

Narrative and Cultural History in the Hippocratic Treatise *On Ancient Medicine*

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Abstract

This paper focuses on the ‘history of medicine’ outlined by the author of the Hippocratic treatise *On Ancient Medicine*, in order to reflect on the relationship between medicine and narrative in Classical Greece. At the outset of the work, the author provides an account of the beginnings of his discipline, conceiving of medicine’s history as a continuum of research and findings that unravel the nature of the human body and the cause of diseases. As this paper shows, the physician-narrator assigns to his craft a crucial role in fostering the birth and progress of human civilization. The rhetorical goals of the historical account are, as I argue, attained through a subtle narrative strategy. In fact, the narrator locates the origins of medicine within a teleological framework, marked by strong emphasis on the heuristic method that characterizes the past, the present, and the future of medical knowledge at once.

Keywords

Narrative and medicine; ancient Greece;
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The study of ancient literature may be said to have undergone a ‘narrative turn’ over the past couple of decades. Commentaries, monographs, and collections of essays display a wide array of narratological readings of, and approaches to, Classical texts (see notably Purves; Grethlein and Rengakos; de Jong and Nünlist, *Time*; Bracht Barnham; de Jong, Nünlist, and Bowie, *Narrators*; de Jong, *A Narratological Commentary*). In this connection, the absence of ancient scientific works and knowledge traditions from the narratological industry may not come as a surprise: the treatises, handbooks, and encyclopedic works that constitute the legacy of Greek and Roman science are not normally dealt with as narrative texts (a rather isolated — yet important — exception is Dunn, “Narrative”). Nevertheless, the editors of the second volume of a series of *Studies in Ancient Greek Narrative* reach the important conclusion that «most narratological categories are not bound by genre» (de Jong and Nünlist, *Time* 522) and it is reasonable to posit, as a working hypothesis, that such categories can be applied to ancient scientific texts as well.

In this paper, I shall offer a case-study of the narrative aspect of an ancient medical treatise, inquiring whether Classical Greek doctors and medical authors ever allow for a narrative component to their practices or their writings and, if so, what role it is to play. I intend, however, to adopt an interpretive approach substantially different from the one exemplified by the *Studies in Ancient Greek Narrative*: whereas such contributions are mostly devoted to analyzing the presence and function, in various different genres, of well-established narratological categories and devices (such as space, time, plot, focalization, speech, and other notions familiar to narratologists from Genette onwards), in this paper I shall

address the question of how narrative itself is created in the Hippocratic work *On Ancient Medicine* and integrated into the author's argumentative strategy. More specifically, I shall grapple with the issues of what understanding of narrative the Hippocratic writer operates with, how he constructs his storyworld, and what rhetorical role he assigns to his narrative discourse (for a useful theoretical framework, see especially Dorati 33-38, 228-232; Ryan "Temporal Paradoxes" and "Toward a definition").

As I shall argue, the author of the Hippocratic treatise *On Ancient Medicine*¹ conceives of the evolution of his discipline as a continuous history of research and findings that foster the physicians' understanding of human nature and the origin of diseases. According to the writer, as I intend to show, there is a fundamentally diachronic dimension to the relationship between humankind and medical knowledge: medicine has progressed over time, and will make all the remaining discoveries in the future. The Hippocratic author's narrative may be situated within the intellectual climate of fifth-century Athens, where anthropology and cultural history had become widespread subjects of inquiry (especially within the sophistic circles of the later decades of the century: see further Rosen 248; Dunn, *Present Shock* 152-165; Sihvola 68-77; Dodds 11-25; Edelstein 51-55; Cole 25-46; Herter 470-471; Heinimann 108-110; Guthrie 84; Miller, "On Ancient Medicine" 190-192). In this connection, as I shall underscore, the writer of *On Ancient Medicine* attributes to his own discipline a primary role in laying down the foundations of human civilization as such. This operation, I shall claim, is made possible by the narrative strategy adopted in the treatise, which inscribes the origins of medicine within a markedly teleological framework, characterized by an optimistic faith in the constant progress of knowledge.

Written probably around the end of the fifth century BCE, the Hippocratic treatise *On Ancient Medicine* (*De vetere medicina*, henceforth VM) is one of the most important parts of the Hippocratic corpus, especially for the methodological and epistemological discussions it includes (for the date of the treatise cf. Schiefsky 63-64; Miller, "Technê and Discovery" 52). The author opens his treatise on a quite polemical note, in that he rejects hypotheses (*hypothéseis*) as a basis for medical science, which — he argues — does not need further conceptual grounding since it already exists as a craft or art (*téchnē*) with its own method. According to the author, people who lay down newly devised hypotheses are blameworthy, since they clearly believe that medicine needs some external foundation, when in fact its genuine status as a full-fledged *téchnē* is readily guaranteed by differences in competence among practitioners.² In rejecting the use of extra-medical hypotheses in medicine, the author declares that the causes (*aitíai*) of diseases cannot be reduced to one or two, such as the hot or the moist (and their opposites). He forcefully makes this point at the opening of the treatise (texts and translations from Schiefsky):

ὁ κόσμος μὲν ἐπεχειρήσαν περὶ ἰητρικῆς λέγειν ἢ γράφειν ὑπόθεσιν αὐτοῖς
ἐωυτοῖσιν ὑποθέμενοι τῷ λόγῳ θερμὸν ἢ ψυχρὸν ἢ ὑγρὸν ἢ ξηρὸν ἢ ἄλλ' ὅ
τι ἂν ἐθέλωσιν, ἐς βραχὺ ἄγοντες τὴν ἀρχὴν τῆς αἰτίας τοῖσιν ἀνθρώποισι
τῶν νόσων τε καὶ τοῦ θανάτου καὶ πᾶσι τὴν αὐτὴν ἐν ἡ δύο ὑποθέμενοι,
ἐν πολλοῖσι μὲν καὶ οἷσι λέγουσι καταφανεῖς εἰσιν ἀμαρτάνοντες·
μάλιστα δὲ ἄξιον μέμψασθαι, ὅτι ἀμφὶ τέχνης ἐούσης ἢ χρέονταί τε πάντες
ἐπι τοῖσι μεγίστοισι καὶ τιμῶσι μάλιστα τοὺς ἀγαθοὺς χειροτέχνας καὶ
δημιουργούς, εἰσὶ δὲ δημιουργοὶ, οἱ μὲν φλαῦροι, οἱ δὲ πολλὸν

¹ [Hippocrates], *De vetere medicina* (*Peri archaïēs iētrikēs*).

² The idea is frequent in other Hippocratic writings as well: cf. e.g. *De reg. in morb. acut.* 1-8, *De arte* 5-6.

διαφέροντες· ὁ περ, εἰ μὴ ἦν ἰητρικὴ ὁλως μὴδ' ἐν αὐτῇ ἔσκεπτο μὴδ' εὖροιτο μὴδὲν, οὐκ ἂν ἦν, ἀλλὰ πάντες ἂν ὁμοίως αὐτῆς ἄπειροί τε καὶ ἀνεπιστήμονες ἦσαν, τύχη δ' ἂν πάντα τὰ τῶν καμνόντων διοικεῖ το. νῦν δ' οὐχ οὕτως ἔχει, ἀλλ' ὥσπερ καὶ τῶν ἄλλων τεχνῶν πασέων οἱ δημιουργοὶ πολλὸν ἀλλήλων διαφέρουσι κατὰ χεῖρα καὶ κατὰ γνώμην, οὕτω δὲ καὶ ἐπὶ ἰητρικῆς. διὸ οὐκ ἠξίουσαν αὐτὴν ἔγωγε καινῆς ὑποθέσεως δεῖσθαι, ὥσπερ τὰ ἀφανέα τε καὶ ἀπορεόμενα· περὶ ὧν ἀνάγκη ἦν τις ἐπιχειρῆσαι λέγειν ὑποθέσει χρῆσθαι, οἷον περὶ τῶν μετεώρων ἢ τῶν ὑπὸ γῆν· ἃ εἴ τις λέγοι καὶ γινώσκοι ὡς ἔχει, οὐτ' ἂν αὐτῶ τῶ λέγοντι οὕτε τοῖσιν ἀκούουσι δῆλα ἂν εἴη, εἴτε ἀληθέα ἐστὶν εἴτε μή· οὐ γάρ ἐστι πρὸς ὅτι χρὴ ἐπανενέγκαντα εἰ δέναι τὸ σαφές. (VM 1.1-3)

All those who have undertaken to speak or write about medicine, having laid down as a hypothesis for their account hot or cold or wet or dry or anything else they want, narrowing down the primary cause of diseases and death for human beings and laying down the same one or two things as the cause in all cases, clearly go wrong in much that they say. But they are especially worthy of blame because their errors concern an art that really exists, one which all people make use of in the most important circumstances and whose good craftsmen and practitioners all hold in special honor. Some practitioners are bad, while others are much better. This would not be the case if medicine did not exist at all and if nothing had been examined or discovered in it; rather, all would be equally lacking in both experience and knowledge of it, and all the affairs of the sick would be governed by chance. But in fact this is not the case: just as practitioners of all the other arts differ greatly from one another in manual skill and in judgment, so too in the case of medicine. For this reason I have deemed that medicine has no need of a newfangled hypothesis, as do obscure and dubious matters. Concerning these things it is necessary to make use of a hypothesis if one undertakes to say anything at all about them - for example, about things in the sky or under the earth. If anyone should recognize and state how these things are, it would be clear neither to the speaker himself nor to his listeners whether what he says is true or not, for there is nothing by referring to which one would necessarily attain clear knowledge.

Medicine, according to the author of VM, has always been a systematic and heuristically solid craft ever since its inception. The discipline originated in the distant past of the human species,³ and therefore does not need any newfangled foundation (the adjective *kainós* in VM 1.3 has a derogatory connotation, as observed by D'Angour 55). In order to show that the empirical method of the past grants the legitimate status of medicine as a *téchne* in the present and will continue to do so in the future, the author embarks on a complex etiological and cultural-historical account of medicine's origins and its development over time. For the author, medicine had not always existed among human beings, but was invented or 'discovered' at a specific point in the species' history: necessity itself gave birth to the medical art. In fact, what prompted the discovery of medicine was the simple observation that healthy and sick people do not benefit from eating the same foods and drinking the same drinks.

τὴν γὰρ ἀρχὴν οὐτ' ἂν εὐρέθη ἡ τέχνη ἢ ἰητρικὴ οὐτ' ἂν ἐζητήθη – οὐδὲν γὰρ αὐτῆς ἔδει – εἰ τοῖσιν ἀκούουσι τῶν ἀνθρώπων τὰ αὐτὰ διαίτωμέ νοσῖτε καὶ προσφερομέ νοσῖν ἄπερ οἱ ὑγιαίνοντες ἐσθίουσι τε καὶ πίνοισι

³ Cf. VM 3.3: *ἐτι δ' ἀνόθεν*.

καὶ τὰλλα διαιτέονται συνέ φερεν καὶ εἰ μὴ ἦν ἕτερα τούτων βελτίω. νῦν δὲ αὐτὴ ἡ ἀνάγκη ἰητρικὴν ἐποίησε ζητηθῆναι τε καὶ εὐρεθῆναι ἀνθρώποισιν· ὅτι τοῖσι κάμνουσι ταῦτα προσφερομένοισιν ἄπερ οἱ ὑγιαίνοντες οὐ συνέ φερεν, ὡς οὐδὲ νῦν συμφέρει. (VM 3.1-2)

For the art of medicine would never have been discovered to begin with, nor would anyone have sought for it — for there would have been no need for it — if it were beneficial for the sick to follow the same regimen and the diet as the healthy, taking the same foods and drinks and following the same regimen in other respects, and if there were not other things better than these. But in fact necessity itself caused medicine to be sought for and discovered by human beings, for it was not beneficial for the sick to take the same foods as the healthy, just as it is not beneficial for them to do so today.

Quite remarkably, the narrative starts with a counterfactual aorist, plunging the audience into a paradoxical — yet possible — world in which medicine does not exist. For, if the sick and the healthy could profit from one and the same diet, there would have been no need for inventing medicine in the first place. Medicine is discovered as soon as material needs generated by the circumstances give rise to the cumulative acquisition of cultural skills (cf. Dunn, “On Ancient Medicine” 57). The idea that the early state of man was accompanied by tremendous suffering is frequent in fifth-century Athenian cultural histories (Schiefsky 153); but the author’s picture of human prehistory is a logically coherent reconstruction based on analogies with the current situation: foods benefiting the healthy did not benefit the sick in the early days of the species, just as they do not now.

The physician’s procedures, according to the author of VM, consist chiefly in adapting diet to the constitution of human bodies (both sick and healthy). This implies knowledge of the nature of diseases, which bring about an imbalance between bodily constitution and diet. Medicine is, in sum, the search for a balance between contrasting forces (cf. Jouanna 50-53). Such forces, before the discovery of medicine, were still free to dominate the human body at their leisure, and human beings were therefore at the mercy of diseases. In fact, for the author of VM, the discovery of the medical art marks a watershed between two ages of humankind: there is a ‘pre-medical’ human species and a ‘post-medical’ one, entirely different from the former.

For the Hippocratic author, medicine is not one of many inventions, but *the* fundamental discovery of humankind, and as such it can be temporally situated at a specific point within the evolution of the human race. This helps to explain why the narrator constantly refers to the discoveries and findings that constellate the history of the craft since the moment of its origin. Findings are, for him, the hard-won result of searches and investigations: within the Hippocratic corpus, VM displays a uniquely high occurrence rate of lexemes denoting research (*zeteîn*, *zētēma*, and their compounds) and discovery (*heuriskein*, *heúrēma*, and their compounds: see Jouanna 38). At first, a regimen for the healthy had to be discovered, thanks to the invention of cooking: medicine is therefore a form of dietetics. The art of preparing a diet, which makes health and strength possible for humans, is not substantially distinct from medicine itself.

ἐκ μὲν οὖν τῶν πυρῶν βρέξαντες σφας καὶ πτίσαντες καὶ καταλέσαντες τε καὶ διασήσαντες καὶ φορύξαντες καὶ ὀπτήσαντες ἀπετέλεσαν μὲν ἄρτον, ἐκ δὲ τῶν κριθέων μᾶζαν· ἄλλα τε συχνὰ περὶ ταύτην πρηγματευσάμενοι, ἠψησάν τε καὶ ὤπτησαν καὶ ἔμιξαν καὶ ἐκέρασαν τὰ

ἰσχυρά τε καὶ ἄκριτα τοῖσιν ἀσθενεστέροισι, πλάσσοντες πάντα πρὸς τὴν τοῦ ἀνθρώπου φύσιν τε καὶ δύναμιν, ἠγεύμενοι ὡς, ἃ μὲν ἄν ἰσχυρότερα ᾗ, οὐ δυνήσεται κρατεῖν ἢ φύσις ἢ ἐσφέριται, ἀπὸ τούτων τε αὐτῶν πόρους τε καὶ νούσους καὶ θανάτους ἔσεσθαι, ὁπόσων δ' ἄν δύνηται ἐπικρατεῖν, ἀπὸ τούτων τροφήν τε καὶ αὔξισιν καὶ ὑγίειαν. τῷ δ' εὐρήματι τοῦ τῶ καὶ ζητήματι τί ἄν τις ὀνομαδικαίον ἢ προσῆκον μᾶλλον θεῖη ἢ ἰητρικήν, ὅτι γε εὐρήται ἐπιτῆ τοῦ ἀνθρώπου ὑγίειη τε καὶ σωτηρίη καὶ τροφή, ἄλλαγμα κείνης τῆς διαίτης ἐξ ἧς οἱ πόνοι καὶ νοῦσοι καὶ θάνατοι ἐγίνοντο: (VM 3.5-6)

From wheat, by moistening, winnowing, grinding, sifting, kneading, and baking it they made bread, and from barley they made barley cake. And performing many other operations to prepare this nourishment, they boiled and baked and mixed and blended the strong and unblended things with the weaker, molding everything to the constitution and power of the human being; for they considered that if foods that are too strong are ingested, the human constitution will be unable to overcome them, and from these foods themselves will come suffering, diseases, and death, while from all those foods that the human constitution can overcome will come nourishment, growth, and health. To this discovery and search what more just or fitting name could one give than medicine, since it was discovered for the sake of the health, preservation, and nourishment of the human being, in place of that regimen which led to suffering, diseases, and death?

Discoveries and their elaborations are, in VM, inextricably tied to temporality. Inventions are instruments of cultural change: thus, change itself pervades the relationship of the human species with time (cf. Dunn, “On Ancient Medicine” 50-51). In the beginning (*archê*), according to the narrator, humans suffered due to their following the same regimen as other animals, which was extremely different from the current regimen (VM 3.3-4): the latter only arose through a process of investigation, invention, and refinement «over a long period of time» (*en pollô chrónō*).⁴ Besides reinforcing the author’s claim that medical knowledge is rooted in the remote past of humankind (whence the disavowal of new *hypothésis*), this observation anchors the development of medicine as a whole to the temporal dimension inherent to human existence.

As Ricoeur observes, «time becomes human to the extent that it is articulated through a narrative mode, and narrative attains its full meaning when it becomes a condition of temporal existence» (52). The temporal character of medical discoveries makes it possible, and even necessary, to establish a relative chronology of the single steps involved in the development of the art, in order to understand medicine’s progress from its inception to its current form. Each step is, in turn, logically linked to the preceding and the following ones by a cause-effect type of connection (for the fifth-century development of the idea of historical causality, see notably Csapo and Miller 100). The structure and foundation of medicine are, in other words, conceptually inseparable from its history.

Hence, in the treatise, the need for a narrative account of the history of medicine. VM’s cultural-historical exposition does not just fulfil explanatory or argumentative purposes, but clearly possesses the main characteristic features of narration (what follows relies largely upon the «fuzzy-set definition» of narrative offered by Ryan, “Toward a definition”

⁴ For analogous ideas in Greek thought cf. Xenoph. DK21B18; Thuc. 1.12.4; Diod. Sic. 1.8.1-9.

29).⁵ First of all, an (implicit) audience is addressed by an authoritative narrative voice. Secondly, the narrative voice builds a world chronologically situated and undergoing meaningful changes over time. Thirdly, such transformations are construed as a logically coherent chain of causes and effects. Finally, events occurring in the storyworld are significantly related to the mental life of the agents — more specifically, to both their rational and their emotional responses, which lead them to act in purposeful ways.

That the narrative voice and the authorial voice tend to coincide in VM is no wonder: the narrative itself is, in fact, deliberately and explicitly connected with an effort to ground the scientific status, and thus the authority, of the medical art. Authority and authorship are, in other words, mutually interdependent within the Hippocratic writer's communicative strategy. For instance, theories or conjectures concerning past events are frequently introduced by verbs and pronouns in the first person singular,⁶ testifying to the narrator's commitment to the reliability of the historical account he provides. The sudden irruption of the third person, opening the narrative proper, highlights the aorist *epoiesen* (VM 3.2), which marks the birth of medicine as a moment of creation. This verbal form is, in fact, typical of theogonic and cosmogonic narratives (including the much later *Septuagint*):⁷ in particular, it is repeatedly used by Hesiod in his narrative of the gods' creation of human races.⁸ The narrator of VM thus seems to suggest that what is brought about by the appearance of medicine among human beings is nothing less than a new era for humankind as a whole.

However, the impulse for such a creation is not given by a divine figure, but by necessity itself (*hē anánkē*), which prompts early humans to seek for, and eventually discover (*zētēthēnai te kai heurethēnai anthrōpoisīn*), the art of medicine (for the motif of *anánkē* or *chreía* see further Herter 475-476; Miller 195). Thus, for the narrator of VM, the only agents in human history are human beings themselves. As Dorati observes (49), even within a storyworld featuring the gods among its characters, there is still room for explaining human beings' agency from the human point of view alone. Similarly, in a context where the limits of human freedom are emphasized either through the role of fate (as in Sophocles' *Oedipus rex*) or through necessary causality (as in VM), human action is always free at the level of narrative representation (cf. Dorati 231). In VM, the invention of medicine and its subsequent development are treated as altogether human achievements, governed by the immanent laws of the art — and the same is true of the historical account offered by the self-conscious narrator, who reconstructs the remote past based solely on reason and intelligence (rather than on a 'Hesiodic' kind of divine inspiration). The narrator's implied audience has, in turn, a share in the exercise of rational inquiry, and becomes involved in it throughout the historical narrative.⁹

As the author claims, any speech concerning the art of medicine must be understood by the laypeople, since these are ultimately the beneficiaries of the physician's therapy (VM 2.3); internal evidence suggests that VM was originally intended for oral delivery (see

⁵ Only one of the constraints laid out by Ryan, i.e. that narrative ought not be based on abstract or impersonal agents (such as 'humankind'), appears to be violated by VM. However, as Ryan herself acknowledges, a text need not simultaneously fulfil all the constraints in order to belong to the category of narrative. Furthermore, as I intend to show, the Hippocratic author's emphasis on the 'human species' as a whole is a fundamental component of his conception of medical knowledge and its transmission.

⁶ Cf. e.g. VM 3.3 *égōge axiō ... égōge dokéō ... moi dokei* (see further Lloyd 1987: 66).

⁷ Cf. Hes., *Theog.* 161; *Sept.* 1.1.

⁸ Hes., *Works and Days* 110, 128, 144, 158.

⁹ Cf. the recurring use of hortatory subjunctives in the first person plural (e.g. *skepsómetha* at VM 5.1)

Schiefsky 36; Lloyd 88-89). The lay narratee, however, is expected to become aware of the ongoing debate among physicians concerning the epistemic foundations of their discipline. For, in the author's declared intention, his opponents ought to be convinced that medicine counts on a long history of empirical research, discoveries, and successful application thereof (for the interconnectedness of discovery and application in VM, cf. Miller, "Technê and Discovery" 57). In sum, the goal of medical history in VM is persuasion: thus, the rhetorical purpose of the narrative is made evident by the narrator's own voice.

A further rhetorical stratagem, employed by the narrator to strengthen the audience's belief in the storyworld he builds, is the tendency to present it neither as tangible fact nor as mere fiction (see Dorati 26, with references, for a cognitive approach to the issue of 'make-believe' strategies in narrative). To that end, the narrator puts to work the historiographical and philosophical notion of likelihood or verisimilitude (*eikós*),¹⁰ thus effectively characterizing the narrative space of his cultural anthropology as a 'possible world' (for the application of this notion to narratology, cf. Dorati 27-32 and Surkamp). The narrator's reliability would be impaired, on the one hand, if he claimed that his account amounts to proven truth; it would be equally dangerous, on the other hand, to assimilate the cultural history to a fictional narrative. Events occurring in the prehistory of humankind cannot, of course, be known with certainty, but analogies between the past and the present can ground a possible, and plausible, reconstruction. For instance, even though one cannot determine an absolute date for the discovery of medicine, the sequential steps involved in the process can logically be ordered according to a relative chronology: in other words, they can be used to build a coherent narrative.

σκεψόμεθα δὲ καὶ τὴν ὁμολογουμένως ἱητρικὴν τὴν ἀμφὶ τοὺς κάμνοντας εὐρημένην ἢ καὶ ὀνομακαὶ τεχνίτας ἔχει· ἥ ῥά τι καὶ αὐτῶν αὐτῶν ἐθέλει καὶ πόθεν ποτὲ ἦρκεται· ἐμοὶ μὲν γάρ, ὃ περ ἐν ἀρχῇ εἶπον, οὐδ' ἂν ζητῆσαι ἱητρικὴν δοκεῖ οὐδεὶς, εἰ ταῦτά διαιτήματα τοῖσι τε κάμνουσι καὶ τοῖσιν ὑγιαίνουσιν ἤρμοζεν. ἔτι γούνα καὶ νῦν ὅσοι ἱητρικῆ μὴ χρέωνται, οἳ τε βάρβαροι καὶ τῶν Ἑλλήνων ἔνιοι, τὸν αὐτὸν τρόπον ὄνπερ οἱ ὑγιαίνοντες διαίτερονται πρὸς ἡδονὴν καὶ οὐτ' ἂν ἀπόσχονται οὐδὲν ὄν ἐπιθυμῶσιν, οὐδ' ὑποστειλάιντο ἄν. οἳ δὲ ζητήσαντες τε καὶ εὐρόντες ἱητρικὴν τὴν αὐτὴν κείνοισι διάνοιαν ἔχοντες περὶ ὧν μοι ὁ πρότερος λόγος εἶρηται, πρῶτον μὲν, οἳ μαι, ὑφείλοντο τοῦ πλήθους τῶν σιτιῶν αὐτῶν τούτων καὶ ἀντιπλεόνων ὀλίγιστα ἐποίησαν· ἐπεὶ δ' αὐτοῖσι τοῦτο ἔστι μὲν ὅτε πρὸς τινὰς τῶν καμνόντων ἦρκεσε καὶ φανερόν ἐγένετο ὠφελῆσαν, οὐ μὲντοι πᾶσι γε ἀλλ' ἡσάν τινες οὐτως ἔχοντες ὡς μὴ ὀλίγων σιτιῶν δύνασθαι ἐπικρατεῖν, ἀσθενεστέρου δὲ δὴ τινος οἱ τοιοῦτο ἐδόκεον δεῖσθαι, εὖρον τὰ ῥυφήματα, μίξαντες ὀλίγα τῶν ἰσχυρῶν πολλῶ τῶ ὑδατι καὶ ἀφαιρέμενοι τὸ ἰσχυρὸν τῆ κρήσει τε καὶ ἐψήσει. ὅσοι δὲ μηδὲ τῶν ῥυφημάτων ἐδύναντο ἐπικρατεῖν, ἀφείλοντο καὶ ταῦτα καὶ ἀφίκοντο ἐς πόματα, καὶ ταῦτα τῆσι τε κρήσει καὶ τῶ πλήθει διαφυλάσσοντες ὡς μετρίως ἔχοι μήτε πλείω τῶν δεόντων μήτε ἀκρητέστερα προσφερόμενοι μηδ' ἐνδεέστερα. (VM 5.1-5)

¹⁰ Cf. especially VM 3.4, where the word occurs twice in just a few lines' space.

Let us examine also the acknowledged art of medicine, the one discovered for the sick, which has both a name and professionals: does it also aim at one of these ends, and what was its origin? In my opinion, as I said at the beginning, no one would even have sought for medicine if the same regimen were suitable for both the sick and the healthy. And indeed even today all those who make no use of medicine — barbarians and some Greeks — follow whatever regimen they please just as the healthy do, and would not abstain from any of the things they desire nor even take less of them. But those who sought for and discovered medicine, since they had the same intention as those people about whom I spoke earlier, first of all, I think, diminished the number of solid foods themselves, and instead of much food gave very little. But since they found that this was sometimes adequate and manifestly beneficial for some of the sick, but not indeed for all — for there were some in such a condition that they were unable to overcome even a small amount of food, and such people seemed to require something weaker — they discovered gruels by mixing small amounts of strong foods with much water and removing their strength by blending and boiling. But for all those who were not even able to overcome gruels, they did away with these as well and passed to drinks, taking care that these should be moderate in both blend and quantity, and making prescriptions that were neither excessive in quantity nor too unblended, nor indeed to deficient.

Here the rhythm of the text is articulated through consecutive temporal markers,¹¹ which organize the sequence of events into a causally structured progression. For the historical narrator, the reality of historical events «does not consist in the fact that they occurred but that, first of all, they were remembered and, second, that they are capable of finding a place in a chronologically ordered sequence» (White 23). The narrator of VM plays the role of an ‘archaeologist’ of medicine, whose reconstructive procedures are not unlike those adopted by Thucydides in his so-called ‘archaeology’ of Greece (Thuc. 1.1-23): in particular, verisimilitude is — in both cases — justified on account of fundamental similarities between the present and the past,¹² thereby suggesting the recursive character of historical time. For the author of VM, the discovery process leading to the establishment of medicine as a craft is constituted by significant changes occurring over time and regulated by cause-and-effect mechanisms — specifically, the process involves drawing ever more refined distinctions between classes of individuals (e.g. the healthy and the sick; the sick who can only assimilate drinks and the sick who can eat gruels, etc.) and finding the foods and drinks most suitable to the constitution or health condition of each class (for the ‘mechanical’ character of the historical narrative in VM, see Dunn, “Narrative” 325-326).

In fact, the invention of medicine itself was originally based on the observation of people’s capacity to assimilate foods, and of their reactions to foods of different material textures and ‘strength’ (cf. Schiefsky 178-179). Early medicine, in this connection, seems to compensate for the inherent flaws and imperfections of human nature — in keeping with the view, typical of fifth-century Greek anthropology, whereby the role of art is to remedy nature’s shortcomings and humans’ primordial lack of self-sufficiency (see further Rosen 243). According to the author, medicine’s most basic procedures have not changed since the time of its birth: physicians still apply a heuristic method for preparing a diet beneficial to each class of sick or healthy individuals.

¹¹ Cf. VM 5.2-4: *éti goûn kai nÿn ... próton mèn ... epei d[é].*

¹² In particular, with VM 3.3-4 and 5.2 cf. Thuc. 1.6: in both cases, the Greeks’ past is assimilated to the barbarians’ present. Thus, for both Thucydides and the Hippocratic author, historical and cultural-anthropological types of reasoning are inextricably intertwined.

The importance of the method is further stressed through the use of thought experiments (VM 8.1-2), which are meant to demonstrate that sick people following a healthy person's diet would suffer no greater harm than healthy people following an animal's diet. The sick, the healthy, and the non-human animals are thus located at different points in a continuum of bodily strength (see further Schiefsky 183; Radt 89). In the author's view, such hypothetical examples show the way in which further discoveries can be made, ultimately proving that the art of medicine can be discovered in its entirety if researchers keep applying the same method used for inventing and developing the art in the first place (see further Lloyd 67).¹³ Thus, in VM, the narrative of medicine's progress is based on a crucial, invariant element: the method (cf. Jouanna 36). In fact, the unity and stability of the method itself engenders the recursivity of medical discoveries. As a result, not only can the distant past be recreated by means of logical inference, but the narrative of medicine's origin is not limited to the retracing of the steps leading from the past to the present, since it is meant to concern the future as well. Future discoveries in the domain of the medical art will be made possible by the same method used by the doctors of the past. Moreover, were medicine to be lost and then invented again from scratch, the discovery would — in all probability — follow the same steps and procedures.

But who are the discoverers of medicine? A striking feature of VM's cultural-historical account is the fact that protagonists of the narrative remain anonymous. Furthermore, besides being unnamed, the inventors of medicine are characterized by their plurality: far from being the achievement of a single genius, the development of the medical art is the fruit of a long-standing, cumulative process of research and discovery involving multiple minds over a number of generations.¹⁴ Discovery itself is not a casual, lucky event, but originates from the empirical observation of the effects of different foods, and from the logical inferences subsequently drawn by several groups of people working towards a shared goal. These people, despite being nameless, lie at the core of the narrator's focalization strategy. The narrator's emphasis on the agents' perception and observation contributes to the his representation of the focalized protagonists as «minds in action» (see Margolin 285-292). In fact, they are described as intelligent agents, capable of making meaningful decisions and guided by both emotional reactions, such as those elicited by the suffering of the sick,¹⁵ and rational considerations, such as those resulting from the hermeneutic scrutiny of the effect of gruels on certain patients (see further Dunn, *Present Shock* 169). Indeed, for the author of VM, knowledge seems to have first been discovered 'through suffering', as in Classical Greek tragedy (see Holmes 165-167).

On the one hand, unlike most fifth-century Athenian *Kulturgeschichten*,¹⁶ the cultural-historical account contained in VM offers a detailed narrative of the collective discovery process, which led to the formation of medicine as a systematic craft, and a reconstruction of the main motivations governing the discoverers' actions. Much like many Athenian accounts of cultural origins, on the other hand, VM's narrator emphasizes the role of technological discoveries and knowledge transmission in the progress of the human species from its animal-like prehistory to civilization. Drawing humans apart from the rest of the animal world, the discovery of medicine springs from human observers' perception of the physical affliction of fellow human beings, and the former's will to heal the latter. Thus,

¹³ Note the future indicative at VM 2.1 (*kai tà loipà heurethésetai*) and potential optative at VM 8.3 (*autè hē téchnē pása hē iétrikè té autè hodó zēteoméné heuriskoito án*).

¹⁴ Cf. e.g. VM 3.4, 14.3, and especially 5.3 (*hoi dè zētésantés te kai heuróntes iétrikèn*).

¹⁵ Cf. notably VM 3.3-4..

¹⁶ Cf. e.g. [Aeschl.], *Prom.* 436-506; Soph., *Antig.* 332-372; Eurip., *Suppl.* 201-213; Gorg., *Palam.* 30.

not only does the invention of medicine foster the survival of the human race, but it ultimately enables humans to become ever more human (cf. Schiefsky 157; for the idea of medicine as ‘salvation,’ i.e. *sōteria*, of the human species see Heinimann 118).

This contributes to explaining why, for the author of VM, the narrative agents ought to remain anonymous: their contributions to medicine’s improvement are functional to human progress insofar as they benefit the whole community. The author of VM, according to Dunn, «locates agency and responsibility in the interactions of nature with culture, individual with community, and present moment with accumulated tradition» (“Narrative” 333). In VM, the invention of medicine and its evolution are not the aggregate product of single individuals’ activity, but the achievement of the human species as such.

As a result, the narrative of medicine’s origins in VM is pervaded by a strong faith in the progress of human knowledge (cf. Herter 480-481). To be sure, as Rosen observes (251), the narrator’s optimistic outlook on the achievements of the medical art is counter-balanced by his fundamentally pessimistic view of humankind’s original, unmodified natural state. At the same time, however, the author’s use of a gradualist narrative of cultural-historical character in order to defend his medical epistemology seems to imply that the future progress of the art is only made possible by the memory of the art’s past accomplishments and a full understanding of the empirical method leading to them («Only by following the example that was set of old can further discoveries be made», writes Edelstein 38; cf. also D’Angour 56-57).¹⁷ Medicine’s discoveries are a source of *thaŭma*, i.e. ‘wonder’ and ‘admiration’ (VM 12.2), and yet they are not bestowed on humankind by a superior force or deity, but result from the application of reasoning (*logismós*) and method.

In this connection, progress itself is not necessary or inevitable, but conditional upon the practitioners’ reliance on the ‘ancient’ method, which the narrator encourages his fellow doctors to abide by (VM 12.1-2): in the treatise, cultural narrative is not separable from rhetorical judgments and exhortations. The doctor’s agency in the present is grounded in the heuristic achievements of the early physicians of the past, and grounds, in turn, the further development of medicine in the future. Thus, the permanence of the art’s heuristic method functions as a means of emplotment and narrative construction throughout the historical section of the treatise. The plot itself is inherently teleological, since the medical research of both the past and the present tends towards a clear purpose: the medical art can — and should — be eventually discovered and laid out in its entirety. My reading therefore diverges from Dunn’s, who argues that VM’s narrative account is nonteleological (*Present Shock* 175). To be sure, the physician’s observations and decisions are both «fallible and undetermined every step of the way» (*ibid.*). Yet teleology is not synonymous with absolute determinism (cf. Sihvola 72). Indeed, the physicians’ research is clearly directed at a desired end, a *télos*: the discovery of the whole body of medical knowledge. That the goal itself has not yet been reached does not undermine — in fact, it contributes to — the teleological character of VM’s conception of *téchnē* and its progress. For the author of VM, the progress of medical knowledge is far from being open-ended: hence a considerable part of its teleological outlook.

In conclusion, the narrative strategy of communication adopted by the author of VM anchors the scientific and technical status of medicine to the diachronic continuum of the art’s development from its inception to the present day and beyond, given that such a development is solely granted and legitimized by the constant application of a heuristic

¹⁷ The Hippocratic author of *Places in Man* (46.1) asserts that the whole of medicine has already been discovered, and that medical investigation is bound to succeed because it does not rely on chance (*tychē*), but on a systematic *téchnē*.

method. As a consequence, narrative and medicine stand in a relationship of mutual corroboration: the agency and authority of the physician-narrator are made possible by the narrative re-enactment of the events leading to the formation of medicine as a craft, and viceversa. Since medicine itself is what allows human beings to attain the fullest degree of humanity, the history of medicine comes to coincide with the history of humankind as a whole.

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