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DIAGNOSIS IN *CORPUS HIPPOCRATICUM*: (ALSO) A QUESTION OF TRUST

SALVATORE DI PIAZZA
University of Palermo, I

SUMMARY

In this article we will begin by giving a general overview of diagnosis in Corpus Hippocraticum, by analyzing its epistemological structure. We will then focus on the following three strictly connected questions:
- What is the role of the narrative dimension, and in particular the relationship between semeia and logoi, in diagnostic process?
- What role does trust (pistis) play - in different ways - in the diagnostic process in the triadic relation of doctor-patient-disease?
- Is there a relationship between the role of trust and the epistemological status of medical diagnosis?

Introduction

The general topic of diagnosis in *Corpus Hippocraticum* is widely studied among historians of medicine and, more in general, among the scholars of ancient scientific thought. Nevertheless, we think that it is possible to say something new concerning some specific aspects of the diagnostic process. We refer, in particular, to the role that *pistis* (trust, faith, confidence) plays in this process, from several points of view. We can summarize the aim of this article in these two intertwined questions:

- Does *pistis* play a specific role in the diagnostic process, concerning the triadic relationship physician-patient-disease?

Key words: Corpus Hippocraticum - Diagnosis - Trust

- Is there a close link between the role of *pistis* and the specific epistemological status of medical diagnosis*?*

In order to answer to these questions, first, we will sketch the "epistemology of fallibility," which characterizes the diagnosis in the Hippocratic works, and we will then analyze some passages from different works of the *Corpus*, where the reference to the role played by the notion of *pistis* is explicitly expressed. Finally, we will try to explain why the key role of *pistis* in the diagnostic process is a consequence of what we just have called the "epistemology of fallibility"[1].

The Hippocratic diagnosis between semeia and logoi

If we want to synthetize the theoretical challenge of the Hippocratic physician, we could say that it is the attempt to identify an order in a world characterized by complexity. The complex world the physician deals with is the world in which he has to find solutions for detecting the patient's disease and its causes, to hypothesize the evolution of the disease itself, and to design an effective therapy. The world in which he has to carry out these tasks is complex because the strategies he has to adopt are not easy to discover, to choose, or, in some cases, to invent. Using the terminology of the American semiotician C. S. Peirce, the Hippocratic physician has to make abductions, starting with the traces he has at his disposal, following a risky path that can lead him to achieve his aim, but that also can result in failure. The order he has to identify in this world, then, is the good solution, which makes sense of the "traces," and renders them consonant with the other elements of the world.

For example, if the physician treats someone who has some symptoms that modify a regular and normal state of health, the fact of connecting these symptoms to a disease and, then, to their causes, allows the physician to transform this chaotic representation into a clear, ordered, and coherent one.

To do this, i.e., to impose order on this complex and chaotic world, the physician has the support of what we have called "traces," which can allow him to reconstruct what happened in the patient's body and, consequently, to arrive at good solutions. These traces can be, at least, of two kinds, expressed by these Greek terms: *semeia* and *logoi*. The *semeia* correspond to the medical symptoms: these are the traces the disease shows in the body's patient; the *logoi* are the patient's words, his narration of what he feels and what happened. Obviously, the physician should be able to obtain as much the information as possible by observing the entire context, but the main and privileged traces are *semeia* and *logoi*. This distinction is not really symmetrical, since in a way the *logoi* are a sort of *semeion*, because they can play the role of *semeion*, i.e., that of pointing to something imperceptible[2]. These two elements, *semeia* and *logoi*, are intertwined: they can either reinforce each other or contradict each other. Several passages from *Corpus Hippocraticum* show this very clearly. In *On Wounds in the Head*, we find just one of the several examples in which it is clear that the activity of *diaginoskein* begins with the visible traces:

> *Next day, when you take out the lint, if, on looking to see what the bone has suffered, the nature of the lesion is not clear, and you cannot even diagnose (diaginoskes) whether the skull has anything wrong with it, yet the weapon seems to have reached and damaged the bone, you should scrape down into it with a raspatory […] so as to get a view of latent fractures and contusion which is latent*[3].

There are also other examples in which the role of trace, indicating what is not perceptible, is played by the patient's words, as, for example, in *On Wounds in the Head* again:

> *Should you suspect the skull to be fractured or contused or both, having formed your judgement from the severity of the wound, and from patient's narration (tekmairomenos ek ton logon tou tromatiou), as that the person who*

> *inflicted the wound, provided it was done by another person, was remarkably strong, and that the weapon by which he was wounded was of a dangerous description; further, that the man suffered vertigo and loss of sight, was stunned and fell down: in such circumstances if you cannot otherwise distinguish (diaginoskes) by inspection whether the skull is fractured or contused or even both, then you must drop on the bone the very black solution*[4].

It does not sound strange that in order to make a detailed diagnosis, the Greek physician "intended to attribute a relevant or even decisive meaning to the *anamnestic data* that the patient could communicate to him"[5]. The quotation from *On Wounds in the Head* is interesting because it shows that the cooperation between the inspection of visible *semeia* ("the severity of the wound") and the listening to the patient's *logoi* ("patient's narration") contribute to forming the physician's judgement[6]. This is a case in which the *logoi* can strengthen what the *semeia* have already shown, but this is not the only possible relationship between the two kinds of traces. See, for example, the following passage from *Prorrhetic II*:

> *And I believe, if about these cases – either the latter ones about exercises, or the former ones noted above – the truth has been related (ei ti alethes leghetai), first that they were recognized on the basis of signs (ton semeion tekmeresthai), then that they were foretold tentatively (endoiastos) as befits human knowledge, and furthermore that the reporters have related the tale more portentously than it really happened*[7].

In this case, the *logoi* may be misleading compared with the *semeia*: the physician cannot be totally confident in words and tales, because the verbal representation of what happened can be at odds with the reality. Something similar happens in *The art*, where the dialogue with the patient is not recommended, "even in the cases where the diagnostic problem is extremely urgent and dramatic[8]".

> *Even the attempted reports of their illnesses made to their attendants by sufferers from obscure diseases are the result of opinion, rather than of*

> *knowledge […]. Now when not even the reports afford perfectly reliable information, the attendant must look out for fresh light*[9].

The patient is not always a reliable witness, so the *semeia* seem to be more objective: they should not pass through interpretation by the patient, they are like traces impressed on the body by the disease. During the diagnostic process, in the case of *semeia* the error in interpreting can be due to the fact that the same *semeion* can indicate a variety of diseases, and the physician can misunderstand it in connection with the other *semeia*. In the case of *logoi*, there is another possibility of error, exactly because the interpretative process is double: the patient who (interprets and) refers what happened and his symptoms, and the physician who listens to (and interprets) these words.
However, in other cases the *logoi* can help the physician to make sense of the *semeia* previously observed, and they can confirm or contradict the *semeia* themselves; they can then help in reaching a good conclusion. See the following passage from *Prorrhetic II* again:

> *Thus you must ask (epanerestai) whether such an epistaxis occurred when the person was young […]. If these people appear to have a poor colour, ask (epanerestai) whether they have pains in the head; they will say they do (phesousi gar)*[10].

This kind of relationship and this role of confirming/contradicting played by *logoi* is even clearer in this passage from the *Prognostic*:

> *If at the beginning of the disease the face be like this, and if it be not yet possible with the other symptoms to make a complete conjecture (semeioisi syntekmairesthai), you must go on to ask (epanerestai) whether the patient has been sleepless, whether his bowels have been very loose, and whether he suffers at all from hunger. And if anything of the kind be confessed (omologhein), you must consider the danger to be less*[11].

It is interesting that the understanding of the disease is supported not only by the narration of the patient, but also of the physician. See, for example, this passage from *On the ancient medicine*:

> *In this way it will be manifest that by any other means discoveries are impossible. But it is particularly necessary, in my opinion, for one who discusses this art to discuss things familiar to ordinary folk. For the subject of inquiry and discussion is simply and solely the sufferings of these same ordinary folk when they are sick or in pain. Now to learn by themselves how their own sufferings come about and cease, and the reasons why they get worse or better, is not an easy task for ordinary folk; but when these things have been discovered and are set forth by another, it is simple. For merely an effort of memory is required of each man when he listens to a statement of his experiences. But if you miss being understood by laymen, and fail to put your hearers in this condition, you will miss reality*[12].

Actually, it seems that, according to Hippocrates, what the physician knows by the words of the patient is useful also to the patient himself in recognizing his symptoms, and expressing them in a more aware way[13]. That is why in the Hippocratic framework, medical art "is an art of dialogue, still better an art of narration[14]". The medical truth itself is the result of the dialogic collaboration between the physician and the patient, in which "the role of the physician is to bring back the memory of the patient the experience that will become significant[15]".

A risky task: penetrating the invisible

What emerges from all the examples above is that, in any case, *semeia* and *logoi*, even if in different ways and degrees, share the impossibility of assuring a good diagnosis (and, more in general, certain judgments), because of the nature of *semeia* and *logoi* themselves, and because of the nature of the diagnosis itself. The crucial and, at the same time, risky task of diagnosis is penetrating the invisible. *Semeia* and *logoi* are the visible (perhaps better, the perceptible)

which allows the physician to see the invisible (imperceptible), according to Anaxagoras' saying "*opsis ton adelon ta phainomena*[16]". This fallible nature of medical diagnosis and, more in general, of the medical art, is quite known, so we will merely try to synthesize, connecting later this aspect to the role of *pistis*. As we have seen, whether the physician deals with signs or narrations, questions and answers, all these perceptible elements must be cognitively processed; and they must be interpreted in order to penetrate what is invisible. The fact that the physician deals with what is obscure to sight, together with the necessity of designing an interpretative (and, then, subjective) process, makes medicine an art in which the achievement of the result is never guaranteed. In the following quotation from *On Wounds in the Head*, for example, it is explicated that the *diaginoskein* (making a diagnosis/finding out) is always a *peiresthai diaginoskein* (trying to make a diagnosis/trying to find out):

> *But if the bone is denuded of flesh you should devote your intelligence to trying to distinguish (prosekonta ton noon, peiresthai diaginoskein) a thing which cannot be known by inspection - whether there is fracture and contusion of the skull or only contusion*[17].

The verb "*peiresthai*" is particularly interesting, because it underscores the difficulties of the cognitive process, the permanent risk of failure, of misinterpretation, which we believe are the background of most of the Hippocratic texts. This risk is exactly what could prevent medicine from being a *techne*, and this is the challenge of the Hippocratic physician: to be able to render scientific a discipline that aims to investigate the invisible. In particular, the diagnostic process, with all its potentialities and limits due to the dependence on the signs and patient's words, highlights the contrast between *techne* and *tyche* as the two souls of medicine: on the one hand the regularity of phenomena – regularity that allows the physician to make plausible diagnostic hypotheses – on the other hand the constant pos-

sibility of failure due to the intervention of *tyche*, which has to be considered, in general, as everything that happens and that was not foreseen or foreseeable.
It is no coincidence that medicine was defined - in particular after Hippocrates in an explicit way – as a *techne stochastike*, and one of the meanings of the verb *stochazesthai* is exactly "to try[18]". Being a *techne stochastike* means something more complex than being a *conjectural art* (the classical translation in modern languages), because the verb *stochazesthai*, from which the adjective *stochastikos* is derived, refers to a non-algorithmic cognitive activity, which is not limited to performing pre-arranged procedures for reaching a goal, but which necessarily elaborates a hypothesis, and then conjectures, and devises in order to reach the target. Obviously, given the nature of these procedures, they are always fallible. Hippocratic medicine - and diagnosis in particular - is a *techne stochastike* in this sense.
This *stochastic*, and thus fallible, nature of medical art is evident in several passages of *Corpus Hippocraticum*. For example, at the end of the second section of *On the articulation*, after describing a failed attempt to heal a patient, the author writes:

> *I relate this on purpose; for those things also give good instruction which after trial show themselves failures, and show why they failed*[19].

The failure, the error, in a sense, are part of the medical art, because success depends on the capacity to learn from ineffective attempts. So the physician should be able to manage the possibility of failure that always looms over his art, even in cases in which the physician knows the method:

> *For good physicians similarities cause wanderings and uncertainty (planas kai aporias), but so do opposites. It has to be considered what kind of explanation one can give, and that reasoning is difficult even if one knows the method. For example, if a man has a pointed head and flat nose, is*

> *sharp-nosed, bilious, vomits with difficulty, full of black- bile, young and has lived at random: it is hard for all these to be in concord (synomologesesthai) with one another*[20].

This very famous first Hippocratic aphorism underlines well the status of *techne*, and the difficulties related to a successful realization of the *techne* itself:

> *Life is short, the Art long (makre), opportunity fleeting (kairos oxys), experience treacherous (sphalere) and judgment difficult (chalepe)*[21].

In particular, in the phase of therapy, the fact that even the best physician can fail does not depend only on the *tyche* or the interpretation of signs and words, but more in general on the necessity for the physician to apply to the particular case his theoretical knowledge: he has to heal a specific patient. This is, actually, the specific feature of any *techne*: it is as though the *technites* zoomed from general to particular, with all the risks that this process implies, on the difficulty of grasping the *kairos*[22], the fitting time.
It is because of this *stochastic* nature of medicine that in *Corpus Hippocraticum* the use of terms indicating trend and probability is particularly relevant[23], a sort of conceptual tool that allowed the physician to express himself, leaving space for the possibility of an incorrect description or a diagnostic or prognostic failure[24]. After all, one of the main problems of medicine was to harmonize these three elements: (1) the need for rules as general as possible, (2) the need for applying the treatment to the individual/the particular patient, (3) the justification of the incorrect diagnosis or the failed healing. In a sense, the use of these terms or formulas allowed for exactly this kind of harmonization.

Trust and fallibility

Within this framework of fallibility that we tried to define, the notion of *pistis*, trust, is a key-concept. We believe that *pistis* plays a

crucial role *exactly because* of this fallible nature of medicine. More in general, we can say that trust plays a predominant role in borderline situations: we trust when we believe that something is, plausibly, a certain way, but at the same time we are aware that there is the constant risk of error in our belief. If we are sure of something, we do not have trust; we have certainty. Trust is a state of mind that is connected with situations in which there is always the possibility that things are not the way we think. Medical diagnosis - as it is described in *Corpus Hippocraticum* - is exactly a typical example of this kind of "epistemological precariousness." As we will try to show, trust is fundamental in diagnosis from at least three points of view:

1. The patient *trusts* (or at least he *can trust*) the doctor's diagnosis.
2. The physician uses a good diagnosis to build (or, at least, to *try* to build) the *trust relationship* with the patient.
3. The physician in the diagnostic process *trusts* (or, at least, he *can trust*) the signs and the words of the patient.

Between the patient and the physician there is an uneliminable difference of competence, so that the patient cannot manage his illness, he doesn't understand it, and the only one who can correctly interpret the signs of the illness is the physician. Then it only remains for the patient to rely on him, hoping that his competence can help him. After all, Hippocratic medicine - in particular in contraposition to the earlier "magic" medicine - is not only a "scientific," but also a "humanistic" one, because there is always the need to build and strengthen the relationship between the physician and the patient. In a sense, "the patient has to trust the words of a physician that does not speak in the name of God, but in relation to the authority conferred by its practice. If the disease used to be based on a three level relationship involving the patient, the gods and the priest, it becomes a radically different triadic relation. The updated triad refers

to the relationship among "the disease - the patient - the physician[25]", which represent the three moments of medical art[26].
The physician, from his point of view, can try to persuade the patient that his diagnosis is the good one, but he has no irrefutable evidence to oblige the patient himself to be persuaded[27]. As we have seen, his art is fallible, so no evidence is *definitive*. The patient, because he does not know the medical art, cannot follow the reasoning that allowed the physician to arrive at that diagnosis, so trust (or - there is always this possibility - distrust) is the only possible state of mind regarding the diagnosis.
But there is also the case, even more interesting, in which not only the physician should try to make his diagnosis persuasive, but in which a good diagnosis as a whole becomes an instrument for the doctor to be persuasive. The Hippocratic physician needed to persuade patients to trust him in order to be chosen among all the physicians. During his activity, he "gets always in touch with a lot of people; he needs the trust of the others, and his professional existence largely depends on his reputation[28]".
Thus, the utterance of the diagnosis also becomes central in this context. This very famous passage from *Prognostic* is quite eloquent:

> *It appears to me a most excellent thing for the physician to cultivate prognosis; for by foreseeing and foretelling, in the presence of the sick, the present, the past, and the future, and explaining the omissions which patients have been guilty of, he will be the more trustworthy (pisteuein) to be acquainted with the circumstances of the sick; so that men will have confidence to intrust (epitrepein) themselves to such a physician*[29].

What the author is saying in this passage is that a diagnosis/prognosis makes the physician trustworthy not when it proves to be correct and, then, effective, but already at the moment it is uttered. In a sense, it seems that, like Sherlock Holmes with Watson, the Hippocratic physician - in order to be persuasive - has to amaze the patient,

showing his capacity to transform all the separate signs he perceives into a unique, coherent, and plausible chain of meaning[30]. The physician needs to "spread […] a satisfying image of himself[31]." In terms of Aristotelian rhetoric, we can say that the physician, also by means of a good diagnosis, tries to reveal a positive and, hence, persuasive *ethos*, character. Obviously this is a risky activity, so that the result of diagnosis/prognosis can produce trust or distrust, though it, in any case, plays a decisive role in physician/patient relationship:

> *I advise you to be as cautious as possible not only in other areas of medicine, but also in making predictions of this kind, taking into account that when you are successful in making a prediction you will be admired by the patient you are attending, but when you go wrong you will not only be subject to hatred, but perhaps even be thought mad. For these reasons, then, I recommend that in making predictions and all other such practices you be cautious*[32].

The role that a good or bad diagnosis can play in terms of trust is again connected with the epistemological status of medicine: every diagnosis can be fallible because the physician's task of giving a coherent meaning to all of the patient's signs is quite complicated and subject to failure; so a good diagnosis - in particular if it turns out to be correct - can focus the patient's trust toward the physician.
Trust also plays an interesting role in another sense, maybe the most peculiar one, and the more directly connected with the epistemological precariousness of medicine: the physician actually trusts (or sometimes distrusts) the patient's *semeia* and *logoi*. As we have seen, *semeia* and *logoi* cannot always lead the physician toward a unique possible diagnosis/prognosis, because they can refer to various diseases at the same time, and also because they need to be interpreted by the physician himself. There is no trace - *semeion* o *logos* - that shows just one path to follow; any of them can push the physician in different directions. That is why the physician cannot be certain of

the meaning to attribute to these traces, but his state of mind towards them is, once again, that of trust, *pistis*[33].
This relationship between physician and *logoi*/*semeia* becomes explicit, in particular, when, some authors of Hippocratic texts alert the reader not to trust some *logoi* or some *semeia*, because they can be misleading. See for example the following quotations from different works:

> *One must not trust (ou dei pisteuein) improvements that are irregular, nor yet fear overmuch bad symptoms that occur irregularly; for such are generally uncertain and are not at all wont to last or grow chronic*[34].
> *What precedes the critical days: both the good and bad signs occur the day before. In accord with the days on which patients grow worse, their disease becomes of long duration, with those on which it is slackening, the disease becomes short. There are also improvements which are untrustworthy (apista), and spontaneous exacerbations*[35].
> *But all the same, protect him by having him avoid food, and drink water and melicrat; also protect him by using juices; put no trust (meden pisteuon) in the disappearance of the fever, for patients with signs like these are in mortal danger*[36].

In some cases the author talks in positive terms, underlining the reliability of some signs, described, for example, in the following passages from *Prognostic* and *Prorrhetic II*:

> *Prolonged empyema has these symptoms, which may be implicitly relied on (pisteuein)* [37].
> *The alleged "precise knowledge" concerning exercises and exertions, as those who speak about it call it, I personally hold not to exist, although, if someone does believe in it, I will not oppose his belief. For such suppositions are not discredited by any sign, either good or bad, which you can trust (pisteusanta) in order to be certain whether or not the matter has been accurately reported*[38].
> *You should not distrust (apisteein) women about their giving birth, for they always say the same thing and they say what they know; they are not to be persuaded (ou gar an peistheiesan) by either fact or argument to believe anything contrary to what they know is going on inside their own bodies*[39].

Actually, the good physician has to be careful in dealing with *semeia* and *logoi*. Their revelatory power to penetrate the invisible and show the real nature of illness makes them a fundamental tool in the hands of the physician. But he has to be able to understand when a sign is trustworthy and when it can be misleading; medical art is fallible also because *semeia* and *logoi* can refer to something, but not always and not in every condition.

Conclusions

As we have seen, the whole of medical art is underscored by the notion of *pistis*, trust, which confirms its crucial role in every practice - just as in the medical art - in which our judgments cannot be certain. The fallibility of medical diagnosis is a typically fertile breeding ground for trust, precisely because fallibility produces instability, and instability produces trust instead of certainty.

In a broader sense we can say that the Hippocratic framework we have tried to sketch, is merely a paradigmatic case of typically human cognitive activity. As humans we almost always have to express judgments and make decisions in uncertain situations, in which the possibility of failure always impends on their conjectures and where trust, by consequence, becomes crucial in regulating human relationships. Because the medical art could not work without trust - in the multiple senses we have seen –, in the same way trust is configured not only, from a theoretical point of view, as the state of mind most appropriate to uncertain human activities, but also, from a pragmatic point of view, such as the *collant*, which can make these fallible human practices work.

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29. *Prognostic,* 1, translated by W. H. S. Jones. Loeb Classical Library 148. Cambridge, MA, Harvard University Press, 1923. Translation slightly modified. As well shown by Grmek, prognosis can be interpreted as a "disguised diagnosis". See GRMEK M. D., *Les maladies à l'aube de la civilisation occidentale*. Paris, Payot, 1983.
30. On the necessity of the physician to show himself trustworthy see also *Epidemics 6,* 4, 7 and, in particular, the comment in BOURGEY L., *La relation du médecin au malade dans les écrits de l'école de Cos*. In: La Collection hippocratique et son rôle dans la médecine: Colloque Hippocratique de Strarsbourg. Leiden, Brill, 1975, pp. 209-27, p. 223.
31. LANZA D., *C*. In : LASSERRE F. and MUDRY Ph. (eds.), *Formes de pensée dans la Collection Hippocratique: actes du IVe Colloque international hippocratique*. Lausanne, 21-26 septembre 1981. Genève, Droz, 1983, pp. 181-186, p. 181.
32. *Prorrhetic II*, 2, translated by Paul Potter. Loeb Classical Library 482. Cambridge, MA, Harvard University Press, 1995.
33. The trust relationship between the physician and the patient's words concerns not only the diagnostic phase, but also the therapeutic moment. See for example, *Decorum*, 14: "Keep a watch also on the faults of the patients, which often make them lie about the taking of things prescribed. For through not taking

disagreeable drinks, purgative or other, they sometimes die. What they have done never results in a confession, but the blame is thrown upon the physician" (translated by W. H. S. Jones. Loeb Classical Library 148. Cambridge, MA: Harvard University Press, 1923.). After all, as in any other dialogue sincerity is a required norm, otherwise the trust relationship crashes: the sufferer's lies, which do not tell the truth about the intake of prescribed medications, surely compromise the success of therapy" (ANDÒ V., ref. 5, p. 64).

34. *Aphorisms*, XXVII, 1, translated by W. H. S. Jones. Loeb Classical Library 150. Cambridge, MA, Harvard University Press, 1931.
35. *Epidemics*, IV, 56, translated by Wesley D. Smith. Loeb Classical Library 477. Cambridge, MA, Harvard University Press, 1994.
36. *Regimen in Acute Diseases (Appendix)*, 24, translated by Paul Potter. Loeb Classical Library 473. Cambridge, MA, Harvard University Press, 1988.
37. *Prognostic*, 17, translated by W. H. S. Jones. Loeb Classical Library 148. Cambridge, MA, Harvard University Press, 1923.
38. *Prorrhetic II*, 3, translated by Paul Potter. Loeb Classical Library 482. Cambridge, MA, Harvard University Press, 1995.
39. *Eight Months' Child* , 4, translated by Paul Potter. Loeb Classical Library 509. Cambridge, MA, Harvard University Press, 2010. On this passage see ANDÒ V., ref. 5, p. 67.

Correspondence should be addressed to:

salvatore.dipiazza@unipa.it