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Corresponding Author:

carlodelledonne2@gmail.com

# οἶδα δὲ καὶ ἐμαυτῷ ποτε συμβᾶσαν ὁδύνην σφοδροτάτην. *Autobiography and patients’ imagery in Galen’s corpus*

*Carlo Delle Donne*

Università di Chieti-Pescara “G. d’Annunzio”, I

## ABSTRACT

The text explores several Galenic accounts of patients employing figurative language. Beyond acknowledging the diagnostic value of such imagery—often interpretable as genuine symptoms—Galen repeatedly notes that he himself, when in the role of a patient, has drawn upon the same expressive repertoire. This illustrates how autobiographical elements function not only (and not merely) as rhetorical devices but also as powerful means of fostering a deeper understanding of the patients.

**Keywords:** Galen - Patients - Figurative language - Autobiography

Among the many fields in ancient medicine that deserve further investigation, undoubtedly lies the realm of patients' imagery and its significance to the ancient physician. Over the years, some more detailed studies have emerged<sup>1</sup>, but a systematic and exhaustive analysis of the abundant existing material has not been reached. In this contribution, my goal is limited, as I intend to focus only on the connection, within the Galenic *corpus*, between autobiography, patients' imagery, and the essence of medical reflection itself. The underlying thesis I aim to substantiate is that, for Galen – as was the case for the Hippocratic physicians before him<sup>2</sup> – the images employed by patients<sup>3</sup> to communicate with the physician, their figurative language, appeared to the expert's eye as true symptoms, capable of offering valuable information about the type of pain, sensation, or affection experienced and endured by the diseased body. What particularly struck Galen – as he explicitly states in various passages – was the recurrence of the employed images: under similar clinical conditions, patients tended to resort to highly similar, if not identical, segments of figurative language. This lent legitimacy to their 'symptomatic' interpretation. In some instances, Galen mentions striking similes, emphasizing that their origin could be traced back to the patients. "This is how they express themselves", the physician sometimes says, underscoring the distinctive authorship of such deliberate deviations from the clear language – and thus, hopefully free of metaphors – he pursues in medicine<sup>4</sup>. At times, the diagnostic potential of figurative language, and hence its medical relevance, enjoys a dual legitimacy: not only from the patients – a fact that justifies itself the introduction of 'metaphorical' expressions into Galen's discourse (if the patients themselves express it this way, the physician must take it into account if he wishes to attempt to bridge the gap that separates the diseased body, the "stage" of diseases, directly available to the perception of the patient alone, from theoretical knowledge, the domain of the physician)<sup>5</sup>. In fact, Galen himself occasionally notes that, as a patient, he resorted to the same images employed by his own patients. This exemplifies the interplay of autobiography, patient subjectivity, and theoretical reflection mentioned earlier. In what follows, I would like to examine two striking instances of this convergence of perspectives.

## I

In *De alimentorum facultatibus* (VI, 498-499 K. = 227 Helm.), Galen recounts a highly symbolic autobiographical episode:

[TI] Εἰ μὴ καὶ αὐτὸς ἔφαγόν ποτε πυρὸς οὕτως ἡψημένους, οὐκ ἂν ἤλπισά τινα χρεῖαν γενέσθαι τῆς ἐδωδῆς αὐτῶν. οὕτε γὰρ ἐν λιμῶι τις ἐπὶ τὴν τοιαύτην ἂν ἀφίκοιτο χρῆσιν, ἐνόν, εἴπερ εὐπορεῖ πυρῶν, ἄρτους ἐξ αὐτῶν ποιήσασθαι, παρὰ δεῖπνόν τε καθάπερ ἐρεβίνθους ἐφθούς τε καὶ φρυκτοὺς ἐσθίουσιν ἐν χρεῖᾳ τῶν καλουμένων τραγημάτων ἄλλα τέ τινα σπέρματα τὸν αὐτὸν τρόπον σκευάζοντες, οὕτως οὐδεὶς προσφέρεται πυρὸς ἐφθούς. διὰ ταῦτα μὲν οὖν οὐδ' ἂν ἤλπισά τινα πυρῶν ἐφθῶν ἐδιδόκεναι. ἐπεὶ δὲ καὶ αὐτὸς ἐγώ, πορευθεὶς ποτ' εἰς ἀγρὸν οὐκ ἐγγὺς τῆς πόλεως ὄντα μετὰ δυοῖν μειρακίων τὴν αὐτὴν ἡλικίαν ἀγόντων ἐμοί, κατέλαβον ἤδη δεδειπνηκότας τοὺς ἀγροίκους καὶ μελλούσας ἀρτοποιεῖσθαι τὰς γυναῖκας (ἡπόρουν γὰρ

ἄρτου), παραχρημά τις αὐτῶν ἐμβαλὼν εἰς χύτραν πυροὺς ἤψησεν, εἶθ' ἡδύνας ἀλσὶ μετρίοις ἐσθίειν ἡμᾶς ἤξιωσεν. ἐμέλλομεν δ', ὥς τὸ εἶκος, ἐτοίμως αὐτὸ ποιήσιν ὠδοιπορηκότες τε καὶ πεινῶντες. ἐφάγομέν τ' οὖν αὐτῶν δαυιλῶς ἡσθανόμεθα τε κατὰ τὴν γαστέρα βάρους, ὥς δοκεῖν ἐγκεῖσθαι πηλὸν αὐτῇ. καὶ κατὰ τὴν ὑστεραίαν ἡπεπτηκότες ἀνόρεκτοι δι' ὅλης ἡμέρας ἦμεν, ὥς μηδὲν δύνασθαι προσενέγκασθαι, καὶ πνεύματος φυσώδους μεστοὶ κεφαλαλγεῖς τε καὶ βλέποντες ἀγλυῶδες· οὐδὲ γὰρ ὑπεχώρει τι κάτω, ὃ μόνον ἐστὶν ἄκος ἐπὶ ταῖς ἀπεψίαις. ἡρώτων οὖν τοὺς ἀγροίκους, εἰ καὶ αὐτοὶ ποτε πυρῶν ἐφθῶν ἔφαγον ὅπως τε διετέθησαν. οἱ δὲ καὶ πολλάκις ἐδηδοκέναι κατὰ τὴν αὐτὴν ἀνάγκην ἔφασαν, ἥ καὶ τότε ἡμεῖς συνηνέχθημεν, εἶναι τε βαρὺ καὶ δύσπεπτον ἔδεσμα τοὺς οὕτω σκευασθέντας. (ed. Wilkins J, ref. 7)

*If I myself had not eaten boiled wheat in this way once, I would never have believed that anyone could use it as food. Indeed, even in times of famine, no one would resort to such usage if they had the possibility and ample supply of wheat to make bread. Just as at dinner, it is customary to eat boiled and roasted chickpeas in the absence of the so-called “appetizers,” similarly, other seeds are prepared in the same manner, but no one eats boiled wheat. For these reasons, I could never have believed that anyone would subsist on boiled wheat. However, I myself, having gone once to the fields not far from the city – accompanied by two boys of my age – found some farmers who had already had their dinner, and the women were preparing bread (as they had none left). Immediately, one of them threw some wheat into a pot, boiled it, and seasoned it with a bit of salt, inviting us to eat it. Being hungry after traveling quite a distance, we ate it willingly, as was natural. We consumed a fair amount of it and felt a heaviness in our stomachs, as if it contained mud. The next day, we couldn't digest it, lost our appetite all day, feeling unable to eat anything, and suffered from flatulence, headaches, and blurred vision since we did not have any bowel movement, which is the only remedy for indigestion. I asked the farmers if they had also eaten boiled wheat and how they felt. They replied that they had often eaten it out of the same necessity that had compelled us to do so on that occasion. They confirmed that it was a heavy and hard-to-digest food when prepared in that manner. (my trans.)*

The message of the passage is that unprocessed wheat is indigestible; therefore, it cannot simply be boiled. The primary purpose of this episode is didactic, as it illustrates convincingly the effects of unprocessed wheat through a persuasive exemplification from a rhetorical and argumentative standpoint. Galen himself personally learned about these properties of wheat, as an observer in direct contact (καὶ αὐτὸς ἐγώ)<sup>6</sup>, experiencing *as a patient* all the symptoms caused by the lack of processing<sup>7</sup>; in this case, autobiography serves the construction of the *exemplum* to reinforce the argument. Nonetheless, the episode is interwoven with detailed descriptive elements that give the page a marked realism, as Tommaso Raiola observed<sup>8</sup>: while the passage can be classified functionally as one of the “autoptic accounts typical of medical literature”<sup>9</sup>, it exhibits a narrative structure and descriptive richness that differentiate it, at least in this respect, from the prototype of the aforementioned “literary genre” – so to speak. These characteristics can be attributed to the complex strategy of self-representation that Galen employs throughout his *corpus*, establishing himself as a paradigm of medical-philosophical *curiositas*, evident even from his youth<sup>10</sup>. The setting is carefully outlined: all the protagonists are young boys, the same age as Galen, who venture to the nearby fields of Pergamon (οὐκ ἐγγὺς τῆς πόλεως ὄντα).

There, they encounter some farmers and their wives, who are about to prepare bread. Out of the obligation of hospitality, one of the farmers offers Galen and his friends boiled wheat, moderately seasoned with salt. The author almost seems to justify why they accepted wheat cooked in this way (even though Galen and his young friends were clearly unaware of its harmful effects on digestion, considering the chronological context of the narrated episode). He emphasizes that their choice was “natural” (ὥς τὸ εἰκός) because they were hungry after traveling a long distance. The perception that this food triggers in them is described with a vivid and evocative image: they immediately “perceive” (ἡσθανόμεθα: I will spend a few words on “perception” later) a weight (κατὰ τὴν γαστέρα βάρους); note that the sensation of something heavy is one of the two privileged “fields” where metaphors and similes are particularly dense in the Hippocratic *corpus*<sup>11</sup>. But in contrast to the Hippocratic model, where it is the weight itself that performs the action of “pressing” or “hanging”, Galen enriches the expression with a simile, comparing it to pressing mud (ἐγκεῖσθαι πηλόν), which vividly portrays the digestive difficulty experienced by the young boys. The passage then lists the subsequent symptoms, caught in their (albeit minimal) diachronic development: 1) loss of appetite (ἀνόρεκτοι), 2) flatulence (πνεύματος φυσώδους), 3) headache (κεφαλαλγείς), 4) blurred vision (βλέποντες ἀγλυῶδες), 5) constipation (οὐδὲ γὰρ ὑπεχώρει τι κάτω). In this context, Galen, even as a young boy, embodies the paradigm of the good physician: he does not limit himself – as one might expect from a boy – to enduring discomfort, nor does he content himself with learning from his ill-fated dietary choice; instead, he proceeds to question (ἠρώτων) the farmers to understand the causes of what happened to him and his friends. The questions follow the canonical style of medical inquiries regarding dietary habits and their health impact<sup>12</sup>: have they also eaten boiled wheat (εἰ καὶ αὐτοὶ ποτε πυρῶν ἐφθῶν ἔφαγον)? and if so, how did they feel afterward (ὅπως τε διετέθησαν)? The doctor’s conclusion, based on the farmers’ response, is self-exonerating: even the experienced farmers have eaten wheat prepared in such a way, but only when compelled by circumstances similar to those of the three young boys (not by free choice: κατὰ τὴν αὐτὴν ἀνάγκην)<sup>13</sup>. Furthermore, from their experience, they have drawn the same lesson as the boys: unprocessed wheat is indigestible (εἶναι τε βαρὺ καὶ δύσπεπτον ἔδεσμα); thus, the *communis opinio*, the *argumentum ex consensu omnium*, confirms the *demonstrandum*.

Up to this point, it has been observed how Galen, as a patient, naturally predisposed even from a young age to investigate his own body like a physician, expresses, at first glance, figuratively to describe his own discomfort. What is even more interesting is that, in another passage of the same treatise (458-459 K. = 204-205 Helm.), Galen records the most frequently employed figurative expressions by “some patients” (ἐνιοι: individuals who can digest beef more easily than rocky fish) regarding their digestive difficulties, of which these images are, in all respects, symptoms. Among these expressions, which are expressed with the verb ἐγκεῖσθαι (already used by Galen in the aforementioned episode), are the references to mud, lead, and stone:

[T2] ἐγὼ δ' ἄει τοὺς τοιοῦτους ἡρόμην (ἄρξομαι γὰρ ἀπὸ τῶν ὑστάτων), ὁποῖόν τι σύμπτωμα γιγνόμενον αὐτοῖς ἐνδείκνυται τὴν ἀπεψίαν τῶν πετραίων ἰχθύων, ἄρα γε βάρος τι κατὰ τὴν κοιλίαν, ὡς δοκεῖν ἐγκεῖσθαι μόλυβδον ἢ λίθον ἢ πηλὸν (οὕτω γὰρ ἐξαγγέλλουσιν ἔνιοι τὴν ἐπὶ ταῖς τοιαύταις ἀπεψίαις αἴσθησιν) ἢ δῆξις τις ἐν αὐτῇ φαίνεται γιγνομένη σαφὴς ἢ ἐμπνευμάτωνσις ἢ μοχθηρὰς ἐρυγῆς αἴσθησις. εἴθ' οἱ μὲν ἐρυγὴν αὐτοῖς ἔφασαν γίνεσθαι κνισωδестέραν, οἱ δὲ δῆξιν, οἱ δ' ἄμφω.

*I always questioned these individuals – I will start with the latest findings – about the symptoms that indicated indigestion from rocky fish. I inquired whether they experienced a certain heaviness in their stomachs, as if weighed down by lead, stone, or mud (as some patients described their sensations during such indigestions), or if they felt a clear 'bite' in their abdomen, or flatulence, or the perception of a foul belch. Some responded that they experienced belching with the odor of burning fat, while others felt a biting sensation, and yet others experienced both symptoms. (my trans.)*

The context is significant: the figurative expressions (introduced through the motif of “weight”, βάρος τι) represent the content of the questions that Galen, as a physician, always posed to his patients (ἀει [...] ἡρόμην). It should not be surprising that the ground of the interrogation is built upon this foundation because, as demonstrated in an earlier Hippocratic passage<sup>14</sup>, communication between physician and patient is structurally asymmetrical and inherently susceptible to misunderstandings<sup>15</sup>. To overcome these challenges, the use of a common expressive repertoire, such as the shared imagery among *all* patients (the physician too deploys it as a patient), becomes an important resource. This can have positive effects on both the quality of communication between the physician and the patient and on diagnosis (and, consequently, on prognosis and therapy too). In this regard, Galen emphasizes that the figurative expressions he mentioned were indeed employed (οὕτω [...] ἐξαγγέλλουσιν) by “some” patients. This reference to the patients' authorship further legitimizes the use of the similes because, in addition to Galen himself as a young patient, other patients also express themselves in the same manner. This homology is of crucial importance because it seems to be based on a perceptual analogy that unites all individuals as “patients”: under identical or comparable clinical conditions, the same conditions will lead to identical or comparable effects<sup>16</sup>. Among these reactions of the patients, the images, the re-elaboration (or verbalization) in figurative terms of their own ailment should be included. Thus, these expressive forms rightfully enter the diverse and composite framework of the ‘signs’ that the physician elevates to the status of ‘symptoms’. It is hence not surprising that in another passage of the same treatise (518 K. = 239 Helm.), Galen once again mentions the patients' simile of mud to describe the digestive difficulties of stale tifa bread:

[T3] ὥστε μετὰ μίαν ἡμέραν ἢ δύο καὶ πολὺ μᾶλλον ἐν ταῖς ἐφεξῆς ὁ φαγὼν τὸν ἄρτον τοῦτον οἶται πηλὸν ἐγκεῖσθαι τῇ κοιλίᾳ.

*Therefore, after one or two days, and even more in the following days, the person who has eaten this type of bread believes that mud is pressing in their abdomen. (my trans.)*

## II

In *De locis affectis* (VIII, 194 K.), there is another passage on which I have already drawn attention in other papers<sup>17</sup>, but which seems now to me to require further analysis:

[T4] καὶ τοῦτ' ἐθεασάμην ἐπὶ πρώτῳ μὲν παιδὸς ὡς ἐτῶν τρισκαίδεκα, μαιράκιον ὦν αὐτός, ἅμα τοῖς ἀρίστοις ἰατροῖς τοῖς παρ' ἡμῶν συνελθοῦσιν ἐπὶ τὴν τῆς θεραπείας αὐτοῦ σκέψιν. ἤκουον οὖν τοῦ παιδὸς διηγουμένου τὴν ἀρχὴν τῆς διαθέσεως αὐτῷ κατὰ τὴν κνήμην γίνεσθαι, κᾶπειτ' ἐντεῦθεν ἀνιέναι κατ' εὐθὺ διὰ τε τοῦ μηροῦ καὶ τῆς ὑπερκειμένης λαγόνος τε καὶ πλευρᾶς, ἐπὶ τὸν τράχηλον ἄχρι τῆς κεφαλῆς, ἐπειδὴν δὲ πρώτον ἐκείνης ψαύσῃ, μηκέτι παρακολουθεῖν ἑαυτῷ. τὴν μέντοι ποιότητα τοῦ φερομένου πρὸς τὴν κεφαλὴν ἐρωτώμενος ὑπὸ τῶν ἰατρῶν ὅποια τις εἶη, λέγειν οὐκ εἶχεν ὁ παῖς· ἀλλ' ἕτερός γέ τις ἐκείνου νεανίσκος, οὐκ ἄφρων, ἀλλ' ἱκανῶς αἰσθάνεσθαι τοῦ γιγνομένου δυνάμενος, ἐρμηνεύσαι θ' ἑτέρου δυνατώτερος, οἷον αὖραν τινὰ ψυχρὰν ἔφασκεν εἶναι τὴν ἀνερχομένην. (ed. Gärtner F(ed.), *Galen De Locis Affectis I-II*. Edidit, in *Linguae Germanicam vertit, commentatus est Florian Gärtner*. Berlin: De Gruyter; 2015)

*I witnessed this for the first time in a boy of about thirteen years old, when I myself was a young man, along with the best doctors from our area who had gathered to observe the treatment of this patient. Now, the boy told us that his condition originated in his leg and then ascended straight up through his thigh and upper flank, to his neck and head, and that every time it reached his head, he lost consciousness. However, when the doctors questioned him about the quality of what moved towards his head, the boy couldn't describe it. But another young man, who was not without intelligence, and was able to perceive what was happening appropriately, and was more capable of expressing himself than the other, said that as it ascended, it was like a cold breeze. (my trans.)*

The context (p. 193 K.) hosts a discussion – according to Galen, both unprecedented and necessary since most physicians have overlooked it (ἡμέλειται γὰρ ἅπασι σχεδὸν τοῖς ἰατροῖς) – about the three forms of epilepsy, all characterized by involvement of the brain (κοινόν ἐστι παθεῖν τὸν ἐγκέφαλον). The first form involves the origin of the affliction in the brain (ἐν αὐτῷ τοῦ πάθους συστάντος); the second originates from the so-called “mouth of the belly” (ἀπὸ τοῦ τῆς γαστροῦ στόματος), followed by “sympathy” with the brain (κατὰ συμπάθειαν); the third, much rarer, begins from any other part of the body (ἀπὸ μορίου τινὸς οὗ ἔτυχεν ἀρχομένου τοῦ πάθους), and then affects the brain perceptibly in the patient. As evidence in support of this last type, Galen presents an autobiographical episode. Once more, the self-narration is not an end in itself, but an integral part, also in argumentative terms, of the discursive context in which it is embedded. The similarities with the episode in *De alimentorum facultatibus* are evident: 1) Emphasis on the autopsic nature of the first-hand experience conducted by Galen himself (καὶ τοῦτ' ἐθεασάμην; καὶ αὐτὸς ἐγώ); 2) The setting in his early youth when Galen was a μαιράκιον (μαιράκιον ὦν αὐτός; μαιρακίων τὴν αὐτὴν ἡλικίαν ἀγόντων ἐμοί); 3) The presence of other people with Galen (ἅμα τοῖς ἀρίστοις ἰατροῖς; μετὰ δυοῖν μαιρακίων). 4) The dimension of listening and questioning the



patient, a valuable source of information and the framework of the entire episode (ἤκουον, ἐρωτώμενος; ἡρώτων). 5) The communicative and heuristic potential of the figurative expression: see αὔραν τινὰ ψυχράν (a cold breeze), which the other patient – to be discussed shortly – creatively uses to overcome the information gap with the doctors; and ὥς δοκεῖν ἐγκεῖσθαι πηλὸν αὐτῇ, deployed by Galen himself in the previous episode. 6) The importance of the perceptual dimension (ικανῶς αἰσθάνεσθαι τοῦ γιγνομένου δυνάμενος; ἡσθανόμεθα), the verbalization of which proves essential for the proper functioning of the physician-patient relationship. The main difference between the two episodes lies in Galen's role: in the passage from *De alimentorum facultatibus*, he is the central figure symbolizing the future perfect physician; in the second context, he merely acts as an observer of the actions taken by other distinguished physicians (ἐρωτώμενος ὑπὸ τῶν ἱατρῶν). In this case, the significance of the episode likely derives not only from Galen's (though valuable) personal experience but also from the prestigious company he kept despite his young age (ἅμα τοῖς ἀρίστοις ἱατροῖς τοῖς παρ' ἡμῖν).

But the episode is notably illuminating for another reason. The first patient is unable to describe “the quality of what moves” (τὴν μέντοι ποιότητα τοῦ φερομένου) from different parts of the body to the head: evidently, he cannot recall any suitable expression for the purpose. The intervention of the second boy, whose profile is rather flattering, proves decisive: he elaborates and expresses the simile of a cold breeze (αὔραν τινὰ ψυχράν), enabling the doctors to answer their question, which otherwise would have remained unanswered. This gives rise to two issues: is this boy also present at the visit of the doctors, among whom is the young Galen? Or is he the protagonist of a different clinical case, merely juxtaposed to the previous one due to their similarities? There seem to be no decisive textual elements to choose one option over the other. Two possibilities emerge:

- 1) The boy has witnessed the epileptic attacks of his peer and, from his words, has grasped the nature of his affliction, which he effectively verbalized using the image of a cold breeze (in this sense, a specific note by Galen should be highlighted: ἐρμηνεῦσαί θ' ἑτέρου δυνατώτερος – “he is more capable of expression than the other”).
- 2) He himself is epileptic, regardless of whether he belongs to a separate clinical case or not, and he possesses not only a greater expressive capacity but also greater insight, meaning that his perceptual ability regarding his own affliction is more refined than that of his peer (ικανῶς αἰσθάνεσθαι τοῦ γιγνομένου δυνάμενος). In any case, two data are clearly evident: in order to express oneself effectively, it is necessary to “perceive” what one's body undergoes; and for both the patient and the doctor, being able to verbalize the body's ailment, even in figurative terms, can be of great benefit. It is now possible to draw some more general conclusions. What emerges from the Galenic passages discussed above is, first of all, the attention paid to the imaginative world of patients—especially when their figurative expressions offer the only, or at

least a privileged, access point to the illness. The physician's inquiry, therefore, can greatly benefit from taking such data into account. Naturally, it remains the physician's task to "translate" these imaginative expressions into the more neutral—yet certainly more lucid—language of science, and above all, to attain a rational understanding of the illness in terms of its etiology and pathogenesis.

But behind Galen's openness to the imaginative expressions of his patients lies not only an appreciation of their medical utility, but also the awareness that he himself, when in the role of patient, employed precisely the kind of figurative language he would later observe and record in his own patients. His autobiographical experience thus not only confirms and validates the descriptive and diagnostic potential of metaphorical language, but also reveals a fundamental isomorphism among human beings: when placed in the same conditions, they tend to elaborate—or at least resort to—identical or closely similar images. In this sense, this shared iconic "language", made out of metaphors and images, constitutes a form of (albeit rudimentary) connection between the speech of patients and that of physicians.

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1. See especially Delle Donne C, *Metaphors they lived by. Patients' figurative language in ancient Greek medical works*. In: Damiani V, Steger F (eds), *Words of Illness, Words of Healing in Graeco-Roman Antiquity*. Heidelberg: Winter [= Jahrbuch Literatur und Medizin]; 2023. pp. 165-190; Ferracci E, *Imaginaire et rationalité dans le Corpus Hippocratique. Du rôle des images et des analogies*. In: Jouanna J, Zink M (eds), *Hippocrate et les hippocratismes: médecine, religion, société*. Paris: Editions de Boccard; 2014. pp. 191-216; Roby C, *Galen on the Patient's Role in Pain Diagnosis: Sensation, Consensus, and Metaphor*. In: Petridou G, Thumiger C (eds), *Homo Patiens - Approaches to the Patient in the Ancient World*. Leiden-Boston: Brill; 2015. pp. 304-324; Roselli A, *Come dire il dolore. Galeno e il linguaggio dei medici e dei malati*. *Antiquorum Philosophia* 2015;9:55-68; Thumiger C, Patient function and physician function in the Epidemics cases. In: Petridou G, Thumiger C (eds), *Homo Patiens - Approaches to the Patient in the Ancient World*. Leiden-Boston: Brill; 2015. pp. 107-137; Jouanna J, *Médecine et protection. Essai sur une archéologie philologique des formes de pensée*. In: Lassere F, Mudry P (eds), *Formes de pensée dans la Collection hippocratique*. Genève: Librairie Droz; 1983. pp. 31-39; Jouanna J, *La maladie dévorante: existe-t-il un présent moyen de ἐσθίω?* *Actas del VII Congreso Español de Estudios Clásicos* 1989;1:199-208.  
Jouanna J, *Réflexions sur l'imaginaire de la thérapeutique dans la Grèce classique*. In: Garofalo I, Lami A, Manetti D, Roselli A (eds), *Aspetti della terapia nel Corpus Hippocraticum*. Atti del IX Colloquio International Hippocratique, Pisa 25-29 settembre 1996. Firenze: Olschki; 1999. pp. 13-42, are seminal papers. Full and updated bibliography on metaphors in medical discourse can be found in Delle Donne C, ref. 1 where I further analyze a significant number of Galenic passages, thereby providing a more comprehensive overview of the values and functions attributed to patients' figurative language in Galen's account of medicine. I refer the interested reader to this paper. In what follows, only contributions directly pertinent to the texts under examination will be cited.
2. See Delle Donne C, Ref. 1.
3. On Galen's patients, see Horstmanshoff HFJ, *Galen and his Patients*. In: Horstmanshoff HFJ, van der Eijk PhJ, Schrijvers PH (eds), *Ancient Medicine in Its Socio-Cultural Context*. Leiden-Boston: Brill; 1995. pp. 83-100.
4. *Plen.* VII 518 K., αἱ τῶν ἰδιωτῶν αὐτὸ τὸ συμβαῖνον αὐτοῖς ἐναργῶς ἐρμηνευόντων; *Loc. Aff.* VIII 81-83 G., τῶν καμνόντων αὐτῶν οὕτως ἐρμηνευόντων. An anonymous reviewer rightly objects that a language devoid of metaphors is not necessarily clearer, and that the origin of many medical terms is metaphorical (see Skoda F, *Médecine ancienne et métaphore*. Paris: Peeters/Selaf; 1988). Upon closer examination, Galen does not merely condemn the idiosyncratic and needlessly metaphorical language employed by a physician

such as Archigenes of Apamea (see now Lewis O, Galen against Archigenes on the Pulse and What It Teaches Us about Galen's Method of Diairesis. In: Hankinson RJ, Havrda M (eds), *Galen's Epistemology. Experience, Reason, and Method in Ancient Medicine*. Cambridge: Cambridge University Press; 2022. pp. 190-217); he seems to advocate more broadly for a scientific language composed, as far as possible, of κύρια ὀνόματα, with no concessions to figurative expression (von) Staden H, *Science as text, science as history: Galen on metaphor*. In: Horstmanshoff HFJ, van der Eijk PhJ, Schrijvers PH (eds), *Ancient Medicine in Its Socio-Cultural Context*. Leiden/Boston: Brill; 1995. pp. 499-518). Only such "proper terms", in his view, can ensure clarity, which he regards as the ἀρετή of λέξις (see Chiaradonna R, *Langage ordinaire et connaissance médicale selon Galien*. In: Crignon C, Lefebvre D (eds), *Médecins et philosophes: une histoire*. Paris: CNRS éditions; 2019. pp. 129-145; Manetti D, *Galeno, la lingua di Ippocrate e il tempo*. In: Jouanna J, Barnes J (eds), *Entretiens sur l'antiquité classique: Galien et la philosophie*. Genève: Fondation Hardt; 2003. pp. 171-228; Morison B, *Language*. In: Hankinson RJ (ed.), *The Cambridge Companion to Galen*. Cambridge: Cambridge University Press; 2008. pp. 116-156; Reinhardt T, *Galen on Unsayable Properties*. *Oxford Studies in Ancient Philosophy* 2011;40:297-317; Roscalla F, *La lingua tra medicina, linguistica e retorica in Galeno*. *Lexis* 2021;39(2):441-488; Roselli A, *L'ambiguità dei testi scritti: il De captionibus e i commenti ippocratici*. In: López Férez JA (ed.), *Galeno. Lengua, composición literaria, léxico, estilo*. Madrid: Ediciones Clásicas; 2015. pp. 45-56; Sluiter I, *The Embarrassment of Imperfection. Galen's Assessment of Hippocrates' Linguistic Merits*. In: van der Eijk PhJ, Horstmanshoff HFJ, Schrijvers PH (eds), *Ancient Medicine in its Socio-Cultural Context*. Amsterdam: Brill Rodopi; 1995. pp. 519-535; Sluiter I, *The Poetics of Medicine*. In: Sluiter I, Abbenes JGJ, Slings SR (eds), *Greek Theory after Aristotle. A Collection of Papers in Honour of Professor D. M. Schenkeveld*. Amsterdam: VU University Press; 1995. pp. 193-213; vd. p.es. *De puls. diff.* 3.6 vol. 8.675 K.: ἀλλ' εἰ μὲν ἔχομεν ὀνόματα κύρια, τοῦτοις χρῆσθαι προσῆκεν· εἰ δὲ μὴ, λόγῳ μᾶλλον ἐρμηνεύειν ἕκαστον τῶν πραγμάτων, οὐκ ἐκ μεταφοῶς ὀνομάζειν, ὅταν γε διδάσκειν τις βούληται καὶ μὴ περιλαλεῖν, ἐπεὶ τῷ γε μεμαθηκότι τὸ πρᾶγμα συντόμου δηλώσεως ἔνεκεν ἐγχωρεῖ καὶ διὰ τῶν ἐκ μεταφοῶς ὀνομάτων καὶ διὰ τῶν ἐκ καταχρήσεως ἐνδείκνυσθαι τὸ λεγόμενον. ἡ πρώτη μέντοι διδασκαλία τῶν τεχνικῶν ἀπάντων πραγμάτων ὑπὲρ τοῦ σαφὲς τε εἶναι καὶ διηρθρωμένη κυρίων ὀνομάτων δεῖται.

5. On this issue, see Andò V, *La relazione medico-paziente nella riflessione scientifica e filosofica della Grecia classica*. I Quaderni del Ramo d'oro 2001;4:55-88; Bourgey L, *La relation du médecin au malade dans les écrits de l'école de Cos*. In: *La Collection Hippocratique et son rôle dans l'histoire de la médecine*. Colloque de Strasbourg 23-27 octobre 1972. Leiden: Brill; 1975. pp. 209-227; Cambiano G, *Funzioni del dialogo medico-paziente nella medicina antica*. In: Marcone A (ed.), *Medicina, medici e società nel mondo antico*. Firenze: Le Monnier; 2006. pp. 1-15; Debru A, *Médecin et malade dans la médecine hippocratique: interrogation ou dialogue?* In: Demont P (ed.), *Médecine antique. Cinq études*. Amiens: Faculté des Lettres; 1991. pp. 35-49; Delle Donne C, *Searching for a Dialogue. The Need to Share a Common Language in Greek Medical Writings*. *AION* 2020;42:1-18; Jori A, *Il medico e il suo rapporto con il paziente nella Grecia dei secoli V e IV a. C.* *Medicina nei secoli* 1997;9:189-222.
6. See Vegetti M, *Tradizione e verità. Forme della storiografia filosofico scientifica nel De placitis di Galeno*. In: Cambiano G (ed.), *Storiografia e dossografia nella filosofia antica*. Torino: Tirrenia; 1986. pp. 227-244 and von Staden H, "A woman does not become

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7. Wilkins J (ed.), *Galien, Sur les facultés des aliments*. Paris: Les Belles Lettres; 2013. p. 39 n. 1.
  8. Raiola T, *Nel tempo di una vita. Studi sull'autobiografia in Galeno*. Pisa-Roma: Serra; 2015. pp. 45-47.
  9. Raiola T, Ref. 8, p. 47.
  10. On this issue, see again Raiola T, Ref. 8.
  11. See e.g. 1) *De morbis* 2.59.1 (ed. Jouanna, transl. Potter, slightly modified): “something heavy seems to him to hang down from the diseased side” (δοκεῖ τι αὐτῷ οἶον ἐκκρέμασθαι βαρὺ ἐκ τοῦ πλευροῦ); the description refers to the lung falling against the side. 2) *De morbis* 2.60.1 (ed. Jouanna, transl. Potter): “when he lies down, something like a stone seems to hang down from his side” (ἀλλ’ ἐπὶ κατακλίνῃ, δοκεῖ οἶον περ λίθος ἐκκρέμασθαι). The symptom pertains to the development of a tubercle on the side. This condition shares notable similarities with the previous one, which accounts for the resemblances in the employed similes. Consequently, there may be a common underlying model for these cases; see also *De affect. intern.* 11 (with reference to the φθίσις δευτέρα): καὶ δοκεῖ οἶον περ λίθος ἐν αὐτοῖσιν ἐγκεῖσθαι. 3) *Progn.* 16 (Jouanna J (ed.), Hippocrate, Pronostic. Paris: Les Belles Lettres; 2013; transl. Jones): “(...) ask the patient (...) if he feels a weight hanging from the upper part” (ἐρωτᾶν, εἴ τι δοκεῖ βάρος αὐτῷ ἐκκρέμασθαι ἐκ τοῦ ἄνωθεν); the question aims to establish if the empyema is one-sided only.
  12. See, e.g., the *Medical Questions* by Rufus of Ephesus: Letts M, *Questioning the Patient, Questioning Hippocrates: Rufus of Ephesus and the Pursuit of Knowledge*. In: Petridou G, Thumiger C (eds), *Homo Patiens - Approaches to the Patient in the Ancient World*. Leiden-Boston: Brill; 2015. pp. 81-103; Delle Donne C (ed.), *Rufus di Efeso. Domande per il malato*. Pisa: ETS; 2024.
  13. See also 6, 546 K. = 257 Helm.
  14. *Progn.* 16 (Jouanna J (ed.), Ref. 11; trans. by Jones): “(...) ask the patient (...) if he feels a weight hanging from the upper part” (ἐρωτᾶν, εἴ τι δοκεῖ βάρος αὐτῷ ἐκκρέμασθαι ἐκ τοῦ ἄνωθεν), quoted above (n. 9).
  15. See Delle Donne C, Ref. 5 (see also bibliography quoted above, n. 5).
  16. *Loc. Aff.* VIII 86-87 G.: Οὐ μὴν αἰμωδία τι προσεοικὸς ὁ πόνος ἔχει τῶν ὑμενωδῶν σωμάτων, ὡς Ἀρχιγένης ἔγραψεν· ἴσμεν γὰρ ὅτι κατὰ τὸ στόμα μόνον, οὐδὲ τοῦτο σύμπαν, ἀλλὰ τοὺς ὀδόντας τε καὶ τὰ οὖλα γίνεται τι πάθος, ὃ καλοῦμεν αἰμωδίαν, ὃ μὴδὲ ἐρμηνεῦσαι λόγῳ δυνατόν ἐστι, ἀλλ’ ἐκ τοῦ προηγῆσθαι μὲν ἐδωδὴν ἐδεσμάτων αὐστηρῶν τε καὶ ὀξέων, ἀκολουθεῖν δέ τι πάθος ἐν τοῖς ὀδοῦσι καὶ τοῖς οὖλοις, ἐπιστεῦσαμεν ἅπασιν γίνεσθαι ταῦτόν, ὁρῶντες ἐν τοῖς πλείστοις ὁμοιοπαθεῖς ἡμᾶς ὑπάρχοντας, ὡς ἀπὸ τῶν αὐτῶν αἰτίων πάσχειν τὰ αὐτά.
  17. See Delle Donne C, Ref. 5 and Delle Donne C, Ref. 1.