Unter solchen Vorschriften sticht das Thema des ärztlichen Lohnes hervor: der Arzt muss sich erstens um die Behandlung kümmern, und sich immer daran erinnern, dass das Ziel seiner Kunst die Rettung des Kranken und nicht die Bereicherung des Arztes selbst ist. Er muss sowohl an die psychologischen Folgen als auch an die körperlichen Schaden denken, die eine durch die Zahlung bedingte Verspätung mitbringen kann. Der ideale Arzt muss die soziale und finanzielle Stellung des Kranken beachten und in bestimmten Fällen unentgeltlich behandeln. In diesem Kontext kommt auch einer der (wenigen) bekannten Sätze der Schrift vor, in dem das freundliche Benehmen des Arztes gegenüber dem Kranken sich als ideale Haltung des τεχνίτης vorstellt: ἦν γὰρ παρῆ φιλανθρωπίη, πάρεστι καὶ φιλοτεχνίη.

Die „bed-side manners“ werden auf diese Weise nicht nur mit dem Erfolg der Behandlung, sondern auch mit dem Ruf des Arztes selbst eng verbunden. Für die griechischen Ärzte war „Geld“ ein heisses Thema, da ihre Sucht nach Reichtum (φιλαργυρία) gewöhnlich von Komikern und Philosophern kritisiert und verspottet wurde. Die Ärzte wurden oft als Söldner der Medizin angesehen, und diesen schlechten Ruf versuchten sie durch ideale ethische Vorschriften zu erwidern.

Das Ziel meines Beitrages ist es, durch einer sorgfältige Analyse einiger Passus zu untersuchen, wie sich das Verhältnis von medizinischer Ethik und ärztlichem Lohn aus der Sicht der Ärzte und der Kranken in den *Praeceptiones* darstellt, und worin die Bedeutung der Freundlichkeit und der Gewogenheit des Arztes gegenüber dem Kranken in diesem Kontext besteht.

**Orly Lewis**  
(Humboldt Universität)

***The Practical Application of Ancient “Pulse-Lore” and its Influence on the Patient-Doctor Interaction***

While modern scholarship on the ancient ‘art of the pulses’ often refers to the extensive theoretical framework of this fundamental part of ancient medical knowledge and practice, it has never truly addressed the questions concerning the effect that this ever-evolving diagnostic method had on the patients’ experience and on their perception of the doctor as an authority. A welcome exception is Susan Mattern’s study of Galen’s rhetoric of healing, in which she has shown how Galen used the diagnostic and prognostic ‘art of the pulses’ as a means to impress his patients and strengthen his authority (e.g. by claiming, sometimes falsely, to have diagnosed a condition based on the pulse alone) or to uncover information concealed by his patients (e.g. their emotional state of mind). There is still, however, much more to be learnt



from the sources about second century AD patients as well as about earlier patients from the fifth century BC onwards.

The aim of my talk is thus to examine the ‘art of the pulses’ from the patient’s point of view, based on the practical use of this method by doctors of different periods, whose understanding, and thus use, of the pulse changed along the centuries. Based on case studies and practical guidelines for using this art, found in the ancient sources, I shall try to depict how this method and its evolution affected the patient and his encounter with the doctor, in particular: the medical examination he underwent; his relation with his doctor and the intimacy and trust they established; his perception of the doctor and of his authority. Moreover, the attested habit of patients to feel their own pulse and to discuss it with their doctor does not only make the doctors’ attempts to establish their authority in this field all the more interesting but also renders the pulse an important example of the transfer of knowledge from doctor to patient.

**Amber J. Porter**

University of Calgary

***Sympathy and Compassion in Soranus’ Gynecology and Caelius Aurelianus’ On Chronic Diseases***

Sympathy and compassion are considered important qualities for a successful physician today, but did ancient physicians display and value these emotions? Many ancient physicians are not well-known for expressions of sympathy and compassion in their writings; however, this seems to change in the second century AD. One medical writer who exemplifies this change is Soranus of Ephesus (c. 98-138 CE). In his *Gynecology*, there are a number of passages where sympathy and compassion are addressed or expressed (such as the chapters on the qualities of the best midwife, the symptom of pica, childbirth, and superstition). The same points can be made of Soranus’ *On Chronic Diseases*, preserved more or less as a Latin translation by Caelius Aurelianus in the fifth century CE (such as the chapters on chronic headache, mania and elephantiasis.) Soranus displays understanding, compassion, and flexibility of approach when dealing with patient issues; he shows himself willing to change his medical technique when he sees that it is doing more harm or discomfort than good. In Soranus, we have a physician who acknowledges and is aware of his patients’ emotions, beliefs and attitudes, and who exhibits sympathy and compassion for them. Soranus, I believe, exemplifies the shift in attitude that we can detect elsewhere in this period with other medical writers, such as Aretaeus of Cappadocia and Rufus of Ephesus.

**Patty Baker**  
(University of Kent)

***Images of Cupping Vessels:  
A Symbolic Means of Demonstrating Competent Medical Care to the Greco-Roman Patient***

To the patient in the modern west a symbol of a competent doctor is the stethoscope. It has become a ubiquitous part of medical paraphernalia visible in both medical establishments and popular culture. It not only epitomizes the patient's expectations of an appropriately attired doctor, but ultimately signifies the doctor's training and competency, providing the patient with a sense of security in the medical care they receive.

Interestingly the cupping vessel appears to have served a similar function in the Greco-Roman world, as they are frequently found in the visual record. According to Celsus there was hardly any problem that could not be treated by bleeding (*de Med.* 2. 10. 1). Cupping, wet and dry, was commonly mentioned in medical texts, and significantly the cupping vessel was the one medical tool specifically created to help balance the humours. Its function was, therefore, directly associated with the pervasive theme of balance.

Images of the cupping vessel are widespread and found on a variety of Greek and Roman remains from vase paintings to funerary reliefs that were visible to the public and the healer. In societies with low literacy rates pictures can play an important role in communicating concepts to those who cannot read. In this paper, representations of cupping vessels are examined to explore the meanings conveyed through them to perspective patients about the doctors, medical care and the quality of treatment at the times in question. The context of the images is explored to see how and where they were intended to be viewed and if there were regional and temporal differences in representation. It will be shown that the representations of the cupping vessels provided the patient with a symbol of healing in the Hippocratic tradition of balance, therefore signifying a trustworthy form of treatment.