CHAPTER THIRTEEN

GALEN'S READING OF HIPPOCRATIC ETHICS

Galen often refers to the ancients in order to judge the moderns; they are a point of reference, even in an art such as medicine, where progress might negate the need to refer to the men of the past. Amongst these men of the past, the one that occupies the most eminent place in medicine is also the oldest: Hippocrates. Of course, Galen was not the only admirer of Hippocrates during his time. Even if we take into account contemporary detractors of Hippocratic medicine, in particular the Methodists, admiration for Hippocrates and interest in his work was widespread in Galen's time, and not only amongst the Hippocrateans.¹ Nevertheless, Galen's originality comes from the passion with which he reconstructs a model of the man and his work that remains, in his opinion, of upmost relevance to all branches of medicine. We will limit ourselves here to medical morality, for the study of medical ethics has been neglected in studies on Galen's Hippocratism.² We will study Galen's reading of Hippocratic ethics successively in two ways: from his *Commentaries* on Hippocrates' works and from a more general study of the Hippocratic model as the ideal doctor.

¹ See G.E.R. Lloyd, *Methods and Problems in Greek Science* (Cambridge, 1991), 398ff.: "Galen on Hellenistics and Hippocrateans: contemporary battles and past authorities," on the different positions concerning Hippocrates during Galen's time.

² On Galen's Hippocratism in general, see G. Harig and J. Kollesch, "Galen und Hippokrates," in L. Bourgey and J. Jouanna (eds.), *La Collection Hippocratique et son rôle dans l'histoire de la médecine: Colloque de Strasbourg, 23–27 octobre 1972*, (Leiden, 1975), pp. 257–274 (with an account of the previous works of J. Mewaldt, K. Deichgräber, L. Edelstein, H. Diller, O. Temkin, pp. 257–259); the article discusses anatomy, nosology, pharmacology and therapy, but does not discuss ethics. W.D. Smith, *The Hippocratic Tradition*, (Cornell publications in the history of science.) (Ithaca and London, 1979), pp. 61–176: "Galen's Hippocratism," P. Manuli, "Lo stile del commento. Galeno e la tradizione ippocratica," in F. Lasserre and Ph. Mudry (eds.), *Formes de pensée dans la Collection hippocratique*, (Publications de la Faculté des lettres / Université de Lausanne, 26) (Geneva, 1983), pp. 471–482; the article by G.E.R. Lloyd (1991), quoted in footnote 1; D. Manetti—A. Roselli, "Galeno commentatore di Ippocrate," in *ANRW II* 37, 2 (Berlin and New York, 1994), 1529–1635; M. Vegetti, "L'immagine del medico e lo statuto epistemologico della medicina in Galeno," *ibid.*, 1672–1717 (particularly 1681 with footnote 18); J. Jouanna and V. Boudon, "Remarques sur la place d'Hippocrate dans la pharmacologie de Galien," in Armelle Debru (ed.), *Galen on Pharmacology, Philosophy, History and Medicine Proceedings of the 5th International Galen Colloquium, Lille, 16–18 March 1995*, (Studies in ancient medicine, 16) (Leiden, 1997), pp. 213–234.

Surprisingly, Galen does not comment on any of the treatises of the Hippocratic Corpus that modern scholars qualify as deontological. Indeed, if we refer to the fifteen commentaries that Galen lists in his *On my Own Books* (*Aphorisms, Joints, Fractures, Prognosis, Regimen in Acute Diseases, Wounds in the Head, Epidemics 1 and 3, Epidemics 2, Epidemics 6, Humours, Surgery, Airs, Waters, Places, Nutriment, Nature of Man*), we note the absence of five deontological treatises from the Hippocratic Corpus (*The Oath, Law, Physician, Decorum and Precepts*).³ This does not mean that Galen was not interested in Hippocratic ethics, and we will see in his existing commentaries that he tackles ethical questions. However, it is important to account for the absence from this list of the deontological treatises from the Hippocratic Corpus, which cannot be fully explained. Concerning the formation of the Hippocratic Corpus, we must divide the treatises into two groups: first, the *Oath* and *Law*; then, the three treatises *Physician, Decorum* and *Precepts*. It is clear that the *Oath* and *Law* formed part of the Hippocratic Corpus in Galen's time as Erotian, who lived during Nero's reign (and so a century before Galen), quotes the *Oath* and *Law* amongst Hippocrates' works and places these two treatises in the category of works relating to the art (with two other treatises, *The Art* and *Ancient Medicine*).⁴ By contrast, the three treatises *Physician, Decorum* and *Precepts* did not form part of the Hippocratic Corpus during Erotian's time, and the situation had probably not changed a century later during Galen's time. In any case, Galen does not make reference to any of these three treatises, even if certain topics Galen discusses in his reading of Hippocratic ethics might relate to certain passages from them.⁵ He might not have known them or, if he did know them, he may not have been sure about their attribution to Hippocrates.

Thus, the *Oath* and *Law* formed part of the traditional Hippocrates known by Galen and, like Erotian, he should have recognised their authenticity. However, he does not mention in his bibliography any commentary on

³ On Galen's commentaries on Hippocrates, see D. Manetti—A. Roselli, "Galeno commentatore di Ippocrate," quoted in footnote 2.

⁴ See the list of treatises in E. Nachmanson (ed.) *Erotiani vocum Hippocraticorum collectio cum fragmentis* (Göteborg, 1918), p. 9.

⁵ Criticism of the love of money (see *infra.*, p. 233ff.); doctor-philosopher (see *infra.*, p. 238); the 'philanthropic' doctor (see *infra.*, pp. 238–240). However, despite these similarities concerning medical ethics, there are also differences (Galen's ethical rigor compared to the flexibility of Hippocratic ethics), and even contradictions (particularly on the important problem of knowing when to tell or not tell the patient the truth; see *infra.*, p. 230, n. 39). When Galen discusses ethical topics similar to those found in later Hippocratic treatises, we do not note an influence of Hippocratic writings on Galen (nor an inverse influence), but rather similarities in these *topoi* that are not, in any case, found only in Galen.

these two treatises. Moreover, he does not seem to make direct reference to either of them in the rest of his work. Thus it is paradoxical that Hippocrates' *Oath*, which became the veritable basis of western medical ethics, should be so remarkably absent from Galen's reading. However, we must make an important qualification here that could eventually solve this paradox. The Arabic tradition knew a commentary by Galen on the *Oath*, a commentary written in Greek that was part of a book translated into Syriac in the ninth century by the great translator Ḥunain ibn Ishaq, and then from Syriac into Arabic by two of his students.⁶ In this commentary, the existence of the *Oath* in written form was connected (and rightly so, in my opinion) with the growth of the medical school of Cos, when students from outside were initiated into the family of the Asclepiads. It is still debated whether this commentary, known only by fragments, is authentic or not; the current trend is to lean towards its authenticity.⁷

Even if Galen did not write an entire commentary on a Hippocratic deontological treatise, or if this commentary has not been preserved—supposing that the *Commentary on the Oath* is authentic—ethical discussions are nevertheless present in his existing commentaries. Galen highlighted the main points where the Hippocratic treatises tackle either the purpose of the medical art or the relationship between the doctor and patient, and discussed the ethical principles raised by the Hippocratic text. Without aiming at an exhaustive study, I will focus on some of the most significant passages concerning the purpose of the art and the issues concerning the relationship between doctor and patient.

On the purpose of the art, the most famous passage in the Hippocratic writings commented on by Galen is of course the maxim where the author of *Epidemics I* says: "In disease, two things must be done: be useful, or do no harm."⁸ It is worth citing Galen's comments on this maxim in full:

⁶ Ḥunain ibn Ishaq, *Risālah*, n. 87 (ed. G. Bergsträsser, in *Abhandlungen für die Kunde des Morgenlandes* 17, 2 [1925], 32).

⁷ The fundamental study is F. Rosenthal, "An Ancient Commentary of the Hippocratic Oath," in *Bulletin of the History of Medicine* 30 (1956), 52–87; cf. his opinion on the problem of authenticity p. 86, "Galen's authorship can be neither confirmed nor rejected"; see also G. Strohmaier, "Asklepios und das Ei," in R. Stiehl and H.E. Stier (eds.), *Beiträge zur Alten Geschichte und deren Nachleben. Festschrift für F. Altheim*, (Berlin, 1970), pp. 143–153 (= 448–455), who leans towards its authenticity, drawing on the critical judgement of Hunain (145: "So ist es m. E. doch wahrscheinlicher, dass die erhaltenen Fragmente auf Galen selbst zurückgehen"). V. Nutton, "What's in an Oath," *Journal of the Royal College of Physicians of London* 29 (1995), 518–524 (520 and n. 12, where he refers to "Beyond the Hippocratic Oath," 20), accepts its authenticity.

⁸ Hp. *Epid.* 1.5, 2.634,8–636,1 L. (= 1.190,2f. Kuehlewein).

I for one thought previously that this maxim was insignificant and that it was not worthy of Hippocrates. Indeed, I thought that everyone understood that the doctor should do the best for his patients, and certainly not harm them. But when I saw reputable doctors quite rightly charged for what they had done whilst performing a phlebotomy, in bathing someone or administering a drug, or wine or cold water, I understood that this may have happened to Hippocrates himself, and that in any case it necessarily happened to many other doctors in his time; and from that moment, I considered, if by chance I had to administer some powerful drug to a patient, to examine beforehand myself not only how I would be useful in obtaining my aim, but also how I would not harm him. Thus, I have never done anything without beforehand taking care, in case I do not achieve my aim, of not harming the patient in any way. By contrast, some doctors, like those who throw a dice, tend to administer remedies to patients which, if they do not work, cause them great damage. For those who learn the art, I know that, as it was for me, the maxim 'be useful or do no harm' seems not to be worthy to have been written by Hippocrates; but for those who subsequently practise medicine, I know very well that the force of the phrase will be clear; and if it occurs that after an erroneous use of a strong drug a patient dies, they will understand most clearly the force of what Hippocrates advised.⁹

This charmingly personal commentary demonstrates the evolution of Galen's judgement on this Hippocratic maxim. First, when he was a medical student, he held a certain contempt for a maxim that seemed to him to set out an obvious fact, to the extent that he did not judge the idea worthy of Hippocrates; then, there is a change of heart following the experience of medical practice when he discovers, through the failure of reputable doctors, the importance of this maxim's negative dimension ("do no harm"), and where he defines, on the basis of this Hippocratic maxim, a method which he subsequently applied to treatment, a method which we could define as implicit prognostic treatment. Before choosing a treatment, Galen calculates in advance the harmful effects that each of the possible remedies could eventually cause the patient in case it fails, and he chooses the remedy that will not be harmful. He distinguishes himself here from doctors that trust in chance and play with the life of the patient like a throw of the dice. Hippocrates' ethical advice, whose value was discovered by Galen through practical, rather than theoretical, means, is the basis of Galen's own method, always choosing his treatment according to the patient's interest. From this first important example, we can see how Galen's reading of

⁹ Gal. *Commentary on Hippocrates' Epidemics* 1 2.50 (17A.148f. K. = pp. 76,29–77,15 Wenkebach-Pfaff).

Hippocratic ethics can exceed, in some cases, the level of a commentary and explanation, to the extent that it becomes the point of departure for Galen's rediscovery of the value of this ethics and for an innovative assimilation that, whilst respecting the spirit of Hippocratic ethics, formalises it into a viable method for all cases. Since Galen constructed from this maxim an indispensable method for any decision on treatment, it is not surprising to find reference to it in his therapeutic treatises. Thus, in the introduction to his treatise called *The Composition of Drugs According to Places*,¹⁰ Galen criticises doctors who, using remedies without any method (χωρίς μεθόδου) against alopecia, sometimes fail and cause significant damage (βλάπτουσιν ισχυρώς). He contrasts his own attitude in the following way:

By contrast, as far as I am concerned, I have always followed Hippocrates' recommendation and tried very hard to exercise the art in such a way that the drug administered, according to what the great man wrote, is either useful or does no harm (ὠφελῆειν ἢ μὴ βλάπτειν).¹¹

The reference to the passage of *Epidemics* 1 is clear, although Galen is content to mention Hippocrates without being precise about which work, and Galen's position on treatment is comparable to that found in his *Commentary On Hippocrates' Epidemics* 1. We note above all two recurring features: the insistence with which Galen proclaims his continual fidelity to the Hippocratic precept, and his desire to distance himself from other doctors who do not respect this precept. The presence of the word 'method' (μέθοδος) in the second passage is new, and did not appear in his *Commentary*. Galen accuses those who do not observe the Hippocratic principle of practising 'without method'. Thus, Hippocrates' ethical precept is well incorporated into Galen's method of treatment.¹²

The famous phrase of *Epidemics* 1 on the purpose of the medical art is followed by a no less famous sentence on the three elements that comprise the medical art and on the relationship between them: 'Ἡ τέχνη διὰ τριῶν, τὸ νόσημα καὶ ὁ νοσέων καὶ ὁ ἰητρός· ὁ ἰητρός ὑπηρέτης τῆς τέχνης· ὑπεναντιοῦσθαι

¹⁰ 1.1, 12.381,4–7 K.

¹¹ Ibid., 381,4–7 K.

¹² To conclude Galen's reading of this Hippocratic precept in the therapeutic treatise *The Composition of Drugs According to Places*, we add that he returns to it for a second time in the course of the treatise and adds a nuance to his egocentric view of the history of medicine: he recognises that the successors of Hippocrates followed this precept and he contrasts them with certain modern doctors who treat patients without method (6.8, 12.965,11–15 K.). For more details on the reference to Hippocrates in these two passage of Galen's pharmacological treatise, see J. Jouanna and V. Boudon, "Remarques sur la place d'Hippocrate dans la pharmacologie de Galien," quoted in footnote 2.

τῷ νοσήματι τὸν νοσέοντα μετὰ τοῦ ἰητροῦ, “The art comes about by three elements: the disease, the patient and the doctor; the doctor is the servant of the art; the patient should oppose the disease with the help of the doctor.”¹³ This prompts Galen to a discussion of the second important aspect of medical ethics after the purpose of the art, i.e. the relationship between doctor and patient. Here is Galen’s commentary:

He (sc. Hippocrates) says that there are three elements in relation to which and through which treatment can occur: first of all, the disease, then the doctor, with these two elements opposing each other and, we might say, struggling and fighting against each other, (i.e.) the doctor and the disease. For the doctor undertakes to overwhelm the disease, whilst for the disease, the stake is to not be destroyed. Over and above these there is the third element, the patient. If he obeys the doctor and follows his orders, he is his ally and he fights the disease; but if he rebels against him, he acts on behalf of the disease and wrongs the doctor on two levels: first, because he reduces the patient-doctor pair to a single person; second, because he has helped the disease, which was previously standing alone. Hippocrates says that two elements are necessarily more powerful than one. It is clear that by abandoning the doctor, the patient helps the disease when, whilst the doctor orders him to abstain from cold drinks, the patient, scorched by fever, is persuaded by the disease to drink; also, if he takes a bath or drinks some wine or does something else that the doctor has forbidden him from doing, he favours the disease by doing what is favourable to it, whilst he betrays the doctor by doing what he forbids.¹⁴

This commentary allows us to pick out other aspects of Galen’s reading. First, the Hippocratic metaphor that underlies the relationships between the three elements (disease, patient and doctor)—combat—which is, of course, one of the fundamental metaphors of ancient medicine;¹⁵ then, the art of illustrating through specific examples the relationship between doctor and patient as set out in general terms in Hippocratic thought, such as the example of the patient who, drinking cold water contrary to the prohibition of the doctor, works in favour of the disease. Above all, what we notice here is Galen’s slight tendency to distort the conceptual relationship between the patient and doctor expressed in the Hippocratic text. The shift is probably imperceptible to a hurried reader; however, it seems to me to

¹³ Hp. *Epid.* 1.5, 2.636,1–4 L. (= 1.190,3–6 Kuehlewein).

¹⁴ Gal. *Commentary on Hippocrates’ Epidemics* 1 2.51 (17A.150f. K. = pp. 76,29–77,12 Wenkebach-Pfaff).

¹⁵ On metaphor in general in Galen, see H. von Staden, “Science as text, science as history: Galen on metaphor,” in P.J. van der Eijk, H.F.J. Horstmanshoff, P.H. Schrijvers (eds.), *Ancient Medicine in its Socio-Cultural Context* 2, (Clio Medica 28) (Amsterdam, 1995), pp. 499–517.

have had an important effect on the traditional reading of modern scholars. The Hippocratic text expounds the three constituent terms of medicine in the order disease, patient and doctor, and discusses the antagonism between the patient and the disease before discussing the assistance of the doctor. Galen, meanwhile, reverses the two terms of patient and doctor in his commentary and insists on the combat of the doctor against the disease. According to Galen, the doctor is the principal adversary against the disease; the patient himself has a secondary role: he is the doctor's ally if he carries out his orders, whilst he actually becomes the ally of the disease when he does not.¹⁶

We could explain this shift in interpretation as a result of the very natural prejudice in any practitioner convinced of the pre-eminence of his role, but it is also explained by Galen's desire to achieve consistency between ethical passages that belong to different treatises and that Galen attributes to the same author. Indeed, Galen returns to this passage of *Epidemics* 1 in his *Commentary on Hippocrates' Epidemics* 6,¹⁷ but he connects it with another famous passage from the *Aphorisms*, the end of the first *Aphorism*, where it is said: "It is not only the doctor who should behave in conformity to his obligations, but also the patient and the people present."¹⁸ In this passage from the *Aphorisms*, it is the doctor who is quoted first; the patient comes second. However, by placing the two passages of *Epidemics* 1 and *Aphorisms* together, Galen reconstructs a coherent, if twisted or at least simplified, image of Hippocratic deontology: he emphasises the duties of

¹⁶ This Galenic reading of the Hippocratic text, giving pre-eminence to the doctor over the patient in the struggle against disease, seems to have influenced certain translations that have played a historic role in the interpretation of Hippocrates. Whilst Cornarius in the 16th century, in his Latin translation, renders the text faithfully by respecting the syntax expressing the relationship between the disease, patient and doctor (*Ars ex tribus constat, morbo, aegroto et medico artis ministro. Aegrotum cum medico adversari morbo oportet*), É. Littré in the 19th century (1840) translated it in a way that the patient becomes, as in Galen, the ally of the doctor: "The art has three components: the disease, the patient and the doctor. The doctor is the servant of the art; the patient must help the doctor combat the disease" ("L'art se compose de trois termes: la maladie, le malade et le medecin. Le medecin est le desservant de l'art; il faut que le malade aide le medecin à combattre la maladie"); cf. also W.H.S. Jones (1923): "The art has three factors, the disease, the patient, the physician. The physician is the servant of the art. The patient must co-operate with the physician in combating the disease." Such modern interpretations seem to be, directly or indirectly, dependent on Galen's commentary on the relationship between the doctor, patient and the disease.

¹⁷ Gal. *Commentary on Hippocrates' Epidemics* 6 4.10 (17B.147,4–6 K. = p. 204,19–21 Wenkebach-Pfaff).

¹⁸ Hp. *Aphorisms* 1.1 (4.458,2–4 L. = p. 98,3–5 Jones).

the patient to aid the doctor against the disease and omits the duty of the doctor to collaborate with the patient against the disease. It is in the context of the doctor's speeches recalling his duties to the patient that Galen's commentary on *Epidemics* 6 introduces this connection between the two Hippocratic passages. Indeed, Galen advises the doctor to explain to the patient what Hippocrates wrote on the subject after a persuasive exordium; it is in this context that Galen quotes the two passages of *Aphorisms* and *Epidemics* 1, comments on them and concludes by saying:

This example should be sufficient for you in order to understand by analogy that there are many other speeches of the same type addressed to the patient on behalf of the doctor.¹⁹

Thus, the Hippocratic model becomes the specific point of reference that ideally feeds the doctor's conversation with the patient, reminding him and making him understand his duty of obedience.

The Hippocratic model serves as a guide not only for the behaviour of the patient, but also for that of the doctor. In the *Commentary on Hippocrates' Epidemics* 6, Galen dwells at length on the ideal attitude of the doctor in relation to the patient by explaining the following Hippocratic words: "Entering the patient's house, conversation, behaviour, clothing ... the style of hair, nails, smell."²⁰ Unlike previous passages, we cannot quote Galen's commentary in its entirety because it is too long: five pages of Galen to comment on two lines of Hippocrates! This discrepancy already shows that Galen, by explaining at such length a text that is comprised of simple chapter headings, necessarily re-creates the content.

Two important ideas concerning the doctor's behaviour in relation to the patient emerge from this commentary: the definition of the ideal behaviour of the doctor with a view to obtaining the patient's trust; and the possible or necessary divergences from this ideal behaviour in order to take into

¹⁹ Gal, *Commentary on Hippocrates' Epidemics* 6 4.10 (17B.147,16–18 K. = p. 205,2–4 Wenkebach-Pfaff).

²⁰ Hp. *Epidemics* 6.4.7, 5.308,15f. L. (= p. 88,4–5 Manetti-Rosselli); Gal. *On Hippocrates' Epidemics* 6 4.10 (17B.144–152 K. = pp. 203,1–207,21 Wenkebach-Pfaff). On this passage of Galen's commentary, see W. Riese and L. Bourgey, "Les gracieusetés à l'égard des malades. *Commentaire de Galien sur Épidémies VI*, section 4, division 7," in *Revue philosophique de la France et de l'Étranger* 150 (1960), 142–162; the text is translated by L. Bourgey and studied by W. Riese. The passage is partially translated by P. Moraux, *Galien de Pergame. Souvenirs d'un médecin* (Paris, 1985), pp. 114–118. See particularly the study by K. Deichgräber, *Medicus graciosus. Untersuchungen zu einem griechischen Arztbild*, (Abhandlungen der Geistes- und Sozialwissenschaftlichen Klasse, 1970,3) (Mainz, 1970), pp. 31–51.

account certain aspects of the patient's psychology. We will see first how Galen defines the ideal behaviour of the doctor. Galen condemns excessively superior or humble behaviour, and recommends a middle course that defines the most reasonable attitude of the doctor to obtain the patient's trust. For example, when the doctor arrives to visit the patient, he should avoid being too harsh, which would arouse hatred in the patient, but also too much flattery, which would lead to contempt. By contrast, what the doctor should aim for, in his facial expression, his voice and his attitude, is what Galen calls *semnon*, the measured dignity that should arouse the patient's admiration and trust.²¹ What is at the basis of this ideal behaviour is clearly expressed in a phrase that Galen uses when he comments on the doctor's manners: "He must avoid any excess and try to find the perfect measure."²² The notion of a perfect measure or mean (μέσον, μεσότης) is the fundamental rule that dictates the entire commentary on the doctor's entering the patient's house, his manner of speaking, his attitude, his hair style, nails and perfume when visiting the patient.²³ We come now to the second important idea found in his commentary on medical ethics, i.e. the requirement that the doctor take account of the patient's particular psychology. For example, he will adjust the frequency of his visits to the patient's needs; whilst some are irritated by too many visits, others are reassured. Likewise, concerning the doctor's conversations with a patient, it is necessary to take account of the patient's level of education, and not to use solecisms or barbarisms with an educated patient. The result is that the doctor will eventually be able to depart in his behaviour from the perfect mean if the patient is not a man who appreciates the right measure. This surprising affirmation can be clearly illustrated by what Galen says concerning the doctor's clothing:

Clothing. This should also be, following the same reasoning, the perfect mean (μέση), neither luxurious to the extent of seeming opulent, nor grimy or too humble, except if by chance the patient himself has no sense of right measure (ἀμετρότερον), or if they love luxurious clothes or take pleasure in grimy clothes; in these cases, you will depart from the right mean (ἀπὸ τῆς μεσότητος) in order to be more agreeable to the patient, within the limits that you think are most compatible with yourself (σοι σύμμετρον).²⁴

²¹ The term is used twice (17B.146,7 and 13 K. = p. 204,6 and 12 Wenkebach-Pfaff).

²² 17B.148,13 f. K. = p. 205,15 f. Wenkebach-Pfaff.

²³ On the importance of the notion of the perfect mean in Galen's ethics, see W. Riese, "La pensée morale de Galien," in *Revue philosophique de la France et de l'Étranger* 153 (1963), 331–346 (335 f.).

²⁴ 17B.149,1–7 K. = p. 205,21–26 Wenkebach-Pfaff.

The ideal is the right mean between being too excessive and too humble. However, in considering whether the patient has a taste for one of the two excesses, the doctor can depart from this perfect mean in order to make his relationship with the patient better; nevertheless, there is a limit to such departure, which is left to the doctor's judgement who should remain, at all time, unlike the patient, a man with a sense of proportion.

In the context of this discussion of the patient's preferences, which may lead the doctor to depart, within limitations, from his normal behaviour, we further find what Hippocrates calls in his *Epidemics* 6, the 'graces' (χάριτες), carried out by doctors for patients. They give rise to an important commentary by Galen, to which we now turn. The principal grace consists in adjusting the treatment by making concessions to the patient in line with his preferences or habits. Here is what Hippocrates says: "(to administer) what does not do great harm or is easily repairable, such as cold, where it is appropriate."²⁵ Galen's commentary on this passage²⁶ goes beyond the hermeneutic technique that we have already noted, which consists in explaining Hippocrates by Hippocrates by means of other passages. He compares here the passage from the *Aphorisms* where it is said that "It is preferable for food or drink to be less good, but more agreeable, than better but more disagreeable."²⁷ More important is the manner in which Galen problematises what is simply stated in Hippocrates. First, Galen clarifies the extent of the problem by contrasting the course of action to be followed by the doctor as a rule, namely here the strict truth, and that of the doctor who in the case of the graces does not follow it but gives in to the desire of the patient. Yet this could imply that the graces do not form part of the art. In order to avoid this possible objection, Galen introduces a distinction not found in the Hippocratic text, between bad and good graces. Bad graces are those of bad doctors, who place themselves in service to the patient's passions in order to obtain the most money. Such graces do not conform to the art,²⁸ since they imply a complete reversal of roles: the patient is in command of the doctor; it is the reign of passion, satisfying the patient's desires and the

²⁵ Hp. *Epidemics* 6.4.7, 5.308,14–15 L. (= p. 88,1–2 Manetti-Roselli). On Galen's commentary on this passage, see particularly the study by K. Deichgräber, *Medicus graciosus* (see above, n. 20), pp. 13–31.

²⁶ 17B.135,4 ff. K. = p. 198,1 ff. Wenkebach-Pfaff.

²⁷ Hp. *Aph.* 2.38, 4.480,17 f. L. (= pp. 116,26–118,2 Jones). On this connection, see P. Manuli, "Lo stile del commento" (see above, n. 2), p. 474: "Si crea una coesione fra le due citazioni sulla base di una concordanza supposta e non dimostrata del senso globale, non di quello letterale."

²⁸ 17B.136,12 f. K. (= p. 198,21 f. Wenkebach-Pfaff).

doctor's passion for money. By contrast, Galen approves of the graces recommended by Hippocrates and the best doctors. However, he introduces a justification that, whilst being authentically Hippocratic, does not appear in the Hippocratic texts on the graces: the notion of the interest of the patient. This is clear in both his commentary on the *Aphorisms* and his commentary on *Epidemics* 6. Whilst the text of the *Aphorisms* justifies a choice of treatment that might be less beneficial, but more agreeable, with an appeal to the patient's pleasure only, Galen, in his commentary on the *Aphorisms*, is careful to justify this choice not only with a view to the patient's pleasure, but also his interest: "It is not only for the patient's pleasure that this should be done," says Galen, "but also in the belief that it will be more useful to him (ὠφελιμώτερον)."²⁹ He then gives the medical reason for his assertion: food that is less beneficial, but more agreeable, will be more easily digested. Thus, Galen adds a supplementary and positive foundation to the Hippocratic advice on graciousness by transforming into a beneficial effect something that was in the Hippocratic text probably nothing more than a lesser evil; by doing so, he brings the Hippocratic proposition in perfect conformity with the positive aim of the art according to Hippocrates: to be useful. We could say that Galen, in his reading of Hippocrates, saves Hippocrates by Hippocrates. What we might call here an over-interpretation of the text of the *Aphorisms* can also be seen in the text about graces taken from *Epidemics* 6, because the graces afforded to patients by the best doctors are justified there again by reference to the patient's interest (χρησίμως).³⁰ Galen was of course not able to demonstrate this by physiological reasons, as in the case of the *Aphorisms*, because giving some drink or food the day before, when it would be better give it the next day, cannot be justified directly by reference to the interest of the patient's health. However, Galen recovers this notion of the patient's interest through the roundabout means of a psychological (and no longer physiological) explanation. The concessions made by a good doctor are justified to the extent that they will allow him to obtain greater obedience from the patient during the rest of the treatment. Therefore, such graces, if they do not cause problems, definitely serve the patient's interests because they facilitate the application of the most important part

²⁹ Galen, *Commentary on Hippocrates' Aphorisms* 2.38, 17B.537 K.; cf. the repeated use he makes of this explanation in his commentary on the passage of *Aphorisms* in his *Commentary on Epidemics* 6 (17B.135 f. K. = p. 198, 11–13 Wenkebach-Pfaff).

³⁰ 17B.136, 14 K. = p. 198, 23 Wenkebach-Pfaff: "But (the graciousness) indicated in the *Aphorisms* and the (graces) discussed now (in *Epidemics* 6), are afforded by the best doctors for the benefit of the patients (χρησίμως)."

of the treatment. In Galen's mind, these types of graces provide the occasion for a strict negotiation between the doctor and patient: the doctor will make small concessions only if the patient will promise to obey him for the remainder of the treatment.³¹ Thus, Galen seriously limits the range of graces of the Hippocratic doctor in the name of the Hippocratic ideal.³² Galen here seems more Hippocratic than Hippocrates.

Yet sometimes Galen does not agree with Hippocratic advice. This is the case in a famous passage from *Epidemics* 6 on deceit. Here is the recommendation as given by Hippocrates: "If the ear is painful, wrap up some wool around your finger, pour on some warm oil, then place the wool in the palm of your hand and then place it in the ear until the patient believes something has come out; then deceitfully (ἀπάτη) throw it into the fire."³³ Galen cannot accept that Hippocrates recommended deceit, even if to ease the patient's pain. Thus, to save Hippocrates, the only solution is to contest its attribution to Hippocrates. Galen finishes his commentary saying: "It is better to suppose that this sentence was not written by Hippocrates." Philologically speaking, Galen can draw on another commentator, Dioscorides (first century AD), who, when copying down the passage, marked it with an obelus (†). However, the philological solution adopted by Galen is simply the translation of an ethical demand. Galen, for whom the doctor is the companion of truth,³⁴ cannot accept deliberate deception as a therapeutic method and consequently cannot accept that his ethical model, Hippocrates, recommended it. He can distance himself slightly from the truth in the practice of medicine, but he cannot turn his back on the truth. This time Galen, to save Hippocrates, is obliged to amputate him.

The question of truth or deceit in the relationship between doctor and patient is discussed by Galen in another passage of the *Commentary on Hippocrates' Epidemics* 6 concerning the patient's talking.³⁵ Following a simple remark in the *Epidemics* 6 on "the patient's talking" (ἀ διεγείνται),

³¹ On the importance of the patient's obedience in Galen, see H.F.J. Horstmanshoff, "Galen and his patients," in *Ancient Medicine in its Socio-Cultural Context*, ed. P.J. van der Eijk, H.F.J. Horstmanshoff, P.H. Schrijvers (Amsterdam 1995), 183–99 (95).

³² He also limits them in the name of truth: before conceding graces to patients, the doctor should announce in advance that they will suffer pain (17B.142,8 K. = p. 201,23 f. Wenkebach-Pfaff: προλέγοντα μὲν ὅτι βλαβήσονται).

³³ Hp. *Epid.* 6.5.7, 5.318,1–4 L. (= p. 110,5–8 Manetti-Roselli); Gal. *Commentary on Hippocrates' Epidemics* 6.5.13, 17B.266–269 K. = pp. 282,7–284,6 Wenkebach-Pfaff.

³⁴ See *infra*, p. 236.

³⁵ Hp. *Epid.* 6.2.24, 5.290,4–6 L.; Galen, *Commentary on Hippocrates' Epidemics* 6, 17A.994–995 K. = pp. 115,25–116,7 Wenkebach-Pfaff.

Galen discusses an ethical problem of knowing if it is proper to announce or not the truth of the diagnosis and the prognosis to the patient. Here is Galen's commentary:

Patients tend to talk (διηγείσθαι), which can give indications about their state of mind, so that if we did not know them previously, we can understand from what they say what type of person they are, and we can interact with them in the following way: if you recognise that the individual is sensible and, moreover, is not fearful (δειλόν), you will try hard to tell the truth (ἀληθεύειν), without belittling anything that might happen during the disease; but if you recognise that they are not sensible, and that they are fearful, you will try hard to say graciously what will make him most courageous (εὐθυμότερος), without lying too much (μηδὲν μέγα ψεύδεσθαι); and if occasionally you are pressured due to the extreme cowardice (δειλίαν) of the patient to announce a guaranteed recovery, at least go out and tell the truth (τἀληθῆ) to those who are taking care of him. Also, try when you are addressing the patients themselves, even if they are extremely fearful (δειλοί), not to announce their recovery in the way in which those who are given to lying (ψευδόμενοι) do this, without adding that you yourself will be the start of this recovery on the condition that he carries out everything properly and that he obeys the orders of the doctors. In this way, he will not be discouraged and you will often tell the truth (ἀληθεύσεις).

Thanks to this commentary on the Hippocratic text, we firstly note the importance that Galen affords ethics in medical practice, since he inserts it into his commentary on a text from which it was absent. We then note that the foundation of Galenic ethics is the demand for truth, which does not seem essential in Hippocrates; or at least we observe a discrepancy in a comparison of the use of the same term in Hippocrates and Galen. In this passage of Galen's commentary, we twice note the use of the verb ἀληθεύειν, 'to tell the truth', to the patient about the disease. This verb is much rarer in Hippocrates (used three times in all the ancient treatises, twice in *Prognostic*³⁶ and once in *Prorrhetic* 2).³⁷ Its use is certainly comparable in both Hippocrates and Galen, to the extent that it concerns the doctor telling the truth about the course of a disease; but the problem is very different. In both Hippocratic treatises, the problem is not an ethical one, as in Galen, but a scientific one. To tell the truth for the Hippocratic author of *Prognostic* and *Prorrhetic* 2³⁸ is to make an exact prognosis. Thus, there is a difference in

³⁶ Hp. *Prog.* 15, 2.150,14 f. L. (= p. 213,14 Alexanderson); 25, 2.190,2 f. L. (= p. 231,3 Alexanderson).

³⁷ Hp. *Prorrh* 2.1, 9.6,14 L.

³⁸ The two treatises could be the work of the same author; see J. Jouanna, "Place des *Épidémies* dans la *Collection hippocratique*: le critère de la terminologie," in G. Baader and

the term's meaning: in Hippocrates, it means 'to tell the truth' in the sense of 'not committing an error', whilst in Galen it means 'to tell the truth' in the sense of 'not lying'. The need for truth in Galen is at the heart of the dialogue between doctor and patient. It is necessary to respect it as much as possible. However, morality has to work in practice, and practicality sometimes leads to divergences from the ideal, as in the case of the *graces*. The doctor, whilst trying to remain faithful to his ethical ideal of truth, sometimes has to compromise with the personality of the patient; but here the doctor should take into account not the patient's desires, as in the case of the *graces*, but his feelings, which come from the *θυμός*. Indeed, it is when the patient is fearful (*δειλόν*) that the doctor is forced sometimes to deviate from the ideal of truth so that the patient finds courage (*εὐθυμότερος*). However, Galen is careful to limit and justify such deviations. Even if the patient is fearful, the doctor should not lie too much; and if the patient is extremely fearful and the doctor is forced to tell him that he will certainly recover, the doctor should tell the truth to the patient's entourage instead. Moreover, as in the case of the *graces*, the doctor should obtain in compensation from the patient his obedience to the prescriptions. Thus, Galen's position on the question of knowing whether to tell the truth or not to the patient is entirely comparable to his position on the *graces*.

We may now conclude our discussion of this first form of Galen's reading of Hippocratic ethics, i.e. his reading in the *Commentaries*. Beyond the diversity of ethical questions concerning the aim of the art and the doctor's relationship with the patient, and beyond the fragmentation of the questions caused by the genre of the commentary, the coherence of Galen's ethical attitude manifests itself in the following features: implacable condemnation of divergences from the ideal and from the truth motivated by the interest of the doctor and not that of the patient; reserved acceptance of divergences from the ideal that are explained by the desire to please the patient (*graces*) or to comfort him (problem of the truth), but on two conditions: that the divergences do not harm the patient too much and that the divergences be accompanied by a compensation that will be useful to the patient, namely obedience of the patient to the doctor. In conclusion, Galen inserts in the Hippocratic ethic, whose aim is to be useful to the patient and to cause him no harm, a desire for truth that we might call more Platonic

R. Winau (eds.), *Die hippokratischen Epidemien*, (Sudhoffs Archiv, Beiheft 27) (Stuttgart, 1989), p. 69f. We can add this use of ἀληθεύειν to the examples I gave to show the connections between these two treatises.

than Hippocratic.³⁹ Divergences from the truth can be justified only if they serve, directly or indirectly, the interest of the patient.

Galen does not restrict himself simply to commenting on the Hippocratic treatises; in a small synthetic work called *That the Best Doctor is also a Philosopher*, he outlines the ideal doctor, taking Hippocrates as a model. This small work is connected to Hippocrates by Galen in his bibliography. He says: "There is also another short work connected to Hippocrates, in which I show that the excellent doctor should also be a philosopher."⁴⁰ This short work was probably written late in Galen's output, associated with Galen's final commentaries on Hippocrates, those on *Nature of Man and Airs, Waters, Places*.⁴¹ This work will serve as the basis for the second part of our study, analysing how the fundamental concepts of medical ethics are organised within the image of the ideal doctor outlined by Galen from the life and work of Hippocrates.⁴²

³⁹ On Galen's Platonism, see Ph. De Lacy, "Galen's Platonism," in *A/Ph* 93 (1972), 27–39. On the ethical problem of whether to tell the truth or not to the patient, Galen contrasts with the later deontological treatise of *Decorum* (*Decent.*) 16 (9.242,5–8 L. = p. 29,17–19 Heiberg), which declares: "Nothing must be revealed to patients about what will happen or what threatens them; for patients have been made worse by telling them the prognosis of what is threatening them or what will happen."

⁴⁰ Galen *Libr.prop.* 6, p. 114,2–5 Mueller.

⁴¹ See E. Wenkebach, "Der hippokratische Arzt als das Ideal Galens," *Quellen und Studien zur Geschichte der Naturwissenschaften und der Medizin*, Bd. 3, Heft 4 (1932–1933), 155 [363]–175 [383], particularly 160 [368], where the author draws on numerous allusions to *Airs, Waters, Places* contained in the work to place it after the redaction of the *Commentary on Hippocrates' Airs, Waters, Places* which closes the production of Galen's commentary of Hippocrates: "It is natural to suspect that Galen wrote the work after the completion of his commentaries on Hippocrates, i.e. during the last decade of his life at Rome." J. Ilberg, in his article on the chronology of commentaries on Hippocrates (in *RhM* 44 [1889], 207–239), does not mention this work. Cf. also H. Diller, "Zur Hippokratesauffassung des Galen," in *Hermes* 68 (1933), 167–181, particularly 180: "In any case, we can place the writings π. φύσις ἀνθρώπου and π. ἀέρων, which played a crucial role in Galen's image of Hippocrates in his later life, before Galen's *On my Own Books* (scr.min. 2.114, 2 ff.), in which the books appear and are noted for their small size and connection with Hippocrates. The commentary on π. φύσις ἀνθρώπου, and probably that on π. ἀέρων, both written at about the same time, and both rather late, would constitute the *terminus post quem*."

⁴² For the Greek text of this treatise, see, besides the edition of I. Mueller in the *Scripta minora* 2 (Leipzig, 1891), 1–8, that of E. Wenkebach in the article quoted in the preceding footnote, 170 [378]–175 [383]; see also the Arabic translation, translated into German by P. Bachmann (1965). There is a French translation by Ch. Daremberg in Galen, *Œuvres anatomiques, physiologiques et médicales* 1 (Paris, 1854), 1–7. * [A new critical edition with French translation and notes was recently published by V. Boudon-Millot, *Galen. Introduction générale. Sur l'ordre de ses propres livres. Sur ses propres livres. Que l'excellent médecin est aussi philosophe* (Collection des Universités de France. Série grecque, 450) (Paris, 2007)].

We begin with the issue with which the treatise opens. Galen begins with what seems to him to be a surprising observation, namely the contrast that he observes in the majority of his contemporary doctors between the admiration that they hold for Hippocrates, considered as the first amongst all doctors, and their inability to imitate him, doing in reality everything contrary to what Hippocrates recommends. Galen undertakes to look into the reason why. In other words, how to explain the inferiority of modern doctors compared to Hippocrates, the first amongst doctors (in both senses of time and stature)? Galen's investigation draws on a general study of the causes of success and failure, not only in medicine but also in all the other activities of man, both intellectual and physical. Galen illustrates his study with an example of athletes. According to him, there are two causes of success and failure (chapter 2):

"I find," he says, "that all success comes to men because of will and ability (βουλήσει τε καὶ δυνάμει); anyone deprived of one of these two qualities will also necessarily fail in his aim."⁴³

The distinction between these two qualities is fundamental to the rest of his explanation, since modern doctors' inferiority compared to Hippocrates can be explained theoretically either by the absence, in modern doctors, of both these two qualities, or the absence of just one of them. Galen believes that there is no reason for modern doctors to be inferior to Hippocrates for their ability (δυνάμει). Here is what he says (chapter 2):

The idea that any (modern doctor) does not possess a natural intellectual ability (δύναμιν ... ψυχικὴν) fitting to receive an art so dear to man does not seem to me to have a reasonable foundation, since the world is the same now as it was then, the order of the seasons has not changed, the course of the sun is still the same, and no star, whether fixed or wandering, has undergone any change.⁴⁴

In this sentence, we can clearly see what Galen understands by δύναμις and the reason why δύναμις should not be lacking in modern doctors. Δύναμις is a natural ability; in the case of the athlete, it is the natural ability of the body, and in the case of the doctor, the natural ability of the mind. In the case of the doctor, his natural ability of intelligence allows him to acquire and discover medical knowledge. Since it is a natural quality and the order of nature has not changed, there is no reason to think that this natural ability has reduced. Between Hippocrates and the times of the moderns, nature

⁴³ P. 3,6–8 Mueller (= p. 171,21f. Wenkebach).

⁴⁴ Pp. 3,18–4,2 Mueller (= p. 172,6–11 Wenkebach).

has remained a stable element; historic decline is not due to nature, which remains invariable. By contrast, if success depends solely on natural ability, there should have been progress between Hippocrates and the moderns. Since natural ability is unchanged, modern doctors benefit from an advantage over Hippocrates: the knowledge of discoveries that he made over his lifetime, which Galen's contemporary doctors can appropriate rapidly, leaving them more time to make other discoveries. If we only consider δύναμις, the medical art should have progressed between Hippocrates and the moderns, and not declined. Thus, only βούλησις ('desire') can remain as the cause of the decline. However, Galen continues with his analysis by making a division between two causes underlying this inferiority of modern doctors' βούλησις: the bad life-style of modern people and their desire for money. Here is what Galen says (chapter 2):

Thus, it is reasonable to think that it is due to the bad regimen (διὰ μοχθηρὰν τροφήν) that men follow now and due to their preference of wealth over virtue (διὰ τὸ τὸν πλοῦτον ἀρετῆς εἶναι τιμιώτερον) that there is no man similar to Phidias amongst sculptors, or Apelles amongst painters or Hippocrates amongst doctors.⁴⁵

Thus, it is clear that the decline of the medical art between Hippocrates and doctors in modern times, like the decline in other arts such as painting or sculpture, has a moral explanation. Galen goes on to discuss in turn each of the two aspects associated with the decline of βούλησις.

First, the love of money. Galen sees an antagonism between the love of money and the practice of the art of medicine. He says (chapter 2):

For it is certainly not possible to seek money and at the same time practice an art as great (as medicine), rather it is inevitable that anyone who strives intensely for one of these activities neglects the other.⁴⁶

In painting the portrait of the ideal doctor who restrains himself to a natural limit of wealth (i.e. that which permits him to meet his basic needs), Galen refers to the life of Hippocrates, which serves as his model (chapter 3):

And most certainly if such a doctor exists, he will scorn Artaxerxes and Perdiccas; he will never even see one of them, whilst the other he may perhaps treat when he is ill and needs the art of Hippocrates, but he will not think it right to remain with him all the time, and instead he will provide treatment to the poor of Cranon, Thasos and the other towns.⁴⁷

⁴⁵ P. 4,3–7 Mueller (= p. 172,11–14 Wenkebach).

⁴⁶ P. 4,18–21 Mueller (= pp. 172,22–173,1 Wenkebach).

⁴⁷ P. 5,6–12 Mueller (= p. 173,6–10 Wenkebach).

This portrait of an Hippocrates who was disdainful of money and a doctor of the poor is evidently a reconstruction drawn not only from biographical information but also from his own work. As for Galen's use of Hippocrates' own work, we find allusion to patients from Cranon and Thasos in the *Epidemics* and, although these patients might have been slaves, there is nothing to indicate that doctors treated poor people out of preference; we never find the word πένης, 'poor', in the *Epidemics* to describe patients treated by Hippocratic doctors, whether from Cranon, Thasos or elsewhere.⁴⁸ By a very significant discrepancy in vocabulary, Galen moulds the image of Hippocrates according to the needs of his own demonstration. Moreover, Galen fails to mention something he knew very well from Plato's *Protagoras*, i.e. that Hippocrates, like Phidias or Polycletus, taught his art for remuneration.⁴⁹

To finish with the Galenic image of an Hippocrates disdainful of money, we note that this image actually agrees with what the later deontological writings of the Hippocratic Corpus recommend. Indeed, a connection was made a long time ago (for example by Daremberg in 1854) with the treatise *Precepts*, where the author makes the following recommendations to a doctor concerning fees: "As for the fee, think only of the desire for education. I urge you not to be too unkind, but to consider carefully the patient's fortune or means. Sometimes give your services for nothing, calling to mind a previous benefaction or the present motive of reputation."⁵⁰ However, Galen did not know this text, or did not recognise it as authentic.

Thus, Galen found this first ethical condition necessary for being a true doctor, the disdain for money, in Hippocrates. It is the love of money that characterises modern doctors who, according to Galen, merit the name of 'drug sellers' rather than 'doctors'. This diatribe against money-hungry doctors is a frequent theme in Galen. For example, in *The Therapeutic Method*, we find the paradoxical case of rich men who are less well treated for plethora than poor people, in part because the doctors of rich men hope to boost their fees for the daily treatment they carry out, which actually does more harm than good.⁵¹

⁴⁸ Cranon is quoted in the group *Epid.* 2–4–6 (once in *Epid.* 2, twice in *Epid.* 4 and twice in *Epid.* 6). Thasos is quoted primarily in the group *Epid.* 1–3 (five times in *Epid.* 1, and six times in *Epid.* 3); it is also found twice in *Epid.* 6 and once in *Epid.* 7.

⁴⁹ Plato, *Prot.* 311b–c.

⁵⁰ Hp. *Praec.* 6, 9.258,5–8 L.; Transl. Jones, LCL, modified.

⁵¹ Gal. *Meth. med.* 11.15 (10.783,8 ff. K.).

The second fault with which Galen explains the inferiority of modern doctors in his treatise *That the Best Doctor* is bad regimen. What Galen understands by this is drunkenness, rich food and sex. However, it is useful to understand the reason behind this moral condemnation. Whilst the condemnation of the love of money is explained by the desire to preserve the patient's interests, the condemnation of an unregulated life is explained by the desire to preserve the doctor's competence; for Galen, an unregulated life is incompatible with the love of effort necessary to master any area of expertise.⁵² In an important sentence defining the true doctor, the double ethical need (disdain for money and a love for work and self-control) is intimately linked with the requirement of truthfulness:

It is necessary that this doctor [sc. the one who is like Hippocrates] will not only disdain riches (χρημάτων καταφρονεῖν), but also will be completely devoted to work (φιλόπονον ἐσχάτως). It is not possible to be devoted to work when he is intoxicated, when he is full of food or when he is given over to love or when, to put bluntly, he is a slave to sex and his stomach. Thus, the true doctor is a friend of self-control (σωφροσύνης ... φίλος) and also a companion of truth (ἀληθείας ἐταῖρος).⁵³

Both for the second moral quality of the ideal doctor (love of work) and for the first (disdain of money), Hippocrates is used as a model. Hippocrates proved his love of effort by leaving his native island to travel all through the cities of Greece with a view to verifying by experience what he had been taught.⁵⁴ Galen uses his knowledge of Hippocrates' work, in this case the treatise *Airs, Waters, Places*, to infer the moral qualities of its author. Galen could also find praise for the love of effort in one of the two deontological treatises of the Hippocratic Corpus known to him, *Law*. Indeed, the φιλοπονήη is one of the necessary qualities to be a good doctor, in addition to nature. As *Law* puts it nicely, teaching needs to be well implanted in nature in order to bear fruit. This moral quality, essential in Galen's eyes, is necessary in all the stages of a doctor's life, first in his theoretical training, but above all in

⁵² An unregulated life is also contrary to the preservation of acquired competence; compare *De optimo medico cognoscendo* 9.18, p. 113,8–11 Iskandar: "I think that even a man with the knowledge and insight of Hippocrates would have quickly forgotten all his knowledge if he had been distracted by good food, abundant wine, frequent travels, hanging about the doorsteps of the rich, and other distractions, all of which are useless for medicine."

⁵³ P. 6,4–10 Mueller (= p. 173,10–22 Wenkebach).

⁵⁴ Pp. 5,12–6,6 Mueller (= p. 173,20–25 Wenkebach). Galen alludes elsewhere to another famous episode in Hippocrates' life, the curing of a plague (*Ad Pisonem de theriaca liber* 16, 14.281,8–18 K.); but Galen's admiration for Hippocrates in this passage comes not from his moral qualities, but from the accuracy of his treatment.

his practice. The frequency of the use of the term φιλόπονος in Galen's work (almost one hundred times) indicates the importance of the theme, since it often characterises the doctor. In the *Constitution of the Medical Art to Patrophilus*, the love of effort is one of the seven necessary conditions for the discovery of the truth; it is the fourth condition listed: "In fourth place," says Galen, "to greatly love effort and to practise his knowledge day and night."⁵⁵ However, whilst in his *Constitution of the Medical Art to Patrophilus*, Galen lists all the conditions of success in the search for truth as being on the same level, *The Best Doctor* presents a more structured account of the necessary conditions for being a true doctor. The leading idea here is that the true doctor, in order to learn and practice his art, covers in total the three parts of philosophy: logic, physics and ethics (τό τε λογικὸν καὶ τὸ φυσικὸν καὶ τὸ ἠθικόν). Logic is the study of the logical method; physics is the study of the body at all its levels;⁵⁶ ethics, and what interests us now from the perspective of medical ethics, is precisely what Galen had referred to at the start of his treatise, βούλησις, 'desire', which is divided in the course of the treatise into two branches, one being the disdain of money and the other what is presented sometimes as the love of effort and sometimes as the practice of wisdom. These two virtues, Galen adds, lead necessarily to all the others. Even though this ideal view of the doctor is constantly associated with the Hippocratic model, and even if the true doctor appears as a reincarnation of Hippocrates, the ideal is in fact constructed and structured around a tripartite conception of philosophy that post-dates Hippocrates and which became, through the intermediary of Stoicism,⁵⁷ a kind of common place in Galen's time. We might be tempted to compare this Galenic theme that a doctor should also be a philosopher with a deontological treatise from the Hippocratic Corpus where we again find the theme of the doctor-philosopher. In the treatise *Decorum*, we read that it is necessary to combine medicine with philosophy and that the doctor-philosopher is equal to a god. However, what Galen understands by philosophy is more elaborated: whilst the author of *Decorum* lists what we might call moral and

⁵⁵ *De constitutione artis medicae ad Patrophilum liber 6*, 1.244.13–15 K.

⁵⁶ On Galen's philosophy of nature, see P. Moraux, "Galien comme philosophe: la philosophie de la nature," in V. Nutton (ed.), *Galen. Problems and Prospects* (London, 1981), pp. 87–116.

⁵⁷ This division of philosophy into three parts can already be found in the founder of Stoicism, Zenon of Citium (333–262); see Diog. Laert. 7.39 and 40 and Cic. *fin.* 4.4 (= *SVF* 45, 1.15 Von Arnim).

intellectual qualities without order and in the same context,⁵⁸ Galen organises the qualities of the ideal doctor into the three areas of philosophy. Galen uses the conceptual framework of a philosophy that post-dates Hippocrates to give structure to what remains unorganised in this Hippocratic treatise of more recent date and which is, in fact, closer to the ancient Hippocratic mentality.

In this comprehensive picture of the ideal doctor as presented in *That the Best Doctor*, it may come as a surprise that we do not find an equally thorough discussion of the relationship between doctor and patient as in his *Commentaries*. It is above all a portrait of the ideal doctor that we are given here. Nevertheless, the doctor's care for the patient is clearly implicit when discussing the disdain of money in a doctor that treats the poor. We also find another term in this work which positively defines, albeit in passing, the relationship between the doctor and patient: φιλόανθρωπος. The art of medicine is described once as τέχνη οὕτω φιλόανθρωπος, "an art also which is also a friend of man."⁵⁹ This description is not connected in this work with Hippocrates; but comparison with another work of Galen confirms that Galen saw in Hippocrates the model of the doctor φιλόανθρωπος. Indeed, in book 9.5, 1ff. of his treatise *The Doctrines of Hippocrates and Plato*,⁶⁰ Galen recalls, after Plato's *Statesman*, that the aim of the art is the interest of the person for whom it is practised, not of the person who practises it. Thus, the aim of medicine is the health of the patient. However, Galen adds that not all doctors work towards this aim with the same motivation. There are those who do it for love of money or glory, and those who do it for love of man (διὰ φιλανθρωπίαν). To illustrate this, Galen quotes names. Modern doctors act for love of money or glory, such as the Empiricist Menodotus, whilst most ancient doctors "treated men for the love of men" (διὰ φιλανθρωπίαν ἐθεράπευον τοὺς ἀνθρώπους); and amongst the ancients, Galen quotes three names: Diocles, Hippocrates and Empedocles. Thus, Hippocrates appears in Galen as the model of doctors who treat men for the love of men and not for

⁵⁸ *Decent*. 5, 9.232,11–234,1 L. (= p. 27,4–7 Heiberg).

⁵⁹ Chapter 2, p. 3,19f. Mueller (= p. 172,7f. Wenkebach). On the relationship between medicine and 'philanthropy', see K. Deichgräber, *Professio medici. Zum Vorwort des Scribonius Largus*, (Abhandlungen der Geistes- und Sozialwissenschaftlichen Klasse, 1950, 9) (Mainz, 1950); L. Edelstein, "The Professional Ethics of the Greek Physician," in *BHM* 30 (1956), 391–419; D. Gourevitch, *Le triangle hippocratique dans le monde gréco-romain. Le malade, sa maladie et son médecin* (Bibliothèque des Ecoles Françaises d'Athènes et de Rome, 251) (Rome, 1984), pp. 281–284.

⁶⁰ 5.750–751 K. = p. 564,10ff. De Lacy.

the love of money or reputation.⁶¹ This view is of course a reconstruction, for the terms φιλανθρωπία and φιλόκωπος do not appear in the ancient writings of the Hippocratic Corpus.⁶² To be sure, these terms are used in two of the three later deontological treatises of the Hippocratic corpus: in *Precepts*, where φιλανθρωπία is contrasted, as in Galen, with the love of money and is connected with an authentic conception of the art by means of the famous phrase: “Where there is love of men, there is also love of the art”;⁶³ and in *Physician*, where the ideal doctor is described by the two adjectives σεμνός καὶ φιλόκωπος, which we also find in Galen’s writings.⁶⁴ However, Galen’s view probably does not come from the reading of the later deontological treatises, which he did not know or did not believe to be authentic.

In order to appreciate the importance afforded by Galen to medical ethics and the role that Hippocrates plays in his ethical philosophy, we need only read the conclusion of the treatise *That the Best Doctor*:

If we are to be true followers of Hippocrates, we should first practise philosophy; and if we do, nothing will stop us from being not only like him, but even better than he was, by learning from what he has written and by discovering ourselves what remains to be discovered.

This conclusion shows firstly that Galen considers Hippocrates to be the true doctor-philosopher, whom the modern doctor should try to imitate. We shall not dwell too much on what might seem paradoxical of this view of Hippocrates the philosopher,⁶⁵ except that Galen, in order to arrive at this view, resorts to philosophical schemes that post-date Hippocrates and disregards the polemic of *Nature of Man* against philosophy, even though he attributes this polemic to Hippocrates himself. He instead reduces it to a polemic against monism, a polemic of which Galen approved, since monism did not account for combination and change, and consequently for

⁶¹ L. Edelstein, “The Professional Ethics of the Greek Physician” (see above, n. 59), 408, concludes from this passage that, according to Galen, “philanthropy is not indissolubly joined with the practice of medicine.” We cannot agree with this conclusion. Philanthropy, to the extent that it is the positive face corresponding to the disdain of money, is a necessary ethical component of the true doctor, according to Galen, as the love of effort is the positive face corresponding to a disdain of a loose life.

⁶² The remark was previously made by D. Gourevitch, *Le triangle hippocratique* (see above, n. 59), p. 282, in her discussion of ‘La philanthropie, concept nouveau’.

⁶³ Hp. *Praec.* 6, 9.258,10 L., trans. W.H.S. Jones.

⁶⁴ Hp. *Medic.* 1, 9.204,9–10 L.

⁶⁵ By contrast, Celsus presents Hippocrates as the first doctor to separate medicine from philosophy; see Celsus, *preface* to the *De medicina* 8.

biological phenomena as evident as pain and generation.⁶⁶ From the treatise's conclusion emerges not only the static view of man, but also the dynamic view of the art. Galen expresses the hope that, if modern doctors, despite the admirable character of Hippocrates' work, compete with him in all the domains of medicine, medicine will be able to progress, despite its current decadence. What conditions are missing for this progress to take place? It is not intellectual conditions, because these exist, as we have seen, since the natural ability to learn did not change after Hippocrates. Moreover, modern doctors are in a more favourable position than Hippocrates, since they have inherited his discoveries and can dedicate more time to making new ones than he did. What is missing, then, are moral conditions. The indispensable condition for the progression of the medical art is a moral revival that would cause the desire for money, pleasure or glory to disappear, and replaces it with a desire for work, truth and the love of humanity.

These are the two approaches that we find in Galen's reading of Hippocratic morality, whether reading it through his *Commentaries*, or through his synthetic reconstructions that take Hippocrates as a model of the ideal doctor, for both his life and his works.

We may now conclude on the way Galen read Hippocratic ethics. I will not recall everything that has been said on ethical themes relating to the aim of the art or the relationship between doctor and patient that Galen found in the Hippocratic text or which he transplanted onto the text, nor on the recurring problems he creates by connections and slight changes, nor on the tension between the aspirations of idealism and the needs of practice. However, I would like to highlight the dimension of Galen's reading that he considers as the most important, i.e. the need to implement what he has read and to incorporate this in his own activities. Galen's most important phrase on the levels of reading of Hippocrates can be found in his work *That the Best Doctor*, in his criticism against contemporaries who, despite their admiration for Hippocrates, do not read him at all, or do so badly (chapter 2):

This is why I thought it necessary to discover the reason why all doctors, although they admire Hippocrates, do not read his writings or, if they do read them, do not understand what the text says, or if they are lucky enough to understand, fail to follow the theory in practice because they lack the will to confirm these principles in themselves or to make a habit of practising them.⁶⁷

⁶⁶ See P. Moraux, "Galien comme philosophe" (see above, n. 56), p. 90 and n. 27.

⁶⁷ Pp. 2,21–3,6 Mueller = p. 171,17–21 Wenkebach. On Galen's contemporary doctors'

Thus, it is necessary to read Hippocrates and to understand him, but theory must be completed with practice in order to strengthen the Hippocratic teaching and to incorporate it in such a way that it becomes second nature. This is particularly true of ethics, which is of no value except when put into practice. As a result, we now better understand why Galen's ethical comments on Hippocrates include personal perspectives, when Galen gives an example of what he does and castigates his co-practitioners who do not apply Hippocratic precepts in their work. These two aspects of Galen's Hippocratism are as inseparable as the two faces of Janus. Since Galen claims to have applied Hippocrates' ethical principles in his own life, it would be easily tempting to compare his own acts and words. In fact, he did not neglect money in his treatment of patients. In his *On Prognosis*, he recalled having received from the consul Boethus a sum of four hundred pieces of gold for having cured his wife of vaginal discharges.⁶⁸ The disdain of glory certainly cannot define Galen's personality.⁶⁹

However, we will leave to one side this anecdotal aspect and finish with a connection that shows that Galen desired himself to be read as he read Hippocrates, comparing the image that he gives of Hippocrates in his work *That the Best Doctor* with that which he gives of himself in his treatise *Affected Parts*. According to *That the Best Doctor*, Hippocrates, thanks to his love of effort over a long studious life, was able to make discoveries; these discoveries will allow doctors, if they know how to read Hippocrates, to assimilate them rapidly and to dedicate the rest of their life to making science progress; and we saw that this reading was only possible for those who put Hippocratic ethics into practice. According to *Affected Parts*, Galen has also made many discoveries over his long life thanks to intensive research, and these can easily be found by reading his works; but there is a necessary ethical condition. According to Galen, only the doctor who "wishes to be famous for the actions of his art and not for his sophistic speeches," can read Galen;⁷⁰ it is another way of defining the true doctor.

ignorance of Hippocrates, see also the *De optimo medico cognoscendo* 5.1, p. 69,4–7 Iskandar: "You will find many famous physicians in our time, of whom people speak favourably, ignorant of any books in which Hippocrates mentioned these (precepts) and unaware of the reasoning behind them."

⁶⁸ Galen *Progn.* 8, 14.647,12 K. = p. 116,18 Nutton, with the note p. 179f. relating to doctor's fees at Rome (note to p. 90,22).

⁶⁹ For example, see *Progn.* 5, 14.625,8–11 K. (= p. 94,12–15 Nutton): "concerning leading men, the diagnoses and care I gave them were worthy of great praise, and I enjoyed a great reputation with all: the name of Galen was great." See J. Kollesch, "Galen und seine ärztlichen Kollegen," *Das Altertum* 11 (1965), 47–53.

⁷⁰ Gal. *De locis affectis* 3.4, 8.146,2–5 K.: "If anyone wishes to be famous for his deeds and

Note that this new definition of the true doctor restores the ethical glory which is condemned elsewhere by Galen himself, on the condition that there is a distinction between a bad glory, due to fallacious speech, and a good glory based on "actions of the art." The essential point is that with regard to both Galen's and Hippocrates' work, reading does not consist solely in learning and understanding, but in action. In conclusion, the ethical dimension in Galen is not only necessary in the practice of medicine, i.e. in the relationship between the doctor and the patient, whether in prognosis or treatment. It is, more profoundly, a necessary condition for the realisation of the progression of the medical art, thanks to the reading of the great exemplary doctors who have made discoveries, above all Hippocrates and Galen himself. Put another way, the deepest message of Galen on the connections between morality and medicine is that medicine, whilst being a science, cannot exist and progress without morality. The good is a necessary condition for the tradition and discovery of the truth.⁷¹

not for his Sophist speeches, he can easily read the discoveries that I have made over a lifetime of intense research."

⁷¹ In a comparison between legislators and doctors, at the start of his treatise *On the Power of Purgative Drugs* (*De purgantium medicamentorum facultate*) 1 (11.323,1 ff. K.), Galen revealingly parallels the increase in errors in science and the increase in errors in crime as having one single cause: perversity (*κακία*). The absence of perversity in the ancient period explains why Hippocrates did not have to refute audacious errors, because they did not exist; similarly, ancient legislators did not have to suppress major crimes. However, following the increase of perversity, modern doctors who honour the truth (such as Galen) are obliged to combat these grave errors, just as modern legislators are obliged to combat major crimes.