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On the (distinctively Hippocratic?) Art

Scholarship on the polemical works of the *Corpus Hippocraticum* (henceforth, merely *Corpus*) tend to trace the theoretical fault lines that divide an admittedly diverse lot of ancient medical authors. The fifth-century BCE treatise *On the Art* (*Peri technês*), however, is an exception. Instead of polemicizing certain disputes within the medical *technê*, it rallies the medical profession against external critics who question its legitimacy, perhaps even its very existence. Thus, if we are concerned about what, if anything, is distinctively “Hippocratic” about Hippocratic medical texts, *On the Art* offers a useful starting point from which to launch our inquiry. *On the Art*, in attempting to defend medicine as a whole, studiously avoids mention of the differences between physicians—an oft-cited fact in the case against medicine’s legitimacy (e.g., *Nature of Man* and *Regimen in Acute Diseases*). Indeed, assuming the author desired his polemic to be of interest to the widest possible audience, we may infer that the treatise focuses on the commonalities shared by practicing physicians of the time. It stands to reason that, if there were conscious selection criteria applied during the compilation of the *Corpus* (criteria which *On the Art* met), the theoretically non-partisan view of medicine contained therein may well accord closely with the compilation criteria themselves. Supposing that candidates for such criteria may be extracted from *On the Art* (the task of the present essay), these candidates may be further tested to determine whether they adequately distinguish Hippocratic medical texts as a group from other ancient medical works. If they do, then the best explanation for the composition of the *Corpus* is that it is the product of deliberate discrimination.

After analyzing the conception of medicine that informs the argument in *On the Art*, I suggest that its author identifies the following as intrinsic to the legitimate practice of medicine.

1. *The recognition that regimen is central to diagnosis and treatment* (c. 5). In most, if not all, cases of illness, the triggering cause is deviation from an ideal regimen. Likewise, medical treatment will employ not only pharmaceutical cures but also adjustments to patient regimen (c.6).
2. *The commitment to causal explanation*. There is an intelligible (in principle, at least) cause for every event in the medical domain. Indeed, it is this law of causal sufficiency that makes medicine possible at all (c.6), and knowing the causes of a disease is said to be virtually indistinguishable from curing it (c. 11).
3. *The comparison of present cases to past cases* (c. 7). In recommending a certain course of treatment, the physician will rely on the experience of similar cases he has encountered.

4. *The development of a complete physiological and anatomical theory that includes internal organs and systems* (c. 10). Since the physician must understand the causes of a disease, and since many diseases obviously affect the internal regions of the body, the physician must construct a picture of the body's internal structure and function.
5. *The development of a medical semiotics* (c. 11). In order to make a diagnosis, the physician must have a working picture not only of the human body generally but of the particular patient's body. In order to discern its inner workings, the physician must employ some method that allows him to infer the patient's internal state from external signs and symptoms. For obvious reasons, a sign will more often than not take the form of some bodily fluid, and there is a tendency in *On the Art* to place both semiotic and pathological importance on fluids.

It will be apparent that, if indeed these constitute in whole the criteria for what counted to the compilers of the *Corpus* as genuinely Hippocratic medicine (and they may not), we are left less with a theoretically coherent collection than we are with one that is unified by its meta-theoretical or methodological commitments. The advantage will be that individual treatises from the *Corpus* will likely exemplify one or more of these criteria without directly contradicting or contravening others. The potential disadvantage will be that the criteria might be satisfied *too* easily, so that it will be difficult to explain on what theoretical or methodological grounds ostensibly non-Hippocratic approaches to medicine are to be excluded.