

Rudimentary Classification of Diseases in the Hippocratic Corpus

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1. Introduction

Although nearly six-hundred-and-fifty symptoms, syndromes, and diseases are described in the Hippocratic Corpus, surprisingly, neither a systematic definition nor classification of disease is presented in it. This is mainly because the focus of Hippocratic authors was on prognosis and therapy, rather than on disease itself. However, some Hippocratic works – known as nosological treatises such as *On Affections*, *On Internal Affections*, and *On Diseases I*, *II*, and *III* – attempt to categorise diseases. It should also be noted that the importance of distinguishing one disease from another was recognised by the author of *On Diseases I*.

Ὅρθῶς δ' ἐν αὐτῇ καὶ οὐκ ὀρθῶς τὰ τοιάδε· οὐκ ὀρθῶς μὲν, τὴν τε νοῦσον ἐτέρην εὐῶσαν ἐτέρην φάναι εἶναι (*On Diseases I* c.6: Potter p.110, 6–8 = Wittern p.16, 1–2 = Littré VI, 150, 6–7)

“Correctness and incorrectness in medicine are as follows: it is incorrect to say that a disease is different from what it really is...” (trans. Potter, p.111)

Many modern scholars now agree that the nosological works were influenced by a disease catalogue titled *Knidian Opinions*, which is no longer extant.¹

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¹ See Jouanna (1974), pp. 17-22, Grensemann (1975), p.53, and especially Di Benedetto (1986), p.86. For the fragments see Galen's *In Hippocratis Epidemiarum librum III commentaria III* ; οὐρέει ὀλίγον ἐκάστοτε αἰεὶ καὶ ἐφίσταται πέμφριξ οἶον ἐλαίου, χλωρῆ

Nevertheless, it can clearly be seen that there are divergences in classification even amongst these nosological works. In fact, this plethora of divergences was also problematic for one Hippocratic author himself.

Τὰς μέντοι πολυτροπίας τὰς ἐν ἐκάστη τῶν νούσων καὶ τὴν πολυσχιδίην οὐκ ἠγνόεον ἔνιοι· τοὺς δ' ἀριθμοὺς ἐκάστου τῶν νοσημάτων σάφα ἐθέλοντες φράζειν οὐκ ὀρθῶς ἔγραψαν· μὴ γὰρ οὐκ εὐαρίθμητον ἦ, εἰ τούτῳ τις σημαίνεται τὴν τῶν καμνόντων νοῦσον, τῷ ἕτερον τοῦ ἑτέρου διαφέρειν τι, μὴ τωὐτὸ νόσημα δοκεῖ εἶναι, ἢν μὴ τωὐτὸ ὄνομα ἔχη. (*On Regimen in Acute Diseases* c.3: Joly p.37, 4–10 = Jones p.64, 6–14 = Littré II, 226, 11–228, 6)

“Yet the many phases and subdivisions of each disease were not unknown to some; but though they wished clearly to set forth the number of each kind of illness their account was incorrect. For the number will be almost incalculable if a patient’s disease be diagnosed as different whenever there is a difference in the symptoms, while a mere variety of name is supposed to constitute a variety of the illness” (trans. Jones p.65).

The author criticises the way in which Knidian physicians categorised diseases, notably its excessive subdivision of disease.² In this paper, I intend to investigate

ὥσπερ ἀράχνιον. (Wenkebach p.54, 1–6 =Grensemann T.13 p.25 = Kühn XVII A, 886, 4–10), and Rufus of Ephesus’ *De corporis humani appellationibus*; ἐὰν δὲ νεφρίτις ἔχη, σημεῖα τάδε· οὐρέει παχὺ πωῶδες καὶ ὀδύνας ἔχουσιν ἕξ τε τὴν ὄσφυν καὶ τοὺς κενεῶνας καὶ τοὺς βουβῶνας καὶ τὸ ἐπίσειον, τοτὲ δὲ καὶ ἐς τὰς ἀλώπεκας. (Grensemann T.14 p.26.5–10 = Daremberg-Ruelle 159, 14–160, 2)

² For criticism see Galen’s *In Hippocratis De Victu Acutorum Commentaria* I (Helmreich p.121, 21-p.122,7 = Kühn XV, 427,15-428,6). Galen criticised the excessive subdivision by Knidian physicians; εἰς γὰρ τὰς τῶν συμπτωμάτων ποικιλίας ἔβλεπον ὑπὸ πολλῶν αἰτίων ἐξαλλασσομένους παρέντες σκοπεῖσθαι τῶν διαθέσεων τὴν ταυτότητα. See also Bourgey (1953), p.42.

the Hippocratic disease classification, with particular reference to the divergences and rudimentary attempts to classify some diseases.

2. Two major categorisation methods

One arrangement for describing diseases was organised in accordance with the affected areas of the body, using a *capite ad calcem* (head-to-toe) order.³ For instance, *On Diseases II* and *On Affections* clearly follow this order: diseases of the head (*On Diseases II* c. 1–37, *On Affections* c.2, 4, 5), diseases of the upper cavity (*On Diseases II* c.44–65, *On Affections* c. 6, 7, 9, 10, 11, 12), diseases of the lower cavity (*On Affections* c.14–28), diseases of the lower limb (*On Affections* c.29–31).

The other arrangement was to mention the names of diseases directly, such as in *On Internal Affections*.

Φθίσιες τρεῖς· αὕτη μὲν γίνεται ἀπὸ φλέγματος, ἐπὶν ἢ κεφαλὴ φλέγματος πλησθεῖσα νοσήσῃ καὶ θερμὴ ἐγγένηται, (*On Internal Affections* c.10: Potter 1983, p.102, 7–9 = Littré VII, 188, 26–190, 1)

“Three consumptions: the first one arises from phlegm. When the head, on being filled with phlegm, becomes ill and is occupied by burning heat...” (trans. Potter, p.103)

Ἄλλη φθίσις· γίνεται μὲν ἀπὸ ταλαιπωρίας, πάσχει δὲ πλῆθος τὰ αὐτά, ἃ καὶ ὁ πρόσθεν· (*On Internal Affections* c.11: Potter p.106, 4–5 = Littré VII, 192, 8–9)

³ This order was primarily used in Mesopotamian and Egyptian medicine. See Di Benedetto (1986), p.91, Roselli (2018), p.181

“Another consumption: this one arises as the result of exertion, and the person suffers, for the most part, the same things as in the preceeding one;” (trans. Potter, p.107)

Ἐτέρη φθίσις· ὑπὸ ταύτης τάδε πάσχει(*On Internal Affections* c.12: Potter, p.106, 19 = Littré VII, 192, 19)

“Another consumption: from this one the person suffers the following” (trans. Potter, p.107)

In this system, the author itemises different types of disease under one main disease with an established name.⁴ Some Hippocratic writers similarly enumerated significant symptoms using this system to make the recognition of diseases more easily identifiable. Furthermore, these records enabled physicians to share principal ideas amongst each other. One of the most famous comparisons of nosological treatises is between *On Diseases II* and *On Internal Affections*.⁵

It is generally agreed that certain chapters in these two treatises share similarities in terms of disease content. For instance, *On Internal Affections* Chapter 3 and *On Diseases II* Chapter 57 describe the symptoms of lung disease. The former

⁴ See Di Benedetto (1986), p.18, Potter (1990), p.250 “It is difficult, in cases like this, to know whether the several different diseases with the same name represent different nosological entities, or whether they are varieties of the same one.”

⁵ See an exhaustive work of Jouanna (2009 [orig. 1974])). Littré’s remark for parallels between *On Internal Affections* (*Int.*) and *On Diseases II* (*Morb. II*). *Int.c.1~Morb.II* c.53, *Int.c.2~Morb.II* c.54, *Int.c.6~Morb.II.c.55*, *Int.c.7~Morb.II* c.58, *Int.c.8~Morb.II* c.62, *Int.c.9~Morb.II* c.60, *Int.c.13~Morb.II* c.51. Also, correspondences suggested by Grensemann (1975), p.146. *Int.c.1~Morb.II* c.53, *Int.c. 2~Morb.II* c.54a, *Int.c.3~Morb.II* c.57, 52, *Int.c.6~Morb.II*, c. 55, *Int.c.7~Morb.II*, c.54b, 58, *Int.c.8~Morb.II*, c.62, *Int.c.9~Morb.II*, c. 60, *Int.c.10~Morb.II* c.48,50, *Int. c.21~Morb.II* c.71 *Int. c.23~Morb.II* c.61 *Int. c.35–38~Morb.II* c.38, 39.

describes a disease of the lung,⁶ whereas the latter a tubercle formed in the lung. The symptoms of pleumonos in Int. are a sharp dry cough, chills, fever, pain in the chest, back, and sometimes the side, and severe orthopnoea (βῆξ ὀξεῖη ξηρὴ ἴσχει, καὶ ῥῖγος, καὶ πυρετὸς, καὶ ὀδύνη ἐν τοῖσι στήθεσι καὶ ἐν τῷ μεταφρένῳ ἔγκειται, ἐνίοτε δὲ καὶ ἐν τῷ πλευρῷ· καὶ ὀρθοπνοίη σφοδρὴ ἐμπίπτει.). On the other hand, *On Diseases* II c.57 also enumerates coughing, orthopnoea, and sharp pain in the chest and sides (βῆξ ἔχει καὶ ὀρθοπνοίη καὶ ὀδύνη ἐς τὸ στήθος ὀξείη καὶ ἐς τὰ πλευρὰ). These symptoms are said to have lasted fourteen days in both treatises.

However, *On Diseases* II c.57 reports that the patient also experienced pain in the head and eyelids, and he could not see (καὶ τὴν κεφαλὴν διαλγέει καὶ τὰ βλέφαρα, καὶ ὄρᾶν οὐ δύναται). These two characteristic symptoms, pain in the head and visual impairment, do not occur in *On Internal Affections* c.3, but in c.4, instead (*On Internal Affections* c.4 Potter, p.86,12–13). It is noticeable that these disorders appear in an unexpected place.⁷

Another comparison can be made between *On Internal Affections* c.9 and *On Diseases* II c.60. In this case, the incongruities between chapters can be seen more clearly because they both explicitly reference the same disease, i.e. tuberculosis of the side.

Ἦν ἐν πλευρῷ φῶμα φύηται καὶ ἔμπυος γένηται, τάδε πάσχει· ῥῖγος ἴσχει καὶ πυρετὸς, καὶ βῆξ ξηρὴ πολλὰς ἡμέρας, καὶ ἀλγέει τὸ πλευρὸν, καὶ ἐς τὸν τιτθὸν καὶ ἐς τὴν κληῖδα καὶ ἐς τὰς ὠμοπλάτας ὀδύνη ἴσχει αἴσσοσα. (*On Internal Affections* c.9: Potter, p. 98, 14–18 = Littré VII, 186, 19–22)

⁶ The name of the disease πλεύμονος occurs only in *On Internal Affections* in the entire Hippocratic Corpus.

⁷ Roselli (1990), p.166 called this phenomenon “displacement of symptoms” This term is adopted here for want of a better word.

“If a tubercle forms in the side...the patient suffers the following: he has chills, fever and a dry cough for many days, he aches in his side, and there are darting pains towards his nipple, collar-bone and shoulder-blades.” (trans. Potter, p.99)

Ἐπὴν ἐν πλευρῷ φῶμα φυῆ, βῆξ ἔχει σκληρὴ καὶ ὀδύνη καὶ πυρετὸς, καὶ ἔγκειται βαρὺ ἐν τῷ πλευρῷ, καὶ ὀδύνη ὀξέη ἐς τὸ αὐτὸ ἀεὶ χωρίον λαμβάνει, καὶ δίψα ἰσχυρὴ, καὶ ἀπερεύγεται τὸ πόμα θερμὸν, καὶ ἐπὶ μὲν τὸ ἀλγέον οὐκ ἀνέχεται κατακείμενος, ἐπὶ δὲ τὸ ὑγιές, ἀλλ' ἐπὴν κατακλινῆ, δοκεῖ οἷόν περ λίθος ἐκκρέμασθαι (*On Diseases* II c.60: Jouanna p.199, 11–17 = Littré VII, 92, 19–94, 1)

“When a tubercle forms in the side, harsh coughing, pain and fever are present; a heaviness lies in the side; there is a violent thirst, and the patient regurgitates what he drinks hot. He will not tolerate lying on his painful side, but prefers the healthy one; when he lies down, something like a stone seems to hang down from his side”. (trans. Potter, p.305)

This figurative feature described as a “hanging stone” in *On Diseases* II c.60 (ἀλλ' ἐπὴν κατακλινῆ, δοκεῖ οἷόν περ λίθος ἐκκρέμασθαι,) is not found in *On Internal Affections* c.9 but in c.8 which illustrates the tearing of the chest and back (*On Internal Affections* c.8 ἐν τῷ πλευρῷ δοκεῖ οἷον λίθος ἐγκέεσθαι). Here again, the “displacement” of symptoms occurs, and there is a lack of consensus between authors on exactly which symptoms are attributed to a single disease (tubercle formed in the side).

3. Nomenclature

Ἦν περὶ τὸν ἐγκέφαλον φλέβια ὑπερεμήση—τὸ μὲν οὔνομα οὐκ ὀρθὸν τῇ νούσῳ· οὐ γὰρ ἀνυστὸν ὑπερεμήσαι οὐδὲν τῶν φλεβίων οὔτε τῶν ἐλασσόνων οὔτε τῶν μειζόνων· ὀνομαίνουσι δὲ καὶ φασὶν ὑπερμεῖν· (*On Diseases* II c.4: Jouanna 134, 10–13 = Potter 194, 5–9 = Littré VII, 10, 12–15)

“If, around the brain, small vessels overflow with blood (this name is not a correct one for the disease, because no vessel, either one of the lesser ones or one of the greater ones, can actually be overflowed with blood. Still they use this name and say that they overflow with blood...” (trans. Potter, p.195)

The above author’s reluctant acceptance of the nomenclature is particularly interesting, given his implication that a certain disease was assigned a name reflective of its symptom. Although it is certainly true that nomenclature in the Hippocratic Corpus is rudimentary, there were several names that were generally acknowledged at the time of writing.

Regarding the nomenclature of the Hippocratic Corpus, there are principally two different naming systems. The first relates to the affected parts of the body, while the second is determined by the essential phenomena of the diseases in question. Remarkably, both naming systems are mentioned by Galen in *Method of Medicine*.

Οὕτω δὲ τούτων διωρισμένων ἐπιβλέπειν ἀκριβῶς χρὴ τὴν ἀνωμαλίαν τῶν ὀνομάτων, ἃ κατὰ τῶν νοσημάτων ἐπήνεγκαν οἱ πρῶτοι θέμενοι· πολλαχόθι μὲν γὰρ ἀπὸ τοῦ βεβλαμμένου μορίου τὰ ὀνόματα, πλευριτίς καὶ περιπνευμονία καὶ ἰσχίας καὶ ποδάγρα καὶ νεφρίτις καὶ ἄρθριτις, ὀφθαλμία τε καὶ κεφαλαλγία καὶ δυσεντερία· πολλαχόθι δ’ ἀπὸ τοῦ συμπτώματος, εἰλῆς καὶ τεινεσμός καὶ σπασμός καὶ παλμός καὶ τρόμος καὶ παράλυσις, ἀπεψία τε καὶ δύσπνοια καὶ ἄπνοια καὶ ἀγρυπνία καὶ παραφροσύνη καὶ κῶμα· (*Method*

of *Medicine* II c.2: Johnston–Horsley, p.126, 20–128, 2 = Kühn X. 81,17–82, 8)

So, having established these definitions, it is necessary to look closely and precisely at the inconsistency of the names which those who first applied them assigned to diseases. Very often, they derived the names from the damaged part (pleuritis, peripneumonia, sciatica, and dysentery), very often from the symptom (ileus, tenesmus, spasm, palpitation, tremor, paralysis, apepsia, dyspnea, apnea, insomnia, delirium and coma) (trans. Johnston–Horsley, p.127)

With these points in mind, it is now possible to examine *On Airs, Waters, and Places*, an authentic Hippocratic works. The diseases mentioned in this book are as follows.⁸

αἰμορροΐη (7) haemorrhage, αἰμορροΐς (40) hemorrhoid, ἄσθμα (36) dyspnea, βαρυφωνία (1) bass voice, βήξ (185) cough, βράγχος (16) sore throat, δυσεντερία (66) dysentery, διαρροΐη (68) diarrhoea, ἔλκος (459) wound, ἐπινυκτικός (4) nocturnal fever, ἠπιάλος (3) ague, ισχιάς (20) sciatica, κατάρροος (33) downward flux, καῦσος (75) kausos~burning fever, κεφαλαλγία (36) headache, κήλη⁹ (4) tumor, hernia, κιστός (20) varicocele, κόρυζα mucous, rheum (15), λειεντερία (19) lientery, μελαγχολία (5) melancholy, νεφρίτις (8) nephritis kidney disease, οἴδημα (162) swelling, ὀφθαλμία (22) ophthalmia, περιπλευμονία (85) pneumonia,

⁸ For the list see Jouanna (1996) p.51, The numbers in brackets refer to their occurrence in the Hippocratic Corpus, obtained from *Concordance des oeuvres hippocratiques*, edited by G.Maloney and W. Frohn, when available. For English translations of the names of diseases, see the glossary in Craik (2015), p.292–293. As some modern scholars suggested, the modern names do not correspond to the ancient diseases. See Grmek (1983), pp.20–21, Jouanna (1996).

⁹ Jouanna (2003), p.271, n.1, On traduit d'ordinaire par «hernie» en general; mais il s'agit plus précisément de «tumeur scrotale».

πλευρίτις (75) pleurisy, ποδαγρία(5) gout, ρήγμα (18) rupture, σπασμός (179) / σπάσμα (11), convulsion, στραγγουρία (44) strangury, σφάκελος (8) caries, ὕδερως (33)/ὕδρωψ (80) dropsy, φαγέδαινα (4) cancerous sore, φθίσις (42) phthisis or consumption.

Some of them are not certain even etymologically, but δυσεντερία [δυσ-, ἔντρον], ισχιάς [ἴσχιον], κεφαλαλγία [κεφαλή ἄλγος], λειεντερία [λεῖος, ἔντρον], νεφρίτις [νεφρός], ὀφθαλμία, περιπλευμονία, πλευρίτι, and ποδαγρία [πούς, ἄγρέω] roughly belong to the category of the names derived from the affected parts of the body, whereas αἰμορροΐη, αἰμορροΐς [αἷμα, ῥέω], βαρυφωνία, διάρροη [διαρρέω], ἐπινυκτίς [ἐπι, νύξ], κατάρροος [καταρρέω], καῦσος [καίω], οἴδημα [οἰδέω], ρήγμα [ρήγνυμι], σπασμος[σπάω], στραγγουρία [στράγγ, οὔρον], ὕδερως /ὕδρωψ¹⁰ [ὔδωρ ὄψ], φαγέδαινα [φαγεῖν], and φθίσις [φθίω] fall within the category of those derived from the symptoms.¹¹

Difficulty also lies in that symptoms and diseases are not strictly distinguished in the early stages of nomenclatural creation. The most explicit case of this is fever. In the Hippocratic Corpus, fever is regarded as a symptom and a disease itself (i.e. καῦσος), rather than solely a symptom, as it is now.

4. Acute and chronic diseases

In spite of divergences in disease classification, one category which is unanimously agreed on by Hippocratic authors is “acute diseases,” which appears not only in nosological treatises but also in other important treatises.

¹⁰ Di Benedetto (1986) p. 22, «ιδροψία» si spiega con quella che era ritenuta la causa e la manifestazione più appariscente della malattia, e cioè l'acqua, *hydor*:

¹¹ The name related to the aetiology of disease is μελανχολία [μέλας, χολή]. Some terms cannot be explained etymologically: βήξ [onomat.?] Chantraine (1968), p.174; ἔλκος [ἔλκω?] Chantraine (1968), p.339; ἄσθμα [ἄνεμος?] For the usage of the word, see Grmek (1983), p.61; ἠπίαλος [ἦπιος?], Strömberg (1944), p.82, followed by Chantraine.

Πλευρίτιδες δὲ καὶ περιπλευμονίαι καὶ καῦσοι καὶ ὀκόσα ὀξέα νοσήματα νομίζονται, οὐκ ἐγγίγονται πολλά· (*On Airs, Waters and Places* c.3: Jouanna, p.191, 6–8 = Jones p.74, 25–27 = Littré II, 18, 7–9)

Cases of pleurisy, pneumonia, ardent fever, and of diseases considered acute, rarely occur. (trans. Jones, p.75)

Μάλιστα δ' ἂν ἐπαινέσαμι ἰητρὸν, ὅστις ἐν τοῖσιν ὀξέσιν νοσήμασιν, ἅ τοὺς πλείστους τῶν ἀνθρώπων κτείνει, ἐν τούτοισι διαφέρων τι τῶν ἄλλων εἴη ἐπὶ τὸ βέλτιον. Ἔστι δὲ ταῦτα ὀξέα, ὅποια ὠνόμασαν οἱ ἀρχαῖοι πλευρίτιν καὶ περιπλευμονίην καὶ φρενίτιν καὶ καῦσον, καὶ τᾶλλα νοσήματα ὅσα τούτων ἐχόμενα, ὧν οἱ πυρετοὶ τὸ ἐπίπαν συνεχεῖς. (*On Regimen in Acute Diseases* A c.5: Joly, p.37, 18–p.38, 1 = Jones, p.66 1–8 = Littré II, 232, 3–9)

“I should most commend a physician who in acute diseases, which kill the great majority of patients, shows some superiority. Now the acute diseases are those to which the ancients have given the names of pleurisy, pneumonia, phrenitis, and ardent fever, and such as are akin to there, the fever of which is on the whole continuous.” (trans. Jones, p. 67)

Περὶ δὲ τῶν κατὰ κοιλίην νοσημάτων ἐνθυμέεσθαι χρὴ τάδε· πλευρίτις, περιπλευμονίη, καῦσος, φρενίτις· αὗται καλεῦνται ὀξεῖαι, καὶ γίνονται μὲν μάλιστα καὶ ἰσχυρόταται τοῦ χειμῶνος, γίνονται δὲ καὶ τοῦ θέρους, ἥσσον δὲ καὶ μαλακότεραι· ἢν δὲ παρατυγχάνης, ταῦτα ἂν καὶ ποιέων καὶ ζυμβουλεύων τυγχάνοις μάλιστα. (*On Affections* c.6: Potter, p.14, 7–13 = Littré, VI, 6–10)

“With regard to diseases in the cavity, you must consider the following: pleurisy, pneumonia, ardent fever, and phrenitis. There are called “acute”, and occur most frequently and violently in winter; they occur in summer as well,

but less frequently and more mildly. If you meet them, you will be most successful by acting and counselling as follows.” (trans. Potter, p.15)

It is true that the definition of “acute diseases” is not completely determined, as in the case of *On Acute Diseases* c.5, which contains continuous (συνεχεῖς) fever. However, πλευρίτις (pleurisy), περιπλευμονία (pneumonia), φρενίτις (phrenitis), and καῦσος (burning fever) are generally considered as acute diseases.¹² From the perspective of modern medicine, it seems somewhat odd that the Hippocratic authors did not conceive of an opposite category of conditions: chronic diseases¹³. Even though no disease is classified under the name of “chronic disease”, the rudimentary classifications for chronic diseases can be seen.

τοῖσι δὲ ἀνδράσι δυσεντερίας καὶ διαρροίας καὶ ἠπιάλους καὶ πυρετοῦς πολυχρονίους χειμερινοῦς καὶ ἐπινυκτίδας πολλὰς καὶ αἰμορροΐδας ἐν τῇ ἔδρῃ
(*On Airs, Waters and Places* c.3: Jouanna p.191, 3–6 = Jones, p.74, 21–24 = Littré, II, 18, 5–7)

“Men suffer from dysentery, diarrhea, ague, chronic fevers in winter, many attacks of eczema, and from hemorrhoids.”

(trans. Jones, p.75)

¹² See also *Prognostic* (perioneumonie c.3 (*Coac.* 487 adds pleuritis for the same signs.), c.4, c.14, c.18, phrenitis c.4), *On Diseases* I (c.24–34). *Aphorism.* 6, 54 says acute diseases are accompanied with fever (μετὰ πυρετοῦ Jones p.190 25–26). The author of *Prognostic* does not much mention the definition of “acute diseases” because he intended to write this work for physicians, not for laymen. See Jouanna (2013), p. xv.

¹³ Kudlein (1967), pp.64–65, Potter (1990), p. 252, Jouanna (2003), p.53. For later distinction between acute and chronic diseases see, Aretaeus of Cappadocia *On the Causes and Symptoms of Acute and Chronic Diseases*, *On Therapy of Acute and Chronic Diseases*, Celsus Aurelianus (Soranus’ translation), *On Acute and Chronic Diseases*.

The author enumerates “chronic fevers in winter (πυρετοὺς πολυχρόνιους χειμερινούς Jounanna, p. 191, 5 = Jones, p.23)” in the list of diseases which occur in cities exposed to hot, southerly winds. In most cases, the word πολυχρόνιος or simply, χρόνιος, is used to describe the duration of symptoms or diseases. For instance, *Prorrhetic* II c.18 disease of the eye~χρόνιον c.23 leientery~πολυχρόνιοι, *On Fractures* c.11 wound in the leg~χρονίου, *On Joints* c. 49 injuries~χρονίους (Withington (1928), p.307 n.1), *Prorrhetic* II c.10, cough~χρόνιοι, *Prorrhetic* II c.41 sciatica~χρόνιον, *Prorrhetic* II c.42 pain and swelling in the joint~χρόνιος, Koan Prognoses pleuritis~πολυχρόνιον, *On Diseases* IV c.57 dropsy¹⁴~χρόνιον, *On Affections* c.2 the disease in the head~πολυχρόνιον, *On Affections* c.20 the disease of the spleen~πολυχρόνιον, *On the sacred Disease* c.11 the sacred disease(epilepsy?)~πολυχρόνιος, *On Internal Affections* c.2 tear in bronchial tube~πολυχρόνιος, *On Internal Affections* c.30 the disease of the spleen~χρόνιος, and *On Internal Affections* c.50 fever in the ‘thick’ disease~πολυχρόνιοι.

It may be worth pointing out in passing that symptoms and diseases of short duration are also mentioned by the author of *On Airs, Waters and Places*.

ὀφθαλμῖαι τε ἐγγίγνονται ὑγραὶ καὶ οὐ χαλεπαὶ, ὀλιγοχρόνιοι, ἤν μὴ τι κατάσχη νόσημα πάγκοινων ἐκ μεταβολῆς μεγάλης. (*On Airs, Waters and Places* c.3: Jouanna, p.191,10–p.192, 2 = Jones, p.74, 29–p.76, 2 = Littré II, p.18, 10–12)

“Inflammations of the eyes occur with running, but are not serious; they are of short duration, unless a general epidemic take place after a violent change.”

(trans. Jones, pp.75–77)

¹⁴ Lonie (1981), p.41

The opposite term of “chronic”, ὀλιγοχρόνος, is used in the sense that a disease lasts for a short amount of time. In many contexts, this pattern has some currency, with “chronic” being utilised to merely illustrate the duration of a certain disease. Nonetheless, it appears to assume that this term can be also used as the name of a category of diseases.¹⁵

Ἀλλὰ περὶ μὲν τούτων ἐν τοῖσι χρονίοισι κατὰ πλεύμονα νοσήμασιν εἰρήσεται· ἐκεῖ γάρ εἰσιν αὐτῶν χαριέσταται προγνώσεις περὶ τῶν μελλόντων ἔσεσθαι.

(*On Joints* c. 41: Withington, p. 282, 15–18 = Littré IV, p. 182, 9–12)

“But these will be discussed among chronic diseases of the lung; for the most satisfactory prognoses as to their issue come in that department.” (trans. Withington, p.283)

ἦν δὲ μὴ μελεδαίνηται, φθείρεται τὸ ἔμβρυον, κινδυνεύει δὲ καὶ αὐτὴ τὸ νόσημα χρόνιον ἔχειν, ἦν οἱ ἡ κάθαρσις πλεῖον τοῦ δέοντος χωρὴν μετὰ τὴν διαφθορὴν, οἷα τῶν μητρώων μᾶλλον ἐστομωμένων¹⁶. (*On Diseases of Women* I c.25: Littré VIII. p. 66, 4–8)

“If she is not cared for, she miscarries, and she herself is a risk of being affected by chronic diseases, if the evacuation flows more than necessity after the miscarriage, because the womb is too dilated.” (my translation)

Αἱ λεπταὶ καὶ ἀκριβέες δίαται, καὶ ἐν τοῖσι μακροῖσιν αἰεὶ πάθεισι, καὶ ἐν τοῖσιν ὀξέσιν, οὗ μὴ ἐπιδέχεται, σφαλεραί. (*Aphorisms* 1.4: Jones p.100 9–11 = Littré IV, p.460, 7–8)

¹⁵ Potter (1990), p.251, n.58

¹⁶ For the text see also Grensemann (1987), p.12.

“A restricted and rigid regimen is treacherous in chronic diseases always, in acute, where it is not called for.” (trans. Jones, p.101)

Ὀκόσοισιν ἐκ νοσημάτων ὀξέων ἢ πολυχρονίων, ἢ ἐκ τραμάτων, ἢ ἄλλως πως λελεπτυσμένοισι χολὴ μέλαινα ἢ ὀκοῖον αἷμα μέλαν ὑπέλθη, τῇ ὕστεραίῃ ἀποθνήσκουσιν. (*Aphorisms* 4.23: Jones, p.140, 3–6 = Littré IV, p.510, 5–8)

“When patients have become reduced through disease, acute or chronic, or through wounds, or through any other cause, a discharge of black bile, or as it were of black blood, means death on the following day.” (trans. Jones p.141)

The last two examples are particularly notable as the word “chronic” is juxtaposed with “acute”. Therefore, some Hippocratic authors, intentionally or not, established a distinction between “acute” and “chronic” diseases. Lastly, I would draw your attention to a final example from *Epidemics* VI.

Τοῖσι φθίνουσι τὸ φθινόπωρον κακόν· κακὸν δὲ καὶ τὸ ἦρ, ὅταν τὰ τῆς συκῆς φύλλα κορώνης ποσὶν ἴκελα ᾖ. 10 Ἐν Περίνθῳ ἦρος οἱ πλεῖστοι, ξυναίτιον βῆξ χειμερινὴ ἐπιδημήσασα, καὶ τοῖσιν ἄλλοισιν ὅσα χρόνια, καὶ γὰρ τοῖσιν ἐνδοιαστοῖσιν ἐβεβαίωσαν· ἔστι δ' οἷσι τῶν χρονίων οὐκ ἐγένοντο, οἷον τοῖσι τὰς νεφριτικὰς ὀδύνας ἔχουσιν· ἀτὰρ καὶ [τοῖσιν] ἄλλοισιν, οἷον ὁ ἄνθρωπος ἐκεῖνος, πρὸς ὃν ὁ Κυνίσκος ἤγαγέ με. (*Epidemics* VI, 7, c. 9–10: Manetti–Roselli 160,1–162,4 = Smith 260, 20–262, 4)

For the consumptive the fall of the year is bad. And the springs is bad when the fig leaves are like a crow's feet. In Perinthus most of them in spring; an epidemic winter cough was a contributing cause, and for the rest as many diseases as were chronic, for they were powerful in ambiguous conditions. But it did not happen in some chronic diseases, for example in those with kidney

pains, but also for the rest, for example the man to whom Cyniscus brought me. (trans. Smith slightly modified¹⁷)

As Manetti and Roselli indicate, a similar expression to τοῖσιν ἐνδοιαστοῖσιν ἐβεβαίωσαν is also found in *Epidemics* I, c.2, meaning that diseases in an ambiguous state manifestly appear in due course of time. From this passage, it can be observed that “chronic diseases” are compared to “acute diseases,” which advance rapidly and such nephrological disorders are categorised into one of the “chronic diseases.”

5. Conclusion

In conclusion, through the use of different methods to describe diseases and develop disease nomenclature, certain Hippocratic authors attempted to categorise diseases individually in their work. Although there is no consensus about the precise definition of each disease, acute diseases are recognised as a significant category in antiquity. Furthermore, it should be noted that some authors developed a contrasting concept to “acute,” that of “chronic.”

In considering the above, I draw the tentative conclusion that some insightful Hippocratic authors attempted to illustrate rudimentary classifications of diseases.

Bibliography

Bourgey, L. (1953) *Observation et expérience chez les médecins de la Collection Hippocratique*, Paris.

¹⁷ I follow the interpretation by Professor Manetti and Professor Roselli; “e infatti nei casi dubbi si rafforzarono; in alcuni casi di malattie croniche però questo non avvenne, come in coloro che avevano dolori nefritici, ma anche in altri, come l’uomo da cui Cinisco mi condusse.”

- Byl, S. (1992) 'Néologismes et premières attestations de noms de maladies, symptômes et syndromes dans le corpus hippocraticum' In D. Gourevitch (ed.) *Maladie et Maladies, histoire et conceptualisation. Mélanges en l'honneur de Mirko Grmek*, Genève, 77–94.
- Chantraine, P. (1968) *Dictionnaire étymologique de la langue grecque*, Paris: Klincksieck.
- Craik, E. M. (1998) *Hippocrates Places in Man*, Oxford: Clarendon Press.
- (2015). *The Hippocratic Corpus. Content and Context*, Leiden.
- (forthcoming) 'Classification of illnesses in the Hippocratic Corpus'
- Deichgräber, K. (1933/1971) *Die Epidemien und das Corpus Hippocraticum, Die Epidemien und das Corpus Hippocraticum mit Nachwort und Nachträge*, Berlin: Akademie Verlag.
- Di Benedetto, V. (1986) *Il medico e la malattia: La scienza di Ippocrate*, Turin.
- Gresemann, H. (1975) *Knidische Medizin, Teil I*, *Ars Medica* Abt. 2, Gr.–Lat. Med. Bd 4, Berlin.
- (1987) *Knidische Medizin, Teil II*, *Hermes Einzelschriften* Heft 51, Stuttgart: Steiner.
- Grmek, M.D. (1983). *Les maladies à l'aube de la civilisation occidentale*, Paris
- Joly, R. (1967) *Hippocrate Vict. 1–4*, CUF 6. 1, Paris: Les Belles Lettres.
- (1970) *Hippocrate Genit., Nat. Pue., Morb. 4*, Oct., CUF 11, Paris: Les Belles Lettres.
- (1972/2003) *Hippocrate Acut., Acut. Sp., Alim., Liqu.*, CUF 6. 2, Paris: Les Belles Lettres.
- (1978) *Hippocrate Loc. Hom., Gland., Fist., Haem., Vid. Ac., Carn., Dent.*, CUF 13, Paris: Les Belles Lettres.
- Jones, W. H. S. (1923a) *Hippocrates: Loeb vol. 1, VM, Aer., Epid. 1 and 3, Jusj., Praec., Alim.*, London and Cambridge, Mass.: Heinemann.
- (1923b) *Hippocrates: Loeb vol. 2, Prog., Acut., Morb. Sacr., Art., Flat., Lex, Decent., Dent.*, London and Cambridge, Mass.: Heinemann.
- (1931) *Hippocrates: Loeb vol. 4, Nat. Hom., Salubr., Hum., Aph., Vict. 1–4*, London and Cambridge, Mass.: Heinemann.
- Jouanna, J. (1974) *Hippocrate: Pour une archéologie de l'école de Cnide*, Paris: Les Belles Lettres.
- (1975) *Hippocrate Nat. Hom.*, CMG 1. 1. 3, Berlin: Akademie Verlag.
- (1983/2003) *Hippocrate Morb. 2*, CUF 10. 2, Paris: Les Belles Lettres.
- (1996) *Hippocrate Aer.*, CUF t. 2. 2, Paris: Les Belles Lettres.
- (1999) *Hippocrates* translated by M.B. DeBevoise, (English translation of French original, 1992), Baltimore: Johns Hopkins University Press.
- (2013) *Hippocrate Prog.*, CUF 3. 1, Paris: Les Belles Lettres.
- Kudlien, F. (1967) *Der Beginn des medizinischen Denkens bei den Griechen*, Zürich

- Laskaris, J. (2002) “Acute” and “Chronic” in On the Sacred Disease’ In CIH X: 539–550.
- Lonie, I. M. (1965) ‘The Cnidian Treatises of the Corpus Hippocraticum’, CQ 15: 1–30.
- (1981) *The Hippocratic Treatises ‘On Generation’, ‘On the Nature of the Child’, ‘Diseases IV’*, Berlin: De Gruyter.
- Nutton, V. (2004 and, ed. 2, 2013) *Ancient Medicine*, London: Routledge.
- Potter, P. (1980) *Hippocrates Morb. 3*, CMG 1. 2. 3, Berlin: Akademie Verlag.
- (1988b) *Hippocrates: Loeb vol. 5, Aff., Morb. 1, Morb. 2*, London and Cambridge, Mass.: Heinemann.
- (1988c) *Hippocrates: Loeb vol. 6, Morb. 3, Int., Acut. Sp.*, London and Cambridge, Mass.: Heinemann.
- (1990) ‘Some principles of Hippocratic nosology’. In P. Potter, G. Maloney and J. Desautels (eds.), in CIH VI: 237–54.
- (1995) *Hippocrates: Loeb vol. 8, Loc. Hom., Gland., Carn, Prorrh. 1, Prorrh. 2, Medic., Liqu., Ulc., Haem., Fist.*, London and Cambridge, Mass.: Heinemann.
- (2010) *Hippocrates: Loeb vol. 9, Anat., Oss., Cord., Sept.–Oct., Coac., Iudic., Dieb. Iudic., Superf., Virg., Foet Exsect., VA*, London and Cambridge, Mass.: Heinemann.
- (2012) *Hippocrates: Loeb vol. 10, Genit., Nat. Pue., Morb. 4, Nat. Mul., Steril.*, London and Cambridge, Mass.: Heinemann.
- Roselli, A (1990) ‘On Symptoms of Diseases: Some remarks about the account of symptoms in Diseases II and Internal Affections’. in CIH VI: 237–254.
- (2018) ‘Nosology’ In P. Pormann (ed.) *The Cambridge Companion to Hippocrates*, Cambridge, 180–199
- Smith, W. D. (1979) *The Hippocratic Tradition*, Ithaca, NY and London: Cornell University Press.
- (1994) *Hippocrates: Loeb vol. 7, Epid. 2, 4, 5, 6 and 7*, London and Cambridge, Mass.: Heinemann.
- Strömberg, R. (1944) *Griechische Wortstudien*, Göteborg: Wettergren und Kerbers Förlag
- Wenkebach, E.,(1936) *Galenii In Hippocratis Epidemiarum librum III commentaria III*, Leipzig.
- Wittern, R. (1974) *Die hippokratische Schrift De morbis I*, Hildesheim.
- (1978) ‘Zur Krankheitserkennung in der knidischen Schrift “De internis affectionibus” Neue Münchner Beiträge zur Geschichte der Medizin und Naturwissenschaften. Medizinhistorische Reihe 7–8:101–119.