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$\dagger$ E. CAPPS, ph.d., ll.n. $\dagger$ W. H. D. ROUSE, litt.d.
L. A. PON'T, L.h.d. F. H. WARMINGTON, m.A., f.r.hist.soc.

# HIPPOCRATES 

VOL. II


GEGINNING OF LAW IN MARCIANUS VENETUS 269
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# HIPPOCRATES 

WITH AN ENGLISH TRANSLATION BY

W. H. S. JONES

bURSAR AND STEWARD OF S. CATHARINE'S COLLEUE, CAMBRIUGE, CORLESPONDING MEMBER OF THE HISTORICAL BECTION OF THE ROYAL SOCIETY OF MEDICINE

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## PREFACE

In this, the second volume of Hippocrates in the Loeb series, it has heen found useful to go more fully into textual questions than was necessary when preparing Vol. I. Critical scholars have cleared away most of the blemishes that disfigured the text of Airs Waters Places and of Epidemics 1. and III., but the text of many of the treatises in the present volume is still in places uncertain.

Many kind helpers have made the task of preparing the text easier that it would otherwise have been. The Earl of Leicester and Mr. C. W. James have given me the opportunity of consulting Holkhamensis 282 at my leisure. Dr. Karl Mras, Professor in Viemna, has sent me a photograph of a part of $\theta$, and the Librarians of S. Mark's Library, Venice, and of the Vatican Library, have in a similar way helped me to collate Mand V. The Curators of the Bodleian were kind enongh to allow me to inspect Baroccian 204. The Librarians of the Cambridge University Library have helped me in various ways, and Ir. Mimns has given me the benefit of his expert advice in deciphering places that presented special difficulty.

My colleague the Rev. H. J. Chaytor contimues to lend me his invaluable services, and 1 must thank Sir Clifford Allbutt for a most searching eriticism of the first volume.

## PREFACE

Dr. E. T. Withington has helped me so much that not a fow parts of this book might rightly be described as his, and 1 ann glad to say that he will be the translator of the third volume, which will contain the surgical treatises.

In the Postscript 1 have gathered together a few notes which I could not put at the foot of the text.

## INTRODUCTORY ESSAYS

## I

## PROGNOSIS

A modern doctor, when called to a case of illness, is always careful to diagnose it, that is, to put it in its proper place in the catalogue of diseases. It may be infections and so need isolation; it may be dangerons and require special nursing. Precantions which are essential in a case of influenza are not so necessary in a common cold. Treatment, too, varies considerably according to diaguosis; diseases may be similar in symptoms and yet call for different medicines.

It is remarkable, and at first rather puzzling, that Hippocrates ${ }^{1}$ attached no great value to diagnosis. Although in the works I have called Hippocratic many diseases are referred to by their names, their classification and diagnosis are always in the background. The chief division is into "acute" and "chronic" ilhesses, and Hippocrates is mainly concerned with the former. For practical purposes he appears to have divided acute diseases into two main classes: (a) chest complaints and (b) those

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fevers which we now call malarial. Further than this, at least as far as treatment is concerned, he did not think it necessary to go. ${ }^{1}$

Hippocrates held that it was impossible to decide with certainty when a variation in the symptoms constituted a different disease, and he blamed the Cnidian physicians for multiplying types by assigning essential importance to accidental details. He attached far less value to diagnosis than he did to what may perhaps be called general pathology of morbid conditions, in particular of acnte diseases. In ail these diseases, according to Hippocrates, there are symptoms, or combinations of symptoms, which point to certain consequences in either the near or the remote future. In other words there is a common element, of which can be written a common medical history. Such a medical history for acute diseases is the work Prognostic.

Prognosis, as the knowledge of this general pathology was called, Hippocrates valued for three reasons:
(1) A physician might win the confidence of a patient by describing the symptoms that occurred before he was called in.
(2) He could foretell the final issue with approximate certainty.
(3) A knowledge of dangers ahead might enable him to meet them, or even to prevent them.

Besides these utilitarian reasons, we cannot doubt
${ }^{1}$ In the clinical histories of Epilemics no attempt is made to diagnose the various cases, though of course the common names of various diseases are found to be useful in describing the "constitutions" of the same book. In the Cnidian treatises, on the contrary, diagnosis is carried to extremes.

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that prognosis was considered of value for its own sake. We must never forget that the Greek physician was a scientist as well as a practitioner. Like the rest of his race he had a boundless curiosity, and a great eagerness to know "some new thing."

A Greek was always argumentative-even when ill-and a Greek doctor was bound to persuade his patient to undergo the proper treatment. His persuasive powers were particularly necessary when operative surgery was called for, as anaesthetics and anodynes were not available, and the art of nursing was in its infancy. We are therefore not surprised that a doctor wished to impress his patients by stating without being told what had occurred before he was called in. In days when quackery abounded, and when practitioners often wandered from place to place instead of establishing a reputation in one district, such a way of inspiring confidence was doubly needed.

In ancient times the very human desire to know the future was stronger than it is now. Science has to a great extent cleared away the uncertainty that must always, at least partial'y, obscure the consequences of our acts and experiences, and has above all diminished the risks that attend them. But a Greek must have been tormented by doubts to an extent that can scarcely be appreciated by a modern. To lessen them he had recourse to oracles, divination and augury, and physicians too were expected to relieve fears, or at least to turn them into unpleasant certainties or probabilities. ${ }^{1}$
${ }^{1}$ Sce e.g. Aeschylus, Prometheus Lomm, 698, 699 :
тоīs עобо̂̀б! тоt $\gamma \lambda$ нни́


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The usefulness of prognosis in treatment is easier to understand, and our only surprise is that llippocrates seems not to make full use of the opportunities it afforded. Meeting dangers by anticipation is not a prominent feature of his regimen.

The most remarkable characteristic of the Hippocratic doctrine of prognosis is the stress laid upon the symptoms common to all acute morbid conditions. 'This effort to distinguish "disease" from "diseases" may be due in part to the Greek instinet to put the general before the particular, an instinct seen in its extreme form in the Platonic theory of ldeas. But it is not entirely to be accounted for in this way. Hippocrates was comparatively free from the prejudices of his race, and if he thought any view valuable in medical practice it was probahly valuable in reality and not a mere fad. It is therefore our duty to inguire whether there was any reason why the study of morbid phenomena in general was of interest in the age in which he lived. ${ }^{1}$ I believe the reason lies in the predominance in ancient Greece of two classes of illness.

The most important diseases of the Hippocratic age were the chest complaints, puemmonia and pleurisy (pulmonary tuberculosis was also very general), and the various forms, sub-continuous and remittent, of malaria. Other acnte diseases were comparatively rare, as we cin see from the enmmeration of such given in the tifth chapter of Prognostic, and, moreover, in a malarious country most diseases are modified or "coloured" by malarial symptoms. It was therefore natural that Hippocrates should subconscionsly regard acute diseases as falling into ${ }^{1}$ Contrast, however, what I say on $l^{1}$ xv.

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two main categories, and this point having been reached it was but a step to think that the two might ultimately be resolved into one.

It must also be remembered that the means of treatment available to Hippocrates were few in number. The most he could do was to hinder Nature as little as possible in her efforts to expel a disease, and to assuage pain as far as the limited knowledge of the time permitted. The negative side of medicine was far more prominent than the positive. "To do good, or at least to do no harm," was the true physician's ideal. To make the patient warm and comfortable, to keep up the strength by means of simple food without disturbing the digestion, to prevent auto-intoxication from undigested food-this was about all ancient medicine could accomplish, at least on the material side. ${ }^{1}$ The psychological aspect of healing was well recognized in ancient times, as we see inter alia from the work Precepts, ${ }^{2}$ and we must take this into account when we estimate the real value of Hippocratic medicine. But here, too, prognosis came in. By telling the past, and by foretelling the future, an effort was made to arouse and to keep alive the patient's faith in his doctor.
${ }^{1}$ The vis medicatrix naturac was the true healer. Whatever the disease, this (so thought Hippocrates) had its chance to operate when hindrances were removed.
${ }^{2}$ See especially Chapter VI (Tol. I. p. 319).

## II

## THE CNIDIAN SCHOOL OF MEDICINE

When reference is made to the Cnidian physicians there is a great possibility of error, an error which, as a matter of fact, is always liable to occur with designations of this type. Do we mean by a Cnidian a doctor trained at Cnidos or a physician with views of a peculiar kind? The two are by no means the same ; a Cnidos-trained man might hold some Coan views, a Cos-trained man might adopt some Cnidian opinions. So we must not suppose either (a) that all Cnidians necessarily held the same theories, or (b) that treatises containing doctrines which we know to have been popular at Cnidos were written by authors trained in that school. All we can say is that such and such an opinion is in harmony with the teaching known to have been in favour with the Cnidian School of a certain period.

Practically all we know about the Cuidians is the criticism of Cuidian Sentences put forward by the author of Regimen in Acute Diseases, ${ }^{1}$ supplemented by a few remarks in Galen. ${ }^{2}$ We are told that the book had been re-cdited, and that the second edition

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## INTRODUCTORY ESSAYS

was, in the opinion of the Hippocratic writer, an improvement on the first. The critic alleges that the Cnidians attached too little importance to prognosis, and too much to the discussion of unessential details; that their treatment was faulty, ${ }^{1}$ and the number of remedies employed by them in chronic complaints was far too small; ${ }^{2}$ that they carried the classification of diseases to extremes, ${ }^{3}$ holding that a difference in symptoms constituted a different variety of disease.

The chief Cnidian physieian was Euryphon, almost contemporary with Hippocrates, and according to Galen ${ }^{4}$ the anthor of Cnidian Sculences. Possibly he wrote one if not two of the works in the Corpus, as passages from two of them appear to be attributed to Euryphon by Galen and Soranns respectively. ${ }^{5}$

The question of Cnidian tenets assumes a greater importance from the number of works in the Corpus which have been assigned to Cnidian authors by various critics. When a passage found in the Hippocratic collection is assigned to a Cnidian author by ancient anthorities it is natural to assume that the whole book in which the passage occurs, and any other books closely related to it, are also
${ }^{1}$ We have a specimen of it in their treatment of pus in


${ }^{2}$ They were purges, whey and milk.
${ }^{3}$ See Galen XV. 427 and 363.

+ XVII., Pt. I. S86.
${ }^{5}$ Sce W. A. Greenhill's article "Euryphon" in Smith's Dictionary of Greek and Roman Biography and Mythology, and aIso that in Pauly-Wissowa by M Wethnann. The passage quoted ly (ialen (XVII., Pt. I. sऽS) is found in Discuses II. Chapter XLVIII (Littré VII. 104).


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Cuidian. Ermerins ${ }^{1}$ makes a formidable list, amount. ing in all to about one-third of the Corpus, which he assigns to this school. It is easy, however, to pursue this line of argument to extremes. We camot be sure, if we remember how commonly ancient medical writers copied one another, that the whole book is Cnidian when a passage from it is wiven a Cnidian origin. Nobody would argue that the second book of Diseases is the same as Chidian Sentences just because Galen ${ }^{2}$ assigns to the latter a passage to which a parallel is to be found in the former, especially when we remember that Cnidian Sentences, at any rate the first edition of it, was probably written in the aphoristic style.

As in other problems connected with the Hippocratic collection, it is important to lay stress upon what we know with tolerable certainty, so as neither to argue in a circle nor to be led astray by will-o'-the-wisps. Now it is clear from the Hippocratic criticisms that the Cnidians had no sympathy with "general pathology" and the doctrine of prognosis founded upon it, and that they did consider the classification of diseases a fundamental principle of medical science. Littré ${ }^{3}$ argues at some length that the Hippocratic doctrine was right for the fifth century b.c., and the Cnidian for the ninetcenth century a.d. Only with our increased knowledge, he urges, can the Cnidian method
${ }^{1}$ Hipmerales, Vol. IIT. p. viii.
${ }^{2}$ XVII., l't. I. p. 8S5. We shonld also note that fialen (XV. $42-403$ ) says that the Cnidians recognized (among other varicties of disease) four diseases of the kidneys, three kiuds of tetanus and three kinds of consumption. This a; iees with Intermal Affotions (Littré VII. 189-207).
${ }^{3}$ V̌ul. II., pp. 200205.
$x \mathrm{ri}$

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lear fruit; with the limited knowledge of the Hippocratic age to cultivate general pathology and prognosis was the correct course. To a certain extent this view is correct; in the Hippocratic age little could be done for patients suffering from acute diseases except to keep them warm and comfortable, and to restrict their diet. Yet we must always remember that "genera!" pathology really does not exist, and that any prognosis based upon it must be very uncertain indeed. Hippocrates was great because he had the true scientific insight, not because of prognosis but in spite of it. The Cnidians, on the other hand, were truly scientific when they insisted on accurate and even meticulous classification. It is no discredit to them that they classified wrongly, and based on their faulty classification faulty methods of treatment. If diseases are to le classified according to symptoms, variations of symptoms must be held to imply variations of diseases. Modern pathology has proved this classification wrong, and the treatment of symptoms has accordingly fallen into discredit. But it is at least as wise to treat symptoms as it is to build up a fictitious general pathology, and to cultivate the barren prognosis that depends upon it. The Cnidians were comparatively unsuccessful because they had not learned to distinguish the essential from the unessential. Hippocrates was a genins who followed a will-o'-the-wisp; the Cnidians were plodders along the dreary streteh of road that lies before every advance in knowledge. Hippocrates did the wrong thing well; the Cnidians did the right thing badly.

There can be no doubt, although we have no

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ancient testimony to this effect, that Cnidian doctrine influenced physicians who did not belong to the school, and in fact medicine generally. A dislike of theory, a careful cataloguing of symptoms and equally careful prescriptions for every sort of illness, are characteristics that appear in several of the works in the Corpus generally considered Cnidian. Diseases II. and Internal Affections are a sort of physician's vade mecum, and must have been far more useful to the general practitioner than either Epidemics or Regimen in Acute Diseases.

If therefore we find in any parts of the Hippocratic collection the characteristics I have mentioned to an unusually marked degree, we may be fairly certain that the writer was iufluenced by the Cnidian School, though we may not assume that he was Cnidian in training. It is interesting that, if we omit the semi-philosophical treatises, and confine our attention to the severely practical works, the greater part of the Corpus shows Cnidian rather than Hippocratic tendencies. ${ }^{1}$. In some cases (Diseases II. and Internal Affections) the influence is very strong, in others it is but slight.

The truth seems to be that the peculiarly Hippocratic doctrines are of wreater interest and value to scientists than they are to practising doctors. They are suggestive, they inspire, they win our admiration for their humility in claming so little for medicine and so much for the recuperative powers of Nature, but they give little help to the doctor on his

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rounds. So the practical side of medicine, which demands text-books, produced during the fourth century works with the Cnidian characteristics of diagnosis and prescription, just as it produced the aphoristic books of the fifth century.

## III

## PROGNOSTLC AND THE APHORISTIC BOOKS

Tue mutual relations of three of the works in the IIippocratic collcetion, Piorrhetic I., Coun Irenotions and Prognostic, have been of interest to students ever since Ermerins published his dissertation on the subject in 1832. ${ }^{1}$ The question is in many respects unique, and is inseparable from the much wider question of the history of the aphoristie style.

The facts are these: Prorrhetic 1 . consists of 170 propositions written in the style characteristic of the work Aphorisms. Of these 153 occur almost cerbatim in Coan Prenotions along with 487 others, also expressed aphoristically. Prognostic is a fimished work, but embodied in it are some 58 propositions from Coan Prenotions, but only two or at the most three from Prorrhetic $I$.

The style and language of Prorrhetic I. and of Coan Prenotions are very similar, ${ }^{2}$ but it should be noticed that the former work often inserts particular

1 Specimen IIistorico-medicum inangurale de Hippocratis Dontrime a Proffostice oriaule.

2 A careful examination of the books has not given me any evidence tending to show that the works belong to different periols of medical thought. Both. like Prognostic, deal with the question, "What do symptoms purtend?" and deal with it in mueh the same way.

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instances of the general propositions, e.g. "as happened to Didymarchus of Cos."

The work Aphorisms contains 68 propositions found in Coan Prenotions.

Ermerins, followed by Littré and Adams, coneluded that Prorketic $I$. was the earliest work, followed later by Coan Prenotions, which was in tum used by Hippocrates when he wrote his treatise Irognostic.

Obviously the question is not easy to decide, and certainly cannot be settled in the dogmatic manner adopted by the three scholars I have mentioned.

For the sake of brevity I will call Prorrhetic $I$. A, Coan Prenotions B, and Prognostic C.

Now let us suppose that there was some common source for all three works. This hypothesis scarcely accounts for the striking likeness of $A$ to $B$ and its equally striking unlikeness to C .

Let us suppose that $A$ and $B$ copied some eommon source, in itself a most likely hypothesis; but if C copied B (he certainly did not copy A), why did he choose 58 propositions of which only two or at the most three, are to be found in $A$ ?

It is most unlikely that 3 and $C$ copied some common source independent of $A$, because nearly all $A$ is in $B$.

Now let us suppose that one or other of the extant works is the primary source of the two others.

If A copied B, why did he ehoose just those propositions that are not in $C$ ?

A certainly did not copy C.
If $C$ copied 13 , why did he choose just those propositions that are not in A?

## INTROI）UCTORY ESSAYS

C certainly did not copy A．
$B$ may very well have copied both A and C．${ }^{1}$
Before going any further it will be well to print in parallel columms the passages that are common to all three works．These are certainly two and possibly three in number．

| Prorvatic 1. | Coun Prenotions | Prognostic |
| :---: | :---: | :---: |
| ȯঠóvт $\omega \nu \quad \pi \rho$ í $\sigma$ ル ò $\lambda \in \theta \rho t o \nu$ oî $\sigma \iota \mu$ iो $\sigma \dot{v} \nu \eta$ ． $\theta_{\epsilon}$ к каі и́ชıaivovoıv． § 48. |  <br>  $\theta \in s$ ék тaioíov，цаขı－ <br>  そँ $\delta \eta \delta \dot{\epsilon} \boldsymbol{\pi} \alpha \rho а ф \rho о \nu \epsilon ́ \omega \nu$ <br>  <br>  Oplav $\delta \in \in \mathrm{ral} \xi \eta \mathrm{gaí}-$ $\nu^{\prime} \in \sigma^{\rho}$ at тò̀s й $\delta$ с $\nu \tau a s$ ． § $2: 30$ ． |  <br>  <br>  $\pi а i \delta \omega \nu$, щауикди каі <br>  тарафроує́шу тои̃то <br>  そ$\delta \eta \gamma^{\prime \prime \nu \in \tau a i . ~ C h a p-~}$ ter III． |
| ai $\tau \rho \circ \mu \dot{x} \delta \bar{\delta} \epsilon s, \vec{a} \sigma a ́-$ $\phi \in \epsilon s, \quad \psi \eta \lambda a \phi \dot{\prime} \delta \epsilon \in S$ таракрои́бıеs $\pi a ́ v v ~$ <br>  <br>  §：！ | ai $\tau \rho о \mu \omega ́ \delta \epsilon \epsilon s, \psi \eta$ ． $\lambda а ф є ́ \delta є є s$ таракрои－ びєs фрєขıтiкaí．§ 76. | See Chapter IV． |
|  <br>  тє каl є’ $\gamma \boldsymbol{\gamma} \boldsymbol{\prime}$ s à $\lambda \lambda \dot{\eta}$－ $\lambda \omega \nu$ ín $\boldsymbol{\tau} \omega \nu . \quad § 60$ ． | $\epsilon i$ 就 каl тá＇тa тà хри́ната í aüтìs є́véu，ò 入є́Өрıov．§ 545. |  <br>  <br>  <br>  Chapter XIII． |

${ }^{1}$ The problem seems to turn on the dissimilarity of A and C．Whatever hypothesis is taken，other than that B is the latest of the three works，it involves intrinsic improbabilities． xxii

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The likeness of Prorrhelic 1 . to Coan Prenotions must not be judged by the few cases where there is a third parallel in Prognostic. The following selections form a much better test.

## Prorrhtic 1.

 $\mu \in i a l, \mu \in \tau \dot{\alpha} \kappa \in \phi a \lambda \eta \bar{\eta}$, ó oфф́os,

 $\epsilon i \sigma เ \nu ; \S 1$.
 $\mu \epsilon \tau \grave{\alpha} \quad \delta v \sigma \phi о \rho i \eta s, \quad \pi \nu \imath \gamma \dot{\omega} \delta \eta s$, $\grave{o} \lambda \in \theta \rho i ́ \eta$ ò $\xi^{\prime} \epsilon \omega \mathrm{s}$. § S 6 .
 $\tau \grave{\alpha} \pi \alpha \rho \prime$ oỉs $\mu \alpha{ }^{\prime} \lambda, \sigma \tau \alpha$. § 157.

тà $\pi \alpha \rho$ ' $\bar{\alpha} \tau \alpha$ ф入аípa тoî $\sigma$. $\pi \alpha \rho a \pi \lambda \eta \kappa \tau \iota \kappa o i \sigma \iota \nu . § 160$
$\tau \grave{\alpha} \sigma \pi \alpha \sigma \mu \omega ́ \delta \in \alpha$ тро́тог $\pi \alpha \rho о-$
 à'ı $\sigma \tau \eta \sigma เ \nu$. § 161 .

ข์moұovóíov $\sigma \dot{v} \downarrow \tau \alpha \sigma \iota s \quad \mu \in \tau \grave{\alpha}$ ки́رатоs $\dot{\alpha} \sigma u ́ \delta є о s ~ к а l ~ к є ф а л . ~$
 § 169.

Coan Prenotions
 $\gamma \in \nu \circ \rho \epsilon \in \nu 0 \iota, \quad \mu \in \tau \grave{\alpha} \quad \kappa \in \emptyset a \lambda \hat{\eta} s$, ò $\sigma \notin$ úos, $\dot{v} \pi o \chi o \nu \delta \rho i ́ o v, \tau \rho a \chi n ́ \lambda o v$ oठúvŋs, á $\gamma \rho \nu \pi \nu \epsilon ́ \cap \nu \tau \epsilon s, ~ \bar{\eta} \rho a ́ ~ \gamma \epsilon$ фрєขıтькоі́ ; § 175.
$\phi \dot{\rho} \rho \cup \gamma \xi \quad \epsilon \in \pi \omega ́ \delta v \nu o s, \quad$ i $\sigma \chi \nu \eta \quad$
 § 260 .
 $\pi \alpha \rho^{\prime}$ o $\dot{\cup} s \mu^{\prime} \lambda \iota \sigma \tau \alpha$. § 552.
 $\pi а р а \pi \lambda \eta \kappa \tau เ к о і ̈ \sigma เ \nu . ~ § ~ 198 . ~$
$\tau \grave{\alpha} \sigma \pi \alpha \sigma \mu \dot{\sigma} \delta \epsilon \alpha$ тро́тоу таро. छuvóuєva катóұws т̀̀ $\pi \alpha \rho \rho^{\prime}$ oūs є̇ $\pi \alpha^{\prime} \rho \in i$. § 346 .
 $\kappa \dot{\omega} \mu \alpha \tau о s \dot{\alpha} \sigma \omega ́ \delta \epsilon o s ~ \kappa \in \nsubseteq \alpha \lambda \alpha \lambda \gamma \leqslant \hat{\omega}$


It will be noticed that the textual differences between these two works are no greater, and no more numerous, than those regularly found in the manuscripts of a single treatise.

We have seen that mathematically the most likely supposition is that B is the latest work. If this

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be true, the writer incorporated $A$ almost in its entirety, and when $A$ was imperfect or defieient had recomrse to $C$ or to other documents. One of these was obviously Aphorisms-unless, indeed, Aphorisms is the borrower. But there remain over 300 propositions in 13 which are either origimal or copied from sources either unknown or not yet considered. ${ }^{1}$

The third set of parallel passages seems to indicate how the writer of B went to work. Both $A$ and $C$ point out that the vomiting of matters of different colours is a bad symptom, but $C$ has expressed this much better than $A$, and in language evidently not borrowed from A. Accordingly 3 copies $C$, omitting the unessential words for the sake of brevity.

It is unsafe to draw conclusions from the fuller treatment of the subjeet matter in $B$ than in $A$, or in C than in B, as we cannot say whether $B$ is expanding A or A is abbreviating and compressing 13. This line of argument leaves us just where we were. Similanly it is uncertain whether A added the names of patients whose eases illustrated a general proposition, or whether $B$ omitted them as umecessary. Accordingly, although the arenments used by Littre and Emmerins support my hypothesis that $B$ is later than $A$, I shall make no use of them.
${ }^{1}$ Littre refers to many places in the Corpues which are similar to passages in Coun Pronotions. Omitting those ahreatly considered, I find parallel passages in Epitemics $1 /$., Epulemics $H^{-}$., Epidemucs I'I., Epulemics VII., Diseases I., Diseases II., Dis ases 1H., and to Wonends in the Miad. On the whole, it is more probable that all copied some common sonrce.

## INTRODUCTORY ESSAYS

No very positive opinions on this question are really admissible; we can only incline towards one view or another. I have already stated my belief that Coan Irenotions is the latest work, but before attempting to go further the whole question of aphoristic literature must be considered.

It is often said that aphorisms belong to prescientific days, that proverbs and similar pithy remarks embody experience, collected and generalized indeed, but not yet reduced to a science. Such a remark is true of moral aphorisms, and of Eastern thought generally ; but it needs much modification when we discuss their use in Greek scientific literature.

The aphoristic style was adopted by some early Greek philosophers because it arrests the attention and assists the memory. ${ }^{1}$ Partly through the inflnence of poetry, particularly the style of verse adopted by oracles, and partly because the stirring period of the Persian wars fostered a lofty, inspired type of diction, philosophy tinged the aphorism with sublimity and mysticism.

These features are especially striking in the writings of Heraclitus, but even before him aphoristic sentences occur in the philosophic fragments which still remain. When scientific medieine adopted the style is uncertain, but it became very popular, not only in the Coan School of medicine, but also in that at Cnidos. In Regimen in Acute Diseases the writer criticizes a Cuidian work, which had already reached a second edition, called Cnidian Sentences (Kviôtas $\gamma^{\nu} \hat{\omega} \mu a \iota$ ) ; the mere name shows plainly that it was

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written in aphorisus. ${ }^{1}$ 'The Hippocratic collection gives us Prorrhetic I., Coon I'renotions, Aphorisms, Dentilion and Nutriment.

This popularity can hardly have been fortuitous; the aphoristic style must have been suited to express the work of medical science at this particular epoch. Reasons for its adoption are not far to seek. In the first place prose had not developed by the time of Heraclitus the many various forms which were afterwards available. The aphorism, however, was ready to hand. In the second pace it is, as has already been said, a valuable mnemonic aid. But perhaps the chief reason for the adoption of the aphoristic manner is its singular fitness to express scientitic thought at certain stages of its development.

There are times when the collection and classitication of phenomena are the first interest of scientific minds. Embracing theories and constructive ideas are for the moment in the background. Thought does not soar, but crawls. Such a time came to Greek medical science in the fifth century b.c., when, curiously enough, Greek philosophy, for at least three-quarters of the time, tended towards the opposite extreme. Medicine bad received a strong positive bias. Superstition had been vanquished and philosophy was being checked. Medical men clamoured for facts, and yet more facts. Everywhere physicians were busy collecting evidence and classifying it; the absorbing question of the day was for
${ }^{1} 1$ am aware that Galen's quotation (XVII., Pt. I. p. Sss) does not read like a series of aphorisms; but (ialen may be quoting from the later editions. It is hard to believe that a book with the title $K \nu \delta \delta a, ~ \gamma \nu \bar{\omega} \mu a t$ was not written in aphorisms.
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many of them the tracing of sequences in morbid phenomena.

Such men found in the aphorism, purged of its mysticism and obscurity, a most convenient means of expressing their thoughts. It seemed an ideal vehicle of generalized fact. ${ }^{1}$

But towards the end of the fifth century other forms of prose were available, and the scientific treatise became a possibility. Moreover, sophistry and rhetoric threatened to leaven all Greek literature and all Greek thought. From the close of this century for nearly one hundred years philosophic speculation was rapidly destroying the influence that medicine exerted in the direction of positive science. The aphorism became unpopular, even among the Coan physicians, and gave place to the rhetorical prose style characteristic of the early fourth century. ${ }^{2}$ An attempt to revive it in its Heraclitean form, with all the obscurity and occult allusiveness of Heraclitus, was made by the author of Nutriment about the year 400 b.c., but it was an experiment never repeated, and the aphorism, as a Greek literary form, died out, at least as far as medicine and science generally were concerned. ${ }^{3}$

One is accordingly tempted to believe, as at least a probable working bypotlesis, that the aphorism
${ }^{1}$ Aphorisms served as "heads of discourse" for lecturers and as "cram" books for students. A love of fact apart from speculation seems naturally to express itself in aphoristic language.
${ }^{2}$ See, e.g., The Art and Regimen $I$. The lecturer's "hearls of discourse" also took another form, as we see from Humours, which is a work containing matter of this nature.
${ }^{3}$ Dentition is a possible exception.

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was a common medium of medical thought in the fifth century, but was rarely employed later.

For these reasons I am inclined to place the dates of nearly all the aphoristic writings in the Hippocratic collection between 450 and 400 в.c. The begimning of the period should perhaps be placed a little earlier, but were one of the works written much before 450 we should expect to find it marked by some of the characteristics of the Pindaric period. such as we, in fact, do find in the curious treatise on the Number Seven, which Roscher would date about 480 в.c.
lf, therefore, one may be allowed to exercise the constructive imagination in this case, we may suppose that Prorrhetic 1. was the first to be written. It may possibly not be original; it is perhaps a compilation from older material. Then came independently Prognostic (not, of course, an aphoristic work) and Aphorisms, ${ }^{1}$ or at least a great part of that composite book. Finally, the writer of Coun Prenotions embodied practically all Prorrhetic $I$. in a work intended to embrace the whole of prognosis in its general outlines. He borrowed extensively from Prognostic and Aphorisms-possibly from other books in our Hippocratic collection-and perhaps he knew, and made use of, works now no longer extant. The dates-they are purely conjecturalmight be:- ${ }^{2}$
${ }^{1}$ Perhaps Aphorisms is somewhat older than Coan Prenotions; possibly its author used a lost work used also by the writer of Coan Prenotions. One cannot be dogmatic or positive.
${ }_{2}$ All that I have said must be taken in conjunction with my remarks (General Introduction to Vol. I. p. sxviii.) on publication in ancient times.

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Nutriment, the latest aphoristic work of importance, was written about 400 в.c.

## IV

## ANCIENT NURSING

It is typical of the obscurity which veils many problems of ancient medicine that so little is told us of nurses and nursing. The conclusion we are tempted to draw from this silence is that the task of nursing fell to the women, whether slaves or free, of the household. The work of Greek women, important as it was, is rarely described for us, probably because it was not considered sufficiently dignified for literary treatment. This conclusion is not entirely conjectural, as we have some positive evidenee from the Economica of Xenophon. ${ }^{1}$ But it is unsafe to dismiss the question without further inquiry. One piece of evidence is so strong that we are forced to look farther afield for a true explanation of the problem.

The clinical histories in the Eipidemics contain fairly complete accomnts of the symptoms which the patients experienced on the several days of their illness. It is truc that all the histories are not equally full, and that gaps of greater or less size occur. But the fact remains that the detail is too great to have been observed by the medical attendant personally. He could not have spared the time from his other practice. We are not left entirely to
${ }^{1}$ VH. 37.
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conjecture. Every now and then, by a chance allusion, we can tell that there were attendants waiting on the patient and reporting to the doctor. We may therefore assume that a great deal of the information given in the clinical histories is the result of their observations. It is information which in many instances required a trained eye, one quick to catch the essential and to anticipate the doctor's desire for the necessary information. ${ }^{1}$ But there were no trained nurses; therefore there must have been present, or at least in the house, people with some medical qualifications. So far I have been reasoning dednctively from the evidence given by Epidemics and Regimen in Acute Diseases. In another work of the Hippocratic collection, Decormm, a hint is dropped which enables us to turn our probable conclusion into something approaching a certainty. In that book the doctor is advised to leave a pupil with a patient. ${ }^{2}$ It is plain that such a course would be to the advantage of all concerned. The patient would have a skilled, or partially skilled, attendant who would perform, or at least superintend, the necessary nursing. The doctor had someone upon whom he could rely to carry out his orders and to report to him when necessary, thus saving him many troublesome visits. The pupil had a chance of gaining experience which was very inportant in a land where it was impossible to "walk the hospitals." The plan, therefore, had many advantages. It had also many

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equally obvious disadvantages. The apprentice might be a merc beginner, and do more harm than good. The master physician conld scarccly have had enough pupils to leave one with each patient who was seriously ill. The pupil himself must have gained only a limited experience. Perhaps the last point is not serious, as there were few really important diseases in ancient Greece ; but the combination of nurse and medical student is far from ideal, and the development of nursing as an independent profession was a necessary preliminary to the triumph of modern surgery and of modern medicine.

## ANCIENT MEDICAL ETIQUETTE

Apart from a few chance passages in our ancient anthorities, the only sonrces of information for aneient etiquette are Oath, Law, Physician, Decorum and Precepts. ${ }^{1}$

Of course in a sense there was no medical etiquette in ancient times. Etiquette implies pains and penalties for the offender, and there was no General Medical Council to act as judge and executioner. It has been thought that Oath implies the existence of a medical guild. This is most doubtful, and even if it he true, the guild had no power to prevent a simning doctor from practising; it could merely exercise care in the selection of its members to be educated.

The Greek physician obeyed the laws of etiquette, not through fear of punishment, but for love of his cratt. The better sort of Greek was always an artist first and a man afterwards. The very name for etiquette, $\epsilon \dot{v} \sigma_{\chi} \eta \mu \sigma \sigma \sigma^{\prime} \eta$, shows that it was "good form," rather than a matter of duty, to obey the code of conduct laid down by custom. Etiquette had
${ }^{1}$ It is interesting to note that the "great age" of Greek medieine has left us nothing about etiquette. The gradual decline of medicine and possibly the influx of slaves into the profession marle it neeessary later to put the rules of etiquette into writing. At first it was an unwritten code, with all the strength, as well as all the weakness, of unwritten coles.

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nothing to do with the categorical imperative. Its rules implied " should" or "ourht," never " most."

Because its sanction was comparatively weak its scope was comparatively wide. If laws are going to be strietly enforced, they must he narrowed down to a minimum; if their observance is merely a matter of honour and decency, they can be made comprehensive. Ancient medical etiquette, accordingly, was of wider scope than modern; it included many things which would now be regarded as a part of good manners and some things which come under the cognizance of the law of the land.

Taking the five works mentioned above as our basis, we find that the ciox $\dot{n} \mu \omega \boldsymbol{w}$ was (a) bound to abstain from certain things, and ( $b$ ) bound to perform certain others.
(a) The єiv $\sigma \eta$ nuw' ought not-
(1) to give poison, or to be privy to the giving of it ;
(2) to cause abortion ;
(3) to abuse his position by indulging his sexual appetites
(4) to tell secrets, whether heard in the course of his practice or in ordinary conversation: ${ }^{1}$
(5) to advertise, at least not in an obtrusive and volgar manner ; ${ }^{2}$

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(6) to operate-a rule which came into rogue after the "great" period of Greek medicine, though the exact date is very uncertain. ${ }^{1}$

(1) to call in a consultant when necessary ;
(2) to act as consultant when asked to do so ;
(3) to take the patient's means into account when charging a fee;
(4) to lie clean in person, in particular to abstain from wine when visiting patients;
(5) to cultivate a philosophic frame of mind (dignity, reserve and politeness). ${ }^{2}$
Galen ${ }^{3}$ tells us that a surgeon often concealed the person of his patient, not for reasons of modesty, but to prevent other professional doctors present from learning any methods he wished to keep secret. So it was apparently no part of etiquette, though it is nowadays, to make public all new discoveries.

Medical etiquette was and still is intended to protect the patient and to maintain the dignity of the profession. The latter is perhaps the more important consideration nowadays; in Greek times it was rather the welfare of the patient.

The chief difference between ancient etiquette and modern is the absence in ancient times of a strong, external force controlling professional conduct. The moral sanction of ancient etiquette
${ }^{1}$ See the Introduction to Oath in Vol. I.
${ }^{2}$ The author of Eninemics $I$. and $I I I$., to judge from the style of his work, must have possessed these qualities in a marked degree.
${ }^{3}$ sce Külın XVIII. Pt. II., pp. fiss foll.

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aecounts for its comprehensiveness; along with the absence of medical degrees or diplomas it accounts for the prevalence of quackery. Between the scientific physician and the quack there is now a great gulf fixed, but in Greek times quackery and seientitic medicine shaded into one another. Precepts shows us plainly that in the lower ranks of the profession quackery was common, and, although eondemned by the best minds, it did not prevent a man from competing with genuine physicians in ordinary practice. ${ }^{1}$
${ }^{1}$ I may perhaps be allowed to refer to $m y$ paper, read lefore the Royal Society of Medicine in January, 19:3, in which the question of ancient medieal etiquette is discussed more fully.

## VI

## "THE ART"

IT is not uncommon to hear people say that they "do not believe in medicine," and that "doctors are of no use." But unless they are Christian Scientists or similar faddists they call in a physician when they are really ill, thus proving that their remarks are not the expression of their truest opinions.

But in the time of Hippocrates medicine, in spite of its recent progress, had not yet made good its position, even anong educated men. The evidence to show this is overwhelming; 1 need merely mention the remarks in Reyimen in Acute Diseases, ${ }^{\text { }}$ the treatise called The Art, and the well-known hostility of Plato.

What were the reasons for this $\delta \iota a \beta o \lambda \eta$ ? The writer of Regimen in Acute Diseases puts it down to want of medical research; many important points, he says, had not even been mooted by physicians, so that there were wide divergencies of opinion among practitioners. The author of The Art brings forward, and answers, two main objections to medicine: (a) there are some cases which the physician does not cure, and (b) some cases cure themselves without the help of a doctor. Plato's

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chief criticiom is that medicine prolongs useless lives: but we ean see, wherever he refers to medical men. that he held them and their cratt in no great respect. Plato disparaged arts (texpat), and the Greek physician was proud of what he called, with pleasing arrogance, "the Art."

We who can view the whole question in better perspeetive after the lapse of so many centuries see other reasons for the discredit from which medicine suffered. A few of these it will be useful to examine. however brietly, in the hope that we may thus appreciate better the greatness of the Cuan and Cnidian sehools.

Quackery was common enough in the Hippocratic period, and probably infected all grades of the profession except the highest. As no tests were required hefore a man eould set up in private practice, unqualified doctors caused the whole profession to fall into a certain amomnt of disrepute. This disrepute would be increased, rather than diminished, by the charlatanism from which the temples of Asclepius were by no means free. Rational medicine suffered along with the art of healing as a whole.

Superstition was rampant in the ancient world, and even doctors were infected by the taint. It is true that there is no superstion in the Hippoeratic eollection, but it is attacked in two treatises. This attack implies that superstition was still a real danger. The danger was all the greater in days when medicine, while recognizing the psychological factor in treatment. could not yet distinguish legitimate suggestion and auto-suggestion from blind and stupid credulity.
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But the worst enemy of rational medicine lay in its connections with philosophy and rhetoric. Greek philosophy in its earlier periods was highly speeulative. This is as it should be, but it made philosophy a bad ally. ${ }^{1}$ Medical practice must not be based upon speculation, which, though it has its place in the progress of medicine, must be put to the test, not in ordinary practice, but on and by "martyrs to seience." Rhetoric, too, allied itself harmfully to rational medieine. Plato in the Gorgias ${ }^{2}$ tellis us under what disadvantage purely medical skill laboured as compared with very interior qualifications combined with the power of persuasion. Rhetoric enabled a quack to palm himself off as a trained physician. It is only when we remember the disastrous association of rhetoric with the arts and sciences, and its faihre to leep, strictly to its own province, that we can rightly understind Plato's antipathy to what is, after all, an atiractive and useful accomplishment. It is more than doubtful whether the elaborate defence of medicine in The Art, with its graceful antithesis and oratorical force. did any good. Even a Greek, with all his love of argument, felt that actions speak londer than words, that cures, and not eloquent writing, really comst.

If we may julge from their writings in the Corpus, a true Coan and a true Cnidian were wonderfully free from all the faults I have mentioned. There is neither quackery in their works, nor superstition, nor "philosophy," nor set rhetoric. They were devotees of positive science. They had separated
${ }^{1}$ See on this point the Introduction to Inciont Mulicine in Vol. I.
$2456 \mathrm{~B}, \mathrm{C}$.

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off medicine from all other branches of learning, so that it conld be developed on its own lines, muhampered by extraneous influences and unscientific practices and beliefs. But they suffered not only from the discredit cast upon the art of healing by ignorant or unscrupulous practitioners, but also from the ocaßodiy which sprang out of their own imperfections. Medicine was yet in its infancy. and the scientific doctor, whether Coan or Cnidian, was a modest man and made no extravagant claims. ${ }^{1}$ He fully realized that medicine could do little except remore as many of the hindrances as possible that impede Nature in her efforts to bring about a cure. But the multitude in Greece, like the multitude today, demanded something more spectacular. There is a tendency first to credit the physician with far greater powers than he possesses, and then to blame him beemse be can really do so little. Disappointment breeds discontent.

In spite of all discourngement the Greek phesician persevered. He had a lofty ideal, and he was prond of his art, with a sure confidence in its ultimate victory over disease.

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## VII

## MEDICAL WRITINGS AND LAYMEN

Greek activities were not so rigidly marked off into classes as are modern activities. Division of labour and specialization were less developed, and the amateur was not so sharply distinguished from the professional.

In certain kinds of arts, indeed, the modern distinction held; a carpenter, a smith or an armourer followed trades which without careful apprenticeship, could not be prosecuted with success. But the wide scope of a citizen's public duties often led him to pose as an anthority on matters of which he was profoundly ignorant.

Literature in particular tended to be amateurish, a tendency which was encouraged by the ease with which a man could become an author. In the days before printing anybody could "publish" a work without the expenditure of time and money that is now necessary. Much therefore was published which was amateurish, and often second-rate or carcless.

Medical literature appears to have suffered as severely in this way as any other. Almost anybody thought he was a fit person to write on medical subjects, even though like Plato he had received no medical training. Some of these efforts-probably

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the best of them-are to be found in the Hippocratic collection.

The popularity of medicine as a literary subject was of doubtful value to it as a science. Rational medicine was struggling to assert itself, and found that the alliance of enthasiastic amateurs did more ham than good. I have already diseussed the disastrous attempt of philosophy to embrace medical theory-disastrous because, instead of adapting philosophy to medicine, it tried to adapt medicine to philosophy. Another cnemy in the gnise of a friend was rhetoric. It happened that rational medicine was at its best just at the time when sophistry was moulding that beautiful but artificial style which exercised such a potent influence upon Greek prose. As far as we can see, the great physicians were unaffected by sophistry, but sophistry conld not refrain from tampering with medieine. The student must not be led by the extravagance of Ermerins, who postulates "sophists" as the authors of a great part of the collection, into the opposite error of minmizing the sophistic ${ }^{1}$ character of certain treatises.

Of the treatises that show this characteristic the ehief are The Art, Breaths," and Nature of Man (down to the end of Chapter VIII). The first defends the thesis that there is an art of medicine; the second tries to prove that $\pi \nu \epsilon \hat{v} \mu \alpha$ is the canse of diseases;

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while the third maintains the doctrine of four humours, against those who said that man was composed of a single substance.

It is hard to believe that any one of these was written by a professional physician. It is not that the works contain doctrines which no practitioner could have held, although some of the doetrines put forward are rather strange. The main reason for supposing that they were written by laymen is that the centre of interest is not science but rhetorical argument. The An especially is so full of the tricks of style that we associate with Gorgias and his school that Gomperz is convinced that it was written by Protagoras himself. ${ }^{1}$ Professor Taylor ${ }^{2}$ points out that there are many Hippocratic works in which the main interest is philosophy. "'The persons who play with them (i.e. the words iס́ća and $\epsilon i \delta o s$ ) are the speculative philosophers, the Hegels and Schellings of their day, to whom medicine is not interesting for its own sake, or as a profession by which they have to live, hut as a field in which they ean give free scope for their love of Naturphilosophie and propound undemonstrable theories about the number and nature of the ultimate kinds of body, and support them by biological analogy."

The distinction between lay and professional being ill-defined, it is impossible in all eases to decide confidently whether the writer was a physician or a sophist; a man in fact might very well be both. I think, however, that an unbiassed reader would say that the three works I have mentioned were

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written by laymen, if at least by "laymen" is meant a man who may incidentally know something about medicine, while his main interest lies elsewhere.

That works of no valne to medicine should find their way into the Hippocratic collection is not strange. I have given ${ }^{1}$ reasons for holding that this collection represents the library of the Coan school. Such a library would not be confined to purely technical treatises, and mioht well contain books which, while of no medical value, were of great medical interest. Perhaps some were presentation copies from sophistic admirers of the chief physicians of the school.
${ }^{1}$ Vol. I, pp xxix. and xxx.

## VIII

## LATER PHILOSOPHY AND MEDICINE

During the fifth century b.c. philosophy made a determined effort to bring medicine within the sphere of its influence, and to impose upon it the method of $\dot{v} \pi o \theta \dot{\epsilon} \sigma \epsilon \in$. Typical of this effort are Nutriment (Vol. I.), and Breaths, which is included in the present volume.

This effort of philosophy was violently opposed by the chief adherents of the rational school of medicine, and we still have in Ancient Medicine a convincing statement of the position held by the empirics.

Why was medicine so determined to throw off the incubus? Simply because an attempt was being made to impose à priori opinions upon physical science, which has a method of its own quite incompatible with unverifiable speculation. Medicine was here face to face with a deadly enemy.

A hundred or more years after Nutriment was written another wave of philosophy swept over medicine. Its exact date cannot be fixed, but it probably did not begin until the third century b.c. was well adranced.

But this second attempt to influence medicine was not resented, for philosophy had changed its

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outlook. ${ }^{1}$ Sthics, conduct and morality were now its main interest, and in this sphere of thought philosophyhad a better chance of snecess. Aristotle had laid the fom pointed out that the facts of this science are the experiences of our emotional life. Our speculations about these experiences are for the most part verifiable, and so the seience stands on a sound foundation. Buth the Stoics and Epicureans, while differing considerably both from Aristotle and from tach other in their views about the summum boman, were at one in that they considered conduct to be the man thing in hman life.

So we find that both schools tried to diseover what the conduct of the ideal physieian should be in the practice of his profession. Precepts is distinctly Epicurean, both in its epistemology ${ }^{2}$ and general outlook; Decorum and Lan are Stoic, at least they must have been written by authors both well aequainted with Stoic modes of thought and favourably inclined towards them.

In thins insisting upon the moral side of a plysieian's work these later philosophers-or perhaps it would be more accurate to call them adherents of the later philosophy-made no small eontribution to medical etiquette. In Greece at any rate this ctiquette did not aim mainly at promoting the

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material intercsts of the profession, but at raising the morality of its practitioners.

Though we may smile at some of the trivialitics in Precepts and Decorum, there is nevertheless much that is admirable. There are two sentences, one from each of these tracts, which have often seemed to me to sum up admirably the efforts of later philosophy to influence medicine. They are:-
 Precepts VI.


## IX

## TIIE MANUSCRIP'T TRADITION OF THE hippocratic collection

Wien I first began seriously to study the Greek medical writings, some sixteen years ago, I had no idea that the history of the text could be of much importance or interest except to professional palaeographers. Even when I was writing the first volume of my translation for the Loeb, Series I was somewhat sceptical of the real value to a translator of Hippocratic textual eriticism, and it was only when I saw that the important, but strangely neglected, treatise Precepts could not be placed in its proper historical relationship, without a thorough examination of the transmission of the text, that I realized how necessary it is for even a translator to master the problem as far as our imperfect knowledge allows us. A little has been achieved by Gompert, Wilamowitz and the Teubner editors. but outside their labours there is still an "uncharted region" on to which some light at least must be thrown.

Possibly the most important factor to remember about the tramsmission of the Hippocratic text is that the treatises composing it are practieal textbooks or scicutific essays and not literary masterpieces. There were not the same reasons for keeping the text pure that were operative in the case of the xlviii

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great poets. orators, historians and philosophers. The medical school of Cos would not regard its miscellaneous library with the veneration with which the Academy and the Peripatetics regarded the writings of Plato and Aristotle; and the later custodians of the Hippocratic books, the librarians of Alexandria and of other centres of learning, were not as solicitous about them as they were about the text of, say, Homer. On the other hand, there was a succession of medical students and practitioners who needed copies of these books for practical purposes, and were quite content if they could be supplied with handbooks containing the information they required, even though these were textually inaccurate. To what lengths this textual corruption might go is well shown by some of the late Latin translations, for instance that in the library of Corpus Christi College, Cambridge. I have examined this manuscript personally, and the text is almost unrecognizable.

Of course many manuscripts continued to give a comparatively pure text. But at some time or other, probably before Gaten, ${ }^{1}$ the manuscripts resolved themselves into at least two classes, one of which differs from the other in the order of words,
 $v o \sigma \epsilon(\omega v)$ which make no esscntial difference to the general scuse.

Both classes of manuscripts contain a large number of glosses. It is obvious that few authors were so likely to collect a crop of glosses as were the medical

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writers. Esery reader would be tempted to annotate his copy, and iny amotation might find its way into the text. A carefal comparison of $A$ with the other manuscripts slows that the latter contain scores of glosses, and we may be sure that $\lambda$, our purest a athority, must contain many others that we cannot eliminate by reference to other documents, but only by careful subjective criticism.

So at the present day there are roughly two classes. One class, in spite of many atrocities of spelling, gives a text which, both in dialect and in sense, is in some 70 per cent. of the cases where ditlerences arise greatly superior to that of the other class, which seems to have ainced more at smoothness and regularity, and to have adopted many Ionic forms, whether genuine or sham, from which the first dass is comparatively free.

To the first chass belong, in particular, $A, \theta, C^{\prime}$ and $B$.

To the second elass belong $M, V$, and the later Paris manuscripts.
'The classes, as one might have expected, are not rigidly divided. A sometimes agrees with MI against $V$ or with $V$ agaiust $M$. Moreover, sometimes the second class presents readings which are obviously more likely to be correct than those of the first. In not a few cases all the manuscripts agree in giving a reading which is most mblisely to be right. Nevertheless, the broad distinction between the two classes remains.

In the older editions (Zwinger, Foes, Mack, etc.) there are recorded many variants from manuscripts now lost. As far as we can see these mamuscripts belonged mostly to the second, or inferior, chass.

This inferior class is divided into two main subclasses, represented respectively by $V$ and M. In the first the works appear roughly in the order in which they are given in the $V$ index, namely ö $р к о$,
 ìт $\epsilon \hat{\iota} \rho$, $\pi \in \rho i$ à $\gamma \mu$ inv к.т. $\lambda$. See Kühlewein 1, xv. and Littré I. 529. The other class tend to reproduce the

 к.т.入. See Kühlewein I. xix.

How good a test of the tradition the order of the works may be is well shown by my experience of the manuscript Holkhamensis 282. The librarian of the Earl of Leicester, to whom the manuscript belongs, sent me a list of the works which it contains, and it was obvious that the order was for the first half of the manuscript that of V . When the manuscript was afterwards sent to Cambridge for my inspection, it occurred to me that, the order of the treatises being the same, the manuscript was probably allied to V. So I chose some thirty test passages from $V$ where that manuscript differs from A or M. In every instance Holk. "S.2 had the same reading, even misspellings and the lacuna in Airs I'aters Places MII. (after $\psi v \times \rho \alpha ́)$. We are not perhaps justified in saying that Holk. 282 was copied from $V$, but the two must be very nearly allied. ${ }^{1}$
${ }^{1}$ I dill not know of the existence of this mannecript when I wrote Vol. I., so perhaps some description of it may not be out of place, as Baroccian 204 and Hollshanensis " $25^{\prime 2}$ are the only important manuscripts of Hippocrates in Cireat Britain. It is written on European paper in a careful but rather diflicult hand. Octavo and unfoliaterl. The date is approximately 1500 A.D., and it was protably written in Italy. Dr. F. C. Unger (Mnemosyne LI., Part I., 1923) does not ilink it

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Besides these authorities, which may be considered primary, we have also the surviving works of Erotian and Galen, which may be considered of secondary
actually copied from V , and this is probally true of $\pi \in \rho($ kapoins, the only part Ir. Unger has yet seen. In many places however the likencss between the two is almost startling. The manuscript contains (after a glossary) à $\phi o p t-$









Baroccian 204 is a very legible fifteenth century manuscript. The order of the treatises it contains is that of the $1 /$ class. Holkhamensis 25 : is closely allied to Vaticanus Gr. 276 ; Baroccian 204 is similar to Marcianus Venetus 269.

Baroccian 204 is 30.5 cm . by 22.5 cm . ; the scribe wrote forty lines to the page, leaving a wide margin. Althongh the writing is not very large, and there is but a small space between the lines, it is, next to $\theta$, the easiest manuscript to read of those that I have seen. The writer of the part I examined (there are many hamls) has a habit of placing two dots over iota, and sometimes over upsilon.

The value of Baroccian 204 to the textual critic may perhaps be estimated from the following statistics.

I have compared the readings of $A, V$ and $M$ with those of Banocrian $20 t$ from the end of Prognostic (begiming at $\tau$ in $\chi_{0}$ 人 $\eta_{\nu}$ ) to the begimning of Regimen in Acute Diseases (ending at ral тoî̃uv íraivougır in Chapter IX).

The title of Rosimen in Acute Diseases agrees with that of In, except for the position of the author's name, which is not





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value. With regard to these I have little to add to what has been put so well by I. Ilberg in the second chapter of the introduction to the Teubner edition (de memoria secundaria). I would remark however that:-
(1) Galen's comments sometimes seem to imply that the differences between the A gronp and the MV group existed in his day ;
(2) Galen's explanations sometimes seem to apply to readings now lost. See for instance my note on Regimen in Acute Diseases XXXII.
The remarks I have just made are the result of independent study of (a) recorded readings and (b) manuseripts or photographs of manuseripts. As far as it is possible 1 have kept my mind minfluenced by the labours of Gomperz, Nelson and Ilberg. If my results confirm theirs they are probably right; in so far as I may disagree I am probably wrong.

In the eighty lines thus compared :
(1) Baroccian 204 agrees with $M$ as against $A V$ in 24 places
(2) It agrees with $M V$ as against $A$ in 17 places;
(3) It agrees with AM as against $V$ in 2 places;
(4) It agrees with $A V$ as against II in 1 place;
(5) It agrees with A as against $M V$ in 2 plates.

In one place only is it peculiar. At the end of Prognostic it has $\tau \bar{\omega} \mu \grave{\eta}$ où where M has $\tau \dot{\sigma} / / / \mu \grave{\eta}$ où.

There seems to be a great similarity between Baroccian 204 and laris $2: 24$ in the passage indicated above.

My heartiest thanlis are due to the Larl of Leicester and to Mr. C. W. James, his librarian ; to the officials of the Cambridge University Library; and to Dr. Minns for his kind help in dating Holkhamensis 282 for me.

## IN'TRODUCTORY ESSAYS

The results to which I have come are:-
(1) The readings of the $A, \theta, \mathrm{C}^{\prime}$ class are coterns paribus to be preferred to those of the MV class.
(2) We camot hope to restore the text beyond reaching the best textual tradition current in the time of Galen. Occasionally even this aim cannot be reached.
(3) It is futile to attempt to restore the exact dialect actually written by the authors. They probably did not all write exactly the same kind of Ionic, as it was a literary and not a spoken dialect as far as medicine and science generally are concerned. It is more than futile to think that we know whether the author wrote e.g. тoîs, тoíc or rỗtr.
When I translated Precepts in Vol. I. I was forced to rely upon the collations which Cobet and (I believe) Daremberg made for Ermerins and Littré. I have now anl excellent photograph of M, the only firstclass manuscript containing Precepts. The strange words and constructions I have noticed on pages 308 and 309 of Vol. I. are in general confirmed. I must, however, note one or two points.
(1) In Chapter XII M reads clearly ioroopeopéiq, for the monstrosity iocopeєvpév ${ }^{\prime}$ of the vulgate.

 to suggest that the clanse was copied from

 MS. or MSS. appeared as $\tau \epsilon \kappa \mu \dot{\eta}$ iov $\mu \epsilon ́ \gamma a$.

## INTRODUCTORY ESSAYS

Then a later scribe, combining, wrote $\mu$ '́ $\gamma \alpha$
 thought that the second $\mu \epsilon ́ \gamma a$ was $\mu \in \tau \alpha ́$, and he or a still later scribe changed $\mu \in \tau \grave{\alpha}$ to $\dot{\xi} v$ because of the dative following.
(3) In Chapter I, where the vulgate has ìv $\dot{u}$
 write an $\eta$, and then changed this to his contraction for $\epsilon$. Dr. Minns confirms my view after inspection of the photograph. Apparently, then, the scribe of $M$ had $\ddot{\eta}^{2}$ before him, and changed it to $\epsilon i$ when he saw the indicative following.
(4) In the other places, so far as I can see, M agrees with the vulgate, having $\eta^{\nu} \nu \dot{\delta}$ кarpòs є"̈ in Chapter VI, and $\mu \grave{\eta}$ єï èmaíparөaı in Chapter II. It is suspicious however that in both cases the optative is that of the verb timi. I suggest that the author wrote in both cases $\eta$, that a later scribe "ionized" to ${ }^{\prime \prime} \eta$, and a later one still read this as $\epsilon^{\prime \prime} \eta$. But in two other places (see section 7) M has $\ddot{\eta}$, with optative.
(5) On the whole, however, my view is confirmed that the work is very late, and was probably written by an imperfect Greek scholar. The negative $\mu \dot{\eta}$ is ousting or, and the strange readings ồ ür द́pét (VIII) and öтоє àv каi
 ӧп $\eta \iota$ is written (correctly) instead of ӧтоь.
(6) In Clapter II (end) M has $\mu \in \tau^{\prime} \dot{\alpha} \pi \rho \eta \xi^{\prime}{ }^{\prime} \eta \mathrm{s}$, thus confirming my conjecture.
(7) I give here the chief variants $M$ shows in l'recepts other than those already noted.

## INTRODUCTORY ESSAYS

> Vul. I. p. 312, l. 10. tẫtu after íко́ms.
> 1. 15. ジッ omitted.
> 1. 16. زùp after є乇́píбкєтац.
> 1. 1N. тibrafter prose.

$$
\begin{aligned}
& \text { p. 316, l. 6. imotijaŋl, not imotíates. }
\end{aligned}
$$

At the beginning of Chapter V the mannscript shows many smadges and signs of disturbance． трокр＇vorтєs occurs again after кодáбьos．The




 келешоя．


 $\pi \hat{u} \sigma \iota$ ．
 to doepíns．
 Borortiv is at the end of a lince， and smudged．
1．18．$\mu \eta \tau \epsilon$（second hand apparently

Chapter XiV．sureatapés
p． 330 （top）．Second hand has a correction
 occelles for той ки́циоитоs．
P 330，l．14．$\pi a \mu \pi o v \lambda i s$ corrected to $\pi a \mu-$ movd $\eta$ by second hand．

## INTRODUCTORY ESSAYS

1. 17. The first hand had $\xi v \mu \pi \dot{\alpha}^{-}$ $\theta_{\eta \sigma a}$ corrected by the second hand, ${ }^{1}$ who has apparently tried to change the $v$ to $s$.
p. 332. то́́тos is read, not то́тоs.

The Onder of the Books in the Manuscripts
The order of the treatises in our manuscripts is a good clue to the "family" to which any particular manuscript belongs. I have already noticed the help this truth afforded in the study of Holkhamensis 282 . It may therefore be useful to give the order in which the works are arranged in our most valuable manuscripts.

One truth at least cannot escape our notice. The "V" type and the " M" type are very clearly marked, and most of the less important manuscripts conform more or less exactly to one or the other of these types. A combination of these two classes of manuscripts gave us our " vulgate" text.

It is also probable that each separate order (M, V, and so on) represents a different "collection" of Hippocratic works. Possilly some of these orders go back to the days of the great libraries at Alexandria and other places, and represent the order of the rolls in the bookcases.

$$
\text { A (Paris } 2253 \text { ) }
$$

1. Coan Prenotions.
2. Ptisan.
3. Humours.
4. Use of Liquids.
5. Address at the Altar.
6. The Art.
7. Nature of Man.
8. Breaths.
9. Places in Man.
10. Ancient Medicine.
11. Epidemics 1 .
${ }^{1}$ I am not sure whether the correcting hand is the same as that of the original scribe, but I think it is not.

## INTRODUC"IORY ESSAYS

Vindobonemsis med. IV $(\theta)$

1. Internal Affections. 8. Rirgimin II.
$\because$ Affections.
2. Regimen III.
3. Sacred Disease.
4. Diseases $I$.
5. Diseases III.
(i. Diseases 11 .
6. Dreams.
7. Disenses of Women 1 .
8. Regimen 1 .
9. Diseases of Wiomen II.
10. Nature of Women.

$$
\text { Laurentianus 74, } 7 \text { (B) }
$$

1. Surgery.
2. Fruetures.
3. Articulations.
4. Wounds in the Head.

Marcianus Venetus 269 (M)

1. Oith.
2. Law.
3. The Art.
4. Ancuent Merticine.
5. Prccepts.
6. Decorum.
7. Niture of I! an.
8. Generation.
9. Nuture of the Chill.
10. Articulations.
11. I/umours.
12. Nutriment.
13. Sores.
14. Shacred Disease.
15. Diserases 1.

1i. Di (asits: $1 /$.
17. Diseases 111 .
15. Diseases 11 .
19. Affections.
29. Intcrual Affections.
21. Regimen 1 .
$\because 2$. Reyimen 11 .
23. Regimen III.
21. Droams.
25. sight.
26. Critical Days.
27. Aphorisms.

巳s. Prognostic.
29. Regimen in Acute Diseases
30. Breuths.
31. Instruments of Rctuction.
32. Nature of Bones.
33. Fractures.
34. Surgery.
35. Excision of the Fortus.
36. Diseases of $I$ omen $I$.
37. Diseases of IVomen II.
38. Barrenness.
39. Superfotation.
40. Seven Monthe' (hild.
41. Eight Months' Child.
42. Diseases of Cirls.
43. Nature of Women.
44. Epidemics I'I.
45. Epidemics I'II.

4ti. Letters.
47. Discourse on Mudness.
48. Decree of the . Ithenians.
49. Speech at the Altar.
50. Speech of the Envoy.

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## INTRODUCTORY ESSAYS

## The Index in Vaticanus Graecus 276 (V)

This index appears in $V$ before the works themselves.

1. Oath.
2. Law.
3. Aphorisms.
4. Prognostic.
5. Surgery.
6. Fractures.
7. Articulations.
8. Wounds in the Head.
9. Airs Watcrs Places.
10. Epidemics.
11. Nature of Man.
12. Nature of the Child.
13. Vature of Gencration.
14. Superfoetation.
15. Sever Months' Child.
16. Eight Months' Child.
17. Discases of Girls.
18. Nature of Women.
19. Dentition.
20. Places in Man.
21. Diseases of Women.
22. Barrenness.
23. Excision of the Fottus.
24. Use of Liquids.
25. Nutriment.
26. Regimen.
27. Regimen in Health.
28. Diseases.
29. Affections.
30. Internal Affections.
31. Sacred Disease.
32. Sevens.
33. Critical Days.
34. Sores.
35. Deadly Wounds.
36. Withdrawal of Missiles.
37. Hemorrhoild.
38. Fistulae.
39. Purges.
40. Hellebore.
41. Ciysters.
42. Glands.
43. Instruments of Reduction.
44. Nature of Bones.
45. Sight.
46. Heart.
47. Coition.
48. Fleshes.
49. Crisis.
50. Prorrhetic $I$ and $I I$.
51. Coan Prenotions.
52. Humours.
53. Natures.
54. Ancient Medicine.
55. The Art.
56. The Physician.
57. Precepts.
58. Decorum.
59. Anatomy.
60. Letters.
61. Speech at the Altar.
62. Speech of the Envoy.
63. Oath.
64. Law.
65. Apluorisms.
66. Prognostic.
67. Regimen in Acute Diseases.
68. Surgery.
69. Fractures.
70. Articulations.
71. Hounds in the Head.
72. Airs Watcrs I'luces.

## INTRODUCTORY ESSAYS

11. Epidemics.
12. Nature of Man.
13. Nature of the Chill.
14. Generation.
15. Superfoctation.
16. Seven Months' Child.
17. Eight Months' Chill.
18. Girls.
19. Nature of Women.
20. Dentition.
21. Places in Man.
2.2. Diseases of $\mathrm{H}^{\circ} \mathrm{men}$.
22. Barrenness.
23. Superfoetation (repeated see above).
24. Excision of the Foetus.
25. Physician.
26. Crises.
27. Heart.
28. Fleshes.
29. Glands.
30. Anatomy.
31. Letters.
32. Decree of the Athenians.
33. Speech at the Altar.
34. Speech of the Enwoy.

$$
\text { Paris } 2255 \text { and } 2254(\mathrm{E} \text { and } \mathrm{D})
$$

These two MSS. are complementary, 2255 being the first.

$$
2255
$$

1. Oath.
2. Law.
3. Art.
4. Ancient Medicinc.
5. Precepts.
6. Decorum.
7. Nature of Man and Regimen in IIcalth.
8. Generation.
9. Nature of the Chill.
10. Articulations.
11. Iumours.
12. Nutriment.
13. Sores.
14. Sacred Disease.
15. Diseases (four books).
16. Affections.
17. Internal Affections.
18. Regimen (three books).
19. Dreams.
20. Sight.
21. Critical Days.
22. Physician.
23. Fleshes.
2.4. Dentition.
24. Anatomy.
25. Heart.
26. Gilands.
27. Places in Man.
28. Airs Waters Places.
29. Use of Liquids.
30. Crisis.
31. Aphorisms.
32. Prognostic.
33. Wounds in the IIcad.
34. Prognosis of Y'cars. ${ }^{1}$
${ }^{1}$ Littré remarks (1. p. 520): "Ceci est un fragment, mis hors de sa place, du traitédes Airs, des Eaux et des Lieur, et un indice de la manière dont il arrivait aux copistes de déranger l'ordre d'un livre et de faire de nouveanx traités."
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## INTRODUC'TORY ESSAYS

## 2254

1. Regimen in Acute Diseases.
2. Breaths.
3. Instruments of Reduction.
4. Natare of Bones.
5. Fructures.

1i. Surgery.
7. Excision of the Embryo.
8. Diseases of Women.
9. Barrenness.
10. S'uperfotation.
11. Seven Months' Child.
12. Eight Months' Child.
13. Discases of Girls.
14. Nature of Women.
15. Excision of the Foetus.
16. Prorrhetic (two books).
17. Fistulae.
18. Hemorrhoids.
19. Coan Prenotions.
20. Epidemics (seven bouks).
21. Letters.

## Paris 2146 (Index)

1. Oath.
2. Law.
3. Aphorisms.
4. Prognostic.
5. Surgery.
6. Fractures.
7. Articulations.
8. Wounds in the Head.
9. Airs Watcrs Places.
10. Epidemics.
11. Dature of Man.
12. Nature of the Child.
13. Nature of Generation.
14. Superfoclation.
15. Seven Months' Child.
16. Eight Months' Child.
17. Girls.
18. Nature of Women.
19. Dentition.
20. Places in Man.
21. Diseases of Women I. and II.
22. Barrenucss.
23. Excision of the Foctus.
24. Use of Liquids.
25. Nutriment.
26. Regimen I., II., III. and in Hculth.
27. Disenses I., II., III.
28. Affections.
29. Internal Affections.
30. Sacred Disease.
31. Sevens.
32. Critical Days.
33. Sores.
34. Deadly Wounds.
35. Withdruwal of Missiles.
36. Ilemorrhoids.
37. Purges.
38. Hellebore.
39. Clysters.
40. Cilands.
41. Instruments of Reduction.
42. Nature of Bones.
43. Sight.
44. Heart.
45. Coilion.
46. Fleshes.
47. Crisis.
48. Prorrhetic I., II.
49. Coun Prenotions.
50. Humours.
51. Nature.
52. Ancient Medicine.
53. The Art.

## INTRODUCTORY ESSAYS

54. Physician.
55. Letters.
56. Precepts.
57. Adelress at the Altar.
58. Decorum.

This list is practically the same as that of the index in Vaticanus $\mathbf{2 7}^{7} 6$.

Paris 2142 (H)

1. Oath.
2. Lav.
3. The Art.
4. Ancient Merlicine.
5. Precepts.
6. Decorum.
7. Nuture of Man.
8. Gencration.
9. Nature of the Child.
10. Articulations.
11. Humours.
12. Nutriment.
13. Sores.
14. Sacrel Disease.
15. Diseases.
16. Affections.
17. Internal Affcctions.
18. Regimen.
19. Dreams.
20. Sight.
21. Critical Days.
22. Aphorisms.
23. Prognostic.
24. Regimen in Acute Diseases. 48. Letters of Democritus. This list confoms to the "M" type.

The manuscripts Paris 2140, 2143 and 2115 ( $1, \mathrm{~J}$ and
K ) are very similar. I give here the list in 2145. It is of the "M" type.

1. Oath.
2. Law.
3. The Art.

Ixii
25. Lrenths.
26. Instruments of Reduction.
27. Nature of Bones.
28. Fractures.
29. Surgery.
30. Excision of Embryo.
31. Diseases of Women.
32. Barrenness.
33. Superfoctution.
34. Seven Months' Chill.
35. Eight Months' Chill.
30. Diseases of (iirls.
37. Nature of Women.
38. Excision of Foetus.
39. Prorrhetic I., $I I$.
40. Fistulae.
41. Hemorrhoids.
42. Coan Prenotions.
43. Epidemics.
44. Letters.
45. Aldress at the Altur.
46. Speech of the Encoy.
47. Decree.
4. Ancient Medicinc.
5. Prespts.
6. Dicorum.
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## INTRODUCTORY ESSAYS

7. Nature of Man with 26. Instruments of Reduction. Regimen in Health. 27. Niture of Boncs.
8. Generation and Nuture of 28. Fructures. the Child.
9. Nature of the Child.
10. Articulations.
11. Humours.
12. Nutriment.
13. Sores.
14. Sacred Disease.
15. Diseases.
16. Affections.
17. Internal Affections.
18. Regimen.
19. Dreams.
20. Sight.
21. Critical Days.
22. Aphorisms.
23. Prognostic.
24. Regimen in Acute Diseases. 25. Breaths.
25. Surgery.
26. Excision of the Embryo.
27. Diseases of Women.
28. Barrenness.
29. Superfoetation.
30. Seven Month.s' Child.
31. Eight Months' Child.
32. Diseases of Girls.
33. Nature of Women.
34. Excision of the Foctus.
35. Prorrhetic (two books).
36. Fistulae.
37. Hemorrhoids.
38. Coan Prenotions.
39. Epidemics.
40. Letters.
41. Address at the Altar.
42. Speech of the Envoy.

## Holkhamensis 282

1. Aphorisms.
2. Prognastic.
3. Regimen in Acute Diseases.
4. Surgery.
5. Fractures.
6. Articulations.
7. Wounds in the Head.
8. Airs Waters Places.
9. Epidemics.
10. Nature of Mun.
11. Nature of the Child.
12. Generation.
13. Scven Months' Child.
14. Eight Months' Child.
15. Places in Man.
16. Plysician.
17. Crisis.
18. Heart.
19. Fleshes.
20. Glands.
21. Auatomy.
22. Girls.
23. Dentition.
24. Discases of Women I. and II.
25. Barrenness.
26. Excision of the Foetus.
'This list down to Eiyht Months' C'hild agrees with V. After this point it does not.
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## INTRODUCTORY ESSAYS

## The Almae Index

1. Iusiurandum Hippocratis.
2. De arte.
3. De prisca medicina.
4. De medico.
5. De probitute.
6. Hippocratis praccepta.
7. Lex Hippocratis.
8. Ie natura hominis.
9. De ratione victus salubris. Polybi discipuli Hipuocratis.
10. De semine. Polybi.
11. De natura foetus.
12. De carne.
13. De septimestri partu.
14. De octomestri partu.
15. De superfoctatione.
16. De extractione foetus.
17. De dentitione.
18. De dissectione.
19. De corle.
20. De glandibus.
21. De natura ossium.
22. De locis in homine.
23. De acre, aqua, locis.
24. De victus ratione.
25. De insommits.
26. De alimento quem psse Hippocratis nigatGalenus.
27. De usu humilorum.
28. De humoribus.
29. De flatibus.
30. De sacro morbo, docti cuiustlam.
31. De morbis.
$\because 2$. De affectibus. Polybi.
32. De internarum partium affectibus.
33. De morbis virginum.
34. De natura muliebri.
35. De morlis mulierum.
36. De steritilus.
37. Supposititia quaedam calci primi de morbis mulierum adscripta.
38. De morbis passim grassantibus.
39. De ratione victus acutorum.
40. De inditios.
41. De diebus iudicialibus.
42. Hippocratis definitae sers. tentiae.
43. Hippocratis praenotiones.
44. Hippocratis praedirtiones.
45. Coacue praecognitiones.
46. De vulneribus capitis.
47. De fracturis.
48. De articulis.
49. Hippocratis de medici muncre.
50. Hippocratis de curaulis luxatis.
51. De ulcerilus.
52. De fistulis.
53. De haemorrhoidibus.
54. De visu.
55. Hippocratis epistolne.
56. Decrctum Atheniensium.

5s. Epibomios.
59. Oratio Thessali Hippocratis filii legnti ad Athenienses.

## Tue Index in the Fmtion of Foes

1. Hipporratis iusiurundum.
2. Hippocratis lex. lxiv
3. De arte lib. I.
4. De prisca Medicina, libr. l.

## INTRODUCTORY ESSAYS

5. De Medico, lib. I.
6. De decente habitu, aut decoro libr. I.
7. Praeceptiones.
8. Praenotionum, libr. I.
9. De humoribus, libr. I.
10. De iudicationibus, libr. I.
11. De diebus iudicatoriis, libr. I.
12. Praedictorum, libr. $I I$.
13. Coacae Pracnotionesin breves sententias distinctae.
14. De natura hominis.
15. De genitura.
16. De natura pueri.
17. De carnibus.
18. De septimestri partu.
19. De octimestri partu.
20. De superfoetatione.
21. De dentitione.
22. De corde.
23. De glandulis.
24. De ossium natura.
25. De aëre, locis \& aquis.
26. De flatibus.
27. De morbo sacro.
28. De salubri victus ratione.
29. De victus ratione, libr. 11 .
30. De insomniis.
31. De alimento.
32. De victus ratione in morbis acutis.
33. De locis in homine.
34. De liquidormm usu.
35. De morbis, libr. IV.
36. De affectionibus, libr. I.
37. De internis affectionibus, libr. I.
38. De his quae ad virgines spectant, libr. I.
39. De natura muliebri, libr. I.
40. De mulierum mortis, libr. 11 .
41. De his quae aterum non gerunt, libr. I.
42. De videndi acie, lib. I.
43. Medicina officina, aut de officio Medici, lib. I.
44. De fracturis, libr. I.
45. De articulis, libr. I.
46. Vectiarium, hoc est, de ossium per molitionem impellendorum ratione, libr. I.
47. De ulceribus, libr. I.
48. De fistulis, libr. 1 .
49. De hatmorrhoidibus, hoc est, de venis in ano sanguinem fundere solitis, libr. I.
50. De capitis vulneribus, libr. I.
51. De foetus in utero mortui exectione, lib. 1 .
52. De corporum resectione, libr. I.
53. hoc est, De morbis populariter grassanlibus, libr. VII. Quorum Primus, Tertius \& Sextus, post Galeni Commentarios, Annolationibus sunt illustrati. Secunlus verò ante annos triginta cum Commen. tariis editus, denuo ab authore est recognitus. Reliqui iustis Annotetionibus donati.

## INTRODUCTORY ESSAYS

54. hoc єst, Aphorismorum, lib. 1. cum brevibus notis.
55. Epistolae aliquot.
56. Atheriensium Senatusconsultum.
57. Oratio ad aram. 58. Thessali Legati Oratio. 59. Genus \& vita Hippocratis, secundum Soranum.
58. De purgatoriis remediis.
59. De structura Hominis.

## HIPPOCRATES

## PROGNOSTIC

## INTRODUCTION

Tus work has never been attributed to any author except Hippocrates, but we must remember that some modern scholars use the term "Hippocrates" in a somewhat peeuliar sense.

Its subject is the prognosis of acute diseases in general, which Hippocrates made his special province. I have dealt with prognosis already, and it only remains to say a few words about the manuseripts and editions.

The chief authorities for the construction of the text are M, V, and a tenth-century manuscript ${ }^{1}$ called " 446 supplement" by Littre and $C^{\prime}$ by Kühlewein. Holkhamensis $2 \dot{8} 2$, which I have examined, is here practically identical with V, and has not helped towards the construction of the text. There is an invaluable commentary by Galen.
$\mathrm{C}^{\prime}$ is carelessly written, being full of misspellings which often appear due to writing from dictation. ${ }^{2}$ On the other hand, there are omissions which prove conclusively that a scribe's eye passed from one word to another, omitting all the intervening syllables. ${ }^{3}$ The obvious conclusion to draw is that both tran-

[^12]
## INTRODUCTION

scription and dictation played their part in the carly transmission of the text.

The text of $\mathrm{C}^{\prime}$ differs considerably from that of $M$ and $V$. These very often agree when $C^{\prime}$ presents either a completely different version or else a different order of words. The remarkable point about the variations is that they rarely affect the sense to any appreciable degree. For instance, in Chapter I $\mathrm{C}^{\prime}$ has $\tau \hat{\omega} v$ тotovt $\epsilon \omega \nu \nu o \sigma \iota \mu \dot{\tau} \omega v$ (sic), while MV have $\tau \hat{\omega} \nu \pi \alpha \epsilon^{\prime} \omega \nu \tau \hat{\omega} \nu \tau o \iota o \tau \tau \epsilon \omega$. Similar variations are very common, and point to a time when the text was copied with close attention to the sense and with little care for verbal fidelity. One would be tempted to postulate two editions of the work were the variations of greater intrinsic importance. They are, however, in no sense corrections, and it is hard to imagine that the author would have taken the trouble to make such trivial alterations intentionally. It is more probable that between the writer's date and that of Galen there was a period when copies of Hippocrates were made without attention to verbal accuracy. From one of these are descended $M$ and $V$, from another is descended $\mathrm{C}^{\prime}$. This lack of respect for the actual words of Hippocrates provided that the general sense is unaffeeted may perhaps be connected with assimilation of the dialect of all the Hippocratic collection to an Ionic model. An age which did not scruple to alter words would probably not scruple to alter their form.

It is not easy to decide whether $C^{\prime}$ or $M V$ represents the more ancient tradition. A few variations, however, are distinctly in favour of $\mathrm{C}^{\prime}$, and I have adopted this manuscript as my primary authority in constructing the text.

## INTRODUCTION

There are, besides $\mathrm{C}^{\prime}$, twenty-one Paris manuscripts containing Prognostic.

The early editions and translations, the first two translations being into Latin from the Arabic, are very numerous. ${ }^{1}$ The dates show that from 1500 to about 1650 this work was used by doctors throughout Europe as a practical text-book. ${ }^{2}$ The first English translation was written by Peter Low (London, 1597 ), and was followed by that of Francis Clifton (London, 1734), of John Moffat (London, 1788), and of Francis Adams (London, 1849). Littrès edition and translation in the second volume are among his best work, and the text of Kiihlewein is a great improvement on all his predecessors'. I have adopted his principles of spelling while constructing an independent text.

[^13]
## ПРОГN®ЕTIKON


 тара тоі̂бı עобє́оибı ти́ $\tau \in \pi а \rho є о ́ \nu \tau а ~ к а і ̀ ~ т a ̀ ~ \pi \rho о-~$













 ì тò̀ iŋт


```
\mp@subsup{}{}{1}\mathrm{ For }\delta\in\mathrm{ Wilamowitz reads }\tau\epsilon.
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## PROGNOSTIC

I. I nold that it is an excellent thing for a physician to practise forecasting. For if he discover and declare unaided ${ }^{1}$ by the side of his patients the present, the past and the future, and fill in the gaps in the account given by the sick, he will be the more believed to understand the cases, so that men will confidently entrust themselves to him for treatment. Furthermore, he will carry out the treatment best if he know beforehand from the present symptoms what will take place later. Now to restore every patient to health is impossible. To do so indeed would have been better even tham forecasting the future. But as a matter of fact men do die, some owing to the severity of the disease before they summon the physician, others expiring immediately after calling him in--living one day or a little longer-before the physician hy his art can combat each disease. It is necessary, therefore, to learn the natures of such diseases, how much they

[^14]
## HIPONNSETIKON

 $\epsilon i \sigma l^{\prime} \tau \hat{\omega} \nu \quad \sigma \omega \mu \dot{\imath} \tau \omega \nu^{2}$ каi тои́т $\omega \nu$ тìv $\pi$ ро́vоぇау






 $\nu о \sigma \eta \eta^{\prime} \alpha \sigma \iota \nu \quad \pi \rho \hat{\omega} \tau о \nu \mu \grave{\epsilon} \nu$ тò $\pi \rho o ́ \sigma \omega \pi о \nu \tau о \hat{v} \nu о \sigma$ є́ov-



 тафоє $\sigma v \mu \pi \epsilon \pi \tau \omega \kappa о ́ \tau \epsilon \varsigma, \dot{\omega} \tau а \psi v \chi \rho \alpha$ каi $\sigma v \nu \epsilon \sigma \tau a \lambda$ -
 ठє́ $\rho \mu$ то̀ тєрі то̀ $\pi \rho о ́ \sigma \omega \pi о \nu ~ \sigma к \lambda \eta \rho o ̀ \nu ~ к а і ~ \pi \epsilon \rho \iota \tau \epsilon-~$










[^15]exceed the strength of men's bodies, ${ }^{1}$ and to learn how to forecast them. For in this way you will justly win respect and be an able physician. For the longer time you plan to meet each emergency the greater your power to save those who have a chance of recovery, while you will be blameless if you learn and declare beforehand those who will die and those who will get better.
II. In acnte diseases the physician must conduct his inquiries in the following way. First he must examine the face of the patient, and see whether it is like the faces of healthy people, and especially whether it is like its usual self. Such likeness will be the best sign, and the greatest unlikeness will be the most dangerous sign. The latter will be as follows. Nose sharp, eyes hollow, temples sunken, ears cold and contracted with their lobes turned outwards, the skin about the face hard and tense and parched, the colour of the face as a whole being yellow or black. ${ }^{2}$ If at the beginning of the disease the face be like this, and if it be not yet possible with the other symptoms to make a complete prognosis, you must go on to inquire whether the patient has been sleepless, whether his howels have been very loose, and whether he suffers at all from hunger. And if anything of the kind be confessed, you must consider the danger to be less. The crisis comes
${ }^{1}$ The clanse omitted by Kühlewein, "and at the same time whether there is anything divine in the diseases," is found in all MSS. It is contrary to Hippocratic doctrine, and to suppose that uo $\theta \epsilon i o \nu$ means doruós has no Hippocratic authority, nor would a reference to plague be in place here.
${ }^{2}$ I. e. very dark. Similarly $\mu \dot{\epsilon} \lambda a: / a$ oủp $p a$ is dark urine, of the colour of port wine, as $\dot{I}$ ought to have remarked in Vol. I. when translating Epidemics. So frequently.

## HPOLNQSTIKON














 $\hat{\eta}$ тò $\chi \rho \hat{\omega} \mu a$ то̂́ $\sigma \dot{v} \mu \pi a \nu \tau o s ~ \pi \rho о \sigma(́ \pi \pi o v ~ 门 \lambda \lambda о \iota \omega-~$


 $\nu \eta \tau a \iota \sigma \nu \mu \beta a \lambda \lambda о \mu \epsilon ́ \nu \omega \nu \tau \hat{\omega} \nu \beta \lambda \epsilon \phi$ с́ $\rho \omega \nu \tau о \hat{v} \lambda \epsilon \cup \kappa о \hat{v}$,









[^16]after a day and a night if through these causes the face has such an appearance. But should no such confession be made, and should a recovery not take place within this period, know that it is a sign of death. If the disease be of longer standing than three days ${ }^{1}$ when the faee has these characteristics, go on to make the same inguirics as I ordered in the previous case, and also examine the other symptoms, both of the body generally and those of the eyes. For if they shun the light, or weep involuntarily, or are distorted, or if one becomes less than the other, if the whites be red or livid or have blaek veins in them, should rhemm appear around the eyeballs, should they be restless or protruding or very sunken, or if the complexion of the whole face be changed-all these srmptoms must be eonsidered bad, in faet fatal. ${ }^{2}$ Yon must also examine the partial appearance of the eyes in sleep. For if a part of the white appear when the lids are closed, should the cause not be diarrhoea or purging, or should the patient not be in the habit of so sleeping, it is an unfavourable, in fact a very deadly symptom. ${ }^{3}$ But if, along with one of the other symptoms, eyelid, lip or nose be bent or livid, you must know that death is close at hand. It is also a deadly sign when the lips are loose, hanging, cold and very white.
III. The patient ought to be found by the

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\({ }^{1} I\). c. if more than two complete days have elapsed.
\({ }^{2}\) Or, "if not fatal."
\({ }^{3}\) Or, "if not a very deadly symptom."
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[^17]
## MPOFN $\Omega \Sigma T I K O N$





























${ }^{2}$ toîto éreivon omitted by MV.

4 какóv is omitted by MV.


physician reclining on his right or Ieft side, with his arms, neek and legs slightly bent, and the whole body lying relaxed ; for so also recline the majority of men when in health, and the best postures to recline in are most similar to those of men in health. But to lie on the back, with the arms and the legs stretched out, is less good. And if the patient should actually bend forward, and sink foot-wards away from the bed, ${ }^{1}$ the posture should arouse more fear than the last. And if the patient should be found with his feet bare without their being very hot, and with arms and legs flung about inyhow and bare, it is a bad sign, for it signifies distress. It is a deadly symptom also to sleep always with the mouth open, and to lie on the back with the legs very much bent and folded together. To lie on the belly, when the patient is not accustomed so to sleep when in health, is bad, for it signifies delirium, or pain in the region of the belly. But for the patient to wish to sit up when the disease is at its height is a bad sign in all acute diseases, but it is worst in cases of pneumonia. To grind the teeth in fevers, when this has not been a habit from childhood, signifies madness and death; and if the grinding be also accompanied by delirium it is a very deadly sign indeed.

[^18][^19]




















 крıбіни!








 Wilamowitz rleletes.

If the patient had a sore before the illness, or if a sore arises during it, pay great attention ; for if the sick man is going to die, before death it will be either livid and dry or pale and hard.
IV. As to the motions of the arms, I observe the following facts. In acute fevers, pneumonia, phrenitis and headache, ${ }^{1}$ if they move before the face, hont in the empty air, pluck nap from the bedrlothes, pick up bits, and suatch chaff from the walls-all these signs are bad, in fact deadly. ${ }^{2}$
V. Rapid respiration indicates pain or inflammation in the parts above the diaphragm. Deep and slow respiration indicates delivium. Cold breath from the nostrils and mouth is a very fatal sign indeed. Good respiration must be considered to have a very great influence on recovery in all the acute diseases that are accompanied by fever and reach a crisis in forty days.
VI. In all the acute diseases those sweats are best that occur on critical days and completely get rid of the fever. Those too are good that occur all over the body, showing that the patient is bearing the disease better. Sweats without one of these characteristics are not beneficial. Worst are the cold sweats that break out only around the head and neck; for these with acute fever indicate death, with a milder fever a long illness.
${ }^{1}$ Obviously not ordinary headaches, but such as accompany high fever.
"Or, "if not deadly."

[^20]
## ПРОГNתЕTIKON




 $\pi \rho o ̀ s ~ \tau a ̀ ~ \grave{~} \rho \iota \sigma \tau \epsilon \rho a ́, ~ \tau а \hat{v} \tau a \quad \pi a ́ v \tau a ~ ф \nu \lambda c i \sigma \sigma \epsilon \sigma \theta a ı$



 10 кс́длоита ${ }^{1}$ є̀лтія.













 ঠ́́ $\chi є \sigma$ Өar.




[^21]
## PROGNOSTIC, vu.

VII. It is best for the hypochondrium to be free from pain, soft, and with the right and left sides even; but should it be inflamed, painful, distended, or should it have the right side uneven with the left -all these signs are warnings. If there should be throbbing as well in the hypochondrium, it indicates a disturbance or delirium. The cyes of such patients ought to be examined, for if the eyeballs move rapidly you may expect the patient to go mad.

A swelling in the hypochondrium that is hard and painful is the worst, if it extend all over the hypochondrium; should it be on one side only it is less dangerous on the left. ${ }^{1}$ Such swellings at the commencement indicate that soon there will be a danger of death, but should the fever continue for more than twenty days without the swelling subsiding, it turns to suppuration. Such patients in the first period experience epistaxis also, which is very beneficial to them. But one should ask them further if they have a headache or dimness of vision, for if one of these symptoms occur the disease will be determined in that direction. The epistaxis is more likely to happen when the patients are younger than thirty-five years.

Swellings that are soft and painless, yielding to the finger, cause the crises to be later, ${ }^{2}$ and are less dangerous than those just described. But if the

[^22]

## IPOLN $\Omega=T I K O N$
































 18
fever eontinue longer than sixty days, and the swell ing does not subside, it is a sign that there will be suppuration, and a swelling in any other part of the eavity will have the same history. Now swellings that are painful, hard, and big, indicate a danger of death in the near future; such as are soft and painless, yielding to the pressure of the finger, are of a more ehronic character.

Abseessions are less frequently the result of swellings in the belly than of swellings in the hypochondria; least likely to turn to suppuration are swellings below the navel, but expeet hemorrhage, most probably from the upper parts. But whenever the swellings in these regions are protracted one must suspect suppurations. Colleetions of pus there ought to be judged of thus. Such of them as turn outwards are most favourable when they are small, and bend as far as possible outwards, and come to a point; the worst are those which are large and broad, sloping least to a point. Such as break inwards are most favourable when they are not commmicated at all to the outside, but do not project and are painless, while all the ontside appears of one uniform colour. The pus is most favourable that is white and smooth, uniform and least evil-smelling. Pus of the opposite ebaracter is the worst.

VIlI. Dropsies that result from acute diseases are all unfavourable, for they do not get rid of the fever and they are very painful and fatal. Most of them begin at the flanks and loins, though some begin also at the liver. Now whenever they begin in the flanks and loins the feet swell, and chronic diar-

[^23]
## MPOLN $\Omega$ STIKON

yívovtal, oü te módes oidéovaıy, кai סıáppotaı









17 каі кататаขо́ $є$ на.



















[^24]rhoeas afflict the patient, which neither relieve the pains in the flanks and loins nor soften the belly. But whenever the dropsies begin in the liver, the patient experiences a desire to cough without bringing up any sputum worth speaking of, while the feet swell and the bowels pass no excreta except such as are hard, painful and forced, ${ }^{1}$ and swellings rise around the belly, some to the right and some to the left, growing and subsiding.
IX. For the head, hands, and feet to be cold is a bad sign if the belly and sides be warm; bat it is a very good sign when the whole body is evenly wa:m and soft.

The patient onght to turn easily and to be light when lifted up. But if he should prove to be heavy in the body generally, especially in the hands and feet, it is a rather dangerous sign. And if in addition to the heaviness both the nails and fingers turn livid, death may be expected forthwith; but when fingers or feet become quite black it is a less fatal sign than their becoming livid. But the other symptoms also must be attended to. For if the patient should show himself bearing up against the illness, or manifest, in addition to the signs mentioned before, some other symptom indicating recovery, the illness may be expected to turn to an abscession, with the result that the patient loses the blackened members but recovers.

[^25][^26]
## MPOГN $\Omega \Sigma T I K O N$

 20 тóvov $\hat{\eta}$ 日ánator. ${ }^{1}$








 10 тô $\sigma \eta \mu \epsilon i o v$.



















[^27]
## PROGNOSTIC, ix.-xt.

Testicles or member being drawn up is a sign of pain or death.
X. As for sleep, the patient ought to follow the natural custom of being awake during the day and asleep during the night. Should this be changed it is rather a bad sign, Least harm will result if the patient sleep from early morning for a third part of the day. Sleep after this time is rather bad. The worst thing is not to sleep either during the day or during the night. For either it will be pain and distress that canse the sleeplessness or delirium will follow this symptom.
XI. Stools are best when soft and consistent, passed at the time usual in health, and in quantity proportional to the food taken; for when the discharges have this character the lower belly is healthy. If the bowels be loose, it is a favourable sign that there should be no noise, and that the stools should not be frequent and scanty. For if the patient be continually getting up he will be fatigned and suffer from lack of sleep, while if he often pass copious stools there is a danger of fainting. But he should go to stool twice or three times during the day, according to the quantity of food taken, and once during the night; most copiously, however, early in the morning, as his custom also was. The stool ought to grow thicker as the disease nears the crisis. It should be reddishyellow, and not over-fetid. It is a favourable sign when round worms pass with the discharge as the disease nears the crisis. In every illness the bowels

[^28]
## IIPOLN $\Omega$ STIKON





 $\lambda \epsilon i o \nu . ~ \tau о и ́ \tau \omega \nu ~ \delta ̀ ̀ ~ \theta a \nu а \tau \omega \delta \epsilon ́ \sigma \tau \epsilon \rho a ~ a ̀ \nu ~ \epsilon \ddot{\eta ~ \tau a ̀ ~}$




 $30 \mu \epsilon ́ \rho o s$.





 $\tau \hat{\omega} \nu \dot{\nu} \dot{\text { ino }}$











${ }^{2}$ After $\xi v \sigma \mu a \tau u ́ \delta, a$ Kühlewein reads (from Galen) $\tau \epsilon \kappa$ каl ainatidea.
should be soft and distended. But for stools to be very fluid, or white, or exceedingly green, ${ }^{1}$ or frothy, are all bad signs. It is a bad sign too when they are scanty and viscid, white, greenish and smooth. But more deadly than these will be stools that are black, or livid, or oily, or verdigris-coloured ${ }^{2}$ and fetid. Varied stools indicate an ilhess which, while longer than those just referred to, will be no less dangerous; such are like scrapings, bilious, leek-green, and black, exhibiting these characteristics sometimes all at once and sometimes by turns.

It is best for flatulence to pass without noise and breaking, though it is better for it to pass even with noise than to be intercepted and accumulated internally ; yet even if passed thus it indicates that the patient is suffering or delirious, unless he emits the flatulence wittingly. But pains and swellings in the hypochondria, if they be recent and without inflammation, are cured by a rumbling occurring in the hypochondrium, which is most favourable when it passes along with stools and urine, though it is beneficial even if it merely passes by itself. It is also beneficial when it descends into the lower parts.
XII. Urine is best when the sediment is white, smooth and even for the whole period of the illness until the crisis, for it indicates a short sickness and a sure recovery. But should the sediment intermit, and the urine sometimes be clear and sometimes show the white, smooth, even deposit, the illness will

[^29]





 $\pi о \nu \eta \rho a i \cdot$ тои́т $\omega \nu$ ठє̀ èt८ какіоия ai $\pi \epsilon \tau а \lambda \omega ́ \delta \epsilon \epsilon \varsigma^{\circ}$



 $\pi v \rho \rho o ́ \nu, ~ a ̈ \pi \epsilon \pi \tau o \nu ~ \sigma \eta u a i \nu \epsilon \iota ~ \tau o ̀ ~ \nu o ́ \sigma \eta \mu a ~ \epsilon i \nu a l \cdot ~ \epsilon i ̀ ~ \delta \grave{~}$









 $\chi \epsilon \sigma \theta a \iota$ és тà ка́тш т $\hat{\omega} \nu \phi \rho \in \nu \hat{\omega} \nu \chi \omega \rho i ́ a$. каi $\tau a ̀ s$






${ }^{1} \mathrm{C}^{\prime}$ omits $\pi \epsilon \tau а \lambda \operatorname{con}^{\delta} \epsilon \epsilon s$. . . . какious ai, the scribe passing from the first кaкious ai to the second, omitting the intervening words.
be longer and recovery less likely. Should the urine be reddish and the sediment reddish and smooth, recovery will be sure, although the ilhess will be longer than in the former case. Sediments in urine which are like coarse meal are bad, and even worse than these are flaky sediments. Thin, white sediments are very bad, and even worse than these are those like bran. Clouds suspended in the urine are good when white but bad when black. ${ }^{1}$ So long as the urine is thin and of a yellowish-red colour, it is a sign that the disease is unconcocted; and if the disease should also be protracted, while the uine is of this nature, there is a danger lest the patient will not be able to hold out until the disease is concocted. The more fatal kinds of urine are the fetid, watery, black ${ }^{1}$ and thick; for men and women black urine is the worst, for children watery urine. Whenever the urine is for a long time thin and crude, should the other symptoms too be those of recovery, an abscession is to be expected to the parts below the diaphragm. Fatty substances like spiders' webs settling on the surface are alarming, as they are signs of wasting. The urine in which the clouds are, whether these be on the bottom or at the top, must be examined, as well as the colours of these clouds, and those that float at the bottom with the colours I have stated to be good, should be welcomed, while clouds on the top,
$$
{ }^{1} \text { I.e. like port wine. See p. } 9 .
$$

[^30]
## IIPORNSETIKON

 $\mu \epsilon ́ \mu \phi \epsilon \sigma \theta a \iota . \quad \mu \grave{\eta} \epsilon \mathfrak{\epsilon} \xi a \pi a \tau \iota \dot{\epsilon} \tau \omega \delta \dot{\epsilon} \sigma \epsilon, \eta_{\nu} \nu \tau \iota a \dot{u} \tau \dot{\eta} \dot{\eta}$














XIV. Пти́є $\lambda o \nu \chi \rho \grave{\eta}$ є̇ $\pi i$ i $\pi a ̂ \sigma \iota ~ \tau o i ̂ \sigma \iota \nu ~ a ̀ \lambda \gamma \eta ́ \mu a \sigma \iota ~$














$$
{ }^{3} \text { éкeivov MV : EKкeivou } \mathrm{C}^{\prime} \text {. }
$$

with the colours I have stated to be bad, should be considered unfavourable. But be not deceived if the urine have these bad characters because the bladder itself is diseased; for they will not be a symptom of the general health, ${ }^{1}$ but only of the bladder by itself.
XIII. That vomit is most useful which is most thoroughly compounded of phlegm and bile, and it most not be thick nor brought up in too great quantity. Less componnded vomits are worse. And if that which is brought up be of the colour of leeks, or livid, or black, ${ }^{2}$ in all cases vomit of these colours must be considered bad. If the same patient brings up vomit of all these colours, he is quite at death's door. Of the vomits, the livid indicates the earliest death, should the odour be foul; but all odours which are rather putrid and foul are bad in the case of all vomits.

SlV. Sputum, in all pains of the lungs and ribs, should be quickly and easily brought up, and the yellow should appear thoroughly compounded with the spatum; for if long after the beginning of the pain yellow sputum should be coughed up, or reddishyellow, or causing much coughing, or not thoroughly compounded, it is a rather bad sign. For yellow sputum, uncompomeded, is dangerous, and the white, viscous and round bodes no good. Pale green, if pronounced, and frothy sputum is also bad. If it should be so uncompounded as to appear actually black, ${ }^{2}$ this is a more alarming sign than the others. It is bad too if nothing be brought up, and the lungs eject nothing, but are full, and bubble in the throat. In

[^31]
## ПРОГN 2 STIKON












 $27 \pi \tau v o ́ \mu \epsilon \nu a$.


















 30

## PROGNOSTIC, xiv.-xv.

all lung diseases it is bad for catarrhs and sneezing either to precede or to follow, but all other dangerous diseases are benefited by sneezing. For a little blood mixed with yellow sputum to be brought up in cases of pneumonia at the beginning of the disease is a very favourable sign of recovery, but less favourable on the seventh day or later. All sputum is bad if it does not remove the pain, but the worst, as I have said, is the black, while in all cases the removal of the pain by expectoration is a better sign.
XV. Such pains in these parts as do not give way before either purging of sputum, or evacuation of the bowels, or venesection, purges and regimen, must be regarded as about to turn to empyema. Such empyemas as form while the sputum is still bilious are very fatal, whether the bile and pus be brought up by turns or together. Especially should the empyema begin from sputum of this character when the disease has reached the seventh day, the patient may be expected to die on the fourteenth day unless some good symptom happen to him. The good symptoms are these: to bear up easily against the disease; to have good respiration; to be free from the pain; to cough up the sputum readily; the whole body to be evenly warm and soft; to have no thirst; urine, stools, sleep and sweat to get the characters that have been severally deseribed as good.

[^32]
## HPORN $\Omega$ ETIKON









 єival iб $\chi v \rho \hat{\omega} \varsigma$, тò $\delta \grave{\epsilon} \mu \epsilon ́ т \epsilon т о и ~ к а i ~ т a ̀ s ~ \chi \epsilon i p a s ~ к а i ~$






 каi ой тєриа́үоитоs є̀s тàs тєббарєбкаíठєка
 тє каі кака̀ $\sigma и \lambda \lambda о \gamma ı \zeta ̆ о ́ \mu \epsilon \nu о \nu$ є̇к тои́т $\omega \nu \chi \rho \grave{\eta}$ тàя



 44 ŋјнє́рая «ффєкрє́оутає.







## PROGNOSTIC, xv.-xw.

If all these symptoms supervene, the patient will not die; if some, but not all, supervene, the patient will die after living for longer than fourteen days. Bad sympioms are the opposite of those I have just given: to bear up against the disease with difficulty ; respiration to be deep and rapid; the pain not to have ceased ; to cough up the sputum with difficulty ; to be very thirsty; the body to be unevenly affected by the fever, the belly and the sides being exceedingly warm, and the forehead, hands and feet cold; urine, stools, sleep and sweat to have the characters already described severally as bad-should sputum of the kind mentioned above be followed by any of these sympioms the patient will die before completing the fourteen days, on the ninth or eleventh day. So that must be the conclusion drawn, as this sputum is very deadly, and does not allow the patient to survive fourteen days. You must take into aecount both the good signs and the bad that occur and from them make your predietions; for in this way you will prophesy aright. Most other empyemas break, some on the twentieth day, some on the thirtieth, some on the fortieth, while others last sixty days.
XVI. Consider that the beginning of the empyema dates from the day on which the pationt was first attacked by fever or by rigor, or on which he said that a heaviness took the place of the pain in that

[^33]
## ПРОГN $\Omega$ EIKON






















 $\phi \lambda u ́ \kappa \tau a l v a l$ अívovtal àvà тò $\sigma \hat{\omega} \mu a$ каì $\sigma \iota \tau i ́ \omega \nu$ ov̉к





21 have followed $C^{\prime}$ here, hint I feel sure that the text must remain uncertain, since it is probably mutilated, with gaps from $\epsilon i \delta \epsilon \epsilon \xi_{\eta}$ to the end of the chapter.


## PROGNOSTIC, xvı--xvir.

part in which he had been aching. These symptoms occur at the beginning of empyema. Expect then that the gathering will break after the intervals mentioned above from the date of the beginning. Should the empyema be one-sided only, turn the patient in this case, and inquire whether he has a pain in the side. And if one side be somewhat hotter than the other, ask the patient, while he is lying on the sound side, if he feels a weight hanging from the upper part. Should this be so, the empyema is one-sided, on whichever side the weight occurs. ${ }^{1}$
XVII. All sufferers from empyema may be distinguished by the following symptoms. In the first place the fever never stops, being slight during the day but more severe at night; copious sweats occur; the patient lias a desire to cough, without bringing up any sputum worth speaking of; the eyes become sunken; the cheeks are Hlushed; the finger-nails are bent and the fingers grow hot, especially at the tips; the feet swell up; blisters rise about the body, and the appetite fails.

Prolonged empyema has these symptoms, which may be implicitly relied on; when recent it is indicated by the same signs, should there appear those
${ }^{1}$ I have done my best to make sense out of this very obscure passage. Why should the physician make these experiments, if he know sthat the empyema is on one side, and knows also which is "the sound side"? Was it to confirm his suspicions? Was it to persuade the patient that he had empyema, and so get his consent to an operation, should one prove necessary? I have long suspected that the text is very mutilated, and that several sentences have dropped out. If the text could be restored, we should probably see that the writer considered not one case only, but two or three.

## IIPORNSETHOON












 $\dot{\rho} \eta \xi \iota \circ$.



















symptoms which occur at the begimming, if at the same time there be some difficulty of breathing. Whether the gathering will break earlier or later may be determined by the following signs. If the pain take place at the beginning, and if the difliculty of breathing, the coughing and the expectoration be continued,' expect the breaking by the twentieth day or even earlier. If, however, the pain be milder, and all the signs be proportionately mild, expect the breaking later. Before the gathering breaks there must occur pain, difficulty of breathing and expectoration.

Those chiefly recover who lose the fever on the same day after the gathering breaks, quickly recover their appetite, and are rid of thirst; when the bowels pass small, solid motions, and the pus evacuated is white, smooth, uniform in colour, rid of phlegm and brought up without pain and coughing. These make the best and quickest recovery; the nearer the approximation to their symptoms the better. Those die who are not left on the same day by the fever, which seems to leave them and then appears again with renewal of heat; who are thirsty but have no appetite; whose bowels are loose, and who evacuate pus that is yellow and livid or full of phlegm and froth. Those who show all these symptoms die; those who show some only either die or recover after a long illness. In these cases, as in all others, it is from the sum-total of the symptoms that an appreciation of the illness should be made.
${ }^{1} \mathrm{Or}$, reading $\delta \iota a \tau \epsilon i \nu \eta$, "severe."

[^34]
## ПРОГNQธTIKON





 †̀ óvúp $\mu \grave{\eta} \pi \epsilon \pi a \cup \mu \epsilon ́ \nu \eta$ !̀ каi тò $\pi \tau v \in \lambda о \nu \mu \eta$



 $\sigma \tau \iota \kappa \hat{\omega} \varsigma$ ито̀ т $\hat{\omega} \nu \lambda о \iota \pi \hat{\omega} \nu \pi \dot{\imath} \nu \tau \omega \nu \tau \hat{\omega} \nu \pi \epsilon \rho \iota \epsilon \sigma \tau \iota \kappa \hat{\omega} \nu$













 каi $\dot{\eta}$ àто́бтабıs ти́ $\chi \iota \sigma \tau a ~ \grave{a} \nu \omega ́ \delta \nu \nu о \varsigma ~ a ̂ \nu ~ \pi a u ́-~$




 тирєто̂̀ é $\chi o u \tau o s, \delta \in \iota \nu o ́ \nu . ~ к i ́ \nu \delta \nu \nu o s ~ \gamma a ̀ \rho ~ \mu \grave{\eta} \pi a \rho a-$ $3^{8}$

## PROGNOSTIC, xvin.

XVIII. Whenever from pneumonia an abscession takes place to the ears, while gatherings occur in the lower parts and fistula forms, the patient recovers. Judge of such cases in the following way. Expect abscessions of this kind when the fever holds, if the pain have not ceased and the expectoration be not normal, if the stools be not bilious, nor become loose and concocted, if the urine have not a very thick, copious deposit, but be assisted favourably by all the other favourable symptoms. The abscessions occur, some to the lower parts, whenever some of the phlegm appears in the region of the hypochondrimm, others to the upper parts, whenever the hypochondrium continues to be soft and painless, and the patient suffers from a temporary shortness of breath which ceases without any manifest cause.

Abscessions to the legs in severe and critical pneumonia are all beneficial, but the best are those that occur when the sputum is already changing. For if the swelling and the pain take place at the same time as the sputum is turning from yellow to purulent and is being evacuated, the patient is quite certain to recover, and the abscession will very quickly come to an end without pain. Should, however, the sputum be not well evacuated, and the urine do not show a good deposit, there is a danger that the limb will be lamed or else cause much trouble. Should, however, the abscessions disappear without the evacuation of sputum and while the fever lasts, the prognosis is bad, as there is a danger lest the patient become delirious and die. When empyema occurs as the result of pneu-

## HPOINQETIKON













 10 то̂̃тo้.


 кибтiшу то́roи ікауоі iтоктєìrая, каi аі коьлía












 Neither the scholiast nor dialen comments upon the words,
monia, older patients are the more likely to die; with other kinds of empyema younger pcople more easily succumb.
XiX. Pains occurring with fever in the region of the loins and lower parts, if they leave the lower parts and attack the diaphragm, are very mortal. So pay attention to the other symptoms also, since, if another bad symptom supervene, the case is hopeless; but if, when the disorder jumps to ${ }^{1}$ the diaphragm, the other symptoms that supervene are not bad, confidently expect that empyema will occur in this case.

Hardness and pain in the bladder are always serious, and whenever attended with continuous fever, very fatal. In fact, the pains from the bladder alone are enough to cause death, and in such cases the bowels are not moved, except with hard and forced ${ }^{2}$ stools. The disease is resolved by the passing of purulent urine, with a white, smooth sediment. If, however, neither the urine becomes favourable nor the bladder be softened, while the fever is continoous, expect the patient to die in the first periods of the illness. This form attacks especially children between the ages of seven and fifteen years.
 of the pain to the diaphragm was only apparent-which is contrary to the first sentence of the chapter.
${ }_{2}$ Either through constipation, or hy the use of purgatives.

[^35]
## MPORNQSTIKON



 $\epsilon \dot{u} \eta \theta \dot{\epsilon} \sigma \tau а \tau о \iota \quad \tau \hat{\omega} \nu \quad \pi \nu \rho є \tau \hat{\omega} \nu$ каі $\dot{\epsilon} \pi i \quad \sigma \eta \mu \epsilon i \omega \nu$



























$$
{ }^{1} \tau \hat{\omega} v^{\prime} \pi v \rho \in \tau \hat{\omega} \nu, \mathrm{C}^{\prime}
$$

XX. Fevers come to a crisis on the same days, both those from which patients recover and those from which they die. The mildest fevers, with the most favourable symptoms, cease on the fourth day or earlier. The most maligmant fevers, with the most dangerous symptoms, end fatally on the fourth day or earlier. The first assault of fevers ends at this time; the second lasts until the seventh day, the third until the eleventh, the fourth until the fourteenth, the fifth until the seventeenth, and the sixth until the twentieth day. So in the most acute diseases keep on adding periods of four ${ }^{1}$ days, up to twenty, to find the time when the attacks end. None of them, however, can be exactly calculated in whole days; neither can whole days be used to measure the solar year and the lunar month.

Afterwards, in the same manner and by the same increment, the first period is one of thirtyfour days, the second of forty days and the third of sixty days. ${ }^{2}$ At the commencement of these it is very difficult to forecast those whieh will come to a crisis after a protracted interval, for at the beginning they are very much alike. From the first day, however, you must pay attention, and consider the question at the end of every four days, and then the issue will not escape you. The constitution ${ }^{3}$ of quartans too
${ }_{2}^{1}$ In the modern way of counting, thrce.
${ }^{2}$ The series apparently are these :-

$$
\begin{equation*}
1,4,7,11,14,17,20 \tag{24,27,31}
\end{equation*}
$$

[3i] 40
$[44,47,51,54,57] 60.$,
The whole question, however, is involved in uncertainty, as critical days are not discussed elsewhere, except incidentally in ipidemics. See Vol. I., General Introctuction, p. liv.
${ }^{3}$ Kavá $\sigma \alpha \sigma \iota s$ is here practically equivalent to $\phi \dot{v} \sigma ı s$. See Vol. I. p. 141 (note).

## ПРОГNQエ:HKON











 12 үivorтat.













XXII. ' $\Omega \tau o ̀ s ~ \delta e ̀ ~ o ́ \delta u ́ v p ~ o ́ \xi \epsilon i ̂ a ~ \sigma i ̀ v ~ \pi v \rho \in \tau \hat{\varphi}$


 $\delta \epsilon \hat{\imath}$ тробє́ $\chi \epsilon \nu$ тò̀ עóol каi $\tau о \hat{\imath} \sigma \iota \nu$ ӥ $\lambda \lambda о \iota \sigma \iota$

is of this order. Those that will reach a crisis after the shortest interval are casier to determine, for their differences are very great from the commencement. Those who will recover brathe easily, are free from pain, sleep during the night, and show generally the most favourable symptoms; those who will die have difficulty in breathing, are sleepless and delirious, and show generally the worst symptoms. Learning these things beforehand you must make your conjectures at the end of each increment as the illness advances to the crisis. In the case of women too after delivery, the crises occur according to the same rules.

XXl. Violent and continuous headaches, should there be in addition one of the deadly signs, is a very fatal symptom. But if without such signs the pain continue more than twenty days and the fever last, hemorrhage through the nose is to be expected, or some abscession to the lower parts. And while the pain is recent, one must look for hemorrhage through the nose, or a suppuration, especially if the pain be in the temples and forehead; hemorrhage is rather to be expected in patients under thirty-five years, suppuration in older patients.
XXII. Acute pain of the ear with continuous high fever is dangerous, for the patient is likely to become delirious and die. Since then this type of illness is treacherous, the doctor must pay sharp attention to all the other symptoms also from the

Galen's commentary. Kïhlewein would spell it àmoдєú $\mu \in \nu o r$. I take àmo入入úpevot to be a present with future sense.
${ }^{2}$ From $\vec{\eta}$ to $\rho \omega \bar{\omega} \nu$ is omitted by $\mathrm{C}^{\prime}$, the eye of the scribe passing from the first $\delta \dot{\alpha} \dot{\rho} \omega \hat{\omega} \nu$ to the second.


## IIPOIN $\Omega \Sigma T I K O N$

 àтó $\lambda \lambda \nu \nu \tau a \iota ~ \delta \grave{\epsilon}$ oi $\mu \grave{\iota} \nu \quad \nu \epsilon \omega ́ \tau \epsilon \rho о \iota ~ \tau \hat{\omega} \nu$ dं $\nu \theta \rho \omega ́ \pi \omega \nu$





 $\nu o v \sigma \iota \nu$ тoùs $\pi \lambda \epsilon i ́ \sigma \tau o v s . ~ o i ~ \delta \grave{\epsilon} \nu \epsilon \omega ं \tau \epsilon \rho \circ \iota, \pi \rho i \nu$














 Oрıаı $\mu \grave{̀ \nu ~ к и ́ \rho т а, ~ \chi р о \nu ı \omega ́ т \epsilon \rho а \iota ~ \delta є ̀ ~ \mu a ̂ \lambda \lambda о \nu ~ \tau \hat{\omega} \nu ~}$



 є́рvбíтє $\lambda a \varsigma \not{\epsilon} \sigma \omega . \quad \eta \quad \eta \nu \delta \grave{\epsilon} \mu \dot{\eta} \tau \epsilon \epsilon \dot{\epsilon} \nu \dot{\eta} \mu \epsilon ́ \rho \eta \sigma \iota \kappa \rho \iota \sigma i \mu \eta \sigma \iota$

[^36]very first day. Younger patients die from this disease on the seventh day or even earlier; old men die much later, for the fever and the delirium attack them less, and for this reason their ears quickly suppurate. At this time of life, however, relapses occur and prove fatal to most, while younger men die before the ear suppurates. When white pus flows from the ear, you may hope that a young man may recover, if besides he show some other favourable symptom.
XXIII. An ulcerated throat with fever is serious; but if some other sympton also supervene that has been already classed as bad, forecast that the patient is in danger. Angina is very serious and rapidly fatal, when no lesion is to be seen in either throat or neck, and, moreover, it causes very great pain and orthopnoea; ${ }^{\mathbf{1}}$ it may suffocate the patient even on the first day, or on the second, third or fourtl. Such cases as show swelling and redness in the throat, while they are generally similar, and cause pain, are very deadly, though they tend to be more protracted than the former. When throat and neck are botb red, the illness is more protracted, and reeovery is most likely should neck and chest be red and the erysipelas ${ }^{2}$ does not turn back ${ }^{3}$ inwards. Should, however, the erysipelas disappear neither on the critical days nor with the formation
${ }^{1}$ Difficulty of respiration, when the patient can breathe only in an upright condition.
${ }_{2}$ See Vol. I., General Introduction, p. lviii.
3 The word so translated is used to describe the action of peceant humours when, instead of "working off" in an abscess or eruption, etc., they return into the system and cause a relapse or another form of illness.

## ПРОГN®इTIKON









 є’ $\omega \sigma \iota$ каi $\mu \epsilon \gamma а ́ \lambda о \iota ~ к а і ~ \gamma \grave{a ̀ \rho ~ ф \lambda \epsilon \gamma \mu о \nu а i ~ є ̇ \pi \iota \gamma i ́ v o \nu \tau а \iota ~}$ тои́тоьбь каі aíнорраүía!. à $\lambda \lambda \dot{a} \chi \rho \grave{\eta} \tau \grave{a} \tau о \iota a \hat{v} \tau a$









XXIV. 'Око́боьбє $\delta$ ' àv oi $\pi v \rho \in \tau о i ~ \pi a v ́ \omega \nu \tau а є ~$ $\mu \eta \prime \tau \epsilon \sigma \eta \mu \epsilon i \omega \nu \gamma \epsilon 1^{\prime} о \mu \epsilon \in \nu \omega \nu \lambda \nu \tau \eta \rho i \omega \nu \mu \eta \prime \tau \epsilon \in \dot{\iota} \nu$ í $\mu \epsilon ́ \rho \eta \sigma \iota$





 a̋ $\rho \rho \omega \nu \kappa \alpha i$ où $\chi$ خे $\sigma \sigma o \nu ~ \tau \hat{\omega} \nu \kappa с ́ \tau \omega . ~ \mu a ̂ \lambda \lambda о \nu ~ \delta \grave{\epsilon}$

 божєєє.
48
of an abscess on the exterior, and if the patient should not cough up pus easily and without pain, it is a sign of death or of a relapse of the redness. The most hopeful sign is for the redness to be determined as much as possible outwards; but if it be determined to the lungs it produces delirium, and such cases usually result in empyema.

It is dangerons to cut away or lance the uvala while it is red and enlarged, for inflammation and hemorrhage supervene after such treatment; but at this time try to reduce such swellings by the other means. When, however, the gathering is now complete, forming what is called "the grape," that is, when the point of the uvula is enlarged and livid, while the upper part is thimer, it is then safe to operate. It is better, too, to move the bowels gently before the operation, if time permit and the patient be not suffocating. ${ }^{1}$
XXIV. In all cases where the fevers cease neither with signs of recovery nor on critical days a relapse may be expected. If a fever be protracted, although the patient is in a state indicating recovery, and pain do not persist through inflammation or any other obvious canse, you may expect in abscession, with swelling and pain, to one of the joints, especially to the lower ones. Such abscessions come more often, and earlier, when patients are under thirty. You must suspect
${ }^{1}$ See note 3 below.

[^37]
## MPORN $\Omega$ STIKON

 $\dot{v} \pi о \sigma \kappa \epsilon ́ \epsilon \tau \epsilon \sigma \theta a \iota ~ \delta \grave{\epsilon} \chi \rho \grave{\eta} \epsilon \dot{u} \theta \epsilon \epsilon \omega \varsigma ~ \tau \grave{a} \pi \epsilon \rho i \quad \tau \hat{\eta} \varsigma \dot{a} \pi \sigma-$





 $\pi \epsilon \pi \lambda a \nu \eta \mu \epsilon ́ \nu o \nu ~ \tau \rho o ́ т о \nu ~ к а i ~ \tau а \hat{\imath} \tau а ~ \pi о \iota \epsilon ́ \omega \nu ~ \tau \hat{\omega}$ $20 \phi \theta \iota \nu \quad \pi \omega \rho \rho \omega, \pi \epsilon \lambda a ́ \zeta \eta \eta . \quad \omega ̈ \sigma \pi \epsilon \rho$ ठє̀ $\tau 0 i ̂ \sigma \iota ~ \nu \epsilon \omega \tau \epsilon ́ \rho o \iota \sigma \iota$





 $\kappa \epsilon \phi a \lambda \grave{\eta} \nu \dot{a} \lambda \gamma \epsilon \hat{\imath} \nu \kappa \alpha i ̀ ~ o ̀ \rho \phi \nu \hat{\omega} \delta \epsilon \varsigma ~ \tau \iota \pi \rho o ̀ ~ \tau \hat{\omega} \nu \grave{o} \phi \theta a \lambda$.






 тєтартаîol $\pi \iota \epsilon \zeta \epsilon \hat{\epsilon} \nu \tau a \iota ~ \mu a ́ \lambda \iota \sigma \tau а ~ к а і ~ \pi є \mu \pi \tau а і ̈ о \iota . ~$




 ${ }^{1} \mathrm{~V}$ omits from the preceding $\tau o \hat{v}$ to this. The scribe passed over the interveniag words.

## PROGNOSTIC, xxiv.

at once the occurrence of an abscession if the fever last longer than twenty days; but in older patients it is less likely, even it the fever be more protracted. If the fever be continuous you must expect the abscession to be of this type, but the disease will resolve into a quartan if it intermit and attack in in irregular fashion, and if autumn approach while it acts in this way. Just as the abscessions occur when the patients are under thirty, so the quartans supervene more often when they are thirty or over. You must know that in winter the abscessions are more likely to occur and are longer in coming to an end, though there is less risk of a relapse.

If a patient in a fever that is not mortal says that his head aches, and that a darkness appears before his eyes, should he also feel heart-burn, a bilious vomiting will soon occur. If a rigor also supervene, and the parts below the hypochondrium be cold, the vomiting will occur sooner still; while if the patient eat or drink something at this time he will vomit very soon indeed. When in such cases the pain begins on the first day, the patients are most distressed on the fourth and fifth, recovering on the seventh. Most of them, however, begin to feel pain on the third day, are at their worst on the fifth, recovering on the ninth or eleventh. When they begin to feel pain on the fifth day, and the

[^38]
## IIPORN $\Omega$ ETIKON






 тритаıоьби".




 тєрі̀ $\sigma v \nu \tau \epsilon i ́ \eta \eta \tau a i ́ ~ \tau \iota ~ \mu i \grave{\tau \epsilon}$ бùv ódúvך $\mu i j \tau \epsilon \sigma \dot{v}$ $\phi \lambda \epsilon^{\circ} \mu \mu \nu \hat{l}$, $\alpha \hat{i} \mu a \quad \delta \iota a ̀ \dot{\rho} \iota \nu \hat{\omega} \nu$ тои́тоוбє $\dot{\rho} a \gamma \hat{\eta} \nu a \iota$ $\pi \rho о \sigma \delta o ́ к \iota \mu о y^{\prime}$ ¿̀дтi то̂̀ е́ $\mu \in ́ т о v . ~ \mu a ̂ \lambda \lambda о \nu ~ \delta e ̀ ~ к а i ~$


 тро $\sigma \delta \in ́ \chi \epsilon \sigma \theta$ aı.
60 Toîбı $\delta \grave{\epsilon} \pi a \iota \delta i ́ o \iota \sigma \iota ~ \sigma \pi a \sigma \mu o i ~ \gamma i ́ \nu o \nu \tau a \iota, ~ ク ゙ \nu ~ o ̈ ~$

 өرирің $\omega \sigma \iota$ каì то̀ $\chi р \hat{\omega} \mu a \quad \mu \epsilon \tau а \beta a ́ \lambda \lambda \omega \sigma \iota ~ к а і ~$



 то̂̂$\sigma \iota \nu \dot{v} \pi \grave{o}$ т $\hat{\omega} \nu \quad \sigma \pi a \sigma \mu \hat{\omega} \nu \dot{a} \lambda i ́ \sigma \kappa о \nu \tau \alpha \iota, \hat{\eta} \nu \quad \mu \dot{\eta} \tau \iota$ т $\hat{\omega} \nu \quad \sigma \eta \mu \epsilon i \omega \nu \quad \pi \rho о \sigma \gamma \epsilon ́ \nu \eta \tau a \iota ~ \tau \hat{\omega} \nu$ i $\sigma \chi \nu \rho о \tau$ и́т $\omega \nu \tau \epsilon$

 $\pi a \iota \delta i \omega \nu$ тє каi $\tau \hat{\omega} \nu$ ä $\lambda \lambda \omega \nu \tau \epsilon \kappa \mu а і р є \sigma \theta a \iota \tau о \imath ̂ \sigma \iota$ 52
symptoms proceed after the manner 1 have described, the disease reaches a crisis on the fourteenth day. Men and women experience these symptoms mostly in tertian fevers; younger people too experience them in tertians, but more often in the more contimous fevers and in genuine ${ }^{1}$ tertians.

All those who with headache in a fever of this character experience not a darkness before the eres but a dimmess of vision, or see flashes of light, while instead of heart-burn there is a tension of the right or left hypochondrium without pain or inflammation, these you may expect will not vomit but bleed from the nose. In this case too expect the hemorrhage more especially in young people. It occurs less frequently if the patient ise of thirty years or more; in these cases expect the vomiting.

Children suffer from convulsions if the fever be acute and the alvine discharges cease; if they cannot sleep but are terrified and moan; if they change their colour and become yellow, livid or red. Convulsions are most likely to attack very young children before they are seven years old; older children and adults are not attacked by convulsions in fevers unless some of the worst and most violent symptoms supervene, as happens in cases of phrenitis. Whether children and whether adults will survive or die you must infer from a combination of all the symptoms,

> I I. e. tertians that intermit, the fever ceasing entirely every other day. Many tertians remit oniy, the fever growing less instead of ceasing altogether.

[^39]
## MPOFNתETIKON














 $\tau \hat{\omega} \nu \tau є \kappa \mu \eta \rho i \omega \nu$ каі т $\hat{\omega} \nu$ ä $\lambda \lambda \omega \nu \quad \sigma \eta \mu \epsilon i \omega \nu,{ }^{2}$ öтє є́ $\nu$ $\pi а \nu \tau i$ ётєє каi т $і \sigma \eta \chi^{\omega} \rho \eta^{3}$ тí тє какà како́и тє









 24 айтоَ̂ $\sigma \iota$ $\sigma \eta \mu \in i ́ \sigma \iota \sigma \iota \nu$.
 каі $\chi о \lambda \dot{\eta} \nu$. The clause is deleted by Gomperz and Wilamowitz.
 Galen.
as I have severally described them in the several kinds of cases. My remarks apply to acute diseases and to all their consequences.
XXV. He who would make accurate forecasts as to those who will recover, and those who will die, and whether the disease will last a greater or less number of days, must understand all the symptoms thoroughly and be able to appreciate them, estimating their powers when they are compared with one another, as I have set forth above, particularly in the case of urine and sputa. It is also necessary promptly to recognize the assaults of the endemic diseases, and not to pass over the constitution of the season. However, one must clearly realize about sure signs and about symptoms generally, that in every year and in every land bad signs indicate something bad, and good signs something favourable, siuce the symptoms described above prove to have the same significance in Libya, in Delos, and in Scythia. So one must clearly realize that in the same districts it is not strange that one should be right in the vast majority of instances, if one learns them well and knows how to estimate and appreciate them properly. Do not regret the omission from my account of the name of any disease. ${ }^{1}$ For it is by the same symptoms in all cases that you will know the diseases that come to a crisis at the times I have stated.
${ }^{1}$ Contrast with this the criticism of the Cnidian physicians in Chapter III of Regimen in Acute Discases, and notice once more the insistence on "general" pathology as contrasted with diagnosis.

[^40]
## REGIMEN IN ACUTE DISEASES

## INTRODUCTION

The authorship of this work has never been doubted. It is indisputably one of the great Hippocratic group of treatises, being a kind of supplement to Prognostic. It has also close aftinities with Ancient Medicine, the author of which held medicine to be merely a branch of regimen.

In ancient times, besides its usual title, the book was sometimes called On the Ptisan, or Against the Cuidian Sentences, the former from the chief article of sick food, the latter from the polemic with which the work opens.

The "acute" diseases are those characterized by high fever; they are enumerated in Chapter V. ${ }^{1}$ The treatment recommended is supposed in general to apply to any acute disease; the writer is true to the Hippocratic doctrine of "general" pathology. Chest complaints, however, seem to be more in the writer's mind than the other main class of acute diseases.

The Hippocratic treatment is gentle and mild. Little use is made of drugs; those employed are

[^41]
## INTRODUCTION

purges and simple herbals. Fomentations and baths are features of Hippocratic regimen, and, did oceasion call for them, the enema, suppositories, and renesection were employed. A sparing use was made of water, the drinks recommended being hydromel (honey and water), oxymel (honey and vinegar) and wine. But the great stand-by of the physician in acute diseases was the decoction of barley, "ptisan," which I have translated by "gruel" for the sake of convenience. Great care was bestowed upon its preparation, and the most minute directions were given for its use. Sometimes the pure juice was employed, sometimes more or less of the solid barley was added. Apparently no other nourishment was given, except the things already mentioned, until well after the erisis. ${ }^{1}$

The unpretentious and cautious character of this regimen is in perfect harmony with the modest nature of Greek, particularly of Coan, medicine; no rash promises are made, and no rash experiments attempted. ${ }^{2}$

Galen says that the question of regimen is treated in a confused manner, and his criticism is borne out by a few chapters, which are rather difficult to follow. On the whole, however, the directions for treatment are elearly expressed.

## Manescripts and Emitions

The chief manuscripts are $A, M$ and $V$. The last two generally agree as against $A$. Of the two classes prefercuce should be given to $A$, which generally gives the better reading, although its

$$
{ }^{1} \text { See Chapter Xllf. } \quad 2 \text { See p. xxxiii. }
$$

## INTRODUCTION

exeellence is perhaps not so marked as it is in the case of Ancient Medicine. $\mathrm{R}^{\prime}$ and $\mathrm{S}^{\prime}$ also are occasionally useful. Holkhamensis 282 eontains the treatise, but is practically the same as V .

There were many editions during the sixteentli century, the first separate one being apparently that of Haller. ${ }^{1}$ In the seventeenth century the chief editions were those of Mercuriali (1602) and Heurnins (1609).

There is a commentary by Galen.
The only English translation, so far as I know, is that of Francis Adams. I have, however, in my possession a MS. Englislı translation, in a late seventeenth-eentury hand, which is distinctly better than the type of translation fashionable at this period. In a few plaees it has helped me to make my own translation. The author was a careful scholar, and, to judge from his medical notes, a practitioner. I refer to the translation as "Z."

I have found it hard to translate $\chi^{i}$ dós. "Barley water" is the natural rendering, but it is not always available. I hope that the word "juice," which I have often employed, will not be thonght too strange.

[^42]
## ПЕРI $\triangle$ IAITH $\mathrm{O} \equiv \mathrm{E} \Omega \mathrm{N}$

I. Oi ovrүpáqavtes tàs Kvioías калєонévas















 $8 \check{\omega} \rho \eta \nu \quad \pi \iota \pi i \sigma \kappa \epsilon l \nu$.



[^43]
## REGIMEN IN ACUTE DISEASES

I. Tie authors of the work entitled Cnidian Sentences have correctly described the experiences of patients in individual diseases and the issues of some of them. So much even a layman could correctly describe by carefully inquiring from each patient the nature of his experiences. But much of what the physician should know besides, without the patient's telling him, they have omitted; this knowledge varics in varying circumstances, and in some cases is important for the interpretation of symptoms.
II. And whenever they interpret symptoms with a view to determining the right method of treatment in each case, ${ }^{1}$ my judgment in these matters is in many things different from their exposition. And not only on this account do I censure them, but because too the remedics they used were few in number; for most of their prescriptions, except in the case of acute diseases, were to administer purges, and to give to drink, at the proper season, whey and milk.
III. Now were these remedies good, and suited to the diseases for which the Cnidians recommended

[^44]
## ПEPI JIAITHS OEERN

 $\epsilon \in \tau \iota \nu . \nu \hat{v} \nu \delta \in ̀$ oủ oüт



 $\pi о \lambda \nu \tau \rho о \pi i ́ a s ~ \tau \grave{a} \varsigma ~ \grave{\epsilon} \nu \dot{\epsilon} \kappa с ́ \sigma \tau \eta ~ т \hat{\omega} \nu \nu о v ́ \sigma \omega \nu ~ \kappa а i ~ \tau \grave{\eta \nu}$





 16 є้ $\chi \eta .^{\text {² }}$
 $\pi \rho о \sigma \epsilon ́ \chi \in l \nu$ тòv vóov• каi үа̀ óто́ба є้ $\rho \gamma а$ ка入а̄;
 ор $\theta \hat{\omega}$, каі отто́ба таұє́ $\omega \varsigma$, таұє́ $\omega \varsigma$, каі ото́ба каӨарі́шя, каӨарíшs, каі отто́ба $\dot{\alpha} \nu \omega \delta \dot{v} \nu \omega \varsigma, \delta \iota a$ $\chi \epsilon \iota \rho i \zeta \epsilon \sigma \theta a \iota \dot{\omega} s \dot{\alpha} \nu \omega \delta v \nu \omega ́ т а т а ~ к а і ~ т а ̆ \lambda \lambda а ~ т а ́ \nu \tau а ~$
 \& ßé入ttov тоוєî̀ $\chi \rho \eta$.
${ }^{1} \tau \hat{\varphi}$ is not in the MSS., lut is added by Gomperz.
 úroua Ł̀ $\chi \in \omega$.
${ }^{3}$ The MSS. here have $\boldsymbol{y} \boldsymbol{v}$, which is deleted by Gomperz.

[^45]
## REGIMEN IN ACUTE DISEASES, $11 .-1 v$.

their use, they would be much more worthy of recommendation, in that thongh few they were sufficient. But as it is this is not the case. However, the later revisers have showed rather more scientific insight in their discussion of the remedies to be employed in each instance. But in fact regimen received no treatment worth mentioning from the ancient physicians, although this omission is a serions one. ${ }^{1}$ Yet the many phases and subdivisions of each disease were not unknown to some; but though they wished clearly to set forth the number of each kind of illness their account was incorrect. For the number will be almost incalculable if a patient's disease be diagnosed as different whenever there is a difference in the symptoms, while a mere variety of name is supposed to constitute a variety of the illness. ${ }^{2}$
IV. The course I recommend is to pay attention to the whole of the medical art. Indeed all acts that are good or correct should be in all cases well or correctly performed; if they ought to be done quickly, they should be done quickly, if neatly, neatly, if painlessly, they should be managed with the minimm of pain; and all such acts ought to be performed excellently, in a manner better than that of one's own fellows.

This view is perhaps unlikely, but, if it be true, of àp oaiou in Chapter V must also refer to the Cnidians, and to them
 and кaṽoos. We do know that the Cnidians paid special attention to names of diseases.
${ }^{2}$ Littiés emendation would mean that the Cnidians refused to give a disease its usual name whenever a variation occurred in the symptoms. This only repeats the sense of the preceding clause, while $H$. means that giving a disease another name does not make it another disease.

## Hepi $\Delta$ IAITH工 OEERN









 $10 \nu о \hat{\sigma} \sigma \iota, \kappa а \grave{\imath} \pi о \lambda \lambda a \pi \lambda a ́ \sigma \iota o \iota{ }^{2}$ ímò $\tau о u ́ \tau \omega \nu \quad \tau \hat{\omega} \nu$
 $12 \sigma \nu \mu \pi a ́ v \tau \omega \nu$.



 $\tau \omega ่ \tau a \tau o \iota ~ a \nu ̀ \tau o i ̀ ~ \epsilon ́ \omega v \tau \omega े \nu \pi \epsilon \rho i ̀ \tau o u ́ \tau \omega \nu \tau \hat{\omega} \nu \nu o \sigma \eta \mu a ́ \tau \omega \nu$ єí⿱iv, $\dot{\omega} \varsigma \mu \epsilon \lambda \epsilon \tau \eta \tau \epsilon ́ a ~ \epsilon ̀ \sigma \tau i \cdot ~ o i ~ \gamma a ̀ \rho ~ \mu \grave{\eta}$ ìт $\rho o i ̀ ~ i \eta \tau \rho o i ̀$







 15 є่ $\tau \in ́ \rho \omega \nu$.

${ }^{1}$ After фрєvítiv M has кal $\lambda \dot{\prime} \theta$ aprou. The case and number seem to indicate a marginal note, and lethargus would certainly be included in ö́ $\sigma a$ тoú $\tau \omega \nu$ é $\chi \delta \mu \in \nu a$.

## REGIMEN IN ACUTE DISEASES, v.-vu.

V. I should most commend a physician who in acute diseases, which kill the great majority of patients, shows some superiority. Now the acute diseases are those to which the ancients have given the names of pleurisy, phemmonia, phrenitis, and ardent fever, ${ }^{1}$ and such as are akin to these, the fever of which is on the whole contimuons. For whenever there is no general type of pestilence prevalent, but diseases are sporadic, acute discases canse many times more deaths than all others put together.
VI. Now laymen do not accurately distinguish those who are excellent in this respect from their fellows, but rather praise or blame strange remedies. For in very truth there is strong evidence that it is in the proper treatment of these illnesses that ordinary folk show their most stupid side, in the fact that through these diseases chiefly quacks get the reputation of being physicians. For it is an easy matter to learn the names of the remedies usually given to patients in such diseases. If barley-water be mentioned, or such and such a wine, or hydromel, ${ }^{2}$ laymen think that physicians, good and bad alike, prescribe all the same things. But it is not so, and there are great differences between physicians in these respects.
VII. And it seems to me worth while to write

[^46]
## HEP AIAITHE BERN




 $\tau \hat{\omega} \nu$ in $\tau \rho \hat{\omega} \nu \pi a ́ \nu \tau a \tau o ̀ \nu a i ̂ \omega \nu a ~ \delta ı a \tau \epsilon \lambda \epsilon \in о \sigma \sigma \nu, \pi \tau \sigma a ́ v a s$








VIII. Má $\lambda a \mu \notin \nu$ ờv oủd̀è $\pi \rho o \beta c i ́ \lambda \lambda \epsilon \sigma \theta a \iota ~ \tau a ̀ ~$












 15 тои́т $\omega \nu$.
${ }^{1}$ After єiठ'́val the MSS. have $\delta \kappa o ́ \sigma a ~ \tau \epsilon$ or cal $\delta \pi o ́ \sigma a$. I have deleted $\delta \pi \delta \sigma \sigma$, on the ground that there are not two classes of points ar ${ }^{\circ} \iota a$ $\gamma \rho a \phi \hat{\eta} s$, but only one, which contains things that are both ėikatpa eideral and $\mu \in \gamma$ ai las


## REGIMEN IN ACUTE DISEASES, ぃぃ.-ทu.

on such matters as are not yet ascertained by physicians, though knowledge thereof is important, and on them depend great benefit or great harm. For instance, it has not been ascertained why in acute diseases some physicians think that the correet treatment is to give mostrained barley-gruel throughout the illness; while others consider it to be of first-rate importance for the patient to swallow no particle of barley, holding that to do so is very harmful, but strain the juice through a cloth before they give it. Others again will give neither thick gruel nor yet juice, some not before the seventh day, others at no time until the disease reaches a crisis.
VIII. Now certainly ${ }^{1}$ physicians are not at all in the habit of even raising such questions; even when they are raised perhaps nothing is learned. Yet the art as a whole has a very bad name among laymen, so that there is thonght to be no art of medicine at all. Accordingly, since among practitioners there will prove to be somuch difference of opinion about acnte diseases that the remedies which one physician gives in the belief that they are the best are considered by a second to be bad, laymen are likely to object to such that their art resembles divination; for diviners too think that the same bird, which they hold to be a happy omen on the left, is an mulucky one when on the right, while other diviners maintain the opposite. The inspection of entrails shows similar anomalies in its various departments.
${ }^{1} \mu a ́ \lambda a \quad \mu \in ̀ \nu$ ởv is a strange phrase with which to begin a sentence. It occurs again at the beginning of Chapter XVII.

[^47]
## IIEPI $\triangle I A I T I I \Sigma ~ O E E \Omega N$















 10 ठıоүкой $\sigma$ аı.










 $12 \pi o \lambda \lambda$ q́ 1.



 70

## REGIMEN IN ACUTE DISEASES, ix-xı.

IX. But I am confident that this inquiry is wholly profitable, being bound up with most, and the most important, of the things embraced by the art. In fact, it has great power to bring health in all cases of sickness, preservation of health to those who are well, good condition to athletes in training, and in fact realization of each man's particular desire.
X. Now I think that gruel made from barley has rightly been preferred over other cereal foods in acute diseases, and I commend those who preferred it ; for the gluten of it is smooth, consistent, soothing, lubricant, moderately soft, thirst-quenching, easy of evacuation, should this property too be valuable, and it neither has astringency nor causes disturbance in the bowels or swells up in them. During the boiling, in fact, it has expanded to the utmost of its capacity.
XI. Those who use this gruel in acute diseases must not fast, generally speaking, on any day, but they must use it without intermission unless some intermission be called for because of a purge or enema. Those who are wont to cat two meals a day should take gruel twice; those wont to have one meal only should have gruel once on the first day. Gradually, if it be thought that they need it, these also may take a second dose. At first it is sufficient to administer a small quantity, not overthick, just enough, in fact, to satisfy habit and to prevent severe pangs of hunger.
XII. As to increasing the quantity of the gruel, if the disease be drier than one would wish, you ought not to increase the dose, but to give to drink before the gruel either hydromel or wine, whichever

[^48]
## nE PI DIAITHE OEERN






 тєроу $\pi \lambda a \delta \hat{\omega} \nu \tau a$ каì $\bar{\eta} \sigma \sigma о \nu$ ßра









 $9 \mu \in \tau a \beta$ á $\lambda \lambda \epsilon \iota \nu$.




 $\pi о \lambda \lambda o ̀ \nu \tau \epsilon \lambda \epsilon \omega ́ \tau \epsilon \rho a i ́ ~ \epsilon i \sigma \iota$, каі $\stackrel{\epsilon}{\mu} \mu \pi v o \iota \hat{j} \sigma \sigma \sigma \nu$ 犭ívov-

 $9 \sigma \tau \rho \circ \phi \dot{\omega} \delta \epsilon \epsilon \varsigma$.


${ }^{1} \pi \rho \circ \mu \eta \theta \dot{\eta} \sigma \eta$ Littré, the MSS. having $\pi \rho o \mu \eta \theta \in s=\hat{\eta}$. The MS. reading can be kept only if $\pi \rho o \mu \eta \theta \theta$ 's be given a passive
is suitable; it will be stated later what is suitable in each form of ilhess. Should the mouth be moist, and the sputa as they should be, increase as a general rule the quantity of the gruel ; for early appearance of abundant moisture indicates an early crisis, while a later appearance of scanty moisture indicates a late crisis. In their essence the facts are on the whole as stated.
XIII. Many other important points have been passed over which must be used in prognosis; these will be discussed later. The more complete the purging of the bowels the more the quantity of gruel administered should be increased until the crisis. In particular, proceed thus for two days after the crisis, in such cases as lead you to suppose that the crisis will be on the fifth, seventh or ninth day, so as to make sure of both the even and the odd day. Afterwards you must administer gruel in the morning, but you may cliange to solid food in the evening.
XlV. The above rules are on the whole useful to those who administer unstrained gruel from the outset. For in cases of pleurisy the pains at once cease of their own accord, as soon as sputa worth mentioning begin to be brought up and purgings begin to take place; while the purgings are much more complete, and empyema is less likely to occur, than if another regimen were adopted, and the crises are simpler, more decisive, and less liable to relapses.
XV. Gruel should be made from the finest barley, and boiled as well as possible, especially if more
meaning ("carefully guarderl acrinst"). Not finding a parallel to this I have adopted the reading of Littre.

## MEPI $\operatorname{DIAITHE}$ OEERN








 סєital aủtápкŋs єival ó тоótos тîs тolaútทs $\pi \tau \iota \sigma a \nu \circ \rho \rho v \phi i ́ \eta s, \pi о \lambda \lambda a \chi \hat{\eta} \quad \beta \in \beta \lambda c i \psi \in \tau a \iota$. oí九




















[^49][^50]
## REGIMEN IN ACU'l'E DISEASES, xr.-xvi.

than the pure juice is going to be used. For one of the virtues of gruel is its lubricant nature, which prevents the barley that is swallowed from doing any harm, since it clings nowhere and dues not stick on its way throngh the chest. In addition to its excellent lubricating qualities the best boiled gruel quenches thirst the most, is the most easily digested, and the least disturbing. All these characteristics are needed.
XVI. The administration of this gruel requires eertain aids, if it is to accomplish its purpose ; and if they are not given manifold ham will result. When for instance food is at the time ${ }^{1}$ confined in the bowels, should the gruel be given without first emptying them, it will increase any pain already existing or cause one if it does not exist already, and the respiration will become more rapid. This is harmful, in that it dries the lungs, besides causing discomfort in the hypochondria, the hypogastrium, and the diaphragm. Moreover, suppose the pain in the side continues and does not yield to the fomentations, while the sputum is not brought up, but becomes viscid without coction; should gruel be administered in these conditions without first relieving the pain, either by loosening the bowels or by venesection, whichever of these courses is indicated, a fatal termination will quickly follow.

XV1I. For these reasons, as well as for others like them, those who take unstrained gruel die on the seventl day or earlier, some after being seized with delirium also, others being sutfocated by orthopnoea and râles. The ancients ${ }^{2}$ thought such sufferers "stricken," just because after death the

[^51]
## ПЕPI $\Delta \mathrm{IAITH} \mathrm{\Sigma}$ OEERN




















(6 L.) XVIII. Má̀a $\mu \in ̀ \nu$ oî̀ $\tau \mathfrak{a} \pi \epsilon \hat{\imath} \sigma \tau a$


 єٌ $\sigma \tau \iota \nu$ öт! $!$ каі $\delta \iota a \phi \epsilon \rho о ́ \nu \tau \omega \varsigma ~ т \iota \mu \omega \rho \eta \tau \epsilon ́ \sigma \nu . ~ \chi р \grave{\eta} \delta є ̀$ 6 тò $\pi a ́ \mu \pi a \nu$ oứт $\omega$ тotel̂,






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side is found to be livid, as if a blow had been received. The reason for this appearance is that death occurs before the pain is relieved. For they quickly suffer from dilliculty in breathing. The heavy and rapid respiration, as I have already said, makes the sputum become viscid without coction, and prevents its expulsion, so that it causes the rales by being confined in the bronchial passages. At this point death commonly occurs; the mere confinement of the sputum, in fact, while preventing the entrance of breath, forces it out quickly. So one mischief aggravates the other; the confinement of sputum renders respiration rapid, and the rapidity of the respiration makes the sputum viscid, preventing its slipping away. These attacks not only result from unseasonable administration of grucl, but are much more likely to occur if the patient has eaten or drunk something less suitable than gruel.
XVIII. Now the measures necessary to help the administration of the pure juice are practically the same as those required by unstrained gruel; but when neither is given, but only drink, they are in some ways different. In general terms the rules to be observed are the following.
XIX. Should the fever begin when the patient has recently taken food and the bowels have not been emptied, whether pain be present or not, refrain from giving gruel until he thinks that the food has descended to the lower part of the bowel. The drink to be employed, should there be any pain, is oxymel, ${ }^{1}$ warm in winter and cold in summer. If there be great thirst, give hydromel

[^52]
## MEPI $\triangle$ IAITHS OEERN







 15 аито́дата $\delta \iota \epsilon$ छi? ка入ิิь.


 єै $\omega \sigma \iota \nu$, є่ $\pi \iota \sigma \chi \epsilon \hat{\imath} \nu^{\prime} \chi \rho \dot{\eta}$ то仑 $\dot{\rho} \cup \phi \eta \mu а т о \varsigma ~ \tau \eta ̀ \nu ~ \delta o ́ \sigma \iota \nu$,



 $\tau \hat{\eta} \sigma \iota \nu \dot{o} \xi \in \epsilon!\eta \sigma \iota \nu, \mu\left(\hat{l} \lambda \iota \sigma \tau a \delta^{\prime} \epsilon \in \nu \tau \eta ̣ \sigma \iota \mu \hat{a} \lambda \lambda o \nu \pi \nu \rho \epsilon-\right.$



(7 L.) XXI. 'O $\delta u ́ \nu \eta \nu ~ \delta є ̀ ~ \pi \lambda \epsilon v \rho o \hat{v, ~, \eta \nu \nu ~ \tau \epsilon ~ к а т ' ~}$
 $\pi \rho \hat{\omega} т о \nu$ оикк גто̀ тро́тои хрךбс́ $\mu \in \nu о \nu \pi \epsilon \iota \rho \eta \theta \hat{\eta} \nu a \iota$






 Possibly the words are a gloss.
and water. Later, should there be any pain or should any dangerous symptom appear, let the gruel given be neither mnch nor thick, and give it only after the seventh day, and if the strength be maintained. If the previous food which the patient has recently eaten should not have gone down, give an enema if the patient be strong and in the prime of life, but if he be too weak use a suppository, should the bowels be not well moved of their own accord.
XX. This is the time for administering gruel that must be most carefully observed both at the beginning of the illness and throughout its course. When the feet are cold you must refrain from giving gruel, and especially from giving drinks; give the gruel when the heat descends to the feet. Consider this time of great importance in all diseases, partieularly in acute diseases, and most of all in those where the fever is high and the danger very great. Use first the pure juice, then the gruel, keeping a sharp eye for the signs already described.
XXI. When there is pain in the side, whether at the beginning or later, it is not amiss to try to dissipate it first by hot fomentations. The best fomentation is hot water in a skin, or bladder, or bronze or earthen vessel. Apply something soft to the side first to prevent discomfort. A grood thing also to apply is a big, soft sponge dipped in hot water and squeezed out. You must, however, cover up the heat on the upper part, ${ }^{1}$ for doing so will
' I. e. on the part of the sponge not next to the skin.

[^53]
## IIEPI $\triangle$ IAITHE OEERN






























> ${ }^{1}$ Itellelvorus niger.
> ${ }^{3}$ Athamanta cretensis.

[^54]
## REGIMEN IN ACU'TE DISEASES, xxi-xxıı.

make it hold out and last for a longer time ; besides, it will prevent the steam being carried towards the breath of the patient-unless indeed the patient's breatling it be considered an advantage, as in fact it occasionally is. Barley too or vetches: soak in vinegar that is slightly stronger than could be drunk, boil, sew up in bags and then apply. Bran may be used in like manner. For dry fomentations, salt or toasted millet in woollen bags is most suitable; millet is also light and soothing.
XXII. A soft fomentation like this relieves the pains too that extend to the collar-bone. Venesection, however, does not relieve the pain so well unless it extends to the collar-bone. If the pain does not give way before the hot applieations, do not continue them for long; contimed heat dries the lungs and is apt to cause empyema. Should, however, the pain show signs of extending to the collar-bone, or should there be a weight in the fore-arm, or in the region of the breast, or above the diaphragm, you must open the inner vein at the elbow, and not hesitate to take away much blood until it flows much redder, or until it becomes livid instead of clear and red. Either of these changes may occur.
XXIII. If the pain be under the diaphragm, and does not deelare itself towards the collar-bone, soften the bowels with black hellebore ${ }^{1}$ or peplium, ${ }^{2}$ mixing with the black hellebore dancus, ${ }^{3}$ seseli, ${ }^{4}$ cumin, anise or some other fragrant herb, and with the peplium juice of silphium. ${ }^{5}$ In fact the blending

[^55]
## nepi diaitus ōe








 15 ímo千ím $\tau i{ }^{\prime}$ á.











 тaîov $\hat{\eta}$ тєтартаîov $\hat{\eta} \pi \epsilon \mu \pi \tau a i ̂ o \nu ~ \hat{\eta}$ є́ктаîov $\hat{\eta}$



(8 L.) XXVI. Mєрi $\mu$ èv ỡ $\nu$ $\dot{\rho} \cup \phi \eta_{\mu} \mu a \tau o s \pi \rho o \sigma-$ á $\rho \sigma \iota o \varsigma$ оӥтн $\gamma \iota \nu \omega ́ \sigma \kappa \omega$. дітà $\rho$ каi $\pi \epsilon \rho \grave{\imath}$ тотои,




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of these constituents gives a harmonious compound. Black hellebore causes evacuations that are better and more favourable to the crisis than does peplium; but peplium breaks flatulence better than black hellebore. Both, however, stop pain, as do also many other evacuants; but these are the best I know of, though evacuants given in the gruel help, if they are not too unpleasant owing to bitterness or other umpleasant taste, or owing to quantity, colour, or some quality that arouses the patient's suspicion.
XXIV. Immediately after he has taken the purge, give the patient a quantity of gruel not appreciably less than usual, though it is reasonable to suspend giving it while the purge is acting. When the purging has ceased, give less gruel than usual, afterwards inereasing it gradually, if the pain have ceased and nothing else indicate the contrary.
XXV. I recommend the same rule if it be necessary to use the pure juice of barley. For I hold it to be better on the whole to begingiving it at once rather than to starve the patient and then to begin giving the gruel on the third, fourth, fifth, sixth or seventh day, should the disease not reach a crisis in the interval. In this case too the preparations to be made are similar to those I have described.
XXVI. Such are my recommendations for the administration of gruel; and as to drink, whatever be the nature of that to be given, the directions that 1 shall set forth are in general the same. I am convinced that the practice of physicians is the exact opposite of what it should be; for they all wish at the begiming of a disease to reduce the patient by

## hepi alaitiľ OEERN












 9 oủ่าol.
(9 L.) XXVIII. Xpì $\delta \grave{\epsilon}$ каì тà $\mu a \theta \eta \dot{\eta} \mu a \tau a$













${ }^{1}$ MV read $\gamma \in \nu \quad \mu e ́ v \eta s$.

${ }^{3}{ }^{\text {qu }}$ realing of A, as the "vague" optative without $\downarrow \nu$ is common in the Corpus. See Vol. I., p. 59 (footnote).
starvation for two, three, or even more days before administering gruel and drink. Perhaps they consider it natural, when a violent change is taking place ${ }^{1}$ in the body, to comnteract it by another violent change.
XXVII. Now to bring about a change is no small gain, but the change must be carried ont correctly and surely, a remark which applies even more to the administration of food after the change. Now those will be most hammed, should the change not be correct, who take mstrained gruel. 'Those too will be harmed who take drink only, as well as those who take the juice of barley only, but the last least of all.
XXVIII. A physician's studies should include a eonsideration of what is beneficial in a patient's regimen while he is yet in health. For surely, if men in health find that one regimen produces very different results from another, especially when the regimen is changed, in disease too there will be great differences, and the greatest in acute discases. But it is easily discovered that a simple ${ }^{2}$ diet of food and drink, if it be persevered in without a break, is on the whole safer for health than a sudden, violent change. For example, sudden changes cause harm and weakness, both to those who take one, and to those who take two full meals a day. Those too who are not in the habit of lunching, if they have taken lunch, immediately become feeble, heavy in all

[^56]
## MEPI $\triangle$ IAITHE OEE $\Omega$ N






 $21 \mu \eta \delta \grave{\epsilon} \delta i \varsigma ~ \not ̄ \psi \psi \epsilon \iota \nu \tau a ̀ ~ \sigma \iota \tau i ́ a . ~$













XXX．＇А入入à $\mu \grave{\nu \nu}$ каі oi $\mu \epsilon \mu a \theta \eta \kappa o ́ t \in s ~ \delta i s$









## 


 oủ סúvavtat катєб大ítiv tò סєintror．I read（with Kühlewein） 86
the body, weak and sluggish. Should they also dine, they suffer from acid eructations. Diarrhua too may occur in some cases, because the digestive organs have been loaded, contrary to habit, when they are accustomed to a period of dryness, and not to be twice distended with food and to digest food twice.
XXIX. It is beneficial, then, in these cases to counterbalance the change. Thus one should sleep off the meal, ${ }^{1}$ as one passes the night after dinner, ${ }^{2}$ avoiding cold in winter and heat in summe". If sleep be impossible, a slow, long walk should be taken, without stopping; then no dinner should be eaten, or at least only a little light food; still less should be drunk, and that not diluted. Such a man will suffer yet more if he eat three times a day to surfeit, and still more if he eat more often. Yet there are many who, if acenstomed to it, ean easily bear three full meals a day.
XXX. But, indeed, those too who have the habit of taking two meals a day, should they omit lunch, find themselves weak, feeble, averse to all exertion, and the victims of heart-burn. Their bowels seem to hang, the urine is hot and yellow, and the stools are parched. In some cases the month is bitter, the eyes are hollow, the temples throb, and the extremities are chilled; most men who have missed
${ }^{1}$ Sueh I take to be the force of the preposition in $\epsilon^{\boldsymbol{\epsilon}} \gamma \kappa о \iota \mu \eta \theta \hat{\eta} \nu \alpha$, .
${ }^{2}$ Galen says that we must either change $\tau \delta \delta \in i \pi y o \nu$ to $\tau \delta \nu$ ápı $\sigma \tau o \nu$, or understand $\mu \in \tau \grave{\alpha} \tau \grave{\partial} \nu \alpha{ }^{2} \rho \iota \sigma \tau o \nu$ after $\chi \rho \dot{\eta}$. The latter suggestion is the simpler. The text of Galen appears to be corrupt, but the drift of the passage is clear.
àv $\quad \rho \iota \sigma \tau \eta \kappa \delta \tau \epsilon s$ from A , and omit the of of A as a repetition
 after катєб $\begin{aligned} & \text { íє } \nu .\end{aligned}$

## IIEPI DIAITIIL OEERN


 $12 \mu a ̂ \lambda \lambda_{\rho \nu} \hat{\eta} \epsilon i$ т $\pi \rho о \eta \rho \iota \sigma \tau \eta \prime \kappa \epsilon \sigma a \nu$.



$4 \tau \epsilon \lambda \epsilon \hat{\nu} \nu$ фаívєєаl ойтє ad $\phi \in \lambda \epsilon \hat{\imath} \nu$.
XXXII. Ai тoívvy ov̉тos oo mupà to er os po-






 $\sigma \nu \mu \phi \in ́ \rho \epsilon \iota ~ \tau а и ́ т \eta \nu ~ \tau \grave{\eta \nu} \boldsymbol{\eta} \mu \epsilon \in \rho \eta \nu$ ar $\nu \tau \iota \sigma \eta \kappa \hat{\omega} \sigma a \iota$ ö $\delta \epsilon$.


${ }^{1}$ In this chapter there are two noticeable variants. MV
 àvápı amos. Littré, however, building on Galen's comment








1 There is a remarkable likeness between Chapters XXVIII-XXX and Ancient Medicine, Chapters X-XII. The similarity is verbal, and can hardly be due to chance. Littré thinks the likeness proves that the author of Ancient Medicine was Hippocrates. I confess that I feel the force of his argument more now than I did when I was translating 88
lunch cannot eat their dimner; and if they do dine their bowels are heavy, and they sleep much worse than if they had previously taken lunch. ${ }^{1}$

XXXl. Since then men in health suffer in this way through a clange in regimen for half a day, it is plainly beneficial neither to increase nor yet to decrease what is customary.
XXXII. If then this man, who contrary to custom took only one meal, should fast strictly the whole day and then eat his usual quantity of dimer, it is likely that-since on the other occasion he suffered from pain and weakness after taking no lunch, and was heavy after dinner-he will feel much heavier. And if he keep a strict fast for a still longer period, and then suddenly eat a dimer, he will feel heavier still. ${ }^{2}$
XXXIII. He therefore who has fasted strictly contrary to his custom is benefited if he compensate for the day of starvation in the following manner. He should avoid cold, heat and fatigue-all of which will distress him-and his dinner should be consider-

Anciont Medicine, but one treatise may contain a passage appearing in another without the author of the two being the same. One may be copying the other, or both may be copying a third. 'The truth probably is that the writer of Regimen in Acute Diseascs imitated Ancient Medicine.
${ }^{2}$ In this ehapter I follow Kuihlewein, but with no confidence. Our MS. tradition seems to make the severity of the change depend upon the length of the fast (ijuiotos
 grammatical confusion of Ch. XXXII, with its strange $\tau \delta \dot{\tau} \epsilon$ before $\beta a \rho u ́ s$, suggests corruption. Galen's comment points to a text now lost, although $\delta \pi \delta \sigma \sigma \nu$ ciela $\sigma o$ is a part of it, in which the severity of the change was marle to depend upon the quantity of food taken. It is easy to suggest possible restorations, but none are likely.

## MEPI DIAITIL OEERN

 $\mu \grave{\eta} \xi \eta \rho o ́ v, ~ \grave{\lambda} \lambda \lambda a ̀$ то仑 $\pi \lambda a \delta a \rho \omega \tau$ є́́оо тоо́тои каі



XXXIV. Av̇тoì $\mu \epsilon ́ \nu \tau o \imath ~ \sigma \phi \epsilon ́ \omega \nu ~ a u ̀ \tau \hat{\omega} \nu \quad \delta v \sigma \phi о \rho \omega ́-$

 $\phi \lambda \epsilon \gamma \mu a \tau i ́ a \iota ~ \tau a ̀ ~ a ̆ \nu \omega ~ \epsilon \dot{u} \phi о \rho \omega ́ \tau \epsilon \rho о \nu \tau o ̀ ~ \epsilon т \pi i \pi a \nu, ~ \tilde{\omega} \sigma \tau \epsilon$















 7 тоти́.
XXXVII. Kaì ö $\sigma a \mu$ ѐ $\nu \kappa \rho \in \eta \phi a \gamma i \eta \pi o \lambda \lambda \grave{\eta} \pi \alpha \rho \grave{a}$




 ¢0
ably less than usual, not dry but of rather a liquid character. His drink must not be watery nor out of proportion to the quantity of the food. On the next day he should take a light lunch, and so by degrees return to his usual practice.
XXXIV. The people who bear these changes with more than usual distress are those who are bilious in the upper digestive tract. Those who bear unaccustomed fasting better are generally the phlegmatic in the upper tract, so that these will also bear better the unaccustomed taking of one meal only.
XXXV. Now this too is adequate proof that the chief causes of diseases are the most violent changes in what concerns our constitutions and habits. Therefore it is not possible unseasonably to produce utter starvation, nor to give food while a disease is at its height and an inflammation remains, nor is it possible suddenly to make a complete change either in this direction or in that.
XXXVI. There are many other things akin to these that one might say about the digestive organs, to show that people readily bear the food to which they are accustomed, even though it be not naturally good. It is the same also with drinks. Men with difficulty bear the food to which they are unaccustomed, even though it be not bad. It is the same also with drinks.
XXXVII. If it were a question of eating much meat contrary to custom, or garlic, or silphium, juice or stalk, or anything else of the same kind possessing powerful qualities of its own, one would be less surprised at its producing more pains in the bowels than do other things. But it is surprising to learn

## IIEPI $\triangle$ IAITH：OEERN



















 $\dot{\omega} \sigma \epsilon \_a \nu$ ката̀ то̀ $\sigma \hat{\omega} \mu a \cdot \dot{\omega} \varsigma \delta \grave{\eta} \gamma \lambda \nu \kappa v i v ~ \tau \epsilon \kappa а \grave{~}$









${ }^{1} \mu \epsilon \tau \alpha \beta$ í入入ova九 $A\left(\mathrm{~A}^{2}\right.$ adding $\left.-\nu\right): \mu \epsilon \tau a B a ́ \lambda \lambda o \nu \tau \iota$ MV： $u \in \tau a \beta \lambda \eta \in \epsilon i s k i b h l e w e i n$ ．I retain the reading of $A$ ，taking it to be a dative of disadvantage．
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the trouble, distension, flatulence and tormina produeed in the digestive organs by barlev-cake eaten by one used to eating bread, or the heaviness and stagnation in digestive organs eaused by bread eaten by one accustomed to eat barley-cake, or the thirst and sudden fulness produced by bread itself, when eaten hot, beeause of its drying and indigestible qualities: and the different effects caused by orer-fine and over-coarse bread when partaken of contrary to custom ; and by barley-cake unusually dry, or moist, or viscid; the effeet of new barley-bread on those not used to it, and of old on thoce aceustomed to new. Again, the drinking of wine or the drinking of water, when one habit is suddenly elanged to the other, diluted wine or neat wine drunk with a sudden break of habit; the former produces waterbrash in the upper bowels and flatulence in the lower, while the second causes throbbing of the veins, heaviness of the head, and thirst. Again, an exchange of white and dark winc, although both are vinous, if contrary to habit will cause many aiterations in the body. So that one should express less surprise that the sudden exelinge of a sweet wine for a vinous, and of a vinous for a sweet, should have the same effeet.

Let me now say what may be said in favour of the opposite reasoning; in these cases the change of rewimen took place without any ehange in the body, either towards strength, so as to render necessary an increase of food, or towards weakness, so as to require a diminution of it.

XXXVIIl. Aecount too must certainly be taken of the strength and character of each illness, of the

## ПEPI $\Delta I A I T H \Sigma$ OEERN



 $\gamma \epsilon \tau \grave{\eta} \nu \dot{a} \phi a i ́ \rho \epsilon \sigma \iota \nu$ ö $\lambda \omega \varsigma$ á $\phi \epsilon \lambda \epsilon \hat{\iota} \nu$ тод $\lambda a \chi \circ \hat{v} \lambda \nu \sigma \iota-$










 каі є́ $\rho \rho и ́ \phi є о$ и тò $\pi \rho о \sigma \tau v \chi o ́ v, ~ о і ~ \delta є є ~ к а і ~ к и к є \hat{\omega} \nu а$












${ }^{1}$ After qov̂ the MSS. have $\tau \epsilon$. It is omitted by Littré after cialen.
constitution of the individual, and of the habitual regimen of the patient, of his drink as well as of his food. Much the greater caution should be shown in increasing the quantities, since it is often beneficial to enforce total abstinence until the disease reaches its height and coction has taken place, should the patient be likely to hold ont. The eircumstances in which such a course ought to be adopted I shall state later.
XXXIX. There are many other remarks, closely related to what has been already said, that might be made; the following, however, is a stronger piece of evidence, for it is not merely closely related to the matter which I have mostly been discussing, but it is the matter itself, and so its teaching is of the first importance. Cases have oecurred where patients at the beginning of aeute diseases have eaten solid food on the very first day when the onset has already taken place, others on the next day; others again have taken the first gruel that came to hand, while some have even drunk cyceon. ${ }^{1}$ Another regimen, no doubt, would have been an improvement on any of these courses; yet mistakes at this time cause much less harm than if the patient had completely starved for the first two or three days, and then adopted this regimen on the fourth or fifth. It would be still worse, however, if he were first to starve for all these days and then to adopt such a regimen in the following days, before the disease became concocted. The consequence is plainly death in most cases, unless the disease be very mild indeed. But mistakes at the beginning are not so irremediable,
${ }^{1}$ A mixed food, usually containing eheese, honey and wine.

## חEPI DIAITHE OEERN














 11 रिभीनөal.
XLI. Пávтa ov̂v тav̂тa $\mu \in \gamma a ́ \lambda a ~ \mu a \rho \tau v ́ \rho ı a, ~ o ̈ т \iota ~$

 $\kappa є \nu \in a \gamma \gamma \epsilon i ̂ \nu \tau o u ̀ s ~ \mu \epsilon ́ \lambda \lambda о \nu \tau a s ~ \rho ̣ и ф \eta ́ \mu a \sigma \iota ~ \delta \iota a \iota \tau a ̂ \sigma \theta a \iota$,







${ }^{1}$ amaptl is the reading of Littre, found in Galen and also



 and áuxpтávováı.

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but are mueh more easy to counteract. This fact, then, I consider to be very strong testimony that during the first days there should not be abstinence from gruel of one kind or another, if the patient is going to be given gruel or solid food a little later on.
XL. So there is radical ignorance among both those who use unstrained gruel and those who use only the juice; the former do not know that injury is done if a fast of two, three, or more days precede the commencement of taking gruel, the latter do not know that harm comes from taking their gruel when the eommencement is not correctly made. ${ }^{1}$ They do know, however, and regulate the treatment accordingly, that great injury is done if a patient, used to taking barley-water, take monstrained gruel before the disease is concocted.
XLI. All these things are strong testimony that physicians do not correctly guide their patients in the matter of regimen. They make them fast when the disease is one where fasting before taking gruel is wrong, and they change from fasting to gruel when the disease is cne where such a change is wrong. And generally they make the change from fasting to gruel exactly at those times at which often it is profitable to exchange gruel for what is virtually fasting, should for instance an exacerbation of the disease occur during a gruel diet.
${ }^{1}$ There is some confusion in this sentence owing to the grammatical subject being uncertain. What is the subject of $\quad \sigma \sigma \sigma \omega$, the physicians or the patients? The sense requires
 to the latter. Perhaps the explanation is that the true subject is an indefinite "thcy," a blank cheque to be filled up by "physicians" in some cases and by "patients" in others.

## ПЕРI $\triangle$ IAITHS OEERN


 ciyputviaı тє $\sigma \nu \nu \epsilon \mu \pi i \pi \tau o v \sigma \iota \nu$ av̉тoî $\sigma \iota, \delta i$ âs oủ

 $\sigma \phi \epsilon \omega \nu$ тà ö $\mu \mu а т а$ каі аі àкоаі̀ グ $\chi о ⿱ ~ \mu \epsilon \sigma \tau а \grave{~ к а і ~}$




 $\mu \epsilon \tau \epsilon ́ \chi \circ v \sigma a \iota, \lambda \epsilon \iota \pi о \Psi v \chi \bar{\delta} \delta \epsilon a$ торๆрà каі̀ $\tau \hat{\omega} \nu$ і $\mu a-$













 $8 \gamma \iota \nu \omega \sigma \kappa о ́ \mu \epsilon \nu а к а і$ кìvоєv́ $\mu \in \nu а$ тà тоtádє．


1 "Unrelieved," " pure."

NLII. Sometimes such treatment draws crude matters from the head and bilious matters from the region of the chest. The patient is afflicted with sleeplessness, in consequence of which the disease is not concocted, and he becomes depressed, peevish and delirious; flashes of light come to the eyes; the ears are full of noise; the extremities are chilled; urine is unconcocted; sputa thin, salt, slightly tinged with an unmixed ${ }^{1}$ colour; sweats about the neck; disquietude ${ }^{2}$; respiration, interrupted in the ascent of the breath, rapid or very deep; eye-brows dreadful ${ }^{3}$; distressing faints; casting away of the clothes from the chest; trembling of the hands; in some cases there is also shaking of the lower lip. These symptoms, when manifesting themselves at the beginning, are indications of violent delirium, and usually the patient dies. Those who recover do so with an abscession, or a flow of blood from the nose, or by expectoration of thick pus; otherwise they do not recover at all.
XLIII. Nor indeed do I see that physicians are experienced in the proper way to distinguish the kinds of weakness that occur in diseases, whether it be caused by starving, or by some other irritation, or by pain, or by the acuteness of the disease; the affections again, with their manifold forms, that our individual constitution and habit engender-and that though a knowledge of such things brings safety and ignorance brings death.
XLIV. For example, it is one of the more serions blunders, when the patient is weak through the pain

[^57]
## MEPI $\triangle$ IAITH』 OEE $\Omega N$



























${ }^{1}$ (iomperz here adds áa, which might easily fall out after $\pi \rho \dot{\eta} \xi \in t a i^{\prime}$. The scribe of A has $\pi \rho \frac{1}{\prime} \xi \in \iota$. Giomperz is probably right, but the optative withont ${ }^{\circ} \nu$ is often found in the Hippocratic writings where we should expect the tov to be arded.

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## REGIMEN IN ACUTE DISEASES, xlav.-xlv.

or the acuteness of the disease, to administer drink, or more gruel, or food, under the impression that the weakness is duc to want of nourishment. It is a shame too not to reeognise weakness that is due to such want, and to aggravate it by the regimen; for this mistalke too carries with it some danger, though far less than the other mistake. It is, however, much more likely to make the physician a laughing-stock; for if another physician or a laynan were to come in, and, recognising what had taken place, were to give to eat and drink things contrary to the doctor's orders, he would show himself a manifest helper of the patient. It is espeeially such mistakes of practitioners that are regarded with contempt by the public ${ }^{1}$; for they think that the physician or layman who came in later raised up the patient as it were from the dead. So the symptoms in these cases also shall be described, whereby each kind can be discriminated.
XLV. I will now give some facts that are analogous to those already given about the bowels. If the whole body have a long and unusual rest, it does not gain strength all at once; and should it have a yet longer period of idleness, and then suddenly undergo fatigue, it will manifestly fare somewhat badly. Similarly too with the several parts of the body; the feet, and the other limbs, will suffer in a like manner, if, when not accustomed to fatigue for a long time, they suddenly undergo it. The teeth too, the eyes, and everything else would fare in the same way. For even a bed that is soft, or

[^58]
## HEPI AIAITHE OEERN


 $14 \sigma \hat{\omega} \mu a$.




 оито каі $\mu \eta \delta а \mu \hat{\eta} \mu \epsilon \tau \epsilon \omega \rho i \zeta_{0 \iota}$ тò $\sigma \kappa \epsilon ́ \lambda о \varsigma$, ${ }^{\prime} \phi \lambda \epsilon \in \gamma-$













 $\pi \lambda \epsilon ́ o \nu ~ \tau о \hat{v}$ иєтрiov $\pi \rho о \sigma a i \rho \eta \tau а \iota-к а і$ катà тò







[^59]
## REGIMEN IN ACU'TE DISEASES, xlv.-xlvif.

hard, contrary to what a man is used to, produces fatigue, and sleeping contrary to habit in the open air stiffens the body.
XLVI. A single example of all these things will suffice. Take the case of a man on whose ley appears a sore that is neither very serious nor very slight, and suppose he is neither a very good nor a very bad subject. If from the very first day he undergo treatment while lying on his back and never raise his leg at all, he will suffer less from inflammation, and will recover much more quickly than if he walk about while being treated. If, however, on the fifth or sixth day, or later still, he were to get up and move about, he would then suffer more pain ${ }^{1}$ than if he were to walk about under treatment from the very first. And if he should suddenly undertake many exertions, he would suffer much more pain' than it with the other treatment he undertook the same exertions on these days. So in all cases all the evidence concurs in proving that all sudden changes, that depart widely from the mean in either direction, are injurious.
XLVII. So the harm to the bowels, if the patient after long fasting suddenly take more than a moderate quantity-the body too in qeneral, if after long rest it suddenly undergo an extra amount of fatigue, will receive far greater harm therefrom -is many times greater than that which results from a change from full diet to strict fasting. However, the body also must rest in this case; and if after great exertion the body suddenly indulge in idleness and ease, the bowels in this case too must

[^60]
## ПEPl $\operatorname{\Delta lAITH\Sigma }$ OEERN


 $12 \sigma \omega \mu a т o s$.
(13 L.) XLVILI. 'O ô̂̀ $\pi \lambda \epsilon \imath ̂ \sigma t o ́ s ~ \mu o 九 ~ \lambda o ́ \gamma o s ~$







 10 oia yeqpáұeтаи.


 4 є่ $\mu \pi о \iota \epsilon \hat{\imath}$.



 карŋßарıко̀ той оірш́бєоs каі $\hat{\eta} \sigma \sigma о \nu \quad \phi \rho \epsilon \nu \omega ิ \nu$






${ }^{1}$ According to Galen, $\dot{\epsilon} \phi \theta \dot{\sigma} \tau \eta s$ means here a heated state connected with the humours, a sort of dabbiness akin to the condition produced by boiling.

## REGIMEN IN ACU'TE DISEASES, xlvin.-L.

rest from abundance of food, otherwise pain will occur in the body and heaviness in every part of it.
XLVIII. So most of my account has dealt with change in one direction or another. Now while this knowledge is useful for all purposes, it is especially important because in acute diseases there is a change, the subject of our discussion, from strict fasting to gruels. This change should be made in accordance with my instructions; and then gruels must not be employed before the disease is concocted, or some other symptom, either of inanition or of irritation, appear in the intestine, or in the hypochondria, according to the description I shall give later.
XLIX. Obstinate sleeplessness makes food and drink less digestible, while a change to the opposite extreme relaxes the body, and causes flabbiness ${ }^{1}$ and heaviness of the head.
L. The following criteria enable us to decide when in acute diseases we should administer sweet wine, vinous wine, white wine and dark wine, hydromel, water and oxymel. ${ }^{2}$ Sweet wine canses less heaviness in the head than the vinous, goes to the brain less, ${ }^{3}$ evacuates the bowels more than the other, but causes swelling of the spleen and liver. It is not suited either to the bilious ${ }^{4}$; in fact it also makes them thirsty. Moreover it causes flatulence in the upper intestine, without, however, disagreeing with the lower intestine proportionately to the

[^61]
## HEPI $\Delta$ IAITHE OEERN




 $\pi \tau v a ́ \lambda o v ~ \delta є ̀ ~ \mu a ̂ \lambda \lambda o \nu ~ a ̉ v a \gamma \omega \gamma o ̀ s ~ \tau o ̂ ̀ ~ \epsilon ́ т є ́ \rho o v ~ o ́ ~$


 20 є́тє́ $\rho \circ$ о.








 $10 \tau \epsilon \kappa \mu \dot{p} \rho \iota a^{1}$ тєрi той ойрои каi $\dot{\omega} \phi \epsilon \lambda \epsilon i \eta$ каі
 12 үера८тєроィбıข.







${ }^{1}$ V has here $\tau \hat{\eta} s$, the other MSS. rá. Omitted by Kïhlewein.
${ }^{2}$ a $\bar{u}$ Reinhold and Kühlewein: $\downarrow \nu A$. Omitted by MV.
106
flatulence produced. And yet flatulence from sweet wine is not at all transient, ${ }^{1}$ but stays in the region of the hypochondrium. In fact it is on the whole less diuretic than vinous white wine; but sweet wine is more expectorant than the other. In persons who are made thirsty by drimking it, it proves less expectorant than the other; hut when it does not produce thirst it is the more expectorant.
LI. As to white vinous wine, most and the most important of its virtues and bad effects have already been given in my account of sweet wine. Passing more readily than the other into the bladder, being diuretic and laxative, it always is in many ways beneficial in acute diseases. For although in some respects its nature is less suitable than the other, nevertheless the purging through the bladder that it causes is helpful, if it be administered ${ }^{2}$ as it should be. These are good testimonies to the advantages and disadvantages of the wine, and they were left undetermined by my predecessors.
LII. A pale wine, again, and an astringent, dark wine, may be used in acute diseases for the following purposes. If there be no heaviness of the head, if the brain be not affected, ${ }^{3}$ nor the sputum checked, nor the urine stopped, and if the stools be rather loose and like shavings, in these and in similar circumstances it will be very suitable to change

[^62]
## herl $\operatorname{\Delta IAITHE}$ OED $\Omega \mathrm{N}$











 $\gamma$ ar $\sigma \mu \eta \gamma \mu a \tau \hat{\omega} \delta$ és $\tau \iota, \hat{o}$ ova $\mu \hat{a} \lambda \lambda о \nu$ то̂́ каוрой ${ }^{1}$















${ }^{1}$ Cora was the first to give a simple explanation of this difficult passage by adding oi before $\mu \bar{a} \lambda \lambda \frac{1}{}$. See the note of Litre for the views of earlier commentators.

1 The phrase $\mu \hat{a} \lambda \lambda o v$ tồ ra pồ occurs several times in this 103
from white wine. It must further be understood that the wine under consideration will do less harm to all the upper parts and to the bladder, if it be more diluted, but will benefit the bowels the more if it be less so.
LIII. Hydromel, drunk throughout the course of an acute disease, is less suited on the whole to the bilious, and to those with enlarged bellies, than to those who are not such. It causes less thirst tham does sweet wine, for it softens the lungs, is mildly expectorant, and relieves a cough. It has, in fact, a detergent quality, which makes the sputum viscid, but not more so than is seasonable. ${ }^{1}$ Hydromel is also considerably diuretic, unless some condition of the bowels prove a hindrance. It also promotes the evacuation downwards of bilious matters, that are sometimes favourable, sometimes more intense and frothy than is seasonable. This effect, however, happens rather to those who are bilious and have enlarged bellies.
LIV. Now the bringing up of sputum, and the softening of the longs, are effected rather by hydromel which has been considerably diluted with water. Frothy stools, however, that are more intensely hilious, and hotter, than is seasonable, ${ }^{2}$ are more provoked by neat hydromel than by that which is diluted. Such stools cause besides serions mischiefs; they intensify, rather than extinguish, the heat in the hypochondrium, cause distress and
part of the book--a good instance of the psychological truth that a phrase once used is apt to sirigest itself subconscionsly. It means "abnormal," "more than is usual in the circumstances."
${ }^{2}$ Sce previous note.

## llepl $\Delta 1 A I T H \Sigma$ OEE $\Omega \mathrm{N}$





























1 ${ }_{i}^{i} \mathrm{~A}$ : Ėveín MV (V has also évein for the former $\hat{\eta}$ ). Galen recognises two realings, $\eta_{i}$ and $\boldsymbol{\epsilon} v i \eta$.

[^63]
## REGINEN IN ACUTE DISEASES, inv.-lvi.

agitation of the limbs, and ulcerate the intestines and the seat. I shall, however, write afterwards remedies for these troubles.
LV. The use of hydromel, without gruel, instead of other drink in aeute diseases will cause many suecesses and few failures. I have already given the most important directions as to whom it should, and to whom it should not, he administered, as well as the reason why it should not be administered.
LVI. Hydromel has been condemmed by the public on the ground that it weakens those who drink it, and for this reason it has the reputation of lastening deatl. This reputation it has won through those who starve themselves to death, some of whom use hydromel as a drink, under the impression that it will hasten their end. But it by no means has this character, being much more nutritive, when drunk alone, than water is, unless it deranges the digestive organs. Moreover, it is in some respeets more, and in some respects less nourishing than wine that is thin, weak and odourless. Both neat wine and neat honey are indeed strong ${ }^{1}$ in nutritive power, but if a man were to take both, even though he took twice as much neat wine as he swallowed honey, he would, I think, get from the honey much more strength, if only his digestive organs were not disordered, as the quantity of the stools also would be multiplied. If, however, he use barley gruel, and then drink hydromel, it will cause fullness, flatulence, and trouble in the bowels alout the hypochondrium. Drunk before the gruel,
in the next sentence suggests that though both honey and wine are nutritive, yet honey is much more so. Hence I


## MEPI JIAITHさ OEESN



 \&illou -or̀ wour. lau-jón -e yào rai lem-03














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 11:

## REGIMEN IN ACUTE DISEASES, I.vi--Lvin.

however, it does not harm as it does if drunk afternay, it is even somewhat beneficial.
LVII. Boiled bydromel is much more beautiful in appearance than is unboiled, being bright, thin, white and transparent, but 1 know of no virtue to attribute to it which the unboiled does not possess equally. It is not more pleasant either, provided that the honey be good. It is, however, less nutritious than the unboiled, and causes less bulky stools, neither of which properties are of any use to hydromel. Boil it by all means before use if the honey should be bad, impure, black and not fragrant, as the boiling will take away most of the unpleasantuess of these defects.
LVIII. You will find the drink called oxymel often useful in acute diseases, as it brings up sputum and eases respiration. The oecasions, however, for it are the following. When very acid it has no slight effect on sputum that will not easily come up; for if it will bring up the sputa that cause bawking, promote lubrication, and so to speak sweep out the windpipe, it will cause some relief to the lungs by softening them. If it sueceed in effecting these things it will prove very beneficial. But occasionally the very acid does not succeed in bringing up the sputim, but merely makes it viscid, so eausing harm. It is most likely to produce this result in those who are mortally stricken, and have not the strength to cough and bring up the sputa that block the passages. So with an eye to this take into consideration the patient's strength, and give aeid oxymel only if there be hope. If you do give it, give it tepid and in small doses, never much at one time.

[^64]
## IIEPI $\triangle$ IAITHE OEERN












 таи́тŋр каi oída $\mu о и ́ \nu \eta \nu ~ \tau \grave{\eta \nu} \beta \lambda a ́ \beta \eta \nu \quad \delta i$ ógu-
















${ }^{1}$ Oxymel in gencral, not the particular kind discussed in the previous chapter.
LIX. But slightly acid oxymel moistens the mouth and throat, brings up sputum and quenches thirst. It is soothing to the hypochondrium and to the bowels in that region. It counteracts the ill effects of honey, by checking its bilious character. It also breaks flatulence and encourages the passing of urine. In the lower part of the intestines, however, it tends to produce moisture in excess and diseharges like shavings. Occasionally in acute diseases this character does mischief, especially because it prevents flatulence from passing along, forcing it to go back. It has other weakening effects as well, and chills the extremities. This is the only ill effect worth writing about that I know can be produced by this oxymel.
LX. It is heneficial to give a little drink of this kind ${ }^{1}$ at night and when the patient is fasting before taking gruel. Moreover, there is nothing to prevent its being drunk a long time after the gruel. But those who are restricted to drink alone without gruels are harmed by a constant use of it thronghout the illness for the following reasons. The chief is that it scrapes and roughens ${ }^{2}$ the intestine, which effects are intensified by the absence of excreta due to the fasting. Then it will also take away from the hydromel its nutritive power. If, however, it appear helpful to the disease as a whole to use this drink in large quantity, reduce the amount of the vinegar so that it can just be tasted. In this way the usual bad effects of oxymel will be reduced to a minimum, and the help required will also be rendered.
${ }^{2}$ Or, as we should say, "irritates."

## HEP $\triangle$ IAITIIL OEERN












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[^65]a This sentence is a puzzle, owing to the difficulty of get tines the required contrast between $\mu \in \tau \in \omega \rho$ gomeva and $\mu \in \tau \in \omega$. pisecai if the MS. rearing be retained. Litre translates the former "met en mousement," the latter "souleve." Adams has "suspemted" and "swells up." The translations are plainly impossible; surely $\mu \in \tau \epsilon \omega \boldsymbol{p}^{\prime}$ Gout must mean the same
 ${ }^{n p}{ }^{*}$ ) is mostly used of fermenting food inflating the bowels.
 tram-posed, and placed after mapá. "Bitter humours, when inflated, are dissolved by it into phlegm; black humours are fermented, inflated and multiplied." The chief objection

LXI. 'To put it briefly, aeidities from vinegar benefit those who suffer from bitter bile more than those who suffer from black. For the bitter humours are dissolved and turned into phlegm by it, not being bronght $u_{p} ;{ }^{1}$ but the blaek are fermented, brought up and multiplied, vinegar being apt to raise black humours. Women on the whole are more liable to be hurt by vinegar than are men, as it causes pain in the womb.
LXII. Water as a drink in acute diseases has no particular quality I can attribute to it, as it neither sooths a eough in pneumonia nor brings up sputum, having in these respects less effeet than other things, if it be used throughout as a drink. If however it be swallowed between the giving of oxymel and that of hydromel it slightly ${ }^{2}$ favours the bringing up of sputum, owing to the ehange in the quality of the drinks, as it camses a kind of flood. Apart from this it is of no use, not even quenehing thirst, but adding a bitterness to it; for it inereases the
for $\alpha^{2} \alpha^{\alpha} \omega \gamma^{\prime} \nu$ must mean "bring up into the month," as this is the sense of ovaroyos throughout this treatise. The same objection applies to the otherwise attractive reading of $A$, $\mu \in \rho i\} \in \tau \alpha l$ for $\mu \epsilon \tau \epsilon \omega \rho i\} \in \tau \alpha$, .

I once thought that $\mu \in \tau \in \omega_{p} i \zeta \epsilon \tau \alpha \iota$ had displaced some verb of the opposite meaning to $\mu \in \tau \in \omega p \nmid \delta_{0} \mu \in \boldsymbol{\sim}$, , but once more $\dot{\alpha} \nu a \gamma \omega \gamma \partial \nu \gamma \grave{\alpha} \rho \mu \in \lambda \dot{\alpha} \nu \omega \nu$ ' $\xi$ os is against this. I therefore suggest the reading in the text, though with no great confidence. It allows $\dot{\alpha} v a \gamma \omega \gamma \dot{\delta} y$ $\gamma \grave{\alpha} \rho$ к.т. $\lambda$. to have its full and proper meaning, but it gives a rare meaning to $\mu \in \tau \in \omega, S \omega$ as used in the medical writers. Still in Haymen in Health 5
 certainly has the sense of movement towards the mouth from the stomach.
${ }^{2}$ àdion is perhaps an adjective agreeing with iowp," A little water favours, ctc."

## hiepi diaitily omenn











 22 о́р $\mu \dot{\eta}$ !.








 10 каі öтои $\mu \epsilon \tau \rho і ́ \varphi$, каї öтои $\theta є \rho \mu \hat{̣}$ каі ӧтои


LXIV. Katà тầ $\alpha a$ סè каì $\pi \epsilon \rho \grave{\imath} \tau \hat{\omega} \nu$ ă $\lambda \lambda \omega \nu$
 $\kappa а i ~ \tau a ̀ ~ a ̀ т o ̀ ~ \sigma \tau а ф i ́ \delta o s ~ к а i ~ \sigma \tau \epsilon \mu \phi u ́ \lambda \omega \nu ~ к а i ~ \pi и р \hat{\omega} \nu$



[^66]118
bile of the naturally bilious and is injurious to the hypochondrium. Its bad qualities are at their worst, it is most bilious, and most weakening, when it is drunk during a fast. It enlarges the spleen, and the liver, when inflamed; it causes a gurgling inside without penetrating downwards. ${ }^{3}$ For it travels slowly owing to its being cool and difficult of digestion, while it is neither laxative nor diuretic. It also causes some harm because by nature it does nothing to increase faeces. If furthermore it be drunk while the feet are cold, all its harmful effects are multiplied, no matter which of them it happens to aggravate.
LXIII. Should you suspect, however, in these diseases an overpowering heaviness of the head, or that the brain is affected, there must be a total abstinence from wine. In such cases use water, or at most give a pale-yellow wine, diluted and entirely without odour. After each draft of it give a little water to drink, for so the strength of the wine will affect less the head and the reason. As to the principal cases in which water alone must be employed as a drink, when it should be used in abundance and when in moderation, when it shonld be warm and when cold, I have in part discussed these things already, and shall do so further when the occasions arise.
LXIV. Similarly with the other kinds of drink, barley-water for instance, herbal drinks, those made from raisins, grape-skins, wheat, bastard saffiron, myrtle, pomegranates and so forth, along with the proper times for their use, a discussion will be

[^67]
## HELI AIAITHL OEERN

 ¡ $\sigma \nu \nu \theta$ ध́т $\omega \nu$ фар $\mu \dot{\kappa} \kappa \omega \nu$.
(18 L.) LXXV. Aovtpò̀ סè $\sigma v \chi \nu o i ̂ \sigma \iota \tau \hat{\omega} \nu \nu o \sigma \eta-$






















${ }^{2}$ Өєралє́volvtes my sugcrestion: $\theta \in \rho a \pi \epsilon \dot{v} \sigma \alpha \nu \tau \in s$ A: $\theta \in \rho \alpha-$ téovies $V$.
${ }^{1}$ It should be noticel that these promises are not fulfilled. Perhaps the author wrote, or intended to write, a book on particular diseases to supplement his "general" pathology.

## REGIMEN IN ACUTE DISEASES, LXIV.-LXv.

given together with the particular disease in question ; ${ }^{1}$ similarly too with the rest of the compound medicines.

LX:. The bath will be beneficial to many patients, sometimes when used continuously, sometimes at intervals. Occasionally its use must be restricted, because the patients have not the necessary accommodation, for few houses have suitable apparatus and attendants to manage the bath properly. Now if the bath be not carried out thoroughly well, no little harm will be done. The necessary things include a covered place free from smoke, and an abundant supply of water, permitting bathings that are frequent but not violent, unless violence is necessary.

If rubbing with soap be avoided, so much the better; but if the patient be rubbed, let it be with soap ${ }^{2}$ that is warm, and many times greater in amount than is usual, while an abundant affusion should be used both at the time and immediately afterwards. A further necessity is that the passage to the basin should be short, and that the basin should be easy to enter and to leave. The bather must be quiet and silent; he should do nothing himself, but leave the pouring of water and the rubbing to others. Prepare a copious supply of tepid ${ }^{3}$ water, and let the affusions be rapidly made. Use sponges instead of a scraper, and anoint the body before it is quite dry. 'The head, however, should be rubbed with a sponge until it is as dry

[^68]
## חEPI $\Delta$ IAITIII O OEE $\Omega$ N

 $\mu \eta \delta \grave{\epsilon} \tau \grave{\eta} \nu \kappa \epsilon \phi a \lambda \dot{\eta} \nu \mu \eta \delta \grave{\epsilon} \tau \grave{\partial} \not{ }^{\circ} \lambda \lambda o \sigma \hat{\omega} \mu a$ каі $\mu \eta \dot{\eta} \tau \epsilon$




 тоьоídє каі $\dot{\omega} \phi є \lambda \epsilon ́ о \nu \tau а \iota ~ \lambda о \nu \sigma a ́ \mu \epsilon \nu о \iota ~ к а і ~ \beta \lambda а ́ т т о \nu . ~$










 $\lambda \nu \sigma \iota \tau \epsilon \lambda \epsilon \hat{\imath} \nu$ тò $\lambda о v \tau \rho o ́ \nu, \dot{a} \lambda \lambda a ̀ \quad \mu a ̂ \lambda \lambda o \nu \beta \lambda c i \pi \tau \epsilon \iota \nu$.













## REGIMEN IN ACUTE DISEASES, txv.-Lxvio.

as possible. Keep chill from the extremities and the head, as well as from the body generally. The bath must not be given soon after gruel or drink has been taken, nor must these be taken soon after a bath.
LXVI. Let the habits of the patient carry great weight-whether he is very fond of his bath when in health, or is in the habit of bathing. Such people feel the need of a bath more, are more benefited by its use and more harmed by its omission. On the whole, bathing suits pneumonia rather than ardent fevers, for it soothes pain in the sides, chest and back; besides, it concocts and brings up sputum, eases respiration, and removes fatigue, as it softens the joints and the surface of the skin. It is diuretic, relieves heaviness of the head, and moistens the nostrils.
LXVII. Such are the benefits from bathing, and they are all needed. If, however, one or more requisites be wanting, there is a danger that the bath will do no good, but rather harm. For each neglect of the attendants to make proper preparations brings great harm. It is a very bad time to bathe when the bowels are looser than they ought to be ${ }^{1}$ in acute diseases, likcwise too when they are more costive than they ought to be, and have not previously been moved. Do not bathe the debilitated, those affected by nausea or vomiting, those who betch up bile, nor yet those who bleed from the nose, unless the hemorrhage be less than normal, and you know what the normal is. If the hemorrhage be lass than normal, bathe either the whole body, if that be desirable for other considerations, or elise the head only.

[^69]
## IIEPI $\triangle$ IAITHS OED $\Omega N$


















${ }^{1}$ After $\delta \in$ the MSS have sal which Ermerins deletes.
 of the MSS.

REGIMEX iN ACUTE DISEASES, Lxvin.
LXVIII. If the preparations be adequate, and the patient likely to benefit by the bath, bathe every day. Those who are fond of bathing will not be harmed even by two baths a day. Patients taking unstrained gruel are much more eapable of using the bath than those taking juice only, though these too can use it sometimes. Those taking nothing but drink are the least capable, though some even of these can bathe. Judge by means of the principles given above who are likely and who are monikely to profit by the bath in each kind of regimen. Those who really need one of the benefits given by the bath you should bathe as far as they are profited by the bath. Those should not be bathed who have no need of these benefits, and who furthemore show one of the symptoms that bathing is not suitable.
${ }^{3}$ каө Kühlewein : кая MSS.

THE SACRED DISEASE

## INTRODUCTION

This book was apparently known to Bacchius, ${ }^{1}$ and is referred to by Galen ${ }^{2}$ without his mentioning the author's name. It is in Erotian's list of the genuine works of Hippocrates.

Modern critics are by no means agreed about either its authorship or its merits. Littré ${ }^{3}$ has very little to say about it. Emmerins regards it as the pateliwork composition of a second-rate sophist much later than Hippocrates. Gomperz ${ }^{4}$ speaks of the "wonderfully suggestive formula" invented by its author, and calls him pugnacions and energetic. Wilamowitz ${ }^{5}$ rates it very highly indeed, and considers that it was written by the author of Airs Wraters Places. Wellmann ${ }^{6}$ believes it was written in opposition to the Sicilian school, including Diocles, who believed in incantations. An English writer ${ }^{7}$ speaks of it as "a masterpiece of scientific sanity; broad in outlook, keen and ironical in argument and humane in spirit."

One point at least is certain-The Sucred Disease cannot be independent of Airs Wiaters Places. It will be convenient to quote the parallel passages side by side.

[^70]
## INTRODUCTION

Airs Waters Places

 флєүнита́ঠєаs，ти́s тє коє－入ías aútôv тикvì éктир－
 то仑̂ ф入є́үратоs є́тикатир－ ре́⿻𨈑㇒тоs．III．



 $\dot{\eta} \lambda \iota \omega \theta \epsilon ́ \omega \sigma \iota \quad$ т $\eta \nu \quad \kappa \epsilon \phi \alpha \lambda \grave{j} \nu^{\prime} \stackrel{\star}{\eta}$ $\dot{\rho} \iota \boldsymbol{\gamma} \sigma \omega \sigma \iota$ ．III．
$\dot{\epsilon} \dot{\xi} \dot{\alpha} \pi \alpha \dot{\alpha} \nu \tau \omega \nu$ द̇ $\nu \dot{o ́ к о ́ \sigma о \iota \sigma \iota}$



ф入є́үнатоя єттєктарри－
 S．




 $\alpha \kappa \rho \hat{\omega} \nu \quad \phi \quad \lambda \alpha \kappa \rho о і$ каі̀ є́к үдаvк $\hat{\nu}$ үлаvкоі каі є́к
 $\epsilon \pi \grave{\iota}$ т̀̀ $\pi \lambda \hat{\eta} \theta о \varsigma$ ，каі $\pi \epsilon р i$
 до́үоs，тí кш入и́єє каi є́к цакрокєфи́доv макрокє́фа－


The Sacred Disease

See Chapters VIII．－XII．

 таитi．XVI．
ó $\epsilon \gamma \kappa \epsilon ́ \phi \alpha \lambda o s$ ．．．$\quad \omega \sigma \tau \epsilon$ ойк є่тєкатаррєіً．XIII．




$\epsilon i$ үа̀ $\rho$ є́к флє $\gamma \mu a \tau \omega ́ \delta \epsilon о \varsigma$ $\phi \lambda \epsilon \gamma \mu a \tau \omega \dot{\partial} \eta \eta s, \kappa \alpha i$ є̇к $\chi о \lambda \omega$＇－ $\delta \epsilon о s$ Ходш́д $\eta$ s үі́vєтаl，каi
 є่к $\sigma \pi \lambda \eta \nu \omega \dot{\delta} \delta \epsilon о s \sigma \pi \lambda \eta \nu \omega \dot{\sigma} \delta \eta \varsigma$ ， тíкш入ı́єє к．т．入．V．

## INTRODUCTION








 ф＇́rıos रívetal．XXII．$^{\text {．}}$

 $\pi \hat{\omega} \mathbf{y}^{\prime} \dot{\epsilon} \sigma \tau \tau \nu$, oủ ．．．$\pi \rho o \sigma-$ пímтє兀v Moívoıs，ảd入à тoîs äтабь ó $\mu$ оíws．XXII．
$\dot{\alpha} \lambda \lambda \grave{\alpha} \gamma \dot{\mu} \rho, \quad \tilde{\omega} \sigma \pi \epsilon \rho$ каі
 каì тайтá є̀ $\sigma \tau \iota \nu$ ó $\mu о i \neq s$ тоîs ä入入oıs• $\gamma^{\prime} \nu \in \tau \alpha \iota \quad \delta \grave{\epsilon}$ кат⿳亠





$\dot{\alpha} \lambda \lambda \dot{\alpha} \pi \alpha{ }^{\prime} \tau \alpha \quad \theta \epsilon i \alpha$ каі

 є́ $\phi$＇$\epsilon \omega v \tau o \hat{v}$ ．XXI．

каі́то九 єỉ $\theta \epsilon \iota o ́ \tau \epsilon \rho o ́ v ~ \epsilon ̀ \sigma \tau \iota$ $\tau \hat{\omega} \nu \stackrel{\alpha}{\alpha} \lambda \lambda \omega \nu$ ，тоî $\sigma \iota \stackrel{̈}{a} \pi \alpha \sigma \iota \nu$



 $\tau \hat{\omega} \nu \quad \lambda o \iota \pi \omega \nu, \dot{\alpha} \lambda \lambda \grave{\alpha}$ фvíctv
 $\mu \alpha \tau \alpha$ ，каі $\pi \rho о ́ \phi а \sigma \iota . ~ V . ~$

Besides these special passages，both treatises lay stress upon moistening of the brain as a cause of disease，and upon the purging and drying of that organ by＂catarrhs＂；both insist upon supposed functions of veins，upon the importance of winds and the change of the seasons；both too have much the same＂pet＂words，е́ккрі́vєє＂，д̀токрі＇чєь，коьдía and so



So much for the similarities．There are also dis－ similarities．Airs Waters Places is free from sophistic rhetoric，but the author of The Sacred Disease is



## INTRODUCTION

 A. $W^{\prime}$. $P$. seems to be dominated by no postulates of philosopliy ; S. I). is eclectic, laying stress now upon air, as the element whieh makes the brain intelligent, ${ }^{1}$ now upon the four traditional " opposites," the wet, the dry, the hot and the cold. ${ }^{2}$ Above all, A. $I V$. $P$. is more dignified, more reserved, and more compact in style.

Wilamowitz may possibly be right in his contention that both works are by the same writer. If this be so, the writer was almost certanly not the anthor of Epidemics. The latter wonld never have said that cures can be effected by creating at the proper seasons the dry or the moist, the hot or the eold.

A confident verdict would be rash, but $I$ am inelined to believe that the writer of $S . D$. was a pupil of the writer of $A . I V$. P. Berhaps the master set his pupil a thesis on a subject which was a favourite of his-"Superstition and Medicine." It would be natural in the circumstances for the student to borrow withont aeknowledgment from his master not only arguments but also verbal peculiarities, but he would not hide his own eharaeteristies either of thought or of style.

Althongh the work is generally supposed to refer to epilepsy, ${ }^{3}$ other seizures, including certain forms of insanity, must not be excluded. Epilepsy generally conforms to a regular type, and scarcely corresponds to the elaborate classification in Chapter IV.

[^71]
## INTRODUCTION

In opposition to popular opinion, the writer maintains that these seizures are not due to "possession" by a god but to a natural cause. He insists upon the miformity of Nature, and protests against the unscientific dualism which characterizes some phenomena as natural and others as divine. All phenomena, he says, are both natural and divine. He holds that epilepsy is curable by natural means, intending, apparently, to imply that it ean be cured if the right remedies are discovered, and not that cures actually did occur.

The " eause" of epilepsy is said to be the stoppage of life-giving air in the veins ${ }^{1}$ by a flow of phlegm from the head into them. The ernde and mistaken physiology of this part of the work need not detain us, ${ }^{2}$ but the function assigned to air is important, and shows the influence of Diogenes of Apollonia.

Far more interesting is the function attributed to the brain, which, in opposition to the popular riew, is regarded as the seat of conseiousness, and not the heart or the midriff. The view was not novel, and can be traced baek to Alemaeon. ${ }^{3}$ It was accepted by Plato and rejeeted by Aristotle. ${ }^{4}$
"I have translated $\phi \lambda \epsilon \in \beta \in s$ by "veins" and $\phi \lambda \epsilon \in \beta / a$ by " minor veins," though I lo not think that the writer always maintained a distinction between the two words. Of course $\phi \lambda \epsilon \beta \in s$ includes what are now called "arteries," but as the difference between veins and arteries was not known in the author's time " veins" must be the normal translation.
${ }^{2}$ The confident assurance with which the writer enunciates his views on phlegm and air is in sharp contrast with the extreme caution of the writer of fidemics $I$. and $/ 1 I$.
${ }^{3}$ Sce Beare Greek Theories of Elrmentary Cognition, 93 and 160.

4 See Beare op. cit. index s.v. "brais."

## INTROIDUCTION

The date of the work can be fixed with tolerable certainty. Nobody would put it hefore Airs W'aters Places, miness indeed with Wilamowitz one holds that the two were written by the same author, in which case The Sacred Disease might be a youthful composition. But even on this supposition the difference between the dates of the two would not be great. On the other hand the work was known to Bacchius, early in the third century, and apparently regarded as genuine. There are in the vulgate two places where $\mu \bar{y}$ has displaced od (a sure sign of late date) but an examination of the best manuscript shows that in both ou is the true reading. Here and there occur touches of sophistic rhetoric which make a fourth-century date unlikely, and an impartial reader feels that the writer, whoever he was, was a contemporary, probably a younger contemporary, of Socrates. ${ }^{i}$ There is no internal sign of the part of Greece in which the author lived, except that the list of gods given in Chapter IV. seems to be Ionian. ${ }^{2}$

The more often The Sacred Disease is read, the more it attracts the reader, particularly if it be realized that the sequence of thought is sometimes impaired by glosses, which must be removed if a fair judgment on the writer is to be given. At first one notices the crudities, the slight logical lapses, the unwarranted assumptions, all of which are natural enough if the writer was a pupil writing a set thesis for his teacher.

[^72]
## INTRODUCTION

Then little by little the grandeur of the main theme, the uniformity of Nature, every aspect of which is equally divine, grips the attention. We realise that we are in contact with a great mind, whether the words in front of us are the direct expression of that mind, or only the indirect expression through the medium of a pupil's essay.

## Manuscripts and Editions

The chief MSS. are $\theta$ and M, supplemented by (a) some Paris MSS. of an inferior class and by (b) those MSS. which Littré called $\iota, \kappa, \lambda$ and $\mu .{ }^{1}$

Of these the best is $\theta$, a tenth-century MS, at Vienna, for which see Ilberg in the Prolegomena to the Teubner edition of Hippocrates. If $\theta$ be closely followed it produces on the text of The Sacred Disease much the same effect as following A produces on Ancient Medicine; there is greater simplicity, while the dialect is much improved. By its help the editor is often able to remove the faults which so disfigure the text of Litire and even that of Reinhold.

The Sacred Disease is included in Reinhold's edition, while a great part appears in the Leseluch of Wilamowitz-Moellendorff. ${ }^{2}$ It is translated into English in the second volume of Adams.

I have myself collated both $\theta$ and M for the present edition. The collation of $\theta$ used by Littré was very accurate, but he appears to have known but little about M. Many of the Paris manuscripts,
${ }^{1}$ See Littré, VI., 351.
${ }^{3}$ See also Die hippoliratische Schrift $\left.\pi \in \rho\right\rangle$ í $\bar{\eta} s$ roúgou in Sitzungsterichte der Berliner Akudemie, 1901. In 1827 there was published in Leipzig an edition by Fr. Dietz.

## NTRODUCTION

however, are so similar to $M$ that they supplied him with nearly all, if not quite all, of its readings.

The printed text follows $\theta$ closely, but on several occasions I have preterred M. I believe that I have given in the footnotes the reading of $\theta$ on at any rate the most important of these occasions. So the reader will find the critical notes to this treatise more elaborate than usual. As no full edition exists, perhaps this novelty will not be unwelcome.

The seribe of $M$ appears to have been a fairly good Greek scholar, and his text is on the whole smoother and more regular than that of $\theta$. He prefers the pronominal forms in $\delta \kappa$ - to those in $\delta \pi-$, and he uses the long forms $\pi o t \in \in$, , ete. Punctuation and accents are faily correct. His marcinal notes sometimes rum intoverse. Thus on fol. $85{ }^{r}$ (bottom) we have:-
a pious wish that the author may not be punished for "denying divinely the divine." On $91^{r}$ he has this note on the last sentence of the treatise:-

$$
i \eta \tau \rho \grave{\epsilon} \pi \rho o ́ \sigma \sigma \lambda^{\epsilon \varsigma}, \gamma^{\prime} \hat{\omega} \theta_{l} \tau \hat{\omega} \mathbf{1}^{\prime} \kappa \alpha \iota \rho \hat{\omega}^{\prime}{ }^{\prime} \text { ő } \rho o v s .
$$

On the whole, the readings of $\mathbf{M}$ in Sacred Disease are rather better than they are in the treatises already translated.

The mamuscript called $\theta$ is written in a very clear and beantiful script. The scribe, however, seems to have been a poor Greek scholar. The punctuation is hopeless, and the accentuation far from grood.
 reфadip (nominative). On the other hand we have $\tau \hat{i}$ yóvo. Ie occasionally slips into Attic forms, ${ }^{13} 6$

## INTRODUCIION

e.g. $\theta \alpha \lambda \alpha ́ \tau \tau \eta s$, and $\mu \epsilon \tau \alpha \beta$ одấs with $\mu \in \tau \alpha \beta o \lambda \hat{\eta} \sigma \iota$ immediately following. Vagaries such as these, combined with the fact that he cannot make up his mind whether to write ipòs or ifpós, show how little we can hope to regain exactly the spelling of the Hippocratic writers. We must be content with very approximate knowledge.

The most interesting point brought out by a comparison between $M$ and $\theta$ is the great number of trivial differences, chiefly in the order of the words. There are also many little words and phrases in $M$ which are not found in $\theta$. In many cases it almost seems that a rough text has been purposely made smoother. For instance, M has $\mu \grave{v} \nu \gamma \grave{\rho} \rho$ on at least two occasions when $\theta$ has $\mu \grave{\epsilon} v$ only. But there are many differences which are in no way corrections or improvements, and it is therefore difficult, if not impossible, to say always which manuscript is to be preferred. Fortunately these differences do not affect the general sense; they do, however, tend to show that at some period (or periods) in the history of the text the Hippocratic writings were copied with much more attention to the meaning than to verbal faithfulness.

## ПЕРI IEPHZ NOYミOY
















 $\theta_{6}: M$ has $\delta \in$ for $\tau \epsilon$ and omits $\delta$. The punctuation of $\theta$ is








2 omits $\tau \iota \pi \rho \hat{\eta} \gamma \mu a$.



## THE SACRED DISEASE

I. I am about to discuss the disease called " sacred." It is not, in my opinion, any more divine or more sacred than other diseases, but has a natural cause, and its supposed divine origin is due to men's inexperience, and to their wonder at its peculiar character. ${ }^{1}$ Now while men continue to believe in its divine origin beeause they are at a loss to understand it, they really disprove its divinity by the facile method of healing which they adopt, consisting as it does of purifications and incantations. But if it is to be considered divine just because it is wonderful, there will be not one sacred disease but many, for 1 will show that other diseases are no less
${ }^{1}$ I am by no means satisfied that the text I have given is correct, but I am sure that the received text is wrong. However, as our best manuscript has $\delta$ ' before á $\nu \theta \rho \omega \pi o r$,
 in which case the intervening words are a gloss, or parts of a gloss. The fact is that $\phi \dot{v} \sigma \iota \nu \mu \bar{\epsilon} \nu$ є $\chi \in \ell$, even without $\pi \rho \delta \dot{\phi} \alpha \sigma \iota \nu$, is enough to make clear the writer's meaning, as we can see from the passage in Airs Waters l'laces, XXII.(Vol. I. p. 126),

 be very tempted to round off the sentenee, and in particular
 voan$\eta \mu a \tau \alpha$ and $\ddot{\partial \theta \epsilon \nu} \gamma^{\prime} \nu \in \tau a l$. Whatever the correct reading may be, and this is uncertain, the sense of the passage is perfectly clear.

## IIEPI LEPHE NOTVOT















 29 mo入̀̀s ä̀ єї $\eta$ 入óros.










 $\sigma \phi i ́ \sigma \iota \nu$ аѝтоі̂бı, каӨарню̀̀ऽ тробфє́роутєऽ каі



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wonderful and portentous, and yet nobody considers them sacred. For instance, quotidian fevers, tertians and quartans seem to me to be no less sacred and god-sent than this disease, ${ }^{1}$ but nobody wonders at them. Then again one can see men who are mad and delirious from no obvious canse, and committing many strange acts; while in their sleep, to my knowledge, many groan and shriek, others choke, others dart up and rush out of doors, being delirious until they wake, when they become as healthy and rational as they were before, though pale and weak; and this happens not once but many times. Many other instances, of various kinds, could be given, but time does not permit us to speak of each separately.
II. My own view is that those who first attributed a sacred character to this malady were like the magicians, purifiers, charlatans and quaeks of our own day, men who claim great piety and superior knowledge. Being at a loss, and having no treatment which would help, they concealed and sheltered themselves behind superstition, and called this illness sacred, in order that their utter ignorance might not be manifest. They added a plausible story, and established a method of treatment that secured their own position. They used purifications and incantations; they forbade the use of baths, and of many foods that are unsuitable for sick folk-of sea
${ }^{1}$ Because of the regularity of the attacks of fever, whieh occur every day (quotidians), every other day (tertians), or with intermissions of two whole day's (quartans).

[^73]
## IIEPI IEPHS NOTEOM

$\nu o \sigma \in ́ o v \sigma \iota \nu$ є̇ $\sigma \theta^{\prime} \epsilon \iota \nu$. $\theta a \lambda a \sigma \sigma i \omega \nu$ $\mu \grave{\epsilon} \nu$ т $\rho i \gamma \lambda \eta \varsigma, \mu \epsilon$.

























 Remholl. Some NSS. have oi i $\chi$ 0ús after $\gamma$ d́p.
${ }^{2}$ Atter aigeiwv $\theta$ alds ral túpou aigeiou. The MSS. vary at this point between adjectives and nouns, but the sense is quite plain.

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## THE SACRED DISEASE, i.

fishes: red mullet, black-tail, hammer and the eel (these are the most harmful sorts); the Hesh of goats, deer, pigs and dogs (meats that disturb most the digestive organs) ; the cock, pigeon and bustard, with all birds that are considered substantial foods; mint, leek and onion among the vegetables, as their pungent character is not at all suited to sick folk; the wearing of black (black is the sign of death); not to lie on or wear goat-skin, not to put foot on foot or hand on hand (all which conduct is inhibitive). ${ }^{1}$ These observances they impose because of the divine origin of the disease, claiming superior knowledge and alleging other causes, so that, should the patient recover, the reputation for cleverness may be theirs; but should he die, they may have a sure fund of excuses, with the defence that they are not at all to blame, but the gods. Having given nothing to eat or drink, and not having steeped their patients in baths, no blame can be laid, they say, upon them. So I suppose that no Libyan dwelling in the interior can enjoy good health, since they lie on goat-skins and eat goats' flesh, possessing neither coverlet nor cloak nor footgear that is not from the goat; in fact they possess no cattle save
${ }^{1}$ Here is probably a reference to "binding" by sorcery. So Wilamowitz. But may not $\kappa \omega \lambda \dot{\varphi} \mu \alpha \tau \alpha$ mean that if the patient follows the advice of the quacks an attack (so it is said) will be "prevented "?

[^74]
## MEPI IEPIIS NOTEOT





 40 Súvauıs.
llІ. Ойț




 $\tau \epsilon \tau о \hat{\imath} \sigma \iota \dot{\iota} \nu \theta \rho \dot{\rho} \pi о \iota \sigma \iota$ каі̀ $\pi \rho о \sigma \pi i \pi \tau \epsilon \iota \nu ; \omega ゙ \sigma \tau \epsilon \tau \grave{o}$














 ö $\mu \beta$ роия каi aù $\chi \mu о \grave{s}$ каì $\theta a ́ \lambda a \sigma \sigma a \nu ~ a ̈ т о р о \nu ~ к а i ~$


[^75]
## THE SACRED DISEASE, ir.-Iv.

goats. But if to eat or apply these things engenders and increases the disease, while to refrain works a cure, then neither is godhead ${ }^{1}$ to blame nor are the purifications beneficial; it is the foods that cure or hurt, and the power of godhead disappears.
111. Accordingly 1 hold that those who attempt in this manner to cure these diseases camot consider them either sacred or divine; for when they are removed by such purifications and by such treatment as this, there is nothing to prevent the production of attacks in men by devices that are similar. If so, something human is to blame, and not godhead. He who by purifications and magic can take away such an affection can also by similar means bring it on, so that by this argument the action of godhead is disproved. By these sayings and devices they claim superior knowledge, and deceive men by prescribing for them purifications and cleansings, most of their talk turning on the intervention of gods and spirits. Yet in my opinion their discussions show, not piety, as they think, but impiety rather, implying that the gods do not exist, and what they call piety and the divine is, as I shall prove, impious and unholy.
IV. For if they profess to know how to bring down the moon, to eclipse the sun, to make storm and sumshine, rain and drought, the sea impassable and the earth barren, and all such wonders, whether
${ }^{1} \delta \theta \in$ ós does not imply any sort of monotheism. The article is generie, and the phrase therefore means " $a$ god" rather than "the god." See my artiele on the rague use of ó $\theta$ ès in Classical Revieu, Dec. 1913.

[^76]
## HEPI IEPIIS NOTEOR



























[^77]
## THE SACRED DISEASE, iv.

it be by rites or by some cumning or practiee that they can, according to the adepts, be effected, in any case $l$ am sure that they are impious, and cannot believe that the gods exist or have any strength, and that they would not refrain from the most extreme actions. Wherein surely they are terrible in the eyes of the gods. For if a man by magic and sacrifice will bring the moon down, eclipse the sun, and cause storm and sunshine, I shall not believe that any of these things is divine, but human, seeing that the power of godhead is overeome and enslaved by the cunning of man. But perhaps what they profess is not true, the fact being that men, in need of a livelihood, contrive and devise many fictions of all sorts, about this discase among other things, putting the blame, for each form of the affection, upon a particular god. ${ }^{1}$ If the patient imitate a goat, if he roar, or suffer convulsions in the right side, they say that the Mother of the Gods is to blame. If he utter a piercing and loud cry, they liken him to a horse and blame Poseidon. Should he pass some excrement, as often happens under the stress of the disease, the surname Enodia is applied. If it be more frequent and thinner, like that of birds, it is Apollo Nomius. If he foam at the mouth and kick, Ares has the
${ }^{1}$ If the sentence be retained which I have deleted as a gloss the general meaning will be: "Again and again do they bethink themselves of this trick."

[^78]
## HEPI IEPHI NOTEOX

 ната тарібтатає каі фовоє каі тари́ро七ає каі

 каӨарноі̂бі тє хре́оутає каі є่таоьঠŋ̆бь，каі ¿̀ขо－





















${ }_{1}$ After к入lvns some MSS．have кal $\phi \delta \beta \eta \tau \rho a$ ，which the editurs retain．$\theta$ omit．
 editors．
${ }^{3}$ قúziv omitted by $\theta$ ．
${ }^{4}$ каөарц⿳⺈ ．Should not this be каӨapuát $\omega \nu$ ？
${ }^{5}$ фє́povaıy $\theta$ ．
148

## THE SACRED DISEASE, iv.

blame. When at night occur fears and terrors, delirium, jumpings from the bed and rushings ont of doors, they say that Hecate is attacking or that heroes are assaulting. ${ }^{1}$ In making use, too, of purifications and incantations they do what $l$ think is a very umholy and irrelinious thing. For the sufferers from the disease they purify with blood and such like, as though they were polluted, bloodguilty, bewitched by men, or had committed some unholy act. All such they ought to have treated in the opposite way; they should have brought them to the sanctuaries, with sacrifices and prayers, in supplication to the gods. As it is, however, they do nothing of the kind, but merely purify them. Of the purifying objects ${ }^{2}$ some they hide in the earth, others they throw into the sea, others they carry away to the mountains, where nobody can touch them or tread on them. Yet, if a god is indeed the cause, they ought to have taken them to the sanctuaries and oftered them to him. However, I hold that a man's body is not defiled by a god, the one being utterly corrupt the other perfectly holy. Nay, even should it have been defiled or in any way injured through some different agency, a god is more likely to purify and sanctify it than he is to cause defilement. At least it is godhead that purifies, sanctifies and cleanses us from the greatest and most impious of our sins; and we ourselves fix

[^79][^80]
## IIEPI IEPIS NOİDOT





 61 ठокєî є้ $\chi \in \iota \nu$.





 $\tau \hat{\omega} \nu ф а \rho \mu(\bar{\kappa} \kappa \omega \nu \tau \hat{\omega} \nu \pi \rho о \sigma \phi \epsilon \rho о \mu \in ́ \nu \omega \nu . \quad$ ä $\rho \chi \epsilon \tau a \iota \delta \dot{\epsilon}$








 ( $\delta \in i \kappa v v \nu r a t \theta_{1}$ ) MSS. Reinhold also reads olous for ís, an ingenious correction. In $\theta$ we have $\tau \epsilon \mu \epsilon \nu$ and then a gap followed by $\delta \in \epsilon^{\prime} \kappa \nu v i \tau a z$.
${ }^{2}$ From $\dot{\alpha} \lambda \lambda$ ' to $\dot{\alpha} \phi a \gamma \gamma^{\prime \prime}\left(0{ }^{\prime} \mu \in \nu=t\right.$ is omitted by $\theta$ but is found in M. Probably the eye of the scribe of $\theta$ passed from the first - $\mu \in v_{0}$ to the second.
${ }^{3}$ The MsS. (with slight variations) read $\mu$ '̀ $\nu$ after $\phi$ óviv,

 corruption here as in Chapter I, one passage having been compared by a scribe to the other. It is hard to mark off the two passages as they were written originally. Reinhold

## THE SACRED DISEASE, iv.-v.

boundaries to the sanctuaries and precincts of the gods, so that nobody may cross them unless he be pure; and when we enter we sprinkle ourselves, not as defiling ourselves thereby, but to wash away any pollution we may have already contracted. Such is my opinion about purifications.
V. But this disease is in my opinion no more divine than any other; it has the same nature as other diseases, and the cause that gives rise to individual diseases. ${ }^{1}$ It is also curable, no less than other ilhnesses, unless by long lapse of time it be so ingrained as to be more powerful than the remedies that are applied. Its origin, like that of other diseases, lies in heredity. For if a phlegmatic parent has a phlegmatic child, a bilious parent a bilious child, a consumptive parent a consumptive child, and a splenetic parent a splenetic child, there is nothing to prevent some of the children suffering from this disease when one or the other of the parents suffered from it; for the seed comes from every part of the body, healthy seed from the healthy parts, diseased seed from the diseased parts.
 which ease the translation will be, "it has the same nature and cause as other diseases."
emends Chapter I and reads here $\tau \hat{\omega} \nu \lambda o \iota \pi \hat{\omega} \nu, \dot{\alpha} \lambda \lambda^{\prime} \dot{a} \pi \delta \partial \tau a \dot{\jmath} \tau o \hat{v}$
 believe that not only has there been corruption due to comparison, but also glosses have crept in.
${ }^{4} \theta$ has $\dot{\omega} s$ for $\ddot{\ddot{*} \sigma \tau \epsilon}{ }^{3} \delta \eta \eta$.
${ }^{5} \theta$ has $\sigma \pi \lambda \eta u i ́ a s$.



## mepi iepia notsor

































Another strong proof that this disease is no more divine than any other is that it affects the naturally phlegmatic, but does not attack the bilious. Yet, if it were more divine than others, this disease ought to have attacked all cqually, without making any difference between bikions and phlegmatic.
VI. The fact is that the cause of this affection, as of the more serious diseases generally, is the brain. The manner and the cause I will now set forth clearly. The brain of man, like that of all animals, is double, being parted down its centre by a thin membrane. For this reason pain is not always felt in the same part of the head, but sometimes on one side, sometimes on the other, and occasionally all over. Veins lead up to it from all the body, many of which are thin, while two are stout, one coming from the liver, the other from the spleen. The vein from the liver has the following character. One part of it stretches downwards on the right side, close by the kidney and the loin, to the inner part of the thigh, reaching down to the foot; it is called the hollow vein. The other part of it stretches upwards through the right diaphragm and lung. It branches away to the heart and the right arm. The rest leads upwards through the collar-bone to the right of the neck, to the very skin, so as to be visible. Right by the ear it hides itself, and here it branches, the thickest, largest and most capacious part ending in the brain, another in the right ear, another in the right eye, and the last in the nostril.

[^81]
## IIEPI IEPIL NOTEOT




 $30 \dot{\alpha} \sigma \theta \epsilon \nu \epsilon \sigma \tau \epsilon ́ \rho \eta$.
VII. Катà таútas $\delta_{\text {è }}$ тàs $\phi \lambda$ éßas каì є̇тауó-



 à $\phi \stackrel{a}{a} \sigma t \nu$. où $\gamma \grave{a} \rho$ oîóv $\tau \epsilon$ tò $\pi \nu \epsilon \hat{v} \mu a \quad \sigma \tau \hat{\eta} \nu a \iota$,



$10 \grave{\eta} \kappa \alpha \theta \eta \mu \dot{\epsilon} \nu \omega$ ф $\lambda_{\epsilon} \beta \iota a \pi \iota \epsilon \sigma \theta \hat{\eta}, \stackrel{\omega}{\omega} \sigma \tau \epsilon \tau \grave{o} \pi \nu \epsilon \hat{v} \mu a{ }^{2} \mu \grave{\eta}$






 $\delta \grave{\epsilon} \tau \hat{\eta} \kappa \alpha \theta \dot{a} \rho \sigma \epsilon \iota \quad \hat{\eta} \nu \quad \mu \grave{\varepsilon} \nu \kappa a \lambda \hat{\omega} \varsigma$ каi $\mu \in \tau \rho i \omega \varsigma$






$1 \kappa \alpha \theta \delta \mathrm{M}$ : каөо́ть $\theta$.
${ }^{2} \pi v \in \hat{v} \mu a$ most MSS. : âpa $\theta$.

Such is the character of the veins from the liver. From the spleen too extends a vein downwards and upwards to the left; it is similar to the one from the liver, but thinner and weaker.
VII. By these veins we take in the greater part of our breath, for they are vents of our body, drawing the air to themselves, and they spread it over the body in general through the minor veins and cool it; then they breathe it out again. For the breath cannot rest, but moves up and down. If it is caught anywhere and rests, that part of the body where it rests becomes paralysed. A proof is that should minor veins be so compressed, when a man is lying or seated, that the breath camot pass through the vein, a numbness immediately seizes him. Such is the character of the veins. ${ }^{1}$
VIII. This disease attacks the phlegmatic, but not the bilious. Its birth begins in the embryo while it is still in the womb, for like the other parts, the brain too is purged and has its impurities ${ }^{2}$ expelled before birth. In this purging if the action be thorough and regulated, and if there flow away neither more nor less than is proper, the infant has a perfectly healthy head. But if the flux from all the brain be too abundant, and a great melting ${ }^{3}$ take place, he will have as he grows a diseased head, and one full of noise, and he will not be able to endure either sun or cold. If an excessive flux come from one eye

[^82]
## hepl ieplis noreor






























${ }^{1} \kappa \alpha \theta \alpha \rho \theta \in ́ \nu \tau \alpha$ : four MSS. (including $\theta_{t}$ ) have $\pi a t \delta \epsilon \nu \theta_{\epsilon}^{\prime} \nu \tau a$.
${ }^{2}$ флє́ $\boldsymbol{\mu} \alpha$ M: $\pi \downarrow \in \hat{\imath} \mu \alpha \theta$.
 156
or one ear, or if a vein be reduced in size, that part suffers a lesion in proportion to the melting. Should the purging not take place, but congestion occur in the brain, then the infants cannot fail to be phlegmatic. If while they are children sores break out on head, ears and skin, and if saliva and mucus be abundant, as age advances such enjoy very good health, for in this way the phlegm is discharged and purged away which should have been purged away in the womb. Those who have been so purged are in general not attacked by this disease. Those children, on the other hand, that are clean, ${ }^{1}$ do not break out in sores, and discharge neither mucus nor saliva, run a risk of being attacked by this disease, if the purging has not taken place in the womb.
IX. Should the discharge make its way to the heart, palpitation and difficulty of breathing supervene, the chest becomes diseased, and a few even become hump-backed; for when the phlegm descends cold to the lungs and to the heart, the blood is chilled; and the veins, being forcibly chilled, beat against the lungs and the heart, and the heart palpitates, so that under this compulsion difficulty of breathing and orthopnoca result. For the patient does not get as much breath as he wants until the phlegm that has flowed in has been mastered, warmed and dispersed into the veins. Then the palpitation and difficulty of breathing cease. It ceases in pro-

[^83]
## ПEpi IEPHE NOTEOT







 ठє̀ тàs ф入є́ßas, às тоєі́рŋка, тòv ката́ppoov























- After кáт $\omega$ the MSS. have (with slight variations) kal


portion to the quantity of the flux, that is, slower if the flux be great, quicker if it be less. And if the fluxes be frequent, the attacks are frequent. Such are the symptoms when the flux goes to the lungs and heart; when it goes to the bowels, the result is diarrbcea.

X . If the phlegm be cut off from these passages, but makes its descent into the veins I have mentioned above, the patient becomes speechless and chokes, froth flows from the mouth; he gnashes his teeth and twists ${ }^{1}$ his hands; the eyes roll and intelligence fails, and in some cases excrement is discharged. ${ }^{2}$ I will now explain how each symptom occurs. The sufferer is speechless when suddenly the phlegm descends into the veins and intercepts the air, not admitting it either into the brain, or into the hollow veins, or into the cavities, thus checking respiration. For when a man takes in breath by the mouth or nostrils, it first goes to the brain, then most of it goes to the belly, though some goes to the lungs and some to the veins. From these parts it disperses, by way of the veins, into the others. The portion that goes into the belly cools it, but has no further use; but the air that goes into the lungs and the veins is of use
${ }^{1}$ Possibly "elenches." The word ean denote any sort of convulsion.
${ }^{2}$ The omitted words mean: "These symptoms manifest themselves sometimes on the left, sometimes on the right, sometimes on both sides."

[^84]
## hepi iepha Notror






























${ }^{1}$ Here $\theta$ has ${ }^{\text {expectal. }}$

160

## THE SACRED DISEASE, $x$.

when it enters the cavities and the brain, thus causing intelligence and movement of the limbs, so that when the veins are cut off from the air by the phlegm and admit none of it, the patient is rendered speechless and senseless. The hands are paralysed and twisted when the blood is still, and is not distributed as usual. The eyes roll when the minor veins are shut off from the air and pulsate. The foaming at the mouth comes from the lungs; for when the breath fails to enter them they foam and boil as though death were near. Excrement is discharged when the patient is violently compressed, as happens when the liver and the upper bowel are forced against the diaphragm and the mouth of the stomach is intercepted; this takes place when the normal amount of breath does not enter the mouth. ${ }^{1}$ The patient kicks when the air is shut off in the limbs, and cannot pass throush to the outside beeause of the phlegm; rushing upwards and downwards through the blood it causes convalsions and pain; hence the kicking. The patient sufiers all these things when the phlegm fows cold into the blood which is warm; for the blood is chilled and arrested. If the flow be copious and thick, death is immediate, for it masters the blood by its coldness and congeals it. If the flow be less, at the first it is master, having cut off respiration;
${ }^{1}$ With the reading of $\theta$, "body." Perhaps this reading is correct.

[^85]
## IIEPI IEPHS NOYEOT



 54 є่фро́ข $\eta \sigma \alpha \nu$.









 àv тò $\phi \lambda \epsilon ́ \beta ı o \nu \pi \lambda \eta \rho \omega \theta \in ̀ \nu$ то̂́ $\phi \lambda \in ́ \gamma \mu a \tau o \varsigma \kappa \rho а т \eta \theta \hat{\eta}$
















$$
{ }^{1} \dot{\omega} s \mathrm{M}: \ddot{\omega} \sigma \tau \epsilon \theta \text {. }
$$

2 After $\mu$ '́vror both $M$ and $\theta$ have $\delta \mu$ oícs. It is omitted in 162

## THE SACRED DISEASE, x.-xi.

but in course of time, when it is dispersed throughout the veins and mixed with the copious, warm blood, if in this way it be mastered, the veins admit the air and intelligence returns.
XI. Little children when attacked by this disease generally die, if the flow come on copious and with a south wind; for the minor veins being thin cannot admit the phlegm because of its thickness and abundance, but the blood is chilled and congeals, causing death. But if the flow be slight, and make its descent either into both veins or into one or the other, the child recovers but bears the marks of the disease-a distortion of mouth, eye, hand or neck, according to the part from which the minor vein, filled with phlegm, was mastered and reduced. So by reason of this minor vein this part of the body which has been injured must be weaker and more defective. But the injury generally proves beneficial in the long run, as a child is no longer subject to the malady if it be once marked, the reason being as follows. In sympathy with this lesion the other veins too suffer and are partially reduced, so that while they admit the air the flux of phlegm that flows down into them is lessened. The limbs, however, are naturally weaker, the veins having suffered injury. When the flux takes place with the wind in the north, and is very slight and to the right, the children recover without a mark. There is a risk however that the disease will be nourished and grow with the patient, unless appropriate remedies be used. Children, then, suffer in this way, or very nearly so.

[^86]
## HEPI IEPHE NOTEOR

XII. Toùs סè трєбßuтépous oủk ¿̇токтєìєє,


















 $21 \delta \iota \epsilon \phi$ áp $\eta$.



 oís à $\nu \delta_{\iota} a \theta \epsilon \rho \mu a \nu \theta \hat{\eta} \dot{\eta} \kappa \epsilon \phi a \lambda \grave{\eta} \eta \nu \nu \tau \epsilon$ úmò $\dot{\eta} \lambda i o v$,

 Littré.
${ }^{2}$ à $\pi \epsilon ́ \phi р а \xi \in \theta: \dot{\alpha} \pi \epsilon ́ \pi \nu \imath \xi \in \mathrm{M}$.

 r 64

## THE SACRED DISEASE, xir--xin.

XII. Older people are not killed by an attack of the disease, nor are they distorted; for their veins are capacious and full of hot blood, so that the phlegm cannot gain the mastery, nor chill the blood so as to congeal it; but is itself quickly mastered by the blood and mixed with it. So the veins admit the air, intelligence is present, and the symptoms already mentioned attack less violently because the patient is strong. When this disease attacks very old people it kills or paralyses them, the reason being that their veins are emptied, and their blood is scanty, thin and watery. Now if the flux be copious and in winter, death results; for it chokes respiration and congeals the blood should the flux take place to hoth sides. If on the other hand the flux be to one side only it causes paralysis; for the thin, cold, scanty blood cannot master the phlegm, but is itself mastered and congealed, so that those parts are powerless where the blood has been corrupted.
XIII. The flux is to the right rather than to the left because the veins are more capacious and more in number than on the left. The flux and melting occur mostly in children when the head has been heated by sun or fire, and then suddenly the brain

[^87]
## HEPI IEPH: NOI'こOr'








 каі ойтн то̀̀ ката́ррооу тоєєїтаі. є̇тькатаррєі̂








 $\sigma \iota \epsilon$ т $\bar{\eta} \varsigma ~ \epsilon ̇ \pi \iota \lambda \eta \dot{\eta} \psi \iota o ́ s ~ \epsilon i \sigma \iota ~ \tau \eta ̀ \nu ~ a ́ \rho \chi \eta ́ \nu . ~ \tau о i ̂ \sigma \iota ~ \delta \grave{\epsilon}$



 $30 \pi \hat{v} \rho \pi o \lambda u ́, ~ \tau o ̀ ~ a u ̉ \tau o ̀ ~ \tau o \hat{\tau} \tau$ тá $\sigma \chi \epsilon 1$, каi oưт $\omega \varsigma$






${ }^{2}$ I have adopted the readings of $\theta \mu$ in this sentence. The editors omit кai before $\eta_{\nu}$ and put a comma at $\dot{\alpha} \delta \eta \eta^{\prime} \lambda o v$, as I 66

## THE SACRED DISEASE, xin.

has been chilled, for then it is that the phlegm separates off. It melts owing to the heat and diffusion of the brain; it separates owing to the chill and contraction, and so flows down. This is one cause. In other eases the cause is that the south wind, suddenly coming on after north winds, loosens and relases the brain when it is braeed and strong, so that the phlegm overflows, and thus it produces the flax. It is also caused by fear of the mysterious, if the patient be afraid at a shout, or if while weeping lie be unable quickly to recover his breath, things which often happen to children. Whichever of them oceur, the body is immediately chilled, the patient loses the power of speeeh and does not breathe, the breath stops, the brain hardens, the blood stays, and so the phlegm separates off and flows down. Such among ehildren are the canses of the seizure ${ }^{1}$ to begin with. Of old patients the greatest enemy is winter. For when an old man has been heated in head and brain by a large fire, and then comes into the cold and is chilled, or if he leave the cold for warmth and a large fire, he experiences the same symptoms and has a seizure, according to what has been said already. There is a serious risk of the same thing happening in spring also, if the head be struck by the sun. In summer the risk is least, as there are no sudden

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\({ }^{1}\) é \(\pi\) í \(\lambda \eta \neq\) occurs only here in this treatise.
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though the meaning were, "obscure causes too produce it, for instance a shout, etc." The oljection to this is that the examples given are certainly not ádinגa.


## IIEPI IEPIIS NOI'LOI







$41 \pi о \lambda \lambda o \hat{v}$ є́óvtos каi $\theta \epsilon \rho \mu о \hat{v}$.
























 ı 68
changes. After the twentieth year this disease does not occur, or occurs but rarely, unless it has been present from infancy. For the veins are full of abundance of blood, and the brain is compact and hard, so that either there is no flux to the veins, or, if there be a flux, it does not master the blood, which is copious and hot.
XIV. But when the disease dates from infancy and has grown and been nourished with the body, the habit has been formed of the flux occurring at the changes of the winds, and the patient generally has an attack then, especially if the wind be in the south. Recovery, ton, proves difficult; the brain is unnaturally moist, and flooded with phlegm, so that not only do fluxes occur more frequently but the phlegm can no longer separate, nor the brain be dried, being on the contrary soaked and moist. The truth of this is best shown by the cattle that are attacked by this disease, especially by the goats, which are the most common victims. If you cut open the head you will find the brain moist, very full of dropsy and of an evil odour, whereby you may learn that it is not a god but the disease which injures the body. So is it also with a man. In fact, when the disease has become chronic it then proves incmrable, for the hrain is corroded by phlegm and melts, and the part which melts becomes water, surrounding the brain outside and flooding it, for which reason such people are attacked more frequently and more readily. Wherefore the disease lasts a long time, because the surrounding fluid is thin

[^88]
## IIEPI IEPIIS NOISOY








 то仑े тílधos каì où $\chi$ úmò фóßou，ús oi mo入入oi








XVI．＇Е $\nu \delta \dot{\epsilon} \tau \hat{\eta} \sigma \iota \mu \epsilon \tau a \beta о \lambda \hat{\eta} \sigma \iota \tau \hat{\omega} \nu \pi \nu \epsilon v \mu a ́ \tau \omega \nu$













[^89]170

## THE SACRED DISEASE, xiv.-xu.

through its abundance, and is immediately mastered and warmed by the blood.
XV. Such as are habituated to their disease have a presentiment when an attack is imminent, and run away from men, home, if their house be near, if not, to the most deserted spot, where the fewest people will see the fall, and immediately hide their heads. This is the result of shame at their malady, and not, as the many hold, of fear of the divine. Young children at first fall anywhere, because they are unfamiliar with the disease; but when they have suffered several attacks, on having the presentiment they run to their mothers or to somebody they know very well, through fear and terror at what they are suffering, since they do not yet know what shame is.
XVI. At the changes of the winds for these reasons do I hold that patients are attacked, most often when the south wind blows, then the north wind, and then the others. In fact the north and south are stronger than any other winds, and the most opposite, not only in direction but in power. For the north wind contracts the air and separates from it what is turbid and damp, making it clear and transparent. It acts in the same way upon everything as well that rises from the sea or waters generally. For it separates the moist and the dull from everything, including men themselves, for which rason it is the most

[^90]
## hepi ieplis norsor


 ôıахєì, каӨо́тı каї ойк єѝӨ̀̀s тиєє̂ $\mu \epsilon ́ \gamma a s$, d̀入入à



 бау каі тотанойя каі крі́наs каі фре́ата









 $\kappa а \forall i \sigma \tau \eta \sigma \iota \tau \hat{\eta} \varsigma$ фи́ $\sigma \iota o s$. öтє ổ̀ каì тои́т $\omega \nu$ ойт $\omega$












 46 oủסè $\theta \epsilon t o \tau \epsilon ́ \rho \eta ~ \eta ̂ ~ a i ~ a ̈ \lambda \lambda a t . ~$

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## THE SACRED DISEASE, xv.

healthy of the winds. But the action of the south wind is the opposite. At first it begins to melt and diffuse the condensed air, inasmuch as it does not blow strong immediately, but is calm at first, because it cannot at once master the air, that before was thick and condensed, but requires time to dissolve it. In exactly the same way it acts upon earth, sea, rivers, springs, wells, and everything that grows in whieh there is moisture, and moisture is in everything, though more in some things than in others. All these things feel the effects of this wind, and become dull instead of bright, hot instead of eold, wet instead of dry. Vessels of pottery too kept in rooms or underground, which are full of wine or other liquid always feel the effects of the south wind and change their shape to a different form. The sun, moon and stars it makes much duller than they naturally are. Since then it so masters even things that are so big and strong, makes the body feel its effects and change with the changes of these winds, of necessity a sonth wind relaxes and moistens the brain and enlarges the veins, while north winds press together the healthiest part of the brain, separating the most diseased and moist, and washing it ont; for which reason the fluxes occur at the changes of these winds. 'Thus this disease is born and grows from the things that come to the body and leave it, is no more troublesome to understand and cure than are others, and is no more divine than others are.

[^91]
## IIEPI IEPHIS NOTEOT
























 25 Хро́иои, тобойтоу каi фроиєî ó ä̀Ә рютоя.


${ }^{1}$ Before eiv申рoatival some MSS. have ai. It is omitted by $\theta_{u}$, and in M was first omitted and then restored.

2 After ${ }^{\dot{\varepsilon}} \nu \tau \epsilon \bar{\epsilon} \theta \in \nu \theta_{\mu}$ have $\partial^{\prime} \theta \epsilon \nu$, which is read by Wilamowitz
${ }^{3}$ àríar M: uaviar $\theta$.
${ }^{4}$ After $\mu \alpha^{\prime} \lambda \iota \sigma \tau \sigma$ the MSS. (except $\theta$ ) and the editors have каіे $\boldsymbol{\nu \epsilon є \hat { \nu } \mu \in \nu \text { . }}$
XVII. Men ought to know that from the brain, and from the brain ouly, arise our pleasures, joys, laughter and jests, as well as our sorrows, pains, griefs and tears. Through it, in particular, we think, see, hear, and distinguish the ugly from the beautiful, the bad from the good, the pleasant from the unpleasant, in some cases using custom as a test, in others perceiving them from their utility. It is the same thing which makes us mad or delirious, inspires us with dread and fear, whether by night or by day, brings sleeplessness, inopportunc mistakes, aimless anxieties, absent-mindedness, and acts that are contrary to habit. These things that we suffer all eome from the brain, when it is not healthy, but becomes abnormally hot, cold, moist, or dry, or suffers any other unnatural affection to which it was not accustomed. Madness comes from its moistness. When the brain is abuormally moist, of necessity it moves, and when it moves neither sight nor hearing are still, but we see or hear now one thing and now another, and the tongue speaks in accordance with the things seen and heard on any occasion. But all the time the brain is still a man is intelligent.

XYIII. The corruption of the brain is caused not only by phlegm but by bile. You may distinguish

[^92]
## IIEPI IEPHE NOTEOX


 oi $\delta$ ѐ $\dot{v} \pi \grave{o}$ रо入रิя кєкри́ктає $\tau \epsilon$ каі какои̂р-


























them thus. Those who are mad through phlegm are quiet, and neither shout nor make a disturbance: those maddened through bile are noisy, evil-doers and restless, always doing something inopportune. These are the causes of continued madness. But if terrors and fears attack, they are due to a change in the brain. Now it changes when it is heated, and it is heated by bile which rushes to the brain from the rest of the body by way of the blood-veins. The fear besets the patient until the bile re-enters the veins and the body. Then it is allayed. The patient suffers from causeless distress and anguish when the brain is chilled and contracted contrary to custom. These effects are caused by phlegm, and it is these very effects that cause loss of memory. Shouts and cries at night are the result of the sudden heating of the brain, an affection from which the bilious suffer but not the phlegmatic. The bram is heated also when the blood rushes to it in abundance and boils. The blood comes in abundance by the veins mentioned above, when the patient happens to see a fearful dream and is in fear. Just as in the waking state the face is fushed, and the eyes are rel, mostly when a man is afraid and his mind contemplates some evil act, even so the same phenomena are displayed in sleep. But they cease when the man wakes to consciousness ${ }^{1}$ and the blood is dispersed again into the veins.

$$
{ }^{1} \text { Or, " and comes to his senses." }
$$

[^93]
## mepi iepha norsor

XIX. Катà таи̂ta voцiそ̧ тòv є́ $\gamma к є ́ \phi a \lambda o \nu ~ \delta v v a-~$


 тирє́ $\chi \epsilon \tau a \iota$. оí $\delta \grave{\epsilon}$ ò $\phi \theta a \lambda \mu о \grave{\imath}$ каі тà $\dot{\omega} \tau а$ каі̀ $\dot{\eta}$














 21 àкрıßй́s.



 тiva dúvapiv Є’Xov



${ }^{1} \tau \epsilon \dot{\omega} s \theta$ M: $\dot{\alpha} s$ Littré. But see Postserint.


## THE SACRED DISEASE, xix.-xx.

XIX. In these ways I hold that the brain is the most powerful organ of the human body, for when it is healthy it is an interpreter to us of the phenomena caused by the air, as it is the air that gives it intelligence. Eyes, ears, tongue, hands and feet act in accordance with the discernment of the brain; in fact the whole body participates in intelligence in proportion to its participation in air. To consciousness the brain is the messenger. For when a man draws breath into himself, the air first reaches the brain, and so is dispersed through the rest of the body, though it leaves in the brain its quintessence, and all that it has of intelligence and sense. If it reached the body first and the brain afterwards, it would leave discernment in the flesh and the veins, and reach the brain hot, and not pure but mixed with the humour from flesh and blood, so as to have lost its perfect nature. ${ }^{1}$
XX. Wherefore I assert that the brain is the interpreter of consciousuess. The diaphragm has a name due merely to chance and custom, not to reality and nature, and I do not know what power the diaphragm has for thought and intelligence. It can only be said that, if a man be mexpectedly over-joyed or grieved, the diaphragm jumps and causes him to start. This is due, however, to its

[^94]
## IIEPI IEPHZ NOrzOr






 $\ddot{\omega} \sigma \pi \epsilon \rho \tau_{\dot{a}}{ }^{1}$ тро̀s $\tau \hat{\eta}$ карঠín $\dot{\omega} \tau а$ калєїтаи,






















[^95]
## THE SACRED DISEASE, xx.

being thin, and having a wider extent than any other organ ; it has no cavity where it can receive any accident, good or bad, but it is disturbed by both owing to the weakness of its nature. Since it perceives nothing before the other parts do, but is idly named as though it were the cause of perception; just like the parts by the heart called "ears," ${ }^{1}$ though they contribute nothing to hearing. Some people say that the heart is the organ with which we think, and that it feels pain and anxiety. But it is not so ; it merely is convulsed, as is the diaphragm, only more so for the following reasons. From all the body veins extend to it, and it so encloses them that it feels any pain or tension that comes upon a man. The body must, too, when in pain, shiver and be strained, and the same effects are produced by excess of joy, because the heart and the diaphragm are best endowed with feeling. Neither, however, has any share of intelligence, but it is the brain which is the cause of all the things I have mentioned. ${ }^{2}$ As therefore it is the first of the bodily organs to perceive the intelligence coming from the air, so too if any violent change has occurred in the air owing to the seasons, the brain also becomes different from what it was. Therefore I assert that the diseases too that attack it are the most acute, most scrious, most fatal, and the hardest for the inexperienced to judge of.
${ }^{1}$ Our "anricles." The Greek word $\phi \rho \in ́ v \in s$ can mean either "sense" or "diaphragm."

2 The author can distinguish between ala $\theta \eta \sigma \iota s$ and ф póvnбıs.
 appear to be repetitions of phrases which have just occurred.

## HEPI IEPHV NOY'OO

XXI. $\Lambda \ddot{v} \tau \eta$ ठ́є $\dot{\eta}$ ио

























${ }^{1} \theta$ omits $\dot{a} \phi$ ' $\hat{\tilde{\omega}} \boldsymbol{v}^{\prime}$, perhaps rightly.
${ }^{2} \delta \in i$ is not in the MSs. It was added by Ermerins, who




* The last sentence in nearly all the MSS. contains many
XXI. This disease styled sacred comes from the same canses as others, from the things that come to and go from the hody, from cold, sun, and from the changing restlessness of winds. These things are divine. So that there is no need to put the disease in a special class and to consider it more divine than the others; they are all divine and all human. Each has a nature and power of its own; none is hopeless or incapable of treatment. Most are cured by the same things as caused them. One thing is food for one thing, and another for another, though occasionally each actually does harm. So the physician must know how, by distinguishing the seasons for individual things, he may assign to one thing nutriment and growth, and to another diminution and harm. For in this disease as in all others it is necessary, not to increase the illness, but to wear it down by applying to each what is most hostile to it, not that to which it is conformable. For what is conformity gives vigour and increase; what is hostile causes weakness and decay. Whoever knows how to cause in men by regimen moist or dry, hot or cold, he can cure this disease also, if he distinguish the seasons for useful treatment, without having recourse to purifications and magic.
 after $\delta$ tait $\eta s$ the words $\tau \dot{\partial} \nu \dot{\alpha} \nu \theta \rho \omega \pi o \nu$, and for $\mu \alpha \gamma \epsilon i \eta s$ the
 kept the readings of $\theta$, merely changing the noté of this






## THE ART

## INTRODUC'TION

Tue little treatise called The Art has as its object to prove that there is such a thing as an art of medicine. After a few preliminary remarks, in which the writer attacks the unreasonableness of denying the reality of a thing which is seen to exist, the art of medicine is defined as the relief of suffering caused by disease, and the refusal to treat incurable disorders. Then four objections are dealt with in some detail. Detractors are said to urge:-
(1) That cures are due to huck;
(2) That patients often recover without medical help;
(3) That some patients die althongh treated by a physician;
(4) That jhysicians refuse to treat some diseases, knowing that they are powerless.
After meeting these objections the writer goes on to divide diseases into two main classes, external and internal. The former are said to be easy to curc, the latter diflieult. These difficulties are then discussed at some length, and the failures that occur are attributed to circminstances, not to medicine itself.

It is quite plain from even a cursory reading of the treatise that its author was not a physician. His interest lies in subtle reasonings and in literary style, not in science. Besides this, in the last 186

## INTRODUCTION

chapter he speaks of "those who are skilled in the art" as giving a proof of the existence of medicine based on works, and not, like the proofs given in the present book, on words. He evidently distinguishes himself from medical men.

The two most striking characteristics of The Art are an attenuated logic and a fondness for sophistic rhetoric. The rhetorical character of the whole book is so striking that without doubt it must be attributed to a sophist. The elaborate parallels, verbal antitheses, and balancing of phrase with phrase, can have no other explanation.

When, however, we attempt to advance further than this we are met by serious difficulties. Gomperz, relying among other things upon the seeond chapter, declares that the author must have been Protagoras. Professor 'Taylor, ${ }^{1}$ relying on the same chapter, calls him an adherent of the Eleatic doctrine of being. The key-sentence to this chapter, "Things that exist are seen and are known ; things that do not exist are neither seen nor known," does not seem strikingly either Protagorean or Eleatic ; indeed in its context it does not seem to have any metaphysical reference at all, but merely points out the absurdity of denying the obvions.

The writer of Epidcmics $I I I$. was known in Abdera, the native town of Protagoras, and the two men may well have met. There is, on the whole, some evidence that Gomperz is right. On the other hand, almost as good a case could be made out for considering the anthor to be lipplas. In the Protagoras Plato represents him as making a speech ${ }^{2}$

[^96]
## INTRODUCTION

full of sophistic rhetoric, and insisting on the contrast between diows and vópos, besides containing the word $\epsilon i 00 o s$, which occurs so frequently in The Art as to be almost a pecoliarity. In the same dialogue Protagoras slyy criticizes ${ }^{2}$ Hippias for making "the arts" instrments of education, the implication being that they were considered of great importance hy Hippias but were slighted by Protagoras. The first sentence of The Art refers to those who "make an art of vilifying the arts in order to show off their learning." We should not be surprised to find that it was the famous polymath who took up the cudgels in defence of medicine, but the evidence is much too slight to warrant any conclusion being drawn. It is nevertheless eurious, to say the least, to find that Gomperz notices a magisterial complacency and pedagogie self-confidence in The Art, which are the very traits we observe ${ }^{3}$ in the Platonic Hippias. The irony of Gomprerz's position is all the greater in that he attributes to the author of The $A r t$ "encyclopaedic learning," to which Protagoras could lay uo clam, though it is a commonplace to attribute it to Hippias. Here the matter must be left, in that tantalizing uneertainty which darkens so many of the questions springing out of the study of the Hippocratic collection. We may, however, with some confidence put the date of The Art in the great sophistic period, namely the end of the fifth century b.c. It is in Erotian's list.

[^97]
## INTRODUCTION

Minuscripts and Emitions
The chief mannseripts are A and Ml , and the hook is also included in many of the inferior manuscripts. It has been edited with great learning and enthusiasm by Gomperz. ${ }^{1}$ Many interesting remarks will also be found in the first volume of the same author's Greek Thinkers. I have not thought it necessary, after the labours of Gomperz, to record all the readings of $A$ and $M$, and a similar remark applies to Breaths, which has been ably edited by Nelson
${ }^{1}$ Die Apologie der Heilkunst yon Thendor Gomperz. Zweite durchgesehene Auflage, Leipzig, 1910.

## ПЕРI TEXNH:

I. Eíai $\tau \iota \nu \epsilon \varsigma$ oì $\tau \in ́ \chi \nu \eta \nu \pi \epsilon \pi o i \eta \nu \tau a \iota ~ \tau o ̀ ~ \tau a ̀ s ~$

























[^98]
## THE ART

I. Some there are who have made an art of vilifying the arts, though they consider, not that they are aecomplishing the objeet I mention, but that they are making a display of their own knowledge. In my opinion, however, to diseover that was unknown before, when the discovery of it is better than a state of ignorance, is the ambition and task of intelligenee, and so is to bring to eompletion what was already accomplished in part. On the other hand, to be eager to bring shame through the art of abuse upon the discoveries of others, improving nothing, but disparaging before those who do not know the discoveries of those who do, seems to me to be not the ambition and work of intelligence, but the sign of a nasty nature, or of want of art. Indeed it becomes only those who are without art to act in this manner, with the ambition, though not the power, to indulge their malevolence by disparaging what is right in their neighbours' works and by eavilling at what is amiss. Now as for the attaeks of this kind that are made on the other arts, let them be repelled by those who care to do so and can, and with regard to those points about whieh they eare; the present disenssion will oppose those who thus invade the art of medicine, and it is emboldened by the nature of those it blames, well equipped through the art it, defends, and powerful through the wisdon in which it has been edueated.
II. Now it seems to me that generally speaking

## IIEPI TEXNH工
















 $18 \mu a \tau \alpha$ фи́бıos. ${ }^{2}$


 таи́т $\eta \nu$ үà $\rho$ ó $\lambda o ́ \gamma o \varsigma, ~ т а и ́ т \eta s ~ o u ̉ v ~ \tau \grave{\eta \nu ~} \dot{a} \pi o ́ \delta \epsilon \iota \xi \iota \nu$

 $\nu о \sigma \epsilon о ́ \nu \tau \omega \nu$ тойя канс́тоия каі т $\hat{\omega} \nu \nu о \sigma \eta \mu a ́ т \omega \nu$ та̀s $\sigma \phi о \delta \rho о ́ т \eta т а \varsigma ~ a ̉ \mu \beta \lambda \cup ́ \nu є \iota \nu$, каi тò $\mu \grave{\eta}$ є่ $\gamma \chi є \iota \rho \epsilon \imath ̂ \nu$ тоî $\sigma \iota$ $\kappa є \kappa р а т \eta \mu є ́ \nu o \iota s ~ \dot{v т o ̀ ~ \tau \hat{\omega \nu} \nu о \sigma \eta \mu a ́ \tau \omega \nu, ~ є i \delta o ́ т а я ~ o ̈ т \iota ~}$


1 After $\delta \eta$ Gomperz would add $\epsilon \delta \delta \in a$.
 pozed by Gomperz. lossibly the transposition is not necessary, as фúatos is easily understood after $\beta$ 人aatíмата.

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there is no art which does not exist; in fact it is absurd to regard as non-existent one of the things that exist. Since what substance could there be of non-existents, and who could behold them and declare that ${ }^{1}$ they exist? For if really it be possible to see the non-existent, as it is to see the existent, I do not know how a man conld regard as nonexistent what he can both see with his eyes and with his mind think that ${ }^{1}$ it exists. Nay, it cannot be so; but the existent is always seen and known, and the non-existent is neither seen nor known. Now reality is known when the arts have been already revealed, and there is no art which is not seen as the result of ${ }^{2}$ some real essence. ${ }^{3}$ I for my part think that the names also of the arts have been given them because of their real essences; for it is absurd-nay impossible-to hold that real essences spring from names. For names are conventions, but real essences are not conventions but the offspring of nature.
111. As to this subject in general, if it is not sufficiently understood from what I have said, other treatises will give elearer instruction. I will now turn to medicine, the subject of the present treatise, and set forth the exposition of it. First 1 will define what I conceive medicine to be. In general terms, it is to do away with the sufferings of the sick, to lessen the violence of their diseases, and to remse to treat those who are overmastered by their diseases, realizing that in such cases medicine is powerless. That medicine fulfils these conditions,

[^99]
## IIEPI TEXNH:










 Sıà тоѝs á $\lambda \iota \sigma к о \mu \epsilon ́ p o v s ~ \dot{v} \pi \grave{o}$ т $\hat{\omega} \nu \nu о \sigma \eta \mu$ ќт $\tau \nu$ тойs














 22 є́ $\rho \gamma о \cup$ є้ $\gamma \nu \omega \sigma a \nu$.
${ }^{1}$ Literally, "effects," "works."
${ }^{2}$ That is, they refused to see nothing but luck in the sphere of medicine and therapeutics. It is impossible to bring out in a translation all the associations of the words used in this passage. Is pious "form," "face," as is sur-
and is able constantly to fulfil them, will be the subject of my treatise from this point. In the exposition of the art I shall at the sume time refute the arguments of those who think to slame it, and 1 shall do so just in those points where severally they believe they achieve some success.
IV. The beginning of my discourse is a point which will be conceded by all. It is conceded that of those treated by medicine some are healed. But because not all are healed the art is blamed, and those who malign it, because there are some who succumb to diseases, assert that those who escape do so throngh luck and not through the art. Now I, too, do not rob luck of any of its prerogatives, ${ }^{1}$ but I am nevertheless of opinion that when diseases are badly treated ill-luck generally follows, and good luck when they are treated well. Again, how is it possible for patients to attribute their recoveries to anything else except the art, seeing that it was by using it and serving it that they recovered? For in that they committed themselves to the art they showed their unwilhingness to behold nothing but the reality of luck, ${ }^{2}$ so that while freed from dependence upon luck they are not freed from dependence upon the art. For in that they committed themselves with confidence to the art, they thereby acknowledged also its reality, and when its work was accomplished they recognized its power.
gested by $\theta \in \dot{\eta} \sigma a \sigma \theta a z ?$ So Comperz, who translates "das naekte Antlitz des Zufalls wollten sie nicht erschauen." Or is it "essence," as A. E. Taylor thimks (l'aria S'ocratica,
 Though I translate eijos by "reality" I think that the meaning "form," "face" is not excluded.

## MEPI TEXNH:























 ánt $^{\prime} \ddot{u} \sigma \tau^{\prime}$ あ $\nu$ Littré: $\dot{\alpha} \lambda \lambda \lambda^{\prime} \ddot{u} \sigma \tau \epsilon$ Gomperz: perhaps $\dot{\alpha} \lambda \lambda \lambda^{\prime} \ddot{\sim} \sigma \tau \tau$


4 With some misgiving I omit the $\tau$ after $\hat{\eta} \nu$, which A has in the second clanse and Gomperz adds in the first.

${ }^{1}$ The sense is clear but the reading is uncertain. No scholar will accept that of (iomperz or that of Littré, as both are impossible Greek. Ierhaps the optative was the result 196
V. Now my opponent will object that in the past many, even without calling in a physician, have been cured of their sickness, and I agree that he is right. But I hold that it is possible to profit by the art of medicine even withont calling in a physician, not indeed so as to know what is correct medical treatment and what is incorrect, but so as by chance ${ }^{1}$ to employ in self-treatment the same means as would have been employed had a physician actually been called in. And it is surely strong proof of the existence of the art, that it both exists and is powerful, if it is obvious that even those who do not believe in it recover through it. For even those who, without calling in a physician, recovered from a sickness must perforce know that their recovery was due to doing something or to not doing something; it was caused in fact by fasting or by abundant diet, by excess of drink or by abstinence therefrom, by bathing or by refraining therefrom, by violent exercise or by rest, by sleep or by keeping awake, or by using a combination of all these things. And they must perforce have learnt, by having been benefited, what it was that benefited them, just as when they were harmed they must have learnt, by having been harmed, what it was that harmed them. ${ }^{2}$
of $\epsilon \pi i-$ being read as $\epsilon i$ (which A has), and $\epsilon \pi i \tau v \chi \epsilon i \nu$ was the original reading.
 is correct. It wonld surely make the sentence a flat repetition of the preceding one. I take the sequence of thought to be this. Cures apparently spontancous are not really so. The cure has its cause, e.g. a bath or a sleep, and the fact that the cure followed the bath or sleep proves that the latter was the cause. To distinguish the beneficial in this way is not guesswork, but implits the existence of an art.
$\dot{\omega} \phi \epsilon \lambda \eta ̄ \sigma \theta a \iota$ каi т $\dot{\alpha} \tau \hat{\omega} \beta \epsilon \beta \lambda a ́ \phi \theta a \iota ~ \dot{\omega} \rho \iota \sigma \mu \epsilon ́ \nu a$ ой





















 10 Є่ $\nu$ т






${ }^{1}$ After intpun̂̀s in many Ms尺. occur the words üvza
 $19^{9}$

For it is not everybody who is capable of discerning things distinguished by benefit and things distinguished by harm. If therefore the patient will know how to praise or to blame what composed the regimen under which he recovered, all these things belong to the art of medicine. Again, mistakes, no less than benefits, witness to the existence of the art; for what benefited did so because correctly administered, and what harmed did so because incorrectly administered. Now where correctness and incorrectness each have a defined limit, surely there must be an art. For absence of art I take to be absence of correctness and of incorrectness; but where both are present art cannot be absent.
VI. Moreover, if the medical art and medical men brought about a cure only by means of medicines, purgative or astringent, my argument would be weak. As it is, the physicians of greatest repute obviously cure by regimen and by other substances, which nobody-not only a physician but also an unlearned layman, if he heard of them-wonld say do not belong to the art. Seeing then that there is nothing that camot be put to use by good physicians and by the art of medicine itself, but in most things that grow or are made are present the essential substances of cures and of drugs, no patient who recovers without a physician can logically attribute the recovery to spontancity. Indeed, inder a close examination spontaneity disappears; for everything that occurs will be found to do so through

[^100]
## hepi Texnis











 $\dot{\omega}$ тоî́九 $\mu \grave{\epsilon} \nu$ int




 бө́ратоя ' $\gamma \chi є \iota \rho є ́ о v \sigma \iota$, доуьби́дєขоь та́ тє тар-












[^101]something, and this "through something" shows that spontaneity is a mere name, and has no reality. Medicine, howerer, because it acts "through something," and because its results may be forecasted, has reality, as is manifest now and will be manifest for ever.
VII. Such then might be the answer to those who attribute recovery to chance and deny the existence of the art. As to those who would demolish the art by fatal cases of sickness, I wonder what adequate reason induces them to hold innocent the ill-luck ${ }^{1}$ of the victims, and to put all the blame upon the intelligence of those who practised the art of medicine. It amounts to this: while physicians may give wrong instructions, patients can never disobey orders. And yet it is much more likely that the sick cannot follow out the orders than that the physicians give wrong instructions. The physician sets about his task with healthy mind and healthy body, having considered the case and past cases of like characteristics to the present, so as to say how they were treated and cured. The patient knows neither what he is suffering from, nor the cause thereof; neither what will be the outcome of his present state, nor the usual results of like conditions. In this state he receives orders, suffering in the present and fearful of the future; full of the disease, and empty of food; wishful of treatment rather to enjoy immediate alleviation of his sickness than to recover his health; not in love with death, but powerless to endure. Which is the more likely:
${ }^{1}$ With the realing of Gomperz, "weakness." I follow A here, but it is one of the few eases where the other tradition has the more vigorous reading, which may be correct.

## ПЕРI TEXNH』





 тoùs סє̀ єiкótws ảסvıatєîv $\pi \epsilon i ̂ \theta \epsilon \sigma \theta a \iota, \mu \eta \quad \pi \epsilon \iota \theta o-$








 oi $\mu \epsilon ̀ \nu$ oṽ̀ таи̂та $\lambda \epsilon ́ \gamma о \nu \tau \epsilon \varsigma, ~ \epsilon i ̀ ~ \epsilon ́ \mu \epsilon ́ \mu ф о \nu т о ~ т о ̂ ̂ \varsigma ~$











 his own anthority and reads oúk with many MSS. A reads

${ }^{1}$ The word qúats (and $\phi u \pi i \omega v$ below) is difficult to trans. late. It refers to the natural powers of the human constitu-
that men in this condition obey, instead of varying, the physician's orders, or that the physician, in the condition that my account has explained above, gives improper orders? Surely it is much more likely that the physician gives proper orders, which the patient not unnaturally is unable to follow ; and not following them he meets with death, the cause of which illogical reasoners attribute to the imocent, allowing the guilty to go free.
VIII. Some too there are who blame medicine because of those who refuse to undertake desperate cases, and say that while physicians undertake cases which would cure themselves, they do not touch those where great help is necessary; whereas, if the art existed, it ought to cure all alike. Now if those who make such statements charged physicians with neglecting them, the makers of the statements, on the ground that they are delirious, they would bring a more plausible charge than the one they do bring. For if a man demand from an art a power over what does not belong to the art, or from nature ${ }^{1}$ a power over what does not belong to nature, his ignorance is more allied to madness than to lack of knowledge. For in cases where we may have the mastery through the means afforded by a natural constitution or by an art, there we may be craftsmen, but nowhere else. Whenever therefore a man suffers from an ill which is too strong for the means at the disposal
tion, which may be too weak to resist the attack of a severe disease. Its óprava are the means whereby we can influence the фúris, the varions bodily "organs" which can be affected by medieine and treatment generally. Gomperz transtates
 die Kräfte der Kürper.'

## IlEPI TEXNHE



 $\pi o \lambda \lambda a \cdot \tau \hat{\nu} \nu \mu \epsilon ̀ \nu$ ov̂l $\dot{\eta} \sigma \sigma o ́ \nu \omega \nu$ тà к ке́́ $\sigma \sigma \omega$ пư $\pi \omega$














 «̀入入à $\lambda \epsilon \lambda o \gamma \iota \sigma \mu \epsilon ́ v \omega \nu$ т $\rho o ̀ s$ ó $\tau \ell$ ai $\epsilon \rho \gamma a \sigma i ́ a \ell \tau \hat{\omega} \nu$


色voı $\sigma \iota \nu$ ．
 Хpóvos $\mu \epsilon \tau^{\prime}$ ä $\lambda \lambda$ ov $\lambda o ́ \gamma o v ~ \delta \epsilon i \xi \epsilon \cdot$ тà $\delta \grave{\epsilon} \kappa a \tau a ̀ ~ \tau \grave{a} \nu$.
 $\pi а \rho о \iota \chi o ́ \mu \epsilon \nu о s ~ \tau a ̀ ~ \delta є ̀ ~ o ́ ~ \pi a \rho є \grave{\omega \nu} \delta \iota \delta a ́ \xi \in \iota \lambda o ́ \gamma o s . ~ Є ้ \sigma \tau \iota$
${ }^{1}{ }^{1} \delta \partial \hat{\pi} \hat{\nu} \mathrm{~A}: \pi \hat{\nu} \rho \mathrm{M}$ ．Either dittography in A or $\tau \grave{\partial}$ has fallen ont after $-\tau \omega \nu$ in M．

2 （iomperz reads $\dot{\eta} \sigma \sigma \delta \nu \omega s$ for $\hat{\eta} \sigma \sigma o \nu$ каl．
${ }^{3}$ Gomperz reads $\tau o u ́ \tau \omega \nu$ тà $\tau о u ́ \tau \varphi$ for $\tau$ à $\tau 0 u ́ \tau \varphi$.
of medicine, he surely must not even expect that it can be overcome by medicinc. For example, of the caustics employed in medicine fire is the most powerful, though there are many others less powerful than it. Now affections that are too strong for the less powerful caustics plainly are not for this reason incurable; but those which are too strong for the most powerful plainly are incurable. For when fire operates, surely affections not overcome thereby show that they need another art, and not that wherein fire is the means. I apply the same argument to the other agents employed in medicine; when any one of them plays the physician false, the blame should be laid on the power of the affection, and not on the art. Now those who blame physicians who do not undertake desperate cases, urge them to take in hand unsuitable patients just as much as suitable ones. When they urge this, while they are admired by physicians in name, they are a laughing-stock of really scientific physicians. Those experienced in this craft have no need either of such foolish blame or of such foolish praise; they need praise only from those who have considered where the operations of craftsmen reach their end and are complete, and likewise where they fall short; and have considered moreover which of the failures should be attributed to the craftsmen, and which to the objects on which they practise their craft.
IX. The scope of the other arts shall be discussed at another time and in another discourse; the scope of medicine, the nature of things medical and how they are to be judged, my discourse has or will set

[^102]
## MEPI TEXNHS





 $10 \tau \hat{\omega} \tau \epsilon \psi \alpha \hat{v} \sigma a \iota \tau \dot{\eta} \nu$ бтєрєóт $\eta \tau a \kappa a i \tau \grave{\eta} \nu \dot{v} \gamma \rho о ́ \tau \eta \tau a$

 є่ $\sigma \tau \iota \nu . \quad \tau \hat{\omega} \nu \mu \epsilon ̀ \nu$ ô̂ $\nu$ то८oú $\tau \omega \nu \pi a ́ \nu \tau \omega \nu$ Є̀ $\nu \pi a ̂ \sigma \iota \tau \grave{a}$,

 $\beta o v \lambda \eta \theta \epsilon \hat{\imath} \sigma \iota \nu^{\prime}, ~ \grave{\lambda} \lambda \lambda \grave{a}$ тоúт $\nu \nu$ тоîбı $\delta v \nu \eta \theta \epsilon \hat{\imath} \sigma \iota . ~ \delta u ́-$
 $18 \tau \epsilon \tau \hat{\eta} \varsigma \phi \dot{\sigma} \sigma \iota o s \mu \eta$ та入аít $\omega \rho a .^{1}$

 $\mu \eta \delta \grave{\epsilon}^{2} \pi \rho o ̀ s ~ \tau a ̀ ~ i ̀ \sigma \sigma o \nu ~ \phi а \nu \epsilon \rho a ̀ ~ a ̀ \pi o \rho \epsilon i \nu . ~ \epsilon ै \sigma \tau \iota ~ \delta \grave{\epsilon}$ таи̂та $\hat{a} \pi \rho o ́ s ~ \tau \epsilon ~ \tau \grave{a}$ òбтє́a тє́траттає каі т т̀े $\nu \eta \delta u ́ \nu$. ${ }^{\prime} \chi \in \iota$ 通 тò $\sigma \hat{\omega} \mu a$ ov $\mu i ́ a \nu$, à $\lambda \lambda i ̀ \pi \lambda \epsilon i o u s$.







${ }^{1} \tau \alpha \lambda \alpha i ́ \pi \omega \rho \alpha \mathrm{M}:$ à $\tau \alpha \lambda \alpha i n \omega \rho \alpha \mathrm{~A}$.
${ }^{2} \mu \eta \delta$ Ł̀ many MSS. : oủdé AM.

[^103]
## THE ART, $x$.-x.

forth. Men with an adequate knowledge of this art realize that some, but only a few, diseases have their seat where they can be seen; others, and they are many, have a seat where they cannot be perceived. Those that can be perceived produce eruptions on the skin, or manifest themselves by colour or swelling; for they allow us to perceive by sight or touch their hardness, moistness, heat or cold, and what are the conditions which, by their presence or absence in each case, cause the diseases to be of the nature they are. Of all such diseases in all cases the cures should be infallible, not because they are easy, but because they have been discovered. However, they have not been discovered for those who have desire only, but for those of them who have power; this power belongs to those whose education has been adequate, and whose natural ability is not wretched.
X. Now such being its nature the art must be a match for the open diseases; it ought however not to be helpless before diseases that are more hidden. These are those which are determined to the bones or to the cavities. ${ }^{1}$ The body has of these not one but several. There are two that take in food and discharge it, with several others besides these, known to men who are interested in these things; all limbs, in fact, have cavities that are surrounded by the flesh that is called muscle. Everything in fact not a continuous growth, whether it be skin or flesh that covers it, is hollow, and in health is filled with air, in disease with juice. ${ }^{2}$

[^104]
## MEPI TEXNH:
















 $\theta a \lambda a ́ \mu a s, ~ \grave{\iota} \varsigma \kappa a \tau a \gamma \gamma \epsilon ́ \lambda \lambda \epsilon \iota ~ i \not \chi \omega \rho$, ôs є́к $\delta \iota о \iota \gamma о \mu \epsilon ́ v \omega \nu$







 $\pi \lambda \epsilon i ́ o \nu o s ~ \mu \epsilon ̀ \nu ~ \gamma a ̀ \rho ~ \pi o ́ v o v ~ к а i ~ o u ̀ ~ \mu \epsilon \tau ’ ~ \epsilon ̀ \lambda є ́ \sigma \sigma o v o s ~$




[^105]THE ART, x.-xı.
Such flesh then the arms have, and so have the thighs and the legs. Moreover, in the fleshless parts also there are cavities like those we have shown to be in the fleshy parts. For the trink, as it is called, in which the liver is covered, the sphere of the head, in which is the brain, the back, by which are the lungs-all these are themselves hollow, being full of interstices, which do not at all fail to be vessels to contain many things, some of which do harm to the possessor and some do good. Moreover, in addition to these there are many veins, and sinews that are not near the surface of the flesh but stretched along the bones, hinding the joints to a certain point, and the joints themselves, at which the movable bones meet and turn round. Of these none is not porous; all have cells about them, which are made known by juice, which, when the cells are opened, comes out in great quantity, causing many pains.
XI. Without doubt no man who sees only with his eyes can know anything of what has been here described. It is for this reason that I have called them obscure, even as they have been judged to be by the art. Their obscurity, however, does not mean that they are our masters, but as far as is possible they have been mastered, a possibility limited only by the capacity of the sick to be examined and of researchers to conduct research. Nore pains, in fact, and quite as much time, are required to know them as if they were seen with the eyes; for what

[^106]
## חIEPI TEXNH:




























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## THE ART, xı.

escapes the eyesight is mastered by the eye of the mind, and the suflerings of patients due to their not being quiekly observed are the fault, not of the medieal attendants, but of the nature of the patient and of the disease. The attendant in fact, as he could neither see the trouble with his eyes nor learn it with his ears, tried to track it by reasoning. Indeed, even the attempted reports of their illnesses made to their attendants by sufferers from obscure diseases are the result of opinion, rather than of knowledge. If indeed they understood their diseases they wonld never have fallen into them, for the same intelligence is required to know the causes of diseases as to understand how to treat them with all the treatment that prevents illnesses from growing worse. Now when not even the reports afford perfectly reliable information, the attendant must look out for fresh light. For the delay thus caused not the art is to blame, but the eonstitution of human bodies. For it is only when the art sees its way that it thinks it right to give treatment, considering how it may give it, not by daring but by judgment, not by violenee but by gentleness. As to our human eonstitution, if it admits of heing seen, it will also admit of being healed. But if, while the sight is being won, the body is mastered by slowness in calling in the attendant or by the rapidity of the disease, the patient will pass away. For if disease and treatment start together, the disease will not win the race, but it will if it start with an advantage, which advantage is due to the density of our bodies, in whieh diseases lurk unseen, and to the careless negleet of patients. This advantage is not to be wondered at, as it is

## חEPI TEXNH:









 $\kappa а i$ ö $\sigma a \iota \tau о \iota \epsilon{ }^{\prime}{ }^{4}{ }^{4} \epsilon \dot{v} \epsilon \pi \alpha \nu о р \theta \dot{\omega} \tau о \iota \sigma \iota \sigma \dot{\omega} \mu a \sigma \iota \delta \eta \mu \iota о \nu \rho-$ $\gamma \epsilon \hat{v} \nu \tau a \iota$, ai $\mu \grave{\varepsilon} \nu \mu \epsilon \tau a ̀$ そú $\lambda \omega \nu$, ai $\delta \grave{\epsilon} \mu \epsilon \tau \grave{a} \sigma \kappa \nu \tau \epsilon \in \omega \nu$,







17 мâтає.



 $\tau \hat{\eta} s \mathrm{~A}: \epsilon \in \pi i \tau \hat{\eta} s \gamma \in \mathrm{M}$.
${ }^{3}$ Gomperz marks an hiatus after à $\delta u v a ́ t o u s . ~$

 hand in A, altered in various ways by later hands.
${ }^{6}$ Gomperz brackets $\delta \dot{\epsilon}$ after éóvia.
${ }^{1}$ The whole of this chapter, except the first sentence, arouses suspicion. A new subject is introduced. We may
 and supposing that it contained an objection to medicine
only when diseases have established themselves, not while they are doing so, that patients are ready to submit to treatment.

Xll. Now the power of the art, when it raises a patient suffering from an obseure disease, is more surprising than its failure when it attempts to treat incurables. . . . So in the ease of no other craft that has been discovered are such extravagant demands made; those that depend on fire are inoperative when fire is not present, but operative when one has been lighted. And the arts that are worked in materials easy to shape aright, using in some cases wood, in others leather, in others-these form the great majority-paint, bronze, iron and similar sub-stances-the artieles wrought, I say, through these arts and with these substances are easily shaped aright, and yet are wrought not so much with a view to speed as to correctness. Nor are they wrought in a easual manner, but functioning ceases if any instrument be lacking. Yet in these arts too slowness is contrary to their interests; but in spite of this it is preferred. ${ }^{1}$
XIII. Now medicine, being prevented, in cases of
based on the slowness of its cures. But there are other difficulties. The grammar is broken, while in the rest of the work it is very regular. The dietion is curious; why, for instance, $\mu \epsilon \tau \dot{\alpha} \xi \dot{\psi} \lambda \omega \nu, \mu \epsilon \tau \grave{\alpha} \sigma \kappa v \tau \epsilon \in \omega \nu$, but $\gamma \rho \alpha \phi \hat{\eta}, \chi^{\alpha \lambda \kappa \hat{\psi}}$ and
 $\sigma \omega \mu \dot{\alpha} \tau \omega \nu)$ ? Again, should not the active and not the middle
 MSS' are more eorrupt than usual, with readings that imply deep-seated corruption. The $\delta \mu o^{\prime} \sigma$ s $\sigma \chi \eta \mu \alpha \sigma$ ia $\pi \lambda \epsilon i \sigma \tau a l(?)$ of A (for $\delta$ noigoty ai $\pi \lambda \epsilon i \sigma \tau a l)$ seems to show that the text is mutilated. Perhaps the last pages of an early ancestor of our MSS. were lost, to be afterwards added from a corrupt and mutilaterl MS.

## IIEPI TEXNH：




 уа̀р $\lambda а \mu \pi \rho о ́ т \eta \tau \iota ~ к а і ~ т \rho \eta \chi и ́ т \eta т \iota, ~ к а і ~ т \nu є и ́ \mu а т о я ~$











 тои̂то $\delta$ ’ $a \hat{v} \pi \nu \epsilon \hat{v} \mu a \quad \hat{\omega} \nu$ катйүороу ódoîбí $\tau \epsilon$ 20 троба́עтєбь каі ঠро́доья є̀кßıâтає катпүорєìv．




${ }^{1}$ Gomperz brackets $\hat{\omega} \nu$ ．
${ }^{2} \mu$ in added by Littré（followed ly Gomperz）．
${ }^{3} \mu \in \theta \in \hat{i} \sigma a$ Reinhold and（iomperz：à $\nu \in \theta \hat{\eta} \sigma a$ or à $\nu \in \theta \in i \sigma a$ ル上。
${ }^{*}$ Before $\phi \lambda \epsilon ́ \gamma \mu a \mathrm{~A}$ has nuou（another hand noovaı）to


[^107]empyema, and of diseased liver, kidneys, and the cavities generally, from seeing with the sight with which all men see everything most perfectly, has nevertheless discovered other means to help it. There is clearness or roughness of the voice, rapidity or slowness of respiration, and for the eustomary discharges the ways through which they severally pass, sometimes smell, sometimes colour, sometimes thimness or thickness furnishing medicine with the means of inferring, what condition these symptoms indicate, what symptoms mean that a part is already affected and what that a part may hereafter be afected. When this information is not afforded, and nature herself will yield nothing of her own aecord, medicine has found means of compulsion, whereby nature is constrained, without being harmed, to give up her secrets; when these are given up she makes clear, to those who know about the art, what course ought to be pursued. The art, for example, forces <nature ${ }^{1}$ to disperse phlegm by aerid foods and drinks, so that it may form a conclusion by vision concerning those things which before were invisible. Again, when respiration is symptomatic, by uphill roads and by ruming ${ }^{2}$ it compels nature to reveal symptoms. It brings on sweats by the means already stated, and forms the conclusions that are formed through fire when it makes hot water give out steam. There are also certain excretions through the bladder which indicate the disease better than those which
into the text. I adopt the second alternative because the agent dispersing the phlegm is $\delta \rho \mu \nu \tau \eta \eta$, not $\pi \hat{v} \rho$, whether
 Gomperz we render $\tau \grave{\partial} \sigma \dot{v} \nu \tau \rho \circ \phi o \nu \phi \lambda \epsilon ́ \gamma \mu a$ "thickened phlegm."
${ }^{2}$ Perbaps a hendiadys: "making patients run uphill."

## KEPI TENNIS















 $\tau \epsilon \tau \hat{\omega} \nu$ єióóт $\omega \nu$ тो̀ $\nu$ тє́ $\chi \nu \eta \nu$ є่ $\pi \iota \delta \epsilon i \xi \iota \epsilon \varsigma, \hat{a} \varsigma \epsilon \in \kappa \tau \hat{\omega} \nu$


 10 ג̇кои́б $\omega \sigma \iota \nu$.
 $\lambda \hat{\sigma}^{\gamma} \omega \mathrm{t}$.

[^108]
## THE ART, xim.-xiv.

come out through the flesh. So medicine has also discovered drinks and foods of such a kind that, becoming warmer than the natural heat, melt the matters l spoke of, and make them flow away, which they never wonld have done withont this treatment. Now as the relation between excretions and the information they give is variable, and depends upon a variety of conditions, ${ }^{1}$ it is accordingly not surprising that disbelief in this information is prolonged, but treatment is curtailed, for extraneous factors must be used in interpreting the information before it can be utilized by medical intelligence.
XIV. Now that medicine has plentiful reasoning in itself to justify its treatment, and that it would rightly refuse to undertake obstinate cases, or undertaking them would do so without making a mistake, is shown both by the present essay and by the expositions of those versed in the art, expositions set forth in acts, not by attention to words, under the conviction that the multitude find it more natural to believe what they have seen than what they have heard.
between the phenomena of the excretions and what may be diagnosed from them. A number of "extraneous factors," e.g. age of the patient, character of the disease, etc., have to be taken into account before the information has any real medical value.

BREATHS

## INTRODUC'TION

Tus work, like The Art, is a sophistic essay, probably written to be delivered to an audience. ${ }^{1}$ The two books are similar in style, ${ }^{2}$ and on this ground alone we might conjecture that they are not widely separated in date. The subject matter too points to the end of the fifth century b.c. as the time when Breaths was written. Diogenes of Apollonia, whose date indecd is very meertain, though he probably flourished about 430 в.c., had revived the doctrine that air is the primal element from which all things are derived. The writer of Breaths would prove that air, powerful in nature generally, is also the prime factor in causing diseases. He is a rhetorical sophist who, either in earnest or perhaps merely to show his skill in supporting a
${ }^{1}$ See e.g. Chapter XIV (beginning) toùs àкoúovtas $\pi \in \dot{i} \theta \in t \nu$ $\pi \in\left\llcorner\frac{\eta}{i} \sigma o \mu a\right.$. These $\epsilon \in t \delta \in i \xi \in i s$ must have been to the average Athenian what our "reviews" are to the average Englishman.
${ }^{2}$ Breaths shows the temdeney to similes and highly metaphorical language which Plato attributes (Protagoras $3: 37 \mathrm{C}$ :338 A) to Hippias. See e.g. Chapter III, air is $\pi \alpha \dot{\alpha} \nu \tau \omega \nu$



 the author, but I do hold that the book must have been written at a time when the sophistry he represented was a living force.

## INTRODUCTION

$i \pi o \dot{\theta} \epsilon \sigma \tau s$, adopted the fundamental tenet of a rather belated Ionian monist. ${ }^{1}$

The anthor shows no genuine interest in medicine, nor do his contentions manifest any serions study of physiology or pathology. Any impartial reader will detect in Chapter XIV (the discussion of epilepsy) just the illogical but conficlent dogmatism that is associated with half-educated, would-be scientists. The account of dropsy in Chapter XII is not only illogical but ludicrously absurd.

The work is a striking example of the necessity of experiment before accepting a hypothesis. The writer makes with a gay assurance a string of positive statements, unsupported by any evidence worth speaking of. It is easy enough to defend a hypothesis if you deal with an unexplored subject, pick out the phenomena which seem to support your view, ignore everything which tells against it, and never make an experiment to verify or condemn your generalization.

Nearly all Greek speculation in biology and physiology is open to this criticism. In no department of science is experiment more necessary, and in no department did the Greeks experiment to less purpose. Dissection of human bodies, too, and constant use of the microscope, together with an exact knowledge of chemistry, are all necessary before

[^109]
## INTRODUCTION

any substantial progress can be made in this direction.

But here, as clsewhere, the modern stands amazed before the intellectual activity of the Greek. His imagination, although unchecked and ill-disciplined, was alive and active. He loathed mystery; his curiosity remained mnsatisfied until he had discovered a rational cause, even though that cause was grounded on insecure foundations. His confidence that the human intelligence was great enough to solve all problems often led him into the fallacy of imagining that it had already discovered what was still dark; his delight in a simple solution that satisfied his aesthetic sense often blinded him to its intellectual absurdities. The Greek lacked self-criticism; it was perhaps the greatest defeet in his mental equipment. The astounding genius of Socrates is shown nowhere so plainly as in his constant insistence on the need of self-examination. We may laugh at the crudities of $\pi \epsilon \rho i \quad \phi \quad \sigma \sigma r$. which is "as windy in its rhetoric as in its subject matter"; ${ }^{1}$ but we mast respect its inquiring spirit and its restless curiosity.

The theme of the writer takes us back to the speculations of Anaximenes, and even earlier still, for in the very infancy of thought man must have noticed that air is an essential condition of life. For centuries the conviction that air, or some essential principle behind the manifestations of air as wind, breath and vapour, was primal and elemental, kept arising in one form or in another. On its physical side the quest came to an end in the

[^110]
## INTRODUCTION

discovery of oxygen; ${ }^{1}$ on its spiritual side it has given us the fine ideas we associate with the word "spirit," which has come down to us through the Latin from the Greek $\pi \nu \epsilon \hat{v} \mu \alpha$. The instinct of the Greeks in this matter was right, however pathetic their efforts may have been to satisfy it.

The writer of $\pi \epsilon \rho i \quad \phi v \sigma \hat{\omega} v$ uses three words to describe air-фî $\sigma a, \pi v \epsilon \hat{v} \mu a$ and $\dot{a} \eta \rho$. 'Thongh he defines $\phi \hat{v} \sigma \alpha$ as $\pi \nu \epsilon \hat{v} \mu \alpha$ in the body and $\alpha \eta \rho$ as $\pi \nu \epsilon \hat{\imath} \mu a$ out of it, he is not careful in his use of these words, and to translate them is a matter of great difficulty. The natural renderings would be to translate $\phi \hat{v} \sigma \alpha$ "air" and $\pi v \epsilon \hat{\imath} \mu \alpha$ "breath"; but what is one to do with ajp? So I have thronghout (except in one passage referring to respiration) equated $\phi \hat{v} \sigma a$ and "breath," $\pi r є i \mu a$ and "wind," arjp and "air." I fully realize the objections to this course, but they are much less than those attaching to the plan of picking and choosing a translation to suit the context in each case. Such a plan would certainly give a faulty translation, with incongruous or wrong associations; it is surely better to use "breath," "wind," and "air," in technical senses for the purpose of translating this particular treatise.

It is at first sight surprising that a book of the character of $\pi \epsilon \rho i \quad \phi v \sigma \hat{\omega} v$ should find its way into the Hippocratic collection. It is probable, however, that this collection represents, not works written by the Coan school, but works preserved in the library of the medical school at Cos. Knowing the vanity of
${ }^{1}$ See Sir Clifford Allbutt, op. cit. p. 224. Chapter X of this book contains the best account of pneumatism that I have secn. Sce also M. Wellmann, Dic Ěncumatioche S'lule bis auf Archigencs. Berlin, 1895.

## INTRODUCTION

the sophists ${ }^{1}$ we ought not to be surprised that they sent "presentation copies" of their works on medical subjects to the chief centres where medicine was studicd. Perhaps in this way were preserved both $\pi \epsilon \rho \grave{~} \phi v \sigma \hat{\omega} \nu$ and $\pi \epsilon \rho \grave{\iota} \tau \epsilon ́ \chi \nu \eta s^{2}$. At quite an early date it became known as an Hippocratic work. It is referred to in Menon's Latrica (Chapter V), and it is in the list of Erotian.

## MSS. and Editions

Пєрi фvōv is found in many Paris manuscripts, including A, and in M. On these two MSS. the text is constructed, with occasional help from variants noted in the old editions, and from the Renaissance translations into Latin of Francesco Filelfo and Janus Lascaris. The manuscript A shows its usual superiority to $M$, but on one occasion at least $M$ appears to preserve the original reading. There are also some extracts from $\pi \varepsilon \rho i \quad \phi v \sigma \hat{\omega} \nu$ in a Milan MS, which Nelson calls " a ."

There is a modern edition of $\pi \epsilon \rho \grave{\imath} \phi v \sigma \omega \hat{\omega}$ by Dr. Axel Nelson, ${ }^{3}$ in which every scrap of information about the work has been carefully collected. The reader feels, however, that much of his time is taken up with insignificant points, and that the learned author might have omitted these to make room for a fuller account of the position of $\pi \epsilon \rho \grave{\iota} \phi v \sigma \hat{\omega} \nu$ in the development of philosophic thought.
${ }^{1}$ See e.g. Plato, Protagoras 347 B, where Hippias in his vanity offers to deliver an $\epsilon \pi\{\delta \epsilon 1 \xi, 5$ at a most inopportune moment.
${ }^{2}$ Perhaps too $\pi \epsilon \rho \ell$ фú $\sigma \iota o s$ à $\nu \theta \rho \dot{́} \pi \omega \nu$.
${ }^{3}$ Die happokratische Schrịt $\pi \epsilon \rho i \quad \phi v \sigma \hat{\omega} \nu$, Text und Studien von Axel Nelson. Uppsza 1909.

## ПEPI TYミQN
























 MSS.
 Nelson.

## BREATHS 1

1. There are some arts which to those that possess them are painful, but to those that use them are helpful, a common good to laymen, but to those that practise them grievous. Of such arts there is one which the Greeks call medicine. For the medical man sees terrible sights, touches unpleasant things, and the misfortunes of others bring a larvest of sorrows that are peculiarly his; but the sick by means of the art rid themselves of the worst of evils, disease, suffering, pain and death. For medicine proves for all these evils a manifest cure. And of this art the weak points are difficult to apprehend, while the strong points are more easy; the weak points laymen cannot know, but only those skilled in medicine, as they are matters of the understanding and not of the body. For whenever surgical treatment is called for, training by habituation is necessary, for habit proves the best teacher of the hands; but to judge of the most obscure and difficult diseases is more a matter of opinion than of art, and therein there is the greatest possible difference between experience and inexperience. Now of these obscure matters one is the cause of diseases, what the beginning and source is whence come
[^111]
## HEP $\Phi r \Sigma \Omega \mathrm{~N}$














 ob Sè тои́тov $\pi \lambda \epsilon \hat{\imath} \sigma \tau 0 \nu$ ar $\pi о \lambda \epsilon \iota \phi \theta \epsilon i \varsigma \quad \pi \lambda \epsilon \hat{\imath} \sigma \tau о \nu$
 $40 \pi \alpha \rho \in ́ \rho \gamma \omega$ то̂̀ $\lambda o ́ \gamma o v ~ \tau o \hat{v} \mu \epsilon ́ \lambda \lambda о \nu \tau o s ~ \epsilon і ̈ \rho ı \tau а \iota . ~$
II. $\mathrm{T} \hat{\omega} \nu^{\prime} \delta \dot{\epsilon}$ ठ̀̀ $\nu o v ́ \sigma \omega \nu$ i $\pi a \sigma \epsilon \epsilon \omega \nu$ on $\mu \in ̀ ̀ \nu$ т $\rho o ́ \pi o s$



 $6 \mu \epsilon ́ \lambda \lambda о \nu \tau o s ~ \lambda o ́ \gamma o u ~ ф \rho a ́ \sigma a \ell ~ \pi \epsilon \iota \rho \eta ́ \sigma o \mu a \iota . ~$






 reading adopted by Nelson. iotáperos $\tau \hat{\varphi}$ voońnatı is the
 believe the phrase to be a gloss. It is omitted by A.
affections of the body. For knowledge of the cause of a disease will enable one to administer to the body what things are advantageous. Indeed this sort of medicine is quite natural. For example, hunger is a disease, as everything is called a disease which makes a man suffer. What then is the remedy for hunger ? That which makes hunger to cease. This is eating; so that by eating must hunger be cured. Again, drink stays thirst; and again repletion is cured by depletion, depletion by repletion, fatigue by rest. To sum up in a single sentence, opposites are cures for opposites. Medicine in fact is substraction and addition, substraction of what is in excess, addition of what is wanting. He who performs these acts best is the best physician; he who is farthest removed therefrom is also farthest removed from the art. These remarks I have made incidentally in passing to the discourse that is to come.
II. Now of all diseases the fashion is the same, but the seat varies. So while diseases are thought to be entirely umlike one another, owing to the difference in their seat, in reality all have one essence ${ }^{1}$ and cause. What this cause is I shall try to declare in the discourse that follows.
III. Now bodies, of men and of animals generally, are nourished by three kinds of nourishment, and the mames thereof are solid food, drink, and wind. Wind in bodies is called breath, outside bodies it is
${ }^{1}$ i $\delta \epsilon \in \eta$ has the meaning of overia here, as $\epsilon \hat{i} \delta o s$ has in $\pi \in \rho \dot{l}$ $\tau \epsilon \in \chi \nu \eta s$. See the discussion in Taylor's Varia Socratira.

[^112]
## IIEPI \$Yロ

























 31 où $\delta$ él $\mathfrak{\epsilon} \sigma \tau \iota \nu$ тoútov.



 Nelson after Danielsson.
called air. It is the most powerful of all and in all, and it is worth while examining its power. A breeze is a flowing and a current of air. When therefore much air flows violently, trees are torn up by the roots through the force of the wind, the sea swells into waves, and vessels of vast bulk are tossed about. Such then is the power that it has in these things, but it is invisible to sight, though visible to reason. For what can take place without it? In what is it not present? What does it not accompany? For everything between earth and heaven is full of wind. Wind is the cause of both winter and summer, becoming in winter thick and cold, and in summer gentle and calm. Nay, the progress of sun, moon, and stars is hecause of wind ; for wind is food for fire, and withont air fire could not live. Wherefore, too, air being thin causes the life of the sun to be eternal. Nay, it is clear that the sea, too, partakes of wind, for swimming creatures would not be able to live did they not partake of wind. ${ }^{1}$ Now how could they partake except by inbaling the air of the water? In fact the earth too is a base for air, and air is a vehicle of the earth, ${ }^{2}$ and there is nothing that is empty of air.
IV. How air, then, is strong in the case of wholes ${ }^{3}$ has been said; and for mortals too this is the cause of life, and the eause of disease in the sick. So
${ }^{1}$ This is one of the ancient guesses that modern science has shown to be correct.

${ }^{3}$ l.e., in the case of the sea and of the earth, etc., as wholes.

[^113]
## HEPI $\mathrm{I}^{\prime} \mathrm{E} \Omega \mathrm{N}$








 $\pi$ í̀та $\delta \iota a \lambda \epsilon i ́ \pi o v \sigma \iota \nu$ oi aै $\nu \theta \rho \omega \pi$ оє $\pi \rho \eta \dot{\sigma} \sigma о \nu \tau \epsilon \varsigma . \quad$ ó үà $\beta$ ßios $\mu \epsilon \tau a \beta o \lambda \epsilon ́ \omega \nu ~ \pi \lambda \epsilon ́ \omega \varsigma . ~ \tau о \hat{v} \tau о ~ \delta \epsilon ̀ ~ \mu o v ̂ \nu o \nu ~$








 8 ти́̀та є̇óvта.








[^114]great is the need of wind for all bodies that while a man can be deprived of everything else, both food and drink, for two, three, or more days, and live, yet if the wind passages into the body be cut off he will die in a brief part of a day, showing that the greatest need for a body is wind. Moreover, all other activities of a man are intermittent, for life is full of changes; but breathing is continuous for all mortal creatures, inspiration and expiration being alternate.
V. Now I have said that all animals participate largely in air. So after this I must say that it is likely that maladies occur from this source and from no othcr. On the subject as a whole I have said sufficient; after this I will by the same reasoning proceed to facts and show that diseases are all the offspring of air.
VI. I will begin in the first place with the most common disease, fever, for this disease is associated with all other diseases. To proceed on these lines, ${ }^{1}$ there are two kinds of fevers; one is epidemic, called pestilence, the other is sporadic, attacking those who follow a bad regimen. Both of these fevers, however, are caused by air. Now epidemic fever


#### Abstract

${ }^{1}$ It is uncertain whether $\tau a \dot{u} \tau \eta$ refers to the first sentence or to the one to which $\dot{\omega} s \tau \alpha \dot{v} \tau \eta \delta_{i \epsilon \lambda \theta \epsilon i \nu}$ is appended. The translation implies the first interpretation; if the other be correct the whole sentence will be: "There are two kinds of fevers, if I may be allowed to classify them thms."


[^115]
## MEPI Фク「 $\Omega \Omega \mathrm{N}$






























${ }^{1}$ тomítós MSS. : jò $\dot{\text { úntós Nelson. }}$

has this characteristie because all men inhale the same wind; when a similar wind has mingled with all bodies in a similar way, the fevers too prove similar. But perhaps someone will say, "Why then do such diseases attack, not all animals, but only one species of them?'" I would reply that it is because one body differs from another, one air from another, one nature from another and one nutriment from another. For all species of animals do not find the same things either well or ill-adapted to themselves, but some things are beneficial to some things and other things to others, and the same is true of things harmful. So whenever the air has been infeeted with sueh pollutions as are hostile to the human race, then men fall sick, but when the air has become ill-adapted to some other species of animals, then these fall sick.
VII. Of epidemic diseases I have already spoken, as well as of the victims and of the cause thereof; I must now go on to describe the fever caused by bad regimen. By bad regimen I mean, firstly, the giving of more food, moist or dry, to the body than the body can bear, without comnteracting the bulky food by exercise ; and, secondly, the taking of foods that are varied and dissimilar. For dissimilar foods disagree, ${ }^{1}$ and some are digested quickly and some more slowly. Now along with much food much wind too must enter, for everything that is eaten or drunk is accompanied into the body by wind, either in greater quantity or in less. This is shown by the following fact. After food and drink most

[^116]
## MEPI Ф) $\Sigma \Omega \mathrm{N}$



 $\tau \in \tau a \ell$. ӧтаи о仑̀ тò $\sigma \hat{\omega} \mu a \quad \pi \lambda \eta \rho \omega \theta$ ย̀ $\nu$ т $\rho \circ \phi \hat{\eta} \varsigma^{1}$

 тò $\pi \lambda \hat{\eta} \theta o s$ où $\delta v v^{\prime}$ í $\mu \epsilon \nu a \quad \delta i \epsilon \lambda \theta \epsilon \hat{\imath} \nu . ~ \epsilon є \mu \phi \rho a \chi \theta \epsilon i ́ \sigma \eta s$
 ai ф $\hat{v} \sigma a \iota \quad \pi \rho о \sigma \pi \epsilon \sigma o \hat{v} \sigma a \iota \delta \grave{\epsilon} \pi \rho o ̀ s ~ \tau a ̀ ~ \epsilon ́ v a \iota \mu o ́ т а т а ~$ тоरे $\sigma \dot{\omega} \mu a \tau о \varsigma ~ \epsilon ’ \psi v \xi a \nu . ~ т о и ́ т \omega \nu ~ \delta \grave{\epsilon} \tau \hat{\omega} \nu$ то́т $\tau \nu$ $\psi v \chi \theta \in ́ \nu \tau \omega \nu$, öтоv ai $\dot{\rho} i \zeta ̧ a \iota ~ к а i ~ a i ~ \pi \eta \gamma а i ~ т о \hat{v}$

 28 äтаи тò $\sigma \hat{\omega} \mu a$ фрі́ $\sigma \sigma \epsilon$.
VIII. $\Delta i a ̀ ~ \tau о и ̂ т о ~ \mu e ́ v ~ \nu v \nu ~ a i ~ \phi \rho i ̂ \kappa a \iota ~ \gamma i ́ \nu o \nu \tau a \iota ~$ $\pi \rho o ̀ ~ \tau \hat{\omega} \nu \pi v \rho \epsilon \tau \hat{\omega} \nu^{\circ}$ ö $\pi \omega \varsigma \delta^{\prime}$ à $\nu \dot{o} \rho \mu \eta \dot{\eta} \sigma \sigma \iota \nu$ ai $\phi \hat{v} \sigma a \iota \pi \lambda \eta \eta_{\theta \epsilon \iota}$ каi $\psi \cup \chi р о ́ т \eta \tau \iota, ~ \tau о \iota о и ิ т о \nu ~ \gamma i ́ \nu \epsilon \tau а \iota ~$ тò مீîyos, «̇тò $\mu \in ̀ \nu ~ \pi \lambda \epsilon o ́ \nu \omega \nu ~ \kappa а i ~ \psi v \chi \rho о т є ́ \rho \omega \nu ~$












[^117]people suffer from belching, because the enclosed air rushes upwards when it has broken the bubbles in which it is concealed. When therefore the body is filled full of food, it becomes full of wind too, if the foods remain a long time; and they do remain a long time because owing to their bulk they cannot pass on. The lower belly being thus obstructed, the breaths spread throngh all the body, and striking the parts of the body that are most full of blood they chill them. These parts being chilled, where are the roots and springs of the blood, a shiver passes through all the body, ${ }^{1}$ for when all the blood has been chilled all the body shivers.
VIII. Now this is the reason why shivering occurs before fevers. The character, however, of the rigor depends upon the volume and coldness of the breaths that burst out; from copious and colder breaths come more violent rigor, from less copious and less cold, less violent rigor. The tremors of the body in shivers are caused as follows. The blood, through fear of the shivers that are present, runs together and dashes throughont the body to the warmest parts of it. As the blood leaps from the extremities of the body to the viscera, the sick man shakes. The reason is that some parts of the body become over-full, but others depleted, of blood. Now the depleted parts cannot be still, but shake, because of their being chilled; for the heat has left them. But the over-filled parts tremble
${ }^{1}$ If we give $\delta$ the not uncommon sense of "for" we can keep the reading of the MSS. Otherwise we must with Nelson read aí $\mu$ aтos for $\sigma \omega \dot{\mu} \mu \tau о$.

[^118]
## ПерI $\Phi\ulcorner\Sigma \Omega \mathrm{N}$























 тахи́rєтає каі тикуои̂таı, каi бтаүóvєs ¿тто-


[^119]because of the quantity of blood; having bccome great it cannot keep still. Gapes precede fevers because much air gathers together, and, passing upwards in a mass, unbolts the mouth and forces it open, as through it there is an easy passage. For just as copious steam rises from pots when the water boils, even so, as the body grows hot, the air rushes through the mouth compressed and violently carried along. The joints too relax before fevers, becanse the sinews stretch when they grow warm. But when the grater part of the blood has been massed together, the air that cooled the blood becomes warm again, being overcome by the heat; and when it has become fiery and waterless, ${ }^{1}$ it imparts its heat to the whole body. Herein it is aided by the blood, which melts ${ }^{2}$ as it grows warm, and wind arises out of it; as the wind strikes the channels of the body, sweat is formed. For the wind when it condenses flows as water, and going through the chamels passes on to the surface, just as steam rising from boiling water, should it mect a solid object that it must strike, thickens and condenses, and drops fall away from the lids on

1 The text is most unerrtain. Neither ajuvoos ("faint") nor $\mu v \delta \rho o s$ (" mass of molten metal") gives a possible sense, and Nelson’s áduкрдs is only a weak repetition of $\delta$ ámupos. If ávojpos be the original reating (cold air hecomes misty, see helow), it would easily turn into auvóós, which wonld in its turn become $\mu \mu^{\delta} \rho \sim s$, a scribe perceiving that $\alpha u v \delta \partial s$ makes no sense, and knowing that $\delta$ árvpos ant $\mu$ újpos often oerar ingether.

2 I am uncertain whether $\tau \dot{i} \mid \kappa \in \tau \alpha i$ means "evaporates" or "becomes thinner."

## ПEPI ФYさనN

$\pi \rho о \sigma \pi i \pi \tau \eta . \quad \pi o ́ v o \iota ~ \delta \grave{\epsilon} \kappa \epsilon \phi a \lambda \eta \hat{\xi}$ ä $\mu a \quad \tau \hat{\varphi} \pi \nu \rho \epsilon \tau \hat{\omega}$








 каi $\tau \grave{a} \quad \mu \epsilon \tau \grave{a} \quad \tau \hat{\omega} \nu \pi v \rho \epsilon \tau \hat{\omega} \nu \quad \grave{a} \lambda \gamma \eta \mu а \tau а$ каі vоб $\eta \mu a \tau a \cdot \tau \omega \nu \nu \dot{\epsilon}$ ă $\lambda \lambda \omega \nu$ cipp $\omega \sigma \tau \eta \mu a ́ \tau \omega \nu$, ö $\sigma o \iota$


 àтари́баı. тои̂то $\gamma \grave{a} \rho$ öтау $\pi \rho о \sigma \pi \epsilon ́ \sigma \eta ~ \pi \rho o ̀ s ~$






 $\pi \nu \epsilon \hat{v} \mu a$ той $\sigma \dot{\omega} \mu a \tau o \varsigma, ~ \ddot{\omega} \sigma \tau \epsilon \pi a \hat{\lambda} \lambda \dot{\nu} \nu \tau \iota \nu a$ үє $\nu \in ́ \sigma \theta a \iota$ 16 T $\hat{\nu} \nu \pi o ́ \nu \omega \nu$.



[^120]
## BREATHS, vin.-x.

which the steam strikes. Headache with fever arises in the following manner. The blood passages in the head become narrowed. The veins in fact are filled with air, and when full and inflated cause the headache; for the hot blood, forcibly forced through the narrow passages, cannot traverse them quickly because of the many hindrances and barriers in the way. This too is the reason why pulsations occur about the temples.
IX. This then is the way fevers are caused, and the pains and ilinesses that accompany fever. As to other maladies, ileus and tormina for example, it is obvious, I think, to everybody that they are settlements of breaths, for the medical treatment for such disorders is to draw off some of the wind. For when it strikes against places that are not usually attacked by it, it pierces the flesh like an arrow forcing its way. Sometimes it strikes against the hypochondria, sometimes against the flanks, sometimes against both. It is for this reason that attendants try to soothe the pain by applying hot fomentations to the skin. For by the heat of the fomentation the wind is rarefied and passes through the body, thus affording some relief of the pains. ${ }^{1}$
X. Perhaps it may be objected: "How then do breaths cause fluxes, and in what way is wind the

[^121]
## MEPI ФY® $\Omega$



























${ }^{1}$ Nelson reads ò $\delta$ oaxwefir $\delta u v a ́ \mu \in r o v, ~ p e r h a p s ~ r i g h t l y . ~$
 riretal.

4 The rearling in the text is that of Littré. A has örav

cause of chest hemorrhages？＂I think I can show that these too are caused by this agent．When the veins about the head are loaded with air，at first the head becomes heavy through the breaths that press against it．Then the blood is compressed， the passages being unable，on accomnt of their narrowness，to pour it through．${ }^{1}$ The thimest part of the blood is pressed out through the veins，and when a great accumulation of this liquid has been formed，it flows through other channels．Any part of the body it reaches in a mass becomes the seat of a disease．If it go to the eyes，the pain is there ；if it we to the ears，the disease is there．If it go to the chest，it is called sore throat；for phlegm， mixed with acrid humours，produces sores wherever it strikes an unusual spot，and the throat，being soft， is roughened when a flux strikes it．For the wind that is breathed in through the throat passes ${ }^{2}$ into the chest，and comes out again throngh this passage． So when the ascending wind meets the descending flux，a cough comes on，and the phlegm is thrown upwards．This being so the throat becomes sore， rough and hot，and being hot draws the moisture from the head，which passes on to the throat the moisture it receives from the rest of the body．

[^122][^123]
## IIEPI $\Phi{ }^{\circ} \Sigma \Omega N$










 $\mu a \tau o \nu, ~ \tau o ̀ ~ \delta \grave{\epsilon}$ סià $\pi o ́ v o v s ; ~ a u ̛ \tau o ́ \mu a \tau o v ~ \mu \grave{\ell} \nu$ ờv,






 $\kappa a \tau \epsilon ́ \chi \epsilon \iota \nu \tau o ̀ ~ \pi \nu \epsilon \hat{\nu} \mu a$. тà $\delta \grave{e}$ ä $\lambda \lambda a$ тoîs $\epsilon i \rho \eta \mu \epsilon ́ v o \iota s$ 48 ö $\mu$ оьа үі́vєтаı.

 Є́s $\delta \grave{\text { è }} \tau \grave{\eta} \nu \delta \iota a ́ \sigma \tau a \sigma \iota \nu$ ímo $\delta \rho a ́ \mu \eta ~ \pi \nu \epsilon \hat{v} \mu a$, тои̂тo $\tau \grave{\nu} \nu$ 4 тóvov таре́ $\chi \epsilon \iota$.
XII. "H $\nu$ " $\delta \grave{\epsilon}$ ठıà $\tau \hat{\omega} \nu \quad \sigma a \rho \kappa \hat{\omega} \nu$ ai $\phi \hat{v} \sigma a \iota$




${ }^{1}$ The MSS here present hopeless varieties of readings.


When therefore the flux has grown used to flowng by this route, and the passages have become chanmelled, it now spreads even to the chest. Being acrid the phlegm ulcerates the flesh when it strikes it, and bursts open the reins. The extravasated blood rots in course of time and becomes pus, as it can neither ascend nor get away downwards. For a fluid thing camot easily ascend upwards, and the diaphragm is a barrier to its descent. Why ever then is it that the flux bursts upwards, either spontancously or through pains? Well, there is a spontaneous flux whenever the air spontaneously enters the veins and makes the chanels narrow for the passage of the blood; for on such occasions the blood is compressed because of its volume, and bursts open the passages wherever the pressure is greatest. Whenever excessive pains cause hemorrhage, in these cases also it is wind with which the pains have filled the veins, seeing that any part in pain must retain the wind. Other cases are like those that I have already described.
XI. Lacerations in all cases occur for the following reason. Whenever flesh is violently severed from flesh, and wind slips into the gap, the pain is thereloy produced.
XII. If the breaths by passing through the ficsh dilate the passages of the body, and these breaths are followed by moisture, the way for which is prepared by the air, then, when the body has become sodden, the Hesh meits away and swellings

[^124]
## ПEPI $\Phi$ YГ $\Omega$ N


























${ }^{1}$ As A reads катаßalı $\eta$ ，Nelson conjectures $\dot{u} \pi \epsilon \kappa \tau \eta \dot{\eta} \kappa \omega \nu \tau a$ and ката $\frac{1}{2} \boldsymbol{\eta}$ ，and changes $\delta \dot{\epsilon}$ after калєitar to $\delta \eta$ ．
${ }^{2}$ A later hand in A has hoouv $\eta_{\nu} \nu \lambda \dot{n} \theta_{\eta \sigma \alpha \nu}$（an intelligent gloss），and a note says that there was another realing ধ̇aúv $\quad \sigma a \nu$ ，which Litt vé arlnpts．
 тойтo $\delta$ 万̀入の＂．
${ }^{4}$ Nelson has $\pi \lambda \dot{n} \rho \eta \mathrm{~s}$ fivetal from the givetal of M． 2.46
descend to the legs. A disease of this kind is called dropsy. The strongest evidence that breaths cause the disease is the following. Patients already at death's door in some cases are pumped ${ }^{1}$ dry of the water. Now the water appears to come copiously from the cavity at first, becoming less plentiful after a time. Now it is plain that at first the water is full of air, and the air makes it of great bulk. But as the wind goes away the water is left by itself, and so it appears to be less, though the quantity is really equal. These patients furnish another proof, in that when the cavity has been completely emptied, not even three days elapse before they are full again. What then filled them except air? What else could fill them up so quickly? Not drink; for surely so much does not enter the body. Not flesh either; as there does not remain flesh to be dissolved. In fact only bones, sinews and skin are left, from none of which could come any increase of water.
XIII. The canse of dronsy then has been set forth; apoplexy, too, is caused by breaths. For when they pass through the flesh and puff it up, the parts of the body affected lose the power of feeling. So if copious breaths rush through the whole body,

[^125][^126]
## IIEPI ФI' $\Sigma \Omega N$




таранєі̀шбь, таранє́lєє८. ${ }^{1}$




 $\sigma \omega \prime \mu a \tau \iota \sigma \nu \mu \beta a \lambda \lambda o ́ \mu \epsilon \nu о \nu$ є่̧ $\phi \rho o ́ \nu \eta \sigma \iota \nu$ $\eta_{\eta}$ тò $a i \mu a \cdot{ }^{2}$

 $\mu \epsilon \tau а \pi і т \tau є \iota$ каі $\dot{\eta}$ фро́и $\eta \sigma \iota$. ӧтє $\delta \grave{\epsilon}$ таиิта оӥт $\omega \varsigma$











${ }^{1}$ After mapapétiti M and several other MSS. read ötı $\delta \dot{\text { ét }}$


 to before $\epsilon^{\prime} \mu a \nu \tau \grave{\partial} \nu$ (above). Reinhold has $\epsilon \mu \pi \rho$. $\mu \eta \delta \epsilon \nu l$ є $\epsilon \nu a t$
 variety of readings, A having the same as the printed text, except that for $\sigma v u \beta \alpha \lambda \lambda \dot{\beta} \mu \in \nu \quad \nu$ (Littrès emendation) it has (with M) $\xi \nu \mu \beta \alpha \lambda о \mu \epsilon ้ \nu \omega \nu$.
the whole patient is affected with apoplexy. If the breaths reach only a part, only that part is affected. If the breaths go away, the disease comes to an end; if they remain, the disease too remains.
XIV. To the same cause I attribute also the disease called sacred. I will try to persuade my hearers ${ }^{1}$ by the same arguments as persuaded myself. Now I hold that no constituent of the body in anyone contributes more to intelligence than does blood. ${ }^{2}$ So long as the blood remains in its normal condition, intelligence too remains normal; but when the blood alters, the intelligence also changes. There are many testimonies that this is the case. In the first place sleep, which is common to all the animals, witnesses to the truth of my words. When sleep comes upon the body the blood is chilled, as it is of the nature of sleep to cause chill. When the blood is chilled its passages become more sluggish. This is evident; the body grows heavy and sinks (all heavy things naturally fall downwards) ; the eyes close; the intelligence alters, and certain other fancies linger, which are called dreams. Again, in cases of drunkenness, when the blood has increased in
${ }^{1}$ This word (àкovovzas) seems to imply that $\pi \epsilon \rho \grave{\imath} \phi \cup \sigma \hat{\omega} \nu$ was originally a lecture or $\epsilon \pi i \delta \in l \xi!s$.
${ }_{2}$ I have followed $A$ and Nelson only becanse I have nothing better to propose. Although the general meaning is clear, the text is intolerably harsh, both in grammar and in order. If I may hazard a conjecture, the manuseript tradition represents a conflation of simpler readings, one of which worked with $\epsilon \mu \pi \rho \sigma \sigma \theta \in \nu$ and the other with $\mu \bar{\imath} \lambda \lambda o \nu$.

[^127]
## ПЕРI ФT'М®N














 тахеїеs каi тодvaírovs флє́ßas mo入ùs ainp Bрí $\eta$ !, ßрíбas $\delta є ̀ ~ \mu \epsilon i \nu \eta, ~ к \omega \lambda v ́ є \tau а \iota ~ т o ̀ ~ a i \mu a ~$



 таитаХо́Өєи є́入кєтає каі тєтívактає тà $\mu є ́ \rho є а$
 то̂ аїратоя, ঠıабтрофаí тє таитоі̂аı таитоíшs








 $25^{\circ}$

## BREATHS, xiv.

quantity, the soul and the thoughts in the soul change; the ills of the present are forgotten, but there is confidence that the future will be happy. l could mention many other examples of an alteration in the blood producing an alteration of the intelligence. So if all the blood experience a thorough disturbance, the intelligence is thoroughly destroyed. For learnings and recognitions are matters of habit. So whenever we depart from our wonted habit our intelligence perishes. I hold that the sacred disease is caused in the following way. When much wind has combined throughout the body with all the blood, many barriers arise in many places in the veins. Whenever therefore much air weighs, and continues to weigh, upon the thick, blood-filled veins, the blood is prevented from passing on. So in one place it stops, in another it passes sluggishly, in another more quickly. The progress of the blood through the body proving irregular, all kinds of irregularities occur. The whole body is torn in all directions; the parts of the body are shaken in obedience to the troubling and disturbance of the blood; distortions of every kind occur in every mamer. At this time the patients are unconscious of everything-deaf to what is spoken, blind to what is happening, and insensible to pain. So greatly does a disturbance of the air disturb and pollute the blood. Foam naturally rises through the mouth. For the air, passing through the veins, itself rises and brings up with it the thinnest part of the blood. The moisture, mixing with the air, becomes white, for the air being pure is

## ПЕРI Ф1 $\Sigma \Omega \mathrm{N}$


 тає т $\bar{\varsigma}$ vov́бov каi то̂́ тарєóvтоs $\chi є \ell \mu \hat{\omega} \nu o s ~ o i ~$




 $\sigma v^{\prime} \epsilon \xi \epsilon \lambda \theta 0 \hat{v} \sigma a \iota \quad \mu \epsilon \tau \dot{a}$ тồ $\pi \nu \epsilon \hat{v} \mu \alpha \tau o \varsigma$, ai $\delta \grave{\epsilon} \mu \epsilon \tau \grave{a}$



XV. Фaívovtaı тoìvvy ai фv̂бaı ठıà mávtwv

 $\delta \dot{\eta} \tau \grave{o}$ aítıov $\tau \hat{\omega} \nu$ vov́ $\sigma \omega \nu$ є̇ $\pi \iota \delta \in ́ \delta є \iota \kappa \tau a i ́ \mu о \iota$. $\dot{v} \pi \epsilon \sigma \chi o ́ \mu \eta \nu$ ठє̀ $\tau \hat{\omega} \nu$ עои́ $\sigma \omega \nu$ тò aïтıov фрá $\sigma \epsilon \iota \nu$,








2 öлоıs A: ぬ $\lambda \lambda$ оıб، M. Cf. p. 231.

## BREATHS, xiv.-xv.

seen through thin membranes. For this reason the foam appears completely white. When then will the victims of this disease rid themselves of their disorder and the storm that attends it? When the body exercised by its exertions has warmed the blood, and the blood thoroughly warmed has warmed the breaths, and these thoroughly warmed are dispersed, breaking up the congestion of the blood, some going out along with the respiration, others with the phlegm. The disease finally ends when the foam has frothed itself away, the blood has re-established itself, and calm has arisen in the body.
XV. So breaths are seen to be the most active agents during all diseases; all other things are but secondary and subordinate causes. This then as the cause of diseases I have now expounded. I promised to declare the cause of diseases, and I have set forth how wind is lord, not only in things as wholes, but also in the bodies of animals. I have led my discourse on to familiar maladies in which the hypothesis has shown itself correct. If indeed I were to speak of all maladies, my discourse, while being longer, would not be in the least more true or more convincing.

## LAW

## INTRODUC'IION

The quaint little piece called Lav has been strangely neglected by scholars. Yet it presents many fascinating problems, and its style is simple and graceful.

To date it is difficult. Known to Erotian, it is mentioned by no other ancient authority. The internal evidence is very slight, but such as it is it points to Stoic influence. The piece is too short for the historian to base any argument upon general style or subject matter, but the third chapter is so similar to a well-known passage in Diogenes Laertius that it is difficult to believe that they did not both originate in the same school. For the Stoics, of all ancient sects, were the most fond of analogy and imagery, ${ }^{1}$ deriving this fondness from the eastern universities in which their earliest teachers were educated.

The passage in Diogenes Laertius is VII. 40:





 (Keno) cum extensis digitis adversam manum ostenderat, "visum," inquiebat "huiusmodi est" etc. Compare the "parabolic" teaching of the New Testament. Possibly the characteristic was more prominent in Zeno than in other Stoics.

## INTRODUCTION













The resemblance may not appear striking, but the similarity of expression makes it probable that Lar was written by somebody who was under Stoic influence, particularly as there is no positive evidence against the supposition.

It is called "Law" because it gives the essential factors in the education of a good physician.

The last two sentences seem to imply that some physicians were initiated into a craft or guild, but the metaphorical style of the rest of the piece forbids any confident conclusion to be drawn. If, however, we take into account the evidence from Precepts and Decorum, which I discuss in the introduction to the latter, it seems very probable that some physicians at least joined together in secret societies, with a ritual and a liturgy.
 see that physicians still wandered like Sophists from city to city.

The most important piece of information in the piece is the assertion, made at the beginning of Chapter I, that there were no penalties to keep erring physicians in order, and that in consequence 258

## INTRODUCTION

the profession was in bad repute. So we see that even thus early some men realized the necessity of discipline for practitioners. ${ }^{1}$

We cannot decide whether or not Law is a fragment. It is, however, tempting to think that it forms a short address delivered by the head of some medical school to pupils about to begin their professional studies, pointing out to them the necessary conditions of real success.

## MSS. and Editions

Law is found in V and M, as well as in several Paris MSS. I have on the whole preferred M to V. The readings I have given show how closely allied V is to the C of Littré.

Littré mentions some twelve editions, the chief of which are those of Coray in his second edition of Airs Waters Places (Paris, 1816) and Daremberg (Hippocrate, Paris, 1843).

Since Littre's edition there have appeared the editions of Ermerins and Reinhold.

I have myself collated both V and M , as well as Vaticanus Graecus 277.2 Neither Oath nor Law appears in Holkhamensis 282, so that it is impossible to compare it and V as far as these two pieces are concerned.

When preparing the text of Oath for Volume I was obliged to rely on the critical notes of Ermerins and Littré. It seems convenient to sive here such notes on the text of the Oath as I should have written if I had seen the manuscripts earlier.

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My references are to Volume I, pages 298 and 300.

For öрvәи in 1. I M and V have ópríw; Vat. Gr. 277 has ö $\mu_{r}{ }^{2} \mu$.

In 1. 2 V has äँavzas, and punctuates after iovopas; Vat. Gr. 277 has $\mu$ úptus over ívtopas and

$V$ has $\chi \rho$ '́ous where $M$ and Vat. Gr. 277 have $\chi \rho \epsilon \omega \vartheta$.

Then occur some most important variants. Though the writing in Vat. Gr. 277 is rather smudged, it

 Both MI and V clearly have the aorists. When preparing the text I yielded to the authority of certain scholars, and changed the text of Littré to the future, thus securing a uniformity of tense throughout Oath. I did not realize at the time how strong the evidence is for the aorist, which I now feel should be adopted. Lower down (1. 13) M and Vat. Gr. 277 have $\pi o \eta^{\prime} \sigma a \sigma \theta a l$, bat $V$ omits all the intervening words from one $\mu \epsilon \tau \alpha ́ \delta \sigma \sigma \iota v \pi o \iota \eta \sigma a \sigma \theta a \iota ~ t o ~$ the other ; the eye of the scribe evidently passed from the first occurrence of the phrase to the second. In ll. 20, 21 Vat. Cr. 277 places $\pi \epsilon \sigma \sigma \grave{v}$ after $\delta \omega \sigma \sigma \omega$, but M and V place it before $\phi \theta$ ópoov. In l. 22 M and V omit both ròv and $\tau \dot{y} v$, bat they appear in Vat. Gr. 277. From this point there seem to be no important variants, but M and V (not Vat. Gr. 277)
 Yat. Gr. 277) places cival after toaû̃a. Vat. Gr. 277 has many notes, both marginal and interlinear, some of which are almost, or quite, illegible. I have noted the glosses $\mu a^{\rho} \rho \tau v$ s and $\sigma \nu \mu \phi \omega$ riav. The word 260

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тapay秋ins also presented difficulty, as it is glossed by a word which seems to be $\pi \alpha \rho \dot{\alpha} \kappa \lambda \eta \sigma \iota s$. There is a long marginal note on $\gamma \in \ell \in ́ \tau \eta \sigma v$ which Littré also quotes from the margin of E (Paris. 2255).

The conclusions I have reached are that the vulgate text of Oath is approximately correct ; that Littre's C (2146) is akin to V , and that E is closely related to Vat. Gr. 277.

## NOMOE













 It $\pi a ́ \gamma \chi v \beta a \iota o i ́$.











$$
\begin{aligned}
& { }^{3} \mathrm{~V} \text { places } \epsilon \boldsymbol{i} \sigma \iota \text { after } \tau \boldsymbol{\rho} \alpha \gamma \omega \delta i n \sigma \iota \nu .
\end{aligned}
$$

## LA W

I. Medicine is the most distinguished of all the arts, but through the ignorance of those who practise it, and of those who casually judge such practitioners, it is now of all the arts by far the least esteemed. The chief reason for this error seems to me to be this: medicine is the only art which our states have made subject to no penalty save that of dishonour, and dishonour does not wound those who are compacted of it. Such men in fact are very like the supernumeraries in tragedies. Just as these have the appearauce, dress and mask of an actor without being actors, so too with physicians; many are physicians by repute, very few are such in reality.
II. He who is going truly to acquire an understanding of medicine must enjoy natural ability, teaching, a suitable place, instruction from childhood, diligence, and time. Now first of all natural ability is necessary, for if nature be in opposition everything is in vain. But when nature points the way to what is best, then comes the teaching of the art. This must be acquired intelligently by one who from a child has been instructed in a place naturally suitable for learning. Moreover he must apply diligence

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## NOMOS













 ふóvtas, oütws àvà tàs mó入ıas фоाтềvтas, $\mu \grave{\eta}$






 11 Tolet, Tò dè íquogiv.?



${ }^{1}$ I reprint Littré, but with no confilence, as both \& s and
 raita. $\overline{4} y$ yur) indicates a deep-seated corruption. V has
 sucgest as the correct reading taûza x $\rho \in \operatorname{con}^{2}$ éotev or perhaps xpion oivtaita.

 $26+$

$$
\mathrm{L} A W, \mathrm{n} .-\mathrm{v} .
$$

for a long period, in order that learning, becoming second nature, may reap a fine and abundant harvest.
III. The learning of medicine may be likened to the growth of plants. Our natural ability is the soil. The views of our teachers are as it were the seeds. Learning from childhood is analogous to the seeds' falling betimes upon the prepared ground. The place of instruction is as it were the nutriment that comes from the surrounding air to the things sown. Diligence is the working of the soil. Time strengthens all these things, so that their nurture is perfected.
IV. These are the conditions that we must allow the art of medicine, and we must acquire of it a real knowledge before we travel from city to city and win the reputation of being physicians not only in word but also in deed. Inexperience on the other hand is a cursed treasure and store for those that have it, whether asleep or awake; ${ }^{1}$ it is a stranger to confidence and joy, and a nurse of cowardice and of rashmess. Cowardice indicates powerlessness; rashness indicates want of art. 'There are in fact two things, science and opinion; the former begets knowledge, the latter ignorance.
V. Things however that are holy are revealed only to men who are holy. The profane may not learn them until they have been initiated into the mysteries of science.

## ${ }^{1}$ A proverhial expression meaning "always."

[^130]DECORUM

## IN'TRODUCTION

Turs tract, so far as I can trace, is mentioned by no ancient author.

Strange ideas are current as to its date. The writer in Pauly-Wissowa (s.v. "Hippocrates 16 ") says briefly "Zeit 350 v . Chr." It has even been connected with Ancient Medicine.

An examination of its style and language shows that this date is much too early. The broken grammar, strange expressions, and queer turns are too numerous to be explained by the corruptness of the manuscript tradition. They indicate a late date, and probably an imperfect knowledge of Greek. I would in particular call attention to the following unusual expressions, rare compounds and änag $\lambda \epsilon \gamma o ́ \mu \epsilon \nu a$.




$\pi \iota \kappa \rho o i ̀ ~ \pi \rho o ̀ s ~ \tau a ̀ s ~ \sigma v v a v \tau \eta ́ \sigma i a s . ~$

| ยひ้крทто८ | " good-tempered." |
| :---: | :---: |
|  | "disturbance.' |
|  | "silence." |
|  | "skilled in argument." |
| $\lambda \eta \mu \mu а т$ тко́s | "quick to seize." |
|  | "to turn towards. |
| àтарүүо́рๆтоя | " in |

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|  |
| :---: |
| $\dot{\alpha} \pi \epsilon \mu \pi \dot{\lambda} \lambda \eta \sigma \iota s$ |
|  |
| $\pi \alpha \rho$ ¢́godos |
| та入аi $\omega \sigma$ ıs |
|  |
| катабто入̀े |
|  |
| адтарактотоөбі́ך |
| ádıúттьтоs |
| $\dot{\dot{\alpha}} \beta \lambda \boldsymbol{\lambda} \boldsymbol{\pi} \boldsymbol{\tau} \boldsymbol{\epsilon} \boldsymbol{\epsilon} \omega$ |
|  |

```
"pugnacity."
    "sale."
    " washing."
    "traveller's case."
    "a growing old."
    "to give a positive opinion
        beforehand."
    " moderation."
    "authoritative affirmation."
    "acting with perfect com-
        posure."
    "infallible."
    " not to see."
    "solicitous attention" (as to a
    guest).
```

This list by no means exhausts the peculiar words. I would also lay stress upon the late words ciol $\eta \sigma$ os, ciojpoal, and the constant use of the preposition $\pi \rho o$ ós in a variety of relations. ${ }^{1}$

The general tortuousness of the style is a further indication of late date. The subject matter, again, of the first four chapters is similar to the commonplace moralizing which was the result of Stoicism when it became a rule of life. There is indeed nothing in the tract peculiar to Stoic philosophy, except perhaps the word $\dot{\eta} \gamma \eta \mu o v \ldots o ́ s$ in Chapter IV. But the picture of the true philosopher in Chapter III will, I think, be considered by most readers to
${ }^{1}$ The queerness of the diction of Decorum (there is scarcely a sentence which can fairly be called normal) convinces me that we are dealing with an address purposely written in a quaint and obscure manner. It is the language of a secret society, and some parts are completely unintelligible. See pp. 272-276.

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be an effort to bring the Stoic "wise man" down to earth as a grave, self-controlled, orderly man of the world. The insistence upon the importance of "nature" (фívis) is not only not inconsistent with Stoicism, but suggestive of it.

It would be rash to dogmatize about either the date or the authorship of Decorum. But perhaps the facts would be accounted for if we suppose that a teacher of medical students, of a later date than 300 b.c., happened to be attracted by Stoic morality, which exerted a wider influence upon the general public than any of the other schools of philosophy, and so displayed forms attenuated to various degrees, "watered down," so to speak, to suit the needs of different types of character. He prepared in writing a lecture on how a physician should conduct himself, in particular how he should be a devotee of true "philosophy." ${ }^{1}$ In other words, he gave instruction in etiquette and bed-side manners. Never intended for publication, but for an aid to memory in delivering the lecture, Decorum shows all the roughness and irregularities that might be expected in the circumstances. ${ }^{2}$ In particular, the first two chapters read as though some unintelligent scribe had tried to make a continuous narrative of rough jottings and alternative expressions.

Whatever its origin, Decorum is invaluable to the
${ }^{1}$ The use of $\sigma o \phi i \alpha$ in the sense of ethics, or rather moral conduct, and the description of the $\phi t \lambda \delta \sigma \circ \phi$ os as the artist in living, are typical of later Greek thought.
${ }^{2}$ I would insist that we must not treat the text of Decorum as though it were literature. It is corrupt, but if we could restore the exact words of the writer they would still be in great part a series of ungrammatical notes to remind the lecturer of the heads of his discourse.

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historian of medicine. We are told many things which enable us to picture the Greek physician on his rounds, and one chapter gives us the clue to what otherwise would be a mystcry, the way in which the Greeks got over the difticulty of nursing serious cases of illness.

How the work came to be included in the Hippocratic collection is not known. Though not in V it is in the V index, and so it must have been in the library of books of which the common ancestor of M and V was composed.

1 had written this introduction, and had spent nearly a week in attempting to translate Chapter IV, when the conclusion forced itself upon me that none of my explanations-not even the sum total of them -accounted for the phenomena before me. Let it be granted that M , our most reliable manuscript, shows deep-seated corruption ; that the writer wrote a debased Greek; that he was a lecturer who jotted down heads of discourse, and fragments of sentences that he wished particularly to remember, without paying attention to grammar, and without marking the connection between one phrase and anothereven though all this is taken for granted the peculiarity of Decorum is not fully explained. There is something umatural and fantastic about certain parts of it; one might say that the obscurity was apparently intentional.

While these thoughts were occurring to me I remembered that a similar peculiarity is to be obsersed in certain parts of Precepts, and then it suddenly flashed across my mind that probably the obscurity was intentional, and that there were certain formulae and scraps of knowledge which the lecturer conveyed

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orally, not wishing that his written notes should convey mueh information to the uminitiated. What if the address was delivered at a meeting of a secret society of physicians, and purposely was intelligible only to those familiar with the formulae and ritual of the society?

We must never forget that secret societies were perfectly familiar to the Greeks from at least the days of Pythagoras. As the vigour of the City-State decayed in the fourth and third centuries в.c., Greek corporate feeling found expression more and more in smaller bodies-in clubs, in friendly societies, and in fraternities generally. That these would have some "secrets" is highly probable if not certain, the great "mysteries" of Eleusis among others setting an example which would very readily be followed.

Physicians too would have a fraternity of their own, probably several fraternities. We must not say that no doctor could practise unless he belonged to such a society, but we may be certain that outsiders would not be looked upon with favour by their fellow-physicians.

Now it is clear that the "seerets" of this society (or societies, if there were several) could not possibly be the ordinary medical knowledge of the age. A moment's thought will show that any attempt to conceal this knowledge would have been futile. The secrets would rather be mystic formulae and maxims of little or no practical value. It is at least curious that Chapter IV of Decorum does not become unintelligible until, after a statement of the predominant influence of nature ( $\phi$ ívs), the task of wisdom ( ooфía) is mentioned. At once the language

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becomes dark. Apparently there is also a gap, for the next sentence refers to two dóyot which have never been mentioned before, at least upon any natural interpretation of the text, and also to two "acts taken together" ( $\pi \rho \eta \eta_{\gamma \mu \sigma \sigma \iota ~ \sigma v v a \mu ф и т є ́ р о \iota \sigma \iota), ~}^{\text {, }}$ these also being mentioned here for the tirst time. The chapter goes on to speak of a "road traversed by those others," and of rogues "stript bare and then clothing themselves in all manner of badness and disgrace." Shortly after this the chapter becomes comparatively intelligible.

I put it forward as a mere suggestion that the two入óyou and the two трírpata refer to the "secrets," and that at this point in the lecture the doroo were spoken and the $\pi \rho \dot{\eta} \gamma \mu a r a$ done. Those clothed in badness and disgrace may be the uninitiated.

If at meetings of medical associations lectures were given to the initiated, we should surely expect them to be on the subjects dealt with in Precepts and Decorum-professional behaviour, etiquette and so forth. And where, if not in addresses of this type, should we expect to find veiled allusions to the secret formulae and ritual of the society? ${ }^{1}$ I believe that Decorum and (possibly) Precepts are running commentaries on ritualistic observanees, and presuppose much knowledge in the hearer. They are фшváєvта бvveтoḯv.

A reader may object that all my remarks are pure conjecture. I would point out, however, that this is not so. There is strong evidence that medical

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secret societies existed, although I confess that I did not appreciate it fully until I saw that it threw light upon the fourth chapter of Decorum, which is perhaps the darkest spot in Greek literature. The last sentence of Laze runs thus:-



"Holy things are shown to holy men; to the profane it is not lawful to show them until these have been initiated into the rites of knowledge."
Is it very unnatural to take this language as literal and not metaphorical?

Secondly, in Precepts $V$., a genuine physician is called $\eta \delta \in \lambda \phi \sigma \mu \epsilon \epsilon^{\prime} o s .{ }^{1}$ What can this strange phrase mean except "one made a brother,"" "initiated into the brotherhood"?

My third passage is taken from Oath. The taker of this oath says that only to his own sons, to those of his teacher, and to those pupils who have sworn allegiance vó $\mu \varphi$ iŋ $\bar{\eta} \rho \kappa \kappa \hat{\varphi}$, will he impart :-


"Precept, oral instruction and all the other teaching." Note that allusion is made to a vónos iŋтркко́s, and that it is at the end of our Nopos that the reference to initiation occurs. Moreover, Precepts is the title of

1 The best mannscript of Precepts, M, reads in this passage:
 (sic). But the correcting hand has written o over the $\omega$ of $\dot{\eta} \delta \epsilon \lambda \phi \iota \sigma \mu \dot{c} \nu \omega s$; so it is clear that intpos has fallen out before


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one of the puzzlingly obscure Hippocratic treatises. Lastly, "Precept, oral instruction and all other teaching," is a curiously verbose expression, and may very well allude, among other things, to mystic入óyot imparted to initiated members of a physicians' guild.

I trust that the reader will pardon the personal tone of this discussion. l feel that he will be the better able to appreciate and criticize my suggestion if he is told how I came to make it. I would also remark that I leave my notes on Chapters I-V practically as they were before I thought of references to mysterious "secrets."

## MSS. and Editions

Decorum is found in seven Paris manuscripts and in M. ${ }^{1}$ Foes and Mack note a few readings from manuscripts now lost. Unfortunately there is no manuscript of a superior class which enables us to check M when that manuscript is obviously corrupt.

If parts of Decorum were originally rough jottings, it is not surprising that our manuscript tradition is full of errors. It is hopeless to attempt to restore the original text; indeed for a long time I thought the only course to follow was to print M exactly as it is written. Finally I decided to take Littré as a

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basis, and to correct his text wherever I thought the general sense could be made plainer by a simple alteration. ${ }^{1}$ I do not pretend, however, that the text I have printed represents the autograph, nor that the English is in many places anything but a rough paraphrase.

I must add that in 1740 Decormm was published at Gouttingen by G. Matthiae, but I have not seen this work, nor yet Traités hippocratiques. Préceptes. De la Bienséance. Traduction par MM. Boyer et Girbal. Montpellier, 185.3.
${ }^{1}$ I believe that I have given the reading of MI wherever it differs seriously from the printed text.

## ПЕРI EYミXHMOEYNH』


 $\tau \hat{\omega} \beta i \not \omega . \quad$ ai $\gamma a ̀ \rho \pi o \lambda \lambda a i ̀ \pi \rho o ̀ s ~ \pi \epsilon \rho \iota \epsilon \rho \gamma i \not \eta \nu$ фаívov-
 $\chi \rho$ éos $\tau \hat{\omega} \nu \pi \rho o ̀ s$ à $\delta \iota a \lambda$ éyovtal $\lambda \eta \phi \theta$ єín $\delta$ ’à $\nu$



 $10 \tau \hat{\omega} \nu \pi \rho o ̀ s ~ \kappa а \lambda \lambda о \nu \grave{\eta} \nu$ ßiov $\tau \epsilon \iota \nu o ́ \nu \tau \omega \nu$. ढ̀ $\hat{\omega}$ ठ̀̀

 $\pi \epsilon \pi \circ \circ \eta \mu \epsilon ́ \nu \eta{ }^{10}{ }^{10} \tau \epsilon ́ \chi \nu \eta \nu \quad \delta \eta^{11} \pi \rho o ̀ s ~ \epsilon \dot{v} \sigma \chi \eta \mu \circ \sigma v ́ \nu \eta \nu$ 14 каì $\delta o ́ \xi a \nu$.


${ }^{1} \delta \dot{\delta} \mathrm{M}$ : $\delta \bar{\eta}$ Littré. $\quad{ }^{2}$ 's omitted by M.
 öтı Ermerins.




${ }^{8}$ кail $\pi \rho \dot{\partial}$ S M and Ermerins: in mpos Littré.
${ }^{9}$ After "̈́tepol the MSS. have $\mu \epsilon \prime \nu$.
${ }^{10} \pi \epsilon \pi \neq \imath \neq \frac{1}{2} \nu \eta \nu \mathrm{M}$.
 Ermerins.


## DECORUM

I. Not without reason are those who present as useful for many things wisdom, that is, wisdom applied to life. Nost kinds of wisdom, indeed, have manifestly come into being as superfluities; I mean those which confer no advantage upon the objects that they discuss. Parts thereof may be tolerated up to thas point, that where idleness is not neither is there evil. Idleness and lack of occupation tendnay are dragged-towards evil. Alertness, however, and exercise of the intellect, bring with them something that helps to make life beautiful. I leave out of account mere talk that leads to no useful purpose. ${ }^{1}$ More gracious is wisdom that even with some other object ${ }^{2}$ has been fashioned into an art, provided that it be an art directed towards decorum and good repute. ${ }^{3}$
II. Any wisdom, in fact, whercin works some scientific method, is honourable if it be not tainted

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## ПЕРI ETENHMOこYNHE









 $\kappa є к о \sigma \mu \eta \mu \in ́ \nu о \iota, ~ т о \lambda ̀ ̀ ~ \mu a ̂ \lambda \lambda о \nu ~ ф є ข к т є ́ о \iota ~ к а і ~ \mu \iota \sigma \eta-~$


1II. Tì̀ $\delta \dot{\epsilon} \dot{\epsilon} \nu a \nu \tau i ́ \eta \nu \quad \chi \rho \grave{\eta} \hat{\omega} \delta \epsilon \epsilon^{6} \sigma \kappa о \pi \epsilon \hat{\imath} \nu$. ois ov̉





 àтєрíєруои, тікроі̀. тро̀s тàs $\sigma v \nu a \nu \tau \grave{\eta} \sigma \iota a \varsigma, ~ є \ddot{v} \theta \epsilon \tau о \iota$ $\pi \rho o ̀ s ~ \tau a ̀ s ~ a ̀ \pi о к \rho i \sigma ı a s, ~ \chi a \lambda \epsilon \pi o \grave{~ \pi \rho o ̀ s ~ \tau a ̀ s ~ a ̀ v т-~}$






${ }^{3}$ ai aùvoi is possibly a gloss.
4 After tis Littré addls $\hat{\alpha} \nu$ with three Paris MSS. It is not in M. In the Hippocratic writings the optative without $\overrightarrow{\mathrm{a}} \nu$ often has the meaning of the optative with it.



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with base love of gain and unseemliness. If they be so tainted, such kinds of wisdom become popular only through impudence. Young men fall in with the devotees thereof; when they are grown up they sweat with shame ${ }^{1}$ at the sight of them; when they are old, in their spleen they pass laws to banish these devotees from their cities. These are the very men who go around cities, and gather a crowd about them, deceiving it with cheap vulgarity. You should ${ }^{2}$ mark them by their dress, and by the rest of their attire ; for even if magnificently adorned, they should much more be shumed and hated by those who behold them. ${ }^{3}$
III. The opposite kind of wisdom one should conceive of thus. No studied preparation, and no over-elaboration. Dress decorous and simple, not over-elaborated, but aiming rather at good repute, and adapted for contemplation, introspection and walking. ${ }^{4}$ The several characteristics are: to be serious, artless, sharp in encounters, ready to reply, stubborn in opposition, with those who are of like mind quick-witted and affable, good-tempered towards all, silent in face of disturbances, in the
${ }^{1}$ èv $\nu \rho o \pi i \eta \nu$ is a strange form, and should probably be $\dot{\epsilon} \nu \tau \rho о \pi \dot{\eta} \nu$.
${ }^{2}$ Or "may."
3 The details of this chapter are hopelessly obscured, partly through the corruption of the text, but the general outline is elear. "Quack" philosophers are described, to be compared with genuine philosophers in the next chapter. It is useless to try to rewrite the text so as to make it grammatical and logical. We are dealing with lecture notes, not literature.
${ }^{4}$ So Littré, and the context seems to require such a sense. The construction apparently is: "you may judge of the opposite kind from dress, etc."

## nepal ErsxhMosrnhs







 $20 \dot{a} \pi о т є \rho \mu а \tau \iota \zeta_{o ́ \mu}^{\prime} \epsilon \nu о \iota .{ }^{3}$













1 ímouєvŋтเкоो M.
 Littré.

${ }^{4} \pi \rho \circ \sigma \hat{\eta} \nu \mathrm{M}: \pi \rho \circ \sigma \hat{\eta}$ Littré.
${ }^{5} \pi \rho \circ \sigma \theta \epsilon \mu \epsilon \nu \eta \quad \delta \iota \delta \alpha \chi \theta \hat{\eta}$ M: $\pi \rho \delta ́ \sigma \theta \epsilon \quad \mu \grave{\epsilon} \nu$ 节 $\delta \iota \delta a \chi \theta \hat{\eta}$ Littré: $\pi \rho \hat{\sigma} \sigma \theta \epsilon \mu \bar{\epsilon} \nu \stackrel{\eta}{\eta} \delta_{\iota} \delta \alpha \chi^{\theta} \bar{\eta} \nu a \iota$ Ermerins.


${ }^{7} \tau \in \mathrm{M}$ : $\tau$ Littré with Van der Linden.
${ }^{1}$ I do not believe that a modem can catch the exact associations of these adjectives, many of which are very rare words, if not ${ }^{\prime \prime} \pi a \xi \lambda \in \gamma o ́ \mu \in \nu \alpha$. The difficulty is all the greater
face of silence ready to reason and endure, prepared for an opportunity and quick to take it, knowing how to use food and temperate, patient in waiting for an opportunity, setting out in effectual language everything that has been shown forth, graceful in speech, gracious in disposition, strong in the reputation that these qualities bring, turning to the truth when a thing has been shown to be true. ${ }^{1}$
IV. The dominant factor in all the qualities I lave mentioned is mature. In fact, if they have natural ability, those engaged in the arts have already made progress in all the qualities mentioned. For in the art, as in wisdom, use is not a thing that can be taught. Before any taching has taken place nature has rushed down in a flood to make the beginning; it is afterwards that wisdom comes to know the things that are done by nature herself. ${ }^{2}$ In fact many, worsted in both words, have in no way used for demonstration both the actual things together. ${ }^{3}$ Accordingly, whenever one of them examines in regard to truth something that is being
becanse the writer works to death his favourite preposition ( $\pi$ poós), using it sometimes in cases which, if a modern may be allowed to judge, make dubious Greek. I find it hard to give à $\nu v \sigma \tau \delta^{\prime}$ sits usual meaning, and may not $\dot{v} \pi \sigma^{\prime} \delta \epsilon i \chi \theta \grave{\varepsilon} \nu$ mean "seen as in a glass, darkly"?

8 'the translation of this sentence is largely guess-work. It seems plain, however, that qúgos is contrasted with oopia; nature comes first and conditions all that wisclom and instruction can accomplish afterwarls.
 or "respects"? We cannot tell, as the lecturer has in this chapter jotted down merely the heads of his discourse. However $\lambda$ ó $\gamma o \iota \sigma \iota$ seems certainly contrasted with $\pi \rho \eta \dot{\gamma} \mu a \sigma \iota \nu$. Apparently the meaning is that without natural gifts and training combined no visible achievement can be accomplished.

## חEPI ETEXHMOsYNH:



















${ }^{1} \kappa \epsilon \kappa \tau \eta \mu \epsilon ́ \nu о \iota \sigma \iota \nu$ Corday : кє $\chi \rho \eta \mu \epsilon \epsilon ้ о \iota \sigma \iota$ MSS.

 Littré. I have followed Littré, keeping however àmapŋ$\gamma \delta \rho \eta \tau o v$. Perhaps $\epsilon \mu \eta \nu \nu \sigma \epsilon$ is a better reading than $\bar{\epsilon} \delta \eta \eta^{\prime} \lambda \omega \sigma \epsilon$.
 cis cùodínv.
${ }^{1}$ Who are oîtor and $\dot{\epsilon}_{\boldsymbol{k} \epsilon \hat{i} v o r ? ~ O n c e ~ m o r e ~ t h e ~ l e c t u r e r ' s ~}^{\text {? }}$ notes are too scanty for us to say, but, unless we are to suppose that he left a gap here to be filler up in his actual delivery of the lecture, éкeivot will refer to the "quacks" of Chapter II and oîtor to those deficient in natural ability and training.

## DECORUM, iv.

set out in speech, nature will in no way come to their aid. These are found at any rate to have walked in a path similar to that followed by the others. ${ }^{1}$ Wherefore being stripped they clothe themselves with the whole of badness and disgrace. For reasoning ${ }^{2}$ that comes as the result of work that has been taught is a good thing; for everything that has been done artistically has been performed as the result of reasoning. But when a thing is not done, but only expressed artistically, it indicates method divorced from art. ${ }^{3}$ For to hold opinions, without putting them into action, is a sign of want of education and of want of art. ${ }^{4}$ For mere opining brings, in medicine most particularly, blame upon those who hold opinions and ruin upon those who make use of them. ${ }^{5}$ In fact, if they persuade themselves by word, ${ }^{6}$ and opine that they know the work that is the result of education, they show themselves up like gold proved by fire to be dross. And yet such a forecast is somcthing inexorable. Where understanding is on a par with action, knowledge at once makes plain the end. In some cases time has put the art on the right track, or has made clear
${ }^{2}$ Apparently $\lambda$ dóos here means "theory," "hypothesis" (so Littré), although the usual contrast, "word" as opposed to " leed," is not lost sight of.
${ }^{3}$ Here the lecturer, having mentioned the necessity of theory, passes on to the mistake of words being allowed to take the place of deeds.
${ }^{4}$ We must remember when we transliate $\tau \epsilon \in \chi \nu \eta$ "art," that it includes both what we call art and what we eall science. The importance of uniting both these aspects of $\tau$ '́ $\chi$ var seems to be the subject of part of this difficult ehapter.
${ }^{5}$ This seems adapted from Breaths, p. 226.
' Possibly, "by reasoning."

## kEPI ETさYHMOSINHS

 12 бŋ̇入ous є́тoínбє．












 $\gamma_{1} \hat{\omega} \sigma l \varsigma \quad \tau \hat{\omega} \nu \quad \pi \rho о \sigma \iota o ́ \nu \tau \omega \nu$ каi $\chi \rho \hat{\eta} \sigma \iota \varsigma ~ \tau \hat{\omega} \nu \quad \pi \rho o ̀ \varsigma$



1 立 $\mathrm{Ml}: \delta \in \hat{l}$ Littré．
${ }^{2}$ où one MS．，ami also mentioned in Zwinger and Foes． So Litterer．XI omits．

4 il has $\theta \in i a$ and hittré reads $\theta \in i x$ ．I suspect a gap in the text at this place．See note 6 of the translation．
${ }^{5}$ évióir M ：àvaidéinv Littré．
${ }^{6}$ Before $\gamma^{r} \bar{\omega} \sigma$ Ls Littré with one MS．has $\dot{\eta}$ ．
${ }^{7} \tau \dot{\alpha}$ Littré with one MS．：$\tau \in \mathrm{M}$ ．
${ }^{1}$ Nature and education；practice and theory ；fact and reasoning；deed and worl－such seem to be the com－ plementary correlatives insisted upon in this chapter．The lust sentence means that long experience sometimes makes up）for deficient education．See，however，the Introduction， p． 23.
${ }^{2}$ So Littré but the Greek can hardly bear that meaning， 286

## DECORUM, ıv.-v.

the means of approach to those who have chanced upon the like route. ${ }^{1}$
V. Wherefore resume each of the points mentioned, and transplant wisdom into medicine and medicine into wisdom. For a physician who is a lover of wisdom is the equal of a god. Between wisdom and medicine there is no gulf fixed ; ${ }^{2}$ in fact medicine possesses all the qualities that make for wisdom. It has disinterestedness, shamefastness, modesty, reserve, ${ }^{3}$ sound opinion, judgment, quiet, pugnacity, ${ }^{4}$ purity, sententious speech, knowledge of the things good and necessary for life, selling of that which cleanses, ${ }^{5}$ freedom from superstition, pre-excellence divine. What they have, they have in opposition to ${ }^{6}$ intemperance, vulgarity, greed, concupiscence, robbery, shamelessness. This is knowledge of one's income, use of what conduces to friendship, the way and manner to be adopted towards one's ehildren and moncy. ${ }^{7}$ Now with medicine
even the debased Greck of Decorrm, and the omission of ou in M and many other MSS. points to eortuption.
${ }^{3}$ Pussibly (as Littré) modesty in dress.
${ }^{4}$ The word in the text ( $\dot{\alpha} \pi \alpha \dot{\alpha} \tau \eta \sigma=s$ ) minst mean " power to stand up against opponents."
${ }^{5}$ Littıés "rejet de l'impureté" merely repeats ка⿴арıórns above, and gives an impossible sense to à $\pi \epsilon \mu \pi \sigma^{\prime} \lambda \eta \sigma a s$. My emendation is simple, and suggests that as the physician cleanses the sick body, so wistom cleanses the sick mind. "Dispensation" would perhaps be a hetter word than "selling."
${ }^{6}$ The author's favourite word is mpis, and here he uses it in a sense exactly opposite to that in whieh he employs it scores of times-in fact in the very next sentence ( $\pi p$ ors $\phi\left(\lambda_{i} \eta v\right)$. Surely there is a gap in the text, the filling of which wouth give a suitable subject to éxouat.
${ }^{7}$ This sentence is strangely out of place, and most obscurely expressed.

M 2
$2 S 7$

## hepi Ersxhmosrnis

 ${ }^{\prime \prime} \chi \in \iota$.











 $\pi \epsilon \pi о ́ \rho \epsilon v \tau a \iota, \mu \epsilon \tau a \sigma \chi \eta \mu a \tau \iota \zeta^{\prime} \mu \epsilon \nu a \hat{\eta} \mu \epsilon \tau а т о \iota о$ и́ $\mu \epsilon \downarrow a$,



${ }^{1}$ After $\tau \alpha \bar{v} \tau \alpha$ M has кal. It is omitted by Littré.
 jectured also by Foes).

 $\mu \in v^{\prime}$ M. A hopelessly corrupt passage. The restoration of



${ }^{1}$ The words örı to $\notin \chi \in i$ read like a gloss.
${ }^{2}$ Surely not " symptoms," as Littré translates it.
${ }^{3}$ Littré says "la mérlecine est, dans la plupart des cas, pleine de révérence à l'égarl des dieux " This is an impossible rendering of $\pi \rho \partial s \quad \theta \epsilon \hat{\omega} \nu \quad \epsilon^{\prime} \nu \tau i \mu \omega s$ кє $\mu \epsilon \nu \nu \eta$.

4 I take the general sense of this chapter to be that thongh plysicians may be the means. the gorls are the cause, of cures in medicine and surgery. The gods confer this honour on medicine, and medical men must realize that the gods are their masters. Unfortunately the midule of the chapter is 288

## DECORUM, v.-vi.

a kind of wisdom is an associate, seemg that the physician has both these things and indeed most things. ${ }^{1}$
VI. In fact it is especially knowledge of the gods that by medicine is woven into the stuff of the mind. For in affections generally, and especially in aecidents, ${ }^{2}$ medicine is found mostly to be held in honour by the gods. ${ }^{3}$ Physicians have given place to the gods. For in medicine that which is powerful is not in excess. In fact, though physicians take many things in hand, many diseases are also overcome for them spontaneously. $\dagger$ All that medicine has now mastered it will supply thence. The gods are the real physicians, though people do not think so. But the truth of this statement is shown by the phenomena of disease, $\dagger$ which are co-extensive with the whole of medicine, changing in form or in quality, sometimes being eured by surgery, sometimes being relieved, either through treatment or through regimen. The information I have given on these matters must serve as a summary. ${ }^{4}$
the most corrupt passage in the Corpus, and I have been compelled to print the reading of M, faulty as it is, between daggers. Littré makes oívol $\mu \in \tau a \chi \epsilon \iota \rho \in \neq \nu \tau a l$ to refer to quack doctors, as though only charlatans would take the credit of their cures. I would note that $\mu \in \tau \alpha \chi \in \rho \in \operatorname{cov}^{\prime} \tau \alpha$, and ката$\pi \lambda \epsilon о \nu \epsilon \kappa \tau \epsilon \hat{\imath}$ appear to be ä $\pi \alpha \xi \quad \lambda \epsilon \gamma \delta \mu \epsilon \nu \alpha$, while $\pi \alpha \rho \epsilon \hat{\xi} \xi \in i$ in M is written with the - $\epsilon$ - altered, as though the scribe were uncertain what to write. It is at least curions that we again have a passage where, if the writer in his address referred to the mystical formulae of a secret fraternity, he would be likely to write words conveying no meaning to the uninitiated. We should expeet these formulae to contain referenees to the action of the gods in healing diseases. Be this as it may, the exact meaning of the ehapter seems lost to us. It is most unfortmate, as it would have been an interesting development of the thesis worked ont in Airs Waters Places and The Sacred Disease, that all diseases are equally divine and equally natural.

## IIEPI EYエXIIMOSTNHE

VII. " $\mathrm{O} \nu \tau \omega \nu{ }^{1}$ ov̂ $\nu$ тoıov́т $\omega \nu$ т $\hat{\omega} \nu \pi \rho о є \iota \rho \eta \mu \in ́ \nu \omega{ }^{\prime}$



 т $\omega \nu$ той $\sigma \omega ́ \mu ル \tau о \varsigma ~ \mu \epsilon \rho \epsilon ́ \omega \nu, \mu \eta \delta є ̀ ~ \pi о \lambda \lambda a ̀ ~ \lambda \epsilon \sigma \chi \eta \nu \epsilon v o ́-~$





 $13 \delta \in \hat{\iota} .^{3}$

 каi є́ $\gamma к а т а \nu т \lambda \eta j \sigma ı o s, ~ т \rho o ̀ s ~ \tau \eta ̀ \nu ~ є \dot{v} \rho v \theta \mu i \eta \nu \tau \hat{\omega} \nu$ $\chi \epsilon \iota \rho \hat{\omega} \nu, \quad \pi \epsilon \rho i \quad \tau \iota \lambda \mu(i \tau \omega \nu, \quad \pi \epsilon \rho i \quad \sigma \pi \lambda \eta \nu \hat{\omega} \nu, \quad \pi \epsilon \rho i$ $\epsilon \epsilon \pi \iota \delta \epsilon ́ \sigma \mu \omega \nu, \quad \pi \epsilon \rho i \quad \tau \hat{\omega} \nu$ є̇к катабта́бьоя, $\pi \epsilon \rho i$ фарис́кши, е’я траи́ната каі офөаддіки́, каі тои́т $\omega \nu$ тà тро̀s тà үє́иєа, "iv’ !’ $\sigma о \iota \pi \rho о к а т \eta \rho т \iota \sigma-~$





2 The sentence within daggers is as it appears in M, and shows obvious signs of corruption. Littré emends to vouíciv
 $\pi \rho \sigma \sigma \kappa \lambda \eta \sigma \iota$ as one word. The sense seems to be that gossip may eause criticism of the treatment propused by the doctor. It would perhaps be given by reading:

 better.
VII. As all I have said is true, the physician must have at his command a certain ready wit, as dommess is repulsive both to the healthy and to the sick. He must also keep a most careful watch over himself, and neither expose much of his person nor gossip to laymen, but say only what is absolutely necessary. For he realizes that gossip may cause criticism of his treatment. He will do none at all of these things in a way that savours of fuss or of show. Let all these things be thonght out, so that they may be ready beforehand for use as required. Otherwise there must always be lack when need arises.

Vlll. You must practise these things in medicine with all reserve, in the matter of palpation, anointing, washing, to ensure elegance in moving the hands, in the matter of lint, compresses, bandages, ventilation, purges, for wounds and eyetroubles, and with regard to the varions kinds of these things, in order that you may have ready beforehand instruments, appliances, knives and so forth. For lack in these matters means helplessness and harm. See that you have a second physician's case, of simpler make, that you can carry in your hands when on a jonrney. The most convenient is

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## kEPI EIEXIIMOSINHD

 13 тá̀та тò̀ int póv.






Х. Мрокатабкєvá $\theta \omega^{3}$ бє́ $\sigma о \iota$ каі̀ $\mu а \lambda а \gamma \mu \dot{\prime} \tau \omega \nu$








${ }^{1}$ Should we not read $\delta \grave{a} \mu \in \theta_{0} \delta i \omega \nu$ ?
${ }^{2} \delta \iota \epsilon \in \rho \chi \in \sigma \theta \alpha \iota$ Littré (without stating authority): $\pi \in \rho!\epsilon \in \rho$ $\chi \in \sigma \theta a l \mathrm{M}$.
${ }^{3}$ In MI $\pi \rho \neq \sigma \kappa а т а \sigma \kappa є \nu \alpha \sigma \theta \omega$ was written first and then the $\sigma$ of $\pi \rho \circ \sigma$ - was smudged out.
${ }^{1}$ I retain the reading of Littre without confidence, for $\delta$ ia $\mu \epsilon \theta \sigma^{\prime} \delta a \nu$ is very curious Greek for "methodically," and MI reads plainly $\pi \in \rho t \epsilon \rho \rho \in \sigma \theta a t$. Hesychius has a gloss $\mu \in \theta \delta \delta \cdot o v=$ $\epsilon \phi \delta \delta \iota o v$, and I suspect that we should read here $\delta i \alpha \mu \in \theta_{0} \delta i \omega \nu$, and $\pi \in \rho \iota \in \rho \chi \in \sigma \theta a \iota$ with $M$. The $\mu \in \theta \dot{\delta} \delta a$ would be packets or compartments, filled with small quantities of the chief medical necessaries, with convenient instruments of a portable size, and so on, so that the physician, on arriving at his destination, would not be obliged "to go round everywhere" to get what he wanted. The article before $\lambda i \tau o \tau \epsilon \rho \eta$ is strange, and suggests that $\dot{\eta} \lambda \iota \tau o \tau \epsilon \rho \eta$ and perhaps $\dot{\eta} \delta \iota \alpha$ $\chi \epsilon i \rho \hat{\omega} \nu$ are glosses.
one methodically arranged, for the physician cannot possibly go through everything. ${ }^{1}$
IX. Keep well in your memory drugs and their properties, both simple and compound, ${ }^{2}$ seeing that after all it is in the mind that are also the cures of diseases; ${ }^{3}$ remember their modes, and their number and variety in the several cases. This in medicine is beginning, middle and end.
X. You must have prepared in advance emollients classified according to their various uses, and get ready powerfuls dranghts prepared according to formula after their various kinds. You must make ready beforehand purgative medicines also, ${ }^{5}$ taken from suitable localities, prepared in the proper manner, after their various kinds and sizes, some preserved so as to last a long time, others fresh to be used at the time, and similarly with the rest.

[^135]
## meal Exexhmosrnha
















 є́точнабіри.†








${ }^{2} \dot{\alpha} \pi \alpha \dot{\alpha} \nu \tau \omega \nu \mathrm{MI}: \dot{a} \pi a \nu \tau \dot{\omega} \nu \nu$ Littré without comment. He probably followed some Paris MS. ${ }^{3}$ Query, éqөa⿱㇒日,
${ }^{1}$ I agree with Littré that the text cannot be right, but 1 should hesitate to restore it confidently. I believe that here, too, we have the lecturer's rough, ungrammatical notes. 'The quaintness, the apparently purposed strangeness of the 294
XI. When you enter a sick man's room, having made these arrangements, that you may not be at a loss, and having everything in order for what is to be done, know what you must do before going in. For many cases need, not reasoning, but practical help. So you must from your experience forecast what the issue will be. To do so adds to one's reputation, and the learning thereof is easy.
XII. On entering bear in mind your manner of sitting, reserve, arrangement of dress, decisive utterance, brevity of speech, composure, bedside manners, care, replies to objections, calm self-control to meet the troubles that occur, rebuke of disturbance, readiness to do what has to be done. In addition to these things be careful of your first preparation. Failing this, make no further mistake in the matters wherefrom instructions are given for readiness ${ }^{1}$
XIII. Make frequent visits; be especially carcful in your examinations, counteracting the things wherein you have been deceived at the changes. ${ }^{2}$ Thus you will know the case more easily, and at the same time you will also be more at your ease. ${ }^{3}$ For instability is characteristic of the humours, and so they may also be easily altered by nature and by chance. For failure to observe the proper season for help gives the disease a start and kills the patient, as there was nothing to relieve him.
diction of this chapter makes me more than ever convinced that we have in Dlcorum the language of ritual and not of every-day life. In this particular case the sense is quite plain.
${ }^{2}$ Apparently the "changes" shown by a disease in passing from one phase to another.
${ }^{3}$ I can find no parallel for $\epsilon \dot{v} \mu a \rho \bar{n} s$ in this sense, but the context makes it necessary to interpret it as I have done.

## ПEPI EYEXHMOSYNHS










7 ठ尤 iŋтр⿳⺈ тìv aiтiŋр $\pi \rho о \sigma \eta \psi a \nu$.












 change．
${ }^{2}{ }^{2} \dot{\delta}$ Littré，apparently following some MSS．：$\tau \hat{\omega} \nu$ M．

${ }^{4}$ For $\epsilon \pi \epsilon$ ！ 11 reads $\epsilon \pi$ í．
${ }^{5}$ The MSs．omit où before $\lambda a u \beta \alpha \alpha^{\prime} v o v \tau \epsilon$ ．Apparently it was added by Calrus．

 бѐ żs катаүєíous каl бкитeivò̀s tónous Littré．Ermerins has $\epsilon \dot{\nu} \pi \nu \delta o u s$ for $\pi$ óvous．I have kept as closely to the reading of
 Ermerins，who adopted this realing from a note of Foes．
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## DECORUM, xill.-xvi.

For when many things together produce a result there is difficulty. Sequences of single phenomena are more manageable, and are more easily learnt by experience. ${ }^{1}$
XIV. Keep a watch also on the faults of the patients, whieh often make them lie about the taking of things prescribed. For through not taking disagreeable drinks, purgative or other, they sometimes die. What they have done never results in a confession, but the blame is thrown upon the physieian.
$X V$. The bed also must be considered The season and the kind of illness ${ }^{2}$ will make a difference. Some patients are put into breezy spots, others into covered places or underground. Consider also noises and smells, especially the smell of wine. This is distinctly bad, and you must shun it or ehange it. ${ }^{3}$
XVI. Perform all this calmly and adroitly, concealing most things from the patient while you are attending to him. Give neeessary orders ${ }^{4}$ with chcerfulness and serenity, turning his attention away from what is being done to him; sometimes reprove sharply and emphatically, and sometimes comfort
${ }^{1}$ Such must be the meaning, but the Greek is strange.
${ }^{3}$ Littré takes $\gamma^{\prime} \varphi \in \alpha$ to refer to different kinds of bed.
${ }^{3}$ I suppose by eating something with a strong and pleasant odonr.
${ }^{4}$ Perhaps, "give encouragement to the patient to allow limself to be treated."

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## hepi Erexhmosrnhe










 $\lambda \alpha \nu \theta a ́ \nu \eta \quad \sigma \epsilon \cdot$ є̇ $\pi \iota \tau \rho о \pi \grave{\eta} \nu \quad \delta_{\epsilon}$ тоî $\sigma \iota \nu \quad i \delta \iota \omega ́ \tau!\eta \sigma \iota$


 каi oủ бoì тòv 廿ó



XVIII．Toút $\omega \nu$ oû̀ $\epsilon$ Є́o $\nu \tau \omega l^{\prime} \tau \hat{\omega} \nu \pi \rho o ̀ s ~ \epsilon \grave{v} \delta o \xi i \eta \nu$


${ }^{1}$ étєpa MI：ékáтєpa Littré（with other MSS．）．
${ }^{2}$ Littré reads oùk àkaiwws for ò $\pi$ пкра̄s．
${ }^{3}$ II has $\chi \rho \eta \dot{\sigma} \sigma \tau a l$ ，which Littré emends to the future．
${ }^{4} \tau \grave{\pi} \pi \rho o \sigma \tau a \chi \theta^{\prime} \nu$ I take to be a gloss on ímouprinv．It is just possible that $\pi o 九 \eta_{\sigma \epsilon t ~} \dot{v} \pi o v p \gamma i \eta v$ is a compound expression governing $\tau \delta \pi \rho o \sigma \tau \alpha \chi \theta \dot{\epsilon} \nu$ in the accusative．Cf．Chapter II

${ }^{5}$ I have transposed $\ddot{j} \delta \eta$ ，which in the MSS．is after aútüv．
${ }^{6}$ qoû 廿ó $\begin{gathered}\text { ou éà M．M．The text is Littre＇s．}\end{gathered}$

 used the poetic word $\gamma$ ávos．
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## DECORUM, xyi.-xviu.

with solicitude and attention, revealing nothing of the patient's future or present ${ }^{1}$ condition. For many patients through this canse have taken a turn for the worse, I mean by the declaration I have mentioned of what is present, ${ }^{1}$ or by a forecast of what is to come.
XVII. Let one of your pupils le left in charge, to carry out instructions without unpleasumtness, and to administer the treatment. Choose out those who have been already admitted into the mysteries of the art, so as to add anything necessary, and to give treatment with safety. He is there also to prevent those things escaping notice that happen in the intervals between visits. Never put a layman in charge of anything, otherwise if a mischance occur the blame will fall on you. ${ }^{2}$ Let there never be any doubt about the points which will secure the success of your plan, ${ }^{3}$ and no blame will attach to you, hut achievement will bring you pride. ${ }^{4}$ So say beforehand all this at the time the things are done, ${ }^{5}$ to those whose business it is to have fuller knowledge. ${ }^{6}$
XVIII. Such being the things that make for good reputation and decorum, in wisd m, in medicine, and in the arts generally, the physician must mark
${ }^{1}$ I am in doubt whether or not ${ }_{\epsilon} \nu \epsilon \sigma \tau \dot{\omega} \boldsymbol{s}$ in these two eases
 snggest the meaning "present."
${ }^{2}$ I make no attempt to eorreet the broken grammar, holding that the remarks are a leetarer's notes.
${ }^{3}$ The meaning is very obseure.
${ }^{4}$ The $\gamma^{\prime}$ eos of $M$ points to the reading $\gamma^{\text {d. }}$ pos, "brightness," perhaps here "glory."
${ }^{5}$ The meaning of $\bar{\epsilon} \pi i \quad \tau \hat{\alpha} \nu \pi o \iota \epsilon o \mu \epsilon \dot{\varepsilon} \nu \nu$ is very uncertain.
${ }^{6}$ Apparently $\epsilon \pi เ \gamma เ \gamma \nu \dot{\prime} \sigma \kappa \omega$ here means "to know in addition."

## kEPI ETEXHMOSYNHS










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## DECORUM, xym.

off the parts ${ }^{1}$ about which I have spoken, wrap himself round always with the other, ${ }^{2}$ watch it and keep it, perform it and pass it on. For things that are glorious are closely guarded among all men. And those who have made their way through them are held in honour by parents and children ; and if any of them do not know many things, they are brought to understanding by the facts of actual experience.
 Precepts $V^{\text {. }}$ ) we should expect references to the mysteries of the craft. And this last chapter seems full of them. How else can we explain $\delta \iota \alpha \tau \eta \rho \epsilon^{\prime} \nu \tau \alpha$ фил $\alpha \sigma \sigma \epsilon \iota \nu, \pi \alpha \rho a \delta \iota \delta \delta \nu \tau a$ (hand-
 $\delta \delta \epsilon \dot{v} \sigma a \nu \tau \epsilon s ?$ The word $\sigma \dot{v} \nu \epsilon \sigma$,s, too, seems to be a word of this class.

## PHYSICIAN

## INTRODUCTION

## CHAPTER I

In erder to give a fairly complete account of what was anciently considered good manners and good bebaviour for doctors I must add to Lam, Oath, Precepts and Decorum the first chapter of the work Physician.

Very little is known about the position of Physician in the history of medicine. "Cet opuscule," says Littré," ""n'est mentionné par aucun des anciens critiques." And later on; "Dans le silence des anciens commentateurs il n'est pas possible de se faire une idée sur l'origine del'opuscule du Médecin." 2

After the first chapter the piece goes on to diseuss the arrangement of the surgery, the preparation of bandages, instruments, and so forth. Then follows a short discussion of tumours and sores, and the book finishes with a recommendation to a student to attach himself to mercenary troops in order to have practice in surgery ${ }^{3}$-a fairly sure indication of a date later than 400 b.c.

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## INTRODUCTION

In Chapter IV an interesting passage occurs in which the surgeon is advised to avoid showiness and ostentation in manipulating bandages, as all such conduct savours of vulgarity and charlatanism. ${ }^{1}$
1)r. J F. Bensel ${ }^{2}$ holds that Physician is closely comected with the treatises Precepts and Decorum. lt is most important to come to some conclusion as to whether there is a real comnection, or whether there are merely resemblances.

Bensel's monograph (it is really an edition of Physician) is very instructive, and compares well with the somewhat arid discussions to be found in most similar works. The author sees that all three books are intended for young beginners; he points out that the artifices we associate with the style of Isocrates are to be seen in Physician, and in particular that in some cases there are verbal parallels. These tend to indicate that the date of Physician is $350-300$ b.c.
$\mathrm{U}_{\mathrm{p}}$ to this point it is easy to agree with Bensel. But when he goes on to assert that Physicam is contemporary with Precepts and Decorum, and that the last shows Epicurean tendencies, it is difficult to follow his argument. Physicion is comparatively simple, and the Greek is rarely strange or obscure. There are none of the signs of late date. Precepts and Decorum, on the other hand, are not only strange but even fantastic. No extant Greek prose

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## INTRODUCTION

shows such peculiar vagaries in diction. The signs of late date are many and insistent. Finally, the supposed Epicureanism of Decorm cannot possibly be reconciled with the assertion made in that work that physicians give way before the gods, and know that their art is under the direction of a higher power. Surely this is Stoic rather than Epicurean doctrine. The truth scems to be that what Bensel takes to be Epicureanism is really the received ethical teaching of later Alexandrine times, which is in part common to both schools of thonght.

The likeness, then, between Physician and the other two works is a similarity of subject. All are addresses to young men at the begiming of their medical course, and lay down the rules of conduct and practice that such students must follow. In the face of the evidence it is illegitimate to go further, and to assert that all were written at the same time. On the contrary, there is every reason to think that Physician is considerably earlier than the other two.

Littré, having pointed out parallel passages to parts of Physician in Surgery, Ancient Medicine and several other Hippocratic works, concludes his Argument with a paragraph so admirable that I quote it in full.
"A l'aide de ces renseignements on entrevoit comment un étudiant faisait son éducation. Il ćtait, ainsi que l'indique le Serment, d'ordinaire de famille médicale; sinon, il s'agrégeait à une de ces familles; il commençait de bonne heure; on le plaçait dans l'iatrion on officine, et la il s'exerçait an maniement des instruments, à l'application des bandages, et à tous les débuts de l'art; puis il voyait

## INTRODUCIION

les malades avec son maitre, se familiarisait avec les maladies, apprenait it reconnaître les temps opportmens et a user des remédes. De la sorte il devenait un praticien, et, si son zèle et ses dispositions le favorisaient, un praticien habile. Dans tout cela il n'est question ni d'anatomie ni de physiologie; c'est qu'en effet ces choscs-là n'existaient qu'à l'état de rudiment, et dès lors ne servaient pas de fondement it une éducation. Un médecin pouvait, comme celui dont parle Hippocrate, croirc que l'apophyse styloïde du cubitus et l'apophyse de l'humérus, qui est daus le pli du coude, appartenaient à un même os (des Fractures, § 3), ou, comme un autre dont il se raille aussi, prendre les apophyses épineuses du rachis pour le corps même des vertèbres (des Articnlations, § 46); ceux-là, on le voit, n'avaient pas la moindre notion, je ne dirai pas d'anatomie, mais de l'ostéologie la plus élémentaire. Les hippocratiques, sams avoir une vue distincte des rapports de l'anatomie avec la médecine, nous montrent les premiers essais pour sortir de l'empirisme primitif, obligé nécessairement de se passer d'anatomie et de physiologie. Hippocrate avait une connaissance très-précise des os. Passé cela, son école n’avait plus rien de précis; des notions, en gros, sur les principanx viscères, des efforts infructueux pour debroniller la marche des vaisseaux sanguins, une mécomaissance complète des nerfs proprement dits, confondus sous le nom de vєîpa avec toutes les parties blanches, et, pour me servir du langage hippocratique, la mention de deux cavités qui resoivent et expmlsent les matiòres alimentaires, et de beaucoup d'autres cavités que connaissent cenx qui s'occupent de ces objets (de l'Art, § 10). Les choses étant ainsi

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a l'état rudimentaire, on ne s'étonnera pas que toute la partie théorique roule essentiellement sur les quatre humeurs et leurs modifieations; la spéculation ne pouvait se généraliser qu'i l'aide de ces èléments qui avaient assez de réalité apparente pour permettre quelques tentatives de théoric. Mais ce point de vue suffit pour faire appréeier, sans plus de détail, ce qu'étaient ees systèmes primitifs qu'on a si longtemps surfaits, et qui ne peuvent pas mieux valoir que les bases qui les supportent."

MSS. and Editions
Physiciun is found in V, C, E and Holkhamensis 282. It has been edited by J. F. Bensel in Philologus LXXYIII. (1922), pp. 88-130.

I have collated $V$ and Holkhamensis 282. The hand of V does not appear to be the same as that of this manuscript in Dentilion, thongh possibly the same scribe adopted another style of writing. It is finer and somewhat neater, while $\lambda$ and $a$ are written with long strokes that slope downwards from left to right. Iota subscript is not written, so that as Eiкaloбviv is the reading towards the end of Chapter I, the dative is almost eertainly correct. V agrees very nearly with the vulgate.

## IIEPI IHTPOY

















${ }^{2}$ oüт ${ }^{\text {oss }}$ és MSS. : oütws Littré : aùtol Ermerins.
 brmerins. Bensel reads radapeiws.
${ }^{4}$ After $\epsilon \theta \theta \bar{n} \tau t$ Emberins adds $\tau \epsilon$.

 whole preceding sentence. It should be noticed that the grammar of the second gloss is faulty, and perhaps tois voǵéova shoulk he read.


## THE PHYSICIAN

## CHAPTER I

Tue dignity of a physicim requires that he should look healthy, and as plump as nature intended him to be; for the common crowd consider those who are not of this ${ }^{1}$ excellent bodily condition to be mable to take care of others. Then he must be clean in person, well dressed, and amointed with sweet-smelling unguents that are not in any way suspicions. This, in fact, is pleasing to patients. The prudent man must also be careful of certain moral considerations ${ }^{2}$ - not only to be silent, but also of a great regularity of life, ${ }^{3}$ since therely his reputation will be greatly enhanced; he must be a gentleman in character, and being this he must be grave and kind to all. For an over-forward
${ }^{1}$ The outcos of this sentence is not otiose: "those who are not well off in these respects" (2.e. of a healthy complexion and not too thins. Ermerins emembation to auvoí is therefore not necessary, thongh it is ingenions.
${ }^{2}$ Bensel's reading will mean "the following are important characteri tics of a prodent soul."
${ }^{3}$ It is easy to understand $\epsilon \hat{i} \nu a!$ with $\epsilon \ddot{\eta} \tau \alpha \kappa \tau o v$ from the $\epsilon$ iva in the clause after the parenthesis. This mulerstanding of a word or phrase in a tirst clause, whieh is actually usel in a second clause, being unknown in modern English, is often ib canse of obscurity.

[^140]
## MEPI IH'TPOR















 $29 \psi v \chi \grave{\eta} \nu \kappa а \grave{\imath} \tau \grave{o} \sigma \hat{\omega} \mu a$ оӥт $\delta \iota а \kappa є \hat{\imath} \sigma \theta a \iota$.
${ }^{1}$ Bensel with V reads $\sigma \kappa о \pi \partial \nu$ for $\sigma \kappa \epsilon \pi \tau \epsilon \in \nu$.





${ }^{6}$ avizoù MSS. : aútoìs Zwinger, Linden: Équtoùs Ermerins.
${ }^{2}$ Ermerins omits каi after $\pi \alpha \rho \theta$ '́vots.

## THE PHYSICIAN,.

obtrusiveness is despised, even though it may be very useful. Let lim look to the liberty of action that is his; for when the same things are rarely presented to the same persons there is content. ${ }^{1}$ In appearance, let him be of a serious but not barsh countenance; for harshness is taken to mean arrogance and unkindness, while a man of uncontrolled laughter and excessive gaiety is considered vulgar, and vulgarity especially must be avoided. In every social relation he will be fair, for fairness must be of great service. ${ }^{2}$ The intimacy also between physician and patient is close. Patients in fact put themselves into the hands of their physician, and at every moment he meets women, maidens and possessions very precious indeed. So towards all these self-control must be used. Such then should the physician be, both in body and in soul.
${ }^{1}$ So Littré. But it is more than donbtful if the Greek will bear this meaning. The reading of $\mathrm{V}(\sigma \kappa о \pi \partial \nu)$ points to corruption of the text, as does the $\sigma \pi \alpha \nu$ (ws Xougov of the MsS.
${ }^{2}$ Bensel's emendation to the dative is very attractive, and is protrably right: "for on many occasions one must come to the help of fairness."

## DENTITION

## INTRODUCTION

Of this short piece Littré ${ }^{1}$ says: "Ce très court fragment n'est cité par aucun ancien commentateur, rien ne pent nous faire deviner de qui il est, ni out il a été pris." In his Argument he begins: "Cet opuscule est rédigé dans la forme aphoristique, et, tout court quil est, il témoigne que l'auteur avait étudié, non sans fruit, l'état des enfants à la mamelle et leurs maladies." ${ }^{2}$

Adams' ${ }^{3}$ remarks are very similar: "This little tract is destitute of any competent evidence of its authenticity. Some of the observations contained in it bespeak a familiar acquaintance with the diseases of infancy."

The account in Pauly-Wissowa is even scantier in its information: "ein Blattchen über das Zahnen der Kinder, wie das vorige weder von Galen noch Erotian erwänt."

In spite of these rather discouraging remarks Dentition is a work of no little interest. In the first place it is written in aphorisms, and like most medical aphorisms deals with prognosis rather than treatment. Then again it is curiously short and abrupt, and the reader wonders why it was written in the present form. The answer to this puzzle may

$$
{ }^{1} \text { I. p. } 415 .{ }_{8} \text { Vol. I. p. } 124{ }^{2} \text { VIII. p. } 542 .
$$

## INTRODUCTION

perhaps become plainer after a discussion of the subject matter of Dentition.

It is obvious to any medical man that the tract is divided into two parts, both of which contain propositions apparently irrelevant to the main sulject. Roughly speaking, however, one may put the matter thus:
(1) Propositions I.-XVII. deai with dentition (óoovтoфvia), and incidentally with the suckling and weaning of infants.
(2) Propositions XVIII.-XXXII. deal with ulceration of the tonsils ( $\pi a \rho i \sigma \theta \mu a$ ), uvula and throat.
Teething and ulcerated throats are not connected, and it may be asked why they are here placed side by side. A short work dealing with both dentition and ulcerated throats is indeed a strange mixture.

It is remarkable that the key-word to most or the first part is ódor $\frac{1}{}$ oфvia, while of the second part it is mapí大尘a. This suggests that Dentition is an extract from a larger collection of aphorisms, which were arranged in a kind of alphabetical order. Ir the tract consisted only of propositions VI.-XII. and XVIII., XX.-XXVII., XXX.-XXXII., no doubt would be possible; every proposition would contain one or the other of the key-words. But there remain:-
(a) I.-V., with the key-words $\gamma \dot{\alpha} \lambda a$ and $\theta \eta \lambda \dot{d}^{\prime}(\omega$.
(b) XIlI.-XVII., with the key-words oipeíctat, $\pi а р а ́ к \epsilon \iota \tau a \iota ~(३ े), ~ \pi а р є \sigma \theta i \omega, ~ \pi \alpha \rho \eta \theta \hat{\omega}$, leading on to $\pi$ арíт $\theta \mu \mathrm{a}$ in XVIII.
(c) XIX., the key-word of which is doubtful.
(d) XXVIII., XXIX., the key-words of which are doubtful.

## INTRODUCTION

Now surely ${ }^{\circ} \delta \iota^{\prime} \tau-$, $o \dot{v} \rho^{-}, \pi \alpha \rho \alpha-, \pi \alpha \rho \epsilon-, \pi \alpha \rho \eta-, \pi \alpha \rho \iota^{-}$, must be intentionally set in alphabetical order, and I suggest that a scribe, copying a larger collection of aphorisms, omitted accidentally ódov $o \phi$ vía to $\pi \alpha \rho^{\prime} \sigma \theta \mu z a$. This larger collection was arranged alphabetically, and probably dealt with diseases of childhood. When the scribe found out his mistake, he wrote out the omitted portion at the end, and added to it a few other propositions that he had missed. A later scribe, misinterpreting the facts, regarded the appendix as a fresh work, and gave it the not unnatural name Dentition. These remarks may be condemned as speculative guesses, but they are guesses to which an interesting parallel is to be found in the Paris manuscript $2.255(\mathrm{E})$. At the end of this manuscript is a piece called $\pi \epsilon \rho i$ $\pi \rho o \gamma{ }^{\prime} \omega \sigma \epsilon \omega \bar{\epsilon} \epsilon \bar{\omega} \nu$. On examining it we find that it is a fragment of Airs Waters Places, which some scribe omitted, placed at the end of his volume, and so added a fresh treatise to the Hippocratic collection!

It is not at all unlikely that there are other similar fragments in the Hippocratic collection. Possibly, too, longer works contain fragments inserted by scribes who thought that they had found a suitable place for them. One or two passages, for instance, in Epidemics $I$. strongly suggest by their irrelevance an origin such as I have described.

The language of Dentition is in some respects unusual.

Proposition II. Bopós. A poetic word(?). See Aristophanes Peace 38. ${ }^{7} \lambda \kappa \omega$, "I drink," seems poctic. See Euripides Phoen. 957 ( $\left.{ }^{\boldsymbol{\epsilon}} \lambda \kappa \epsilon \iota \nu \mu \alpha \sigma \tau o ̛ \nu\right)$.

## INTRODUCTION

Proposition IlI. $\grave{\epsilon \pi}$ mavioros is apparently a late word.
 is very rare.
Proposition XII. $\chi \in \epsilon \bar{\omega} v a s{ }_{\epsilon}^{\epsilon} \chi \epsilon \epsilon$, if this reading be correct.
Proposition XIV. $\pi \alpha \rho \eta \theta \hat{\omega}$, of the bowels being moved.
Proposition XV. dı ${ }^{\prime} \alpha_{\alpha} \lambda \mu \beta^{\prime} \nu \omega$, of eating.
Proposition XVII. $\pi a \rho \eta \theta \hat{\omega}$.
Proposition XXV. $\dot{a} \sigma \mu \in \imath^{\prime} \dot{\zeta} \omega$. This is apparently a late word.
Proposition XXVIII. a a $v \alpha \lambda a \mu \beta{ }^{\prime} \imath^{\prime} \omega$, of taking food or drink.
Proposition XXIX. єitooфク̀s (if the reading be correct). It is apparently ü $\pi \alpha \xi \lambda \in \gamma o ́ \mu \epsilon \nu o v$.
The number of strange expressions in so short a piece points to a late date. If Dentition be late, it forms an exception to my general statement that the aphoristic style ceased to prevail among medical writers after 400 3.c.

## MSS. and Editions

The manuscripts containing Dentition are V, C, E, and Holkhamensis 282.

I have collated V and Holkhamensis 282. In this treatise the two are not strikingly alike; in fact, the close correspondence between the two manuseripts seems to end where they no longer correspond in the order of the treatises, namely after Eight Months' Child.

On the other hand, if I may judge from Littre's apparalus criticus, V and C (Paris 2146) are almost

## INTRODUCTION

identical, and they also contain the treatises in the same order. It seems quite certain that C is a mere copy of V .
$V$ reads $\pi o \lambda i$ in Proposition III. and in others, but
 although later in the same sentence $\pi$ odì occurs.

The pronominal forms in $\delta \pi$ - are the almost universal rule, but in XIX. and XXII. $\delta$ к- is found.

The scribe regularly omits iota subscript, but in one place (XXX.) iota is written subscript between the $-\eta$ - and $-\sigma$ - of $\tau \hat{\eta}, \sigma \omega \ddot{\partial} \lambda \lambda \eta \sigma \sigma \frac{\omega}{\omega} p \eta \sigma \iota$.
Sometimes, instead of dividing a word between one line and the next, the scribe preferred to write part of the word with a mark of abbreviation. Thus
 and $\theta \eta \lambda a \dot{\zeta} \epsilon \omega$ as $\theta_{\eta \lambda \alpha} \zeta \%$. It is quite likely that corruptions have sometimes been caused by systems of abbreviation and contraction.

Examination of Dentition as it appears in $V$ confirms my belief that no confidence can be placed in the spelling of even our best manuscripts in the matter of such points as $\delta \pi$ - and $\delta \kappa$-.

In places the text of Dentition is very corrupt. Accordingly, instead of attempting to restore hopeless passages, I have printed the text of Littre between daggers. In the footnotes emendations are mentioned, and in some cases discussed.

I know of no separate editions of the piece, although it is included in the editions of Littre and Ermerins.

## ПЕРI OAONTOФYIH乏




II．T＇à ßорà каi то入̀̀ є́ $\overline{\lambda \kappa о \nu \tau а ~ \gamma a ́ \lambda a ~ o u ̉ ~ \pi \rho o ̀ s ~}$入óүò баркоиттаı．














IX．Tà $\grave{\nu} \chi \chi \epsilon \mu \hat{\omega} \nu \iota$ ỏ $\delta o \nu \tau о \phi \nu \epsilon \hat{v} \nu \tau a, \tau \hat{\omega} \nu a ̈ \lambda \lambda \omega \nu$ ó $\mu o i ́ \omega \nu$ є̇óvт $\omega \nu$ ，$\beta$ é $\lambda \tau \iota o \nu$ à $\pi a \lambda \lambda a ́ \sigma \sigma \epsilon \iota$ ．

 Ermerins．
${ }^{3}{ }_{\text {oif }} / \mathrm{V}$ ：Holk． 282 has $\delta \kappa \dot{\sigma} \sigma o \sigma \sigma$ in the margin，but oi $\sigma t$ in the text．
${ }^{4}$ The form of $\epsilon \dot{i} \pi \in \pi \tau o \hat{v} \sigma \iota \nu$ arouses suspicion．

## DENTITION

I. Chldren who are naturally well-nourished do not suck milk in proportion to their fleshiness.
II. Children with voracious appetites, and who suck much milk do not put on flesh in proportion.

1II. Of sucking children those that pass much trine are the least subject to vomiting.
IV. Children that pass copious stools and have good digestion are the more healthy; those that pass stools scantily, and with voracious appetites are not nourished in proportion, are unhealihy. ${ }^{1}$
V. Those that vomit copiously milky matters suffer from constipation.
VI. Those who while teething have their bowels moved often are less subject to convulsions than those who have them moved seldom.
VII. Those who while teething are attacked by acute fever seldom suffer from convulsions.

VIIl. Those who while teething are lethargic while remaining well-nourished run a risk of being seized with convulsions.
IX. Those who teethe in winter, other things being equal, come off better.

$$
{ }^{1} \text { Or, "subject to illness." }
$$

[^141]
## ПЕPI OJONTOФI＇IHさ






 oj סovtoфvîav．
 тро̀s 入óүov єи́трофө́тєра．

XIV．＇Oтó $\sigma o เ \sigma \iota \nu$ oйpєîtal $\mu \grave{\eta}$ т
 є́тívơa．


 фє́рєє áтоуа入актьбно́⿱．

 $\dot{v} \pi \nu \omega \dot{\omega} \in \alpha$ ．
${ }^{1}$ र $\quad$ oví̧єı Littré：$\chi \rho o \nu i \zeta \epsilon \iota \nu \mathrm{~V}$ and C.
a qaûtakal is omitted by Ermerins．

${ }^{4}$ It is hard to decide whether Holk 282 has $\delta i \omega \kappa \eta \mu \in \epsilon^{\prime} v o v$ or бぃкєєцє́vov．
${ }^{5} \pi a \rho \eta \theta_{\epsilon} \bar{v} \nu \tau a$ Foes ：$\pi a \rho \iota \theta \in \hat{\varepsilon} \nu \tau a$ or $\pi a \rho \nu \theta \epsilon \hat{\nu} \nu \tau \alpha$ MSS．
${ }^{1}$ For this sense of $\chi \in \iota \mu \dot{\omega} \nu$ sec ecg．Wreaths XIV．т $\hat{\eta} s$ vov́aou
 passage．The meaning seems to be that during teething stormy＂tantrums＂on the part of the child are a better sign than a subdued，semi－comatose state．
${ }_{2}$ Perhaps $\pi \rho \partial s$ dob ${ }^{2} o v$ goes with $\delta i a \chi \omega \rho \in \bar{j} \nu \tau a$ ，though the order of words is against this．The sense，however，woald be improved．＂Those who，in proportion，pass more urine than faces are better nourished．＂So Littré．

## DENTITION, x.-xvir

X. Not all children die that are seized with convulsions while teething; many recover.
XI. Teething is protracted when complicated with a congh, and emaciation in such cases is excessive while the teeth are coming through.
XII. Children who have a troublesome time while teething, if they are suitably attended to, bear up more easily against teething. ${ }^{1}$

XIll. Those that pass more urine than faeces are proportionately better nourished. ${ }^{2}$
XIV. Those who do not pass mrine in proportion, but from babyhood discharge undigested food frequently, are unhealthy. ${ }^{3}$
XV. Children who sleep well, and are wellnourished, may take a great deal of food, even though it is placed before them insufficiently prepared for digestion. ${ }^{4}$
XVI. Those that eat solid food while being suckled bear weaning more easily.
XVII. Those that often pass stools of undigested food mixed with blood, the great majority of them when feverish are drowsy. ${ }^{5}$
${ }^{3}$ Or, " subject to illness."
${ }^{4}$ It is fairly certain that the general sense of this proposition is to the effect that children who have healthy constitutions may without harm put a strain upon their digestive organs. But the exact reading is more than uncertain. $\pi \alpha \rho \alpha ́ \kappa \epsilon \iota \tau a l$ is strange, and cannot mean $\pi \alpha ́ \rho \epsilon \sigma \tau \iota$, as Littré thinks. But пара́кеiтaı seems to be the key-word ( $\pi \alpha \rho \alpha-$, with $\pi \alpha \rho \epsilon$. in the next proposition), and so is probably right. Perhaps $\epsilon i$ has fallen out after кal (the scribe may have thought that où $\chi$ was wrong after $\epsilon i$ ), but I can find no parallel to this sense of $\delta \iota \varphi \kappa \eta \mu^{\prime} \nu 0 \nu$.
${ }^{5}$ Here too the Greek is strange, and I am not satisfied with the text, though I can offer no better reading. Possibly $\tau \hat{\omega} \nu$ should le roúr $\omega \nu$ or $\bar{\epsilon} \delta \nu \tau a$; possibly it should be omitted.

## kEPI OAONTOФYIHE








 †тоîs $\dot{o} \mu о i ́ o \iota \sigma \iota \dagger^{3} \kappa \iota \nu \delta \nu \nu \omega ́ \delta \epsilon a$.


 $\delta \nu \nu a \mu \epsilon ́ \nu \omega \nu \kappa a \tau a \pi i \nu \epsilon \iota \nu . \dagger^{9}$

 $\kappa \iota \nu \delta \nu \nu \hat{\omega} \delta \epsilon \varsigma$.



XXV . 'Е $\nu \tau o i ̂ \sigma \iota \nu$ è $\nu \pi a \rho \iota \sigma \theta \mu i o \iota \sigma \iota \nu \quad$ er $\lambda \kappa є \sigma \iota$
${ }^{1}$ Ermerins places $\tau \hat{\omega} \nu \nu \eta \pi i \omega \nu$ after $\delta \pi \delta \sigma o \iota \sigma \iota$.
2 Ermerins omits " " $\lambda \kappa \in \alpha$.
 Cornarius and Ermerins.

 Linden.


- The MSS. punctuate before $\delta \pi \delta \sigma \alpha$ and after $\chi o \lambda \omega \bar{\omega} \delta \epsilon$ in the next proposition. Littre suggested the punctuation in the text and he is followed by Ermerins.

- Ermerins punctuates after $\pi \rho \delta \dot{\tau} \epsilon \rho o \nu$ and marks an hiatus after каталivє iv.

10 Folk. 282 has $\tau \delta \pi \sigma \lambda$ vi.
${ }^{11} \breve{\epsilon}^{\mathrm{E}} \rho \chi \in \sigma \theta a!$ MSS. : $\delta \iota \in \epsilon^{\rho} \rho \chi \in \sigma \theta a \iota$ Ermerins.

## DENTITION, xvili.-xxv.

XVIII. Uleers on the tonsils that come without fever are less dangerous.
XIX. Babies that are attacked by a cough while being suckled usually have an enlarged uvula.
XX. When corroding sores form quickly on the tonsils, the fevers and coughs remaining, there is a danger of ulcerations occurring again.
XXI. Ulcerations that recur on the tonsils are dangerous. ${ }^{1}$

XXH. When children have considerable ulceration of the tonsils, if they can drink, it is a sign that they may recover, the more so if they could not drink before. ${ }^{2}$
XXIII. In cases of ulcerated tonsils, to vomit bilious matters, or to evacuate them by stools, is attended with danger.
XXIV. In cases of ulcerated tonsils, the formation of a membrane like a spider's web is not a good sign. ${ }^{3}$
XXV. In cases of ulcerated tonsils, after the first
${ }^{1}$ The conjecture of Cornarius ("of babics") is most ingenious and may be right. I suspect, however, that rois $\delta \mu o l o r \sigma t$ is part of a corrupted gloss on iotuiots, which some scholiast saw was nsed in the same sense as ( $\delta \mu o i \omega s$ ) $\pi \alpha \rho \iota \sigma \theta \mu i o r s$.
${ }^{2}$ The most corrupt proposition in Dentition. It seems impossible to restore the exact text of the original. One suspects, however, that Ermerins is right in reading á $\xi$ เó o o $\alpha$ "' $\lambda \kappa \epsilon a$ and $\sigma \omega \tau \dot{n} \rho \dot{\alpha} \epsilon \epsilon \sigma \tau$, , and that Linden correctly changed
 . . . кãamiveiv is fairly certain, but the Greek to represent it could be written in several ways.
${ }^{3}$ It would be interesting if we could interpret this proposition correctly.

12 Holkamensis 282 omits $\dot{\alpha} \nu \epsilon \mu \epsilon i ̄ \sigma \theta a \iota ~ . ~ . ~ . ~ \dot{a} \rho \alpha \chi^{\nu} \iota \hat{\omega} \delta \epsilon s$, the eye of the scribe passing from - $\hat{\omega} \delta \epsilon s$ to $-\hat{\omega} \delta \epsilon s$.

## HEPI OAONTOФTIIIL



 à $\sigma \mu \epsilon \nu \imath \sigma \tau \in ́ o \nu$. тò $\delta \grave{\text { è }} \mu \grave{\eta}$ oüт $\beta \eta \tau$ є́ov.




 $\stackrel{\eta}{\eta} \mu \in \rho^{\prime} \epsilon \nu$.
XXVIII. Tà $\pi o \lambda \grave{u}$ rá入a $\tau \hat{\omega} \nu \quad \theta \eta \lambda a \zeta o ́ \nu \tau \omega \nu$ à $\nu a \lambda a \mu \beta \dot{a} \nu \circ \nu \tau a$ ís тò $\pi о \lambda \dot{\nu} \dot{\nu} \pi \nu \omega ́ \delta є a$.


 $\chi \epsilon i \rho o \nu a \tau \hat{\omega} \nu$ є̀v $\tau \hat{\eta} \sigma \iota \nu$ ä $\lambda \lambda \eta \sigma \iota \nu$ ढ̈ $\rho \eta \sigma \iota \quad \tau \alpha ́ \chi \iota \nu$ خàp $\nu \epsilon ́ \mu \epsilon \tau а \iota$.



 є̇тıфє́ $\rho \in \iota$.
${ }^{1}$ is MSS. : idv Ermerins. Perhaps $z^{2} \delta$.

 Guvoisóv would be nearer the MSS.
${ }^{3}$ Ermerins omits $\pi \lambda \epsilon i \omega$.
${ }^{4}$ Ermerins omits $\pi \alpha \delta \delta i o \alpha \sigma \nu$ and reads àveve $\chi \theta^{\prime} \nu \quad \delta^{\prime} \tau \iota . \quad V$ has $\tau$.


 from the -tv.

## DENTITION, xxv.-xxur.

periods it is useful for phlegm to flow from the mouth, which before did not do so ; nevertheless it must be brought up. If the symptoms begin to disappear, it is altogether a welcome sign. If the phlegm does not flow in this way, you must be careful. ${ }^{1}$
XXVI. When there is a discharge on the tonsils, in most cases dry coughs are resolved by evacuation through the bowels; with children most cases are resolved by the vomiting of concocted matters.
XXVII. Ulcerations on the tonsils, that remain for a long time without increasing, are not attended with danger before five or six days. ${ }^{2}$

XXVIH. Children at the breast that take much milk are generally drowsy.
XXIX. Children at the breast that are ill nourished ${ }^{3}$ also pick up strength with difficulty.
XXX. Ulcerated tonsils that occur in summer are worse than those that occur at other seasons, for they spread more rapidly.
XXXI. Ulcers on the tonsils that spread over the uvula alter the voice of those who recover.

XXXII Ulcers that spread about the throat are more serious and acute, as they generally bring on difficulty of breathing.
 sense is quite clear.
${ }^{2}$ Littré points out that it is difficult to fit in $\pi \pi^{2} \lambda \nu$
 and believe that the first phrase is a gloss on the second.
${ }^{3}$ The word $\epsilon \dot{u} \tau \rho \circ \notin \epsilon ́ a$ can scarcely be right; it should be cu̇tpaфéa or èvтpoфa But even when it is corrected it is otiose with ${ }_{\alpha} \quad$ rpopa. I su-pect that there were once two readings (the Hippocratic collection has hundreds of such

 At some time these two versions were combined into ont:

## POS'ISCRIP'T

(1) Objections may be raised to the use of "abscession" to translate dumóvzaбts. It is certainly not used in modern English, but neither are the ideas associated with úпо́бтaбıs accepted by modern science. The only alternative to the use of the term "abscession" would be to transliterate the Greek word with a footnote giving its meaning.
(2) Regimen in Acute Diseases, XIX. p. 78, 11. 11 foll. I am in doubt whether the sentence $\hat{\eta} \nu \delta \grave{\epsilon} \mu \dot{\eta}$
 refers or not to the former part of the chapter

 translation so takes it, identifying $\dot{v} \pi \epsilon \lambda \lambda \lambda \dot{v} \theta \eta$ and
 however, that a new case is introduced. The patient has recently eaten food, but his bowels were even before this ( $\pi a \lambda a \iota o ́ t \varepsilon \rho o s$ ) full of unevacuated food. In such cases the doctor is recommended to use an enema or a suppository.
(3) Regimen in Acute Diseases, XXXVII. p. 92, 1. 27. Though all the MSS. read $\mu_{i}$ I feel inclined to delete it. Possibly it may be retained as a pleonastic or redundant $\mu \eta^{\prime}$, but it would be difficult if not impossible to find a parallel. This pleonastic $\mu \dot{\eta}$, so far as I know, is not found with an infinitive


## POSTSCRIPT

might easily be a repetition (in uncials) of the last syllable of eivau.
(4) Regimen in Acute Diseases, XLVIII. p. 104. I feel that the whole of this chapter, and perhaps the next, is an interpolation. The sentence ötь . . . 'és
 corrupt or a rather inane truism. The next sentence,


 the whole teaching of Regimen in Acule Diseases, and in particular cannot possibly be reconciled with Chapters XII-XIV. Chapter XLIX is perhaps not an interpolation, but a parenthesis which in a modern book would take the form of a footnote.
(5) Regimen in Acule Diseases, LXV. p. 120, 1. 12. All the MSS. read тробкатаұєїбөu. But it is imme-
 $\pi \rho o-$ are constantly confused by scribes, it is just possible that we should read тоокатахєīөac. "Water should be poured over the body both before and after it is rubbed with soap."
(6) Sacred Diseuse, IV. p. 146, 11. 9-11. I am dissatisfied not only with the editors' emendations, but also with my own conjecture. The more I study the passage the more I am convinced that the
 or glosses. The variants in the MSS. (besides those given on p. 146, M has $\delta \in \iota \neq \grave{\iota}$ ä $\rho^{\prime}$ ' autroîs єioiv, and $\theta$ has $\delta \epsilon \epsilon v o i ̀ ~ a \dot{u} \tau o i s ~ \epsilon \dot{\epsilon} \sigma \sigma v)$ point in the same direction. Moreover, ойтє before $\epsilon \ddot{\prime \prime} \rho \gamma \epsilon \sigma \theta a \iota$ should be oud $\dot{\text { é. }}$




## POSTSCRIPT

look like rather childish glosses on $\sigma \epsilon \lambda \dot{\eta} \nu \eta \nu \kappa \alpha \theta \alpha, \rho \eta{ }_{\eta} \sigma \epsilon$
 that no Greek writings were so likely to beeome corrupted by glosses as were the medical works. If the two phrases I have indicated are taken away the


 good grammar and good logic.

Sacred Disease, XlX. p. 178. In $\theta$ the passage from l. 5 to l. 10 appears thus (I do not correct mistakes) :



 є́ $\gamma \kappa \epsilon \in \notin a \lambda$ ós $\epsilon \in \sigma \tau \iota \nu$ ó $\delta \iota a \gamma \gamma \epsilon ́ \lambda \lambda \omega \nu$.

In M we have :






The reading $i \pi \eta \rho \in \tau o v \sigma \iota$ (" the limbs are the servants of the deeisions of the brain ") is attraetive, and may be right. But the form is suspicious, and in spite of its attractiveness the word probably arose out of $\pi \rho \eta \dot{\sigma} \sigma o v \sigma \iota$ spelt $\pi \rho \eta \dot{\eta} \tau \tau \sigma \sigma \iota$.

But the second sentence is ungrammatical, and Littre's text, which I have printed between daggers, is little, if any, better than the manuscripts. It is

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easy to rewrite something grammatical with the required sense, e.g.:


or


Even when the grammar is corrected other difliculties remain. The writer indeed is not very careful in his use of psychological terms, but it is quite impossible to reconcile this attribution of фporinots to all the body with the statement (Chapter XX):

i. e. neither heart nor midriff participate in фоóv $\eta \sigma t s$. They have aür $\theta \eta \sigma \iota s$ only.

When we consider the ease with which glosses, and stupid glosses, would find their way into the Hippocratic texts, ${ }^{1}$ it is difficult not to believe that we have here an unintelligent note. If the sentence be deleted the text runs:



The brain tells the limbs how to act, and is the messenger to consciousness, telling it what is happening.
(7) Secret Societies and tue Hippocratic Writings
I suggest in my introduction to Decorum that this work represents an address delivered before a secret
\&See pp. xlvii., xiviii.

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society of physicians. It will be well briefly to review the evidence.
(1) Decorum is written in fantastic Greek of such a peculiar nature that no hypothesis, except that the author was in parts intentionally quaint and in others intentionally obscure, will account for the facts.

It is well known that the liturgies of secret societies affiect strange words and expressions.
(2) The obscurity is greatest when the writer is speaking of oobia, the gods, and the necessity of guarding and preserving certain knowledge. These are just the places where "secrets" would be mentioned.
(3) The taker of the Hippocratic Oath promises to
 $\mu u ́ \theta \eta \sigma t s$ only to ( $a$ ) his sons, ( $b$ ) his teaeher's sons, and (c) indentured ( $\sigma v \gamma \gamma \epsilon \gamma \rho \alpha \mu \mu \epsilon$ 'ou) pupils who have adopted the vópos infpeкós.
(4) Law is a short address delivered to medical students before the beginning of their medical course. After stating the conditions without which a medical course cannot be a success, the writer eoneludes thus:-



(5) In Precepts (Chapter V) a genuine physician of sound principles is called $\dot{\eta} \delta \dot{\delta} \lambda \phi \tau \sigma \mu$ évos infpós, "a physician who has been made a brother."

On the other hand there are the following objections.

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(1) All the ancient $\theta^{\prime}$ a $\sigma o<$ had a distinctly religious association with some deity, and there is no trace of such a special cult in either Precepts or Decorum. In fact the absence of superstition is the most striking characteristic of all the Hippocratic writings, and proves their independence of the priest-physicians superintending the temples of Asclepius. Nevertheless Decorum is unique in insisting on the function of the gods in curing diseases.
(2) The Asclepiadae could not have been a tiagos, as the form of the word is against such a view. The proper style of a $\theta$ iacos under the titular protection of Asclepius would have been Asclepiastae. There are as a matter of fact many references in inscriptions to such Oia ooc of Asclepiastae.
Like nearly all the questions arising out of a study of the Hippocratic writings, this one of secret societies must be left in uncertainty and doubt. Further research may in the future throw light upon a dark problem, but for the present the following conclusions seem as positive as the facts warrant:-
(1) Among the hundreds of $\theta i a \sigma o t$ and similar organizations in ancient Greece, particularly in Alexandrine and post-Alexandrine times, it is most unlikely that none would be limited to medical men.
(2) Such societies would have their ritual and liturgy, full of quaint expressions and unusual words.
(3) These words and expressions would be found,

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if anywhere, in treatises of the type of Decorum.
(4) Our documents use language which, on a literal interpretation, do imply the existence of "mysteries," "initiation" and "brotherhood."

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## IN PREPARATION

## Greek Authors

Aristotle: History of Animals. A. L. Peck. Plotinus: A. H. Armstrong.

## Latin Authors

Babrius and Phaedrus. Ben E. Perry.

> DESCRIPTIVE PROSPECTUS ON APPLICATION

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Hiprocrates.
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Hippocrates. . A2
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R


[^0]:    ${ }^{1}$ I mean by "Hippocrates" the writer of Epilemics $I$. and III., lroynostic and licyimen in Acute Liseases.

[^1]:    ${ }^{1}$ Chapters I-III.
    ${ }^{2}$ See r.!. (Кїhn) XV. 363, 419, 497, 429, and V. 760, 761. Littré II. 195-200 gives the chief passages in a translation. xiv

[^2]:    ${ }^{1}$ In particular the gynaecological treatises seem to have Cnirlian characteristics. If gynaecology was a special feature of the Cnidian School it is another instance of the practical nature of its instruction.

[^3]:    ${ }^{1}$ Sce on this question Diels, Herakleitos ron Ephesos.

[^4]:    ${ }^{1}$ 'The minute directions given in Regimen in Acute Discases could not have been carried out by unskilled attendants. Only a doctor or partially trained student would have had the necessary skill and knowledge.
    ${ }^{2}$ Chapter XVII

[^5]:    1 Nowalays only what is learnt professionally most he kept secret.

    The lecture or harangue like that of the cheap-jack at a fair) was the ancient method of alvertising. See the dis. couragrement of the $\bar{\epsilon} \pi i \delta \in t \xi$ is Precopts. To act as slatedoctor aratic was a method of advertising to which no stigma was attached.

[^6]:    
    

[^7]:    ${ }^{1}$ The writer of Ancient Mcitione claims that medicine is merely a hranch of the art of dieting, and grew naturally out of that att.

[^8]:    ${ }^{1}$ By "sophistry" here I mean a toving with philosophy and an artiticial stylc of writing which is associated with the school of Gorgias.
    ${ }^{2}$ In Vol. 1. I called this treatise ( $\pi \epsilon \rho \mathrm{l}$ ф $\boldsymbol{\sigma} \sigma \hat{\omega} \nu$ ) Airs, before I realized the difficulty of finding the best English equivalent.
    xlii

[^9]:    ${ }^{1}$ See Dic Apnlogie der Heilkunst s.v. "Protagoras," p. 179. ${ }^{2}$ I'uia sucruticu, p. 2025.

[^10]:    ${ }^{1}$ I do not mean to say that the old mistake of the fifth century had divappared - we bave but to real the history of pheamatism to disprove that-int a new aspect of philosophy now beame prominent.
    ${ }^{2}$ 'The writer of I'rocepts seems eager to point out that the Epicurean theory of howlellye was very similar to the standproint of empirie medicine.

[^11]:    ${ }^{1}$ Galen mentions readings belonging to both elasses of MSS. See e.g. my notes on Regimen in deute Discascs LI'l. and LI'III.

[^12]:    ${ }^{1}$ It contains Promostic, part of Aphorisms, Epistle to Ptolemy, and several works of (ialen. See Littré II. 103.
    
    

    3 See e. \%. pp. 23, $26,45,50$.

[^13]:    ${ }^{1}$ Galen's commentary is often added, as are also notes by more modern ellitors.
    ${ }^{2}$ See Littré II, 103-109.

[^14]:    ${ }^{1}$ I try by this word to represent the preposition $\pi \rho o-$ in the compound verbs, which means "before being told" in
    
     is equivalent to $\pi \rho \sigma \gamma^{\prime} \omega \sigma \boldsymbol{s}$.

[^15]:     $\tau \bar{\omega} \nu \tau \operatorname{\tau otov\tau \epsilon ́uv~MV.~}$
    
     by Kühlewein.
    
    

[^16]:    
    
    
    

    - After aùtoî̃ı MV゙ adl é $\chi \omega \sigma \iota \nu$.

[^17]:    
    

[^18]:    1 This means apparently that the patient cannot lie back, and so slips towards the foot of the bed. It perhaps corresponds to our "sinking down in the bed" in a state of collapse or great weakness.

[^19]:    ${ }^{6}$ After $\theta a v a r \bar{\omega} \delta \in s$. the MSS. have, with slight variations,
     sentence is deleted by Ermerins and transposed by Gomperz to after тó $\pi \omega \nu$ (l. 22.).

[^20]:    2 MV omit каі карфолоүєои́баs but insert (before каl кроки́баs) the words каi àmокарфолоүоíбаs.
    ${ }^{3}$ б $\eta \mu$ aívet $\mathrm{C}^{\prime}: \delta \eta \lambda o \imath ̂ \mathrm{IV}$.
    

    * After кєфа入ìv MV add каi $\tau \delta \pi \rho \delta \sigma \kappa \pi о \nu$.

[^21]:    
    ${ }^{2} \epsilon \in \partial \nu$ Wilamowitz from $\epsilon \in \nu \tau \tau \iota$ of $\mathrm{C}^{\prime}$.
     Wilumowitz deletes.

[^22]:    ${ }^{1}$ The sentence implies that the swelling is nore dangerous on the right; probably the first reference to appendicitis in Greek literature.
    ${ }^{2}$ Or, "to be more protracted."

[^23]:    ${ }^{1}$ àтокорифои́ $\mu \in \nu \alpha \mathrm{C}^{\prime}$ : $\dot{\alpha} \pi о к и \rho т о и ̆ \mu \in \nu \alpha$ МV.

[^24]:    ${ }^{1}$ Bapùs MV : Bapútєpos $\mathrm{C}^{\prime}$.
    ${ }^{2}$ yivovrat: jlvoivto $C^{\prime}$.
    ${ }^{3}$ Some MSS. read $\geqslant$ for каi. каi must often be translated "or."

[^25]:    ${ }^{1}$ Either by purging or (more probably) through constipation.

[^26]:    4 каl is omitted by $\mathrm{C}^{\prime}$. ${ }^{5} \kappa к \kappa д \nu \mathrm{MV}: \nu \delta \sigma \eta \mu \alpha \mathrm{C}^{\prime}$.

[^27]:    
    

[^28]:    ${ }^{2}$ For $\hat{\eta}$ MV read $\epsilon$ l̈ $\eta$.
    ${ }^{3} \mathrm{C}^{\prime}$ omits this and the preceding sentence, the eye of the scribe passing from one voúvou to the other.

[^29]:    1 That is, "yellowish green." ${ }^{2}$ Or, "rust-coloured."

[^30]:     omits the phrase oiv . . . eip $\quad$ trat lower down. The text in this part is very uncertain, the variants being numerons but mimportant. I follow Kühlewein, but with no confidence. Fortunately the sense is quite clear.

[^31]:    ${ }^{1}$ Hippocratic prognosis is concerned only with "gencral" pathology.
    ${ }^{2}$ See p. 9.

[^32]:    1 Ermerins transposes the whole passage кори́کas $\delta \dot{\epsilon}$. . . . $\lambda \nu \sigma \iota \tau \in \lambda \epsilon \in s$ to the end of the chapter.

    2 After $\dot{\alpha} \mu \in i ́ \nu \omega$ Kühlewein adds $\tau \dot{\alpha}$ (perhaps rightly).
    
     and Reinhold.

[^33]:     oy Wilamowitz. Perhaps jet' $\sigma \theta a \iota$ should be read.
    ${ }^{3}$ Possibly à has here fallen out before a $\nu \tau i$ i. In the Hippoeratie collection, however, the optative is not seldom fond with the sense of optative with $\check{\alpha} \nu$. $\grave{\eta}$ is an emendation of Wilamowitz; $\mathrm{C}^{\prime}$ has $\mathrm{e}^{\prime} \dot{\alpha} \nu$ and MV have $\epsilon$ i.

[^34]:    
    2 à $2 k a \theta a i p \eta \tau a \iota ~ o m i t t e d ~ b y ~ M V . ~$
    

[^35]:    and they are omitted in the laris M1s. 2269 . They are deleted by Ermerins, heinhold and Kühlewein. See also Littrés long note on the passage.

    2 After voónuaros the MSS have $\dot{s}$, which I delete as a repetition of the last syllable of $\boldsymbol{\nu}$ oのñazos.

[^36]:    

[^37]:    ${ }^{2} \epsilon \xi$ ait $\bar{\omega} \nu$ is braeketed by Kühlewein.
    ${ }_{3}$ The whole of this section is hracketed by Kinhlewein and deleted by Ermerins. The reason for so doing is that it deals with treatment rather than prognosis.

[^38]:    ${ }^{2} \pi \nu$ is my emendation. The MSS. have $\pi_{0}$, but the scholiast, I find, has $\hat{\eta}^{\prime} \boldsymbol{\delta} \boldsymbol{\delta} \boldsymbol{\epsilon} \kappa \alpha i ́$.

[^39]:     $\dot{\alpha} \pi \alpha_{0} \lambda \lambda \mu \mu^{\prime} \nu o u s$ to be a present with future sense.

[^40]:    ${ }^{3} \chi \omega ́ \rho \eta C^{\prime \prime}: \ddot{\omega} \rho \eta$ other MSS. and Kühlewein. I adopt this reading (which, as Littré says, is not supported by Galen) because of the $\dot{\epsilon} \pi \epsilon l$-clause which follows.

[^41]:    ${ }^{1}$ Pleurisy, pueumonia, phrenitis, causus, and diseases with eontinnous fever allied to these; i.c. chest complaints and remittent malaria. The list is strong proof that the Greeks were ignorant of the zymotic diseases. Unless we bear in mind this peculiarity of Greek endemiology, we can understand neither their medieal theory nor their medical practice.

[^42]:    ${ }^{1}$ Liber de Diaeta Acutorum Gracce. Paris, 1530.

[^43]:     omit 弟别. R'has súvaito tis àv (with Galen). Kühlewein
     the text is that of Wilanowitz.

[^44]:    I take the $\dot{\omega} s$-clause to be epexegetic of $\tau \in \kappa \mu \alpha \rho \sigma \iota \nu$.

[^45]:    ${ }^{1}$ The oùbé in this sentence modifies in all probability from $\pi \epsilon \rho i \delta a \alpha i \tau \eta s$ to $\lambda_{0} \gamma o u$, and the whole from $\dot{\alpha}+\dot{\alpha} \rho$ to $\pi \alpha \rho \bar{\eta} \kappa a \nu$ is a parenthesis, referring incidentally to the ap xaiot as similar to the Cnidians in their neglect of regimen. Grammatically it is possible to take oid $\delta$ closely with $\pi \in \rho$ l dairns, in which case oi $\dot{\alpha} \rho \chi a i ̂ o t w o u k l$ refer to the earlier Cnidian authors. The translation " $Z$ " identifies the Cnidians and oi àp aioo.

[^46]:    ${ }^{1}$ For pperitis and raṽoos see General Introduction to Tol. I, pp. lvii, lviii.
    ${ }^{2}$ A mixture of honey and water.
    ${ }^{2} \pi 0 \lambda \lambda \alpha \pi \lambda \alpha \sigma t o t$ Gomperz. V has $\pi \alpha_{p} \alpha \pi \lambda \eta \dot{\eta} \sigma, 01$ and $\mathrm{M} \mu \dot{\eta}$
    
     (M). Deleted by Wilamowitz.

[^47]:     Ilherg, followed by Kiilhewein.

[^48]:    ${ }^{1}$ After $\pi \rho o \sigma \alpha \gamma \omega \gamma \bar{\eta} s$ the MSS. have й ${ }^{2} \nu$. Deleted by Reinhold.

[^49]:    1 After toıaútas A has $\mu u ̂ \lambda \lambda o v$ and M ${ }^{\prime} \tau \iota \mu \hat{\alpha} \lambda \lambda o v$.

[^50]:    1 autika seems to have this sense here.

[^51]:    ${ }^{2}$ For these see p. 64

[^52]:    ${ }^{1}$ A mixture of vinegar and honey.

[^53]:    ${ }^{2}, \pi \rho \bar{\omega} \tau o \nu$ is $\quad 11 y$ reading. MV have $\pi \rho \bar{\omega} \tau 0 " \mu \alpha{ }^{\prime} \lambda \sigma \tau \alpha \mu \dot{\epsilon} \nu$ and A inas $\mu \alpha^{\prime} \lambda \iota \sigma \tau a \quad \mu \dot{\epsilon} \nu$ only. $\mu a ́ \lambda เ \sigma \tau a$ is omitted by the Varis Мऽ. 2276 ( $\mathrm{S}^{\prime}$ ).

[^54]:    ${ }^{2}$ Euphorlia peplus.
    ${ }^{4}$ Laserpilium latitolium.

[^55]:    ${ }^{5}$ A sort of assafoetida.

[^56]:    ${ }^{1}$ Or, reading $\gamma \in \nu o \mu \epsilon \nu \eta s$, "has taken place."
    ${ }^{2}$ So apparently is the meaning of qavios here; Galen comments on its meaning. See $e . g . x v .3 \underline{1}$. But it may be "bad," "poor."

[^57]:    2 Restlessness; the patient "does not know what to do with himself."
    ${ }^{3}$ Probably "frowning."

[^58]:    ' Possibly ; "by their patients."

[^59]:    ${ }^{1}$ коiт $\boldsymbol{n}$ : Gomperz would delete.

[^60]:    ${ }^{1}$ nóvos is " pain" here, but "fatigue," "tired aehes," in the preceding chapter.

[^61]:    ${ }^{2}$ Hydromel (honey and water) and oxymel (honey and vinegar) were, with wine, the chief drinks given in serious diseases.
    ${ }^{3}$ Is less apt to cause delirium, or (perhaps) semiintoxieation.
    ${ }^{4}$ See Vul. I, p. 255 , note 2.

[^62]:    ${ }^{1} \pi \frac{\sigma^{\prime}}{} \boldsymbol{\mu} \eta$ is a most diffeult word to translate. "Transient" is the translation of Allams, and is only partially satisfactory. The word means " easily moving itself," " apt to shift."
    ${ }^{2} \pi \rho \sigma \tau \rho \epsilon \pi \eta \tau a l$ is a diflicult word. It suggests that the $\lambda \epsilon u \kappa \dot{\partial}$ oiv́ójخs olvos must be "encouraged" by careful precautions in administering it, if the effects are to be the best.
    ${ }^{3}$ See note on p. 105.

[^63]:    ${ }^{1}$ I cannot make sense out of this passage if $\delta_{t a \phi e ́ p \in t ~ m e a n s ~}^{\text {m }}$ "is different," as Littre and Adams take it. The word öuws IIO

[^64]:    ${ }^{1} \mu \epsilon \in \sigma o \nu$ A and some other MSS. : $\mu \dot{\xi}$ Sov M. Galen refers to both readings.

[^65]:    
    
    

[^66]:    

[^67]:    ${ }^{1}$ 立 $\pi \iota \pi \sigma \lambda a \sigma \tau \iota \kappa \delta \nu$ means literally "remaining on the surface "; hence " not going downwards."

[^68]:    ${ }^{2} \sigma \mu \hat{\eta} \gamma \mu a$, the Greek equivalent for soap. usually consisted of olive oil and an alkali mixed into a paste.
    ${ }^{3} \mu \in \tau а к \notin \rho a \sigma \mu a$, a mixture of hot and cold water, to enable the isather to "cool down" by degrees.

[^69]:    ${ }^{1}$ Or, " normal "; see note on p. 108

[^70]:    ${ }^{1}$ See Littré, I. 137.
    ${ }^{2}$ XVII. pt. 2., 341 and XVIII. pt. 2, 18.
    ${ }^{3}$ VI. 350 foll. a rireck Thinkers, I. 311-313.

    * Gricchisches Lesebuch, 269, 270.
    ${ }^{6}$ Fragmentensammiung, I. 30, 31.
    7 John Naylor in Miluert Journal (Oct., 1909), Luke the Physician and Ancient Medicine.

[^71]:    
    ${ }^{2}$ See Chapter XXI.
    ${ }^{3}$ It should lee noticed that the usual term emploved is
     XIII.), where it means "seizure."

[^72]:    ${ }^{1}$ The writer is even more vigoronsly opposed to superstition than the great Socrates himself, with his $\delta a t u \delta v i o v ~ a n d ~$ faith in oracles.
    ${ }^{2}$ See the writer in Pauly-Wissowa, "Hippokrates," p. 1827.

[^73]:    
    
    

[^74]:    ${ }^{5} \theta$ omits $\mu \eta \delta \epsilon$.
    ${ }^{6} \theta$ has the plural throughont this sentence.
    ${ }^{7}$ M has av after $\Lambda_{i} \beta \dot{v} \dot{\omega} \nu$ but not after oùócva. $\theta_{l}$ have ouv $\delta \dot{\epsilon} \nu \quad \alpha_{\nu} \nu$. It is therefore probable that it should be in both places.
    ${ }^{\text {s }}$ The MSS. are here unintelligible. The text is Littre's.

[^75]:    ${ }^{1}$ Both $\theta$ and $M$ have àmo入v́є $\begin{gathered}\text { al. }\end{gathered}$
    

[^76]:    
     $\theta$ á入a $\sigma \sigma a \nu$ ă форон каi $\gamma \bar{\eta} \nu$ MSS.

[^77]:    ${ }^{1}$ \& my emendation (anticipated by Ermerins): $\pi$ otéovess
    
    
    
    ${ }^{2}$ After $\pi p a \sigma \tau, \theta^{\prime} \nu \tau \epsilon s$ the MSS., with many variations, have a sentence which in Littré appears as où $\gamma \dot{\alpha} \rho$ кан́áта $\xi \dot{\alpha} \lambda \lambda \dot{\alpha}$
    
     146

[^78]:    MSS. M and $\theta$ have $\mu \in \mu i ́ \mu \eta \nu \tau a$. Ermerins reads où $\gamma \grave{\alpha} \rho \not{e ̂ \nu}$
    
     intelligible, but I reject the whole sentence as a gloss. So apparently Wilamowitz.
    ${ }^{3} \theta$ omits $\gamma$ à $\rho$ to каil グи.
    ${ }^{4}$ inágoval (or inágovat) $\theta$.

[^79]:    ${ }^{1}$ The person is "possessed," as we say.
    ${ }^{2}$ If $\kappa$ a甘apude $\tau \nu$ be right, the translation will be "refuse," "off-scourings." I am not sure that my emendation is right, lecause what are ratapuol brfore the process of purifieation become каөд́pната afterwards.

[^80]:    

[^81]:    
    
    ${ }^{3} \mathrm{M}$ and $\theta$ read $\tau \hat{\omega} \nu \quad \phi \lambda \epsilon \beta \hat{\omega} \nu$ and place $\tau \hat{\omega} \nu \delta \epsilon \zeta\langle\hat{\omega} \nu$ after $\pi \lambda \epsilon u ́ \mu o \nu o s$.

[^82]:    ${ }^{1}$ Compare with this the argument of the treatise Breaths.
    ${ }^{2} \dot{\alpha} \nu \theta \epsilon \hat{l}^{\prime}$ is a difficult word. It seems to be equivalent to $\epsilon \xi\{\nu \theta \epsilon \hat{i}$, but may be eorrupt. The meaning, however, is plain. The old explanation was that à $\nu \theta \epsilon i$ means "grows," but it surely is connected with $\epsilon \xi \alpha \nu \theta \epsilon \hat{\imath}$ lower down.

    3 "Deliquescence" would be the modern technical term.

[^83]:    1 This use of raӨapós in the sense of "unpurged," "showing no discharge," is peculiar. It should mean "needing no purgation," not that the necessary purging does not take place. One suspects that the correct reading should be: ö $\sigma \alpha$
    

[^84]:    ${ }^{7}$ флє́үиг $\theta: \pi \nu \in \hat{v} \mu a \mathrm{M}$.
    8 és $\mathrm{M}: \notin \operatorname{tin} \theta$.
    $\theta$ 怕тє és $\tau$ às кoıíxs is in M but is onitted by $\theta$, perhaps rightly.

    10 és M: Є́ : $\pi$.

[^85]:    ${ }^{3}$ For $\delta \iota \chi є o \mu \epsilon ́ \nu o v M$ and some other MSS. have $\delta i a \delta \in \chi o$. uévov.
    
    
    ${ }^{7} \psi \dot{v} \chi \in!$ M : $\psi v \chi \rho \hat{\psi} \theta$.

[^86]:    several Paris Msis. It is probably a repetition of the preceding ónoíws.

[^87]:     $\tau \epsilon$ íovat каl àmò тồ $\sigma \pi \lambda \eta \nu o ́ s$. Ermerins (after Dietz) reads
    
    
     $\sigma \pi \lambda \eta v o ́ s$. I feel that the sentence is a note which has crept into the text.

    5 liefore ка! ' ' $\xi \alpha \pi i \nu \eta s$ the MSS. have $\neq \tau \tau$. Littré, followed by Ermerins, deletes. Reinhold arlils $\epsilon \pi \in i \delta \alpha \nu$ before $\delta i \alpha$ -
    

[^88]:    1кратє́єє $\theta$ : катакратє́єє М.
    ${ }^{2}$ тó $\delta \in$ М: $\boldsymbol{\tau} \bar{\delta} \delta \in \theta$.
    

[^89]:    
    2 Here $\theta$ adds «ai．

[^90]:    
    ${ }^{4}$ Before oür $\pi \omega$ the MSS. except M and $\theta \mu$ have $\pi a i \delta \epsilon s{ }^{\circ} \nu \dot{\nu} \tau \epsilon s$. Littré retains, and so does Reinhold. I think it must be a gloss (we should expect éóvits) and so, I find, do Ermerins and Wilamowitz.
    
    

[^91]:    
    

[^92]:    
    
     Littré and Ermerins retain. I reject the phrase, as being a
    
     the grammar to a simple anacoluthon, but in sense it is little more than a repetition of the preceding words.
    ${ }^{6} \theta$ has $\mu \alpha \iota \nu о \mu \epsilon \nu \dot{\prime} \mu \theta \alpha$.

[^93]:    ${ }^{3}$ Littré with some inferior MSS. inserts $\tau \grave{\alpha} s$ a $\pi \rho \sigma \in \epsilon \rho \eta \mu$ évas before $\pi$ énautar. Reinhold reads $\tau$ às ката̀ т̀̀ $\sigma \tilde{\omega} \mu \alpha$.

[^94]:    1 Modern psychology has no terms exactly eorresponding to $\sigma v^{\prime} \in \sigma / s, \gamma^{\nu} \omega \mu \eta$, фоóv$\eta \sigma t s$, and $\delta t a ́ \gamma \nu \omega \sigma t s$ in this chapter. It is doubtful if the author distinguished them very clearly. Contrast with this Chapter Breaths, xiv.

    3 I follow Littré with much diffidence. M has $\epsilon \begin{gathered}\tau \\ \tau \\ \delta\end{gathered}$
    
     true readiug seems lost.
    ${ }^{4} \alpha \dot{\alpha} \sigma \eta \nu \theta$ N : ${ }^{\prime} \lambda \sigma \iota \nu$ Littré with several Paris MSS.

[^95]:    
    ${ }^{2} \sigma \nu \gamma \kappa \lambda \epsilon i \sigma \alpha \sigma a \theta_{\iota<}$ : $\xi v \gamma \kappa \lambda \dot{v} \sigma \iota a s$ Reinhold.
    
     ISo

[^96]:    ${ }^{1}$ I'aria Socratica, p. 2.5.
    ${ }^{2} 337 \mathrm{C}-338 \mathrm{~J}$.

[^97]:    ${ }^{1}$ See The Ait, Chapter II (end). $\quad 231 \mathrm{~S}$ E.
    3 see especially Protugno s 31. C. where Mippias is described as sitting on a manisterial seat giving answers on abstruse points to his questioners.

[^98]:    
    
    190

[^99]:    ${ }^{1}$ Or, "how." ${ }^{2}$ Or "springing from."
    ${ }^{3}$ eijos is often used with this meaning in the present treatise.

[^100]:     zotiv oidèv r.т.ג. Littré follows the majurity of the late MSS. ( $\partial \nu \tau \alpha, \epsilon \dot{\nu} \rho \dot{\eta} \sigma \epsilon!)$.

[^101]:     fomperz: àкр $\quad \sigma i \eta \nu$ où : aitinv Littré with several MSS
    

[^102]:    * Neither A nor 11 have a negrative after éká $\sigma \tau \circ$ : Littré reads $\mu \dot{\eta}$ with a few MSS.: Gomperzinserts ou.

[^103]:    ${ }^{1}$ The word $\nu \eta \delta \delta^{\prime}$ is here used in a rather strange seuse, and in particular the singular is peeuliar. It must be either collective, "whatever is hollow," or generic with the article. 206

[^104]:    ${ }^{2}$ Apparently "pus," a sense which ix́'p has in Wounds in the Head.

[^105]:    
    

[^106]:    ${ }^{2}$ ímóqoúóv Littré and Gomperz after Zwinger: í $\pi a \phi p a y$ MSS.: и́лофрои Erotian.
     $\tau \in$ Gomperz. $\quad 4$ Gomperz deletes ès after фúvies.

[^107]:    ${ }^{1}$ The natural subject of $\beta$ ás $\epsilon \tau \alpha$ ：is in $\tau \in v \nu \eta$ ，and the natural object $\phi$ vers．The varions readings seem to imply that either （a）the true realing is lost，or（b）a corrupt gloss has crept 214

[^108]:    ${ }^{1}$ I do not see that there is any real difference between er $\tau \in \rho a$
     "legal tautology," bringing out the variability of the relation

[^109]:    ${ }^{1}$ In Chapter III (sub fiumem) we have in qov́tov Bátpov and fins üquad phrases which cannot be independent of the
     $\gamma \bar{\eta} s$ є́ $\chi \omega \nu$ é $\delta \rho \alpha \nu \kappa, \tau . \lambda$.$) . If the author was not imitating$ Finripides they were both probably copying some famous philosophic dictum, as it is most unlikely that Euripides copied the Hipporratic writer, whose intellect is distinctly of an inferior type.

[^110]:    ${ }^{1}$ Sir Clifford Allhutt, Greek Mealicine in Rome, p. 243.

[^111]:    ${ }^{1}$ This word is a very inadequate rendering of $\phi \hat{\imath} \sigma \alpha$, which means, according to the definition in Chapter III, air in the body, as opposed to air outside it.

[^112]:    
    ${ }^{3}$ After à $\lambda \lambda$ о七ó $\tau \eta \tau \alpha$ many MSS. have каl àı оцоьóт $\eta \tau \alpha$.

[^113]:    
    

[^114]:    ${ }^{1}$ ধ́ $\sigma \delta \delta u v s$ Nelson : $\epsilon \xi \delta \delta o u s \mathrm{~A}: \delta \iota \epsilon \xi \delta \delta o u s$ most MSS.
     A: $\dot{\epsilon} \mu \pi \nu \dot{\epsilon} о \nu \tau a$ каl $\dot{\epsilon} \kappa \pi \nu \epsilon ́ o \nu \tau a \mathrm{M}$.

    3 After $z^{2} \nu \tau \in \hat{\nu} \theta \epsilon \nu$ the MSS. have (with unimportant varia-
    
    
    

[^115]:    
    
    
     K oinits $\delta \eta \lambda_{\circ} \hat{\imath}$ to $\phi \lambda \in \gamma \mu \circ \nu \hat{\eta}$.
    

[^116]:    ${ }^{1}$ The meaning of $\sigma \tau \dot{\alpha} \sigma$ ss in the medical writers is generally "stagnation," "stopping," and $\sigma \tau \alpha \sigma a \zeta \epsilon$ possihly means here "stagnate," "do not digest."

[^117]:    ${ }^{1} \pi \lambda \eta \rho \omega \theta \in ̀ \nu \tau \rho о \phi \hat{n} s \mathrm{~A}: \sigma \tau \tau i \omega \nu$ M, followed by Nelson.
    ${ }^{2} \sigma$ и́щатоs A 11 : aímazos Nelson, from one of Foes' variants.
    ${ }^{3}$ ailuatus A : oúmatos M.

[^118]:     そ̌aı H). Reinhold conjectured aùrov̂ $\mu \in \grave{v} \nu$ oủvv éá $\lambda \eta$.

[^119]:    ${ }^{1}$ Nelson brackets $\tau \alpha \dot{\alpha} \tau \epsilon$ á $\rho \theta \rho a$. . . $\delta i / \sigma \tau a \tau a$.
     my conjecture.
    
    
    

[^120]:     tivat. So Nelson, slightly changing the reading of A , which has t before, and ö́ $\iota$ after, $\dot{\alpha} \pi о \sigma \tau \eta \rho i \gamma \mu a \tau \alpha$.
    ${ }^{2}$ àmatéas A: áma入oùs M.
    ${ }^{3}$ After àj $\theta \in a s$ many MSS. read ка. à Híktous. $^{\text {M }}$

[^121]:    ${ }^{1}$ The first part of this chapter presents a mass of variant readings in the MSS. See Littré VI. 104, and Nelson, p. 20. It seems impossible to fix the text with any certainty, the variants indicating that the true reading has been lost, and that its place has been taken by glosses and guesses. For
     (surely an impossible use of iŋтрики́), M has toooítшy pia
     aitín тồ $\pi \nu \in \dot{\prime} \mu \alpha \tau о s$ ì $\delta \iota \delta \delta є v \sigma เ s$

[^122]:    ${ }^{1}$ I keep the text of A，but with no great confidence．As it stands，$\delta \delta \omega i v$ must be taken with $\delta v \nu a \mu \dot{\prime} \nu \omega \nu$ ，though this gives a strange sense to $\delta$ aqeiv．Can it be said that ai
     $\delta u v a \mu \in \nu o v$ ）is possibly right．I had myself thought of ou $\delta<\alpha \rho \rho \in i \nu \delta \nu^{\prime} \alpha^{\alpha} \mu \in \nu 0 \nu$ ．
    ${ }^{2}$ I have kept the reading of M，because Breaths is full of startling metaphors．

[^123]:     MSS．read к⿱亠乂寸七 $\omega \theta \in \nu \tau \hat{\varphi}$ à $\nu \iota o ̛ v \tau \iota$.

[^124]:    we find $\tau \hat{n} \sigma \iota(\mathrm{~A}), \tau o i \sigma t\left(\mathrm{~A}^{2}\right)$, intıs ( Ml$)$. Nelson conjectures $\ell \nu$
     is impossible.

[^125]:    ${ }^{1}$ An mique use of $\kappa \lambda{ }^{\prime} \varsigma \omega^{\prime}$, which accomuts for the variant 'raúg $\quad$ gav. I translate the aorists throughout as gnomic, and do not confine their meaning to past instances only.

[^126]:    ${ }^{5}$ powós A : ives other MSS. Nelson says Erotian also, but ives occurs in Places in Man (Littré vi. シss). We must not assume that Lrotian read i$v e s$ here.
     סta $\delta$ vewat kal other MSS'. (with slight variations).

[^127]:    
    4 After $\sigma \dot{\mu} \mu a \tau \iota$ many MSS. have $\delta \dot{\prime} \pi \nu$ vs $\tau$ it $\epsilon$.

[^128]:    ${ }^{1}$ I have treated this question fully in my lecture Greek Medieal Etiquette.
    ${ }^{2}$ XIVth century.

[^129]:    
    7 For $\tau$ ónov 11 has $\tau р \delta \pi$ ou. So too below.
    
     10 V has $\pi a ́ \nu \tau \alpha \kappa \in \nu \in a ́$.

[^130]:    
    

[^131]:    1 We should also expect in such addresses peculiar words and phrases A glance at Decorum will show that they are enmmon enough. The language in many places is positively grotesque.

[^132]:    ${ }^{1}$ I have collated this manuscript from excellent photographs sent to me through the kindness of the Librarian of St. Mark's Library, Venice. The collation used by Littré (who calls the manuscript "a") was very accurate. In Chapter VII, however, M reads, not $\lambda \in x^{\theta} \eta \mu \quad \nu \epsilon \cup \dot{\alpha} \mu \epsilon \nu o \nu$ as
     says that Ml has éa日ins. The photograph, however, shows plainly ধ́ $\sigma$ íns.
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[^133]:    ${ }^{1}$ It is hard not to believe that this sentence is a gloss on
    
    ${ }^{2}$ I. e. than that of being useful.
    ${ }^{3}$ The text is so corrupt (or the original was so careless) that one cannot be sure that the version given atoove is even approxinately correct. The general argnment seems to be that oopic "keeps a man out of mischief," but that the best kind of $\sigma \phi^{\prime} \alpha$ is that which has been reduced to an art, and that the art of making life more decorous aul hononrablea point of view typical of later Greek thought, particularly of Stoicism.

[^134]:     emendation. Ermerins omits $\delta \in \hat{i}$ (dittography).

    4 H has $є \pi i \delta \eta \mu i a s$.

[^135]:    ${ }^{2}$ Literally, "written down," because compounded according to a written formula.
    ${ }^{3}$ Littré says, "si déjà sont dans l'esprit les notions sur le traitement." This is an impossible translation of $\epsilon \check{\pi} \epsilon \rho$ ă $\rho a$ $\kappa . \tau . \lambda$. Apparently Littré did not see that the $\epsilon i \pi \in \rho$ clause is a parenthesis, and that kai oi rovirov continues the first clause. The general sense is, "carry your knowledge in your head, not on paper, seeing that it is with your mind that you must work a cure"
    ${ }^{4}$ Littré takes $\tau^{\epsilon} \mu \nu \epsilon \epsilon \nu \quad \delta \nu \nu \alpha ́ \mu \epsilon \nu \alpha=$ "breuvages incisifs," whatever this may mean, adding that some critics suggest
     peratival intinitive, and that it has its usual meaning of "cutting simples." But $\delta v \nu a ́ \mu \in \nu a$ is strange, moless it means "having the appropriate $\delta \nu \nu a ́ \mu \epsilon i s$." Cf. Chapter IX (begimning).
    ${ }^{5}$ Littré brackets ès tàs kalápotas as a gloss, and he may be right. But Decorrm is alternately over-eoncise and verbose, and és tàs кäáposas may have been added for the sake of clearness.

[^136]:    ${ }^{7}$ M has $\chi \epsilon \iota \rho \sigma \tau o \tau \epsilon ́ \rho \eta$, apparcntly a "portmanteau" of $\chi \in \iota \rho i \sigma \tau \eta$ and $\chi \in!\rho о \tau \epsilon ́ \rho \eta$.
    ${ }^{8}$ 向 $\delta \epsilon$ M: $\hat{\alpha} \delta \bar{\epsilon} \epsilon$ Matthiae.
    

[^137]:    ${ }^{1}$ l'robably a reference to Chapter I, $\lambda \eta \phi \theta \epsilon \operatorname{in} \delta$ ' $\% \nu$ tout $\omega \nu$ $\mu \epsilon \rho \in \alpha$.
    ? What is $\tau \grave{\eta} \nu$ ec $\tau \dot{\epsilon} \rho \eta \nu$ ? I must once more revert to my suggestion that Decorum, with its stilted and often unnatural language, is full of the secret formulae of a medical fraternity, the most "holy" phrases being omitted or disguised. I think riv $\in \tau \epsilon \rho \eta \nu$ is one of these phrases. Surely at the

[^138]:    1 I. $412 \quad 2$ I. 414.
    
    
    
    
    
     т $\cup \dot{\tau} \eta \nu \tau \grave{\eta} \nu$ х $\rho \in i \alpha \nu$. Chapter XIV .

[^139]:    
    
    
    
    
    ${ }^{2}$ See Philologus for 1922, LXXVIII. 8s-130.

[^140]:    
    
    ${ }^{7}$ Perhaps éóvta.

[^141]:    
     the $\kappa$, and so also in other places.
    ${ }^{7} \sigma \pi a \sigma \mu \dot{s} \mathrm{~V}$ and $\mathrm{C}: ~ \sigma \pi a \sigma \mu \grave{\partial} \nu$ Littré.

