The Social Profile of Hippocrates' Patients

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Abstract

The seven books of the Hippocratic Epidemics appear to make it possible to describe the social profile of the patients who frequented Greek doctors from the mid-fifth to the mid-fourth centuries, and in particular to decide whether doctors attended mainly to the well-to-do. Previous studies have concentrated on the epigraphical evidence for the high status of many of the Thasian patients who are named in Books 1 and 3. But we need to account for the artisan occupations of some of the patients who are described in the other five books (are these patients typical?) and for the marked stylistic and other discrepancies that distinguish Books 1 and 3 from the rest. Endorsing an unconventionally early date for these books, the author suggests that the mention of artisan occupations in the other books is a sign of a degree of social democratization in the medical profession.

Keywords

Hippocratic corpus – Epidemics – Thasos – social structure – artisans

1 Conflicting Evidence

Asclepius himself was corrupted by gold.1 In Aristophanes' Wealth, produced in 388 BCE, doctors are represented to the Athenian audience as mercenary,2 and it is indeed reasonable to assume that Greek doctors were attracted to

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1 Pi. P. 3:54-57.
2 Ar. Pl. 406-408.
patients who were well-to-do, and that they priced their services accordingly. Yet when we look at the seven books of the Hippocratic *Epidemics*, which will be the main though not the exclusive focus of this study, we may gain the impression that the typical patient treated by a doctor in the period in question was an artisan—a carpenter or a shoemaker or a fuller, for instance—or a member of an artisan’s family. Women are better represented than one might have expected, and there are quite a number of slaves (more than twenty clear instances by my count, in a total of about 450 individuals; see below). But wealthy patients are at first glance invisible, this at a time when most, perhaps all, Greek states were home to aristocrats and to other people of disproportionate means. No patients, with one minor exception, are identified in the *Epidemics* as current or past office-holders.

If we can resolve this paradox we may reach a better understanding of medical practice in high-classical Greece—and also of the texture of social life in communities that were often sharply divided between ‘the many’ and ‘the few’.

Who wrote the *Epidemics* and when? We do not know. ‘Hippocrates’ is simply a generic name for an undefined number of authors. The conventional view, going back in part to antiquity, is that the three groups of books, (a) 1 and 3, (b) 2, 4 and 6, and (c) 5 and 7, were written in that order, (a) and (b) in the very late fifth century, (c) in the mid-fourth century.

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3 It is impossible to get at the behaviour of the average classical-Greek doctor in this respect, but there is no evidence for any social or professional norm to the effect that a doctor should dispense his or her services at low prices to the needy; we may imagine that most doctors employed a sliding scale. Meanwhile the tale of the doctor Democedes of Croton (Hdt. 3.131-138) will have encouraged young doctors to dream of wealth. See further Jouanna 1999 [1992], 119-120; Samama 2003, 569; Nutton 2012, 62; Lane Fox 2020, 44. We should not suppose, however, that any of the Hippocratic doctors of classical Greece were themselves aristocrats (as imagined by Witt 2018, 240).

4 I leave aside the Hippocratic *Praecepta*, since it is generally agreed to be a Hellenistic or Roman work; in my view it is directed towards doctors who expected well-to-do clients, but that is not relevant in the present context.

5 They make up about one-third in the count of Hanson 1989, 38.

6 The exception is a relative of an *agoranomos* (‘market supervisor’) (4.24). On the functions of such officials see Capdetrey and Hasenohr 2012.

7 Jouanna 1999 [1992], 388 (“traditionally dated from about 410”), with some hesitation, amplified in his edition of Books 1 and 3 (2016), pp. cxv-cxvi. For the unity of group (a) see Wee 2016, 143-145, as well as Jouanna’s introduction. For the unity of group (b) see Deichgräber 1933, 25-74; Jouanna 1989, 64-67 and 1999 [1992], 389; Lane Fox 2020, 119-121. Prosopographical details lead to a date in the last years of the fifth c. (406 or later), as we shall see.

8 The date of 5 and 7 some time not long after Philip II’s siege of Daton/Crenides in 357 is assured by the mention of the siege in *Epid*. 5.95 and 7.121 (however Jouanna and Grmek 2003, xxiii-bxxv, have rightly questioned whether these books are by single authors). The most obviously distinctive characteristic of this group is that while (a) and (b) mention only
has now put forward serious arguments for dating group (a) radically earlier, about 470. We shall see later how those arguments affect and are affected by the considerations put forward in these pages.

It could be argued that the paradox in question is merely a matter of locale: doctors attended to the well-to-do at Athens, where, for much of the period in question, there was more money than anywhere else in the Greek world, and at wealthy Thasos (the focus of Epidemics 1 and 3), while in more modest places such as Abdera or Perinthos they catered to a wider segment of the population. This possibility cannot be altogether excluded, but fifth-century doctors seem already to have been highly mobile, and supply—we should presume—kept up reasonably well with demand, in Attica and elsewhere.

The problem at hand has attracted attention since at least the days of August Meineke and Émile Littré. These two argued that a number of the personal names that appear in the Epidemics belonged to the leading families of various parts of Greece, mainly Thessaly. But the research that has long dominated the discussion is that of Karl Deichgräber, centred on Thasos, according to whom (I refer to his revised conclusions of 1982) Hippocrates—the supposed author of Epidemics 1 and 3—“practised in distinguished (vornehm), sometimes very well-situated, families, here he was the family doctor (hier war er Hausarzt), he received an appropriate honorarium”.

I will mention four other scholars at this point. According to A.J. Graham, who studied Thasos carefully, “Deichgräber’s conclusion that the Thasians named in the Epidemics belonged to the Thasian élite seems incontrovertible”. Vivian Nutton, however, answering the question how far across the whole community of a Greek city the work of a Hippocratic doctor extended, remarked that “the Epidemics ... shows members of all classes of society being treated by the doctor”. Jacques Jouanna, in a balanced account, wrote of ‘Hippocratic humanism’, and appears to take the occupational descriptions as being typical of the Epidemics as a whole: “the Hippocratic physician did not disdain to treat clients who were not wealthy”, but, he says, Hippocrates and the other doctors around him “did not neglect either the material side of their practice or their relations with a wealthy

9 Lane Fox 2020, chapters 9 to 15.
10 See most recently Lane Fox 2020, chapter 3.
11 Deichgräber 1982, 38. It is unfortunately unclear not only what kinds of families he meant exactly but also whether, as seems to be implied, the quoted conclusion refers to the patients in group (b) of the Epidemics as well as to those in group (a).
12 Graham 2000, 323, referring to Deichgräber 1933, 20.
13 Nutton 2012, 100.

locations in northern Greece, (c) also refers to patients from places much further south such as Elis and Athens (Jouanna 1999 [1992], 399).
clientele”. Robin Lane Fox, finally, has apparently sided with the Deichgräber view, at least as far as *Epidemics* groups (a) and (b) are concerned.

A closer look at the several books of the *Epidemics* shows that they are far from being uniform with respect to the question at hand. Books 1 and 3 contain no references to the occupations of any of the 72 patients who are mentioned, except that three or four slaves are listed, one of them possibly the property of a fuller. Books 2, 4 and 6 are quite different, naming occupations in approximately 18 cases; slaves, however, are represented in about the same proportion as in the first group. Book 4 has easily the most persons with named occupations, but even there they are scarcely more than 15 per cent of the patients mentioned. Books 5 and 7 are like Books 2 and 6 in this respect and with respect to the number of slaves.

### 2 Social Structures

How can we best analyse the social structure of a fifth- or fourth-century Greek *polis*? Medical historians have understandably avoided the problem. We should not be satisfied with such vague terms as ‘elite’ and ‘low-class’; we need a framework. Yet here I shall have to be relatively brief, avoiding the lengthy theoretical and practical complications that such an analysis might involve. In the present context there are three important dimensions: free/slave, town/country, and social class (not reducible to a simple binary: see below).

Each of these dimensions could be discussed at length. As far as slaves are concerned, we can avoid on this occasion all the problems connected with intermediate statuses such as those of the Helots and the Thessalian *penestai*. I take it that in fifth- and fourth-century Greece most of the slaves who received treatment from doctors did so because they were especially favoured by their owners. As to how many slaves are mentioned as patients in the *Epidemics*, ambiguous terminology (was a *therapaina* necessarily a slave, for example?)

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15 Thus the author of 2/4/6 “attended citizens whose names match the names of men known to have been at the very top of their local society” (2020, 122). For the argument that the author of 1/3 may very well have treated the ‘high society’ of Abdera see Lane Fox 154-156; but “he did not confine his efforts to people who could pay him” (162; this we have no reason to believe).

16 1.21 mentions a *therapaina* of Scymnos the fuller, but in this passage Jouanna translates *therapaina* as “servante”.

17 The most significant text here is X. Oec. 7.37, according to which it is the housewife’s duty to take care of sick slaves.
makes an exact count impossible to achieve. Robert Joly’s careful discussion led him to set thirty as the maximum number;\(^{18}\) in any case they are unsurprisingly represented in a far smaller proportion than their proportion of the total population.

As for town and country, it has to be supposed, Mogens Hansen dissenting,\(^ {19}\) that the great majority of the population worked on the land (or in mines, as in the case of Thasos) and that a large proportion of such people lived in the countryside or in villages outside the central settlement; women in the families of small farmers or farm-labourers are not likely to have gone to town very often. How many small towns were served by doctors in pre-Hellenistic times it is hard to estimate, but the access of the rural poor, so I shall suggest, was probably very limited.

As for class distinctions, modern analyses are too often dyadic,\(^ {20}\) a natural result I suppose of the fact that Greek writers frequently juxtapose the rich and the poor as well as the few and the many. But when clear-headed Greeks descend to detail we meet a more realistic conception: ‘in every city’, says Aristotle, ‘there are three elements (merê), the exceedingly rich, the exceedingly poor, and a third group between these’.\(^ {21}\) He calls the people in the third group the mesoi and proceeds to characterize them, not unfortunately in the sociological terms that we might like.\(^ {22}\) This was not a new or eccentric observation: Aristotle himself finds it in the mysterious poet Phocylides.\(^ {23}\)

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\(^{18}\) Joly 1969, 6-13; see also Demand 1998, 81, who, however, tends in my opinion to exaggerate the number of slave patients. Given that oiketês/oiketis and doulê are unambiguous terms, we have ten cases, and the language used in 2.1.12, 2.2.22 and 4.2 seems unambiguous too. Sometimes a pais is clearly a slave, as at 4.20 and 4.50, but the term itself is ambiguous. Patients referred to as therapôn/therapaina appear six times. For other probable or possible cases see the list of artisans set out below.

\(^{19}\) Hansen 2006, chapter 3, which is based, rhetoric aside, on the assumption, now I think widely recognized as false, that survey archaeology can settle the question of urban versus rural residence. For discussions see Harris 2018, 391 n. 5. In 1902, Thasos, still under Turkish rule, was reported by the British vice-consul in Kavala to have a population of 13,050, of whom only 2,600 lived in the ‘capital’, Limenas (Khalkias 2010, 38-39, a reference and a text that I owe to the kindness of Angelos Chaniotis).

\(^{20}\) E.g. De Ste Croix 1981, esp. 72, Jouanna 1999 [1992], 118.

\(^{21}\) Arist. Pol. 4.11.1295b1-3; cf. 4.3.1289b27-1290a13. Roubineau 2015, 87, drastically misrepresents Aristotle’s analysis (as does Nebelin 2016, 308), and ignores the crucial part of the speech of Theseus that I quote in the text. See instead Taylor 2018, 345-347.

\(^{22}\) Arist. Pol. 4.11.1295b3-12: ‘Therefore since it is agreed that moderation and a middle position are best, it is clear that, in the matter of possessions too, own a middling amount is best of all ... and it is among the mesoi that you find least reluctance to hold office as well as least eagerness to do so.’ His analysis fits, but is not based on, his more general fondness for the mean.

\(^{23}\) Arist. Pol. 4.11.1295b33-34.
Theseus proclaims (this will have been in about 422 BCE) that there are three sections (merides) among the citizens (slaves are therefore not included): the wealthy (olbioi), the very needy and the one in the middle. As to where Aristotle or Euripides would have drawn the lines between these three classes we cannot tell, but it does not need much imagination to see where the main fault lines were. In a Roman context I have drawn these lines according to the family’s access or lack of access to ‘amenities’ or as contemporary sociologists like to say ‘resources’. ‘Amenities’ can be seen as including housing, foodstuffs, clothing, physical safety (not guaranteed to the individual by the ancient state), leisure, education, and social respect, among other things. The same approach can be applied, mutatis mutandis, to the Greek case (the differences from the Roman Empire at its height were quantitative not structural). In the middle, in particular, we can place in both cases people or, better, families that had to work but possessed either enough land to make their physical existence secure (within the limits of the human condition) or a skill and perhaps a shop that would have the same effect. Such persons might be subservient in various ways to the wealthy, but in most cases they themselves disposed to some extent of the labour or services of the least privileged, including slaves.

How might all this apply to fifth- and fourth-century Thasos? Its evident wealth, periodically impaired by military conflict, most notably the two-year siege conducted by Cimon in 465-463, was not simply based on the normal agrarian/pastoral/trading economy of a classical Greek state, but also, crucially, on the exploitation of mines (gold and silver) and quarries, both on the island itself and on the nearby mainland, and on the high reputation of Thasian wine. The slave trade may also have been important. One consequence is likely to have been a relatively large group of well-to-do families. We can only guess the size of the population, but it is most unlikely to have exceeded significantly the highest recorded pre-1912 figure, 13,050 for the whole island (which in turn was much larger than the lowest figure for the period of

24 E. Supp. 238-245. Here again the point is to exalt the middle group, but the poet could not have done this if the audience had not recognized these three groups. A similar analysis appears in Roman writers, including Galen: he makes a tripartite division when he is considering who would be able to afford certain medicines, a division, that is, between (1) the rich, (2) the penêtes, that is to say the working poor, and (3) the very poor (tois panu penésin) (De comp. med. secundum locos 1.5 = 12.457-458 K.).
26 See Hdt. 6.46-47, Th. 1.100.2.
Let us say about 2,600 families. We know nothing solid about the concentration of wealth, but we do know that in its 'oligarchical' periods, the island's rulers numbered 360, later 300, perhaps 10 per cent of the adult males. It is to be supposed that the 360 and the 300 included not only the substantial old-family landowners but a certain number of prosperous merchants and technitai, such as fullers.

3 Democrats or Elitists?

What then are the arguments for thinking that the Hippocratic doctors tended to all classes without much distinction? The strongest such argument may be that the authors of the Epidemics, even the author of 1 and 3, when they are discussing health conditions in a given area and/or at a given time, frequently refer to ‘many’ people or ‘very many’ people. At Thasos, in the spring, ‘many people had swellings behind one ear, or both ears; in most cases they experienced no fever as long as they did not take to their beds’ (1.1.6). And so on, over and over again. This author writes that ‘early in the spring ... there were many cases of erysipelas with a prior cause and others without any. Many died’ (3.3.1). Such expressions, in any language, always relate to a reference group (I can say that ‘many’ members of my department, which has some fifty

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29 Lane Fox 2020, 142, estimates the town’s population at 5,000 to 7,000 in high-classical times, which is too many. Deichgräber 1982, 10, estimated about 2,000, which is probably too few.

30 It has struck many observers that the known housing in Thasos town is fairly modest (‘modest and unpretentious houses’, Graham 2000, 32, echoing the fundamental study of Grandjean 1988), but only a small proportion of the housing stock is known. Good plans of the town are to be found in Brunet et al. 2019. It may be that the fifth-century rich were content with houses that by later standards were surprisingly unpretentious, as was alleged to have been the case at Athens (D. 3.25-26, admittedly a highly rhetorical text; cf. Rougier-Blanc 2014, 125-128).

31 For these numbers see respectively IG XII 8.276 and IG XII 8.263.

32 Lane Fox 2020, 134, noticing this aspect of the Epidemics, points out that such statements reflected the observations of “many more cases than a single doctor could personally have observed”, and, in order to avoid allowing that doctors treated many people, he suggests that some of the information came from the author’s “own pupils and assistants”. That may be correct, but such passages, which are numerous, nonetheless suggest that doctors were seeing very many patients, at least in (normally) prosperous Thasos. Note the generalization about slave women at 6.7.1.

33 The numerical implications are often unclear. At 1.20, for example, the author distinguishes five groups of fever patients according to the various chronologies of their illness, but whether these are substantial groups or very small ones there is no way of telling.
members, are in favour of this or that); but in the *Epidemics* case the reference group can only with great difficulty be anything other than the whole population of a place or the whole free adult population.\(^{34}\) It should also be mentioned that *Epidemics* 1.1.8 shows that a good number of the reporter’s Thasian patients went to his *iatreion*: ‘as for the rest of the illnesses that bring patients to the surgery, they passed the season without being affected by them’.\(^{35}\) This is not what well-to-do patients did in traditional societies; the ‘Hausarzt’ went to the sick person’s house even if the patient was not gravely ill (so it was in England in my childhood). When the author of *Epidemics* 1 and 3 gives the addresses of his individual Thasian patients, as he does in 22 cases out of the 31 that he describes in detail,\(^{36}\) he probably implies that he treated them at those addresses; but they were all very seriously ill (20 of the 31 died).\(^{37}\)

We cannot, however, deduce from the fact that some of the patients in the *Epidemics* are slaves, whom the doctors apparently treated with as much concern as they treated most free people,\(^{38}\) that they regularly treated members of all social classes, for, as Jean-Manuel Roubineau has recently pointed out, some slaves, though not of course the great majority, were treated decently and might inspire their owners to pay for or permit elaborate medical care.\(^{39}\)

What then of the occupational designations in the *Epidemics*? It has been suggested that they were mnemonics included by the authors for their own benefit; the occasional patronymic and the occasional address (‘by the city wall’) may have served the same purpose.\(^{40}\) But this not very strong suggestion leaves open the question whether the occupations named were typical or atypical of the author’s patients or of doctors’ patients more generally.

Here is a list of the patients with named occupations, including both the close relatives of such persons and also the slaves who belonged to persons with named occupations.

\(^{34}\) It can readily be admitted that the author’s information will quite often have come from informants not personal observation (Potter 1989, 15).
\(^{35}\) This is a paraphrase rather than a translation.
\(^{36}\) 26 in Book 1, 5 in Book 3.
\(^{38}\) Jouanna 1999 [1992], 115.
\(^{39}\) Yet Roubineau goes too far in this direction (Roubineau 2015, 28–30), even though he knows the evidence for exploitation in the workplace and for sexual and judicial exploitation.
\(^{40}\) Jones 1923, 143–144; Thumiger 2018.
1. the female servant (*therapaina*) of the fuller Scymnos (1.21.2); a fuller (4.36); fuller, plural (5.59 = 7.81); another, on Syros (7.79)
2. the father of Apamas the carpenter (*tektôn*) (2.2.9); Zoilos the carpenter (4.23); another (4.29)
3. the wife of the shoemaker (4.20) ‘who made my shoes’ (2.2.17); ‘the man at the shoemaker’s’ (4.20), who presumably worked there; a shoemaker (4.20e); another (5.45); another ‘of Cleotimus’ (probably a slave) (7.55)
4. a rope-maker (4.2)
5. the slave ‘in the last shop (*kapêleion*)’ (4.20); a shop-keeper (*kapêlos*) (4.20d); another, ‘from outside’, i.e. from outside the town (7.13)
6. the mason Acanthios (4.20c)
7. a worker in a pottery (4.20f)
8. a wine-dealer (?) (4.25)
9. a mine-worker (4.25); the ‘mountain-worker’ of 6.3.9 may have been another such, but he may have been a woodcutter (he was apparently not a patient, however, but simply someone, a paraplegic, whom the writer ‘saw by the bridge’)
10. a vinedresser, possibly a slave (4.25); another, explicitly a slave (4.50); another (6.3.8)
11. the wife of a bronzesmith (4.31)
12. Lycinos the schoolteacher (*grammatikos*) of Crannon in Thessaly (4.37)
13. an attendant in the *palaistra* (79) (*palaistrophulax*) at Abdera (6.8.30)
14. the wife of a gardener in Elis (5.1)

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41 The patient ‘who lay sick at the house of Gnathon the fuller’ (1.21.3) was presumably of similar social status.
42 ‘Wool-carder’, Smith, inexplicably.
43 He underwent an eighteen-day treatment.
45 A fourteen-day treatment.
46 This man ‘fell from the kiln in the pottery’. The writer apparently followed his case for at least twenty days.
47 ‘Celui qui emporta le vin après convention [ek xunthêkếs]’, Littré. Smith’s translation, ‘the one who lifted the wine from the depository’, ascribes an impossible sense to xunthêkế. The text of this chapter is disastrous. Some MSS read onon (‘donkey’) not oînon (‘wine’).
48 The best way of taking *ho ek metallôn*.
49 ‘Menander’s vinedresser’. Here again the writer seems to have followed the case for at least seven days.
50 At 4.56 the writer mentions a patient residing ‘at the teacher’s’ who was presumably of a status similar to his.
51 This is LSJ’s understanding, but the man in question wrestled, and Smith’s ‘wrestling master’ might be right. Littré: ‘gardien de la palestre’; Manetti and Roselli: ‘custode della palestra’.
15. an eleven-year-old groom, probably a slave, at Larisa (5.16)  
16. a butcher (*mageiros*) at Acanthos (5.52 = 7.71)  
17. Bias the boxer (5.71)  
18. the commander (*diopos*) of a large ship (5.74 = 7.36)  
19. a masseur (*aleiptêς*) ‘at the house of Harpalides’, possibly a slave (7.9).  
I should also include general references to people ‘who work with their hands’ (4.50, 6.7.1).

Thus the occupations mentioned are mostly urban and all but the ship’s captain (if that is what he was) are apparently modest. It is possible that some of those who seem to be small-scale artisans, the fullers and the rope-maker for example, were the proprietors of quite large establishments, but no specific evidence supports that notion. In a few cases, five in fact, the man’s occupation was related to his injury or illness, but that was not usually so. The question in any case returns—were these occupations typical or exceptional among the Hippocratic doctors’ patients? A true cross-section of a doctor’s patients would certainly have included some of the rich, whether large landowners, mine-lessors like Thucydides, bankers or successful merchants. It would also have included a variety of office-holders and former office-holders. And we cannot easily suppose that the occupational descriptions that feature in groups (b) and (c) are the merely eccentricity of two authors, for it is unlikely that only two authors were involved in constructing these texts even if no more than two persons were responsible for committing them to papyrus rolls and ‘publishing’ them. By the time when Plato wrote the *Republic*, in the 370s, it could be taken for granted at Athens that the ‘lower orders’ (those he calls the *phauloi*) and artisans such as carpenters would have access to doctors.

Some scholars have maintained on the other hand that the Hippocratic doctors catered mainly to the well-to-do. That is the clear implication of *Regimen* 3.68-69, where the author imagines that he is addressing ‘the mass of mankind’ but actually assumes that the patient he is advising is a man of ample leisure.

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52 Littré and Jouanna; Smith took *hippokomos* to be a proper name. The treatment included trepanation and was lengthy and doubtless expensive.  
53 ‘Intendant’, Jouanna. The exact meaning of this word rare word was already debated in antiquity.  
54 The treatment lasted fourteen days. Jouanna, however, may possibly have been right to read not ‘aleiptês’ but ‘Alaptes’ = a man from tiny Alapta [in Thrace], on the basis of Galen’s glossary (Jouanna and Grmek 2003, 193). I agree with Jouanna and Grmek 2003, 269-270 that Smith’s ‘water-carrier’ at 7.122 is a misunderstanding.  
56 Pl. *R*. 3.405a, 406d, 408b (‘richer than Midas’) hints that doctors preferred patients who were wealthy.
Hippocratic writers sometimes commend complex treatments and medicinal ingredients such as frankincense and Ethiopian cumin that only a wealthy person could have afforded (even if a certain amount of fakery was involved), and they mention them casually together with what was easily affordable.57

Then there are the prosopographical arguments applicable to Epidemics 1 and 3 and perhaps also to 5 and 7.58 It is to be noted first, however, that at the very beginning of Book 1 we are referred to the world of the leisured town-dwellers: ‘the sufferers [from a certain condition] were adolescent boys, young men and men in their prime, usually those who were to be found in the wrestling school and the gymnasium’ (1.1); but this was a single occasion, and it is the prosopographical evidence that has persuaded scholars that doctors tended mainly to the well-to-do and their dependents.

We know from inscriptions the names of large numbers of the annual archontes and theōroi of Thasos for much of the period under discussion.59 While Thasos was probably a democracy, in the loose sense that its highest officials were elected, for much of the time,60 it is a reasonable assumption that most of these officials came from prosperous families and in any case were not artisans.61

We should resist the temptation to identify men with the same name, even if the name is quite rare in the epigraphical record, unless we have the man’s patronymic—and perhaps even then.62 The well-known case in question here is Antiphon son of Critoboulos, whose illness is mentioned briefly in Epid. 1.15. This man is usually identified with the Antiphon son of Critoboulos who held office as a theōros, probably in 409 or 40863—and if not (see below) he must have been a recent and direct ancestor. No other individual patient can be definitely identified with an epigraphically attested Thasian—of whom there are great numbers because of the numerous amphora handles that have survived, in addition to the lists of magistrates. Yet the fact that a very high proportion of the names of the Thasian patients in Books 1 and 3 appear in the Thasian

57 Totelin 2009, 127-131 and 141-194, introduced in this context the valuable concept haute médecine. Frankincense and Ethiopian cumin: [Hippocrates], De sterilitate 217 Littré = 5 Potter = 5 Bourbon.

58 Some of the names in Books 5 and 7 “almost certainly belonged to prominent [Thasian] families”, Lane Fox 2020, 124, referring to Deichgräber.

59 For the political offices attested at classical Thasos see Reger 2004, 778-780.

60 As we know that it was under Athenian hegemony: Th. 8.64.2.

61 It is to be noted, however, that there were exiles from Thasos, probably in the period of the post-Cimonian democracy: Paus. 6.11.7.


63 For the date see Jouanna 2016, cxxii. That does not date Antiphon’s illness, which might have been decades earlier or decades later.
epigraphy of the same period does provide some support for the notion that most if not all of the patients named belonged to the families of the 360 or the 300, and in many cases will have belonged among Aristotle’s euporoi.

It could also be argued that the Epidemics patients who are given occupational descriptions are less likely than others to be the subjects of lengthy case reports than are the others (some reports cover 80 days or more). In fact the only such patient who seems to have received prolonged medical care, more than a month, was the eleven-year-old groom in fourth-century Larisa (Epid. 5.16), who, it might be guessed, was a favourite of his owner. But not much can be made of this.

4 Discrepancies within the Epidemics

Let us try another approach. Elizabeth Craik and Jacques Jouanna have demonstrated that there are large discrepancies between Epidemics 1 and 3 on the one hand and 2/4/6 on the other. The technical and specialized vocabulary is significantly different: 21 terms appear in 1/3 and at most once elsewhere in the Hippocratic Corpus. Simply to take two examples, the term paraléros (‘delirious’) is employed the TLG gives 10 occurrences in 1/3 but nowhere else in the Hippocratic Corpus, while the term paralegô (‘rave’) is employed 16 times and only once elsewhere. Then there is a whole group of words that are employed much more often in 1/3 than in the rest of the Hippocratic Corpus. 1/3 furthermore shows almost no interest in methods of healing, the author(s) of 2/4/6 considerably more. Craik has provided a sensitive reading of the distinctive language and interests of the author or authors of 1/3. All of this accords up to a point with the judgement of Galen, a very careful reader of Hippocrates: in his view Epidemics 1 and 3 were the genuine work of Hippocrates, but 2/4/6 contained material from the father but were definitely a later production.

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64 Graham 2000, 325-326, listed 49 Thasian names that are mentioned in the Epidemics and are also attested epigraphically in public inscriptions or on amphora stamps. Of these 34 are from Book 1 or Book 3, making up 68 per cent of the 50 different Thasian names (by my count) that appear in those books.

65 Eighty days: 1 cases 5 and 6, 3 case 2, also 4.25. 120 days: 3 cases 1 and 9.

66 Jouanna 2016, xv.

67 Jouanna 2016, xvii-xxii, lists 29 such terms.

68 Jouanna 2016, cxiii-cxv.

69 Craik 2015, 67 and 74-75, admirable pages.

70 Galen noticed but did not describe stylistic differences between 1/3 and the other books: De diff. resp. 2.8 = 7.855 K.; cf. also Comm. I Hipp. VI Epid. pr. = 17.796 K. = CMG 5.10.2.2
It should be noted, however, that the role attributed to Thessalos seems to be pure speculation; there is no reason to think that any ancient manuscript circulated under his name.

In these circumstances it is surprising that the consensus of modern scholars, even Craik and Jouanna, is that 1/3 and 2/4/6 were composed within about five years, or in any case less than a decade, of each other, both of them by physicians from Cos. Lane Fox, however, has recently proposed a drastic re-dating—by no less than 54 or 55 years—of the fragmentary theōros list, so that Antiphon the son of Critooboulos will have held office about 464/3 and the author of Epidemics 1/3 will have been present in Thasos about 470-467. The reference in Epid. 3.1.2 to a patient who lived ‘by the new city-wall’ will then have been an allusion to the new city-wall built after the Persian Wars (during which Darius had insisted on the destruction of the earlier wall) not, as is widely asserted, to the fortifications which the Thasians ‘began to build’ in 411 (Th. 8.64.3).

Lane Fox’s argument is attractive in some respects, but in other respects it is unconvincing. There is a strong argument against it and a somewhat weaker one. In the first place, one cannot simply move fragments of the magistrates lists IG XII 8.273-284 around at will; anyone who wishes to move the magistracy of Antiphon the son of Critooboulos back to the 460s would have to produce a more convincing reconstruction of the whole inscription than that of Patrice Hamon (2016), who places Antiphon’s magistracy in the column that covered the years 428 to 394. A less robust argument for retaining the accepted chronology for the theōros lists concerns the distinctively named Disolympios (‘Twice-Olympian’), the son of the famous Thasian athlete Theogenes (Theagenes), who held the office of theōros seven years after Antiphon, that is to say, on Lane Fox’s hypothesis, in 457/6. But Disolympios obviously cannot have been born before his father’s second Olympic victory in August or September of 476, and may well have been born considerably later. The Thasians are most unlikely to have entrusted one of their two senior offices to a youth of eighteen or nineteen.

p. 5 (pampolu). At De diff. resp. 3.1 = 7.890 K. he asserts that the two groups also differ with regard to theōria (theory, thought?).

71 Lane Fox 2020, esp. 180-182.
72 Hamon 2016, fig. 8 (p. 84).
73 For ‘Disolympios son of Theogenes’ see IG XII 8.278 C.31.
74 Lane Fox 2320, 174, notices this difficulty, and it has to be admitted that Theogenes’ standing in his home town must have been quite exceptional (he is its only known Olympic victor and was the subject of numerous legends: see Paus. 6.11, etc.). But it is generally thought that a man served as a Thasian theōros several years after he had served as an archon:
In my view, we can therefore leave the conventional chronology of the Thasian magistrates where it is. Yet there remain the great discrepancies between *Epidemics* 1/3 and 2/4/6. The date of the earlier group is best placed before 465, because of the ‘new city-wall’ (*Epid. 3.1.2*), or shortly after its destruction in 463. And the solution to the prosopographical difficulty created by Antiphon the son of Critoboulos is ready to hand:75 the man of this name mentioned in *Epidemics* 1.15 was the homonymous grandfather of the attested office-holder—reflecting a commonplace Greek onomastic practice of alternating names from generation to generation.76

5 Conclusion

To revert now to the identity of the patients, I propose a two-stage development. *Epidemics* 1 and 3 were probably written shortly before or after 465 and reflect a time when doctors mainly catered to the leading families. Thasos, like Cos, was apparently ruled by an oligarchy of some kind and the author ‘worked happily in oligarchic settings’.77 Nonetheless we should suppose that the author and his putative colleagues were quite content to minister to Aristotle’s mesoi when the latter could afford to pay—and thus doctors were able to generalize about ‘many people’ without straining their consciences or credibility unduly. The composition of these two books (in reality a single work, according to many scholars) is quite finished,78 and the imagined reader may have included interested laymen (these are attested at all periods) as well as other doctors.

Books 2, 4 and 6 were written, or rather put together, in the last years of the fifth century, probably in or not long after 406. A patient who is described as ‘the man who came from Alcibiades’ (*Epid. 2.2.7*) is likely to date from the period when the famous Alcibiades was in Thrace (but that is only a *terminus post quem*). An apparent reference to one Medosades (*Epid. 4.45*), who is quite likely to be a Thracian whom Xenophon mentions in the context of 399 BCE, yields a span of years rather than a precise date.79 By this period new medical ideas and a new medical vocabulary had taken hold, as we have seen in outline.

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75 And Lane Fox 2020, 165 notices this possibility.
76 For the fact that the elite families of Thasos ‘carefully preserved a stock of distinctive personal names’ see Hamon 2019, 144.
77 Lane Fox 2020, 181.
78 Jouanna 2016, xxviii.
79 Cf. Lane Fox 2020, 120-121. See X. An. 7.1.5, etc.
And Greek cities were now, on the whole, more democratic, in spite of the failure of the Athenian Empire, than Thasos had been prior to 465. This is as much a long-term change in social ethos and social relationships as it is of political structures. And it was a relative change: Aristotle’s three merê were practically eternal.

The addition of occupational descriptions referring to artisans in both group (b), Books 2/4/6, and group (c), Books 5/7, was deliberate, I suggest, and reflected the desire of the doctor authors to advertise to their colleagues and other readers that they were democratic. The contrast with Books 1 and 3 suggests that such descriptions were not casual or meaningless. But the democratization in question may well have been fairly marginal, since on the one hand technitai could get rich, as Aristotle notes, and on the other hand those who were classified by Aristotle as ‘exceedingly poor’ continued to receive little or no attention from free-lance physicians. We should not suppose that doctors attended to ‘all classes’ on anything like an egalitarian basis. Ironically, it was the poor who benefited.

Bibliography


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80 As far as Athens is concerned, the best evidence for this is the essay known as the work of the ‘Old Oligarch’ (Ps.-X. Ath.), which is conventionally dated to the 420s or 410s. Cf. Herman 2006, 113-115. The entire body of Plato’s political writing can be seen as a reaction against this trend.

81 The same desire seems to be reflected in a very fragmentary fourth-century inscription from Pella (SEG 52 (2002), no. 611), apparently the epitaph of a doctor who is described as ‘Θάσιον, λαοῖς ἰατρόν’, where the last two words are understood by Massar 2015 to mean ‘médecin du peuple’.

82 Arist. Pol. 3.5.1278a24-25 (‘many of them’).

83 I am very grateful to Angelos Chaniotis, Simon Hornblower and this journal’s anonymous reviewer for a number of improvements.


