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“A GOOD DOCTOR”: BUILDING A PHYSICIAN’S AUTHORITY IN THE SELECTED TREATISES OF THE HIPPOCRATIC CORPUS

Abstract

There exists *communis opinio* (Jouanna, 1984) on a group of treatises that should be considered “oral” in the sense of containing signs of composition for speech-making within the “Hippocratic Collection.” In this article, we try to demonstrate the specific congruence of the goals between the rhetoric and medical texts, in which the one who speaks is the one who deserves the label of “a good doctor.” This message, though composed in an epideictic way, may also be considered as relying on rhetorical strategies, which imply a building up of the specific position of the speaker, whether it be an orator, a historian, or a medical writer in classical Greece. Winning this position in the latter case assumes, in our opinion, communicational success between the doctor and a patient, and professional gain. We have tried to delineate how those oral strategies work in an Ancient oratorical context in medical topics where the speaker persuades his audience, establishing both a doctor and the doctor-patient relationship.

Keywords: Hippocrates, orality, ancient medicine, authority

Research on the writings of Hippocrates has distinguished many threads characterizing the medical literature of the pre-classical and classical periods. These threads include issues of a purely medical nature, such as human physiology, anatomy, epidemiology, and pathology, but also include the study of deontology, broadly understood as the science of obligations and directly related to the ethics of healing procedures. Through Hippocratic works, we can ascertain, in particular, the vital ethical assumptions adopted in the doctor-patient relationship, which entailed comprehensive and detailed diagnostics and the patient's medical information, as well as therapies undertaken, even in cases where conditions were considered incurable.

Moreover, in the wider cultural and historical context in which Hippocratic medicine developed, topics such as the appropriate attire of a doctor, his behaviour, or the method of collecting fees for treatment have been often examined and taken into both general and specific accounts.¹ Reflecting a dichotomy which has been much explored in later literature, attention has been granted not only to the religious dimension of the ancient art of healing but also, paradoxically, to the ongoing relationship between medicine and philosophy; the latter is perhaps best expressed by the age-old saying *medicina, soror philosophiae* – “medicine is the sister of philosophy”.² In this article, however, we would like to consider a theme both distinctive and generally overlooked: that of fame, which concerned and defined nearly every free citizen of the Greek community in the pre-classical and classical eras. The Greek doctor made particularly high demands on himself: not only for the patient's well-being but also for his social standing. Disgrace in the field of the art of medicine led to a poor reputation, which significantly impacted the future career of a doctor and constituted the greatest personal disaster.

¹ See JOUANNA 1999, 116 ff.; also TOTELIN 2009, 21 ff.

² SIWICKA 2013, 122.

The strong emphasis on gaining fame in life and posterity is an essential element of Greek deontology, expressed explicitly in the *Oath of Hippocrates*.³ Ancient medicine, in addition to its philosophical and religious character, had empirical and rational dimensions in terms of the practical knowledge required.⁴ Based on this understanding, it may be consociated with the pragmatics of classical Greek oratory, which concerned strictly functional tenets, such as the listener’s persuasion.⁵ Indeed, to win his patients, an ancient doctor – as it may be assumed from the Hippocratic works, might take as his starting point the act of convincing and encouraging others as to his honesty in practicing the medical profession. He did this through oratory, and his self-advertisement, as an expert in the realm of medicine, could reward him with many cases. With this in mind, this article concerns itself with the persuasive function of a group of texts in the *Hippocratic Collection*, which, if intended for oral dissemination, may also provide a shred of evidence for a Hippocratic oratory, designed to reach the ailing by building on the doctor’s eminence.⁶ We will focus primarily

³ Esp. in VEATCH 2012, 10 ff.

⁴ Here, we place the medical profession in the context of Aristotelian understanding, a definition adapted from that of R. Schleifer and Vanatta, who, in *The Chief Concern of Medicine* (SCHLEIFER, VANNATTA 2016, 41), aim at enlarging the sense of the profession of medicine, its effectiveness and service, by demonstrating a self-conscious awareness of the nature of narrative within a working definition of the way medicine understands itself as a profession and its very activities. The authors offer a pragmatic understanding of the science on which medicine is based: what Aristotle calls *phronesis* (translated often as “practical reasoning” and sometimes even as “practical wisdom”). Aristotle believed that *phronesis* was the means to a “good life” (*eudaimonia*), and one of his chief models for the accomplishment of *phronesis* was successful doctoring. (NE 2.2.1104a)

⁵ Account of the Hippocratic texts as oratory in: JOUANNA 1999, 80; about the general intersections between medicine and oratory see: ROTH 2008; 2011; GIBSON 2013.

⁶ See CROSS 2017, 3. We are deeply indebted to James Cross’s publication, as it seems to fill the gap in the bibliography of the subject, considering the link between the classical poetic tradition transposed to the oratorical publication modes of literature for performance such as Hippocratic texts. Truly inspired by this fine book, I decided to further explore the topic of

on the following Hippocratic treatises: *On Ancient Medicine* (*De prisca medicina*), *On the Art* (*De arte*), *On the Nature of Human Beings* (*De natura hominis*), and *On the Sacred Disease* (*De morbo sacro*), all considered to have been written by the end of the fifth century, which is a milestone in Greek cultural and political development. Our primary interest lies in the extent to which language, in these Hippocratic treatises, is used to make sense of the world, and indeed, how language can be utilized to convey the authors' understanding of the physician's role in the process of healing.

Within the introductory sections of the treatises, the Hippocratic author tends to start with verbs such as *epideiknūmi*, *apodeiknūmi* ("I demonstrate, I make a display"), and their derivatives (*ἐπίδειξις*, *ἀποδείξις*) ("a demonstration, a display") as well as *deiknūmi* alone (*δείκνυμι*). In this practice, we recognize the language of the epoch, at least in terms of exploring the implied pragmatics of the relationship between text and performance in the early fourth and late fifth century BCE.⁷ Rosalind Thomas notes that: "Whether we call it the oral style or epideictic style, or even simply early rhetoric, we seem to be dealing with an identical phenomenon" and that "The early evidence of texts... implies that epideictic activity covers a wide range of methods and types of oral discussions, presentations, and speeches, as well as subjects, for in the late fifth century BC it is virtually impossible to separate the epideictic from the agonistic, or the *epideixis* from the oral performance."⁸ Cross suggests that Thomas's work brings the question of orality back to the centre stage of what is meant by *epideixis* in the late fifth century BCE; however, Thomas claims that the evidence provides little indication that the difference between

communication valours of this type of literary production with respect to physicians' image and practice in classical Greece. Also COLE 1991; PIGEAUD 1988.

⁷ CROSS 2017, 22.

⁸ See CROSS 2017, 22; THOMAS 2003, 174.

written and spoken versions of performances differed fundamentally in style, noting that written texts tend to reflect the oral delivery style.⁹

Aside from the discussion of their specific enactment and performance conditions, what strikes us as significant is the fact that terms such as *epideixis*, *apodeixis*, and their verbal equivalents, serve the function of featuring the author as a specialist on a given *technē*, or technique, in the sense that the speaker displays the art of speaking. This technique can embrace a general or detailed topic and may serve as the author’s demonstrative expertise. The historical context for this preferred activity is – according to Demont – the movement of people from one location to another, and the consequent need to establish competency and advertise skills to potentially newly confronted audiences.¹⁰ The usage of these terms may also be further clarified when we consider Greek historians, such as Herodotus. He published his *Histories* around the same time as the proclamation of the Hippocratic oratorical pieces. Our understanding of Herodotus’ literary tradition and genre should arguably be integrated with the intellectual environment of the “agonistic”, performance-oriented mode of sharing and discussing ideas. Herodotus’s authorial self-presentation, through an emphasis placed on inquiry (*historiē*) in the prologue, enables him both to delineate the method of his investigation into the origins of the conflict and to implicitly present a more profound criticism of a particular view of the world presented by former logographical traditions: this is no doubt intended – as Węcowski argues – to “establish the author’s authority, i.e., the character, the limits, and the contents of his

⁹ R. Thomas concludes that the early medical texts may confirm potential textual differentiation between epideixeis and other pieces, certainly with dramatic differences in style and argument like in *Breaths* and *On the Art*, and *On Regimen* at the other side, that exhibits the features of being written, or the *Epidemics*, which include tight lists of data (THOMAS 2003, 181; CROSS 2017, 60).

¹⁰ See DEMONT 1993, 181–184; also CROSS 2017, 59.

knowledge".¹¹ Indeed, it can be inferred that the connotations of certain verbal expressions and their practical usage aimed to achieve a particular effect on the audiences. The utterance of specific words reserved most commonly for classical Greek modes of expression, among which there is also a display of certain ideas in public, constructs the unquestionable authority of the speaker, whether it be a specialist on rhetoric, historical inquiry, or medical issues. While Demont notes that the Sophists were likely the first to coin the term *epideixis* to describe the public demonstration of rhetorical skill, the authors of these treatises are not Sophists, but medical practitioners. In such lectures, Demont claims, "as also in *On the Sacred Disease* and *On the Nature of the Human Beings*, the use of these verbs indicates that the expert was present and could prove his abilities and his theories."¹²

Let us now turn to the Hippocratic texts themselves to demonstrate examples of how the Hippocratic author builds his authority and reliability as a practitioner of medical *technē*:

περὶ δὲ ἰητρικῆς – ἐς ταύτην γὰρ ὁ λόγος –, ταύτης οὖν τὴν ἀπόδειξιν ποιήσομαι. Καὶ πρῶτόν γε διοριεῦμαι ὃ νομίζω ἰητρικὴν εἶναι· τὸ δὴ πᾶμπαν ἀπαλλάσσειν τῶν νοσεόντων τοὺς καμάτους καὶ τῶν νοσημάτων τὰς σφοδρότητας ἀμβλύνειν, καὶ τὸ μὴ ἐγχειρεῖν τοῖσι κεκρατημένοισιν ὑπὸ τῶν νοσημάτων, εἰδότας ὅτι πάντα ταῦτα δύναται ἰητρικῆ. Ὡσὺν ποιεῖ τε ταῦτα καὶ οἷη τέ ἐστιν διὰ παντός ποιεῖν, περὶ τούτου μοι ὁ λοιπὸς λόγος ἤδη ἔσται· Ἐν δὲ τῇ τῆς τέχνης ἀποδείξει ἅμα καὶ τοὺς λόγους τῶν αἰσχύνειν αὐτὴν οἰομένων ἀναιρήσω, ἢ ἂν ἕκαστος αὐτῶν πρήσσειν τι οἰόμενος τυγχάνη.

As for medicine – for this is the subject of this treatise – I **will make a demonstration** of it. First, I will define what I think medicine is. It is to relieve the sick completely from their suffering, and to dull the most violent of illnesses, and not to treat

¹¹ WEJCOWSKI 2004, 143.

¹² DEMONT 1993, 184.

those who are completely overpowered by disease, knowing that medicine can do all the things above. In the rest of my treatise, I will establish that medicine does these things and that it can do so in all circumstances. At the same time as making a demonstration of the existence of the art, I will destroy the arguments of those who think to shame it, and I will challenge them on the points where each of them believes he has made some discovery. (*On the Art*, 3.1–3)¹³

Cross rightly observes the specific usage of definite articles in the above passage. When the Hippocratic author uses the noun *apodeixis* (ἀπόδειξις) jointly with the verb ποιῆσομαι, or “I will make,” it suggests a delineated activity of revealing knowledge from an authoritative position. Cross also highlights that the “definite article used alongside this – τὴν ἀπόδειξιν’ ‘a demonstration’ – indicates that the author’s exposition will aim to be definitive. The term *apodeixis* as an ultimate activity reflects the context in which it is being used: the author is aiming at a reliable and fundamental defence of the art of medicine since the very existence of the art of medicine is at stake here.”¹⁴ We are furthermore confronted with the agnostic tone of the author’s statement, who, by demonstrating the nature of the medical occupation, tends to criticize as if in advance those statements that would possibly testify to a different concept in both theory and practice. He defends his field, as it were, before it might be called into question.

In *On the Nature of Human Beings*, we witness an even more profound declaration of what the author means by the term *apodeixis*:

ταῦτὰ δὲ λέγω ταῦτα καὶ περὶ τοῦ φάσκοντος φλέγμα εἶναι τὸν ἄνθρωπον, καὶ περὶ τοῦ χολῆν φάσκοντος εἶναι. ἐγὼ μὲν γὰρ ἀποδείξω ἃ ἂν φήσω τὸν ἄνθρωπον εἶναι, καὶ κατὰ [τὸν]

¹³ Translations by J. Cross (CROSS 2017, 65–66); the bolds are my own.

¹⁴ CROSS 2017, 66–67; further in: LONIE 1983, 145 ff.

νόμον καὶ κατὰ [τὴν] φύσιν, ἀεὶ ταῦτὰ ἔοντα ὁμοίως, καὶ νέου ἔοντος καὶ γέροντος, καὶ τῆς ὥρης ψυχρῆς ἐούσης καὶ θερμῆς, καὶ τεκμήρια παρέξω, καὶ ἀνάγκας ἀποφανέω, δι' ἃς ἕκαστον αὖξεταί τε καὶ φθίνει ἐν τῷ σώματι.

I make the same remarks concerning those who claim that the human is only phlegm and those who claim that it is only bile. So, **I will demonstrate** that those elements, both according to custom and according to nature, which I claim the human to consist of are constantly and invariably the same, in youth and in old age, and in the cold and hot season. **I will provide signs** and **show the compelling factors** through which each element grows and diminishes in the body. (*On the Nature of Human Beings*, 2.4–5)

In this particular extract, we can find ἀποδείξω, or “I will demonstrate” used in the first person singular, which is also striking. The Hippocratic author advertises his statement, determining the different components of his account, connecting the phrases τεκμήρια παρέξω, “I will provide evidence” and ἀνάγκας ἀποφανέω, “I will show proofs/necessary connections.” This suggests that the author wants to assure his audience about the professional position of the speaker. He also claims the truth of his words, to be confirmed by the facts, which means by inquiry, or, to use our modern expression, by the empirical testing of phenomena discussed in the treatise. For the classical Greek specialist (orator/historian or medical author), then, it seems that the verb “to demonstrate” covers not only the very activity of saying things in public but also the explanation and sense of probability for the witnesses, who seek to receive and perceive that account as a reliable one. This reliability builds authority.¹⁵

¹⁵ The statements are expressed and distinguished in a similar manner in the treatise *On Ancient Medicine*, where the author writes: Ὅστις δὲ ταῦτα ἀποβαλὼν καὶ ἀποδοκιμάσας πάντα ἐτέρη ὁδῷ καὶ ἐτέρῳ σχήματι ἐπιχειρεῖ ζητεῖν καὶ φησὶ ἐξευρηκέναι, ἐξηπάτηται καὶ ἐξαπατάται· ἀδύνατον γάρ. Δι' ἃς δὲ ἀνάγκας ἀδύνατον ἐγὼ πειρήσομαι ἐπιδείξαι λέγων καὶ ἐπιδεικνύων τὴν τέχνην ὅτι ἐστίν”. “But anyone who, casting aside and rejecting all

The rationale for the specific usage of the terms in the Hippocratic treatises leads us to a certain point from which to infer a general conclusion. The notion that these texts were intended for oral delivery helps to explain a number of their distinctive rhetorical and stylistic features. Their tone is confident and authoritative throughout; this is reinforced by the frequent use of first-person-singular verbs and pronouns. While the first person singular can have different functions in different contexts, its use here – generally in emphatic statements of the author’s own opinion – is best understood as an attempt to assert competence and authority before an audience.¹⁶ This understanding is even more convincing if we consider the Hippocratic audience as potential patients, not merely listeners or readers, who seek the rational, *sensu* professional’s judgment on (their) diseases. The Hippocratic author attests to the high quality of his services through the nuanced topics he addresses in the treatises.

We see this approach when dealing with the issue of patient-centered care; this matter is also alluded to by this group of etiological texts that comprehensively complement the picture of the processes of falling ill, of therapy, and the determinants of recovery in individual cases.¹⁷ For example, according

these means, attempts to conduct research in any other way or after another fashion, and asserts that he has found out anything, is and has been the victim of deception. His assertion is impossible; the causes of its impossibility **I will endeavour to expound by a statement and exposition** of what the art is” (*On Ancient Medicine*, 2.2). See also discussion in CROSS 2017, 68–69. This, again, very much resembles the usage of the term in Herodotus’ *Histories*: 1.1: Ἡροδότου Ἀλικαρνησέως ἱστορίας ἀπόδεξις ἦδε (...).

¹⁶ HIPPOCRATES *On Ancient Medicine* (2005, 37 ff.); CRAIK 2015; MANN 2012.

¹⁷ Inclusion of the patient in the fight declared in the deontology of therapeutic treatment with disease is a highly desirable approach that results from understanding the effects of factors of nature, as well as the importance of active participation in recovery. Currently, the paradigm of this approach is referred to in medical science as “patient-centered care”. In this paradigm, everyone caring for the patient, be it a doctor or another healthcare professional, must take into account not only the biophysical side of this care

to the Hippocratic author, the so-called “sacred disease”, *epilepsy*, is a hereditary disease resulting from too much phlegm sticking to the embryo and causing damage to its brain tissue due to hypoxia (*De morbo sacro* III). The merely physiological explanation, however, is insufficient: the author also asserts, therefore, the influence of the patient’s living conditions on the course and treatment of this disease (*On the Sacred Disease* [*De morbo sacro*] XI, XIII). The author expresses a similar conviction at the beginning of Chapter XIII when he discovers the causes of epileptic attacks at the moment when the wind changes the direction from south to north and vice versa, having the most vigorous intensity and humidity by nature. The reader is astonished by the observation of the sick person’s conduct, whether it be a child or an adult: in Chapter XII, 1–2, for example, the author suggests that people with epilepsy, feeling ashamed of their attacks, hide in households or places of seclusion as soon as they sense the onset of an impact of symptoms.

It is also declared that those suffering from epilepsy hide their bodily convulsions indoor with the exception of children, who – as the Hippocratic author claims – do not yet understand shame, and so out of their fear of the suffering caused by the disease, they look for mothers or other relatives to experience epilepsy with them. These observations testify not only to the insight worthy of a practitioner but also attest with particular sensitivity to what the sick person may encounter in the social dimension of the process of suffering from the disease.

Returning to the issue of certain determinant conditions affecting the patient’s state, let us recall the statements of environmental nature within the treatise *On the Airs, Waters, and Places* (*De aere, aquis et locis*), likely written by the same person who wrote the work *On the Sacred Disease*.¹⁸ In the first

but also, above all, the psychosocial aspects that can significantly affect the patient’s condition and well-being. See e.g. EPSTEIN, SMITH 2011.

¹⁸ HIPPOKRATES 2008, 18 ff.

chapter of this book, we learn that a doctor, to have an idea of the health condition of his potential patients, should first examine natural factors, such as climate, types of water, and the soil used by the inhabitants of a given region. Indeed, the consideration of many factors proves a doctor’s proficiency in the art of medicine:

ιητρικὴν ὅστις βούλεται ὀρθῶς ζητεῖν, τάδε χρὴ ποιεῖν: πρῶτον μὲν ἐνθυμεῖσθαι τὰς ὥρας τοῦ ἔτεος, ὅ τι δύναται ἀπεργάζεσθαι ἐκάστη: οὐ γὰρ εἰκόσιν ἀλλήλοισιν οὐδέν, ἀλλὰ πολὺ διαφέρουσιν αὐταῖ τε ἐφ’ ἑωυτέων καὶ ἐν τῆσι μεταβολῆσιν: ἔπειτα δὲ τὰ πνεύματα τὰ θερμά τε καὶ τὰ ψυχρά, μάλιστα μὲν τὰ κοινὰ πᾶσιν ἀνθρώποισιν, ἔπειτα δὲ καὶ τὰ ἐν ἐκάστη χώρῃ ἐπιχώρια ἔοντα. δεῖ δὲ καὶ τῶν ὑδάτων ἐνθυ μεῖσθαι τὰς δυνάμεις: ὡσπερ γὰρ ἐν τῷ στόματι διαφέρουσι καὶ ἐν τῷ σταθμῷ, οὕτω καὶ ἡ δύναμις διαφέρει πολὺ ἐκάστου. ὥστε ἐς πόλιν ἐπειδὴν ἀφίκεται τις, ἥς ἀπειρός ἐστι, διαφροντίσαι χρὴ τὴν θέσιν αὐτῆς, ὅπως κεῖται καὶ πρὸς τὰ πνεύματα καὶ πρὸς τὰς ἀνατολάς τοῦ ἡλίου. οὐ γὰρ τὰυτὸ δύναται ἦτις πρὸς βορέην κεῖται καὶ ἦτις πρὸς νότον οὐδ’ ἦτις πρὸς ἡλίον ἀνίσχοντα οὐδ’ ἦτις πρὸς δύνοντα. ταῦτα δὲ χρὴ ἐνθυμεῖσθαι ὡς κάλλιστα καὶ τῶν ὑδάτων πέρι ὡς ἔχουσι, καὶ πότερον ἐλώδεσι χρέονται καὶ μαλθακοῖσιν ἢ σκληροῖσί τε καὶ ἐκ μετεώρων καὶ πετρωδέων εἴτε ἀλυκοῖσι καὶ ἀτεράμνοισιν: καὶ τὴν γῆν, πότερον ψιλὴ τε καὶ ἀνυδρὸς ἢ δασεῖα καὶ ἔφυδρὸς καὶ εἴτε ἔγκοιλός ἐστι καὶ πνιγερὴ εἴτε μετέωρος καὶ ψυχρὴ: καὶ τὴν διαίταν τῶν ἀνθρώπων, ὅκοιῃ ἤδονται, πότερον φιλοπόται καὶ ἀριστηταὶ καὶ ἀταλαίπωροι ἢ φιλογυμνασταὶ τε καὶ φιλόπονοι καὶ ἐδωδοὶ καὶ ἄποτοι.

Whoever wants to continue practicing medicine properly must do so. First, one should consider what effects each season can bring; because the seasons are not the same at all, but differ significantly both [by themselves] and with their changes. The next point is hot and cold winds. Mainly winds that are felt by every person, but also those that are specific to each region. He must also take into account the properties of the waters; because they differ in taste and weight, and therefore the properties of each are varied.

Hence, upon arriving in a city he does not know, the doctor should examine its position to the winds and sunrises.

Regarding its location to the north, south, east, or west, each [city] has its individual property. [The doctor then] must consider both these things with the utmost care and how the natives look for water. Whether they use wet, soft waters, or those that are bitter and come from rocky heights, or brackish and challenging, as well as to the soil: whether it is bare and dry or wooded and watered, empty and hot, tall or cold. And also as for the lifestyle of the inhabitants, which they prefer, regardless of whether they are people who drink alcohol, eat breakfast, avoid exercise or are fit, hardworking, eat a lot and drink little.¹⁹

We may observe, reading between the lines, a certain compulsion to acquire knowledge in various areas of human life, and simultaneously the conviction that being polyvalent helps in treatment and testifies to the high degree of responsibility taken by those who wanted to be recognized as doctors. In another Hippocratic work, *Prognosticon* I.1, the author suggests that a doctor who can forecast future illness is viewed more favourably:

τὸν ἰητρὸν δοκεῖ μοι ἄριστον εἶναι πρόνοιαν ἐπιτηδεύειν: προγιγνώσκων γὰρ καὶ προλέγων παρὰ τοῖσι νοσέουσι τὰ τε παρεόντα καὶ τὰ προγεγονότα καὶ τὰ μέλλοντα ἔσεσθαι, ὁκόσα τε παραλείπουσιν οἱ ἀσθενέοντες ἐκδιηγούμενος, πιστεύοιτ' ἂν μᾶλλον γινώσκειν τὰ τῶν νοσούντων πρήγματα, ὥστε τολμᾶν ἐπιτρέπειν τοὺς ἀνθρώπους σφέας ἔωντοὺς τῷ ἰητρῷ.

The doctor who uses prognosis seems the best. For by foreseeing and foretelling the present, the past, and the future in the presence of the sick persons, and by treating what the patients omit, he will make it possible to believe that he has come to know

¹⁹ My own translation; see also the comments on this Hippocratic excerpt in a broader intertextual context like in: IRWIN 2014, 37.

the patient’s condition exactly. And then the sick will be eager to trust the doctor.²⁰

Jouanna provides an interesting contribution to this notion, arguing that since the physician’s *technē* was not licensed by official qualifications regulating access to the profession, the physician had to confirm his skill at once if he was to succeed. The first condition of success was competence: this is declared by the Hippocratic authors in different places but especially in the introductory sections of their treatises. This kind of approach was necessary at various essential stages of a doctor’s career: for example, if he was to achieve a municipal post as a public physician, or if, as a traveling one, he arrived in a new city unfamiliar to him. This approach was also unquestionably useful in the everyday practice of physician’s *technē*. Whether doctors received patients in their office or conducted home visits, they were never alone with the patients. Jouanna notes that “The patient’s encounters with family and friends, together with other curious onlookers, made up a public before which the physician was obliged to perform, above all if he carried out a surgical procedure or if he engaged in an oral argument with a rival physician. What would otherwise have been a private conference with the patient, therefore, became transformed into a face-to-face encounter with the public.”²¹ This sense of being in constant transition, i.e., moving from the closed to the open, which ancient Greek admiration for the public performance required, gave the art of medicine in classical Greece a somewhat peculiar character. Indeed, the practice of medicine slightly resembled a “spectacle,” whereby even the physician practicing in private appeared to be a public figure. Jouanna rightly concludes that “the Hippocratic physicians certainly did not neglect the arts of oratory and acting,

²⁰ My own translation.

²¹ JOUANNA 1999, 75.

mastery of which was essential for winning the trust of the patient, his family and friends, and the rest of the public."²²

Concerning contemporary healthcare providers and patients alike, and in the face of medical mistakes, formerly as well as today, it seems that physicians ought to be authoritative masters of their art. This appears to be quite natural to ensure the evident necessity of having patients. Today, we can locate the official catalogues of a physician's mistakes and examine their sources. According to David Hilfiker, the primary sources of such mistakes are:²³ that physicians do not have enough medical information to make an informed decision – and, pertinently, they do not know that their medical knowledge is insufficient; that they do not have the necessary technical skills required; that they are merely careless; that they suffer from a failure of judgment; that, feeling pressured or rushed, tired, or distracted, they suffer from a loss of will, even though they know the right thing to do; that they suffer from the inability to conform to basic professional standards, such as working while drunk, violating patients sexually, failing to attend; and, finally, that they do not listen or respond to the patient. In the analysed instances of classical medical writings, we recognize that at the very outset of the texts, the authors make a declaration of being governed by some standards. For a competent medical practitioner, this means knowing one's art, knowing the physiological nature of humans, being careful and responsible when practicing his *technē*, which was formerly as important as it is today. Moreover, to all of objections, which one can raise today as well as could be raised in antiquity, the Hippocratic authors seem to have a balanced but pronounced answer: as a physician, one must be aware of the duties, select the information carefully, take care of patients, and always be ready to protect human life.

²² See JOUANNA 1999, 76.

²³ See catalogue of medical mistakes in the context of medical ethics in SCHLEIFER, VANATTA 2016, 308 ff.

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