CONCLUSIONS
THE FLUIDITY OF PHARMACOLOGICAL KNOWLEDGE

He <sc. Hippocrates> left his fatherland, as Andreas says spitefully in *The Medical Gènealogy*, because of his burning the archive on Cos. *Life of Hippocrataes according to Soranus* 4 (175.16–18 Ilberg).

There circulated in antiquity a story whereby Hippocrates left his native Cos after having burnt the repositories of medical knowledge on the island. Beyond presenting Hippocrates as an ill-intentioned usurper, this story also accounts for a puzzling fact: there were no medical writings pre-dating the time of Hippocrates—the Coan must in some way be responsible for this absence. This tale may well be quite ancient: Andreas may be identified with the personal physician of Ptolemy Philopator, active at the end of the third century BC. If this identification is accepted, it implies that, by the third century, medical writers could not conceive of a past without writing, and that they were already wondering how Hippocrates had managed to write so many medical texts.

The relative lack of medical writings before the fifth century BC and the importance of Hippocrates’ name in the transmission of medical treatises are as puzzling now as they were in the Hellenistic period. Were there medical texts written before the fifth century BC? Why did physicians start to use the written medium? What was the relation between the oral and the written word in the transmission of medical knowledge? Had the texts included in the ‘Hippocratic Corpus’ circulated under another authorial name before being attributed to Hippocrates? In this study, I have attempted to tackle these questions, taking the recipes found in the Hippocratic Corpus as a case in point.

The Hippocratic collections of recipes—more than 1500 recipes in total—are the most extensive written source for the study of pharmacology in the fifth and fourth centuries BC. However, these collections only represent a portion of the written recipes produced in the classical period. In addition, much of the ancient pharmacological knowledge may have been transmitted only orally, and may never have been written down in the form of recipes. Finally, some aspects of the transmission of ancient pharmacological knowledge, such as gestures, cannot be translated into texts. Since so many elements of the transmission of
ancient pharmacological knowledge are irrecoverable, it is essential to assess the full role of writing in this transmission, as well as its impact on the pharmacological body of knowledge.

Recipes are texts; they are a written genre and must be studied as such. Writing transforms pharmacological knowledge in the sense that it formalises it. Before Greek physicians started to use the written medium, pharmacological knowledge was most likely transmitted through apprenticeship, in a face-to-face situation, and this transmission was accompanied by the actual preparation of the drug. In this context, the master and his apprentices discussed which ingredients to include in their compositions and in what amount, as well as the utensils to use for this preparation. They could adapt their recettes de base to environmental circumstances and to the state of the patient. Writing, on the other hand, condenses all these aspects into written recipes, short formulae, which start with an enumeration of ingredients, and end with a verb referring to the action of administering the drug. However, although writing fixes pharmacological knowledge, it does not do so in the same way as it fixes literary texts. There are numerous examples of parallel redactions of recipes in the Hippocratic Corpus, but no example of verbatim repetitions of recipes. Compilers of collections of recipes did not attempt to copy their written sources verbatim; they freely modified the grammar of the recipes. The text of a recipe was fluid, save for one particular aspect that remained stable, namely the order in which the ingredients were listed.

Writing also allowed structuring the pharmacological body of knowledge into the form of catalogues. However, here again, writing permitted a certain degree of fluidity; the catalogue format is extremely flexible: recipes can be added to or removed from a catalogue, small catalogues can be gathered together in order to form larger collections of recipes, and ultimately they can be integrated into the structure of medical treatises.

Although writing allows pharmacological knowledge to be fixed, it does not necessarily prevent written texts from being lost. The compiler of the Hippocratic treatise Affections may have referred to many Pharmakitides and not to one particular Pharmakitis. None of these recipe books has survived, however, and they may well have been already lost in the Hellenistic period. We know, through citations in the works of later medical authors, that many recipe books were composed in the Hellenistic period, which are also irremediably lost. Individual recipes from this period, however, are preserved in the works of later