

## Reconsidering the Hippocratic “Incurable” Case

The paper takes up the scholarly question of whether the physicians represented in the Hippocratic corpus treated “incurable” patients. It argues affirmatively that incurable cases were positively treated through close reading of *On Joints* 58.

Some scholars have maintained that “hopeless” cases were rejected by the Hippocratic physician, and that this was the foundation of ancient medical ethics. These works, however, privilege the work *On Art* and the prognostic treatises as sources, neglecting entirely (Brătescu 1970, Rosen and Horstmanshoff 2003) or considering exceptional (Prioreshi 1992) other evidence. Other scholars have affirmed that “incurable” cases were in fact treated, taking seriously the opinions stated in *On Diseases I* and *On Joints* (Wittern 1979, von Staden 1990, Karl-Heinz 2018).

I intervene by making a clarification as to what “incurable” constitutes. While there is a rich vocabulary related to such cases (e.g. “incurable,” “inescapable,” “deadly”), the details and context of each treatise in which they appear must be taken into account. *On Art* argues for non-treatment of cases that “have been overpowered by their diseases” (8.1: τοῖσι κεκρατημένοισιν ὑπὸ τῶν νοσημάτων; Mann 2012). This work has a rhetorical interest in showing that medicine is an art. Even if there are cases that are outside the purview of the medical art, such that a physician cannot cure the patient, medicine remains technical for some diseases are stronger than the strongest remedy. Physicians who refuse to treat these cases are rational and not charlatans.

The treatise *On Joints*, however, asserts that incurable cases do belong to the art. Its author suggests that, “one might say that such matters (τὰ τοιαῦτα) are outside the healing art (ἔξω ἰητρικῆς). Why, forsooth, trouble one’s mind further about cases which have become

incurable?” (58; Withington 1928). But this is the wrong attitude, since “the investigation of these matters too belongs to the same science.” He continues, “in curable cases we must contrive ways to prevent their becoming incurable... while one must study incurable cases so as to avoid doing harm in vain” (ὡς μὴ μάτην λυμαίνηται). This last line has been interpreted to suggest that physicians should care about incurable cases in order to avoid iatrogenic harm. The physician must recognize when intervention would only cause harm and refrain accordingly (von Staden 1990; Prioireschi 1992).

Though elsewhere the author of *On Joints* does recommend non-intervention concerning compound fractures at the joints to avoid death, we must read the quote above about harm in its immediate context. The chapter in which it appears concerns individuals with a backwards femur dislocation. That the treatise introduces the topic of incurables with the phrase τὰ τοιαῦτα suggests that it is making reference to these dislocation patients in particular (though not exclusively). For these cases of dislocation, the patient is able to walk after some time. They can either walk unassisted by bending and supporting the thigh of the impaired leg with their hands, which causes the unimpaired leg to “become also somewhat deformed.” Alternatively, they can use a crutch, such that the unimpaired leg “is employed in the natural way,” while the other leg deteriorates due to non-use.

Reading this account with the reflections on incurability suggests that these dislocations are incurable because they will never be set back to the “natural” position. This is different from the fatal, overpowered cases of *On Art* since intervention is still possible. Intervention would involve consideration of the merits and disadvantages of using a crutch to walk. This treatment would “avoid doing harm in vain” by, for example, preserving the natural position of the

unimpaired leg in advocating for crutch-use. Such cases suggest that Hippocratic intervention was possible and practicable even on “incurable” patients.

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