

to influential recent works in history of medicine, such as Michael Stolberg's

Homo Patiens. Krankheiten- und Körpererfahrung in der Frühen Neuzeit.³

Our collection appears at an interesting time for the history of medicine and the history of medical ethics; it coincides with the thirtieth anniversary of Roy Porter's programmatic plea for a patient-centered history of medicine of *From Below*.⁴ Furthermore, it comes almost a decade after Roger Cooter's 2004 seminal article with the explicit title *The Patient's View: Doing Medical History from Below*.⁵ Most history of medicine, argued Porter, has been written in the form of grand stories of scientific progress and expanding knowledge, largely organized around a sequence of biomedical breakthroughs. Porter's article was the first call for a fundamental rewriting of the history of medicine, shifting the perspective towards the patient's point of view. Cooter, on the other hand, went as far as to declare the end of the social history of medicine and urged a radical re-consideration of the good old trusty categories of knowledge, science, scientific breakthrough, disease, and even the biomedical causes of death. Cooter's extreme position can be explained and justified if we consider the fact that the development of the history of the history of medicine in fact fallen far short of what was promised by Porter and others in the 1980's. It is the case, of course, that some steps in the right direction have been taken: for example, in the field of medical ethics emphasis has increasingly been laid on the 'power relations' between the sufferers and their healthcare providers—not least in certain areas of modern psychological theory. The move is not only theoretical but has an influence on operational strategies too, perhaps most evident in the area of psychotherapeutic and psychoanalytical practices, whereby patient narratives are increasingly valued as a fundamental diagnostic tool.⁶

3 Originally published in 2003, and translated into English in 2008 as *Experiencing Illness and the Sick Body in Early Modern Europe*. Houndmills: Basingstoke, UK: New York, NY: Palgrave Macmillan.

4 Porter, 'The patient's View', 75–98. Cf. also Porter, R. 'Introduction: *Practitioners lay Perceptions of Medicine in Pre-Industrial Society*, 1–22.

5 Cooter, R. 'Training' the end of the social history of medicine, *The Patient's View*, 1–22.

6 See Holmes, J. 'Narrative in psychotherapy', in Greenhalgh, T. and Hawtitz, R. (1998) *Narrative based medicine: Dialogue and discourse in clinical practice*, 76–84; and Thumiger's contribution (Chapter Three, 109–120 with n. 3 in this volume.), *Power as Problem*, that is, how various institutions exert power on individuals and groups of individuals, and how those latter resist and affirm their own identity. Is a central theme in Foucault's historical and philosophical work.

See for instance, Foucault, M. (1962), *Madness and mental epidemiology*, ed. (1965), *Historiologie der*

INTRODUCTION

Despite these promising starting points, "it is also undoubtedly true that mainstream historiography has not incorporated the radical change of perspective for which Porter argued."⁷ The dominant medical and historiographical discourses are still shaped by the physician's view and, as such, they give us inadequate access (if at all) as to how individuals experienced their bodies, negotiated sickness, and signified their suffering to others. Indeed, at the level of clinical practice the attention paid to the perspective of the patient still leaves much to be desired. The diagnostic and therapeutic power of medical action and theory may have advanced enormously in modern times, but this advancement does not correspond with greater rapport, intimacy, nor empathy between the suffering person and his or her healthcare provider. Advances in clinical examination, pathological anatomy, and microbiology have had the result of limiting close observation and reducing the time and attention devoted to 'taking history'. The effect of this has been to reduce the opportunities for physical and emotional intimacy between the patient and the physician, sometimes to the point of true estrangement between the two. To put it in Edward Shorter's words:

Advances in clinical investigation since the Second World War entailed the downgrading of careful history-taking and physical examination. . . . With the advent of such post-modern techniques of investigation as computerized blood tests, computerized tomography scans, magnetic resonance imaging, and ultrasonography, old-fashioned percussing, palpating, and auscultating seemed increasingly irrelevant, for the new techniques yielded far more information. The history too became downplayed, and letting the patient talk was perceived as a waste of the busy physician's time.⁸

Awareness of this change can be seen not only in theoretical reflections about the history of medical practices, but also increasingly in clinical environments. Arthur Kleinman's work on the illness narratives, as he called them, and his

savoir, and *id.* (1976b), *Histoire de la sexualité* 3 vols. (*La volonté de savoir, L'usage des plaisirs, and La société de soi*, which was translated in English by Robert Hurley as = *History of Sexuality*, 3 vols: *Introduction, The Uses of Pleasure, and Care of the Self*. The 'power relation' issue is given more prominence in Foucault's 1983 book entitled *Le souci de la clinique*, which was translated in English by Allan Sheridan as *The Birth of the Clinic*.

7 Condon, 'The Patient's View', 526.

8 Shorter, E. 'The history of the doctor-patient relationship', in Bynum, W. F. and Porter, R. (1993), *Companion Encyclopedia of the History of Medicine*, 794.

raising awareness about the difference between medically defined illness and "illness as lived experience" was undoubtedly a major step towards the radical redefining of the social history of medicine.⁹ Perhaps the most promising recent development in patient-centered medical practice, inspired by the critical suggestions coming from social history of medicine and medical anthropology, is the emergence of the so-called 'Narrative-based Medicine' (NBM), which puts the patient at the center of the medical encounter.¹⁰ Narrative-based Medicine lays emphasis on both the narrative structure of medical knowledge and on narrative as a tool to gain access to the perspectives of patient as well as caregiver. Furthermore, the epistemic value of the patient's view, and of the narrative he or she constructs, has risen to prominence in discussions concerning palliative care, the area of healthcare focusing on preventing and relieving the patients' suffering.¹¹ Providing relief for the sufferer life is especially relevant to those afflicted by chronic and incurable illness, as argued in Chapter Nineteen of this volume. These developments in clinical practice have been spurred on and mirrored at the theoretical level by studies examining the comparative history of the patient in the modern period, such as Stolberg's *Experiencing Illness and the Sick Body in Early Modern Europe*.

In this spirit, our volume hopes to further advance the theoretical and clinical foregrounding of the patient as the protagonist of the medical encounter, by offering a historical perspective on the contributions made by ancient and clinical to the healing encounter. The socio-cultural contexts of these meetings are vital importance to the project of uncovering the perspective of ancient patients sufferers, and as such they are given a prominent place in several of our chapters. Chapters Fourteen and Fifteen, in particular, focus on how the patient's social status affects not only the patient-physician relationship but also the effectiveness of the medical treatment. Chapters Twelve and Fourteen, on the

⁹ Kleinman, A. (1988). *The Illness Narratives: Suffering, Healing, and the Human Condition*, 4.
¹⁰ Naomi Remen and Rita Charon emphasized the importance of narrative in general, and patients' narratives in particular for both the diagnostic encounter and the healing process. See Greenhalgh, T. and Hurwitz, B. (1999). 'Narrative based medicine: Why study narrative?' *BMJ* 318, 48-50 for further discussions.
¹¹ The ultimate goal in palliative medicine, as opposed to curative medicine, is to provide both the patient and his or her family with relief from both the physical and psychological distress of disease and improve quality of life, regardless of the prognosis. The Preface in

Flinn, J. J. (2006). *A Palliative Ethic of Care: Clinical Wisdom at Life's End* provides an informative exposition of the subject. See also van Schaik's contribution pp. 471-496 in the present volume.

other hand, emphasise the ambiguous social status of the attending physicians and care-givers in Graeco-Roman antiquity.¹² The cases of renowned and popular physicians like Rufus and Galen seem to be the exception rather than the rule.

The majority of our contributors examine the way ancient patients experienced their bodies and illnesses; how they qualified and quantified pain; and how they signified their suffering. All these feed into that enterprise which can be described as 'doing ancient medicine from below'; to echo Porter's concerns and apply them to the field of ancient medicine.

Although our focal point is the relationship between the ancient sufferer and his or her healer, this volume hopes to move beyond past and current preoccupations with the question of the significance or insignificance of the patient's personal narrative in the physician's diagnostic quest.¹³ The theoretical and methodological agenda of the volume foregrounds the contrast between the views of medical experts and the perspectives of the ancient patients during the diagnostic and prognostic process, and in the course of therapy; but it also moves beyond that. By reminding ourselves how central the patient's role is to the dynamic of the so-called 'power relation' established with the physician or healthcare provider, we want to invite a move beyond the medical practitioner's rhetoric of control and competence and delve deeply into the emotional range of these relationships. Furthermore, we set out to explore the impact that seemingly more superficial material aspects had on the psyche of the suffering person, such as the self-presentation of medical activity as profession and privilege, the condition of the doctor's medical apparel, the concrete issues of fees and bed-side manners, as well as the diagnostic techniques. These issues did not simply affect the patient's psychology; they also influenced decisively the progression of the illness and the healing process as a whole. Our concerns do not lie exclusively with physical illness but address also the complexities of mental disorder. Individuals suffering from mental illness are an especially poignant example of the irreducibility of the patient. This is well shown well by the discussions of Graeco-Roman and Arabic examples of the mentally ill in the contributions included in the third part of the book, which explore the sufferers' attempts to qualify and quantify pain and seek help.

¹² This is a topic that has been explored from various angles. See Ercas's contribution (Chapter Twelve), 323-344 in this volume.

¹³ There are many popular medical handbooks on how best to take history' from a patient. See, for instance, Fishman, J. and Fishman, L. (2005). *History Taking in Medicine and Surgery*. On the historical development of the concept of 'taking a history' and its application in clinical praxis, see the chapters included in the first part of this volume.

Ultimately, what we hope to have offered here is an example of how much a patient-centered approach to the history of ancient medicine can deepen our understanding of ancient societies and their medical markets, as well as enrich our knowledge of the history of medical ethics. In other words, this volume is a first attempt towards shaping a history of the ancient patient's view, which will be of use not only to the ancient historian, the student of medical humanities, and the historian of medicine, but also to the historian of medical deontology and ethics. Moreover, the contributions in our volume can also be employed as stimulating comparative perspectives for medical students and practitioners interested in the experience of the patient.

This volume brings together scholars from diverse methodological backgrounds and with a wide range of expertise in medicine, ancient history, history of medicine, archaeology, history of religions, material culture, classical literature and medical humanities. We aim to present a balanced combination of established scholars and new voices, bringing together broad theoretical reflections on medical ethics and cultural history, on the one hand, and practical concerns of such topics as laypeople's medicine, on the other. As such, our collection of contributions offers a new synthesis in the field of the history of medicine, which has so far been dominated by an emphasis on the authority and perspective of medical practitioners as the source of knowledge, and sets out to unravel the ancient patient's view.

Having outlined our general theoretical and methodological framework, it is time to pose the all-important question: to what extent can we access the ancient patient's view?

1 Our Sources and Some Methodological Considerations

It has become more acceptable these days among the scholarly community to expose the elusiveness of scientific, biomedical certainties and the dominance of the medical professionals' view in historical analysis and the dominance of our perspective in the ancient history of medicine. That fact, however, has not made our task any easier. Indeed, the efforts of the ancient medical historian to gain a new insight into the patients of the past, their views, voices and experiences of illness, are often thwarted by well-known methodological challenges.

First and foremost, we are faced with the perennial problem posed by the nature of the available sources. The social historian of ancient medicine has access to an extremely limited quantity of personal testimonies such as patient letters, personal correspondence, autopathologies and autobiographies, materials and resources to which the modern historian of medicine has much greater

access.¹⁴ The bulk of the ancient material is, in fact, constituted by third-person narratives, self-styled as objective reports or scientific treatises. These narratives may address, with varying degrees of depth, the perspective of the patient as it filters through the organising structure imposed by the medical author; but they hardly attempt to shed light on the patient's view in its own right. How can one unravel the figure of the patient from the tightly knitted 'rhetoric of power' that operates in a large number of ancient medical texts, most obviously from the second century AD, but also shaping to a large extent the much more varied and less codified medical texts of the fifth and fourth centuries BC? All history belongs to those who have written it and this remains as true for the history of medicine as for any other field.

A number of our contributors deal with precisely these methodological issues and examine our main textual corpora and the imposing authorial and narrative persons of their authors with an eye to the ancient patients, their views and feelings, as well as their dealings with their medical providers. This problem is further exacerbated by the innumerable distinctions (chronological, generic, textual transmission, etc.) one should bear in mind when dealing with the individual works of the *Corpus Hippocraticum*, or with Galen or any other prominent physician such as Rufus, Soranus and John Zacharias Aklonarios. Chapters Two, Nine, Ten, Eleven, Twelve and Fifteen address these challenges. Other contributions, such as Chapters Eighteen and Nineteen, address analogous (and equally tantalizing) methodological problems in accessing the ancient patient's view in the case of highly elaborate and exceptionally self-conscious representations of patienthood. These narratives may strike the modern reader as intimate, even autobiographical, but the extent to which we can consider these literary creations by highly educated patients as genuine autopathographies (comparable to modern patient diaries or letters) remains a matter of debate.

Chapters One and Fourteen, on the other hand, expose well how data stemming from sources of material culture are riddled with difficulties of their own. Artefacts, inscriptional and sculptural alike, such as honorific and funerary reliefs, contain highly stylised and formulaic patients' narratives and, thus, present us with a whole new set of conventions and constraints which need to be discounted in a search for the ancient patient's subjectivity.

Secondly, there is the equally important methodological caveat about applying modern conceptual categories and distinctions to ancient sources. Is this a case of purely anachronistic and largely ahistorical application, or can modern conceptual tools be used, with caution, to throw light on the ancient patient's

¹⁴ More on these issues in Stolberg, *Experiencing Illness*, 1-4.

view? Chapters One, Three, Four, Five and Six deal with, among other issues, the recurrent methodological problems that result from turning to modern categories and conceptual tools such as 'anxiety', 'depression', 'placebo', and discuss the fallacy of retrospective diagnosis when it comes to the patient of the past.

Even the very category of the 'patient' is problematic and has long been called into question, in the wake of Foucault's socio-historical critique.¹⁵ One can only imagine how much more complicated things become when we recast this modern category, with its deeply structured socio-political implications (e.g. in relation to public health care systems, work exemptions, and so on), to the much less categorised figures of the sick and the sufferer of the ancient world. Porter rightly maintains that "it is probably preferable to speak historically of 'sufferers' or 'the sick', some of whom opted (original emphasis) to put themselves into relations with medical practitioners". As it becomes especially true in the case of the ancient sufferers, who quite often put themselves not in the hands of an esteemed member of the medical profession (whose social status, however, was far more complicated than it is nowadays), but in those of a family member or close friend. Alternatively, some of the ancient patients effectively took the role of the healer upon themselves and opted for self-healing. Therefore, in both the introduction to this volume and the individual contributions the term 'patient' is used rather loosely to refer to the sufferer of the ancient world and is used in full-awareness of the methodological problems the strict application of the term entails. Likewise, the labels 'physician', 'medical professional', 'care giver' or 'healthcare provider' are used equally loosely and encompass not only recognised medical experts (the *iatros* or the *medicos*), but also the midwife and even the members of the familial circle in their nursing roles.

In exploring this set of issues, our contributors also re-evaluate (and in some cases reject) widespread—but not necessarily functional or helpful—methodological frameworks that have much influenced previous scholarship in the field, such as a narrow focus on the epistemic value of patients' narratives in diagnosis and treatment, a fixed distinction between physical and psychological health, or a reliance upon rigid binaries such as those of 'science' and 'sacred medicine'. At the same time, the volume as a whole exhibits a variety of approaches in an attempt to celebrate the diversity of our rich source material.

15. More on this topic in n. 2.

The common denominator in all the chapters of the present volume is the shift of focus away from the authoritative voices and views of the ancient health practitioners and historians and on to the medicine of the layperson and the subjective experience of the sufferers, for the first time with specific reference to the ancient world. As such, it refocuses this fairly recent theoretical and methodological development of foregrounding the patient and considering him or her as the center of the medical encounter in order to examine its bearing on ancient medical texts and artefacts.

2 Earlier Work on the History of the Ancient Patient

To be sure, we are not claiming that a patient-focused ancient medical history is our own theoretical and conceptual novelty. As this introduction, as well as the rich bibliographical references in the individual contributions, reveals, the present volume follows in the steps of earlier historiographical and methodological enterprises.

A classic on the topic of individual patients, their relationship to illness and interaction with their attending physicians is the study by Danielle Gourévitch, *Le Triangule Hippocratique dans le Monde Gréco-Romain* (1985). The book covers a variety of related topics, from studies of famous sufferers like Cicero, Aelius Aristides,¹⁶ and Galen's *Simulacros* (those who faked illness), through disabled and disfigured patients, and from those afflicted by gout, to the victims of Pliny's frightfully greedy and ruthless physician, who thinks nothing of poisoning his own patients.¹⁷

Also in 1985, Vivian Nutton offered ancient history's response to Porter's call for a patient's history across cultures and chronologies, when he wrote an extensive article entitled *Lay attitudes to medicine in classical antiquity*.¹⁸ The study expertly surveyed a plethora of what he calls "non-medical evidence", as opposed to the writings of the Hippocratic authors and the works of Rufus, Soranus and Aretaeus. The second part of the paper, in particular, looked at laypeople's views and outlooks towards competent and incompetent medical practitioners. This is perhaps the closest we have yet come to a history of

16. On Aelius Aristides' *Hieroi Logoi* as a patient-centred narrative, see the bibliographical references in Petridou and van Schaik in the present volume.

17. More on this topic in Petridou and van Schaik in this volume.

18. Nutton, V. 'Murders and miracles: lay attitudes towards medicine in classical antiquity', in Porter, K. (1985), *Patients and Practitioners. Lay Perceptions of Medicine in Pre-industrial Society*, 23–54.

the ancient patients' view as envisaged by the editors of this volume. Nutton is absolutely right in underlining the scale of the task and the impossibility of seeking to cover in a single monograph the ancient patient's perspective while working on such extensive and disparate material, each piece of which presents the student of ancient medicine with a different set of difficulties. A collected volume, where various approaches to the patient's history are presented, offers a more adequate forum for this sort of enterprise.

Other studies have paid particular attention to the history of the patient in specific authors, works or media. Galen's patients, for instance, have received much scrutiny—as shown by articles such as those of Manfred Horstmannshoff or thematic studies such as that published by Susan P. Mattem in 2008.¹⁹ Specific aspects of ancient medical writings, such as the 'case histories' in the Hippocratic *Epidemics*, the Galenic works, and the reception of the Galenic case histories in the medical treatments of medieval Islamic writers have also attracted great scholarly interest.²⁰ Other students of patient history have focused on age- or gender-specific groups of ancient sufferers, such as children, virgins, child-bearing mothers and old people. The *parthenoi* in the Hippocratic *On the Diseases of the Virgins*, or the women of child-bearing age in Soranus' gynecological treatises have also been studied most notably by Helen King and Lesley Dean-Jones, among others.²¹ Moreover, the patient and his or her involvement in the local healthcare has

¹⁹ Horstmannshoff, H. F. J. 'Galen and his Patients', in Eijk, Ph. J. van der et al. (1995). *Ancient Medicine in its Socio-Cultural Context*, vol. 1, 89–100; Mattem, S. P. *Galen and the Rhetoric of Healing*. Other important studies of Galen's patients include Høberg, J. (1995). 'Aus Galens Praxis: Ein Kulturbild aus der römischen Kaiserzeit', *Neue Jahrbücher* 15, 276–322; García Ballaster (1995). 'Elementos para la construcción de las historias clínicas en Galeno', *Dynamis* 15, 47–65.

²⁰ On this aspect specifically, see Thummiger, Wee, and Webster in this volume, where more bibliographical references can be found. See Lloyd, G. E. R. 'Galen's un-Hippocratic case-histories', in Gill, C. et al. (2009). *Galen and the World of Knowledge*, 115–39, for an informative analysis of the case histories in the Hippocratic texts and Galen. On the reception of Galenic case histories in Byzantine medical authors, see Koureas-Vallianatos in this volume; on the receptions of Galenic case-histories in Islamic medical writers, see Koeischief's contribution in this volume.

²¹ E.g.: King, H. (1988). *Hippocrates' Women: Reading the Female Body in Ancient Greece*; (2004). *Disease of Virgins: Green Sickness, Chlorosis and the Problems of Puberty*; Dean-Jones, L. (1994). *Women's Bodies in Classical Greek Science; and ead.* (1992). 'The politics of pleasure: female sexual appetite in the Hippocratic Corpus', *Helios* 19, 72–91. On Soranus's gynecology, see the contributions of Bolton and Porter in this volume.

been the center of scholarly research devoted to specific media of textual transmission, such as the medical papyri of the Fayum region.²²

Finally, mental health is something of a separate chapter in the scholarship, in which attention to subjectivity is, so to speak, embedded in the topic from the very start. In fact, one may argue that the questions and concerns of patient-centered medicine are necessarily part of the methodological challenges of a history of psychiatry, regardless of the approach one wishes to take, thus making it a useful hermeneutical model. Key contributions to the study of ancient medical ideas on mental health have been offered by Jackie Pigeaud: *La maladie de l'âme. Étude sur la relation de l'âme et du corps dans la tradition médico-philosophique antique* (1981); *Folie et cures de la folie chez les médecins de l'antiquité gréco-romaine. La manie* (1987); *Melancholie and manie*, on the other hand, have received much scholarly attention along with other aspects of mental health in individual texts or authors. More recently a volume edited by William Harris (*Mental Disorders in the Classical World*, 2013) has brought together numerous contributions with a broad range of topics and a theoretically-minded frame, in interrogating the subjectivity of the mentally ill both as a problem and as a theoretical challenge.

The first original feature of the papers collected in this volume lies in the explicitly programmatic character of its conception of 'doing ancient medical history from below', that is, its rejection of top-down approaches, which offer bird's eye view of the ancient sufferer and medical practitioner but miss the specifics. The second innovative element of this volume is the extensive chronological and generic distribution of the material covered in the individual chapters of the volume. The layperson's experience of illness and healing is examined in literary texts from the fifth and fourth century *Epidemics* (Thummiger Wee) and the writings of first century authors like Rufus (Letts) and Soranus (Bolton and Porter), to the medical works of Galen (Mattem, Roby, Wilkins); and from the post-classical Hippocratic writings (Ecca) and patient-centered narratives like the *Sacred Discourses of Aelius Aristides* (van Schaik, Petridou) to the writings of Byzantine medical writers (Boureas-Vallianatos) and those of the medieval Islamic medical authors (Koeischief).

Some of the contributions take a more comparative look at laypeople's medicine and the experience of suffering in the ancient world (Horstmannshoff and Gramann, van Schaik, Stolberg), while others focus on the material aspects of the patient-physician relationship (Ecca, Lewis, Baker), equally illuminating

²² E.g.: Hanson, A. E. 'Greek medical papyri from the Fayum village of Tebtunis: patient involvement in a local healthcare system?', in Eijk, Ph. J. van der (2005). *Hippocrates in Context*, 387–402. More on this topic in Draycott's contribution (Chapter Seventeen), 432–450 in this volume.

of the medical encounters of the past. Many of our contributors, finally, examine how the ancient patient's experience of health and illness was shaped by gender-related issues (Bolton, Kosak and Porter, for example).

Furthermore, this volume explores the patient's perspective and experience in a range of sources and media which have remained relatively unexplored to this day: from sculptural artefacts (Baker) to papyri, ostraca, and tablets from the Roman Republic and Empire (Draycott), and highly stylised and formulaic patients' narratives, such as honorific and funerary reliefs (Horstmanshoff and Graumann); and from the writings of Byzantine physicians like John Zacharias Aklouarios (Bouras-Vallianatos) to those of the medieval Islamic medical authors, such as Abū Bakr al-Rāzī and Ishāq ibn Imrān (Koesche).

3 Our Volume at a Glance

The first part of our volume, **MEDICAL AUTHORITY AND PATIENT PERSPECTIVES**, revisits both inscriptional and literary sources for the patient history in the ancient world and looks at them afresh with an eye to how understanding the patient's agency and identity in illness and health can help modern policy makers in making their own choices. In Chapter One ("This I Suffered Manfred Horstmanshoff and Lutz Graumann focus on the child patient and explore the harsh reality of children's deaths in Graeco-Roman Antiquity, by examining the funerary monument dedicated to the four-year-old Lucius, value of narrative medicine in conveying the marginalised voice of the patient, complementing the approach with a reasoned and cautious discussion of the possibilities of retrospective diagnosis. In a genuinely interdisciplinary fashion, this chapter brings together the views of an eminent historian of medicine and a distinguished physician, who establish a dialogue to discuss the funerary inscription that relates the death of young Lucius and the grief that culture-specific retrospective diagnosis of Lucius's cause of suffering and subsequent death.

Metinda Letts ("Questioning the Patient, Questioning Hippocrates: Rufus only did think that engaging patients in the epistemic process is a fundamental prerequisite of good medical practice, but that he was alone in devoting a scientific treatise to the topic. By comparing Rufus's conceptualisation of the

relevance and use of questioning the patient, on the one hand, and that which can be seen in the theoretical and descriptive works of Galen and the Hippocratic authors, on the other, Letts puts forward the ground-breaking thesis that Rufus exhibits an avant-garde grasp of the epistemic value of the patient's personal narrative. More significantly, Rufus's treatise *On Questioning the Patient* shows resonances with some of the modern preoccupations of Western healthcare systems. Thus, this treatise is, as Letts maintains, of cardinal importance not only for the historical debate between expert medical knowledge and the layperson's knowledge, but also because it can provide paradigms of fruitful embedment of subjective information into the medical agenda of clinicians, public health officials, public and private health policy makers.

The second section of the volume, **CASE HISTORIES IN THE HIPPOCRATIC CORPUS**, concentrates on a key genre among ancient medical sources, and one that has attracted much theoretical interest in contemporary medical discussions: the patient-report, or 'case history'. All three papers in this section discuss the rich, and often puzzling, information preserved by the Hippocratic *Epidemics*, a collection of texts from the fifth- and early fourth century which contains reports on a number of individual cases, whereby patients are even named and vivid details are supplied. Chiara Thumiger ('Patient Function and Physician Function in the Hippocratic Patient Cases') follows the strategies of narratological and stylistic analysis to establish variations in the construction of patient cases, between the reporting of a patient's experience and the doctrinal and operative influence of the visiting and writing physician. John Wee ('Case History as Minority Report in the Hippocratic *Epidemics* 1') discusses one specific case, that of the patients of the first book of the *Epidemics*, addressing the epistemological function of the individual case (usually taken as *exemplum*) in the economy of the medical doctrine put forth by the doctor. The anecdotal section, he argues, functions in this case not as illustration of a norm, but as an exploration of the exception to it, a shift in perspective that further illuminates what we know about the relationship between theory and observation-based data at this early stage in the development of Greek medicine. Finally, Colin Webster ('Voice Pathologies and the Hippocratic Triangle') tackles directly the question of subjectivity by looking at what is perhaps its most direct expression in medical exchanges: the actual voice of the patient, an element closely scrutinised by the doctor in these texts. The voice is an instrument of verbal, articulate communication, central to the understanding of the patient's state, but it is also a signifier of health on a more basic level—its sound, its strength, its quality deliver information about what is going on inside the body, in a manner similar to the bodily excreta the Hippocratic doctor examines and interprets.

PATIENTS AND PSYCHOLOGICAL ILLNESS is a theme that occupies a special place in the patient-centered perspective. That the specific case of the history of psychiatry and mental disorder, as we have suggested, may be seen as providing the model, the archetype for any discussion about the subjectivity of the medical experience and its deep rooting in any medical communication. This section includes both a study of a specific topic in one specific author (the distress caused by anxiety in Galen) and a broader historical survey reaching into the Arabic reception of Greek authors who discussed mental disorder. In the first chapter ('Galen's Anxious Patients: *lypé* as Anxiety Disorder') Susan P. Mattem explores Galen's use of the term *lypé* as a marker of a specific form of distress, in many ways comparable to what we may call 'anxiety disorder'. Mattem explores a wealth of Galenic examples for such forms of mental suffering, and offers a sensitive discussion of the validity of current taxonomical labels of mental disorder when approaching the ancient world. The second chapter, Pauline Koetscher's 'Experiencing Madness: Mental Patients in Arabo-Islamic Medicine' takes us on a journey through the work of two esteemed physicians of the early centuries of the Common Era, Galen again and Rufus of Ephesus, reconstructing the reception of their ideas about melancholy and mental distress in Arabo-Islamic medicine. The key questions addressed here are how these physicians would recognise and categorise cases of mental illness, what the discussion of several individual patients can tell us about the experience of mental illness in these contexts, and how mental illness was represented in its social contexts.

The focus of the fourth part of our volume is entitled EMOTIONAL ASPECTS OF THE PATIENT-PHYSICIAN RELATIONSHIP. Studies of ancient medicine have fallen somehow behind in this recent wave of scholarly contributions, so that the four essays in this section mark an important step in bringing medicine into dialogue with the emotions as they are now studied in the ancient setting. In this section we have grouped together papers that look especially at the emotional level of the subjective experience of suffering, involving the person-patient in a fuller sense, influenced by aspects of gender, social class, age and authority. Jennifer Kosak ('Interpretations of the Healer's Touch in the Hippocratic Corpus') begins by addressing the act of 'touching' as healing in gesture, with the emotional and personal aspects it involves, and interrogates the gender specifics one might expect to influence this part of the medical encounter. Lesley Bolton ('Patience for the Little Patient: the Infant in Soranus' *Gynaecia*') takes us to the realm of children patients, by looking at the work of the great physician Soranus, whose work on gynecology and pediatrics have come down to us. Bolton explores the attitudes of Soranus towards his child patients, the display of tenderness and compassion towards the child as child, and the attempt to address the little patient's emotional needs and distresses.

The emotions of both patient and physician are also the focus of Amber Porter's 'Compassion in Soranus' *Gynaecology* and Caelius Aurelianus' *On Chronic Diseases*'. Porter looks at the work of Soranus, as well as the writings of late antique Caelius Aurelianus, a writer-physician who draws on a variety of earlier sources to highlight a shift, in medical authors in the early centuries of the first Millennium, towards the display of greater compassion and empathy towards patients and their subjective suffering. The section is completed by a contribution that adds an important theoretical discussion to the picture, Courtney Roby's exploration of the conceptualisation of and reliance on pain as a diagnostic tool in Galen ('Galen on the Patient's Role in Pain Diagnosis: Sensation, Consensus and Metaphor'). This chapter not only surveys Galen's views on the variations and qualities of pain as well as its use as an indicator of health, but also poses the difficult questions of the reliability and measurability of pain experiences in medical procedures, a challenge with which the ancient doctors were familiar.

Bernhard Liehrsch, a well-known and well-documented nineteenth century physician from Dresden, admonished his colleagues on the preliminaries of medical examination with the following words: "You should never omit feeling the pulse, and looking at the urine and the tongue. These are the three matters to which every patient attaches value."²³ Part five of our volume (MATERIAL ASPECTS, DIAGNOSTIC TECHNIQUES AND THEIR IMPACT ON THE PATIENT-PHYSICIAN RELATIONSHIP) argues that the ancient medical provider had analogous concerns about the impact diagnostic techniques had on his or her rapport with the patient. The four chapters included here look closely at the impact of these techniques on the sufferer's psyche: they focus on the trust and/or distrust, the relief or anxiety these diagnostic techniques caused to the ancient patient. In short, this part of our volume argues that the quality of the relationship between sufferer and medical expert was determined in a significant way by certain material aspects, most notably by the medical practitioners' fees, as well by their medical utensils and equipment, professional behavior and appearance. Giulia Ecca ('The *Microscopion* in the *Præcepta*: the Medical Fee and its Impact on the Patient') examines the issue of financial transactions and reciprocal exchange of favours between patient and physician, and its impact on their relationship as it emerges through a close reading of the *Præcepta*—an underappreciated Hippocratic treatise which deals with issues of medical ethics. Only Lewis ('The Practical Application of Ancient Pulse-Lore and its Influence on the Patient-Doctor Interaction') investigates the role of the *techné* of the pulses' in the process of (un)mediated transfer

²³ Liehrsch, B. (1842). *Bilder des ärztlichen Lebens, oder: die wahre Lebenspolitik des Arztes für alle Verhältnisse*, 148.

of knowledge from the patient to the physician and the diagnostic process as a whole. The main focus of the paper is Galen; Lewis, however, casts her net more widely too, and looks at 'pulse-love' (ancient theories of the pulse) in medical texts attributed to physicians of the fifth century BC.

In the same vein, Patricia A. Baker ('Images of Doctors and their Implements: A Visual Dialogue between the Patient and the Doctor') focuses on visual representations of the ancient medical encounter, and how they might enhance our knowledge of the ancient patient and his relationship with the medical professional. In this chapter, surviving images of Graeco-Roman doctors are critically assessed to establish the patients' perceptions of medicine and doctors. These images, Baker claims, offer us a clearer insight into laypeople's expectations of what medical providers should look like and what sort of medical equipment they should carry with them. In the final chapter included in this section of the book, Petros Bouras-Vallianatos ('Case Histories in Late Byzantium: Reading the Patient in John Zacharias Aktouarios' *On Urines*) examines the way in which the intimate relationship of Aktouarios and his patients unfolds in his extensive urological treatise *On Urines*. This text, Bouras-Vallianatos argues, contains a detailed chronicling of John's visits to his patients, and thus offers us a unique insight into the patient's point of view, as well as glimpses of how physical intimacy and gender-related variables affected the diagnostic and therapeutic procedure.

All chapters included in this part of the book deal with topics that are of cardinal importance for the history of medical ethics, such as appropriateness of bed-side manners, the physician's self-representation and the effect of these factors on the patient's psyche and the success of the treatment.

The focus of the sixth part of the volume (THE INFORMED PATIENT: SELF-HEALING AND THE PATIENT AS PHYSICIAN) is twofold: it explores the active role of the patient in a variety of medical contexts, while looking at the key issues of wider availability and dissemination of medical knowledge in Graeco-Roman Antiquity. The contributions included here revisit key-themes of this volume, such as the multiple ways that effective communication between patient and healthcare provider, as well as a good grasp of the patient's socio-cultural background can affect not only the patient's experience of their own body and illness, but also the efficacy of the treatment. John Wilkins ('Treatment of the Man: Galen's Preventive Medicine in the *De sanitate tuenda*') offers us a discussion of Galen's preventive medicine in the life role in medicine and hygiene. Wilkins argues that Galen's ideal patient, delineated in his treatise *On Hygiene*, does not become a patient at all, but remains a healthy person able to maintain his or her health without need of

remedies or other therapies. This chapter explores the extent to which the male patient who is well-educated in medical matters can effectively function independently of healthcare providers like nurses, trainers and masseurs and keep his body and soul in balance. Georgia Petridou (Aelius Aristides as Informed Patient and Physician) focuses on an individual sufferer and his illness narrative by close-reading sections of Aristides' *Hieroi Logoi*. This knowledgeable member of the second century socio-political elite, Petridou maintains, takes the notion of self-healing one step further and presents himself not only as an active agent in his own medical encounters with both earthly and divine healers but also as intimately involved in the treatment of others, thus functioning as a physician of sorts.

Jane Draycott's focus is the lay medical practitioner of the Roman empire as (s)he emerges from literary and documentary papyri, ostraca, and other documents from ancient Britain, Syria and Egypt. Draycott's chapter ('Literary and Documentary Evidence for Lay Medical Practice in the Roman Republic and Empire') offers the reader a unique insight into lay medical practices, which can be accessed far more satisfactorily if we move the scope of our investigation away from ancient medical literature to other genres, and incorporate treatises devoted to horticulture, agriculture, animal husbandry, and even religion and magic. Documentary evidence, Draycott maintains, "gives voice not only to lay medical practitioners diagnosing and treating their family members, friends and acquaintances, but also to the patients who were experiencing these cures alongside their health problems". In the final chapter of this section, Katherine van Schaik ('It may not cure you, it may not save your life, but it will help you'), both a physician-in-training and a historian of medicine, offers a comparative study of the layman's medical experience in the context of acute and chronic disease between the patient of Graeco-Roman antiquity and the cancer-sufferer in Western Australia. In particular, van Schaik considers the challenges faced by Indigenous palliative care patients and palliative care providers in Western Australia, as well as considerations of the challenges faced by chronically or terminally ill patients as they determine their own treatment preferences. In this rich, truly interdisciplinary and inter-cultural study, van Schaik addresses the key-issues of the patient-physician relationship and that of the cultural specificity of disease and its treatment. She also demonstrates powerfully the significance of mutual trust and belief in the effectiveness of the suggested medical treatment.

The EPILOGUE to this volume returns to some of the broader questions with which the volume opened: 'Approaches to the History of Patients: from the Ancient World to Early Modern Europe'. Michael Stolberg is not only a practicing physician, but also a distinguished advocate of the need to bring the patient

more front-and-center in histories of medicine. This chapter takes a comparative look at the late medieval and early modern period and proceeds to sketch a more general outline of the volume's research agenda, connecting the patient of the past with the patient of the present and tracing the main lines of research that should shape future enquiries. Stolberg warns against the risks of using physicians' case histories to retrieve the patient's experience of illness; a procedure he sees as involving deeply rooted methodological problems, rather than a specific difficulty with ancient sources such as the Hippocratic patient cases. He also returns to the problem of retrospective diagnosis which has surfaced several times in a number of our contributions.

Our aim, of course, has not been to produce an exhaustive history of the ancient patient's view, nor to provide the final word on the theoretical discussions we have just surveyed. We will however be satisfied if we have succeeded in making a first step towards a history of the ancient patient, presenting here a sample of the possibilities this field of research can offer, and contributing to a dialogue not only within history of ancient medicine or classical studies, but within the larger community of the history of medical ethics and the medical humanities as a whole.

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Medical Authority and Patient Perspectives

PART I

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