CHAPPTE AIE OF THE HIPPOCRATIC PHISICIAN
AND THE PROBLEM OF INCURABLES

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1. The Battlefield of Disease

One of the most enduring metaphors of Western medicine has been its conception of illness as an invasive enemy against which the patient and doctor must join forces to do battle. Indeed, the more invisible and mysterious the processes of disease, the more vividly do people seem to invoke the metaphor. So it is not surprising to find that in Antiquity, when the etiology and control of disease was considerably more elusive than it is today, the notion of the body as a battlefield pervaded the medical treatises both implicitly and explicitly.1 As the other essays in this collection make abundantly clear, when it came to real-life warfare in ancient Greece, the principle virtue was andreia, a term which, despite its many semantic nuances, became generally synonymous with military prowess and an almost heroic capacity for bravery. We might expect, therefore, that the Hippocratic physician, engaged as he was in his peculiarly relentless battle against disease, would be readily characterized in the treatises as andreios. In fact, however, there seem to be no instances in the Hippocratic corpus where this happens.2 Andreia certainly occurs in contexts where an individual’s moral character is discussed as a function of bodily constitution, nutrition or environment,3 but it does

1 See, for example, Hipp. Epid. 1.11: ἡ τέχνη διὰ τρίων, τὸ νοῦς, ὁ νοσήμα, καὶ ὁ ἱππος; ὁ ἱππος ὑπηρέτης τῆς τέχνης, ὁ ὑποκειόμενος τῷ νοσήματι τῶν ναοῦντα μετά τοῦ ἱππος ὑπήρη ("The art is composed of three things: the sickness, the patient, and the physician. The physician is the servant of the art, and the patient must join forces with the doctor against the disease"). Parry 1969, 115–16 notes the military metaphors in Thucydides’ description of the plague at Athens (2.47–54).

2 E.g., De diusta 1:28: (on what conditions at conception are necessary for a man to turn out ἀνδρειος); De aere aquis et locis, passim, but cf., e.g. sec. 16, which notes
not happen to be singled out as a virtue particularly associated with the medical profession. Even the deontological works, which self-consciously address matters of professional demeanor and business ethics, never actually use the term in the context of how the Hippocratic doctor ought to behave. Do we conclude, then, that andreia was simply not felt to be especially applicable to this type of ancient ‘warrior’? If so, when the ancient physician behaved with what we might call ‘courage’ or ‘steadfastness’, did they themselves, and the non-professional public, conceptualize these qualities differently from more traditional forms of andreia?

Although the metaphor of combat was routinely invoked in ancient medical writing, the term andreia, used to describe either the physician or the patient, is conspicuously rare. It may be that in an age when illnesses were generally thought to arise from the disequilibrium of the body’s physiology, andreia’s close associations with real-life battles made it less appropriate as a description of a physician’s own more metaphorical ‘battle’ against disease. His was a battle not so much against specifically identifiable ‘agents’ that attacked bodies, but against various natural, often nebulously conceived, forces—nutrition, climate, self-neglect, and so on—that altered their internal constitutions in destructive ways. It is useful in this regard to consider how powerfully microbiology has changed our own conceptions of disease. The ability actually to see how ‘germs’ cause pathology, has turned them into much more palpable ‘enemies’ for us, and made the metaphor of medicine as a form of combat all the more vivid. It is easier, after all, to anthropomorphise microbial entities as human enemies than the natural forces that loom so large in ancient etiologies of disease.

Despite the fact that the lexical term andreia was not explicitly used to describe the idiosyncratic virtues of Hippocratic physicians, however, we would like to argue in this chapter both that they conceptualized their activity as a form of andreia, and that, in general, patients and the public at large expected from their doctors behavior which in other contexts would allow them to be considered andreoi. We propose to make this case by focusing on the Hippocratic discussions of a particularly troubling point of medical ethics, namely, how a doctor should behave in the face of obviously incurable patients. Here, as we shall find, a classic dilemma arises when a profession ostensibly dedicated to healing disease and the relief of human suffering confronts a kind of battle it can never hope to win. As the treatises show, opinions were divided about the proper way to handle such cases, and rationality was not always the main criterion. Personal ego and the reputation of the profession itself were often at stake in this controversy, and questions of duty, honor and integrity evidently came into play on both sides. The treatises reveal, we believe, that the accusations and apologies on this issue fundamentally concerned what can only be regarded as the andreia of the physician: was the refusal to treat incurables a dereliction of duty? Did it imply a form of cowardice, like that of the proverbial rhipsis puls, who tosses away his armor and flees a terrifying enemy? Or, on the other hand, did such a physician justify his position by applying a more nuanced calculus of knowledge and reason to the notion of courageous behavior in medicine?

Even allowing for the substantive and chronological diversity of the Hippocratic corpus, it is reasonably clear that, as we will see in greater detail below, the ‘Hippocratic position’ on this issue was that in some cases it was indeed best not to take on incurable cases. In responding to anonymous or hypothetical detractors, these treatises, once again, never invoke andreia as such, but the arguments they deploy bear a remarkable resemblance to the famous discussion of the term in Plato’s Laches. In fact, all the interlocutors in the dialogue at one point or another invoke medicine (iatríkê) or physicians

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3 Joanna 1999, 110 uses the term “noble flight” to describe how people might perceive a physician who refused to treat an incurable patient: “... a gesture so at variance with the heroic ideal, [that] the physician may seem to have fled from the battle against illness, throwing down his arms in the face of danger and uncertainty”.

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that even a man who is ἀνάρετος καὶ εὐφυχος can be undone by unfavorable cultural conditions; cf. also sec. 23: καὶ ἄσπον ἡμετέρης καὶ τροφοδώτης ἡ δειλία ἀδένεται, ἀπὸ δὲ τῆς ταλαμωρίας καὶ τῶν πόνων εἰ ἄναρετος. Although we are chiefly concerned in this chapter with Hippocratic texts, it is noteworthy that Galen too seems not to have used the term ἀνάρετος to refer explicitly to a physician’s virtue. But see below note 17, where Galen uses the adverbial form, ἀνάρετος, ironically of certain misguided physicians. On the courage of patients in enduring pain (and its philosophical associations), see Schrijvers 1990.

4 For metaphors of warfare, invasion, victory and defeat in modern culture, see Sontag 1977, 62-8. She speaks, for example, of "the American cancer establishment, tirelessly hailing the imminent victory over cancer; the professional pessimism of a large number of cancer specialists, talking like battle-weary officers mired down in an interminable colonial war..."
2. The Hippocratic De arte

The rather cantankerous author of the treatise De arte (Περὶ Τέχνης) was clearly reacting to such accusations from critics who regarded the Hippocratic refusal to treat incurables as evidence that medicine was a sham ‘art’ to begin with. Indeed, this author regards his rhetorical mission as battle against ignorance, which seems to require as much courage and bravery as the battle against disease itself.  

... but the treatise at hand will oppose those who attack medicine thus, emboldening itself through those it blames, well supplied by the art which it defends, and powerful in the knowledge in which it has been educated.

ο δὲ παρεὶ κόπον λόγω τούτων έκείνην όυτός εμπιστευόμενος ἐναντίον ἔστεκε, θρασυνύμονα μὲν διὰ τοῦτούς φεύξεται, επιπορεύοντα δὲ διὰ τὴν τέχνην ἕνανδει, δυνάμενος δὲ διὰ σοφίαν ἄμακτον. (1.15–17)

When the author offers a definition of medicine in the third chapter, it is striking that he includes a statement about incurable patients:

[medicine is] ... broadly speaking to relieve the sufferings of the sick, to mitigate the severity of diseases, and not to treat those who are overpowered by disease, knowing that medicine has no power over these cases.

... τὸ δὲ πάμαια ἀποκάλλασσιν τῶν νοσοῦντων τοὺς καμάτους, καὶ τῶν νοσημάτων τὰς φαντάσματας ἀμβλύνειν, καὶ τῷ μὴ ἀχύρως τοὺς κεκρατισμένους ὑπὸ τῶν νοσημάτων, εἴδοσα δὲ ταύτα ὁ δύναται ἤτερον. (3.5–8)

The last phrase about incurables reads almost as a deliberate provocation to potential detractors, especially given the phrasing of the first part of his definition, which stresses a total relief of suffering (ἀποκάλλασσιν τῶν νοσεῖν τῶν καμάτων, καὶ τῶν νοσημάτων τὰς φαντάσματας ἀμβλύνειν), rather than the actual curing of disease.  

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6 These few lines are laden with the discourse of warfare and military virtues: an enemy attack, (ἐμπιστευόμενος), opposition (ἐναντίον), and then the boldness (θρασυνύμονος) and strength (δυνάμενος) necessary to counter the enemy.

7 Presumably the phrase ἀποκάλλασσιν τῶν νοσεῖν τῶν καμάτων would imply that a sick patient is not only relieved of his suffering, but also recovers from his illness, but this author seems somewhat evasive on this point. A clearer statement that the Hippocratic physician aimed both to cure his patients and to make him as comfortable as possible can be seen in De articulis 78: χρὴ δὲ περὶ πλείστου μὲν ποιῆσαι ἐν τῇ τέχνῃ, διότι ἐν γάρ μὲν ποιῆσαι τὸ νοσεῖν· εἰ δὲ πολλοὶ τρόποις αὐτὸν τῇ ἁλετείᾳ ποιῆσαι, τὸν διὰ λόγους καὶ κράτους, ("You should chiefly aim..."
Why, one might ask, should one withhold relief from an obviously incurable patient? But the author is either insensitive to this apparent paradox (i.e., claiming an art of relief, but withholding it from some patients) or more interested in addressing what he regards as the fundamental charge against medicine, that it just does not ‘work’. As he says in Chapter 4, people are unhappy because medicine cannot cure everyone. When people are cured, according to the detractors, it is merely because they would have been lucky enough to survive even without the intervention of a physician:

... but the art [of medicine] is blamed because not everyone [is restored to health], and those who repudiate [the art], because there are some who are defeated by diseases, say that those who manage to escape them, do so because they're simply lucky and not because of the art.

... οί δὲ οὐ κανές [ἐξανειλοῦνται], εν τούτῳ ἡ γένεται ἡ τέχνη, καὶ φασίν οἱ τὰ χεῖρα λέγοντες, διὰ τούς ἄλλους μονομένους ὑπὸ τῶν νοσσιμάτων, τοὺς ἄνορφονος ὑπάκουᾳ τούτῃ ἀποφύγοντες καὶ οὐ διὰ τὴν τέχνην.

Our author does not deny the force of luck, but argues, as one might expect, that the tekhnê of the physician demonstrably abets whatever fortune might hold for a patient (Chs. 5–7). Since most people, he argues, even those who never seek a doctor, would agree that some sort of intervention is called for in the face of a disease (changing a diet or climate, for example), it is difficult to deny that a tekhnê that rationalizes and systematizes such intervention would be even more useful to humanity than simply stumbling upon effective treatments haphazardly.

But one can see the trap that the author is unwittingly setting for himself with every step of his argument, and, ironically, we can anticipate the objection to a position advocating non-intervention in incurable cases. If the author, after all, has just finished arguing that one is generally better off not leaving the course of an illness up to chance and fortune, but rather should seek medical advice, why in the case of incurables, should one refuse to intervene, if only to alleviate suffering and (one might argue) make the body possibly more receptive to a chance recovery? The specific charge laid against the Hippocratic position, according to the author in Chapter 8, is that physicians limit themselves to cases which would “cure themselves” (αὐτὰ ἡ̄ ἔ ᾄταιν ἐν ἐξεγεράζοντο), while avoiding those where “there is a need of great assistance” (ἐπικουρίας δεῖπται μεγάλη).

And there are some who also blame medicine because of those who are unwilling to take on patients who have been defeated by their disease; they say that the cases which they attempt to cure are those which would be cured on their own anyway, but that they don’t touch the cases where there is need of great assistance. But (they say), if medicine is in fact an art, then it ought to cure all cases alike.

εἰ δὲ τίνες οἱ καὶ διὰ τούς μὴ ἐκείρετας ἐγχείρησαν ὑπὸ τῶν νοσσιμάτων ἐμφανίζουν, τέκτονας τὸ τοῦτο μὲν καὶ αὐτὰ τῷ ἔστοι ἔχουν, ἐγχείρησαν ἔστηκα, καὶ δὲ ἐπικουρίας δεῖπται μεγάλης, οὐχ ἐπάνω, δεινὸς δὲ, εἰπέρ ἦ τεχνήν, πάνθ᾽ ὁμοίως ἔστηκα.

The detractors maintain that if medicine were really a tekhnê, it would at least attempt to cure all patients, not just the “easy” cases which

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in every aspect of medical practice to make the sick healthy. And if you can produce health in a variety of ways, you should choose the method that causes the least discomfort.

For a full treatment of the question of ‘incurable’ diseases and patients in the Hippocratic corpus, see von Staden 1987. Von Staden discusses at length the many ways ‘incurability’ could be expressed in the corpus (cf. esp. 75–84), and notes that two approaches seemed current—a binary one (patients and diseases were deemed either curable or non-curatable), and a gradational one (they might be curable or incurable depending on external contingencies or an idiogenic array of symptoms).

De arte 5.9–11. Πολλὴ γὰρ ἄνσωρ καὶ τοὺς μὴ χρωμένους ἤπειροι, νοσησάντας δὲ καὶ ἱηθήνοις εἴδαναι, ὅτι ἣ δράσεις πιὸ μὴ δράσεις ἱηθήσοντο· ("For there is no denying that even those who don’t use doctors, but who recover from illness, realize that they have been cured because of something that they’ve done or not done").

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10 We take it that this really means something like this: “in cases where patients do recover, they would have recovered on their own, without the medical art” rather than that “physicians only take on cases which would otherwise cure themselves”, since obviously physicians routinely treat patients who end up not being cured. The phrasing is elliptical here, but seems to assume that the physician will prognosticate about the patient’s condition, and only decide to treat him if he calculates that there is a good chance of recovery. On Hippocratic prognostication and andreia, see below section 4.

11 Cicero seems to be translating this expression in Ad Att. 16.15.5, when he turns in his letter from public affairs to his domestic troubles: sed me, mi Amici, non sane hoc quidem tempore monet res publica, non enim aut stitit quicquam carius aut eas debeat, sed desperatis etiam Hippocrates vetat adhibere medicum.

12 We understand there to be an ellipse of ἐγχηριζόμενον with the second ὑπόθεσιν. What they want is for a physician to take on any sick patient, regardless of the chances of recovery; they certainly would not assume that a physician would successfully cure every patient. In point of fact, there is plenty of evidence outside of this treatise that Hippocratic physicians did treat hopeless cases, and it seems clear that the matter was one of perennial debate. For discussion and references, see Wittern 1979, von Staden 1987, 76 n. 1, 102–12, Jouanna 1999, 109–11; see also van der Eijk 1999.
would be cured anyway. This objection seems simple enough, but it has several revealing implications. First, it clearly assumes a normative model of medicine: if one is going to make the claim that medicine is a tekhne, then one will assume that a tekhne will behave according to certain protocols, that there are certain things it should do if it can legitimately be considered a tekhne. So if one claims that the tekhne of medicine is to do one thing (e.g. minister to the sick), you cannot then claim that it also does not do that very thing (e.g. when it says it will not treat the incurably sick). In other words, the refusal to treat incurables is here essentially portrayed by the detractors as a repudiation of the stated principles of the tekhne of medicine. Thus, the physician who takes such a position is put in a terrible bind, for he is exposed as either an unethical hypocrite or a simple charlatan who conspires with his colleagues to take on only those cases which will make their empty profession look good.

It is clear that the author of De arte deeply resented the implication that the refusal to treat incurables constituted an ethical breach, and he spends the rest of Chapter 8 attempting to explain the position. The core of his explanation lies in an appeal to the proper knowledge of what medicine is and is not capable of doing, and the rational application of this knowledge. Simply put, he says in so many words that medicine has no business trying to fight a battle it cannot hope to win; and it is the tekhne itself which provides the knowledge necessary to determine when this might be the case:

So whenever a person suffers from something bad which is stronger than the tools available to medicine, then one can hardly expect that it can be defeated by medicine.

This leads him to conclude that some cases are simply 'inappropriate' for the physician to take on, because he has no means strong enough to defeat the disease:

Those who blame physicians who don't take on incurable cases, urge them to treat inappropriate cases no less than appropriate ones. In urging this, they may be admired by people who call themselves physi-

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13 See Cordes 1994, 122–4; for further bibliography on De arte, see Cordes, p. 101, n. 63.

Behind this curious statement about 'inappropriate' and 'appropriate' cases, it seems, lies a contemporary clash between people who expect from their physicians an engaged compassion for the sick patient regardless of the illness, and physicians whose cool, rational attitude towards the nature of illness allows them to keep their distance from patients they deem incurable. This author, in fact, turns the tables and practically accuses any physician who takes on a desperate case of charlatanism ('physicians in name only'). Yet, from the second sentence quoted above, it appears that many people admired such a physician and presumably found his behavior ethically correct, if not plainly heroic. The author of De arte stands his ground, however, maintaining that praise or blame emanating from such people is 'foolish' (aphronos), and that the real physician should heed only those who have “rationally calculated at what point the activities of craftsmen become finally complete” (λειτουργοῦν πρὸς δὲ τὰ ἔργα αὐτῶν τὰς δημιουργίας τελευτῶμεν πλὴρες εἰσὶν). The author’s disdain for the opinions of anyone but an initiated professional, indeed for any unphilosophized position on a medical subject, is palpable. It is easy to see from this little vignette that in this author’s opinion, the Hippocratic physician who refused certain cases as a matter of principle might run counter to popular notions of medical ethics, and risked appearing not only arrogant, but also cowardly.

This controversy, then, between Hippocratic professionals and certain unspecified antagonists, ultimately rests on two opposing ways of conceptualizing medicine as a form of combat. On the one hand, some (presumably non-Hippocratic) physicians, considered ‘foolish’ by our author, plunge headlong into the battle against disease, indiscriminately taking on all cases, and evidently reaping great renown for it (θωμαζόνται). Patients may die, and these physicians may well expect such an outcome from the start, but people admired the fact alone that they would take on even the most desperate cases, just

as in other contexts the same people might admire a soldier whose andreia emboldened him against even the most insurmountable enemy. To the Hippocratic physician, however, according to this author, such behavior was merely reckless and irresponsible. If, through technical knowledge and practical experience, one has rationally determined that a patient is incurable, the only conceivable reasons for treating him would be crass showmanship and self-promotion, which, he would of course argue, have nothing to do with proper medicine. At least the real soldier who fights against a more powerful enemy might get some satisfaction from the idea of martyrdom; whatever kudos a physician reaps from joining forces with an incurable patient against an undefeatable disease, however, is indecorously won in the eyes of at least some Hippocratic physicians, at the expense of his patient’s life (since the patient will, of course, die, if the disease is truly incurable). It is, as the passage implies, a cheap victory that turns out upon closer examination to be more cowardly than heroic.

3. Andreia and Prognosis in Plato’s Laches
The author of De arte bristles at the insinuation that Hippocratic physicians are morally negligent in refusing to treat incurables, and even though he does not explicitly articulate the debate in terms of andreia, it seems that it is something very much akin to this virtue which he feels called upon to defend in the case of this particular Hippocratic practice. This becomes especially clear, we believe, when we read De arte in the light of the discussion of andreia in Plato’s Laches. There, the specific discussion of andreia is framed by the characteristically Socratic question of whether or not truly virtuous behavior requires knowledge and reason; likewise, in De arte, the author defends his position on incurables by arguing that it is the only rational position to take, and the contrary position (of treating all cases regardless of the nature of their affliction) stems from ignorance and, by implication, vanity. As in De arte, the discussion in Laches centers on a discontinuity between popular conceptions of a particular social value and a more philosophized conception of it. When Socrates asks at 190e how his interlocutors, Laches and Nicias, would define andreia, Laches cannot believe he would ask such a simple, easily answered question. His response, that andreia consists in “remaining at one’s post, fighting off the enemy and not fleeing” (ἐν τῇ τάξει μένον ἀμφότερον τοὺς πολεμίους καὶ μὴ φευγόντας) seems obvious enough to him, as it would to most people, even though Socrates predictably finds it inadequate as a definition. A similar notion of “endurance” at any cost in the face of the enemy seems to be what informs the popular belief intimates in De arte that physicians should take on even the most desperate patients. We can see, therefore, why the Hippocratic author of the treatise might feel rather defensive, since if the ethic of “remaining at one’s post and not fleeing” was commonly transferred to the realm of medicine, those who did not do so, even for principled reasons, could easily be branded cowards.

In Laches, however, as in De arte, the prudence of such unreflective engagement with an enemy is questioned. Socrates asks Laches at 193a to consider which of two men he would consider the more andreia:

Well, suppose a man endures in battle, and his willingness to fight is based on wise calculation because he knows that others are coming to

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17 Galen notes that in his time some physicians (whom he regards as disingenuous—προσποιομένου) resorted to extreme, even self-sacrificial, forms of showmanship in the name of andreia; cf. his remarks in De meth. med. 12.815, 1-8 Kühn about physicians who, when ill themselves, tried to withstand their pain and to keep their patients from seeing and hearing any evidence of their own discomfort. One who is honest about his own pain does not wish to show his patients that he is suffering.

18 See 197b, where Nicias, in a final flourish, distinguishes a popular conception of courage from his own more rigorous conception, which requires the application of knowledge: “And so the things that you and the many call ‘courageous’, I call ‘bold’, whereas the acts performed with intelligence are the ones I call ‘courageous’” (ταῦτα οὖν ἂν σχετίζεις ἄνδρεια καὶ οἱ πολέμοι, ἐνὶ δεινότητι καλὰ, ἄνδρεια δὲ τὰ φόρονα περὶ ἄν λέγω).
his aid, and that he will be fighting men who are fewer than those on his side, and inferior to them, and in addition his position is stronger: would you say that this man, with his kind of wisdom and preparation, endures more courageously or a man in the opposite camp who is willing to remain and hold out? (tr. Sprague)

ΣΩ. ἂν ἦν πολέμῳ καρπητέοντα άνδρα καὶ θεόλοντα μάχεσθαι, φρονίμους λογικώς, εἶναι μὲν ὅτι βοηθήσουσιν ἄλλοι αὐτῷ, πρὸς ἐλάττως δὲ καὶ φασιλετέον μαχεῖσθαι ἡ μὲν ἄν κόσμος ἦσθαι, ἐπί δὲ χωρία ἦγερε κρίνεται, τούτον τὸν μετὰ τὴν τοιαύτην φρονίμησα καὶ παρασκευής καρπητέον ἀνδρεύτερον ἀν φαίησι ἢ τὸν ἐν τῷ ἐναντίῳ στρατοπέδῳ θεόλοντα υπομένειν τε καὶ καρπητεύει?

Laches' first response is that the man in the “opposite camp” is the more brave; he is not given time to expiate, but he doubtlessly reflects the attitude of most of his contemporaries. The first man might be admirable in his own way, but his endurance is safer and more predictable, and, Laches might say, it is less easy to describe him as “courageous”, at least according to common usage, than the weaker opponent who holds out against him even to the point of his own defeat. Socrates, however, presses his point with similar examples, and Laches must agree with him at 193c9 that “people like this take risks and endure more foolishly than those who do it with techne” (καὶ μὴν ἄρρενετέρας γε . . . οἱ τοιοῦτοι κινδυνεύοντι τε καὶ καρπητέουσιν ἢ οἱ μετὰ τῆς τότι βελτίως πράττοντες). And since they had earlier agreed (192d) that “foolish and daring and endurance is both shameful and injurious” ( . . . αἰσχρὰ καὶ ἁρμόνια τόλμα τε καὶ καρπητέσθαι ἢ ἐφανε ἡμῖν ὀσὺ καὶ βλαβερά, 193d), Laches realizes that he seems to have contradicted himself.

The connections between this section of Laches and the position of De arte should be strikingly clear. Socrates' hypothetical 'knowledgeable' soldier is precisely analogous to the Hippocratic physician in De arte who undertakes only those cases which make sense for him based on his knowledge of the medical techne, while the valiant and tenacious, but weak and ignorant soldier, who endures in the name of an ill-understood notion of andreia, parallels the physician willing to take on even the most hopeless patient in the hope of reaping popular thauma.19 Both Socrates and the author of De arte are working to refine popular conceptions of ‘courageous’ behavior by emphasizing the importance of knowledge and rationality for evaluating the outcome of our actions.

The argument in Laches proceeds even further, as Nicias takes over as Socrates’ interlocutor and presses the notion, which he attributes ultimately to Socrates (194d), that courage is a kind of wisdom (δοξεὶ ἀνήρ σοφία τινα τῆς ἄνδρειας λέγειν)—specifically the knowledge of “what is terrible and what is to be feared in war, and all other situations” (τῇ τῶν δεινῶν καὶ θαρρολοί σεβήμην καὶ ἐν πολέμῳ καὶ ἐν τοῖς ἄλλοις ἀποστιγμένοι, 195a). This line of argument takes the participants along a rocky path towards eventual aporia,20 but there are several significant ramifications for the ideas in De arte along the way. In particular, physicians and the techne of medicine figure in this section as a veritable leitmotif, as the interlocutors wrestle with the problem of whether a physician’s technical knowledge qualifies them to be considered andreoi. At first Laches brings up the example of physicians at 195b1 as a ploy to repudiate Nicias’ equation of andreia and knowledge. Physicians certainly know what things are ‘terrible’ (δεῖνα), but who would consider them ‘courageous’, he asks sarcastically? Nicias agrees definitively he would not either (195b6). Now, this is just the beginning of a rather convoluted section in which the two keep returning to the example of physicians, and it will be useful to analyze their positions in some detail.

The two agree that they would not consider doctors to be ‘courageous’, although Laches thinks that Nicias’ argument equating knowledge with andreia ought to lead him to think so. Further, he places physicians in the same company as farmers and all other craftsmen (195b6), and suggests that it would be equally absurd to consider all of these courageous simply because they have some sort of technical knowledge. Nicias does not dispute the absurdity, but he

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19 The closing paragraph of De arte reiterates the connection between the knowledge that comes with a techne and proper ethical behavior—in this case, the refusal to treat very problematic cases: δεῖ μὲν οὖν καὶ λόγως ἐν καυτῇ εὐάρως ἐς τόσος ἐπι-

20 At 194c-e, it becomes clear that the argument has led them to conclude that courage implies all the virtues and a knowledge of all goods and evils, even though they had previously agreed that it was only a part of virtue. At that point, the argument is dropped and the dialogue draws to a close.
dismisses Laches’ example of the physician on the grounds that he inflates what they are actually capable of doing. Here, we have what amounts to a normative summary of the limits of contemporary medicine:

[Laches says what’s not true. . . .] Because he supposes that physicians know something more about the sick than how to say what is healthy and what is sick. But surely that’s all they really know; and do you think, Laches, that doctors know this, whether recovery for a patient is more terrible than being sick? Or do you not suppose that for many people it’s better not to recover from an illness than to recover? I mean, tell me this: do you say that it’s better in all cases for patients to live, and that it’s not better for many of them to die?

Behind this line of questioning lies a debate about what sort of knowledge one could expect from a physician, and Nicias implies that popular opinion would not expect much. It is indeed curious that he asks Laches specifically about a doctor’s ability to decide whether all patients are necessarily worth treating or not, and they end up agreeing that this is beyond his normal purview. The physician’s job, according to this formulation, is only to articulate what is or is not illness, although he does seem to imply that an ‘ideal’ physician [i.e. one who would be able to discern what is truly “fearful” [deina] and “to be dared” [tharalea]] would be able to prognosticate better and decide whether treatment was even indicated.21 Nicias does not seem especially hopeful that physicians—or any craftsman, for that matter—would ever display this skill, but several times in the discussion, they assume that it is hypothetically possible. At 195d7, for example, Nicias claims that no physician can really distinguish whether a patient is better off dead, and what things would be fearful to which sort of patient, “except the practitioner who knows the difference between what is and is not fearful, whom I call courageous” (πλὴν τῶν δεινῶν καὶ μὴ δεινῶν ἐπιστήμων, νῦν ἐγώ ὁ ἄνδρειον καλός). And later, at 196d4, Socrates notes that few would be able to possess Nicias’ criterion for courage (knowledge of the fearful and what should be dreaded): “neither the physician nor the seer will understand this, and won’t be courageous, unless he can actually apply this knowledge (ἐάν μὴ οὖν τούτην τὴν ἐπιστήμην προσόλαβη). The possibility, in other words, that physicians might in fact possess a genuinely informed tekhne about the prognosis of diseases and the appropriateness of treatment (or non-treatment) is clearly entertained, even if these interlocutors might be hard pressed to think of any good examples. Still, however hypothetical in their minds he remains, such a physician, would, according to Nicias’ definition, possess true andreia.

Socrates, for his part, fundamentally endorses Nicias’ notion of andreia, but adds that the courageous man will have knowledge of past and present deina and tharaelea as well as of future ones. Again, medicine serves as an illustrative example (198d5ff):

For example, when it comes to health, there is no art other than medicine directed at all periods of time, which, though a single art, surveys present, past and future, how things will happen.

οὗν περὶ τὸ ὑγείων εἰς ἔκπαντας τῶν χρόνων οὐκ ἄλλη τῇ ἑαυτῷ, μᾶς οὖσα, ἐφορῇ καὶ γνήσιμα καὶ γεγονότα καὶ γεγονότα ἐπὶ γεγονέται.

He proceeds with a similar argument for farming and generalship, concluding that in all such cases andreia consists in the knowledge of past, present and future goods and evils idiosyncratic to each field. In part, this argument is intended to echo Nicias’ earlier assertion at 196a2 that the seer’s art, despite its ability to describe fearful or hopeful future events, is not necessarily courageous, since the seer need not comment on whether such events are beneficial to a person. At the same time, however, Socrates wants to retain the notion that andreia does imply at least some prognostic skill—one needs a full and genuine understanding of how events will turn out in order to

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21 We should emphasize that throughout this dialogue, none of the interlocutors has a particularly high opinion of the medical profession. If pressed, it is likely that they would all deny that physicians in practice have much of what they would regard as true philosophical knowledge; no one in the discussion seems to have much hope, in any case, that a physician is very good at deciding whether it is ethically ‘better’ for a patient to live or die. Still, merely by leaving open a theoretical possibility that physicians might be capable of such thinking, they allow for the possibility that the medical profession could afford opportunity for displaying genuine andreia. See further the discussion below.
act prudently and courageously. Without this, one’s behavior is little more than some form of recklessness or madness.  

4. Conclusion

It should be clear by this point that the Hippocratic author of De arte was trying to make exactly this point about his own tekhnê, even if he did not focus on andreia as such. Indeed, his entire argument defending the Hippocratic refusal to treat incurables privileges the same prognostic skills that Nicias regards as essential for the andreios man. The physician’s ability to make a cogent decision about whether or not to take on a case, after all, presupposes an understanding both of what a patient should fear and not fear, and of what would be the most beneficial course of action for him. In the opening paragraph of the Hippocratic Prognostic, in fact, we find a clearly articu-

22 If courage was felt to require knowledge of when a person can successfully fight and when he must withdraw, one wonders what exactly Thucydides thought of the physicians at 2.47.4, who lost their lives in droves trying to minister to the sick: "... Nor were the doctors, at first trying to practice their therapy in ignorance, strong enough [against it]. But they especially died inasmuch as they were around it the more, and no other human skill could withstand it" (σοφὰ γὰρ λυποὶ ἄρχον τὸ πρᾶττον θεραπεύοντες ἄγνοια, ἀλλὰ σοφοὶ μᾶλλα ἥθησαν δόροι καὶ μάλλον προσήναν, οὕτω άλλη ἀνθρώπων τέχνη οὐδέδει). The implication seems to be that it was essentially ignorance that killed these poor doctors, and that if they had understood the real power of the plague, they would (and should) have acted differently. This was no real courage, but lack of experience and insight, much as Socrates holds in Laches; See Horstmannhoff 1992 and 1993.

23 See Nicias’ formulation at 197b-c, which Socrates would almost certainly endorse, as far as it goes: "By no means, Laches, do I call courageous wild beasts or anything else that, for lack of understanding, does not fear what should be feared. Rather I would call them rash and mad... My view is that very few have a share of courage and foresight, but that a great, many, men and women and children and wild animals, partake in boldness and audacity and rashness and lack of foresight. These cases, which you and the man in the street call courageous, I call rash, whereas the courageous ones are the sensible people I was talking about" (tr. Sprague). See also the similar discussion in Plato Pr. 349b-51b, and Protagoras’ conclusion, 351a5-b3: σοφὸς δὲ καὶ σάλτη τοῦτον εἶναι θάρασος τε καὶ ανδρείαν—ὡσεὶ συμμετέχει τοῖς μὲν ανδρείασθαι ταρασσόμενοι, μὴ μέντοι τοῖς γε ταρασσόμενοι ανδρείασθαι πάντας—θάρασος μὲν γὰρ καὶ ἀκόμη τέχνης γίνεται ανδρεῖάσθαι καὶ ἀκόμη τὸν γὰρ καὶ ἀκόμη μάνας, ὅπερ θὰ δύναμις, ανδρεία δὲ ἀπὸ φύσεως καὶ ἔσυχος τῶν νησίων γίνεται ("and likewise in that case daring and courage are not the same, so that it follows that those who are courageous are daring, but not all who are daring are courageous. For daring arises from skill and spirit and from the nature of the soul as well, but courage comes from the nature and good cultivation of souls").

lated programmatic rationale of the role of forecasting in medicine, which attests not only the practical but the moral advantages of prognostic skill:

I hold that it is an excellent thing for a physician to practice forecasting. For if he discover and declare 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 than 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—living one day or a little longer—before the physician by his art can combat each disease. It is necessary, therefore, to learn the nature of such diseases, how much they exceed the strength of men’s bodies, and to learn how to forecast them. For in this way one 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. (Tr. Jones, slightly modified)

tὸν ἵππον δοκεῖ μοι δύσκολον εἶναι πρόνοιαν ἐπιτιθέμενοι προγνωσθῆναι γάρ καὶ παράλληλον παρὰ τούτῳ νοσοῦν τὰ τε παρεῖναι καὶ τὰ προγνωσθῆναι καὶ τὰ μᾶλλον διέσαθαι, ἤκοισε τοι παραλείπουσιν οἱ ἀνθρευτέους ἐπιθυμεῖν, πιστεύεταιν μὴ μᾶλλον γνώσις ἣν τὰν νοσοῦντα πρήγμα, ὡσεὶ τοὺς ἐπιτρέπειν τοῖς ἀνθρώπων σφέας ἑαυτοῦ τοῖς ἱππέας, τὴν δὲ θεραπευτὴν ἄδεια ἐν ποτέ, προειδοῦς τοῖς ἐνάσχεις ἐκ τῶν παρέγοντας πάθητιν, νυκτὸς μὲν γὰρ τούτῳ τοῖς ἀνθρευτέους ἐδάφος τοῦ γὰρ τὸ προγνωσθὲν τὰ μᾶλλον εἰστὶν ἀποβῆσαι διὰ τὴν ἀνεπείδευτο ἀνθρευτέου του σαλτάται ἀνθρευτέουν νοσοῦμεν ἐν καταγωγίᾳσαι: γνώσεις ὅλον καὶ τὴν πάθος τῶν τοῦτων τῶν σκῆσεως, ὅκανον ὅπερ ἡ δύναμις εἰσί τῶν σωμάτων, [ἐμμέ δὲ καὶ τὰ θεοῦ ἔνεσθαι ἐν τῆς νοσοῦσιν] καὶ τούτων τῆς πρόνοιας ἐκμιμασθῶμεν, οὕτως ἐν θυμομαζομείτο τοῦ δικαίου, καὶ ἐπιτρέπεις ἐν καὶ τοῖς σκυθὲς ἐν τῷ ποτὲ προγνωσθῆναι, τούτῳ ἐμμέ δὲ μᾶλλον διέσασθαι ἐν δρόμῳ διαφυλάσσειν, ἐκ πλούσιον χρόνῳ προβολεύομενος πρὸς ἡκατέρω, καὶ τοῖς ἀποθεούμενοις τοι καὶ ἀνθρευτόν ἄνεσθαι καὶ προγνωσθῆναι ἀναστικὸς ἐν εἰς (Prognostic 1.1)

The emphasis on the physician’s knowledge of ‘past, present and future’ in the first sentence is strikingly reminiscent of the description
of medical prognosis in Laches, as is the importance given to an intellectual understanding of the entire course of a disease. Further, both passages hold that the best physicians will display the best skills in prognosis; proper technical knowledge, in short, is the sine qua non of an ethically appropriate medical practice. Once again, this passage shows just how 'public' medicine was: the physician is fighting a battle (ἡ τὸν ἤπερν τῇ τέχνῃ πρὸς ἕκαστον νοῦσμα ἄνταγονοιςωσθεί) and all eyes are watching his performance. He aims to be admired for his skills, but he wants this admiration to be won with integrity. As the author states, if a physician can prognosticate well, he will be 'justly admired' (ἀν θεαμαζότα τε δικαιοῦσαι) and will be shown to be a 'good doctor' (ὑπήρκε αὐθαυτός καὶ εἰν). We may contrast this remark with the passage in De arte we discussed earlier (see above 102f) where the author complains about unscrupulous physicians who take on inappropriate cases in order to secure the admiration of charlatan physicians (and presumably the public at large), ἵπτο μὲν τῶν σύμμαχων ἤπερν (De arte 8). This author, as we have seen, chastises such physicians as part of his explicit defense of the principle of not treating incurable patients.

In Prognostic, the problem of incurables is likewise at issue, except in a more positive, and slightly more oblique, way. The author's point in the final sentence of the quoted passage is that proper prognosis will allow the physician to treat his patients more effectively and to "declare beforehand those who will die and those who will get better" (τοὺς ἁπλυνουμένος τε καὶ συνθυμηθεμένος προγνωσκών καὶ προσαγορεύον), and, most significantly, that if he demonstrates good prognostic skills, he will be held blameless (ἀναίτιος καὶ εἰν) for his judgments about recovery and non-recovery. Behind this state-

34 The passage is replete with verbs of 'knowing': προγνωσκόν (twice), γνώσκειν, προελάπτο, προγνωσκόν, γνώναι, ἐκπεμβάνειν. 35 Not much had apparently changed even by the early seventeenth century, when the narrator of Jonathan Swift's Gulliver's Travels (part 4, ch. 6) in describing English culture to the equine Houyhnhnms, reserves this barb for the contemporary physician: "One great Excellency in this Tribe is their Skill at Prognostics, wherein they seldom fail; their Predictions in real Diseases, when they rise to any Degree of Malignity, generally portending Death, which is always in their Power when Recovery is not: And therefore, upon any unexpected Signs of Amendment, after they have pronounced their Sentence, rather than be accused as false Prophets, they know how to approve their Sagacity to the World by a seasonable Dose". 36 This attitude, of course, still does not address the question of why a physician would not channel his energies towards palliative care, once he had made the correct prognosis of incurability.

37 On the dating of De arte, see Gomperz 1910, 2nd edn, 1–35 with more recent bibliography in Cordes 1994, 101, n. 63. For Prognostic, see Alexanderson 1963, 16–25.
criterion in these cases was reason and knowledge, rather than reflexive emotion or a penchant for martyrdom, but the result looked quite different from what one commonly considered andreia. Indeed, although it may seem rather alien to us, the Hippocratic insistence on a rational foundation for their methods must have been a minority view that required its own kind of andreia to pursue.

Bibliography


CHAPTER SIX

"MOST CITIZENS ARE EURUPRÓKTOI NOW": (UN)MANLINESS IN ARISTOPHANES.

Adriaan Rademaker

1. Introduction

Aristophanic comedy tells us much about what it meant to be a man in fifth-century Athens. Many of its protagonists claim for themselves some kind of andreia, whether real or feigned, usually when boastful of fearlessness in difficult undertakings, and the poet himself often asserts his own andreia when describing his attacks on monstrous politicians that threaten the city. Conversely, Aristophan

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1 The substantive andreia is used twice in Aristophanes: once, at Eg. 268, by Chrysippos in conciliatory acknowledgment of the merits of the Knights in the battle of Solygiaia, in the prototypical sense of 'courage in warfare'; once by the chorus of Clouds in mockery of the manner of Strepsiades' fearlessness on entering the 'scahy' school of Socrates (Nu. 111). The term andreia is used in the sense of 'courageous in battle' at Th. 839, Ra. 1024, Ecl. 679, and Heracles is named the prototypical example of an andreia at Nu. 1052. Otherwise, the adjective applied to men only in jest, either mocking someone's false pretenses of fearlessness, or in sarcastic admiration of unacceptably aggressive behavior. To the first group belong V. 1200 (the unheroic Philocleon names the secret theft of his neighbor's vines as his most courageous deed), Ar. 91 (Euterpe uses the word in mocking admiration of Pheidias, who pretends not to fear the Epops), and Ra. 494, 602 (both Dionysus and Xanthias claim to be andreis in front of the seer Aeacus). In the second category belong Ar. 1949 (father-beaters) are sarcasically called andreis) and Lys. 559 (soldiers running around the agora in full armor). They only dramatis personae to whom the adjective is applied without sarcasm are paranoidically, sexually: Lysistrata in Lys. 549, 1108, and the women at the assembly: Ecl. 519. Theirs is not the standard 'martial' andreia of course, but rather the success management of the affairs of the polis when men have made a mess of things. One of the points I make in this chapter is that in the democratic polis of fifth-century Athens, using one's influence in politics is broadly acknowledged as desir able 'manly' quality. If applied to attributes, andreia means 'belonging to the man sex': Th. 154, Ecl. 26, 75, 275. The adverbs anéridej and anéridej are mostly used in a somewhat more general sense of 'vigorously, energetically': andreis Ps. 491. 732, Th. 656, Ra. 372; anéridej Eq. 81, 82, 379, 451, 539, 599, V. 153, 450, P. 476, 515, 1507, Th. 1204.

2 See General Introduction to this volume, section 4.