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RECIPROCAL INFLUENCES BETWEEN RHETORIC AND MEDICINE IN ANCIENT GREECE

by

Adam David Roth

An Abstract

Of a thesis submitted in partial fulfillment
of the requirements for the Doctor of
Philosophy degree in Communication Studies
in the Graduate College of
The University of Iowa

May 2008

Thesis Supervisor: Associate Professor Takis Poulakos

ABSTRACT

This dissertation draws attention to reciprocal influences linking the arts and sciences, represented respectively here by two seemingly disparate subjects—Rhetoric and Medicine. Both of these disciplines, I argue, share a long and intersecting history with one another still visible in the fifth- and fourth-century BCE Greece, when they began to develop separately and to be thought of as distinct disciplines. Exploring the historical connections between Rhetoric and Medicine in the Classical period offers us food for thought for bridging the gap between the arts and sciences today because it obliges us to recognize the historical intersections between them, the mutual influence each had upon the other, as well as the acknowledgment of these intersections and these influences by the ancient Greeks.

The chapters that follow explore links between Rhetoric and Medicine on practical, professional, and theoretical levels. Following the introduction, chapter two investigates the therapeutic functioning of words in ancient Greece and finds that the influence of medicine on rhetoric extends from the usage of healing words in the Homeric epics through the rhetorical practices of healing in Antiphon, to the influence of medicine on the theory of persuasion in Gorgias. Chapter three explores the influence of medicine on rhetoric as it registers in Plato. The chapter shows that the clear-cut division Plato imposed onto Rhetoric and Medicine breaks down in the Phaedrus and that Plato's project to reframe Rhetoric as a true art borrows heavily from Medicine. While chapters two and three deal with the influence of medicine on rhetoric, the next two chapters turn in the opposite direction to explore the influence that rhetoric exerted on medicine. Chapter four demonstrates the prevalence of rhetorical issues about disciplinarity in the Hippocratic Corpus. Chapter five continues to explore this influence, this time arguing that Hippocratic physicians used rhetoric to craft an identity for themselves vis-à-vis

other medical healers of the time. Finally, chapter six shows how the mutual and reciprocal influences between rhetoric and medicine, demonstrated through the previous chapters, can be tapped to pave the way for future possibilities in the contemporary study of Rhetoric and Medicine.

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Graduate College
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Iowa City, Iowa

CERTIFICATE OF APPROVAL

PH.D. THESIS

This is to certify that the Ph.D. thesis of

Adam David Roth

has been approved by the Examining Committee
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Daniel Gross

To my mother and father

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I am blessed with extraordinary people in my life who have all helped to make this work possible. My family deserves the most credit for their unconditional love and support: my wonderful, loving mother, Francine; my brother, Benjamin, who taught me the importance of the *agon* at an early age; my sister-in-law, Shawna, who gave me my beautiful niece and nephew, Laura and Warren; and my father who cared so much for my family and me and who passed away before I completed this work.

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Takis Poulakos is an outstanding scholar, a marvelous teacher, and the best mentor, advisor, and friend that anyone could ever have. Period. My fondest memories from graduate school will always be of the times I spent with Takis. My life has been enriched in so many ways by him. I would never have accomplished as much as I did in graduate school and in this dissertation had it not been for his support, guidance, and friendship.

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ABSTRACT

This dissertation draws attention to reciprocal influences linking the arts and sciences, represented respectively here by two seemingly disparate subjects—Rhetoric and Medicine. Both of these disciplines, I argue, share a long and intersecting history with one another still visible in the fifth- and fourth-century BCE Greece, when they began to develop separately and to be thought of as distinct disciplines. Exploring the historical connections between Rhetoric and Medicine in the Classical period offers us food for thought for bridging the gap between the arts and sciences today because it obliges us to recognize the historical intersections between them, the mutual influence each had upon the other, as well as the acknowledgment of these intersections and these influences by the ancient Greeks.

The chapters that follow explore links between Rhetoric and Medicine on practical, professional, and theoretical levels. Following the introduction, chapter two investigates the therapeutic functioning of words in ancient Greece and finds that the influence of medicine on rhetoric extends from the usage of healing words in the Homeric epics through the rhetorical practices of healing in Antiphon, to the influence of medicine on the theory of persuasion in Gorgias. Chapter three explores the influence of medicine on rhetoric as it registers in Plato. The chapter shows that the clear-cut division Plato imposed onto Rhetoric and Medicine breaks down in the Phaedrus and that Plato's project to reframe Rhetoric as a true art borrows heavily from Medicine. While chapters two and three deal with the influence of medicine on rhetoric, the next two chapters turn in the opposite direction to explore the influence that rhetoric exerted on medicine. Chapter four demonstrates the prevalence of rhetorical issues about disciplinarity in the Hippocratic Corpus. Chapter five continues to explore this influence, this time arguing that Hippocratic physicians used rhetoric to craft an identity for themselves vis-à-vis

other medical healers of the time. Finally, chapter six shows how the mutual and reciprocal influences between rhetoric and medicine, demonstrated through the previous chapters, can be tapped to pave the way for future possibilities in the contemporary study of Rhetoric and Medicine.

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CHAPTER I: INTRODUCTION

In a 1959 lecture entitled "The Two Cultures," C.P. Snow incited a public dialogue about the radical dissonance between what he termed "literary intellectuals" and "scientists" which by the time of his lecture, he argued, were engulfed within their own respective cultural enclaves.[1] Drawing from both personal experience—he was known well in both literary and scientific circles—and ideas that were already circulating during his time, Snow blamed the disconnect between these "two cultures" for many of the world's social and political problems—including poverty, financial instability, and social disharmony. The "intellectual life of the whole of western society," Snow declared, "is increasingly being split into two polar groups….at one pole we have the literary intellectuals….at the other, scientists."[2] He argued that "no thinking with wisdom" could transpire to meet the world's challenges since "[b]etween the two [lay] a gulf of mutual incomprehension…but most of all lack of understanding."[3] While Snow was not the first public intellectual to remark on the sharp division of these two cultures—as he himself mentions in a follow up to his lecture—he and his Oxford lecture soon became the rubber stamp and gospel for discussing the radical disconnect between humanistic and scientistic ideals and worldviews.

One-half century later, intellectuals are still calling for a dialogue between the arts and the sciences. Even though these calls come at perhaps the most difficult period of all times—with the gap between the two having reached extreme

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[1] Reprinted in C.P. Snow. The Two Cultures. Cambridge University Press, 1998.

[2] 3-4.

[3] 4.

proportions[4] —they have not remained unheeded. Instantiations of interdisciplinarity offering fruitful avenues for bridging the gap between the arts and the sciences are taking place from both sides. Even though most interdisciplinary efforts are addressing the arts and the sciences in their contemporary configurations, several scholars are taking a look backward and are beginning to explore the two in their historical contexts. Nicholas Rescher, for example, has pointed out, that the rift between the "arts" and "sciences" is only a fairly recent phenomenon, historically speaking, brought about by the explosion in the production of knowledge during the Italian Renaissance (roughly 1400-1600 A.D.).[5] Before the Renaissance, there was no clear demarcation of the arts and sciences, and it was not only possible but even common for intellectuals to be reasonably well versed in a wide range of subjects. Ironically, it was during the very age which celebrated the person with the widest range of knowledge that the split between the arts and the sciences first occurred. According to Rescher, the "rise of higher mathematics and physics" during the Renaissance, along with a newly, enlarged scope of scientific information and awareness, incited a will to intellectual differentiation that, as a result, encouraged intellectuals "to split and specialize along what they each felt was the most conducive path toward engaging philosophical issues: either the world of humanities and human experience, or the world of examination and experimentation."[6]

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[4] Increased knowledge production breeds greater specialization and concentration, from the medical researcher who studies the effect of mitochondrial gene knockout on plasma membrane electron transport to the environmentalist who focuses on the effect global warming has on the respiratory system of a particular population of sea otters on a 2-mile stretch of land in the northwest corner of Nova Scotia.

[5] Interview with Nicholas Rescher. "Philosophy at Pitt." Pitt Magazine, 2006.

[6] ibid.

This dissertation responds to the call to look back in time and to explore possibilities for generating dialogue between the arts and sciences by producing scholarship that traverses disciplinary boundaries and creates common ground between the two separate cultures. It also responds to the conviction that history has a lot to teach us and that an examination of the possibilities for dialogue in the past may be germane to our interdisciplinary pursuits in the present. The goal I have set for myself is to draw attention to mutual and reciprocal influences linking the arts and sciences, represented respectively here by two seemingly disparate subject matters—Rhetoric and Medicine. Both of these disciplines, I will argue, share a long and intersecting history with one another still visible in the fifth- and fourth-century BCE Greece, when they began to develop separately and to be thought of as distinct disciplines. Exploring the historical connections between Rhetoric and Medicine in the Classical period offers us, I believe, food for thought for bridging the gap between the arts and sciences today because it obliges us to recognize the historical intersections between them, the mutual influence each had upon the other, as well as the acknowledgment of these intersections and these influences by the ancient Greeks.

Long before the Italian Renaissance and the explosion of scientific knowledge it produced, the ancient Greeks piloted an intellectual revolution that profoundly shaped and continues to influence the direction and development of the western intellectual tradition.[7] From roughly the seventh to the sixth-century BCE, the Greek intellectual milieu, like that of the Italian Renaissance, was spurred on by "men of wisdom" who inquired into several areas of study at once and understood very little, if

[7] Indeed, the Italian Renaissance owes much of its steam to its inheritance of the scholarly ambitions of the Greeks. Many of the works of classical authors were being translated and circulated around Europe for the first time during the Renaissance, and at a faster pace than ever before much to the credit of Gutenberg's introduction of movable type and the printing press in the 1450s.

any, distinction between intellectual subject matters. The word for wisdom, *sophia*, designated a person of practical wisdom who, like the great Solon, could be learned in all fields, even though he had the burdensome duties of a statesman. With the advent of the fifth- and fourth-century BCE, arts and sciences saw a rapid expansion and a vast internal development as areas of knowledge and they came to be detached and differentiated from one another. By the fifth-century, the first disciplinary formation of knowledge was well under way and, by the fourth-century, Plato pressed his rival intellectuals to define their areas of study, to explain their particular procedures, and to defend their distinctness. Carrying his teacher's vision out, Aristotle undertook the huge project of defining just about every known discipline. Even before him, the word *sophia* had already taken a technical meaning, referring to persons who could contemplate theoretically and address abstract problems.[8]

Along with other areas of study, Rhetoric and Medicine were also undergoing during that time a transition from generalized cultural practices to established and specialized arts (*technai*). Even as their boundaries remained flexible and fluid, both came under pressure to provide answers as to the methods they followed and the incorporation of these methods into their practices. Responding to these pressures,

[8] By the fifth-century, Plato had differentiated "Rhetoric" as a distinct area of study, albeit a "base" one, from "Philosophy" and "Medicine," even though previous generations had counted Rhetoric, or training in speech and argument, under the general rubric of wisdom. By Aristotle's time in the fourth-century, the force of specialization was even more pronounced. It should not be discounted, however, that elements of undifferentiated thinking remained prevalent in and after the fourth-century. The intellectual eclecticism of Plato and many other Greek intellectuals evidences this enduring intellectual tradition. The ensuing professionalization the Greeks began to experience roughly around the beginning of the fifth-century, did not, as one might imagine, demand the *absolute* abolition of the undifferentiated thinking that had characterized Greek intellectual life over previous centuries. Sticking firmly to their roots, the Greeks remained open to a cross-fertilization of knowledge that continued to guide their thinking for centuries to come. Intellectual boundaries also remained permeable as representatives continually claimed for their own profession, topics of study that might have been earmarked as intellectual territory of another.

both Rhetoric and Medicine sought to develop theories of knowing based on vast experiences offered from the past, as well as general rules that could apply such knowledge successfully to the demands of specific circumstances at present. Frequently attacked as incomplete *technai*, for having no full-proof method and for lacking precision in their practices, they were often compared to such practices as navigation and charioteering which are reliant more on intuition and guesswork than on any precise method or theory.[9]

It might be hard for us to imagine this today, but in the primarily oral and democratic culture of fifth and fourth-century BCE Greece, rhetoric was a dominant and well-respected cultural practice since speaking effectively was integral to the success of the city-states' democratically-run social institutions. The arrival of the Sophists—the famous teachers of rhetoric—on the political, social, and cultural scene of the fifth-century was endemic of a larger societal need for instruction in oratory, and training with a Sophist could be one's ticket to move up the social ladder.

The rise in the population and status of the Sophists in the fifth-century, and the growing demand and expectations in Greece for well-trained speakers, meant that doctors, like all other tradespeople, needed rhetoric for professional purposes. Indeed, the Hippocratics sect of physicians used rhetoric not only to explain, justify, and support their methods and procedures in a competitive medical milieu, but also to persuade patients to adhere to their prescriptions and pay fees for their services.

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[9] Here I note Detiene and Vernant's exceptional work on cunning intelligence in Greece. Even though Charioteering and Navigation might not have been accepted as arts in the way that Medicine and Rhetoric were, they still carried a great deal of capitol as cultural practices that required a man of "metis" or practical and cunning intelligence for success. Aristotle's conceptualization of *phronesis* seems only a short move away from the archaic notion of *metis* or cunning intelligence to a more "civilized" and acceptable prudence. By Aristotle's time, metis was no longer admired the way it had been during the archaic period. Instead, cunningness and deceit were shunned in favor of a more practical and sociable intelligence required for participation in Greece's democratic arena.

Because Hippocratic physicians were striving to be accepted by the community at large, a community that expected a high level of proficiency in speech from its citizens, physicians used rhetoric as an occupational necessity to fit in with the rhetorical tenor of the time. It is no surprise then that medical texts of the period make frequent reference to public debates on medical matters, and some were apparently recorded from or written for rhetorical performances. Many of these texts are even suspected of being authored by Sophists since they were known to write and speak on a variety of subject matters—including medicine.

No aspect of Greek culture was left untouched by rhetoric since it made up a dominant cultural practice and discourse of the time—Medicine was no exception. This is apparently why the physician, Hippocrates, chose to study rhetoric with the famous Sophist, Gorgias, and also why Gorgias claims in Plato's text of that name that he would often accompany his brother Herodicus, the physician, and other doctors, to the bedside of patients and use his rhetoric to persuade them to follow the doctors' orders. Scott L. Montgomery argues that science draws "directly on words and images from other areas of culture and also by adopting a great many of the stylistic forms of expression found in literary, philosophical, historical and other types of authorship."[10] Indeed, this is the case, as I argue, that Medicine—as an art—was influenced by the dominant cultural practice of rhetoric, and the methods and theories that were developed therein.

The same argument, however, can be asserted in the opposite direction—that Rhetoric too was subject to the influence of Medicine, since both were important and prominent practices of the time, and since a great deal of Greek thinking was spurred on by the metaphor of medicine and ideas about the human body. While almost no

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[10] Scott L. Montgomery. The Scientific Voice. New York: The Guilford Press, 1996; 431.

work has been done to explore the influence that Medicine might have had on rhetoric, the influence of Medicine on other areas of culture has been taken on by Harold Miller, who in his essay, "Aristophanes and Medical Language" sheds light on "those medical terms used by Aristophanes which appear to have been technical at that time and derived finally from Hippocratic medicine." He goes on to suggest that Aristophanes "had his language enriched by technical words borrowed ultimately from medicine science."[11] This, he states, is because "the new principles of medical sciences were dispersed and gradually achieved some currency among even the non-scientific."

In a parallel study, Miller's "Medical Terminology in Tragedy"[12] suggests that the works of several tragedians contain a "large number of terms with medical signification" and that the "influence of general medical ideas and language on tragedy is extensive." His study persuasively demonstrates how the rare occurrences of certain words elsewhere in other genres of writing mean that the Tragedians were "consciously using a word derived from the technical vocabulary of medicine."[13] E.M. Craik's "Thucydides on the Plague" suggests a similar dispersal of medical terms and ideas that influenced Thucydides' rendering and description of the plague that swept through Athens at the beginning of the Peloponnesian War.[14] He argues that Thucydides' "prose is indeed not the prose of a medical writer, but his medical vocabulary is extensive and that he is indebted to contemporary medical writings."[15]

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[11] 74.

[12] 156.

[13] 158.

[14] 103.

[15] 107.

He concludes by remarking "that Thucydides had an extensive medical knowledge is clear."[16]

Medicine held a special place in the Greek imagination. Health, and its absence, disease and illness, were enabling metaphors that were manifest throughout Greek culture and society. G.E.R. Lloyd wrote that "[t]he Greeks were plagued by plagues real and imaginary," and the metaphor of disease was 'semantically stretched' to cover a wide range of cultural, political, religious, moral, and bodily intrusions of one sort or another.[17] So much Greek thought was stimulated by the notion of disease, and a fear of illness and contamination or impurity. The Greeks were fearful of divine reprisal sent down from the gods as punishment for personal or social wrongs committed. And they were well aware of a host of naturally occurring plagues that could strike at any time and wreak havoc on a population like the one Thucydides tells us about toward the beginning of his recounting of the Peloponnesian War. No matter what the "disease," the Greeks sought to find a cure for it. And this cure often came in the form of, or became supplemented by, healing words, chants, incantations, or just plain old persuasive speech to distract individuals from their physical and sometimes psychological suffering.

Plato's theory of disease in Timaeus, Thucydides' explanation of the cause of the plague in Athens, Nicias' speech to the Athenians advising them that they "will be acting as the physician for [their] misguided city," all confirm that the Greeks were preoccupied with disease at the individual, social, and political level. These examples also suggest that the philosopher-kings or the orator-statesmen were conceived as diagnosticians of sorts for the individual, society, and state, as well as prescribers of

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[16] ibid.

[17] G.E.R. Lloyd. In the Grip of Disease: Studies in the Greek Imagination. Oxford: Oxford University Press, 2003; 1.

regimens for returning these entities back to their healthy condition. More recently, this same sentiment has been expressed by the philosopher, Frederick Nietzsche, who was a self-appointed physician attending to the culturally ill,[18] as well as by Richard Weaver, who in the Ethics of Rhetoric imagined the orator serving a similar purpose.[19]

These conceptualizations of the philosopher and orator as a "physicians" of sorts point to a certain kind of medicalization of politics and a politicization of medicine and the body that was beginning to emerge around the fifth-century BCE.[20] As early as the sixth-century, Alcmaeon, who we know to be the first of the medical writers, describes "the true balance of the elements in [the body] as *isonomia,* equality, and their imbalance as 'monarchy.'[21] Plato compares "the purgation of bile from the body" to "the exiling of someone from a city in a state of fraction or strife (scapegoating)."[22] And Thucydides' take on the origins of the plague that hit Athens, reminiscent of the description of the plague in the story of Oedipus Tyrannus,

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[18] "The Philosopher as a Physician of Culture" ("Der Philosophy als Arzt der Kultur") was intended as the title of what was later called On the Utility and Liability of History for Life. Nietzsche spoke in many other works about the "philosophical physician," a metaphor he undoubtedly borrowed from the comparison of philosophy to medicine in classical literature.

"I am still waiting for a philosophical physician in the exceptional sense of that word—one who has to pursue the problem of the total health of the people, time, race or of humanity—to muster the courage to push my suspicion to its limits and to risk the proposition: what was at stake in all philosophizing hitherto was not at all "truth" but something else—let us say, health, future, growth, power, life." (The Gay Science: With a Prelude in Rhymes and an Appendix of Songs. Translated by Walter Kaufmann. New York: Vintage Books, 1974.

[19] Richard Weaver. The Ethics of Rhetoric. South Bend: Regnery/Gateway, Inc., 1953.

[20] Lloyd, 155.

[21] ibid.

[22] ibid.

demonstrates how disease was inflicted on cities as a penalty for social, cultural and political transgressions. Needless to say, the metaphor of medicine, including that of disease and illness bore an explanatory force well outside the established realm of Medicine per se.

It is surprising that very little contemporary research has explored the relationship between practices of rhetoric and medicine in ancient Greece, and almost none have studied reciprocal influences that might have arisen out of a close connection between the two. Joan Leach said about the dearth of scholarship in this area that:

> It is peculiar that in contemporary considerations of fifth-century BCE Athenian life, of the three "disciplines" now cited as the paradigm of Greek intellectual prowess, only two have been investigated together. Medicine and Philosophy have long been considered enmeshed, implicated in each other's disputes, and for good or for bad trying to separate from or return to each other's intellectual embrace. Rhetoric, however, has been depicted as an also-ran philosophy, a semi-useful pedagogical tool for physicians and philosophers already well-schooled in the knowledge of the body or the soul, and irrational invocation of language where action is needed and a cultural pastime apart from Greek science and serious intellectual inquiry.[23]

Leach's observation is still accurate today. W.H.S. Jones, G.E.R. Lloyd, and James Longrigg, all exceptional scholars of ancient Medicine in their own right, have thoroughly investigated the relationship between ancient medicine and ancient philosophy, but they do not heed the equally strong connection that was established in ancient Greece between discourses about rhetoric and discourses about medicine. Despite abundant material, literary, and theoretical evidence that suggests just how

[23] Joan Leach. Healing and the Word: Hippocratic Medicine and Sophistical Rhetoric in Classical Antiquity. Dissertation, University of Pittsburgh, 1994.

intimate the associations between these two cultural practices might have been, rhetoric is more often than not excused away by historians of Medicine as an "irrational" intrusion into the "rational" development of medicine; it is considered a bastard child, an unwanted and unnecessary supplement. W.H.S. Jones claims that "Medicine, like all true science, has had in its history at least three enemies—superstition, pseudo-philosophy and rhetoric…the third is an ornament that often hides the truth instead of adorning it."[24]

This exclusion of rhetoric from medicine is all the more surprising when one considers that the Hippocratic Corpus—the body of medical texts attributed to Hippocrates, the "father" of western Medicine—is riddled with direct references and allusions to rhetoric, and some of the texts were most obviously written to be or recorded from public lectures—not to mention that other medical texts in the corpus are rhetorical in their own right. Julie Laskaris is one of the few scholars of ancient Medicine who have investigated the rhetorical nature of the Hippocratic Corpus, specifically in her close reading of the ancient medical text, On the Sacred Disease.[25] Laskaris argues that this text can be read as a "sophistic protreptic speech" that afforded the author an opportunity to defend the secular claims of Hippocratic medicine and to prove that Medicine was a true *techne*. In a competitive medical milieu that was populated by a variety of sacred and secular healers, the Hippocratics had to position themselves vis-à-vis other healers in the community, and they had to defend and propagate their medical practices to attract business and to gain the support and confidence of the public.

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[24] W.H.S. Jones. Philosophy and Medicine in Ancient Greece. Baltimore: The Johns Hopkins Press, 1946; 23.

[25] Julie Laskaris. The Art is Long: On the Sacred Disease and the Scientific Tradition. Leiden: Brill, 2002.

Julie Laskaris' former student and historian, Hui-hua Chang, although not as explicitly motivated as Laskaris to identify rhetoric as a significant component of Hippocratic medicine, makes a strong case that Hippocratic physicians were considered low on the social totem pole and regularly referred to by ancient writers as craftsman because they performed what was considered to be manual labor for a fee.[26] Since they were motivated by a desire to improve their social standing and become respected members of the community, Chang argues, they advocated their rational and novel ideas about medicine to wealthy and elite citizens who were receptive to new theories and skeptical of the old word order and the magico-religious ideology that sustained it. In fact, Chang argues that the rational brand of medicine that the Hippocratics sold and practiced was actually a rhetorical gesture to differentiate themselves from other healers and to be recognized as intellectuals more than merely craftsmen.

Chang draws on the work of H.F.J. Horstmanshoff to support his argument that Hippocratic physicians were considered craftsmen and that they were motivated by occupational concerns to elevate their status in society.[27] Horstmanshoff proposes that rhetoric became the vehicle through which Hippocratic physicians advertised the intellectual aspects of their work and their scholarly aspirations, lest they be considered primarily as manual laborers and craftsmen. Rhetoric in Horstmanshoff's analysis is a way of appearing learned through ornamental language, of looking and sounding like an intellectual, but not necessarily being one.

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[26] Hui-hua Chang. Testing The Serpent of Asclepius: The Social Mobility of Greek Physicians. Dissertation, Indiana University, 2003.

[27] H.F.J. Horstmanshoff. "The Ancient Physician: Craftsman or Scientist?" Journal of the History of Medicine. 45 (1990): 176-197.

Lesley-Dean Jones argues that the ability to use rhetoric for appearance sake gave rise to the figure of the medical charlatan.[28] In her estimation, the rise of literacy and the proliferation of medical texts and knowledge encouraged people to fake being a physician solely by using a shrewd, rhetorical style. In a society where crafts like medicine were learned primarily through an apprenticeship with an established physician, that had neither a standard system of medical education, nor any licenses that could prove one's qualifications and credentials, the charlatan exploited his rhetorical abilities, the lax educational system, and the dispersal of medical knowledge in texts, to seize on an opportunity to sell himself as a physician—which ultimately made citizens suspicious of physicians, not knowing which ones were real which fake.

When scholars of ancient Medicine do pay credit to the impact of rhetoric on ancient Medicine, it is almost always exclusively to speak of rhetoric in a supplementary way, as an add-on for advertising one's medical services or for appearing to be more intelligent and intellectual than one really is, rather than as an integral component to knowledge or theory production in Medicine.

It is even rarer that scholarship looks at what Rhetoric and Medicine share in common with each other—even though the ancients frequently classify them together under the same rubric. In her essay "Hippocrates, *Kairos*, and Writing in the Sciences," the rhetorician Catherine R. Eskin explores an area where ancient Rhetoric and ancient Medicine converge—on their emphasis on human intervention and timing and their use of the word *kairos* in their writings to draw attention to it. Traditionally understood by rhetoricians as a rhetorical concept signifying the "right time" or

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[28] Lesley Dean-Jones. "Literacy and the Charlatan in Ancient Greek Medicine." In Written Texts and the Rise of Literate Culture in Ancient Greece. Ed. Harvey Yunis. Cambridge University Press, 2003; 97-121.

"opportune moment," Eskin shows that Medicine too employs *kairos* to talk about matters of timing in the treatment of diseases and that the concept is central to Hippocratic medical theories of the time.

Barbara Wood notices that practices of rhetoric and medicine share something else in common, namely, the use of a conjectural method to generalize from vast experience of the past some rules that can be applicable to individual cases in the present and future. While her essay "The Conjectural Method: From Ancient Medicine to Ancient Rhetorical Theory" plays a chicken-and-egg game of who borrowed what from whom, her analysis reveals that rhetorical and medical practices are reliant on conjecture in the absence of any formalized rules, precise methods, or categorical knowledge

For my money, no one has done a better job of drawing out the shared nature of Rhetoric and Medicine than the rhetorician, Stephen Pender, who in his essay "Between Rhetoric and Medicine," argues that "medical reasoning relies on signs and examples, both gleaned from experience and both the subject of rhetorical inquiry; like rhetoric, medicine reaches plausible conclusions from probable premises." Although his work is situated in the 18th century discourses of rhetoric and medicine—with significant attention, however, given to these classical discourses as well—he reverses the chicken-and-egg dilemma that Wood engages to make significant and interesting overtures about the influence of classical rhetorical modes of reasoning and inference on practices of medicine. In short, Pender's view is that Medicine is *like* Rhetoric because it borrows ways of thinking that were initially developed by ancient rhetoricians. It is important here to note that several contemporary physicians writing in the genre of medical humanities—i.e. Atul Gawande and Jerome Groopman—recognize the fundamentally human component in Medicine, and the ultimately

fallible practices of its physicians.[29] Although Gawande and Groopman never mention rhetoric, per se, their inquiries show a strong resemblance to Pender's work, and they also provide a contemporary focus on the artistic aspects of medical practices.

Jerome Frank is a minority among psychologists today who admit "that psychotherapy [the linguistic side of medicine] may be more closely akin to rhetoric than to applied behavioral science," and recognizes how his view is not only unpopular among the psychotherapeutic community—especially those working from a social scientific paradigm—but also how it is "fraught with implications for how the subject should be practiced, studied, and taught."30 Admittedly, although Frank lends a great deal of credence to the ancient roots of rhetoric and the connection that it has to modern modes of psychotherapy, he does little to explore seriously the relationship between these fields, and even less to suggest how each can benefit from learning about the other. In effect, Frank only pays lip service to rhetoric but never tries to understand just what rhetoric has to offer psychotherapy or what psychotherapy has to offer rhetoric. This is not surprising since his main task is to explore persuasion and healing from a clinical point of view.

In Rhetorical Studies, Joan Leach's dissertation project fourteen years ago is the most recent and extensive, and one of the very few scholarly works that pays close attention to the historical relationship between Rhetoric and Medicine in ancient Greece. Because Leach's work stems from the Rhetoric of Science movement, its emphasis rests more on *exposing* the rhetorical nature of ancient Medicine than on

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[29] Atul Gawande. Complications: A Surgeon's Notes on an Imperfect Science. New York: Picador: A Metropolitan Book Henry Holt and Company, 2002; Jerome Groopman. How Doctors Think. Boston: Houghton Mifflin Company, 2007.

[30] Jerome Frank and Julia B. Frank. Persuasion and Healing: A Comparative Study of Psychotherapy. Baltimore: The Johns Hopkins University Press, 1993; xiv.

seeking out reciprocal influences that occurred between the two. Her inquiry is derived from a liberatory motivation to identify rhetoric architectonically, to show how rhetoric is implicated in Medicine, and in all other fields of study and areas of inquiry. Implicitly, her argument goes that if Medicine—what is seen today as the *sine qua non* of science in society—can be proven to be rhetorical, then so too can any other field of study—this is the undifferentiated textuality thesis in Rhetorical Studies that posits that all discourses and all texts have a rhetorical component and function to them. Predominantly, then, Leach's argument is that Medicine is a thoroughly rhetorical art and that Hippocratic physicians were, for the most part, savvy rhetorical actors. To the extent that Leach reads into the medical texts of the period a sophistical character, her work is solid and quite convincing. Although her work tremendously influences the ideas and arguments that I advance in this thesis, it also falls short in addressing the reciprocal influences that Medicine and Rhetoric experienced between each other.

My work moves in a different direction than Leach's, and the rest of the scholars mentioned above, to the extent that it explores overlapping ideas and issues that play a central role in understanding something more about the common history of Rhetoric and Medicine, and the shared nature of their practices. More specifically, my argument is that rhetoric and medicine were dominant cultural practices and prominent social discourses of the Classical period and therefore it is inevitable—and also well-documented by ancient writers—that they fed off of each other for practical, professional, and theoretical gain. Furthermore, rhetoric and medicine are pragmatic and interventionist practices that lend themselves more to conjecture and guesswork than to precise rules and methods, and this makes them often appear to ancient writers as one in the same art. This premise becomes the basis for my foray into ideas that straddle the in-between zone of Rhetoric and Medicine and that allows me to

investigate issues that draw attention to mutual concerns, reciprocal influences, and common agendas between the two.

Indeed, the chapters that follow will explore links between Rhetoric and Medicine on practical, professional, and theoretical levels. Chapter two explores the interconnection between Rhetoric and Medicine through two broad narratives. First, a narrative of a continuous interrelationship between rhetoric and medicine which—energized by Lain Entralgo's work The Therapy of the Word in Classical Antiquity, and Martha Nussbaum's The Therapy of Desire which investigates the Hellenistic medical philosophies of the Stoics, Skeptics, and Epicureans—shows this interrelationship to extend from the Archaic period, through the Classical, to the Hellenistic. Second, a narrative of the influence of medicine on rhetoric extending from the mere usage of words in the Homeric epics through the rhetorical practices of healing in Antiphon, to the rhetorical theory of persuasion in Gorgias.

Chapter three continues to explore the influence of rhetoric on medicine as it registers in Plato, at a time when disciplinary thinking about the arts and sciences began to crystallize. The chapter shows that the clear-cut division Plato imposed onto Rhetoric and Medicine breaks down in the Phaedrus, a work that exposes disciplinary boundaries as still flexible and fluid. Indeed, Plato's project to reframe Rhetoric as a true art borrows heavily from Medicine, especially demonstrated through the emphasis placed on the human body and the soul. The influence of Medicine on Rhetoric extends, this chapter argues, even to Rhetoric's fiercest critic whose thinking about Rhetoric in its ideal form—as a true *techne*—reaches out to and utilizes conceptions about medicine at the time.

While chapters two and three deal with the influence of Medicine on Rhetoric, the next two chapters turn in the opposite direction to explore the influence that Rhetoric exerted on Medicine. Chapter four demonstrates the prevalence of issues about disciplinarity in the Hippocratic Corpus, whose authors debated the distinct

character of medicine along its theoretical or empirical procedures. The dominant view of Medicine as a practical art characterized by empirical procedures directs many authors in the corpus to identify rules or guides that drive the practices of medicine. What emerges—an understanding of medicine as a practice oriented toward the particular case, with its situational and contingent circumstances, along with a construction of rules and guides around experience and conjecture—offers clear indications of Rhetoric's influence on Medicine.

Chapter five continues to explore this influence, this time along the lines of an identity that Hippocratic physicians sought to construct in order to overcome obstacles they encountered in their efforts to gain legitimacy for their novel and rational approaches to medicine: their competition with the socially-entrenched and traditionally-sanctioned magico-religious healers; their own low social status as craftsmen attached to them due to their hands-on approaches to treatment; their ill-repute as knowledgeable physicians stemming largely in part from the rise of impostors who used the dissemination of writing to feign their medical expertise. Given these constraints, chapter five argues, the Hippocratics reached out to rhetoric to craft an identity that would differentiate them on the one side as reputable healers and on the other side from opportunistic charlatans, and would help them gain social prestige. Forging their identity around argumentation procedures followed by other intellectuals, around narratives of prognosis, and around constructions of appropriate conduct, the Hippocratics employed rhetoric to assert their authority as intellectuals, to make claims on their social standing as legitimate "experts," and to earn public respect.

Finally, chapter six shows how the mutual and reciprocal influences between Rhetoric and Medicine, demonstrated through the previous chapters, can be tapped on to pave the way for future possibilities in the contemporary study of Rhetoric and Medicine.

CHAPTER II: THE THERAPEUTIC FUNCTIONING OF WORDS IN ANCIENT GREECE

Most scholars take for granted that the primary aim of classical rhetorical theory is persuasion, and that it should be theorized in light of a notion of audience conceived as a collective body of people. As Plato suggests, this idea of rhetoric is in stark contrast to the interpersonal exchange of reasoned discourse that characterizes his dialectical method of philosophy. By examining the archaic tradition of verbal therapy, and by exploring the medicinal uses of words in Greek culture to cure or to alleviate human suffering, I argue in this chapter that classical rhetorical theory was founded on and influenced by therapeutic principles and ethics that sanction the healing and well-being of individuals more than merely the persuasion of audiences. A therapeutic and ethical orientation to rhetoric was almost forgotten, however, particularly in the hands of Aristotle, when rhetoric became understood almost exclusively as a civic art which gave itself over to the institutions of the city-state, mainly the assembly, the court room, and state-sponsored ceremonies. Nevertheless, a therapeutic impulse endures in classical rhetorical theory and provides us with a vision of rhetoric that operates not only under a logic of influence and a model of persuasion, but also within a cultural framework of healing. It is in this vein, then, that classical rhetoric and ancient philosophy share with one another a central concern—the health of Greek citizens.

Verbal Therapy in Archaic Greece

There is a lineage of thought surrounding verbal therapy in ancient Greece that can be traced from the healing power of words in Homeric poetry, through the therapeutic function of language in the Sophists, to the moral healing of Hellenistic

philosophy, by the Stoics, Skeptics, and Epicureans. Even today for that matter—at least since the pioneering psychoanalytical work of Freud—the modern world has come to appreciate and to accept the potential for speech to restore a person's health. While the twentieth century was slow to accept verbal therapy as a legitimate and effective method of healing, the Greeks long believed in the medicinal power of speech. Their widespread faith in healing words is due partly to the oral tradition of the Greeks. As Walter Ong claims, "oral peoples commonly, and probably universally, consider words to have great power."[31] The task of contemporary practitioners and apologists of verbal therapy, including Freud and many of his followers, has been to *re-establish* faith in the effectiveness of verbal therapy in "a milieu overreliant on the purely somatic."[32] For the Greeks, though, speech was valorized for its ability to effect healing, and therefore it was widely used as a medicament to alleviate physical pain and to promote psychological well-being.

The most evident network of terms in archaic Greek literature denoting verbal healing included: a charm or conjuration (*epode*), a prayer (*euche*), or a pleasant and persuasive speech (*terpnos logos*, *thelkterios logos*). Because these terms were used interchangeably, both as terms and types of speeches, their meanings shifted throughout Greek antiquity. Their usage, however, continues past the Homeric period, and they are frequently invoked by such writers as Sophocles, Plato, and Gorgias. The *epode*, the most widely used of these terms, is so well entrenched in the Greek psyche that Plato and Gorgias will in their writings stretch the term semantically to reflect a range of speaking practices and their effects, even after speech sheds its magico-

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[31] Walter J. Ong. Orality & Literacy: The Technologizing of the Word. London: Routledge, 1982; 32.

[32] Ong. "Foreword," x. In Lain Entralgo. The Therapy of the World in Classical Antiquity. Baltimore: The Johns Hopkins Press, 1970.

religious lure in the rational context of the polis. The earliest recorded use of this term and its direct link to verbal therapy is found in the epic poetry of Homer.

The *epode* enters into the graphic world for the first time in the Odyssey. There, in Book 19, Odysseus is suffering from an animal wound he sustained while hunting with the sons of Autolycus. In an attempt to minimize Odysseus' pain and suffering, the sons of Autolycus gather around him and recite a charm (*epaoide*) to staunch the flow of blood from Odysseus' wound and to speed along his recovery.[33]

> "Then the dear sons of Autolycus busied themselves with the carcase, and the wound of noble, god-like Odysseus they bound up skillfully, and checked the black blood with a charm…"[34]

Even though this verse in the Odyssey is the first recorded use of *epode* in Greek literature, verbal therapy as a cultural practice and tradition probably dates back to a much earlier period. In reference to *epode*, Lain Entralgo argues that:

> the use of charms or conjurations with therapeutic intent—verbal formulas of magic character, recited or chanted in the presence of the patient to achieve his cure—has belonged, perhaps ever since the Paleolithic age, to almost all forms of so-called primitive culture.[35]

The *epode* recited by the sons of Autolycus was a genre of verbal therapy they likely inherited and adopted from a more ancient people and adapted for use in their own culture.

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[33] Homer. Odyssey. XIX; 455-56.

[34] ibid.

[35] Entralgo, 22.

The *epode* used to treat Odysseus' wound was likely complemented by music from the lyre and sung or chanted in Odysseus' presence. Although the meanings of words were thought to command healing power on their own, aesthetically, the rhythm and cadences of speech, coupled with pleasing melodies, were believed to produce an aurally-gratifying and potent elixir for human suffering.[36] The use of charms by Orpheus, for example, came in the form of verbal formulas wrapped in magic songs. The words of his formulas, and the melodies that carried them, worked together to effect their healing power.

By the sixth- and fifth-centuries *epode* became so well ingrained into the fabric of Greek life that everyone from priests to seers to philosophers utilized it now, irrationally—to invoke the magico-religious power of speech, now, rationally—to account for persuasion and seduction through words. All the way into:

> the final years of its Hellenistic period, the magic *epode* was never to lose its force in the popular medicine of Hellas and was always to have a character oscillating between that of a conjuration and that of a charm.[37]

The *epode* was considered a conjuration when it was used to modify the direct material conditions or reality of the world it acted upon (e.g. the blood flowing from Odysseus' leg) and a charm when its force was dependent on the power or prestige of the speaker—be it a bard or a seer. Euripides claims that "speech does not have the same power in the mouth of obscure men as in that of renowned men."[38]

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[36] ibid.

[37] 22.

[38] Hec., 293-95.

The *epode* is only one way of linking words to therapy in Homeric poetry. A plea for help in the form of a prayer to the gods (*euche*), and an affirming and uplifting conversation with a patient [*terpnos logos*, *thelkterios logos*] are two further ways the Greeks wielded healing power through words.[39] The *euche* which Odysseus and his companion sailors sing to Apollo to ease the god's anger against the Achaeans is directed to a god and is meant to persuade him to intervene in human affairs. The differences between the *epode* and the *euche* are considerable: the *euche* appeals to supernatural forces (Apollo in this example) controlling nature, seeks to calm and soften their aggravation; the *epode* (like the one sung by the sons of Autolycus) presumes human potential and agency in affecting health through speech. While the euche functions indirectly to plead for third-party divine intervention the *epode* acts more directly, assuming a causal relationship between human speech and bodily healing.

The third genre of curative words found in Homeric poetry revolves around *terpnos logos* and *thelkerios logos*. While *epode* affects nature directly through speech, and *euche* indirectly through prayers or pleas to gods, *terpnos logos* and *thelkerios logos* are both used purely for their aesthetic draw and the healing that can result from listening to beautiful words. The idea behind them is that the mind can be distracted from an immediate experience of pain by the beauty, rhythm, and cadences of speech. This is the case in the Iliad, for example, when Patroclus successfully treats Eurypylus' arrow wounds not only by using his skills at surgery but also by distracting and pleasing Eurypylus' mind with the soothing effect of his voice.

> And Patroclus, so long as the Achaeans and Trojans
> were fighting about the wall aloof from the swift ships, even so

[39] Entralgo.

> long sat in the hut of kindly Eurypylus, and was making him glad with talk, and on his grievous wound was spreading simples to assuage his dark pangs.[40]

As a complement to his applied medicaments, Patroclus' "talk" affects Eurypylus' spirit and distracts him from his pain. Distinguished from the *epode* invoked by mortals to staunch the flow of blood from Odysseus' leg, or the *euche* to Apollo to ease the gods' wrath, Patroclus' words are therapeutic because they gratify Eurypylus' mind and ears.

"The whole epic [the Odyssey]" Entralgo explains, "is in a way an enthusiastic homage to superiority in the use of words and their power to touch men's hearts."[41] This respect paid to words is not exclusive to Homeric Poetry, but extends well into the fabric of Greek Culture. In Aeschylus' Prometheus, for example, Oceanus says to Prometheus, "Do you know, Prometheus, that there are speeches that cure the sickness of wrath?" Prometheus acknowledges this and argues that it must be done at the "right time."[42] And, as Ulysses speaks in Philoctetes, "In the life of men it is the tongue and not the act that governs all."[43] It is no surprise then that the Greeks reified their affection for words in the divine portrait of *Peitho*, the goddess of seduction and persuasion.

Greek support for healing words continued well into the Classical period, even though it is clear that by the fifth-century this belief was based on less magical and more practical reflection. Sophocles makes a clear distinction between curing with words, and healing with the hand of a physician. Right before Ajax commits suicide,

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[40] Homer. Iliad. XV; 391-94.

[41] Entralgo, 29.

[42] 377-80.

[43] 98-99.

he proclaims, "it is not fitting for wise physicians to recite charms [*epaoide*] in the case of ailments that demand the knife."[44] Ajax recognizes that words alone do not always suffice in healing. "In nature there are necessary events against which the power of enchantments has no effect."[45] While speech was still regarded and admired as a medicinal agent, its efficaciousness was checked and balanced by a more contemporary and rational mode of reflection on the power of words.

Nevertheless, the Greek belief in healing words endures in post-Homeric Greece, albeit in a more contracted and constricted manner. To some extent, the need for healing words becomes even greater in post-Homeric society as "the psychic life of the Greeks during their Middle Ages [became] neurotic."[46]

> As a psychosomatic consequence of the sense of guilt and of the rites to which this sense led, there appeared among the Greeks new "diseases" or at least states and accidents of the soul and body very close to what we call disease. The epidemic spread of the Dionysiac cult, writes Rohde, "left in the nature of Greek man a morbid inclination, a tendency to experience sudden and fleeting disturbances of his normal capacity to perceive and feel. Isolated pieces of information tell us of attacks of that transitory delirium, which affected whole cities in epidemic form."[47]

"Abounding health," Aeschylus says, "is separated from disease only by a slight dividing line."[48] The fear of committing sins, moral wrongs, and impiety all contribute to the Greek sense and fear of guilt and disease, and their desire for

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[44] Ajax. 581-582.

[45] Entralgo, 53-54.

[46] 40.

[47] ibid.

[48] Aeschylus, Agamemnon. 1001-1003.

catharsis and purification. In fact, a whole profession develops in post-Homeric Greece to deal with this cultural phenomenon, and individuals who specialize in rites of purification are paid to perform purgative procedures and rituals.[49] Likewise, there is a well-documented and active community of people who deal in verbal therapy. Beginning with the sons of Autolycus whose healing charm staunches the flow of blood from Odysseus' leg, all the way to the "medical" philosophies of the Epicureans, Stoics, and Skeptics who "saw the philosopher as a compassionate physician whose arts could heal many pervasive types of human suffering,"[50] verbal therapy was a staple in Greek society, never to lose its place as a cultural practice.

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[49] The cultural phenomenon and ancient purification ritual of the *pharmakos* (the scapegoat) should not go unnoted. During periods of disease, famine, strife, etc. the Greeks would choose a person from within their community—the person was generally a slave or prisoner who had been kept fed and clothed at the city's expense—to unleash their evils upon and they would ritualistically drive the person out of the city representing its purification from whatever afflictions they were suffering. The highlight of this rite was when they flogged his penis, tormented him in other ways, and burned him with wood from wild trees and spread his ashes into the sea and winds. Two accounts of this tradition follow:

"Sacred" means "accursed." This expression is derived from a Gallic custom. For whenever the people of Massilia were burdened with pestilence, one of the poor would volunteer to be fed for an entire year out of public funds on food of special purity. After this period he would be decked with sacred herbs and sacred robes, and would be led through the whole state while people cursed him, in order that the sufferings of the whole state might fall upon him; and so he was cast out. (Petronius, fr. 1, trans. E.H. Warmington)

The *pharmakos* was an ancient form of purification as follows. If a disaster, such as famine or pestilence or some other blight, struck a city because of divine wrath, they led the ugliest man of all as if to a sacrifice in order to purify and cure the city's ills. They set the victim in an appropriate place, put cheese, barley cake and dried figs in his hand, flogged him seven times on the penis with squills, wild fig branches, and other wild plants, and finally burned him on wood from wild trees and scattered his ashes into the sea and winds in order to purify the city of its ills…(Hipponax, fr. 5, trans. D.E. Gerber)

[50] Martha Nussbaum. The Therapy of Desire: Theory and Practice in Hellenistic Ethics, 1994; 3.

The Therapeutic Function of Language in the Classical Period

Belief in the power of words takes on additional significance for the Greeks when speaking well and effectively becomes associated with the role of an active and engaged citizen and the proper functioning of a deliberative democracy. As Entralgo suggests, "[f]or the man of Greece there was something divine in the feat of convincing and shining socially by means of the word."[51] As the Greeks transition into their golden age of democracy in the fifth-century, their need for effective speakers becomes greater as citizens take on the responsibility of self governance in the polis. The Sophists play a vital role as instructors of speech, and they help furnish Greek citizens with the necessary verbal tools for speaking, debating, and deliberating in the social institutions of the city-state.

The Sophists have been regarded as heralds of a new age that broke completely away from archaic Greece. Their emphasis on persuasion as a rational activity and on deliberation as a self-conscious communal practice in the polis gives cause to some scholars to align the Sophists with the requirements of a new time period that replaced myth with reason, the power of blood with the power of speech, and the efficacy of mythico-religious truth with the importance of opinion. Other scholars regard the Sophists as active carriers of the mythical tradition even as prose supplanted poetry. The difference in scholarly perspectives on the Sophists can be partly accounted for by the particular Sophist examined. Thus, while Protagoras' Great Speech is considered to reflect the deliberative practices of the classical polis, Gorgias' Encomium of Helen is regarded as advancing classical notions of rhetoric within a context of an ongoing and continuous mythical tradition.

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[51] Entralgo, 66.

My own emphasis on Antiphon is meant to suggest the co-presence of both these lines of thought and to cast rhetoric as being developed both in response to the new requirements of the democratic polis and in response to the continued importance of the mythical tradition in the Classical period. On the one hand, Antiphon's Tetralogies demonstrate his participation in the new era's concern about rhetorical practices in the polis and specifically in its democratic courts. Even though replete with mythical themes, the Tetralogies articulate rhetoric as a set of practices intended for the courts. On the other hand, Antiphon's practice as a healer, and his interest in bringing some of his knowledge about language under the auspices of therapy, makes him a key figure in the transition of verbal therapy from the Archaic to the Classical period. As Antiphon claimed, "the intelligence [*gnome*] rules the body both in respect to health and illness as in all the rest."[52] Antiphon's double though complementary life as a rhetorician and a psychotherapist make him an especially important link in the transformation of archaic verbal therapy to rhetorical practices of therapy in the fifth-century.

Visitors to the Corinthian *agora* in the fifth-century BCE might have been tempted to inquire into Antiphon's sign advertising his talking cure clinic. Of this, Plutarch says Antiphon:

> … composed a manual for the avoidance of troubles, on the analogy of the treatment of the sick by doctors; and getting himself a room near the marketplace at Corinth he advertised that he had the power of curing those that were in trouble by means of speech; and discovering the causes of their sickness by inquiry he consoled the sick.[53]

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[52] frag. 2 Diels, quoted in Entralgo, 104.

[53] Rosamond Kent Sprague. The Older Sophists, Columbia: University of South Carolina Press, 1972; 117-18.

Antiphon wrote about and practiced speech for medicinal purposes, and even sold his brand of psychotherapy in the *agora*. When Photius' Bibliotheca relates the story behind Antiphon's "Pain and Grief clinic"[54] it goes so far as to suggest that Antiphon discovered a new method for using words to console people suffering from psychological distress.

> [H]e discovered an "Art of Avoiding Troubles," and he built a little room near the agora at Corinth and put up a notice to the effect that he could cure people in trouble by means of speeches. And in fact he used to discover the cause of the trouble by inquiry and give consolation.[55]

Antiphon's therapeutic words in his role as a "consoler" to troubled minds predates and prefigures, in a prototypical fashion, the language of contemporary psychotherapy. The only real difference, of course, is that Antiphon was regarded as a highly trained rhetorician above and beyond his moonlighting as a therapist.[56] He apparently had little trouble moving between these roles, however, because they both drew on similar axioms and principles—namely that speech has enormous power over the human psyche to effect psychological and physiological change. As Antiphon wrote, "the intelligence [which is affected through speech] rules the body both in respect to health and illness as in all the rest."

One method Antiphon deployed in his therapeutic and rhetorical pursuits was interpretation. More than 2400 years before Freud would write The Interpretation of

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[54] 108.

[55] ibid.

[56] Few contemporary psychotherapists have been willing to grant the similarities between rhetoric and therapy today. Thomas Szasz and Jerome Frank are notable exceptions.

Dreams, a book which helped launch the modern field of Psychoanalysis, and about 700 years before the publication of Artemidorus' The Interpretation of Dreams (in the second century A.D.),[57] Antiphon interpreted dreams and wrote about dream interpretations in his no longer extant work, On the Interpretation of Dreams.[58] Antiphon was neither the first Greek to practice the often mystical and magical act of dream-inspired divination, nor was he original in his use of words for healing purposes; although his method for *selling* them in the *agora* sparked interest as being unique and innovative (especially to us looking back on him today).[59] Antiphon's practices were novel to the extent that he was the first *secular* individual in Greece to conduct therapy through the interpretation of dreams, blending modes of speech analysis that are traditionally associated with rhetoric, with methods for interpreting thoughts drawn from the verbal therapeutic tradition. Antiphon's secularized therapy broke with what Roccatagliata calls a tradition of "sacred psychiatry," which began "formally with the cult of [Aesclepius] about 100 years before the Trojan War."[60]

In part because Antiphon was the first secular individual to conduct dream interpretations, his rhetorical practices capitalized on and were influenced by verbal

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[57] Michel Foucault. The History of Sexuality Volume 3: The Care of the Self. New York: Vintage Books, 1986. p. 4.

[58] Sprague, 108. Freud does not mention Antiphon in his literature review toward the beginning of The Interpretation of Dreams. And, in the section where he acknowledges Artemidorus' contribution to the literature in this area, he is ungenerous to say the least. Artemidorus, on the other hand, does acknowledge Antiphon's writings on dream interpretations.

[59] Giuseppe Roccatagliata. A History of Ancient Psychiatry. Greenwood Press, 1986; 21. He argues that a "whole class of priest-physicians had arisen who, on the grounds of the divine interpretation of dreams, deciphered the oneiric image for curative aims. Thus emerged a trend of interpreting dreams for therapeutic purposes." The temples of Aesclepius are most well known for engaging in practices of oneiro-therapy (therapy through dream interpretation).

[60] 12.

therapy and the cultural support afforded to it. As a therapist, Antiphon directly participated in this ancient cultural practice, selling his words as medicine and cures for human suffering. In his double role as a prominent Sophist and rhetorician, Antiphon was a pivotal figure who oscillated between this verbal therapeutic tradition and the more contemporary and structured study of language in the fifth-century, Rhetoric. Philostratus is able to argue in his Lives of the Sophists that Antiphon "invented [an] art of rhetoric which has not previously existed" in part because Antiphon borrowed methods and concepts critical to the practices of verbal therapy and used them to establish rhetoric within a therapeutic trajectory and framework.

Antiphon's talking cure clinic is only one example of how the belief in the power of speech to heal became a defining characteristic of early rhetorical practices in the Classical period. His dual profession as a teacher of rhetoric and as a healing practitioner demonstrates that the art of rhetoric in the Classical period developed in parallel ways with verbal therapy that had its roots in archaic Greece. Most importantly, his interpretation of dreams shows how the two co-present activities could blend together into a single, indissoluble rhetorical practice. In this sense, Antiphon's work provides the first indication that classical rhetorical theory could be underwritten in light of a therapeutic orientation to words, a function that could in turn provide a legitimate foundation for classical theories of persuasion.

What Antiphon was able to do with rhetorical practices, Gorgias was able to do with rhetorical theory. Gorgias is widely credited with the first complete theory of persuasion which, as we will see, is anchored on the therapeutic power of words. Gorgias' connection with medicine is well documented by Plato and his account of Gorgias as accompanying his brother, Herodicus, the physician, in his travels. Eager to disassociate the two arts, Plato has Gorgias and his brother perform two distinct functions: the one administering medical treatment and the other persuading his

patients to submit themselves to the physician's care. Thus, in the Gorgias, Plato has Gorgias say the following about himself.

> If you knew everything, Socrates, you would see that it [rhetoric] embodies in itself and holds in sway all powers. I am going to give you a good proof of it. It has often occurred to me to accompany my brother or other physicians to the house of some patient who was refusing a medicine or who would not allow himself to be treated by iron and fire; when the physician's admonitions were powerless I would persuade the patient with no other art than rhetoric.[61]

As the above quotation suggests, rhetoric's connection to medicine extends only to the rhetor's ability to establish rapport with patients and to get them to trust their physician.

This clear-cut distinction between rhetoric and medicine portrayed by Plato is rendered suspect by other accounts about Gorgias, especially one according to which Hippocrates, the father of medicine, chose to study with Gorgias. Such an account suggests that Gorgias' approach to the persuasive function of language included its therapeutic function, which would explain Hippocrates' interest in him. This suggestion, in turn, finds validation in Gorgias' Encomium of Helen. As is well known, Gorgias demonstrated the power of persuasion by drawing in the Helen a notorious analogy between the effects that words have on the soul and the effects that drugs have on the body.

> The effect of speech upon the condition of the soul is comparable to the power of drugs over the nature of bodies. For just as different drugs dispel different secretions from the body, and some bring an end to disease and others to life, so also in the case of speeches, some distress, others delight, some cause

[61] Plato. Gorgias. 456b.

> fear, others make the hearers bold, and some drug and bewitch the soul with a kind of evil persuasion.[62]

Extending the analogy through the dual function of rhetoric and medicine to affect people positively or negatively, Gorgias crafts the relations of the orator to his hearers in the terms of a physician's relation to his patients. Like a physician administering drugs and cognizant of their power to poison or cure, an orator delivers his speech to audiences well aware of the power of language to improve or worsen their condition, delight or distress them, empower or deceive them. The analogy works, as Derrida has shown, on the double play of *pharmakon*.[63]

Yet the relationship between rhetoric and medicine that Gorgias forges is far more formidable than an analogy. Their relation becomes interdependent and indissoluble through a theory of persuasion that could only emerge out of both. At the heart of Gorgias' theory of persuasion lies the state of the human soul—its vulnerability to the influence that sights and sounds have upon it. Influenced by what the eyes perceive and what the ears hear, the soul becomes subject to the influences of the external world that impinge on it and seek to affect it. Gorgias' conception of the human soul provides, as Charles Segal has shown, a psychological basis of persuasion.[64] Persuasion, for Gorgias, unfolds in terms of the drama of the soul, its

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[62] Sprague, 53.

[63] Derrida drew attention to the variable uses of medicine in his seminal work, "Plato's Pharmacy." In that essay, Derrida argues for the mutability of the word, *pharmakon*, the meaning of which ranged from remedy to poison, depending upon the context of its usage. Metaphorically, Socrates was described by Plato as a *pharmakos* for his role as a healer to the citizens of Athens, and the word also reflects the cultural ritual of scapegoating which the Greeks employed as a therapeutic means for cleansing and purging the city of its ills. On the other hand, Derrida shows that *pharmakon* had the altogether opposite meaning when it was intended to provoke harm or deception—as Gorgias argued in the Encomium of Helen.

[64] Charles P. Segal. "Gorgias and the Psychology of *Logos*." Harvard Studies in Classical Philology. 66 (1962): 99-155.

vulnerable condition, its openness to the forceful influences of the outside world, its inability to differentiate truth from deception. This drama echoes, as Bruce Gronbeck has demonstrated, the existential condition that Greek tragedians revealed—the moral compulsion to act in situations of uncertainty.[65] Limited knowledge is, for Gorgias, an integral part of the human condition:

> All who have and do persuade people of things do so by molding a false argument. For if all men on all subjects had [both] memory of things past and [awareness] of things present and foreknowledge of the future, speech would not be similarly similar, since as things are now it is not easy for them to recall the past nor to consider the present nor to predict the future. So that on most subjects most men take opinion as counselor to their soul, but since opinion is slippery and insecure it casts those employing it into slippery and insecure success.[66]

At the limits of knowledge, the human soul has no standard for differentiating truth from opinion, no way of deciphering whether a force seeking to influence her is the force of an opinion masked as truth. Following the need to know, the soul unwittingly accepts opinions as truth. This is especially evident in situations where opinion represents consensual beliefs or where opinion comes with the warrant of expertise—as in the case of astronomers who present their opinions as scientific truth but, in time change their minds and "substitute one opinion for another." In these cases, the soul cannot but follow along, fully aware that it has been deceived and that it will be deceived again and again.

Thus caught in a situation where joy and suffering are imminent, the soul bears the same relation to health as the human body. It is exposed to external forces that can

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[65] Gronbeck, Bruce. "Gorgias on Rhetoric and Poetic: A Rehabilitation." Southern Speech Communication Journal 38 (1972): 27-38.

[66] Encomium of Helen. 11.

bring to it as much ailment and illness as wellbeing and comfort. Finally, the vulnerability of the soul's condition vis-à-vis the deceptive workings of opinion is compounded by language's capacity to shape reality and the orator's ability to create a particular view of reality and present it as though it were the only one. Gorgias' nonrepresentational view of language—the propensity to shape rather than reflect the real—complicates the power of rhetoric to alleviate pain or cause suffering, to seduce or to deceive, control or hypnotize. For the very process of representation relies for its success, as Rosenmeyer has shown, on deception.[67] Deception becomes the condition for the creative capacity of language, its ability to present the world in particular ways and, consequently to mobilize its presentations of the world in order to affect listeners positively or negatively. Cognizant that deception works both ways, as suspending disbelief and as manipulation, Gorgias position the human soul as utterly helpless before rhetoric's power to affect it.

Gorgias performs his theory of persuasion by defending Helen—who was accused of leaving Athens and following Paris to Troy. Seeking to replace the Greek conventional opinion with another, Gorgias argues that Helen should be exonerated of the charges if she were intoxicated and seduced by Paris' speech.

> But if it was speech which persuaded her and deceived her heart, not even to this is it difficult to make an answer and to banish blame as follows. Speech is a powerful lord, which by means of the finest and most invisible body effect the divinest works; it can stop fear and banish grief and create joy and nurture pity….Helen…against her will, might have come under the influence of speech, just as if ravished by the force of the mighty?[68]

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[67] Thomas Rosenmeyer. "Gorgias, Aeschylus, and *Apate*." American Journal of Philology. 76 (1955): 255-260.

[68] Encomium. 52.

How could Helen be responsible and to blame for following Paris to Troy if she were drugged and placed under the influence of Paris' *epode*?

Gorgias knew all too well the magical power words could wield from the time he spent studying with Empedocles. Diogenes Laertius declares that the polymathic Empedocles—seer, composer of hymns, physician, philosopher, and politician—was Gorgias' mentor and to him is attributed the bold assertion that "men follow me by the thousands to find out whither the benefit of the path leads some in need of oracles; others, because of the most varied diseases, wish to hear a curative word, long tormented by great pains.[69] Diogenes and Satyrus both indicate that Gorgias was present when Empedocles practiced his sorcery with words. Gorgias' proximity to and relationship with Empedocles no doubt influenced Gorgias to accept a magical and therapeutic perspective on words. It also left him with the knowledge that speech could produce positive and negative effects, especially when used for the purposes of persuasion.

Gorgias and Antiphon are not alone among the Sophists in adopting a medicinal approach to rhetoric. In fact, from the beginning the Sophists had a close relationship to medicine and to the healing communities of Greece. Zubiri even claims that "medicine was Sophism's great argument for the world."[70] The fact of the matter is that ideas about medicine and health and disease and illness were so pervasive in classical Greek culture that it is impossible to deny that rhetoric was subject to this discourse. Accordingly, Protagoras was known to expound on topics related to medicine, and many historians of medicine have gone so far as to suggest, and in some cases to insist, that several of the works included in the corpus of texts

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[69] Frag. 112 Diels. Quoted in Entralgo, 82.

[70] 96.

attributed to Hippocrates, the father of medicine, were actually authored by Protagoras and other Sophists. Furthermore, Sophistic rhetoricians and Hippocratic physicians were both itinerant teachers and practitioners of their art, traveling around Greece picking up apprentices and selling their services along the way, which also led some to confuse the two with one another. This is not surprising considering that Sophistic rhetoricians discoursed about medical matters and possibly even authored medical texts, and Hippocratic physicians employed rhetoric for matters of professional esteem and practical and therapeutic benefit.[71]

The relationship that the Sophists had with their contemporary healers, the influence they succumbed to from the verbal therapeutic tradition, and the pervasiveness of medical thought and ideas about illness and disease in Greek culture, all suggest that classical rhetorical theory was in several ways developed in a culture of medicine and underwritten within a therapeutic orientation to words. As a result, the central tenets regarding speech that Antiphon subscribed to as a psychotherapist were similarly used in his practice and teaching of rhetoric and adopted by other Sophists in a like manner.

The therapeutic nature of rhetoric was arguably overshadowed when rhetoric became understood almost exclusively as a citizenly art in the context of the polis. Since therapy is predicated on the notion of the individual and performed at the level of the dialogical, Antiphon's therapeutic work, for example, took a back seat to the civic and collective concerns of the fifth-century polis. In turn, Antiphon and other rhetoricians shifted their gaze away from the individual practice of therapy and turned

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[71] Julie Laskaris. The Art is Long: On the Sacred Disease and the Scientific Tradition. Leiden: Brill, 2002. *Studies in Ancient Medicine* Vol. 25. Laskaris argues quite convincingly that the Hippocratic corpus is heavily influenced by Sophistic styles of refutation and argument. And since the Hippocratic rhetoricians were one among many types of healers in ancient Greece, they were forced—through rhetoric—to defend their practices and position themselves vis-à-vis the rest of the medical community.

their attention toward the collective needs of the people. Rhetoric now catered to the citizenly functioning of the masses rather than being a therapeutic tool for human healing.

By the fourth century, Aristotle makes it quite clear in Book I of the Rhetoric that rhetoric deals with classes of persons and collective audiences, no longer having "the particular in view."[72] When rhetoricians relinquished their role in the business of therapy to focus on the collective needs of the polis, it was, as we will see, the Hellenistic medical philosophers, the Stoics, Skeptics, and Epicureans, who picked up where rhetoricians left off and used philosophy as a medicinal tool for the care and cure of the soul. Although rhetoricians were no longer purporting to practice therapy, per se, they continued to direct their efforts toward therapeutic ends—now for the healthy functioning of the body politic. What the medical doctor was to the physical body, the rhetorician became to the state.

The practice of verbal therapy was not lost on the Greeks when rhetoricians relinquished their role as individual healers and concerned themselves much more with furnishing citizens with the requisite skills to persuade in the social institutions of the state. In their stead, the Hellenistic philosophers, namely the Stoics, Skeptics, and Epicureans picked up on the tradition of verbal therapy to care for and to heal the souls of morally fraught individuals. "Empty is that philosopher's arguments by which no human suffering is therapeutically treated," proclaimed Epicurus. While the traces of therapy still remained integral to the axioms supporting rhetorical practices, the Hellenistic philosophers, to their credit, not the rhetoricians, used philosophy to care for the health of Greek citizens.

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[72] Aristotle. Rhetoric. I. II; 11-13.

Martha Nussbaum argues in The Therapy of Desire: Theory and Practice in Hellenistic Ethics that "the Hellenistic philosophical schools all conceived of philosophy as a way of addressing the most painful problems of human life…as an art of grappling with human misery."[73] Greek philosophy, then, was touted as a corrective for human diseases of the soul. "Philosophy", she argues, "heals human diseases, diseases produced by false beliefs. Its arguments are to the soul as the doctor's remedies are to the body."[74]

Nussbaum highlights the need to take the medical metaphor of philosophy seriously since "philosophy's task is like" and I would argue, was understood to be, "the doctor's task."[75] Like the doctor who uses *pharmaka* (drugs) to intervene in illness and return the body to a state of health, the philosopher's task is an ethical one: to contribute to "human flourishing, or *eudaimonia*" by intervening with *pharmaka* of the linguistic kind (*iatroi logoi*) to heal diseases of the soul.[76]

Conclusion

When the Hellenistic philosophers turned to caring for the health of the soul, rhetoricians focused their attention on promoting the healthy functioning of the polis. Although they were no longer practicing verbal therapy, per se, the ancient rhetoricians endured the influence of the verbal therapeutic tradition and re-oriented its focus on a more global level. As teachers and practitioners of a verbal art, rhetoricians were charged with the task of promoting healthy deliberations and the proper

[73] Nussbaum, 3.

[74] 14.

[75] ibid.

[76] 15.

functioning of the city-state. They did so by equipping citizens with the necessary tools to become effective and engaged citizens.

Most scholars attribute to classical rhetorical theory a plural notion of audience (following in the tradition of Aristotle) and presume that persuasion was the sole goal of all rhetorical discourse. By uncovering the therapeutic impulse in rhetorical theory, I am suggesting that classical rhetorical theory was originally influenced by therapeutic principles and an ethics of doing good through healing words. Although therapy was once a central concern for rhetoricians like Antiphon, the notion of rhetoric as therapy was almost overshadowed when rhetoric became understood almost exclusively as a civic art during the golden age of democracy in Greece. In this context, rhetoric was put to task in the institutions of the city-state—in political, legal, and ceremonial affairs. Because the trace of verbal therapy penetrated deeply into the fabric of Greek culture, it also equipped rhetoricians with axioms that supported their theories of persuasion.

Uncovering the therapeutic history of rhetoric challenges us to take seriously the influence that verbal therapy had on the development of classical rhetorical theory. Gorgias' medicinal explanation for persuasion and Antiphon's therapeutic practices are clear evidence of the traces of this verbal therapeutic tradition. The Sophistic rhetoricians of the fifth- and fourth-centuries prosper in part by offering a vision of rhetoric and rhetorical theory that capitalized on their reputation as masters of speech and was informed by the cultural support afforded to the power of speech to heal.

Rhetoric did not lose a therapeutic orientation to speech, even when rhetoricians like Antiphon "thinking that this occupation [therapy] hardly fit his ambition, turned to rhetoric."[77] Since rhetoric was required for the health of

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[77] Sprague, 120.

democracy, and since it was vital for becoming an effective and engaged citizen, rhetoricians were, in more ways than one, physicians of culture and doctors of democracy. They cared for the health of the body politic by equipping citizens with the tools for persuading and the ability to direct the course of political debates. Deliberation relies on rhetoric and democracy on deliberation. A healthy democracy is one in which its citizens man the ranks as political advisers, diagnosing the current state of affairs, offering a prognosis on the future, and prescribing actions that will bring about a strong and healthy state. It is in this therapeutic approach to political discourse that the verbal therapeutic tradition might possibly have achieved its highest ambition.

CHAPTER III: PLATO ON RHETORIC AND MEDICINE

Whereas Aristotle covered over rhetoric's links to medicine and therapy because he wanted to capture the disciplinary character of rhetoric, Plato covered them over because he wanted to show that medicine was a *techne* whereas rhetoric was by comparison nothing more than a knack. But as this chapter will show, this covering over does not last, and Plato becomes implicated in the historical moment he occupies, a moment during which the fluidity of disciplinary boundaries is still being widely acknowledged. In making this argument, I proceed as follows. First, I examine the Gorgias to show that Plato's portrayal of rhetoric as an incomplete art is based on its opposition to medicine—a true *techne*. Second, I examine the Phaedrus to show that Plato's portrayal of rhetoric and its opposition to medicine undergo radical change. When rhetoric becomes treated as a potentially true *techne*, its relation to medicine becomes re-articulated as one of interconnection—which exposes the similarities between the two. By tracing the process through which the stark opposition Plato draws between medicine and rhetoric becomes re-expressed as a potential similarity between the two, this chapter also seeks to take a new angle on Plato's attitude toward rhetoric, arguing against scholars who have claimed that the only evidence Plato gives us about an ideal rhetoric is through its relationship to dialectic. This chapter shows instead that another way Plato attempts to capture the potential of rhetoric as a true art is through its relationship to medicine.

Rhetoric in the *Gorgias*

There is no question that Plato loathes rhetoric, especially that brand which the Sophists practice and teach. To Plato rhetoric is a sham art and its practitioners are charlatans of truth because they use persuasion to convince people that they have

knowledge when in fact they have nothing more than the semblance of knowledge. Socrates says that "the orator need have no knowledge of the truth about things; it is enough for him to have discovered a knack of convincing the ignorant that he knows more than the experts."[78] Rhetoric, therefore, deals in the appearance of knowledge and has little regard for cultivating or for instilling in hearers true wisdom. Philosophy, on the other hand, is a noble activity because it strives to realize the Good, the True, and the Beautiful. Rhetoric has to do with superficial and false knowledge, philosophy with deep learning and truth.

Plato takes his hardest line on rhetoric in the Gorgias. In it he resists calling rhetoric an art and declares that it is no more than a mere "knack" acquired through experience and routine that dresses itself up as an art. Rhetoric is similar to cookery and Socrates explains to Gorgias in this dialogue that rhetoric and cookery are both "subdivisions" under the same general category of "pandering."

> "Well, Gorgias, the whole of which oratory is a branch seems to me to be a pursuit which has nothing to do with art but which requires in its practicing a shrewd and bold spirit together with a natural aptitude for dealing with men. The generic name which I should give it is pandering; it has many subdivisions, one of which is cookery, an occupation which masquerades as an art but in my opinion is no more than knack acquired by routine. I should classify oratory and beauty-culture and popular lecturing as species of the same genus…"[79]

Socrates refuses to grant rhetoric the status of an art because to him it is merely a way of pandering to aesthetic appetites just like popular lecturing and cookery. Like cookery, rhetoric has no methodical way of classifying and defining its knowledge and

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[78] Gorgias. 458 (Hamilton translation)

[79] 463.

practices. Instead, they both rely on a person's natural endowments that are cultivated through experience and routine.

Through Socrates' mouth, Plato groups rhetoric and cookery together and places them in opposition to medicine. As Socrates explains, cookery, just like rhetoric, is a superficial form of intelligence while medicine, on the other hand, proceeds systematically into its subject matter to arrive at true knowledge.

> ….in my opinion cookery, unlike medicine, is a knack, not an art, and I added that, whereas medicine studies the nature of the patient before it treats him and knows the reasons which dictate its actions and can give a rational account of both, cookery on the other hand approaches in a thoroughly unmethodical way even that pleasure which is the sole object of its ministrations; it makes no study of the nature of pleasure or of the causes which produce it, but with practically no attempt at rational calculation is content to record as a matter of routine and experience what normally occurs, and is enabled to purvey its pleasures by this means.[80]

Rhetoric and cookery cannot provide a "rational account" of their practices, nor can they explain the reasons behind their actions and procedures. They make no attempt at "rational calculation" but rather proceed haphazardly with limited knowledge gleaned through experience. An art, on the other hand, like medicine, studies the nature of its methods and subjects and can provide reasons and justifications for its procedures. Rhetoric and medicine, then, are set in opposition to one another in the Gorgias with medicine representative of a good art and rhetoric a mere knack for pandering to audiences.

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[80] 501.

Rhetoric's Opposition to Medicine

In the opposition that Plato draws between medicine and rhetoric, medicine acts as the standard up against which rhetoric must be measured. In view of this standard, rhetoric is not an art because its practitioners do not inquire into the true nature of their subject—like doctors do. Rather they proceed haphazardly without any exact method or precision in their practices. Driven by the desire to chase after beliefs and opinions instead of true knowledge, the rhetorician adorns his discourse, according to Plato, in a way that makes him appear knowledgeable to those who do not know any better—the general public. At one point in the dialogue, Socrates and Gorgias illustrate the opposition between knowledge and ignorance, knowing and seeming to know, by explicit reference to the opposition between the rhetor and the doctor.

> *Socrates*: You said just now that even on matters of health the orator will be more convincing than the doctor.
>
> *Gorgias*: Before a popular audience—yes, I did.
>
> *Socrates*: A popular audience means an ignorant audience, doesn't it? He won't be more convincing than the doctor before experts, I presume.
>
> *Gorgias*: True.
>
> *Socrates*: Now, if he is more convincing than the doctor he is more convincing than the expert?
>
> *Gorgias*: Naturally.
>
> *Socrates*: And the non-doctor, presumably, is ignorant of what the doctor knows?
>
> *Gorgias*: Obviously.
>
> *Socrates*: So when the orator is more convincing than the doctor, what happens is that an ignorant person is more convincing than the expert before an equally ignorant audience. Am I right?
>
> *Gorgias*: That is what happens in that case, no doubt.

> *Socrates*: And the same will be true of the orator in relation to all the other arts. The orator need have no knowledge of the truth about thing; it is enough for him to have discovered a knack of convincing that ignorant that he knows more than the experts.[81]

Unlike the rhetor, the doctor is "a man who has learnt…the character which knowledge of that subject confers,"[82] and Socrates groups "the art of medicine among those which are concerned with good"[83] and "with the highest welfare of body and soul." On the other hand, "the pseudo-art of the pander…has no accurate knowledge" so rhetoric and cookery put "on the guise of each of the genuine arts pretend[ing] to be the art which it is impersonating"—medicine in both these cases[84] As a final criterion of the true *techne*, Socrates points to medicine once again: "medicine studies the nature of the patient before it treats him and knows the reasons which dictate its actions and can give a rational account of both…"[85] Once again, rhetoric pales in comparison because "it has no rational account to give of the nature of the various things which it offers."[86]

A closer reading of the Gorgias, though, suggests that the opposition between rhetoric and medicine loses its stark contrast as soon as the possibility for a "good" rhetoric comes into the intellectual horizon. This rhetoric, we come to know, says not what people want to hear—it does not pander to the aesthetic and linguistic appetites

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[81] 459.

[82] 460.

[83] 500.

[84] 464.

[85] 501.

[86] 465.

of individuals for the sake of flattering, gratifying, and pleasing—but what people need to hear in order to become better.

> [T]here are two kinds of political oratory, one of them is pandering and base clap-trap; only the other is good, which aims at the edification of the souls of the citizens and is always striving to say what is best, whether it be welcome or unwelcome to the ears of the audience. But I don't believe that you have ever experienced the second type;[87]

The first type of oratory, what Socrates calls a "false rhetoric," is defined in terms of what it seeks: pleasure and gratification. By direct contrast, "good" rhetoric is defined in terms of the "betterment" and "improvement" of others, the "edification of the soul." Even though the terms used to describe "good" rhetoric are not medical terms, they do carry across the idea of a cure. These terms link rather than separate rhetoric and medicine.

Interestingly, "good" rhetoric is cast not as an ideal but as a rare version, something one does not get to hear in the assembly. As Socrates says to Callicles, "But I don't believe that you have ever experienced the second type." Far from an ideal, "good" rhetoric seems to be very possible, a speech every politician could deliver but chooses not to, opting instead to please and flatter audiences by pandering to them. Socrates says to Callicles:

> Do the speakers in your opinion make it the constant aim of their speeches to improve their fellow-citizens as much as possible, or do they too set out merely to gratify their hearers, sacrificing the public interest to their own personal success, and treating their audience like children, whom their only object is

[87] 503.

> to please, without caring whether the effect of their speeches is improving or the reverse?[88]

Socrates' view on political oratory is that it is self-interested and functions to please and gratify hearers, rather than to improve and better them by saying what is good and true. Good political oratory—which is possible, though politicians choose not to engage in it—is like medicine—in that it similarly aims at the betterment of people, the welfare of their soul.

In the Gorgias, then, Plato qualifies the sharp opposition he drew between rhetoric and medicine. This opposition, we come to know, describes only the relationship between the type of rhetoric practiced in the assembly. But another version of rhetoric, available to political orators though they choose not to practice it, stands not in opposition to medicine but in close relation to it. With this qualification, the stage is already set for a fuller treatment of 'good" rhetoric in Phaedrus.

Rhetoric in the *Phaedrus*

In his later dialogue, Phaedrus, Plato's attack on rhetoric eases to make room for the possibility of a "true" art of rhetoric that is analogous to the art of medicine. The Phaedrus continues and more fully develops and articulates the theme of a good kind of political oratory that Plato only hints at in the Gorgias. Largely guided by medicine, the new conception of rhetoric creates a strong impression, as we will see, that medicine and rhetoric are not as far apart from each other's intellectual and practical embrace as Plato would initially have us believe.

Certainly, rhetoric is not the only topic discussed in the Phaedrus, even though it is the dialogues' focal point. Love, immortality, poetry, the soul, myths, and

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[88] 502.

medicine all make their way into the dialogue in one way or another. Nevertheless, the dialogue's main theme is discourse and rhetoric, and the action of the dialogue begins and ends on this topic. It starts with a conversation between Socrates and young Phaedrus, a student of the well-known orator, Lysias. Phaedrus is a lover of rhetoric and he has just come from Epicrates' house excited by a speech he heard by Lysias. He praises the speech as "clever" because it advances a novel position on love. He also claims that it is "marvelously eloquent, especially in its use of language." Being a lover of discourse himself, Socrates is eager to hear Lysias' speech. Phaedrus initially keeps from Socrates that he has the written text of the speech on his person—tucked under his cloak—but Socrates discovers it and convinces Phaedrus to let him hear it, not just to recite its main points, but to read from the written manuscript.

Already in the beginning of the dialogue speech is associated with pleasure, seduction, and superficial attraction. Plato refers to Lysias' discourse as a *pharmakon*, a drug, that draws Socrates outside the walls of the city, a place he would otherwise not normally venture. Derrida has argued convincingly that the *pharmakon* is an ambiguous term in the dialogue that can refer to a variety of meanings in ancient Greek.[89] Nevertheless, the context of this passage says, without much doubt, that popular speeches like Lysias' have an aesthetic draw that please people's linguistic appetites. On the surface they may appear beautiful, good, and true but at close inspection they prove ugly, bad, and false. With Lysias' speech, "false" rhetoric pointed to in the Gorgias acquires a more complete demonstration.

Lysias' speech is the first of three delivered in the dialogue. It argues that it is better to be a non-lover—to be the object of one's affection—than it is to be a true

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[89] Jacques Derrida. "Plato's Pharmacy." in Dissemination, trans. Barbara Johnson. Chicago: University of Chicago Press, 1981; 63-171.

lover—to be in love. It is better, in other words, to not care for a lover, to engage in relationships purely for self-interest, than to actually be in love and to sacrifice your interests for those of another. Socrates is unimpressed with Lysias' speech and pledges to be able to offer a better discourse on the same subject. Socrates winds up delivering the next two speeches. The first one follows in the same spirit as Lysias'; it praises the evil lover. The second one Socrates delivers as a corrective to the alleged impiousness of the first.

These three speeches set the tone for the main event of the dialogue—Socrates and Phaedrus' discussion about the possibilities and limitations of rhetoric and writing. After Socrates' second speech, the style of the Phaedrus shifts from speeches to an extensive discussion and analysis of rhetoric and then writing. In many ways, the three speeches on love can be read allegorically—as Richard Weaver has shown—and as a preview for the main focus of the dialogue. In other words, to practice rhetoric one should study the true nature of the subject under discussion, not merely pursue it for matters of self interest and personal gratification (i.e. the non lover). While the first two speeches fail to convey a sufficient knowledge about the subject matter addressed, Socrates' second speech exhibits the possession of knowledge about love by the speaker. Based on this criterion, Socrates declares: "he who knows not the truth, but pursues opinions, will, it seems attain an art of speech which is ridiculous, and not an art at all."[90]

Thus far, the tenor of the Phaedrus follows pretty much that of the Gorgias in terms of its take on rhetoric. Here too Plato rebukes rhetoricians because, as Phaedrus has heard:

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[90] 262c.

> …one who is to be an orator does not need to know what is really just, but what would seem just to the multitude who are to pass judgment, and not what is really good or noble, but what will seem to be so; for they say that persuasion comes from what seems to be true, not from the truth.[91]

Orators steer people away from the truth because they practice a "false" rhetoric of appearances. They persuade people to think that they actually posses real knowledge when in fact they have no more than beliefs and opinions, the appearance of knowledge. Appearances deceive, and the Sophists then are deceivers of wisdom. They know only the "preliminary to rhetoric," a prelude to the real art.[92] A large portion of the Phaedrus is animated by and devoted to the belief that rhetoricians are concerned only with what is seemly, with no real desire to learn the true nature of their (alleged) art of speech. Their practices lack "scientific" knowledge which any art, if it is to be considered a *techne*, must possess.

Yet the Phaedrus will go on to offer a changed conception of rhetoric and to provide a changed portrayal of its relation to medicine. To be sure, Plato does not shift his position in the Phaedrus concerning the Sophists and the form and function of the rhetoric they practice and preach. To him the Sophists are still deceivers of wisdom who use an uninformed rhetoric to produce convictions in hearers without any concern for the well-being of their souls. In the context of speeches about love, caring for others becomes an important issue, bringing notions of welfare, well-being, and improving to the forefront. Along with these loose associations with medicine, rhetoric is directed—following the example of medicine—toward what Jacqueline de Romilly refers to as "a science of dialectics."[93] Even though Plato does not retract his

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[91] 260a.

[92] 269b.

[93] Jacqueline de Romilly, The Great Sophists in Periclean Athens. Oxford University Press, 1998; 71.

previous stance on rhetoric and his criticism of how it is practiced, the Phaedrus balances that more critical stance by endorsing an informed and methodical rhetoric that is comparable to medicine and which aims to improve the health of an auditor's soul.

The Method of a True Art of Rhetoric

The opposition Plato draws between medicine and rhetoric initially on the basis of a true *techne*—an opposition called into question in the Gorgias—becomes in the Phaedrus even more unstable. A connection between rhetoric and medicine becomes tenable as soon as Plato links rhetoric with the audience's souls. For the first time, Plato defines rhetoric as 'leading souls through persuasion,' a definition perhaps designed to raise the question, 'Where does rhetoric lead the soul to? The right or the wrong place? Toward health or toward sickness? The definition, in other words, already suggests that rhetoric works on souls precisely the same way that medicine works on bodies, either to poison or to cure them. That rhetoric leads the soul already suggest the duty of the rhetorician to know the soul's destination—precisely in the way that a physician has the duty to know the body's orientation toward health.

Socrates is quite explicit in describing how one should go about developing and practicing a true art of rhetoric. The first step is to learn about the different types of souls. "Since it is the function of speech to lead souls by persuasion, he who is to be a rhetorician must know the various forms of soul."[94] A true art of speech requires knowledge of the various forms of the soul and a systematic attempt to classify them accordingly. Because a good rhetoric, as Socrates states in the Gorgias, deals in "the edification of souls," one must know the true nature of the soul in order to direct it

[94] 271c-d.

toward the Good. A great deal of the latter half of the dialogue is animated by Socrates' refusal to admit that rhetoricians—especially the Sophists—possess an art and to base their refusal repeatedly on the claim that they know nothing about the souls of their audiences: "[H]e who is to develop an art of rhetoric," Socrates says, "must first make a methodical division and acquire a clear impression of each class…"[95] For how can one practice the art of leading souls without knowing about the true nature of the soul?

The second step is to learn how to align the right discourse to the right soul. A speaker must learn to classify the various classes of souls in order to learn how to best match types of discourses and types of souls appropriately. Certain speeches are fitting and appropriate—naturally and organically—to certain classes of people. This natural fit must be discovered a priori. "Now they are so and so many and of such and such kinds, wherefore men also are of different kinds: these we must classify."[96] Like a philosopher, the rhetorician must break down, classify, and define the types of discourse that are relevant to classes of souls and fit them together like matching pieces in a puzzle. The matching is not done haphazardly but rather by discovering the right fit between soul and discourse. Certain speech is persuasive only on certain individuals. "Then there are also various classes of speeches, to one of which every speech belongs. So men of a certain sort are easily persuaded by speeches of a certain sort, and men of another sort cannot be so persuaded."[97] Rhetoric, in other words, must be systematized to account for the various possibilities and combinations of matching discourses and souls.

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[95] 263b.

[96] 271d.

[97] 271d.

While knowledge of the soul's destination, the types of souls, and the matching of discourses and souls requires an a priori procedure, the incorporation of this knowledge in the domain of human affairs requires practical application.

> The student of rhetoric must, accordingly, acquire proper knowledge of these classes and then be able to follow them accurately with his senses when he sees them in the practical affairs of life; otherwise he can never have any profit from the lectures he may have heard. But when he has learned to tell what sort of man is influenced by what sort of speech, and is able, if he comes upon such a man, to recognize him and to convince himself that this is the man and this now actually before him is the nature spoken of in a certain lecture, to which he must now make a practical application of a certain kind of speech in a certain way to persuade his hearer to a certain action of belief….[98]

A keen awareness of timing and sensitivity to situational requirements must complement knowledge of discourses and souls. After knowledge of the various souls and types of speech has been acquired, and when rhetoricians have learned to match them together in practical affairs, they must learn also about the occasions for speaking and the styles of speech that suit these occasions.

> when he has acquired all this, and has added thereto a knowledge of the times for speaking and for keeping silence, and has also distinguished the favourable occasions for brief speech or pitiful speech or intensity and all the classes of speech which he has learned, then, and not till then, will his art be fully and completely finished; and if anyone who omits any of these points in his speaking or writing claims to speak by the rules of art, the one who disbelieves him is the better man."[99]

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[98] 271e-272a.

[99] 271d-272b.

A rhetorician's art is incomplete—will not come to fruition—until it is guided by wisdom about the right times to speak and to remain silent, and which occasion calls for which kind of speech. Paralleling the Sophistic emphasis on "right timing," and *kairos,* Socrates makes clear that speech must be appropriate with respect to timing and suitability. Paradoxically, Plato emphasizes that paying attention to matters of timing is a prerequisite to practicing a good rhetoric.

Evidence from the Hippocratic Corpus suggests that Plato is prescribing for rhetoric the very same dilemma that Hippocratic physicians of the time were dealing with—how to intervene in medical situations in a timely manner, on the basis of experiences offered from the past. Once again, Plato's opposition between medicine and rhetoric dwindles as the connection between them becomes stronger. In theoretical matters, rhetoric must follow the a priori procedures of medicine. In practical matters, rhetoric must follow the situational and timely procedures of medicine. Just as a doctor must know about the principles of health and sickness, but remain open to the particularities and peculiarities of his individual cases, so too the rhetorician must first arrive at theoretical principles and then heed situational requirements and adapt his message accordingly.

Plato's sudden concern with situational demands is a striking departure from the Gorgias and the distinction he draws in it between medicine and rhetoric. The initial opposition Plato developed was based on his critique that rhetoric should be philosophically driven, grounded on dialectical principles of inquiry, classification, and definition. Plato believes that through dialectic comes truth and rhetoric that is guided by truth is complementary and useful to the goals of philosophy. The problem with popular practices of rhetoric, Plato argued, is that they are inadequately informed and work on people's beliefs and opinions offering no more than the appearance of knowledge. False rhetoric, like the oratorical practices of the Sophists, is antithetical to the aims of philosophy. Plato has us believe that a "scientific" study of rhetoric, as

Socrates also calls it, should advance from first principles, not from inducing theory from practical experience. A true rhetoric proceeds philosophically, with reasoning and rational calculation. It is grounded by first principles. Socrates reminds us that "if a speech is to be good, must not the mind of the speaker know the truth about the matters of which he is to speak?"[100] These truths are to be discovered external to the context of any speaking engagement. They exist in a metaphysical sense, not in the material world.

But now when Plato discusses the true art of rhetoric in the Phaedrus he begins to contradict the very principles that found the opposition he drew between medicine and rhetoric. In fact, he submits that it is not enough for rhetoric to be grounded in truth, and a rhetorician needs to go on much more than knowledge of the souls of his auditors. Good rhetoric requires one to be versatile in face of practical situations, accounting for matters of timing and knowledge alike, adapting his art to contingent matters, matters that can never be theorized in advance.

The Good Orator, Pericles

Even though the presumption made by Plato's readers about the relationship between the doctor and rhetorician along the lines of required knowledge about the body and soul respectively becomes justified, the dialogue turns to make this relationship explicit: first as regards to false medicine and false rhetoric. A true rhetoric heals souls in a similar way that medicine heals bodies since Socrates believes that the method of medicine is much the same as that of rhetoric.

Any art has its imposters though and only a true art of medicine should be the model for a true art of rhetoric. A false rhetoric is no better than a false medicine.

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[100] 259e.

> *Socrates*: "Tell me; if anyone should go to your friend Eryximachus or to his father Acumenus and should say "I know how to apply various drugs to people, so as to make them warm or, if I wish, cold, and I can make them vomit, if I like, or can make their bowels move, and all that sort of thing; and because of this knowledge I claim that I am a physician and can make any other man a physician, to whom I impart the knowledge of these things"; what do you think they would say."
>
> *Phaedrus*: "They would ask him, of course, whether he knew also whom he ought to cause to do these things, and when, and how much."
>
> *Socrates*: "If then he should say: "No, not at all; but I think that he who has learned these things from me will be able to do by himself the things you ask about?"
>
> *Phaedrus*: "They would say, I fancy, that the man was crazy and, because he had read something in a book or had stumbled upon some medicines, imagined that he was a physician when he really had no knowledge of the art."[101]

Plato is making a comparison here between the "crazy" physician and the false orator on the basis of the effects they both can produce. A person who knows how to produce effects on the body with his drugs is not necessarily a doctor because he lacks knowledge about the body. Likewise, the rhetorician who elicits emotions from his audience and is able to sway them in one direction or another has no less an understanding of the souls of his audience than the pseudo-doctor has of his patient's bodies. A true art consists in more than producing effects; it must be able to provide a rational account of its methods and procedures.

The comparison between rhetoric and medicine, then, is also made on the basis of proper knowledge. In medicine and rhetoric, knowing merely the body or the soul is not enough since one has to also know the entire man.

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[101] 268a-c.

> *Socrates*: Now do you think one can acquire any appreciable knowledge of the nature of the soul without knowing the nature of the whole man?
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> *Phaedrus*: If Hippocrates the Asclepiad is to be trusted, one cannot know the nature of the body, either, except in that way.
>
> *Socrates*: He is right my friend; . . . [102]

In other words, one must know the propensity of man to aspire toward the Good, the True, and the Beautiful and Plato wants to position the soul within the context of true knowledge—this to him is the complete nature of man. Socrates agrees that the nature of the soul must be learned by appreciating the human body in a holistic manner. Not just any medicine will do, but Hippocratic medicine is the method of an art that Plato suggests rhetoric follow. Hippocratic medicine is special and unique because, compared with the majority of healers in ancient Greece, the Hippocratics are the most rational, calculating, and philosophical. They take pains to study the body in a systematic manner and they are the only healers in Greece, as far as we know, that drafted case studies and field notes for later study and analysis.

Since "all great arts demand discussion and high speculation about nature," Socrates advises apprenticing with a healer—a person of high thoughts—to complement natural speaking talent with inquiry into nature. Pericles, Socrates thinks, is just such a person who learned from Anaxagoras the method of the art of healing and added this to his natural facility with language.

> *Socrates*: All great arts demand discussion and high speculation about nature; for this loftiness of mind and effectiveness in all directions seem somehow to come from such pursuits. This was in Pericles added to his great natural abilities; for it was, I think, his falling in with Anaxagoras, who

[102] 269e-270c.

> was just such a man, that filled him with high thoughts and taught him the nature of mind and of lack of mind, subjects about which Anaxagoras used chiefly to discourse, and from these speculations he drew and applied to the art of speaking what is of use to it."
>
> *Phaedrus*: What do you mean by that?
>
> *Socrates*: The method of the art of healing is much the same as that of rhetoric.[103]

Medicine and rhetoric become identical to each other in the image of Pericles, one of the greatest orators in ancient Greece. It is because of Pericles' studies in medicine blended with his natural endowments in rhetoric that he is for Plato representative of a good rhetorician.

Corporeality and Writing

Drawing on the connection between medicine and rhetoric for the purposes of public speaking, also helps to explain Plato's critique of writing in the Phaedrus. Writing is not bad in and of itself, but it is disembodied writing that Plato takes issue with, the form and style of writing that lacks a lively and life-like *logos*, that is physiologically bankrupt. Socrates says that it "is clear to all, that writing speeches is not in itself a disgrace…But the disgrace, I fancy, consists in speaking or writing not well, but disgracefully and badly."[104] Plato values live logos and he detests what John Peters calls "the disembodied presence of an absent other."[105] Plato, then, must have found a way to embody his own rhetoric if he himself was able to circumvent his

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[103] ibid.

[104] 258d.

[105] John Durham Peters. Speaking in the Air: A History of the Idea of Communication. University of Chicago Press, 2001.

own critique of writing and write well. He did so, I argue, by embodying his dialogues with the flavor of dialectical exchanges and by using the divine image of the human body as a blueprint for the structure of his texts. It is the "cadaverous rigidity of writing," as Derrida argues, that makes writing ineffective and dead. Written discourse often lacks the vitality and intimacy afforded to live *logos*, the *logos* of dialectic. The presence of speakers allows for a sort of give and take that writing cannot reproduce.

> Writing, Phaedrus, has this strange quality, and is very like painting; for the creatures of painting stand like living beings, but if one asks them a question, they preserve a solemn silence. And so it is with written words; you might think they spoke as if they had intelligence, but if you question them wishing to know about their sayings, they always say only one and the same thing. And every word, when once it is written, is bandied about, alike among those who understand and those who have no interest in it, and it knows not to whom to speak or not to speak; when ill-treated or unjustly reviled it always needs its father to help it; for it has no power to protect or help itself.[106]

Written discourse, for Plato, is disembodied from its author and stands indefensible against questioning. Furthermore, written discourse cannot discriminate among audiences making itself available to anyone who wants to read it. According to Plato, discourse should be embodied; it should be a living, breathing discourse. *Logos*, as Derrida explains, is a living organism.

> Logos, a living, animate creature, is thus also an organism that has been engendered. An *organism*: a differential body *proper*, with a center and extremities, joints, a head, and

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[106] 275.

> feet. In order to be "proper," a written discourse *ought* to submit to the laws of life just as a living discourse does.[107]

Since Plato conceived of the human body as a divine form, anything constructed in its image was similarly divine. Therefore, Plato argues that good writing should be modeled after the human body, in its form and content, so as to be agreeable to the gods, and familiar to humans. Shaping discourse after the form of the human body makes it lively and embodied with the semblance of life. Plato skirted his own criticism of writing by making his dialogues reflect as closely as possible, the live *logos* of dialectic.

> There is for Plato no such thing as a written thing. There is only a logos more or less alive, more or less distant from itself. Writing is not an independent order of signification; it is weakened speech, something not completely dead: a living-dead, a reprieved corpse, a deferred life, a semblance of breath.[108]

Plato's dialogues are a lively *logos*. They are influenced by true knowledge and mimic the lively engagement of souls characteristic of dialectical exchanges.

According to this corporeal theory of writing, we can also infer that Lysias' speech read by Phaedrus at the beginning of the dialogue is poorly constructed because it fails to mimic the divine and organic structure of the human body. Acceptable writing has a corporeal structure, is embodied with bodily attributes. For Plato the form of the human body should dictate the literal composition of discourse. Every discourse, Socrates says,

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[107] Derrida, 79.

[108] ibid.

> must be organized, like a living being, with a body of its own, as it were, so as not to be headless or footless, but to have a middle and members (parts of the body), composed in fitting relation to each other and to the whole.[109]

The composition of discourse should correspond with and conform to the true constitution of the human body. Discourse modeled after the structure of the human body is physiological and alive.

Socrates later continues discussing the principles of discourse by suggesting that it consists in:

> dividing things again by classes, where the natural joints are, and not trying to break any part, after the manner of a bad carver . . . just as the body, which is one, is naturally divisible into two, right and left, with parts called by the same names, so our two discourses conceived of madness as naturally one principle within us, and one discourse, cutting off the left-hand part, continued to divide this unit, it found among its parts a sort of left-handed love, which it very justly reviled, but the other discourse, leading us to the right-hand part of madness . . . .[110]

Discourses have an organic structure that, just like the human body, can be disjointed and dissected. It is no wonder that Plato employs Hippocratic medicine to talk about writing since the physician knows how all the parts of the body work together and can teach the rhetorician a comparable method for dissecting speech.

As long as a discourse represents the harmony, order and balance of the body, the orator cannot go wrong because his speech will be in accordance with a divine form. Discourses that twist or violate the composition of the human form, however, can never be "true." Disembodied writing that is no longer physiologically active,

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[109] Phaedrus. 264c.

[110] 265e-266b.

balanced by opposites or composed of four humors is not capable of responding to questions, because it is physiologically bankrupt, ceasing to exist as a living and breathing entity.

Conclusion

This chapter has shown that in the process of trying to oppose medicine and rhetoric, the distinction Plato draws between the two gets rearticulated as a potential similarity. The first glimpse we get of the instability of Plato's opposition comes in the Gorgias when Socrates distinguishes between good and bad oratory and, while he claims that Callicles has not witnessed good oratory before, he keeps open the possibility that good oratory can be a corrective to false rhetoric and a way to cultivate the souls of an audience. The opposition between medicine and rhetoric begins to break down when Plato advances the position that the rhetorician must know the souls of his auditors just like the doctor must know the bodies of his patients. Knowing the soul and knowing the body requires more than just a priori knowledge, as Plato would initially have us believe. In addition to this, the orator and the doctor share similar concerns with situational demands and matters of timeliness. In the end of the Phaedrus we find that rhetoric and medicine become indistinguishable in the image of Pericles because his studies in medicine with Anaxagoras are blended with his natural endowments in speech and rhetoric.

Lastly, this chapter has shown that the connection between medicine and rhetoric helps to explain Plato's critique of writing in the Phaedrus. Plato is not claiming that all writing is bad—it is not an absolute assertion—but only that form of writing that neglects the true nature of the body and soul and fails to infuse this knowledge into the literal construction of discourse. Good writing is physiologically

active, and modeled after the divine form of the human body. Good writers, then, like good orators, must know—like Pericles—the whole nature of man.

CHAPTER IV: THE CONJECTURAL METHOD IN MEDICINE AND RHETORIC

> We look for medicine to be an orderly field of knowledge and procedure. But it is not. It is an imperfect science, an enterprise of constantly changing knowledge, uncertain information, fallible individuals, and at the same time lives on the line. There is science in what we do, yes, but also habit, intuition, and sometimes plain old guessing
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> Atul Gawande, Complications

> Life is short, the Art long, opportunity fleeting, experience treacherous, judgment difficult.
>
> Hippocrates, Aphorisms

In the previous chapter I argued that Plato's model for a good orator is a Hippocratic physician. When Plato invokes Hippocrates toward the end of the Phaedrus he does so to draw attention to the philosophical aspects of his method of medicine and to suggest that rhetoric could benefit and become a "true" art if it too followed a similarly informed and methodical approach to its subject matter. Plato ascribes to Hippocrates and prescribes for rhetoric an a priori methodology that coincides with his philosophical agenda and that contradicts uninformed rhetorical practices that depend on an orator's experience, habit, and guesswork. Plato believes that Hippocratic medicine is more "scientific" than rhetoric because it is guided by philosophical principles and knowledge regarding the true nature of man.[111] The Hippocratic physician, then, is understood as employing deductive reasoning from

[111] It is not clear from translations in the Phaedrus whether Plato is referring to the whole nature of man or the nature of man in relation to his cosmos.

first principles to pursue rational explanations of and treatments for disease. According to Plato, a good physician such as Hippocrates is like a natural philosopher because he follows an a priori methodology for acquiring true knowledge of his subject (the nature of man and the diseases that afflict him) and uses this knowledge as the basis for his medical treatments.

Plato cannot be trusted to provide us with a complete picture of the Hippocratic method of medicine in the Phaedrus because he is motivated by a bias to discredit rhetoric and to encourage practices that employ philosophical modes of inquiry. His treatment of Hippocrates ignores the empirical aspects of medicine explicitly argued for and regularly appearing in many of the medical writings included in the Hippocratic Corpus—the body of works posthumously attributed to Hippocrates. In fact, some texts in the corpus plainly reject the incursion of philosophy in medicine. They attack those physicians who adopt universal theories to explain the essential constituents of man and the internal, invisible causation of illness, irrespective of observable evidence. Criticizing the validity of proceeding with preconceived notions, these texts endorse an empirical approach to medicine calling for attention to the immediate symptoms of illness—the clinical data, rather than their internal causes—and to respecting the infinite variability found in medicine that can never be governed by universal principles. Within this empirical framework, theories are deemed acceptable only in so far as they can be generalized and induced from observing many particular occurrences of illness—through experience and detailed observations over time. A priori approaches to healing are tossed aside in favor of an a posteriori methodology that places value on observable facts and clinical data. As we will see, this empirical side of the Hippocratic method of medicine shares more in common with the conjectural methods of rhetoric than it does with the a priori methodology of philosophy that Plato attributes to medicine in the Phaedrus. While the Hippocratic Corpus is in many ways—implicitly and explicitly—influenced by philosophy and

theories about the essential nature of man, the corpus shows a strong resistance to philosophical practices of medicine and a tendency to advocate for detailed observations, practical experience, and sound clinical judgments.

My argument in this chapter will unfold as follows. After a brief overview of the construction of the Hippocratic Corpus and some of the scholarly debates that surround the unity and disunity of thought that characterize it, I explore the internal debate in the corpus over theoretical and empirical approaches to medicine, and show that most writings side with the latter approach. I then turn to examine theoretical approaches to medicine and to argue that their validity is placed solely on the extent to which they can be said to generalize from particular and individual experiences. Next, I proceed by showing that the overwhelming emphasis on observable facts and empirical data in the corpus branches out to considerations of such issues as incomplete knowledge, situational judgment, and conjecture—issues, in other words, central to classical notions of rhetoric. Finally, I discuss medicine and rhetoric as commonly exhibiting aspects of conjectural arts and as placing value on experimentation guided by a sense of timeliness.

Anatomy of the Hippocratic Corpus

The Hippocratic Corpus includes some seventy books on a wide variety of medical subjects including dietetics, ulcers, gynecology, and fractures, as well as medical field notes, aphorismic writings, lectures addressed to a general public, and the famous Hippocratic Oath.[112] In spite of all the texts being written in the Ionic

[112] On The Art is the most obvious example of a lecture that is addressed to a general public. In it the author argues for the existence of an art of medicine, and also tackles the objections of naysayers who claim that medicine is based more on luck than art, that patients often recover without medical assistance, that some patients die even with medical help, and that physicians choose not to treat some diseases because they believe that medicine is powerless against them.

dialect and all dealing with medicine in one form or another, there is little unity of thought among them and a great diversity in their styles and perspectives. In many cases these texts even contradict the theories and perspectives of one another. For instance, the famous Hippocratic Oath appears to prohibit the practice of "cutting"—the performing of surgery on patients—while another treatise in the corpus entitled In the Surgery makes surgery its main preoccupation.[113] Despite the tremendous diversity across these medical texts, they all seem to merge on the point of presuming that diseases are caused by natural factors affecting man, and that human agency and medicine are often successful, intervening forces affecting the course of a patient's illness. Such shared presumptions are in stark contrast to the beliefs held by sacred healers of the time who professed the supernatural and divine origin of illness, which was usually seen as a form of reprisal from the gods for human or moral failings.[114] Even though unified in subscribing to the natural basis of diseases, these texts nevertheless demonstrate ongoing disagreements as to what might be the best way to approach the art of healing: empirically or philosophically. On Ancient Medicine, for example, argues vehemently against the intrusion of philosophy and "empty postulates" in medicine, siding with empirical and observation-based techniques. Quite a few other works, however, such as On the Sacred Disease, appear to be strongly influenced by philosophical principles and universal theories concerning the

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[113] It is not entirely clear that the Oath forbid the practitioner from doing surgery. The sentence from the Oath that has generally been interpreted in this way reads: "I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein." 20-21.

[114] Sacred medicine was a significant, contending force during the Classical period, and represented strong competition for medical practitioners like the Hippocratics who were going against convention by establishing the natural foundation of illness. Julie Laskaris makes a wonderfully convincing argument that the Hippocratics were in many ways quite as religious and pious as sacred healers, and that their methods were, in many ways, similar to those used in sacred healing temples.

nature of man—his constituent parts—and the way in which the natural balance of man can be disturbed and disrupted by internal and external elements.

Historians of Medicine have long debated the origin of the corpus and the medical works included in it.[115] The prevailing view is that these medical books originated approximately between 450 and 350 BCE, and that they were written by various authors over the course of one to three centuries. Although the corpus is attributed in name to the historical figure, Hippocrates—a physician whom Plato and Aristotle both made mention of in their writings—all of the works are anonymous.[116] The most direct and contemporaneous evidence we have of Hippocrates and the method of medicine he might have practiced comes from scant references to him by Plato, Aristotle, and Aristotle's student, Menon. Despite the anonymity of the corpus, there is a long history reaching back into antiquity of attempts to define these medical texts as either authentic—written by Hippocrates or in the spirit of medicine he reportedly practiced—or spurious—rhetorical treatises composed by Sophistic orators or authors from other medical sects.[117] Those texts that deal with medicine in a detailed and systematic fashion have been regarded as the product of Hippocratic medicine[118] while those that deal more elusively with the intricacies of medical

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[115] Wesley Smith. The Hippocratic Tradition. Cornell University Press, 1979. Smith provides an excellent review of debates surrounding the construction of the Hippocratic Corpus ranging from ancient to modern views. See also W.H.S. Jones' introduction to the Loeb Classical Library collection of Hippocratic works.

[116] The discovery of the Anonymous Londinensis papyrus reveals that On the Nature of Man was reportedly written by Hippocrates' son-in-law, Polybus.

[117] On Breaths and On the Art are two examples of texts that have been labeled "Sophistic."

[118] This is especially true in the case of those who want to believe that Hippocrates was a "scientific" or at least "proto-scientific" physician, and the progenitor of western, rational medicine.

treatment—that talk more about the status of medicine as an art and that are likely intended for a lay audience—have been suspected of being authored by Sophists.

The construction of the Hippocratic Corpus and decisions about which texts to include in it is motivated by rhetorical and political concerns to define the history of Medicine. One of the most strident, historical debates concerning the corpus unfolded between the Dogmatic and the Empiric schools of medicine during the Hellenistic era. The construction of the corpus most likely dates to the fourth and third centuries BCE when physicians were initially trying to develop a system of medicine for pedagogical and practical purposes. During the Hellenistic period medical texts were collected at the library in Alexandria (approximately 250-220 BCE) and were posthumously attributed to Hippocrates. The "correct" views of Hippocrates were initially debated between the Empirics and Dogmatics. The Empirics were skeptical about theoretical and philosophical medicine so they committed themselves to detailed, clinical observations and to drawing conclusions and formulating judgments by comparing analogous cases between the past and the present. In reaction to the Dogmatics who favored a theory-laden approach to medicine that began with medical principles rather than clinical data, the Empirics attempted to brand the corpus as empirical and as confirming their approach to medicine. As a result, they highlighted those features of it and identified those works within it that accorded with their own views and that aligned with their ideal portrait of Hippocrates. The Empirics also wrote the first commentaries on these medical texts which functioned as rhetorical gestures to label and define them as examples of an empirical style of medicine and consequently to regard Hippocrates as an empirically-minded and case-sensitive physician. Aclepiades, the Methodists, the Pneumatic school, Galen, and others also commented on the corpus as each tried to thrust upon these texts their own ideals of Hippocratic medicine and to identify those treatises in the corpus as authentic by aligning them with their own respective positions.

For my purposes in this chapter, I work with the collection of Hippocratic works included in the Loeb Classical Library and approach these works as approximating the medical mindset and theories operative roughly around the time that Hippocrates practiced medicine. I take the corpus, then, as a whole, as a collective and perhaps collaborative expression of the prevailing medical views of the period.

Philosophical Versus Empirical Medicine

> The Greek knew that there were certain collections of morbid phenomena which he called diseases; that these diseases normally ran a certain course; that their origin was not unconnected with geographical and atmospheric environment; that the patient, in order to recover his health, must modify his ordinary mode of living. Beyond this he knew, and could know, nothing and was compelled to fill up the blanks in his knowledge by having recourse to conjecture and hypothesis. In doing so he was obeying a human instinct which assures us that progress requires the use of stop-gaps where complete and accurate knowledge is unattainable, and that a working hypothesis, although wrong, is better than no hypothesis at all.

W.H.S. Jones "General Introduction" Hippocrates Vol. I

The Empirics stood on firm ground in asserting the empirical thrust of Hippocratic medicine because they were able to discover a great deal of evidence in these medical texts to support their position. To be sure, many of the works in the corpus clearly bear the mark of philosophy and some even explicitly endorse philosophical principles and theoretical postulates as the starting point in medicine. For the most part, however, the corpus overwhelmingly emphasizes the priority of detailed observations and clinical experience. At several points in the corpus, an author admonishes physicians who use hypotheses irrespective of experience and unsupported by clinical facts and observations.

On Ancient Medicine distinguishes between the a priori, dogmatic theories of the philosophically-influenced physician, and the better, more empirical brand of medicine that the author endorses. The book opens with an attack on those doctors who begin their medical practices with philosophical principles. He says that, unlike the mysteries in the sky and those below the earth, medicine has "no need of any postulate" especially since postulates can never be proven true or false. Physicians who use "empty postulates" obviously "blunder in many points…they blunder in what is an art."

> All who, on attempting to speak or to write on medicine, have assumed for themselves a postulate as a basis for their discussion—hot, cold, moisture, dryness, or anything else that they may fancy—who narrow down the causal principle of diseases and of death among men, and make it the same in all cases, postulating one thing or two, all these obviously blunder in many points even of their statements, but they are most open to censure because they blunder in what is an art, and one which all men use on the most important occasions, and give the greatest honours to the good craftsmen and practitioners in it. Some practitioners are poor, others very excellent; this would not be the case if an art of medicine did not exist at all, and had not been the subject of any research and discovery, but all would be equally inexperienced and unlearned therein, and the treatment of the sick would be in all respects haphazard. But it is not so; just as in all other arts the workers vary much in skill and in knowledge, so also is it in the case of medicine. Wherefore I have deemed that it has no need of an empty postulate, as do insoluble mysteries, about which any exponent must use a postulate, for example, things in the sky or below the earth. If a man were to learn and declare the state of these, neither to the speaker himself nor to his audience would it be clear whether his statements were true or not. For there is no test the application of which would give certainty….medicine has no need of any postulate.[119]

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[119] On Ancient Medicine. I; 1-27.

Physicians are "most open to censure" who employ postulates to "narrow down the causal principle of diseases and death among men making it the same in all cases." These physicians fail because their principles are universalistic while medical cases are particular and infinitely variable. Later in this same treatise the author attacks exactly what Plato attributes to Hippocrates' method of medicine—a knowledge of the whole nature of man. He specifically singles out the philosophy of Empedocles to argue that medical practitioners incorrectly "assert that nobody can know medicine who is ignorant what man is" because they let philosophy interfere with medicine where it has no pertinence.

> Certain physicians and philosophers assert that nobody can know medicine who is ignorant what man is; he who would treat patients properly must, they say, learn this. But the question they raise is one for philosophy; it is the province of those who, like Empedocles, have written on natural science, what man is from the beginning, how he came into being at the first, and from what elements he was originally constructed. But my view is, first, that all that philosopher or physicians have said or written on natural science no more pertains to medicine than to painting.[120]

Philosophy and medicine should be kept separate since philosophical issues "no more pertain[s] to medicine than to painting." The basis of medicine lies not in philosophy—not on "knowing what man is from the beginning, how he came into being at the first and from what elements he was originally constructed"—but on studying the visible appearances of disease—its symptoms—and treating these rather than the highfalutin intellectual questions of philosophers like Empedocles.

On the Nature of Man similarly condemns the intrusion of philosophy into medicine and its author claims that he ignores "anything…that is not an obvious

[120] XX; 1-15.

constituent of man" because those who profess to know anything more "have not in my opinion correct knowledge." It opens with:

> He who is accustomed to hear speakers discuss the nature of man beyond its relations to medicine will not find the present account of any interest. For I do not say at all that a man is air, or fire, or water, or earth, or anything else that is not an obvious constituent of a man; such accounts I leave to those that care to give them. Those, however, who give them have not in my opinion correct knowledge.[121]

The author designates himself as one who does not profess "the nature of man beyond its relations to medicine." Instead, he adopts an empirical agenda that observes only the "obvious constituent[s] of man" and regards any theorizing at all as wrong-headed. Indeed, the author insists on keeping medicine and data close at hand, not venturing into philosophical speculation about the nature of man.

Philosophy has no place in medicine because medicine cannot be narrowed down to universal principles that apply in every case. Medicine is infinitely variable, as are the diseases that physicians treat, and each case requires a different "starting point," according to the author of Diseases I.

> There is no demonstrated starting point of healing, which truly is the starting point of the whole art, nor any second point, nor any middle, or end. Instead, we start out in medicine sometimes by speaking, at other times by acting, and we end in like manner; nor, when we begin by speaking, do we begin with the same words, not even if we are speaking about the same thing, nor do we end with the same words. In the same way, when we begin by acting, we do not begin with the same actions, nor do we end with the same ones.[122]

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[121] On the Nature of Man. I; 1-8.

[122] Diseases I; 9.

Since there can be no one, single principle that encapsulates medicine and applies in all cases, philosophical principles cannot be relied on.

The emphasis on an empirical approach to medicine is demonstrated sufficiently through the customary habit—documented throughout the corpus—to keep records of diseases and their particular developments. The following example from Epidemics 1 shows the unique treatment that individual cases receive through the careful documentation and detailing of observable signs and symptoms:

> Philiscus lived by the wall. He took to his bed with acute fever on the first day and sweating; night uncomfortable.
>
> *Second day.* General exacerbation, later a small clyster moved the bowels well. A restful night.
>
> *Third day.* Early and until mid-day he appeared to have lost the fever; but toward evening acute fever with sweating; thirst; dry tongue; black urine. An uncomfortable night, without sleep; completely out of his mind.
>
> *Fourth day.* All symptoms exacerbated; black urine; a more comfortable night, and urine of a better colour.
>
> *Fifth day.* About mid-day slight epistaxis of unmixed blood. Urine varied, with scattered, round particles suspended in it, resembling semen; they did not settle. On the application of a suppository the patient passed, with flatulence, scanty excreta. A distressing night, snatches of sleep, irrational talk; extremities everywhere cold, and would not get warm again; black urine; snatches of sleep toward dawn; speechless; cold sweat; extremities livid. About mid-day on the sixth day the patient died. The breathing throughout, as though he were collecting to do it, was rare and large. Spleen raised in a round swelling; cold sweats all the time. The exacerbations on even days.[123]

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[123] Epidemics I. case I.

This case is typical of cases recorded by the author(s) of the Epidemics in two ways. First, it exemplifies the detail with which the Hippocratic physician documented his patient's illnesses and paid attention to what he could observe, treating from the visible symptoms of illness rather than theorizing internal causation. Instead of approaching his patients with preconceived theories, basing treatments on principles derived from a priori knowledge, the author of the Epidemics observes what appears to him—sweat, discolored urine, a dry tongue—the external manifestations and appearances of an internal disorder.

This case is also representative of many others recorded because the patient died. In fact, in sixty percent of the cases recorded in the Epidemics death occurred. The Hippocratic physician was obviously modest enough to record these unsatisfactory results, and he did so, we should believe, to help future doctors learn from his mistakes. Clearly, medicine was considered to be so plainly experimental and so heavily reliant on a practitioner's courage to take a chance at proposing a correct course of treatment that a documentation of the physician's situational judgment—however incorrect—is regarded as a valuable contribution to knowledge.

In this way, experience with individual cases and their collection over time is understood as potentially useful and practical future knowledge. When theory is understood as general knowledge emerging out of particular cases, then, it is valued. As the author of the Hippocratic work, Precepts states, "[m]erely verbal" (philosophical and speculative) conclusions are not fruitful, but only theories that are the result of generalizing from observable facts. Theories in medicine can be arrived at, he argues, by generalizing from diverse experiences and observations of the past rules that can be applicable to similar cases in the future.

> But conclusions which are merely verbal cannot bear fruit, only those do which are based on documented fact. For affirmation and talk are deceptive and treacherous. Wherefore

> one must hold fast to fact in generalizations also, and occupy oneself with facts persistently, if one is to acquire that ready and infallible habit which we call "the art of medicine." For so to do will bestow a very great advantage upon sick folk and medical practitioners. Do not hesitate to inquire of laymen, if thereby there seems likely to result any improvement in treatment. For so I think the whole are has been set forth, by observing some part of the final end in each of many particulars, and then combining all into a single whole. So one must pay attention to generalities in incidents, with help and quietness rather than with professions and the excuses that accompany ill-success.[124]

A physician must attend to "facts persistently" to develop an "infallible habit" of medical treatment. To this author of Precepts, medicine is more "habit" and routine than exact knowledge or science. The physician should use an a posteriori method to generalize from "the final end in each of many particulars" and establish theory only as a consequence of observable facts. Habit and routine "proves the best teacher of the hands," and all else is "more a matter of opinion than of art," says the author of another Hippocratic text.[125]

Those practitioners who lack habit and routine, who rely on "preconceived idea[s]" instead of experience are destined to fail even in the simplest of cases. The author of On Fractures says that:

> In dislocations and fractures, the practitioner should make extensions in as straight a line as possible, for this is most comfortable with nature; but if it inclines at all to either side, it should turn towards pronation (palm down) rather than supination (palm up), for the error is loss. Indeed, those who have no preconceived idea make no mistake as a rule, for the patient himself hold out the arm for bandaging in the position impressed on it by conformity with nature. The theorizing practitioners are just the ones who go wrong. In fact the treatment of a fractured arm is not difficult, and is almost any

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[124] Precepts. II; 1-16.

[125] ibid, 15-21.

> practitioner's job, but I have to write a good deal about it because I know practitioners who have got credit for wisdom by putting up arms in positions which ought rather to have given them a name for ignorance.[126]

Preconceived notions do not translate well into practical circumstances. "The theorizing practitioners are just the ones who go wrong," he argues, even in those cases that are "not difficult," because they are out of touch with the reality of medicine and the practical and pragmatic aspects of the art.

The author of Precepts too "approve[s] of theorizing…if it lays its foundation in incident, and deduces its conclusions in accordance with phenomena." He also argues that medicine requires experience over time, that a physician's intellect is refined through a relationship between "sense-perception" and a solid memory of those things apprehended.

> …one must attend to medical practice not primarily to plausible theories, but to experience combined with reason. For a theory is a composite memory of things apprehended with the sense-perception. For the sense-perception, coming first in experience and conveying to the intellect the things subjected to it, is clearly imaged, and the intellect, receiving these things many times, noting the occasion, the time and the manner, stores them up in itself and remembers. Now I approve of theorizing also if it lays its foundations in incident, and deduces its conclusions in accordance with phenomena.[127]

Theory is to be trusted only when it is directly correlated with experience. This type of theory, however, is subjective and relies on an individual practitioner's ability to reason through past experiences and reach particular conclusions that may be applicable to the present.

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[126] On Fractures. 1-17.

[127] Precepts. 4-16.

The Epidemics, a series of books that document a physicians' travels around Greece and the medical cases he encountered along the way, represents the first step to developing "a composite memory of things apprehended with the sense-perception." These clinical, field notes display the detailed observations of clinical data which were an essential component in the Hippocratic method, and they have come to symbolize for many historians of medicine the hallmark of clinical observation. Along with treating each particular case in its uniqueness, the authors of the Epidemics commit each case to documentation, thereby contributing to the possibility that a record of such individual endeavors may contribute to general knowledge and perhaps even practical wisdom.

Rules, Experience, and Conjecture

The above examples from the Epidemics, Precepts, On Ancient Medicine, On the Nature of Man, Diseases I, and On Fractures clearly show a strong motif that runs throughout the corpus that medicine is a practical art, that it requires the practitioner to respond to the contingencies, complexities, and particularities of individual cases; that no universal rule could ever be applied as a starting point in a physician's treatment. Stripped of certainty, medicine is forced to proceed situationally and experientially.

Such a conception of medicine is inconsistent with Aristotle's assessment of medicine as an imprecise art—much like rhetoric. According to Aristotle, the physician and rhetorician aim to do what is best in every case but their practices are always somewhat fraught with the possibility of failure, of missing their mark because they rely on practical judgments, not any exact method. In the Nichomachean Ethics, Aristotle explains his position on medicine via a discussion on moral philosophy and ethics.

> But let it be granted to begin with that the whole theory of conduct is bound to be an outline only and not an exact system, in accordance with the rule we laid down at the beginning, that philosophical treatises must only be required to correspond to their subject matter; and matters of conduct and expediency have nothing fixed or invariable about them, any more than have matters of health. And if this is true of the general theory of ethics, still less is exact precision possible in dealing with particular cases of conduct; for these come under no science or professional tradition, but the agents themselves have to consider what is suited to the circumstances on each occasion, just as is the case with the art of medicine or of navigation.[128]

Medicine to Aristotle is infinitely variable and there is nothing fixed about it because each particular case is different. The individual practitioner has "to consider what is suited to the circumstances on each occasion," determining in the moment the best course of treatment for the individual case at hand. Nevertheless, the physician does not just guess at what is best, but he is one who knows "to whom" and "when" to apply his treatments in efficacious ways.

> Even in medicine, though it is easy to know what honey, wine, and hellebore, cautery and surgery are, to know how and to whom and when to apply them so as to effect a cure is no less an undertaking than to be a physician…to be a physician and cure one's patients is not a matter of employing or not employing surgery or drugs, but of doing so in a certain manner.[129]

However much situational and contingent, medicine does entail some knowledge which, like other imprecise arts, is practical rather than exact.

We have seen in the previous sections the variety of efforts documented in the Hippocratic Corpus to regulate the situational circumstances of medicine and to bring

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[128] Aristotle, Nichomachean Ethics. II. ii; 3-5.

[129] V. ix; 15-16.

their contingent character under some kind of control. Underlaying much of the corpus is the call to formulate generalized knowledge on the basis of diverse experiences, to arrive at some theory based on individual cases, or to create a "composite memory" from isolated events.[130] These efforts provide a strong indication that authors of the Hippocratic Corpus may have conceived practical knowledge in a way similar to Aristotle's conception of practical knowledge or *phronesis*: the construction of some general rules drawn from individual cases in the past that provide a guide for understanding particular cases in the present.

As with Aristotle, several authors of the Hippocratic Corpus situate substantive knowledge in the art of medicine only in terms of past experience and knowledge based on them. The author of On the Art refutes those who discredit medicine on the basis of its mistakes and failures and attempts to exonerate medical practitioners of blame based on the knowledge that they possess about past cases:

> As if it was possible for doctors to give the wrong instructions but not possible for the sick to disobey their orders. And yet it is far more probable that the sick are not able to carry out the orders than that the doctors give wrong instructions. For the doctors come to a case healthy in both mind and body; they assess the present circumstances as well as past cases that were similarly disposed, so they are able to say how treatment led to cures then. But the patients receive their orders not knowing what they are suffering from, nor what usually happens in similar cases…Which is then more likely? That people in such a condition will carry out the doctors' orders, or do something quite different from what they are told—or that the doctors, whose very different condition has been indicated, give the wrong orders? Is it not far more likely that the doctors give proper orders, but the patients probably are unable to obey and,

[130] Atul Gawande and Jerome Groopman, both contemporary physicians writing in the genre of medical humanities continue to assert that modern, scientific medicine is no less an art than ancient medicine was considered to be. They specify the way in which we are persuaded to believe that medicine is a science when, in fact, it is humans that deal in medicine, not science, humans who are inevitably fallible, susceptible to errors, and motivated by ego concerns just as much as a belief in healing.

> by not obeying, incur their deaths—for which those who do not reason correctly ascribe the blame to the innocent while letting the guilty go free?[131]

As Aristotle does with practical arts, so does this author situate the knowledge of the art of medicine on the interaction between past and present cases.

Unlike Aristotle, though, the Hippocratic Corpus does not seem to place much faith on a dialectic between the past and the present as a method for deciphering correctly the peculiarities of the specific case based on past rules. On the contrary, rules formulated and precepts arrived at do not seem to ease the burden that the particular case carries. The persisting emphasis on the particular and the contingent turns practical knowledge not in the direction of Aristotelian rules but in the direction of conjecture and experimentation—guided more by a sense of experience rather than a set of fixed rules. That medicine proceeds conjecturally is most evident in the Epidemics where trial-and-error experimentation oftentimes leads to the death of the patient.

The Epidemics, it could be argued, are the exemplar of conjectural procedures since, as we have already seen, sixty percent of the patients recorded in them died. In the case of Autonomous in Omilus, recorded in Epidemics 5, the patient died of a wound he suffered to the head and the author of the work admits that he did not administer the proper treatment at the right time. "I was unaware that I should trephine, because I did not notice that the sutures had the injury of the weapon right on them, since it became obvious only later."[132] The cases that immediately follow offer similar evidence that the authors—presumably medical doctors—who recorded these cases readily admitted to mistakes and miscalculations. Referring to the man from

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[131] quoted in Lloyd, Revolutions of Wisdom, 115.

[132] Epidemics 5. case 27.

Cyrene at Omilus the author claims that he "was cauterized later than he should have been by thirty days,"[133] and in the next case, "Hecason, in Omilus, was cauterized late like the other one."[134]

The author of the treatise On Joints records his mistakes because he wants other physicians to learn from them.

> I once tried to make extension with the patient on his back, and after putting an unblown-up bag under the hump, then tried to blow air into the bag with a bronze tube. But my attempt was not a success, for when I got the man well stretched, the bag collapsed, and air could not be forced into it; it also kept slipping round at any attempt to bring the patient's hump and the convexity of the blown-up bag forcibly together; while when I made no great extension of the patient, but got the bag well blown up, the man's back was hollowed as a whole rather than where it should have been. I relate this on purpose; for those things also give good instruction which after trial show themselves failures, and show why they failed."[135]

It is clear from the examples above that the inexactness of medicine and the conjectural approach of medical practitioners is a central theme in the corpus. Forced to act within the limits of knowledge, physicians of the time resorted to experimental and conjectural practices, and remained committed to learning from their and others' experiences—whether successful or not. Indeed, not only do many of the books in the corpus readily admit failures in medical treatments but they also come to terms with the parameters of their therapies arguing, as in the case of the "the woman who lodged with Tisamenus….It was no longer possible to do her any good, and she died."[136]

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[133] case 29.

[134] case 30.

[135] On Joints, 47.

[136] Epidemics 3, case 9.

The administration of drugs and the performance of surgery do not follow "exact precision" but they do need to be practiced by individuals with experience to conjecture. They should have the ability to aim as close as possible to the target—the administration of a proper dose of medicine or the cutting in surgery at the right place at the right time—and to more often than not hit the mark and attain a positive end—health.

The emphasis placed by the Hippocratic Corpus on conjecture confirms the fourth-century discourse on the imprecise nature of the conjectural arts. In this discourse, the term *conjecture* becomes key for the purposes of differentiating exact from imprecise arts. Thus Plato in the Philebus distinguishes between those arts that are "most accurate" and scientific, like shipbuilding, and those that are "conjectural," like rhetoric and medicine. Rhetoric, along with piloting, generalship and agriculture, relies on "guesswork" because it is based on experience and routine rather than on precise rules and truth.[137] To Plato, conjecture is a critique, since it suggests no method, no precision, and certainly not certainty. To rhetoricians like Isocrates, however, conjecture is a legitimate way of dealing with contingent and unpredictable situations as well as of managing the incessant flux and ambiguity of life in the polis.

Isocrates makes conjecture an essential part of his rhetorical program of instruction. As Takis Poulakos argues, Isocrates advances his *logos politicos* by engaging in a discourse about stochastic arts like navigation, medicine, and politics, and "acknowledging the common character of stochastic arts, namely, the problem of having to deal usefully with unpredictable situations, steering a ship through an unprecedented storm, administering drugs for an unknown disease, or guiding the city

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[137] Plato, Philebus. 277-283.

through a unique crisis."[138] The art of archery best captures the spirit and challenge of the stochastic arts which "entailed the task of aiming at a mark and the skill required in hitting it."[139] Isocrates, Poulakos claims, "cast political deliberation as a process of aiming at the right course of action in the face of uncertainty, and *doxa* as a conjecture aimed at making the right decision."[140] To Isocrates, rhetoric and political deliberation were similar in kind to navigation and politics because all three required situated, improvisational styles of thinking and action. The intelligence required of the practitioner "was a gift belonging to persons who responded well to the challenges of a predicament they faced—having to cope in the absence of a visible path, and having to make a decision in the face of an oblique, stumbling knowledge with no other guide than the inventiveness of intelligence and the resourcefulness of experience.[141]

In his Rhetoric, Philodemus sees rhetoric in the same way that Isocrates did, as sharing the conjectural method with medicine and navigation. As Barbara Wood states, "[t]his conjectural method may be wrong at times, but nevertheless, it could be wrong for the medical profession as well as for rhetoric, for "the captain sometimes loses his ship, the physician kills his patient"."[142] "[I]t is stupid," Philodemus claims,

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[138] Takis Poulakos. "Isocrates' Civic Education and the Question of *Doxa*." in Takis Poulakos and David Depew Ed., Isocrates and Civic Education. Austin: University of Texas Press, 2004; 52.

[139] ibid.

[140] ibid.

[141] 54.

[142] Barbara Wood. "The Conjectural Method: From Ancient Medicine to Ancient Rhetorical Theory." Western Speech. Winter, 1967; 42.

"to say that rhetors have observed the elements which generally persuade, and have reduced them to a system."[143]

Kairos and Human Intervention

As with rhetoric, the understanding of medicine as a conjectural art emphasizes the necessity of developing a situational awareness that pays attention to the timing of a practitioners' practices just as much as to the practices themselves. The proper timing of medical treatments was just as experimental and uncertain as the rest of the art and its results rested on the sound judgments of the doctor. Timing was as important to the physician as it was to the rhetorician, although no method or theory can properly or accurately account for the right timing of human action in these domains. In the Phaedurs, Plato argues that if rhetoric is to be considered a true art then its practitioners must learn from medicine a method for discerning "a knowledge of the times for speaking and for keeping silence," and rhetoricians need to know how to distinguish between "the favourable occasions for brief speech or pitiful speech or intensity and all the classes of speech which he has learned."[144] In fact though, the corpus denies that any theory of timing in medicine is possible or that timing can be subject to precise rules. Instead, authors in the corpus agree with Aristotle who claims that in the domain of rhetoric and medicine timing is ultimately a subjective factor left up to the discerning practitioner to determine. Like an orator who must study his rhetorical situation and decide when and when not to speak, and what times are appropriate for certain words, and what times appropriate for others, so too the

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[143] The Rhetoric of Philodemus, trans. Harry M. Hubbell: New Haven, Connecticut, 1920, 53.

[144] 272a.

physician adopted a situational approach to his cases, using judgment to determine the timing of his treatment vis-à-vis the specific case at hand.

The emphasis the Hippocratics placed on the concept of *kairos* points to the central value that physicians placed on individual judgment and on perceiving opportune moments for medical intervention. Most often translated as the "right time" or "opportune moment" to act, *kairos* afforded the Hippocratics with a term that could represent the contingent nature of the situations they had to act within and the improvisational approach that they had to invoke. *Kairos* stresses the need to act within the constraints of a narrow and fleeting window of time and on the basis of limited knowledge.

To historians of rhetoric *kairos* is commonly recognized as a rhetorical concept made popular by Sophists like Gorgias. The term, however, is actually used more often in Hippocratic works than in the texts of the ancient rhetoricians. In medicine and rhetoric, however, the concept of *kairos* represents similar concerns stressing both the proper timing of human action and intervention, and the ability to act within uncertain, ambiguous, and fleeting situations. Two major Hippocratic treatises even use *kairos* in their first sentence and the term appears in more than thirty of the works in the corpus.

Kairos is a concept with roots in the Archaic period when it was associated with opportunities and their potential limitations on human intervention. It addresses the necessary conditions, available opportunities, and formidable limitations for the implementation of human agency. The archaic notion of *kairos* was associated with a number of domains. As Eric White explained:

> In archery, it refers to an opening or "opportunity" or, more precisely, a long tunnel-like aperture through which the archer's arrow has to pass. Successful passage of *kairos* requires therefore, that the archer's arrow be fired not only accurately but with enough power for it to penetrate. The

> second meaning of *kairos* traces to the art of weaving. There it is the "critical time" when the weaver must draw the yarn through a gap that momentarily opens in the warp of the cloth being woven.[145]

In addition, Marcel Detienne defined charioteering and navigation as prominent applications. Furthermore, the ability to goad a horse at the right moment, or to manage traps in the sea, requires a perception of *kairos*. Although the archaic world was thought to be determined by fate, one's ability to employ *metis*—a type of cunning intelligence marked by experience, foresight, shrewdness, calculation, and perhaps even deception—was often instrumental in altering destiny. In these instances, emphasis is placed on a divine offering of time, a critical time, when decisions for action must be made that may engender positive or negative consequences. *Metis* enables one to recognize the limitations for exerting agency imposed by the fleeting moment, and act accordingly in order to seize the moment and attain positive ends. Therefore, *kairos* refers to material forces that can be controlled through cunning intelligence (*metis*). The commonality in these domains is the link between a critical time and its imposed limitations on agency.

In the classical polis *kairos* continued to carry a similar connotation even though a shift occurs from the use of cunning intelligence to practical intelligence; the forces at work also shift from the divine and material forces, which control humans to the ambiguity of life in the polis, and agency shifts from surviving to manipulating that ambiguity to one's advantage. Nevertheless, the archaic model for conceptualizing the prescriptions and limitations of the opportune moment remain the same. Both mythic and civic cultures stress the narrow and fleeting window of

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[145] Eric Charles White. Kaironomia: On the Will-to-Invent. Ithaca: Cornell University Press, 1987.

opportunity, accompanied by its limitations for exercising agency, whether it is in the form of appropriate action or speech.

The Hippocratics drew on *kairos* to come to terms with the imprecision of their acts and the ambiguity of the cases they treated. Like the rhetorician, the physician relied on a practical form of intelligence, and spur of the moment improvisation to meet the demands of preserving life and administering health in situations that were unpredictable and radically uncertain.

The most prominent mention of *kairos* in the Hippocratic Corpus appears at the beginning of the work Precepts, where the author introduces the matter of time as a key constituent to his method of formulating conclusions on the basis of past experiences.

> Time is that wherein there is opportunity [*kairos*], and opportunity [*kairos*] is that wherein there is no great time. Healing is a matter of time but it is sometimes also a matter of opportunity [*kairos*]. However, knowing this, one must attend to medical practice not primarily to plausible theories, but to experience combined with reason. For a theory is a composite memory of things apprehended with the sense-perception. For the sense-perception, coming first in experience and conveying to the intellect the things subjected to it, is clearly imaged, and the intellect, receiving these things many times, noting the occasion, the time and the manner, stores them up in itself and remembers. Now I approve of theorizing also if it lays its foundations in incident, and deduces its conclusions in accordance with phenomena.[146]

"Time" is the key word for the physician because a doctor must be ready to pounce when a narrow and fleeting window of opportunity presents itself in treatment, ready to combine experience and reason to engage in decisive action. This conjectural method of theorizing is inductive, grounded in the apprehension of phenomenon, the

[146] 1-16.

accumulation of experience over time, and the ability to devise sound judgments in opportunities "wherein there is no great time."

The Hippocratic treatise Aphorisms affirms the improvisational nature of medicine by alluding to the narrow windows of productive time in treatment, the fallibility of experiences, and the difficulty of wresting sound judgments out of an imprecise knowledge and a limited time to reflect on it. The book opens with the statement: "Life is short, the Art long. The crisis [*kairos*] fleeting; experience perilous, and decision difficult." The situational context of medical decision-making requires spur of the moment improvisation that relies on the dangers of translating experiences from the past into judgments and treatments for cases in the present.

In Diseases I the author devotes several paragraphs to outlining a theory of *kairos*, but this theory remains targeted at a general awareness of timing since matters of timing are essentially subjective and no specific and precise rules can be created around them.

> Opportune moments in medicine, generally speaking, are many and varied, just as are the diseases and affections and their treatments…The most acute ones are when you must help patients that are losing consciousness....These opportune moments are acute, and a little later does not suffice, for a little later most patients die. The opportune moment is when a person is suffering one of the above: whatever aid anyone gives before the patient's spirit departs he gives at the opportune moment. Generally speaking, such opportune moments exist in other diseases as well, for whenever a person provides help, he is helping at an opportune moment.[147]
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> There are other diseases which have their opportune time for treatment early in the day, it making no difference whether very early or a little later. Other diseases have their opportune time for treatment once a day, although the particular time is unimportant, others every second or every third day, others once a month, and still others once every three months, it

[147] Diseases I; 5

> not mattering whether at the beginning or at the end of the third month. These are the opportune times of some diseases, and opportunity has no other kind of precision than this.
>
> Inopportunity is as follows: if diseases that should be treated early in the day are handled at midday, they are treated inopportunely; inopportunely, since they have a turn for the worse because their treatment was not opportune. Those that should be treated immediately are treated inopportunely, if they are treated at noon, in the evening, or at night, those that should be treated in the spring, if they are treated in winter, those that should be treated in winter, if they are treated in summer; if what should be treated at once is put off, or if what should be putt off is treated at once: things of this sort constitute treating inopportunely[148]

Kairos may very well be the key term in the Hippocratic method of medicine since it gets to the heart of the empirical mindset that values experience, good observations, and accurate perceptions to perceive opportune moments for medical intervention in a situated approach to healing. *Kairos* stresses the need for a situational determinism which relies on an individual doctor's judgment rather than on any preconceived notions about health, disease, illness, and the body.

Conclusion

Plato would have us believe in the Phaedrus that medicine is the superior art compared with rhetoric because it is philosophically informed and that the model of a good orator is the Hippocratic physician. As this chapter has shown, however, the Hippocratic physician shares just as much, if not more, in common with the empirical practitioner of rhetoric than with the a priori methodology that Plato ascribes to Hippocrates in the Phaedrus. Like rhetoric, medicine relies on observable signs and facts, on appearances, and uses these—not philosophical knowledge—as the guiding

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[148] ibid.

light in treatment. Many of the authors in the corpus firmly reject those who employ philosophy in medicine because they want to keep sanctified the art of healing as one founded on situational intelligence and conjecture—an art and not a science. Philosophical principles not only have no place in medicine but several medical writers argue that these principles are wrong, especially since the variability found in medicine can never be governed by universal and fixed principles.

As I have argued in this chapter, medicine and rhetoric have much more in common with each other than Plato is willing to give credit for in the Phaedrus. That is because Plato is contending with his own rhetorical agenda to discredit rhetoric and to encourage philosophical modes of inquiry. In turn, he fails to mention those features of Hippocratic medicine that parallel the practices of the Sophists, and hones in on only one side of a major tension exerted in the corpus between philosophical and empirical approaches to healing.

The empirical thrust in medicine accepts the fact that medicine deals with action in the everyday world of human affairs and seeks to capture from diverse particulars of the past a wide experience that may provide a basis for a conjecture about a particular case in the present, with some degree of potential success. This is the heart of the conjectural method, a method shared by rhetoricians and physicians alike, each recognizing the uncertainty of their practices and the ambiguity of the situations they encounter, but who nevertheless understand that failing to act or refusing to intervene in the face of uncertainty is not an option.

CHAPTER V: THE RHETORIC OF THE HIPPOCRATIC CORPUS

The last chapter examined the influence that rhetoric had on medicine by exploring the dominant position advanced in the Hippocratic Corpus about medicine as an empirically rather than a theoretically driven art, determined largely by situation, contingency and timeliness, and bound together by open-ended notions about knowledge that relies on past experience and present conjecture. This chapter continues to examine the influence that rhetoric had on medicine, but this time as a resource for the Hippocratics to establish their identity as a legitimate group of doctors and to articulate this identity to their audience in fifth- and fourth-century Greece. Since the Hippocratics arrived on a medical scene that was already populated by a wide variety of sacred and secular healers—herbalists or root cutters who sold and administered medicinal plans, gymnastic trainers, midwives, religious practitioners of temple medicine—the Hippocratics sought to position themselves as a viable alternative to other medical healers of the time. Evidence from the corpus suggests that the Hippocratics engaged in rhetoric to promote their art, to advance their social standing in society, and to defend against attacks that render suspect their practices of medicine.

My argument in this chapter will unfold as follows. After a brief overview of the social context of healing in the fifth- and fourth-century, I will identify the major obstacles that the Hippocratics encountered: first, the socially sanctioned medical practices of sacred healers against whom the Hippocratics had to compete; second, their low status in society as craftsmen rather than as experts; finally, the spread of charlatans whose claims to medical knowledge made it difficult to discern the Hippocratics from them. I will next explore how the Hippocratics reached to the art of rhetoric as a way to overcome these obstacles, namely, their efforts to differentiate

themselves from sacred-religious medical practitioners, to establish their own standing in society as intellectuals, and to differentiate themselves from impostors.

Sociology of Healing in Ancient Greece

One of the most significant challenges facing modern scholars of ancient medicine is to account for the concurrent rise of the Hippocratic sect of physicians who advocated naturalistic theories of disease and practical means for curing them, and the growth of the cult of Asclepius and other gods of healing.[149] As Lloyd notes:

> Earlier positivist historians of medicine like to represent the former as superseding the latter. First there was religious medicine, the type represented in the shrines of Asclepius at Epidaurus, Athens, Cos, and elsewhere. Then came naturalistic accounts of disease and their cures. Science, in a word, on this view, overtook religion as the basis of medical practice.[150]

This view of rational medicine "superseding" religious medicine has been challenged in view of evidence suggesting that the growth and rise of temple medicine occurs roughly around the same time that the Hippocratics turn up in the fifth-century. Medico-religious shrines at Epidaurus and Pergamum testify to the prevalence of magico-religious medicine well into the Hellenistic period. In other words, religious medicine thrives side by side with Hippocratic medicine, and in no way did the arrival of the Hippocratics signal the demise of religious healing.

The co-presence of sacred and secular medicine meant a competitive milieu for healers, especially for the Hippocratics since they were newcomers on the scene

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[149] Lloyd, In the Grip of Disease. 40.

[150] ibid.

and since their ideas and methods were not conventional. Although the Hippocratics are often regarded by historians of Medicine as a popular and "rationalizing" force in the medical scene of the time, the fact of the matter is that their naturalistic ideas about medicine, their attribution of disease to organic causes, and their practical, hands-on treatments were competing with a venerable enterprise of magico-religious medicine that believed in the divine origin of disease and magical means of curing them. Since Greek society in the fifth-century placed much value on tradition, Hippocratics found themselves from the start in a disadvantageous position. This is why Julie Laskaris considers traditional (mainly religious) medicine to have stood in the way of the Hippocratics, given

> the venerability of traditional medical concepts and practices; their occasional efficacy, real and perceived; and their close ties with religion and magic, made them forces with which secular practitioners had to contend intellectually and economically.[151]

Magico-religious healers were respected members of the community because they were socially sanctioned and long immersed into the fabric of Greek life. They were the immediate and direct competition for rational medicine. The cultural continuity magico-religious medicine had established shared strong bonds with tradition. As G.E.R. Lloyd has demonstrated, with reference to Chinese medicine, traditional modes and methods of healing in a culture are not easily extinguished, evidenced by the cooperative nature of medicine in China today where traditional Chinese doctors work in conjunction with modern, scientific physicians.[152] The case was somewhat similar

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[151] Julie Laskaris. The Art is Long: On the Sacred Disease and the Scientific Tradition. Leiden: Brill, 2002; 31.

[152] Geoffrey Lloyd and Nathan Sivin. The Way and the Word: Science and Medicine in Early China and Greece. New Haven: Yale University Press, 2002.

in fifth-century Greece except that the relationship between magico-religious healers and the Hippocratics was not as civil as the mutual venture of traditional and modern medicine in China today. Effectively, the arrival of the Hippocratics did not, in any way, signal the demise of sacred medicine, as some contemporary historians of Medicine have suggested.

Hippocratic medicine had to fight for its respective place in the medical community and for the confidence and trust of Greek citizens who were its potential clients. Chang argues that "[b]ecause the Greek society in the Classical period was conservative, religious, and superstitious in general, it is hard to believe that the populace would greatly appreciate the novel medical theories of rational doctors," and that the community was skeptical of the Hippocratics' unconventional practices.[153]

Part of the challenge encountered by the Hippocratics then was the care they had to show not to offend the religious predispositions of the community. As Chang claims, the Hippocratics had to walk a fine line between innovating upon current medical practices and respecting "religious beliefs of traditional Greeks that related to temple and sanctuary worship."

> Rational doctors had to be careful when promoting their rational ideas; they sought to attract wealthy and upper-class patronage using theories and treatments that were basically non-religious, but they also did not wish to challenge the dominant religious beliefs of traditional Greeks that related to temple and sanctuary worship.[154]

Though a complex picture she presents of the relationship between the Hippocratics and their competitors, Lloyd argues for a far greater challenge. More than being

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[153] Chang, 152.

[154] Chang, 45.

rivals, Lloyd claims, Hippocratic physicians and magico-religious healers actually shared a great deal in common with each others' methods and procedures, which shows

> just how complex the interrelations between several traditions of Greek medicine were. First some of the procedures used span both Hippocratic naturalism and temple medicine. Dreams are diagnostic tools in both, prognosis is practiced in both: the god prescribes foods and drugs and practices surgical interventions (in dreams) just as ordinary doctors did. But secondly there are covered or overt criticism from within one tradition of other rival ones. The god warns against cautery. On the Sacred Disease attacks any idea of personal divine intervention in the causes or cures of diseases. Yet thirdly, the vocabulary used to describe medical practice shows many common features. In particular *katharsis* does double service in Hippocratic naturalism and healing that invoked the divine. It is as if both those traditions expected patients to respond positively to the idea that what they needed was a 'cleansing.' Yet the kind of cleansing they received proved to be very different in the two cases, for the Hippocratics used laxatives and emetics, not charms, spells, and incantations. If the common vocabulary suggests certain assumptions widely shared by healers and patients, the divergent meaning and uses of the terms in question point to the struggle to appropriate the concepts in question and give them the interpretation favored by one tradition against its rivals.[155]

Much to the dismay of modern scholars, who like to view them as proto-scientific and rational physicians, the Hippocratics were in fact implicated within the religious and sacred conventions of the time, and their writings reflected, in many places, the divine beliefs of the community. For instance, the famous Hippocratic Oath begins with: "I swear by Apollo Physician, by Asclepius, by Health, by Panacea and by all the gods and goddesses, making them my witnesses,"[156] and ends with a statement on

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[155] Lloyd, In the Grip of Disease. 58.

[156] 1-3.

preserving and protecting "holy secrets."[157] Similarly, the Hippocratic work Law claims in reference to learning medicine that "[t]hings 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 sciences."[158] Their rational approach to medicine, therefore, had to be advanced on a complicated network of differences from and similarities with the magico-religious healers.

Another major challenge the Hippocratics encountered involved their perceived low status in society, a perception formed on the basis of their novel practices. Instead of appealing to divine forces for healing, the Hippocratics took a hands-on approach to medical treatment, which made their practices seem to be dirty and vulgar forms of manual labor. As one Hippocratic author acknowledges, "the medical man sees terrible sites, touches unpleasant things, and the misfortunes of others bring a harvest of sorrows that are peculiarly his."[159] The empirical method employed by many Hippocratic physicians made it common, as part of their diagnostic protocol, to handle and taste bodily discharges—including phlegm, sweat, tears, urine (and even stools!)—and to feel their patient's fevers, inflammations, swellings, tremors, and sores. Even worse, doctors were in constant and direct contact with sickness and pollution, witnessing horrible sights and physically vulnerable and susceptible to their patient's diseases.[160] As a sect of newcomers to the medical

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[157] 30.

[158] Law. V

[159] Breaths. I; 5-8.

[160] Thucydides remarks in his telling of the Peloponnesian War that when the plague hit Athens toward the beginning of the War, "the doctors were quite incapable of treating the disease because of their ignorance of the right methods. In fact, mortality among the doctors was the highest of all, since they came more frequently in contact with the sick." Thucydides. History of the Peloponnesian War. Penguin Books, 1954; 150; section 47.

community, then, Hippocratic physicians were automatically considered of a lesser breed, socially and professionally, because their ideas contradicted the time-honored traditions of healing. The manual aspects of their methods and the vulgar nature of their practices lowered their social standing even further to the point where the author of the Hippocratic work, Regimen in Acute Diseases could feel comfortable in asserting, presumably among his peers, that the "art as a whole has a very bad name among laymen, so that there is thought to be no art at all."

In part due to the manual and vulgar aspects of their practices and in part to their predominantly secular attitudes, Hippocratic physicians were regarded by the Greeks as craftsmen who sold their services in the medical marketplace to anyone who could afford them. Several ancient accounts affirm that Hippocratic physicians were grouped together in the same social class as cobblers and smiths because their work required the use of their hands much more than the application of their mind. In one of his most generously worded treatments of Hippocratic medicine, Chang argues that "manual work for pay was an ignoble pursuit. Because practicing physicians put their skills up for sale and provided services to anybody in the community, they were not considered of the highest social rank."[161] Not only were their practices manual, but they were used to treat, as the author of the Oath commands, "man or women, bond or free," i.e., socially marginalized groups, like females—who were considered "polluted"—and slaves—who were often regarded as both the harbingers and the scapegoats of disease.[162] To consider them craftsmen is not far off the mark, since they were skilled at manual practices in medicine—like cutting, stitching, bandaging—and they too regarded themselves as "craftsmen."[163] The author of the

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[161] Chang, 42.

[162] Oath. 27

[163] On Ancient Medicine. 1;7-12.

Hippocratic Oath attempts to distance medicine from the crude and manual aspects of his job, to set medicine on a more intellectual trajectory, by proscribing surgery and leaving that to those who are "craftsmen."[164]

Finally, the biggest challenge they encountered rose from the emergence of many fake physicians or charlatans following the spread of literacy and the dissemination of medical knowledge in an increasingly literate society. As printed medical information became more readily available to a general, lay readership, one could profess medical knowledge—fooling people to think he were a doctor—when all he knew was what he had read in a book, with no experience in or exposure to actual medical cases.[165] In the words of Lesley Dean-Jones, "it was possible for individuals to assume the status of *iatros* purely on the basis of rhetorical skill because there were no institutionally recognized credentials that marked off individuals as bona fide doctors." As a result, Dean-Jones continues, it was inevitable that the Greeks would be suspicious of Hippocratic doctors and would often mistake them for charlatans.

> [T]heir appearance in the fourth century is due in part to the early and widespread use of writing among the bona fide medical profession and that the success of some of these charlatans, however circumscribed or short-lived, contributed to the suspicion of medicine that arose among some in the ancient world. The ancient Greeks expected their *iatroi*—"physicians"—to have undergone extensive medical training

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[164] The section from the Oath reads: "I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein." 20-21.

[165] In the Phaedrus, Plato calls this type of person "crazy" if he professed to be a doctor when all he knew about medicine and administering drugs was from what he had read in a book rather than from real, medical practice and experience. It should be remembered that Greece in the fifth-century is a primarily oral culture, and medicine was an art passed down orally from one generation to the next. Therefore, the move toward writing and recording medical information for recall or pedagogical purposes marks an important deviation from accepted norms in the medical community; 268a-c.

> with an experienced physician, and most *iatroi* did so because it was difficult to make a living as an *iatros* without such training.[166]

The proliferation and distribution of medical books opened up opportunities for impostors to claim medical expertise by merely memorizing medical proverbs and clichés that they had read. With neither a formal or standardized system of education for doctors, nor any medical degrees or licenses to prove one's qualifications and credentials, any charlatan could feign his membership in the medical community and use his rhetorical skills to advertise himself as a physician. Knowing this as a possibility and having often experienced it, the public became increasingly more suspicious of doctors. Chang points out that anyone with "quasi-medical knowledge" could theoretically claim to be a doctor even if he never learned the trade through traditional means, like "through apprenticeship, from master to pupil."

> [t]he practice of medicine was not in any way regulated by Greek states. There was no standard training school, no examination, or license to ensure the qualification and quality of physicians; though medical techniques and skill were usually transmitted through apprenticeship, from master to pupil, like any other craft, anyone with quasi-medical knowledge could claim to be a doctor. The Hippocratic doctors commented that there were a lot of poorly-skilled doctors around; such practitioners often revealed in their practice that they did not have enough skill to tell the causes of disease, to diagnose, or to treat their patients correctly and efficiently.[167]

The Hippocratics themselves recognized that a main source of their troubles was fake or "poorly-skilled" doctors among them. By the fourth-century, Aristotle mentions

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[166] Lesley Dean-Jones. "Literacy and the Charlatan in Ancient Greek Medicine." In Written Texts and the Rise of Literate Culture in Ancient Greece. Cambridge: Cambridge University Press, 2003; 97.

[167] Chang, 52.

that there are three kinds of doctors: the master of the craft, the ordinary practitioner, and the man who learned medicine as part of his general education.[168] Clearly, unless the doctor had a well-established reputation in the community, he had to rely on his rhetorical abilities to convince people of his technical skills and the efficacy of his treatments.

Defending the Art of Medicine

On the Sacred Disease, a polemical treatise in the Hippocratic Corpus that rails against magico-religious healers who were known to treat "the sacred disease," most likely epilepsy, shows that the Hippocratics instigated many public debates. Many other texts in the corpus similarly confirm that the Hippocratics took their case to the public. As Joan Leach notes:

> The Hippocratic corpus is riddled with allusions to open debates held on medical topics in the agora. Also there are numerous allusions to and in fact, entire epideixeis treating debates over theoretical issues in the art.[169]

Hippocratic physicians participated in public debates in order to shed a positive light on their art as well as to alter the social devaluation of their practices. Following the practices of other artists, they delivered public lectures that addressed the community's concerns about medicine and that argued for medicine's respective place among the arts. Evidence from the corpus suggests that public debates of a general and specific nature were common in and outside the medical community. The author

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[168] Politics. 1282a.

[169] Leach, 62.

of the Hippocratic treatise, On the Nature of Man, says that "the best way to realise" the ignorance of some doctors, especially those who propose universal theories,

> is to be present at their debates. Given the same debates and the same audience, the same man never wins in the discussion three times in succession, but now one is victor, now another, now he who happens to have the most glib tongue in the face of the crowd.[170]

On the Nature of Man is not alone in alluding to medical debates in the community. Many texts in the corpus create the impression that they were written as public lectures to be delivered to a general public. Living in a society that placed enormous value on speaking well, Hippocratic physicians took part in the rhetorical culture of their time, debating everything from how to heal a broken leg to the status of medicine as an art. Laskaris points out that:

> Just as the sophists were instrumental in bringing about the agonistic environment that prompted other fifth- and fourth-century philosophers to define their terms and to structure their argument with greater precision, and just as the Second Sophistic provided Galen with rhetorical models for his public demonstrations of dissections, and spurred him to define medical terms with greater care, so some secular healers of the classical period adopted and adapted the rhetorical techniques of contemporary sophists in order to meet the expectations of audiences grown accustomed to skillfully made arguments and more convincing demonstrations of proof.[171]

Oratory gave the Hippocratics the outlet they needed. The lack of credentials or licensing boards left a physician with nothing but rhetorical devices to establish his

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[170] On the Nature of Man. 20-28.

[171] Laskaris, 76.

ethos as a good physician and nothing but words to display his medical acumen. Horstmanshoff goes so far as to argue that "medicine enjoyed less prestige as a craft than it did as a subset of rhetoric."[172]

The public lectures of the Hippocratics functioned in similar ways with those by the Sophists. They too can be considered as *epideixeis*, as intellectual self-displays. Medical *epideixeis* were a means to advertise one's medical expertise, and to generate business and attract students eager to learn the ways of medicine. The best among these physicians might have secured an appointment—on a contractual basis—as a state-employed physician, but these jobs were few and most physicians were forced to be entrepreneurial in their practices.[173] Even those who did receive state appointed posts were relying on their rhetorical abilities to advance their careers.

Like their rhetorical counterparts, the Hippocratics extended their repertoire of knowledge in medicine as well as their potential client base by traveling around from city to city. Like the Sophists, they became itinerant teachers and practitioners of an art who traveled—as a matter of professional and occupational habit and necessity—to wherever the business was since no one city could support the vast majority of Hippocratic physicians, especially considering the available competition as well. Even as travelers, Chang points out, they were preoccupied with intellectual matters, not merely identifying clients:

> Traveling from city to city, rational doctors kept looking for patrons who would promise them a thriving business and social prestige. In big trading cities and royal capitals in which were located political economic, and cultural centers, they

[172] Horstmanshoff, 185.

[173] Edelstein (L. Edelstein. Ancient Medicine: Collected Papers of Ludwig Edelstein. Ed. O. Temkin and C.L. Temkin, trans. C.L. Temkin. Baltimore, 1969) argued that the only really promising career objective for a doctor was to become a state-employed physician.

> attracted the ruling elite and wealthy, who were under the spell of intellectual learning, and who could appreciate the novel treatments and new medical theories derived from contemporary natural philosophy and sophistic teaching. Simply being a health benefactor and helper of the suffering qualified one only as a craftsman, and did not change one's social status; only through a connection to the upper class were physicians able to rise to a higher position. Practicing as an intellectual doctor was key.[174]

The Hippocratic treatise Airs, Waters, Places, and the Epidemics clearly reflect the physician's itinerant nature and their habit of documenting the cases they encountered along their journeys. The seven books of the Hippocratic Corpus titled Epidemics are devoted specifically to recording the clinical observations of physicians traveling through various cities in the Mediterranean world. These clinical observations have been touted as some of the finest empirical research the history of Medicine has to offer and they have influenced the future development of medical and clinical writing in stylistic and theoretical ways.[175]

The Hippocratics, then, sought to raise themselves up in society, to be perceived as more than merely vulgar laborers, and to carve out a niche for themselves and their practices in the community. They were, as Chang characterized them, "ambitious social climbers" who did what they could—socially, politically, and

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[174] Chang, 117-118.

[175] The writings of Oliver Sachs, M.D. and Atul Gawande, M.D. can be seen as contemporary instantiations of this genre of medical prose. Their case studies beautifully capture the nuances of their patient's medical predicaments for both scientific and lay audiences. In fact, some of their ideas display uncanny resemblances to those found in the Hippocratic Corpus. Compare, for instance, Gawande's statement "Every day, surgeons are faced with uncertainties. Information is inadequate; the science is ambiguous, one's knowledge and abilities are never perfect. Even with the simplest operation, it cannot be taken for granted that a patient will come through better of—or even alive." (Complications, 15-16) to the line in the Hippocratic treatise Aphorisms: "Life is short, the Art long, opportunity fleeting, experience treacherous, judgment difficult. The physician must be ready, not only to his duty himself, but also to secure the co-operation of the patient, of the attendants and of externals." (I)

rhetorically—to advance their social standing and become respected and accepted by the elite. Chang adds that

> by appealing to the upper-class—either the wealthy minority who dominated a city's politics or the ruling house in a monarchic state—rational doctors created a major opportunity for themselves to move up the social ladder. Their attribution of diseases to natural causes, their employment of theories based on the principles of the cosmos and the human body, and their novel treatments that emphasized regimen—all of those were well-suited to the tastes of the wealthy elite, who deemed the learning of philosophy, rhetoric, and other studies of human spheres (for example, medicine) to be cultured and fashionable.[176]

Similarly, Horstmanshoff argues that "[p]hysicians who had higher aspirations put on the appearance of intellectuals, i.e., they took on the guise of rhetors in order to obscure the manual aspects of their discipline."[177]

Whether the Hippocratics did or did not appeal primarily to an upper-class clientele is less important than seeing how they promoted a positive view of their medicine in a community that devalued their practices, and attacked the very foundations of medicine. It is largely for the sake of accomplishing this purpose that they resorted to rhetoric.

The Rhetorical Crafting of Identity

The Hippocratics sought to create an identity that would be respected by the community. Evidence from the Hippocratic Corpus suggests that they were doing so deliberately and self-consciously. A major concern seems to revolve around situating

[176] Chang, 100.

[177] Horstmanshoff, 193.

themselves as part of the intellectual elite. As we have seen, disciplinary questions about the nature of art, its standards, and its procedures, were a popular topic for the intellectuals of the time. To be recognized as an integral part of the intellectual elite, the Hippocratics had to address the attacks that intellectuals as well as the lay public customarily levied against their art.

Many of the texts in the Hippocratic Corpus provide defenses against general attacks about medicine as an art. Responsive to these attacks, the author of the Hippocratic work, Law, attributes medicine's poor reputation to poor practitioners and careless critics. He claims that medicine is "the most distinguished of all the arts," but that it is now "of all the arts by far least esteemed."

> Medicine is the most distinguished of all the arts, but through the ignorance of those who practice 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 appearance, dress and mask of an actor without being actors, so too with physicians; many are physicians by repute, very few are such in reality.[178]

Because the art "is subject to no penalty," it breeds poor physicians and individuals who appear to be doctors when "very few are such in reality."

The Hippocratic work, The Art, testifies that other arts of the period were similarly coming under attack, and we know that this was especially the case with rhetoric which suffered several blows from Plato's pen. The author here refutes those "who have made an art of vilifying the arts."[179]

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[178] 1-8.

[179] The Art. I; 1-4.

> Now as for the attacks 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 which they care; the present discussion 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 wisdom in which it has been educated.[180]

The same author goes on to address more specific charges that physicians only attend to "cases which would cure themselves" and they "do not touch those where great help is necessary." This criticism was used to claim that medicine was no art at all since many people get better without the help of a doctor while others who need the most help are turned away by doctors who claim that their medicine is powerless against the patient's illness.

> 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 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 of medicine, he surely must not even expect that it can be overcome by medicine.[181]

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[180] I; 18-23.

[181] VIII; 1-20.

Even as in the Laws, medicine is extolled as the most magnificent of all arts, it is defended in The Art through a frank recognition of its limits.

The author of The Art addresses the specific charge of offering medical treatments discriminately, arguing that "medicine has plentiful reasoning in itself to justify its treatments," and it is right for a doctor to refuse to treat a patient in cases that are beyond the power of medicine:

> 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 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.[182]

Showing his dexterity with approaching the same issue from another angle, the same author defends medicine against the charge that it is unnecessary and that people can after all contribute to their own cure.

> 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 without calling in a physician, not indeed so as to know what is correct medical treatment and what is incorrect, but so as by chance 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

[182] XIV; 1-10.

> refraining therefrom, by violent exercise or by rest, by sleep or by keeping awake, or by using a combination of all these things.[183]

Defending against criticism leads the author to define the art of medicine and to establish the efficacy of its healing power.

The following two passages from The Art demonstrate the author's sophisticated grasp of argument and his knowledge to offer a rational definition and explanation of an art, in the way that intellectuals are expected to, as well as how to situate its beginnings to a narrative of progress.

> I will now turn to medicine, the subject of the present treatise, and set forth the exposition of it. First I 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 refuse to treat those who are overmastered by their diseases, realizing that in such cases medicine is powerless. That medicine fulfils these conditions, and is able constantly to fulfill them, will be the subject of my treatise from this point. In the exposition of the art I shall at the same time refute the arguments of those who think to shame it, and I shall do so just in those points where severally they believe they achieve some success.[184]

> For the art of medicine would never have been discovered to begin with, nor would any medical research have been conducted—for there would have been no need for medicine—if sick men had profited by the same mode of living and regimen as the food, drink, and mode of living of men in health, and if there had been no other things for the sick better than these. But the fact is that sheer necessity has caused men to seek and to find medicine, because sick men did not, and do not, profit by the same regimen as do men in health.[185]

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[183] The Art. V; 1-18.

[184] The Art. III; 3-15.

[185] On Ancient Medicine. III; 1-12.

By following intellectual methods for defining, explaining, and defending an art, the Hippocratics presented themselves as intellectuals. Furthermore, they presented themselves as a distinct group tied around arguments that could be recognized as rational and argumentative procedures that were typical within the intellectual elite. Importantly, the Hippocratics advanced their arguments as responses to criticism by the public, making themselves appear responsive and accountable to the community. Significantly, they performed through rational argumentation their own rational approaches to medicine as a way of distinguishing themselves from sacred-religious healers:

> 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.[186]

The Hippocratics also sought to create an identity that would alter the public's perception, by presenting their behavior as adhering to communally-sanctioned norms of conduct. They employed rhetoric as part of an effort to forge themselves into a particular social class bound together by specific ways they would approach, talk to, and relate to their patients. They placed an emphasis on 'keeping up appearances,' but also sought to set standards for how a physician should behave and conduct himself in public. In effect, they created a rhetoric of decorum.

Across and within several of the works in the corpus, namely, Decorum, Precepts, Oath, Physician, and Law, medical etiquette is a prominent theme that

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[186] The Sacred Disease. II; 25-31.

conveys the Hippocratics' preoccupation with public appearance and perceptions. The strategy throughout is to make medicine appear more professional in the eyes of the community. For example, one Hippocratic work advises the doctor attending to a patient not to argue with him or with other attending physicians. Decorum offers another example of advice given to a doctor as to his "manner of sitting" and his "bedside manner." Upon entering a patient's room, the author cautions the doctor to

> …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 disturbance, readiness to do what has to be done.[187]

In effect, the author asks physicians to pay attention to the way they are perceived, to be conscious of their public persona. It is not uncommon to come across practice management advice in the corpus that outlines the proper ways in which a physician should act and speak. The Physician also offers advice to fellow doctors to look healthy and clean and to dress well, Precepts to avoid "luxurious headgear and elaborate perfume," and the Oath, the most elaborate statement on medical conduct of all time, proscribes everything from assisting in abortions to engaging in sexual relations with patients.

The author of Physician, like Decorum, outlines what he considers to be "the dignity of the physician."

> The dignity of a physician 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 excellent bodily condition to be unable to take care of others. Then he

[187] Decorum. XII; 1-6.

> must be clean in person, well dressed, and anointed with sweet-smelling unguents that are not in any way suspicious. This, in fact, is pleasing to patients.[188]

The "common crowd" want a physician who appears to be in "excellent bodily condition," who is clean, dressed well, and smelling good, but not overly perfumed as to be suspicious that he is covering up something. Not only should a physician's demeanor be attended to but his actions should be similarly in good taste and in line with "moral considerations." His conduct as a physician should approximate that of a model person in the community. The Physician describes the doctor as a "prudent" person who should maintain a healthy balance in life, a gentlemanly character—marked by kindness and fairness to all—and who should exhibit self control in dealing with "possessions very precious" like "women" and "maidens."

> The prudent man must also be careful of certain moral considerations—not only to be silent, but also of a great regularity in life, since thereby his reputation will be greatly enhanced; he must be a gentleman in character, and being this he must be grave and kind to all…In appearance let him be of a serious but not harsh 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. 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 toward all these self-control must be used. Such then should the physician be, both in body and in soul.[189]

Clearly, the rhetoric of decorum delineated in the corpus extends to all aspects of public life, including citizenship.

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[188] Physician. 1-7.

[189] 8-29.

Another aspect addressed concerns communication dynamics between a physician and his patient. Decorum advises the physician to speak cautiously and to avoid talking to the patient about matters that could upset and stress him and that could make his illness take "a turn for the worse."

> Perform all this calmly and adroitly, concealing most things from the patient while you are attending to him. Give necessary orders with cheerfulness and serenity, turning his attention away from what is being done to him; sometimes reprove sharply and emphatically, and sometimes comfort with solicitude and attention, revealing nothing of the patient's future or present condition. For many patients through this cause have taken a turn for the worse, I mean by the declaration I have mentioned of what is present, or by a forecast of what is to come.[190]

Precepts similarly warns that a patient's recovery is inexplicably affected by discussing matters that make a patient uncomfortable, like the fee for the physician's treatment. The author pleads for the doctor to be kind when fixing his fees and to take into account not only his patient's financial situation but also his physical condition since, as he argues, "some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician."

> I urge you not to be too unkind, but to consider carefully your patient's superabundance or means. Sometimes give your services for nothing, calling to mind a previous benefaction or present satisfaction. And if there be an opportunity of serving one who is a stranger in financial straits, give full assistance as such. For where there is love of man, there is also love of the art. For some patients, though conscious that their condition is perilous, recover their health simply through their contentment with the goodness of the physician. And it is well to

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[190] Decorum. XVI; 1-10.

> superintend the sick to make them well, to care for the healthy to keep them well, but also to care for one's own self, so as to observe what is seemly.[191]

Physicians were expected not to take advantage financially of a patient in dire straights and to recognize the psychological and physiological impact that their "goodness" could have on effecting a cure.

> For should you begin by discussing fees, you will suggest to the patient either that you will go away and leave him if no agreement be reached, or that you will neglect him and not prescribe any immediate treatment. So one must not be anxious about fixing a fee. For I consider such a worry to be harmful to a troubled patient, particularly if the disease be acute. For the quickness of death, offering no opportunity for turning back, spurs on the good physician not to seek his profit but rather to lay hold on reputation. Therefore it is better to reproach a patient you have saved than to extort money from those who are at death's door.[192]

The Hippocratic Oath is so definitive with matters of conduct and etiquette that it may have been part of a doctor's initiation into the Hippocratic "guild." The oath was likely recited by a physician in front of a community of his peers toward the end of a long apprenticeship with a more experienced and venerable doctor.[193] Even to this day, most medical schools require graduating doctors to recite the Oath and

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[191] Precepts. VI.

[192] Precepts. IV; 8-14.

[193] Hippocratic medicine remained, to a large extent, entrenched in oral traditions, practices, and training even though physicians in the fifth-century BCE were beginning to use writing for practical and analytical purposes. Hippocratic physicians used speech to convey knowledge to new initiates. Traditionally, medicine was an oral art and its initiates learned the secrets of the trade by the oral transmission of experiences and the knowledge gleaned from them. The Hippocratic Oath tells us that the art was also passed on along familial lines, from father to son, and that the receiving and imparting of oral instruction in medicine was one aspect of this tradition.

pledge allegiance to the medical code of conduct, although the oath they recite is a modernized version of the Hippocratic one.

> I swear by Apollo Physician, by Asclepius, by Health, by Panacea and by all the gods and goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture. To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to indentured pupils who have taken the physician's oath, but to nobody else. I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my life and my art. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein. Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing, and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets. Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I transgress it and forswear myself, may the opposite befall me.

Finally, the Hippocratics sought to create an identity that would display their expertise demonstrably to their patients, and would enable the public to differentiate them more readily from impostors. They were able to do this through the practice of prognosis. As the author of Prognosis declares, this practice allowed the physician to fill in the blanks in the patient's fragmented narrative recounting of his illness:

> I hold it is an excellent thing for a physician to practice forecasting. For if he discover and declare unaided 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.[194]

Prognosis afforded the physician with a rhetorical tool for securing his patient's trust and confidence in his methods and treatments by predicting on the basis of past experiences the course of his patient's illness and the future path it would take. Prognosis also tapped into the cultural logic of the times which placed a great deal of authority on prophecy and forecasting. The author of Decorum remarks that forecasting should be pursued in advance of entering a patient's room, that the doctor should do his homework before meeting with his clients.

> 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.[195]

Prognosis was a valuable rhetorical tool that the Hippocratics used to gain their patient's trust, confidence, and compliance, as well as to endow their art with a culturally sanctioned authority. In Lloyd's words,

> Unless he already possessed an established reputation, the itinerant doctor was faced with a recurrent problem in having to build up a clientele in each city he stayed in. Here the practice of 'prognosis', which included not only foretelling the outcome of a disease, but also describing its past history, was an important psychological weapon.[196]

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[194] 1-8.

[195] Decorum. XI; 1-7.

[196] Lloyd, Early Greek Science. 52.

Prognosis was the ultimate way for the itinerant physician to make a respected claim about his expertise and to establish through it the reputation in the community that he had hoped for. By means of causal narratives that gave to a patient's illness an ordered continuum of a past, present, and future, the Hippocratics used the art of narration to constitute their identity as experts.

Conclusion

This chapter has aimed at shedding light on a link between rhetoric and medicine by examining the ways through which the Hippocratics employed rhetoric to attain their goals as a group. Their goals were connected to the drive to overcome the obstacles confronting them from the start: the competition with well-established magico-religious healers; the low-class status as craftsmen attached to them due to their novel approaches to treatment; and the ill-reputation that plagued them due to the rising number of impostors who mimicked their trade. Rhetoric provided an opportunity for the Hippocratics to meet their goals by overcoming these obstacles.

In rhetoric, the Hippocratics found ways to craft an identity as a distinct group of healers, an identity they could display publicly to exhibit their uniqueness as a group and to consolidate their practices into an identifiable set of common practices. Like the Sophists, they used the art of argumentation to display this identity to the intellectual elite and to defend the legitimacy of their practices through reasoned discourses that followed established procedures for defining, explaining, and defending an art in public. Like other social climbers, they forged their identity around norms of conduct that extended from appearance and etiquette, through interactions with patients, to general patterns of behavior as members of the community. Like tellers of stories, they used their skill with narratives to display their

prognosis of illnesses to the public, offering coherent accounts of illnesses and symptoms that tied the present with the past and the future, and strengthening their credibility as experts while enhancing their distance from impostors. Thus crafting their identity rhetorically, the Hippocratics demonstrated their dexterity to appropriate rhetoric for their own concerns.

CHAPTER VI: CONCLUSION

It is becoming increasingly evident that our contemporary intellectual milieu is being defined by a radical division between the arts and sciences, a division that becomes ever more apparent as knowledge production increases and research becomes more specialized. A half-century ago, C.P. Snow focused the public's attention on the disconnect between the arts and sciences which he held responsible for many of the world's social and political problems. He projected that no thinking with wisdom could transpire to meet many of the world's challenges as long as there remained mutual incomprehension and lack of understanding between "the two cultures." Heeding Snow's call to produce scholarship that traverses intellectual boundaries, that bridges the gap between the arts and sciences, and that lays a foundation for dialogue between the two, this dissertation shows that we need not always move forward so much as we need to look backwards to engage contemporary issues and to discover answers to our current problems. Indeed, by studying the long and intersecting relationship between rhetoric and medicine in ancient Greece, and exploring the mutual influence each had upon the other, this dissertation moves in the direction of producing common ground between the arts and sciences that will, I hope, provoke discussion among scholars on both sides of the intellectual divide.

Specifically, I have shown in this dissertation that rhetoric and medicine converge in the Archaic and Classical periods on the basis of the therapeutic potential of speech to heal. Through a broad narrative that extends from the healing words found in Homeric epics, through the rhetorical practices of healing in Antiphon and the medicinal approach to language in Gorgias, to the medical philosophies of the Stoics, Skeptics and Epicureans, I have argued that the archaic tradition of verbal therapy was integral to the development of rhetorical theory, and subsequently to the

practices of Hellenistic philosophers. Rhetoric's link to medicine and to therapy, however, was almost overshadowed when Aristotle attempted to capture the nature of rhetoric as a discipline, closing off the links that it shared with other subjects—i.e. medicine.

Aristotle's teacher, Plato, similarly tried to cover over the widely recognized link between medicine and rhetoric because he wanted to show how medicine was an art and how rhetoric was nothing more than a mere knack in comparison. The clear division Plato imposes onto rhetoric and medicine breaks down in the Phaedrus, however, exposing disciplinary boundaries as still flexible and fluid. Indeed, Plato's attempt to reformulate rhetoric as a good and true art borrows heavily from medicine, especially evidenced through the emphasis he places on the rhetorician's knowledge of the human body and soul as an integral component to oratorical practices and to writing. Even in rhetoric's most fervent critic, the influence of medicine becomes apparent as Plato tries to develop rhetoric into an ideal form—a *techne*—by drawing on and utilizing conceptions about medicine operative during his time.

Whereas the influence of medicine on rhetoric is noteworthy in ancient Greece, so too was the influence rhetoric exerted over medicine. In the Hippocratic Corpus there is a preponderance of evidence that Hippocratic physicians were grappling with disciplinary issues surrounding the accurate approach to medicine—theoretical or empirical procedures. The prevailing view of medicine as a practical art characterized by direct observation and empirical procedures presses many of the authors in the corpus to develop rules and guides to drive the practices of medicine. As a result, medicine emerges as a practice—like rhetoric—that is oriented toward particular situations and contingent cases, and rules and guides are developed to conjecture on the basis of experiences offered from the past.

I have argued that the most apparent and pervasive influence of rhetoric on medicine can be discerned by looking at the ways in which Hippocratic physicians

attempted to construct an identity for themselves in relation to a host of other medical healers in their community. Their novel and rational approaches to medicine had to contend for legitimacy with competition from socially-entrenched and traditionally-sanctioned magico-religious healers, their own low, social status as manual laborers and craftsmen, and their poor reputation for being knowledgeable doctors in part due to the prominence of imposters who took advantage of the availability of medical information and pretended to be physicians. Given these challenges, the Hippocratics were reliant on rhetoric to craft an identity that would advance their reputation and social standing in society, and differentiate them from resourceful charlatans. Rhetoric became the means through which the Hippocratics could assert their authority as intellectuals, claim to be legitimate experts in medicine, and earn the respect and trust of the public.

Emphasizing the connection and mutual influences between rhetoric and medicine in ancient Greece paves the way for future possibilities in the contemporary study of rhetoric and medicine. As was the case in ancient Greece where medicine and rhetoric benefited from a cross-fertilization of knowledge between the two, so too, I argue, can the contemporary manifestations of these disciplines similarly profit from trying to understand one another's research. In this way we might follow Snow's advice, and the directives of other scholars, to promote dialogue across disciplines, and to seek out similarities between our efforts rather than differences.

I see in Rhetorical Studies that some of this work is already taking place but that it can benefit even further from engaging Medicine. For instance, notions of the body are playing an increasingly central role in several areas of contemporary rhetorical theory, including most recently Aesthetic, Materialist, and Corporeal rhetorics.

Aesthetic Rhetoric argues for a sensorial appreciation of rhetoric by suggesting that rhetoric is a full body experience directed toward the entirety of an individuals'

senses. By distancing itself from a more cognitive view of rhetoric typical of an epistemic perspective on language, Aesthetic Rhetoric "focuses on the body as an excitable entity, an entity aroused by language."[197] Materialist Rhetoric too is concerned with the body to the extent that the materiality of the body can be conceived of as a linguistic phenomenon and rhetoric as a material entity.[198] Although the materiality of discourse hypothesis has been argued extensively, materialist proponents posit that rhetoric is like a material substance that works on and through bodies to effect material changes.[199] And Corporeal Rhetoric seeking to recuperate the body argues that "in the process of privileging a rational, male dominant voice, western rhetoric has in turn focused on the mind to the exclusion of the body."[200] It calls for a "rhetoric of the body" or an "embodied rhetoricity"[201] "[that] encompasses affective as well as purely cognitive dimensions of the human person—an emphasis on how affective expression is given voice need not be separate from the body from which it emanates."[202]

These developments in rhetorical theory push toward the common direction of prioritizing the body or of reintegrating the body next to the intellect, a direction closed off by most of the western intellectual tradition. Either explicitly or implicitly,

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[197] Steve Whitson and John Poulakos. "Nietzsche and the Aesthetics of Rhetoric." Quarterly Journal of Speech 79.2 (1993):141.

[198] Maurice Charland. "Constitutive Rhetoric: The Case of the Peuple Quebecois." Quarterly Journal of Speech. 73 (1987): 133-150.

[199] Michael Calvin McGee. "A Materialist Conception of Rhetoric," Explorations in Rhetoric: Studies in Honor of Douglas Ehninger. R.E. McKerrow. Glenview: Scott Foresman, 23-48.

[200] R.E. McKerrow. "Corporeality and Cultural Rhetoric: A Site for Rhetoric's Future." Southern Communication Journal 63.4 (1998): 315-328; 316.

[201] 317; 319.

[202] 323.

all three theories suggest that the mind has been favored to the exclusion of the body, and that rhetoric has been considered for too long now as a disembodied, rational, and cognitive process. Emphasizing "the material reality of embodied rhetoric" and the significance of the body's role in rhetorical theory and practice,"[203] these contemporary rhetorical theories provide a corrective to prior traditions and perceive themselves as restorative projects that seek to engage the body at a theoretical level.

These contemporary rhetorical theories would be wise to engage the other side of the intellectual divide if they want to know something more about the body and its physiology. This knowledge, I am convinced, will set Rhetorical Studies onto a new trajectory, will give it different legs to stand on, and will ensure the effectiveness of its scholarship into the next century. Indeed, this century has produced an enormous wealth of medical knowledge concerning the body, and this knowledge could prove fruitful for researchers in Rhetorical Studies.

In the same way that Rhetorical Studies can benefit from engaging medical knowledge, so too can the discipline of Medicine learn a great deal from Rhetoric, and evidence suggests that some contemporary physicians writing in the genre of medical humanities are already beginning to recognize this. Atul Gawande and Jerome Groopman are two, prime examples of contemporary physicians whose work shows promise along these lines. Atul Gawande's work re-familiarizes contemporary readers with the inevitably human practice of medicine, its possibilities and potential limitations, and the role that communication plays in the failures and successes of modern doctors. Convinced that medicine is more art than science, and interested in exposing the seams between the two, Gawande has become a forerunner in a new

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[203] Dale Cyphert. "Persuading the Body: A Rhetoric of Action in *The Fugitive*." Western Journal of Communication. 62.2 (2001): 161-183; 163.

stream of literature that draws its force from engaging readers and topics from both sides of the intellectual divide between the arts and sciences.

Gawande's colleague, Jerome Groopman, takes a similar approach to medicine by outlining the thoroughly rhetorical character of medical decision making. Emphasizing the communicative dynamics of the patient-physician relationship, and showing how these dynamics have implications on the treatment a patient receives from his doctor, Groopman takes seriously the rhetorical nature of a patient's narrative, the interpretation of this narrative by physicians, and the persuasiveness of biases and preconceptions that inevitably affect the type of treatment a patient receives.

I hope to see further research by physicians who acknowledge that some areas of Medicine belong to humanistic inquiries and, as such, are shaped by rhetoric. History has shown us the intersection between rhetoric and medicine, whereas the Project on the Rhetoric of Inquiry (POROI) shows us how the rhetorical gets covered over in medicine. While people in the humanities have done a good job of exposing the rhetorical nature of science and medicine, people inside the medical community need to take seriously the artistic aspects of their practices and the implications this has on medicine. Time has come, I think, to enter into a post-POROI moment that does more than just expose the rhetorical nature of medicine—it works with it.

As we look toward possibilities in the future for bridging the gap between the arts and sciences, we should remind ourselves that some of these possibilities reside in an uncovered past. This dissertation has shown just that. In the relationship between medicine and rhetoric during the Classical period, I have identified areas of inquiry that are common to both, and have developed opportunities for further research and dialogue along these lines.

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