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HIPPOCRATES  
VOLUME VII



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## INTRODUCTION

The five books of *Epidemics*<sup>1</sup> presented here have generally been less well known and studied than books 1 and 3. In Roman imperial times they were judged by Galen and his predecessors to be "less genuine" than books 1 and 3. Since then they have been less frequently copied, edited, translated and interpreted. W. H. S. Jones was following that tradition in volume I of the Loeb Hippocrates when he printed 1 and 3 only, and praised them as "the most remarkable product of Greek science." I hope to make some amends for that here, and, by making all seven books of *Epidemics* available, to help to restore these unique and interesting works to their proper place.

Books 1 and 3 were distinguished from the others at the time of the formal publication of the Corpus, in the first or second century A.D., about five centuries after the time when the works were probably composed. The editors who made the judgments were ignorant of the origin and authorship of the miscellany of works attributed to Hippocrates, as we still are, but from reading the seven books of *Epidemics* they easily judged that 1 and 3 were better, more finished, more ready for publication than the

<sup>1</sup> The word *epidemics* means "visits," and may refer to the itinerant physician's visits to the towns in which he practices, or more likely to the visitations of diseases in those communities. (This latter was Galen's interpretation.)

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others, and more unified in style. Further judgments and conjectures followed: that *Epid.* 2 and 6 are notes made in preparation for revising them for publication, and that either 4 is such notes or 4 was composed by the grandson of the great Hippocrates. But 5 and 7 were judged to lack the reserved, theoretical bent of the others and to be more rhetorically elaborate. Hence they must have been written after the great Hippocrates wrote, and perhaps by his descendants. These conjectures by the editors reflected their own training and predilections, but strongly affected the way in which the various books were received and treated by Galen and thence by those who transmitted them to us. We are fortunate that these primitive works were copied and transmitted to us at all. But we must realize that antiquity's inferences from style and substance are not better than our own—in fact not as good in some respects.

A large part of their attraction is their freshness, one might even say innocence. They are technical prose from the time when prose was coming into being and authors were realizing its potential; unique jottings by medical people in the process of creating the science of medicine. In reading the *Epidemics* one seems to be present while they are first formulating their descriptions of the way the body is put together, the way it responds to disease, the things that make a difference for good or ill, the ways in which the medical men should intervene. One finds the authors musing about the nature of their experience, and planning how to extend and evaluate it, admonishing themselves, “study this,” “think about that,” and explaining “this is what I observed, and this is what I made of it.” This intense intellectual activity is carried forward in primitive,

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simple ways: the works have no developed language of science, no sophisticated methodology, no protocols for testing theories or correcting the inferences drawn from them. The *Epidemics* are also a unique genre. We know of nothing like them written before or after.<sup>2</sup> But because they differ from one another, it is not easy, especially if we include all seven books, to say what we mean when we speak of their genre.

In language and style they are simple, and at the risk of some awkwardness I have often tried to mimic them in my English rendering, though English is not well adapted to some of the effects of the Greek. To get a sense of the mind and the prose style of the *Epidemics* we need to recall how prose style was developing into a powerful tool of reflection and persuasion such as Plato and Demosthenes, for example, exhibit. They are opposites, one a self-conscious rhetorician, the other a philosopher who scorned rhetoric. But both as artists are in some ways at the opposite extreme from the writers of the *Epidemics*: both of them developed sentence structures into profound dramatic media for conveying complex thought and manipulating the audience, each of them working with long, leisurely sentences, sometimes difficult to understand, but whose individual elements or clauses are of a length to be readily comprehensible and are closely related grammatically to what precedes and follows; these clauses all lead the hearer from beginning through middle to end, using a series of promises and fulfillments whose effect is to

<sup>2</sup> They were in part revived in the seventeenth century by Guillaume de Baillou and Sydenham, who systematically recorded catastases in hopes of establishing statistical epidemiology.

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mesmerize and to convince of their inevitable rightness just as their syntax comes clear and their ambiguities are resolved. At their best, such sentences, along with brief connecting ones, cumulatively produce increased confidence that they are part of a worthy comprehensive design. The *Epidemics* do not exhibit such conscious prose style, whether from deliberate choice, or because their writers are unaware of it.<sup>3</sup> Some stylistic tendencies are particularly striking. The *Epidemics* generally deal in bursts of observation and judgment, reports of cases, statements of ideas, posing of questions. What they report or ask will have profound significance, but often it is stated simply, without indication of how it relates to a larger design, theory, or observation. "The patient's extremities were cool, his center burning hot." "Tongue peripneumonic." "Bilious excrement." Syntax is often only juxtaposition. An abstraction is a major achievement, e.g., "apostasis," a term that describes the movement of the noxious material of the disease towards deposit or excretion. Attaching appropriate verbs and adjectives to the abstraction is the test of professional competence as well as of compositional skill: "they [apostasises] are best when they go down from the disease, like [meaning 'as in the case of'] varicose veins."<sup>4</sup> Much of the search for method is a search for patterns that will permit analogy, as in this passage testing how many notions can be transferred from the waning of the day to that of the year: "In autumn

<sup>3</sup> On these as on many other questions it is better to reserve judgment in consideration of our ignorance of date, authorship, and intended audience.

<sup>4</sup> The whole section, 2.1.7, is instructive in the studied attempt to attach the right evaluative adjectives to various phenomena.

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there are worms and cardialgic ailments (heartburn), shivering, melancholy. One should watch for paroxysms at the onset; also in the whole disease: as is the exacerbation at evening, so is the year at its evening. Intestinal worms also" (*Epid.* 6.1.11).

Often the authors seek to reduce general structures and principles to aphorisms, "opposites cure opposites," "purge after crises," giving an air of confident knowledge, and making the principles memorable. Satisfactory presentational structure appears to be most easily achieved by offering a general truth followed by illustrations, some of which simply illustrate, but some of which qualify the statement. Sometimes a writer will venture a judgment that seems naive, e.g., "Intestinal gas is contributory to protruding shoulder blades, for such people are flatulent." Sometimes apparently hard-won inferences seem banal or tautological. But for the most part, however fumbling the expression is, the *Epidemics* give the impression of sincere, intense, and productive intellection. The rare methodological formulations confirm our impression that the particulars are being pursued in the hope of successful generalities, e.g., 6.3.12: "The summary conclusion comes from the origin and the going forth, and from very many accounts and things learned little by little, when one gathers them together and studies them thoroughly, whether the things are like one another; again whether the dissimilarities in them are like each other, so that from dissimilarities there arises one similarity. This would be the road (i.e., method). In this way develop verification of correct accounts and refutation of erroneous ones."

The freshness and directness of these works have produced various outrageous claims for them. In Roman

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imperial times they were embraced, most eloquently by Galen, as early monuments of dogmatism, i.e., deductive rationalism like Plato's, which started from principles like "opposites cure opposites" and deduced the rest; by others they were embraced as models of empiricism, science based on observation of phenomena without preconceptions, and for this view one could adduce such methodological statements as the above, and reiterated statements of what "we must seek." It is easy to demonstrate that Galen and others were wrong to read sophisticated dogmatic theories into the *Epidemics*.<sup>5</sup> And yet there is a kernel of truth there: in part they aspire to the kinds of answers that dogmatism later produced. Equally, calling them Empirical is an anachronism. They are not "empirical" in the proper sense because they do not have the sophistication that empiricism developed when it was formulated in the centuries after these works, namely sceptical critique of dogmatism and systematic methods for dealing with observation and for evaluating hypotheses drawn from it. The *Epidemics* show great concern for developing effective method, but their concept of method is at the beginning. Their attention is on extending their theory, not on methods of testing and refining it. The Empiric's question, "How many observations make theory?" is far in the future, as is the terminology that developed along with Empirical analyses. Hence the *Epidemics* exhibit many wild leaps from observation to finished theory, of the sort that the method of the ancient

<sup>5</sup> My book *The Hippocratic Tradition*, Cornell Univ. Press 1979, gives an account of ancient and modern interpretations of Hippocratic medicine.



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Empirics was developed to avoid. Yet, indeed, the *Epidemics* are full of reports of actual observations, and they show concern with the problems of creating a method, like the following: "For good physicians similarities cause wanderings and uncertainty, 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"<sup>6</sup> (*Epid.* 6.8.26).

Besides sharing a general outlook about what medicine is and what the physician concerns himself with, the individual groups of *Epidemics* have their own personalities.

As has often been observed, *Epidemics* 1 and 3 are most finished in composition, though still structurally very loose. Primarily they present *catastases*<sup>7</sup> with accounts of the illnesses they produced, and individual case histories, along with a few methodological observations.

*Epidemics* 5 and 7 are collections of case histories,

<sup>6</sup> Galen indicates that there were many interventions by editors and commentators in the text of this section of *Epid.* 6, which indicates to us both great interest in Hippocratic methodology on the part of the ancients, and great confusion. For example, Galen tells us that he is not even reporting Capito's reading of one sentence, since no one else knows of it. In the physiognomic example that follows the theoretical statement Galen gives us the "plausible" reading and interpretation of Rufus of Ephesus but says that it was Rufus' own, different from those of the other texts and interpreters. For modern discussions, see Manetti-Roselli ad loc., and Volker Langholf, *Medical Theories in Hippocrates*, Berlin and N.Y.: Walter de Gruyter, 1990, p. 206.

<sup>7</sup> *Catastasis* means condition or situation. In medicine it became a technical term for a description of the dominant weather and characteristic diseases of a period of time, usually a year.

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often grouped by type and subject matter to illustrate various subjects of interest. For example, the series 7.64ff and 5.7ff aim at evaluating therapeutic procedures. Some, especially in 5, express indignation or remorse at the fate of patients who could have been helped.<sup>8</sup> The group beginning at 7.35 is prognostic (what will happen in head wounds with denuded bone, what will happen in tetanus), as are others, e.g., 7.56 and 58. Many of the cases in 5 and 7 seem to be sorting out the course of disease in relation to critical periods and sequences of symptoms. It is worth notice that the author of 7 leans towards drama in his case histories.<sup>9</sup>

*Epidemics* 2 and 6 show a preoccupation with the way in which the body is organized and part communicates with part. Evidence of that concern is shown by *Epidemics* 2's unique anatomy of veins and nerves (*Epid.* 2.4.1–2). Both works concern themselves with the ways in which the various parts affect one another: sympathy between lungs and testicles (2.1.6 and 7), between breast, womb, and consciousness (6.5.11; 2.6.32), between mucus and semen (6.6.8). Similarly the works pay much attention to pains and flows on the same side of the body as the disease (the catch phrase for it is *κατ' ἕξιν*, 6.2.5 etc.) and they are also concerned with exits from the body which the physician

<sup>8</sup> 5.15 and 17 report deaths of patients from medicine, 5.27–31 report deaths from failures to treat properly.

<sup>9</sup> Tendencies are shown by the vocabulary; e.g., *Epidemics* 7 uses *ἐπιεικῶς* (“reasonably,” or “somewhat”) 18 times, while *Epidemics* 5 uses it 4 times and the other *Epidemics* never use it. It uses *σφόδρα* (“extremely”) 39 times, while the other *Epidemics* use it very rarely (it does not occur in 2, is used once in 4 and 6, and 5 times in 5).

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can exploit, including the skin (2.4.22). *Epidemics* 2 and 6 are not simply interested in mapping such things, they want to create a technical medicine that will take control of them. A clear example is given by 2.3.8, in which the author builds on the assumption that a disease progresses towards an apostasis, a deposit or excretion of the noxious disease material, and he considers that his medical craft should learn how to control it and make it happen: "Create apostases, leading the material yourself. Turn aside apostases that have already started, accept them if they come where they should and are of the right kind and quantity, but do not offer assistance. Turn some aside if they are wholly inappropriate, but especially those that are about to commence or are just begun."<sup>10</sup>

This urge to a strong, invasive approach to therapy was congenial to Galen and to many others, including Empirics, in later antiquity. It has generally been discounted in post-renaissance times, when, in accord with contemporary movements in medicine, a picture was developed of Hippocrates as an advocate of restrained, expectative therapy, who trusted in the healing power of Nature. It is important to appreciate both tendencies in these works. *Epidemics* 6 reaches a climax of listing all the kinds of things that need investigation (6.8.7ff). Galen, the voluminous writer, read that section as a list of topics to be expanded in rewriting. Modern interpreters, all academics by profession, tend to read it as a list of lecture topics. Thus, we read ourselves into these works.

<sup>10</sup> Apostasis is used only once in *Epidemics* 5 and once in 7. From this we can infer that their authors know the subject but are not preoccupied with it.

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*Epidemics* 4 is closely related to 2 and 6. It mentions some of the same cases and discusses some of the same material, but it has its own personality and style, different from theirs. Its author seems to emphasize prognosis especially, collecting numbers of similar cases that differ in small ways. One of his fascinations is chlorotic coloring. And he reports how his predictions of the outcomes of cases fared (note, e.g., 4.35). In 4.25 the author tries to worry out the variations in tooth and gum infections as related to sex, age, and differences in timing. He manages to articulate questions, but he is not explicit about conclusions.

Overall, we get from *Epidemics* 2, 4, and 6 the impression of numbers of physicians working in proximity and communicating with one another. Similarly from *Epidemics* 5's comments on other physicians' errors, we get the sense of the author in a medical community. But the relations among, and the dating of, the various groups of *Epidemics* remain doubtful. Apparent coincidences between the patients of *Epidemics* 1 and the names of magistrates in documents on stone found on Thasos make it seem reasonable to date *Epidemics* 1 around 410 B.C. The other books of *Epidemics* could be earlier or later, though their points of view and assumptions are so similar that one assumes that they were composed close in time to 1 and 3. There is nothing except later unreliable tradition to associate the writing of the *Epidemics* with Cos and Hippocrates.

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### *Manuscripts*

	<i>Symbol</i>	<i>Date</i>	<i>Contents</i>
Marcianus graecus 269 <sup>11</sup>	M	saec. X	<i>Epid.</i> 5.14-7
Vaticanus graecus 276	V	saec. XII	<i>Epid.</i> 2-7
Parisinus graecus 2140	I	saec. XIII	<i>Epid.</i> 2-7
Parisinus graecus 2142	H	saec. XIV	<i>Epid.</i> 2-7
Vaticanus graecus 277	R	saec. XIV	<i>Epid.</i> 2-7

The oldest and best, the only independent manuscripts which contain the *Epidemics*, are M and V. M has many descendants. For the text of M in *Epidemics* 2, 4, and 5, where M itself is defective, I use HIR, recentiores of the M tradition.<sup>12</sup> For *Epidemics* 2 and 6 there are richly

<sup>11</sup> M is mutilated, and after folio 408 has lost all of the *Epidemics* preceding 5.14.

<sup>12</sup> For descriptions of MIVH, see *Ippocrate, Epidemie Libro Sesto*, a cura di Daniela Manetti e Amneris Roselli (Florence 1982, *Biblioteca di Studi Superiori* LXVI) xxv xxxviii. Cay Lienau, ed., *Hippocratis De Superfetatione*, CMG I.2.2 (Berlin 1973) distinguishes older and younger parts of manuscript V, to the younger part of which (V<sup>b</sup>) the *Epid.* belong, and similarly older and younger parts of H (H<sup>a</sup> and H<sup>b</sup>) are distinguished by Hermann Grensemann, *Über Achtmonatskinder, Über das Siebenmonatskind (unecht)* CMG I 2, 1 (Berlin 1968). For a study of the relations of the recentiores to M, and the scribal corrections and conjectures that they exhibit, see J. Irigoin, "Le rôle des recentiores dans l'établissement du texte hippocratique," *Corpus Hippocraticum, Colloque de Mons*, ed. R. Joly (Mons 1977) 9-17, and S. Byl, "Les recentiores du traité pseudo-hippocratique *Du Régime*; quelques problèmes," *Hippocratica, Actes du Colloque Hippocratique de Paris*, ed. M. Grmek (Paris 1980) 73-83. Jacques Jouanna, *Scriptorium* 38 (1984) 56-9, establishes that H<sup>b</sup> and G were copied from ms. I after it had lost a number of folios.

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informative commentaries by Galen which tell us much about the ancient textual tradition and interpretations. The commentary on *Epid.* 2 and parts of the *Epid.* 6 commentary are lost in Greek but preserved in Arabic. I sometimes quote the German translation of the Arabic from the *Corpus Medicorum Graecorum*. For *Epid.* 6 we have commentaries by Palladius and John of Alexandria, useful more for establishing the text of Galen's commentaries, on which they are based, than that of the Hippocratic mss. I cite them sparingly.

### *Dialect*

The Ionic dialect of the Hippocratic Corpus is not a spoken language, but a book language whose original forms cannot be known because of successive corruptions and corrections of the words in the process of the transmission of the texts. All the sources of the text, including the earliest papyrus manuscripts, exhibit considerable inconsistency in their use of the dialect.<sup>13</sup> The process of adjusting the dialect seems to have been repeated in each generation as the texts were copied, and

<sup>13</sup> There were discussions of, and disagreements about, the dialect in the ancient commentators and editors, concerning which we get some, but not much, information from Galen. See his commentary on *Fractures* 18B 322 Kühn, in which he says that some commentators treated Hippocrates' dialect as Old Attic, and his commentary on *Epidemics* 6, CMG 5.10.2.2, p. 483, where he tells us that the editors Dioscurides and Capito presented all Hippocrates' works in the Coan dialect (as they understood it). We cannot attain the truth.

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recovery of the original has been put beyond our reach.<sup>14</sup> A scholarly consensus, with which I am in accord, has developed whereby, in addition to following the tendencies of the best manuscript or manuscripts, editors introduce corrections for a general consistency of inflectional form, such as *αὐτοῖσι*, not *αὐτοῖς*, *ποιέουσι*, not *ποιούσι*, etc., and remove the clear hyper-Ionisms, those erroneous forms that have apparently been introduced into the text by scribes as elegant “corrections.” I have admitted some inconsistency into my text. I have only rarely reported manuscript variations in orthography, when they seemed interesting or where they might be preferable to the text I print.

### *Enclitics*

For accentuation of enclitics I have followed the principles enunciated by W. S. Barrett, *Euripides' Hippolytus* (Oxford 1964) 424–427. In the few cases in which enclitics come in series I treat the group as an accentual unit, e.g., *ἦγγόν τε με*.

<sup>14</sup> See the discussions of medical Ionic by Hugo Kühlewein, *Hippocratis opera quae feruntur omnia*, vol. 1 (Teubner, Leipzig 1894), pp. lkv–ccxxviii, E. Schwyzer in Karl Deichgräber, ed., *Hippocratis de carnibus* (Leipzig and Berlin 1935) 62–70, Hans Diller, ed., *Hippocratis De aere aquis locis*, CMG 1.1.2 (Berlin 1970) 13–17, and Jacques Jouanna, ed., *Hippocratis De natura hominis*, CMG 1.1.3 (Berlin 1975) 133–155.

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### *Editions*

- Asul. *Omnia opera Hippocratis*, Venetiis in aedibus Aldi et Andreae Asulani 1526
- Corn. *Hippocratis Coi libri omnes*, Froben, Basileae 1538 (edited by Janus Cornarius)
- Merc. *Hippocratis Coi opera quae existunt*, ed. Hieronymus Mercurialis, Venetiis 1588
- Foës *Magni Hippocratis opera omnia quae exstant*, ed. Anutius Foësius, Francofurti 1595
- Lind. *Magni Hippocratis Coi opera omnia Graece et Latine*, ed. Ioan. Anton. van der Linden, Leiden 1665
- Li. *Oeuvres complètes d'Hippocrate* par Émile Littré, vol. 5, Paris 1846
- Erm. *Hippocratis et aliorum medicorum veterum reliquiae*, ed. Franciscus Z. Ermerins, Traiecti ad Rhen. 1859–64.

Foës used a number of manuscripts and much medical insight and philological ingenuity to improve the text of the early editions, which were based on manuscripts of the M tradition. Littré extended the manuscript evidence greatly by using the manuscripts in Paris, including his C (Parisinus 2146), which is a copy of V.

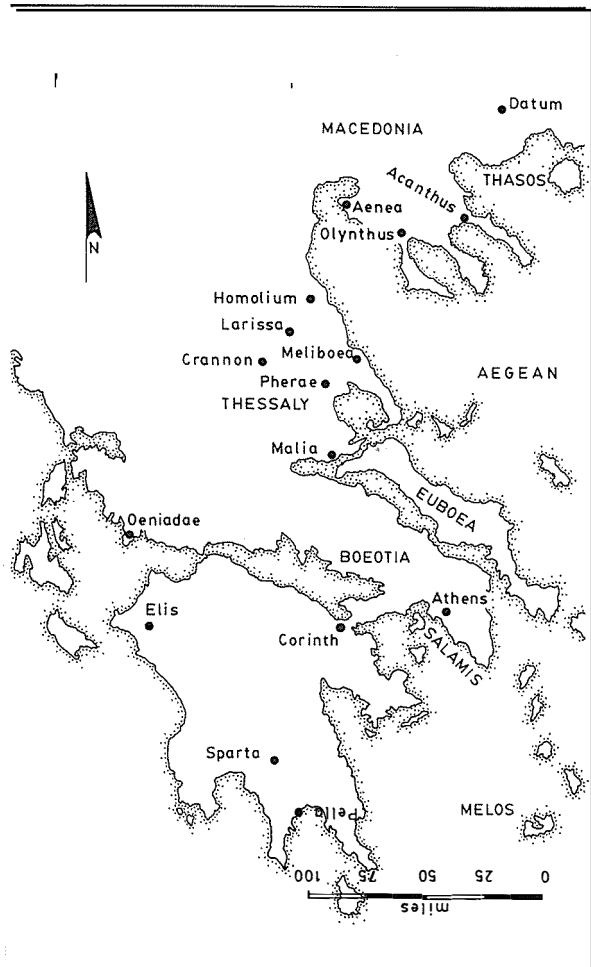
### *Sigla*

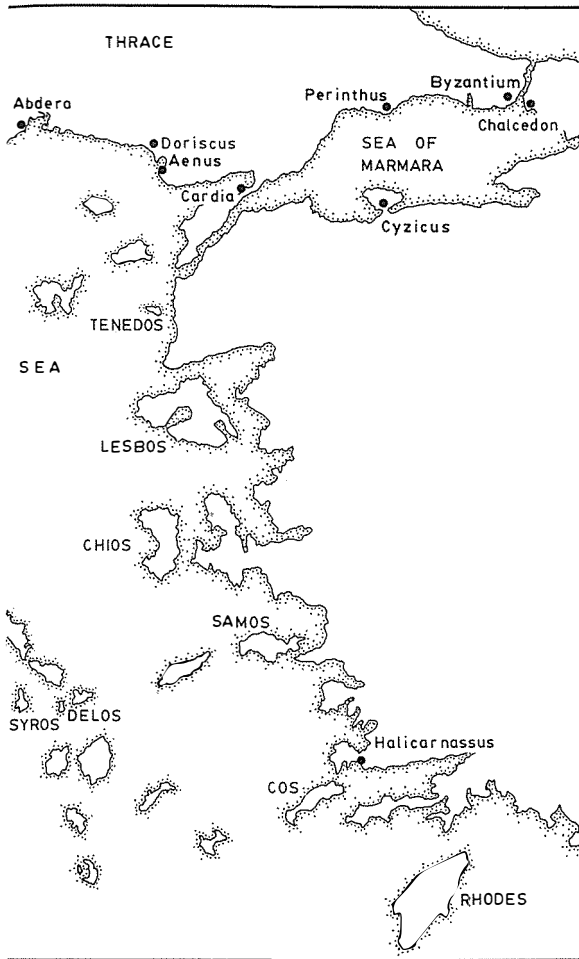
M	Marcianus graecus 269	saec. X
V	Vaticanus graecus 276	saec. XII
I	Parisinus graecus 2140	saec. XIII
H	Parisinus graecus 2142	saec. XIV
R	Vaticanus graecus 277	saec. XIV



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- Gal. Galen's Hippocratic Commentaries, Glossary, and discussions of individual passages in his other works.
- (v.l.)Gal. An ancient variant reading reported but rejected by Galen
- Erot. Erotianus, ed. Ernst Nachmanson, Uppsala 1918.
- Man.-Ros. *Ippocrate, Epidemie Libro Sesto*, ed., tr., comm., by Daniela Manetti and Amneris Roselli, Florence 1982.
- Pall. *Palladii Commentarii in Hipp. librum VI de morbis popularibus*, ed. F. R. Dietz in *Scholia in Hipp. et Galenum*, II 1-204, Königsberg 1834 (Repr. 1966).





## ΕΠΙΔΗΜΙΩΝ ΤΟ ΔΕΥΤΕΡΟΝ

### ΤΜΗΜΑ ΠΡΩΤΟΝ

V 72  
Littre

1. Ἄνθρακες ἐν Κρανῶνι θερινοί· ἕεν ἐν καύμασιν ὕδατι λάβρω δι' ὅλου· ἐγένετο καὶ μᾶλλον νότῳ καὶ ὑπεγίνοντο μὲν ἐν τῷ δέρματι ἰχώρες· ἐγκαταλαμβανόμενοι δὲ ἐθερμαίνοντο καὶ κνησμὸν ἐνεποίεον· εἶτα φλυκταινίδες ὡσπερ πυρίκαυστοι διανίσταντο καὶ ὑπὸ τὸ δέρμα καίεσθαι ἐδόκεον.

2. Ἐν καύμασιν ἀνυδρίας οἱ πυρετοὶ ἀνίδρωτες τὰ πλείιστα· ἐν τούτοισι δὲ ἦν ἐπιψεκασή ἰδρωτικώτεροι γίνονται κατ' ἀρχάς· ταῦτα δυσκριτώτερα μένει ἢ<sup>1</sup> ἄλλως· ἀτὰρ ἦσσον εἰ μὴ εἶη διὰ ταῦτα ἀλλὰ διὰ τῆς νούσου τὸν τρόπον. οἱ καῦσοι ἐν τῆσι θερινῆσι μᾶλλον γίνονται· καὶ ἐν τῆσιν ἄλλησιν ὥρησιν, ἐπιξηραίνονται δὲ μᾶλλον θέρους.

3. Φθινοπώρου μάλιστα τὸ θηριῶδες καὶ ἡ καρδιαλγία· καίτοι καὶ αὐτὴ ἦσσον κακουργοίη<sup>2</sup> ἢ ἢ<sup>3</sup> αὐτοῦ τοῦ νοσήματος τοιούτου<sup>4</sup> ἐόντος. αἱ ἀσκαρίδες δείλης ὁμοίως τούτῳ καὶ ἐκεῖναι τηνικαῦτα ὀχλέουσι τῆς ἡμέρης τὰ πλείιστα, οὐ μόνον διὰ τὸ μᾶλλον πονεῖν ἀλλὰ καὶ αὐταὶ διὰ σφᾶς ἐωυτάς.

mss. HIRV                   <sup>1</sup> εἰ V                   <sup>2</sup> κακουργοί HIR  
<sup>3</sup> om. HIR                   <sup>4</sup> τουτέου HIR

## EPIDEMICS 2

### SECTION 1

1. In Crannon<sup>a</sup> in summer: anthrax. During the hot weather there was continuous violent rain. It occurred more with wind from the south. There were watery gatherings in the skin. When formed, they grew hot and caused itching, and then small blisters as though from burns rose up. They seemed like burns on the skin beneath.

2. In hot weather when it is dry fevers are mostly free from sweat. But if there is any rain during them there is more sweat at the outset. Then their crises are more difficult than otherwise, but less so if it come from the nature of the disease and not from that. Causus (burning fever) occurs more in summer; it occurs in other seasons, but is drier in summer.

3. Mostly in fall worms and cardialgia. This too is less harmful than when the disease itself is of that kind. Round worms similarly are worse in the afternoon and give most trouble in that part of the day, not simply because pain is generally greater then, but of themselves.

<sup>a</sup> See map, pages 16–17.

74 4. Ἐν φθινοπώρῳ δξύταται αἱ<sup>1</sup> νοῦσοι καὶ θανατω-  
δέσταται. τὸ ἐπίπαν ὅμοιον τῷ δειλῆς παροξύνεσθαι·  
ὡς τοῦ ἐνιαυτοῦ περίοδον ἔχοντος τῶν νούσων οἶον<sup>2</sup> ἢ  
ἡμέρη τῆς νούσου· οἶον τὸ δειλῆς παροξύνεσθαι,  
τοιούτον τῆς νούσου καὶ ἐκάστης καταστάσιος πρὸς  
ἀλλήλας ὅταν μὴ τι νεωτεροποιηθῆ ἔν τῷ ἄνω εἶδει· εἰ  
δὲ μὴ, ἀλλῆς ταῦτα ἂν ἄρχοι ὥστε καὶ τὸν ἐνιαυτὸν  
πρὸς ἑαυτὸν οὕτως ἔχειν.

5. Ἐν τοῖσι καθεστεῶσι καιροῖσι καὶ ὠραίως τὰ  
ὠραῖα ἀποδιδοῦ ἔτεσι εὐσταθεῖς καὶ εὐκρινέσταται αἱ  
νοῦσοι, ἐν δὲ τοῖσιν ἀκαταστάτοισιν ἀκατάστατοι καὶ  
δύσκριτοι· ἐν γοῦν Περίνθῳ ὅταν τι ἐκλίπη ἢ πλεονάσῃ  
ἢ πνευμάτων ἢ ἀπνοιῶν<sup>3</sup> ἢ ὕδατι ἢ αὐχμῶ ἢ καύματι  
ἢ ψύχει.<sup>4</sup> τὸ δὲ ἕαρ τὸ ἐπίπαν ὑγιεινότατον καὶ ἥκιστα  
θανατώδες.

6. Πρὸς τὰς ἀρχὰς σκεπτέον τῶν νούσων εἰ αὐτῖκα  
ἀνθεῖ· δῆλον δὲ τῇ ἐπιδόσει· τὰς δὲ ἐπιδόσιαις τῆσι  
περίοδοισιν· καὶ αἱ κρίσεις ἐντεῦθεν δῆλοι, καὶ τοῖσιν  
ἐν τῆσι περιόδοισι παροξυσμοῖσιν εἰ πρωϊαίτερον ἢ οὐ,  
καὶ εἰ πλείονα χρόνον ἢ οὐ, καὶ εἰ μᾶλλον ἢ οὐ.<sup>5</sup>  
πάντων δὲ τῶν ξυνεχέων ἢ διαλειπόντων τῶν χρονίων  
καὶ τρωμάτων καὶ πτυέλων ὀδυνωδέων καὶ φυμάτων,  
φλεγμοναῖ καὶ ὅσα ἄλλα ἐπιφαίνεται<sup>6</sup> ὕστερον, ἴσως

<sup>1</sup> om. HIR      <sup>2</sup> οἶον V

<sup>3</sup> μὴ πνευμάτων IR

<sup>4</sup> ὕδατων . . . αὐχμῶν . . . καυμάτων . . . ψυξέων HIR

<sup>5</sup> καὶ εἰ πλείονα . . . μᾶλλον ἢ οὐ om. V

<sup>6</sup> ἐπιφαίνονται HIR

## EPIDEMICS 2.1

4. In fall diseases are most acute and most deadly; generally similar to exacerbation in the afternoon. The year has a cycle of diseases, just as the day has of one disease. As is the exacerbation of the disease in the afternoon, so is the worsening of each disease and weather pattern relative to each other if there be no change in the upper air. If there is, these things would commence from the new weather pattern. Hence, the year, too, is related to itself in this way.

5. In stable times and years which produce seasonal things at their proper times, diseases are dependable and have proper crises, but in unstable years they are unstable and have bad crises. So in Perinthos when there is deficiency or excess of wind or calm, with rain or drought, heat or cold. Spring is generally very healthy and minimally deadly there.

6. One must examine the beginning of a disease, whether it comes to full flower immediately—it is clear in the advancement—and examine the advancements according to their periods. From this the crises too are clear, as well as from the exacerbations within the periods (i.e., whether or not they are earlier and whether or not they continue a longer time, and whether or not they are more severe). In all continuous or intermittent chronic diseases, wounds, painful salivation, and swellings, it is true of inflammation and all other things that appear later,

76 δὲ καὶ ἄλλων πρηγμάτων κοινῶν, τὰ μὲν θασσον  
 βραχύτερα, τὰ δὲ βραδύτερα | μακρότερα· καὶ ἐν περι-  
 ὁδοῖσι τὸ ἐπὶ πρῶτον καὶ ἄλλης ἐπιδόσιος ἀπαυδώ-  
 σης τῆς νούσου· καὶ γὰρ τῶν παραχρῆμα ἀπολλυμένων  
 ταχύτεραι αἱ κρίσεις ὅτι ταχεῖς<sup>1</sup> οἱ πόνοι καὶ ξυνεχεῖς  
 καὶ ἰσχυροί. τὰ δὲ κρίνοντα ἐπὶ τὸ βέλτιον μὴ αὐτίκα  
 ἐπιφαινέσθω. τὰ κρίσιμα μὴ κρίνοντα, τὰ μὲν θανατώ-  
 δεα, τὰ δὲ δύσκριτα. τὰ προκρινόμενα ἦν ὅμως κριθῆ,  
 ὑποστροφαί· ἦν δὲ μῆ, ἀκρισαί· γένοιτο δ' ἂν καὶ  
 ὀλέθρια τὰ μὴ σμικρά. ὅσα κρίσιμα σημεῖα γινόμενα,  
 τὰ αὐτὰ ταῦτα μὴ γινόμενα δύσκριτα· τὰ ἐναντία δὲ  
 σημαίνοντα κακὸν οὐ μόνον ἦν παλινδρομέη ἀλλὰ καὶ  
 τῆς ἀρχαίης φύσιος τὰ ἐναντία ῥέποντα, ὡσπερ καὶ  
 τῶν κακῶν σημεῖον ἐπὶ τὰ ἐναντία ῥέποντα. θεωρεῖν  
 δὲ οὕτω δεῖ· χρωμάτων,<sup>2</sup> ξυμπτωσίων φλεβῶν,  
 ὄγκων<sup>3</sup> ὑποχοιδρίων, ἀναρροπιῶν,<sup>4</sup> καταρροπιῶν·<sup>5</sup>  
 πολλὰ δὲ καὶ τῶν τοιούτων, οἷον ἀποφθειρουσέων οἱ  
 τιθθοὶ προσισχυαίνονται· οὐδὲ γὰρ ἐναντίον. οὐδὲ  
 βῆχες χρόνιαι ὅτι ὄρχιος οἰδήσαντος παύονται· ὄρχις  
 οἰδήσας ὑπὸ βηχιδέων<sup>6</sup> ὑπόμνημα κοινωνίης στη-  
 θέων, μαζῶν, γονῆς, φωνῆς.

<sup>1</sup> ταχεῖς V

<sup>2</sup> βρωμάτων HIR

<sup>3</sup> ὄγκοι VI

<sup>4</sup> ἀναρροπία V

<sup>5</sup> καταρροπία V

<sup>6</sup> ἀπὸ βηχέων HIR



## EPIDEMICS 2.1

and probably this applies to all common events, that the ones that come quicker are shorter in duration, the slower ones last longer; also within periods, what appears earlier indicates another subtle progression of the disease: those who die suddenly have swifter crises, because the suffering is quick, continuous and strong. But if things are going to turn to the better at crisis, let them not appear straight away. Critical symptoms without a crisis: some are fatal, some indicate a bad crisis. Those that appear in advance of a crisis: if there is a crisis, there is relapse; otherwise, lack of a crisis. These too may be deadly if they are not small. All signs which are critical when they occur also indicate bad crises when they are absent. Things that give contrary signs are bad, not only when they run backwards, but when they incline to the opposite of the original nature; just so, things inclining the opposite way are a sign of trouble. One should observe in this way: colors, collapse of blood vessels, swelling of the hypochondria, upward tendencies, downward tendencies. There are many things of the kind, such as withering of the breasts in women who are going to abort. This is not contrary, nor that chronic coughs stop when a testicle swells. When a testicle swells from a cough it is a reminder of the relationship of chest, breasts, genitals, voice.

7. Ἀποστάσιες ἢ διὰ φλεβῶν ἢ τόνων ἢ δι' ὀστέων ἢ νεύρων ἢ δέρματος ἢ ἐκτροπέων ἐτέρων· χρησταὶ δὲ αἱ κάτω τῆς νούσου οἶον κισσοί, ὄσφύος βάρεα. ἐκ τῶν  
 78 ἄνω ἄρισται δὲ μάλιστα | κάτω,<sup>1</sup> καὶ αἱ κατωτάτω κοι-  
 λίης, καὶ προσωτάτω ἀπὸ τῆς νούσου, καὶ αἱ κατ'  
 ἔκρουν, οἶον αἶμα ἐκ ῥινέων, πύον ἐξ ὠτός, πτύαλον,  
 οὖρον κατ' ἔκρουν. οἷσι μὴ ταῦτα, ἀποστάσιες, οἶον  
 ὀδόντες, ὀφθαλμοί, ῥίς, ἰδρώς. ἀτὰρ καὶ τὰ ὑπὸ δέρμα  
 ἐς τὸ ἔξω ἀφιστάμενα<sup>2</sup> φύματα οἶον ταγγαί,<sup>3</sup> καὶ τὰ  
 ἐκπυοῦντα οἶον ἔλκος καὶ τὰ τοιαῦτα ἐξανθήματα, ἢ  
 λόποι ἢ μάρησις τριχῶν, ἀλφοί, λέπραι ἢ τὰ τοιαῦτα.  
 ὅσα ἀποστάσιες μὲν εἰσιν ἀθρώως ῥέψασαι<sup>4</sup> καὶ μὴ  
 ἡμιρρόπως<sup>5</sup> καὶ ὅσα ἄλλα εἴρηται κακὰ ἦν ἀναξίως<sup>6</sup>  
 τῆς περιβολῆς τῆς νούσου, οἶον τῆ. Τιμένεω ἀδελφιδῆ  
 ἐκ νούσου ἰσχυρῆς ἐς δάκτυλον ἀπεστήριξεν, οὐχ ἴκα-  
 νὸν δέξασθαι τὴν νούσον· ἐπαλινδρόμησεν, ἀπέθανεν.  
 ἀποστάσιες ἢ διὰ φλεβῶν ἢ διὰ κοιλίης ἢ διὰ νεύρων ἢ  
 διὰ δέρματος ἢ κατὰ ὀστέα ἢ κατὰ τὸν νωτιαῖον ἢ  
 κατὰ τὰς ἄλλας ἐκροάς, στόμα, αἰδοῖον, ὦτα,<sup>7</sup> ῥίνας.  
 ἐξ ὑστέρης ὀκταμήνω τὰ τῶν κρίσεων<sup>8</sup> τῆ ὑστεραίῃ ὡς

<sup>1</sup> αἱ κάτω HIR

<sup>2</sup> ἀφιστ. ἐς τὰ ἔξω HIR

<sup>3</sup> ταγγαί V

<sup>4</sup> ῥεύσασαι HIR

<sup>5</sup> edd.: ἡμιρροπος mss.

<sup>6</sup> Smith from Gal. ("schädlich, wenn sie nicht entsprechend"):

καὶ ἦν μὴ ἀναξίως mss.

<sup>7</sup> μάλζους Gal.

<sup>8</sup> κρίσεων (v.l.) Gal.

7. Apostases, through the blood vessels, the nerves, the bones, the tendons, the skin or other diversions. They are best when they go down from the disease, like varicose veins, heaviness of the loins. From the upper parts the best are the farthest below, those of the lowest intestine and farthest from the disease; also the ones that come by outflow, as blood from nostrils, pus from ear, expectoration, urine in its outflow. For those who lack these, expect apostases, for example, in teeth, eyes, nose, sweat. Also swellings under the skin which push out, for example scrofulous tumors and suppurations like ulcers, and similar eruptions, or peeling skin, loss of hair, leprous skin, scaly skin, or the like. All abscessions inclining in a mass, not gradually, and the others that have been described, are bad if inappropriate for the compass of the disease, as with Timenes' niece: from a strong disease it settled in her toe, which was not adequate to receive the disease. It ran back up, and she died.<sup>a</sup> Apostases are either through the blood vessels, or the intestine, or the tendons, or the skin, or along the bones or along the spine, or through other exits, mouth, genitals, ears, nostrils. From the womb, in the case of the eighth-month child, the critical flows are on the

<sup>a</sup> This case is described at *Epid.* 4.26.

ἂν ἐς τὴν ὀσφύν ἢ ἐς τὸν μηρόν. καὶ ἐς ὄρχιας ἔστι δ' ὅτε ἐκ βηχέων, καὶ ὄρχις αὐτὸς ἀφ' ἑωυτοῦ. βηχῶδεις ἀποστάσεις αἱ μὲν ἀνωτέρω τῆς κοιλίης οὐχ ὁμοίως τελέως ῥύονται. αἱμορραγίαι λάβροι ἐκ ῥινῶν ῥύονται πολλά, οἷον τὸ Ἑραγόρεω· οὐκ ἐγίνωσκον οἱ ἰητροί. |

80 8. Τὰς φωνὰς οἱ τρηχέας φύσει ἔχοντες, καὶ αἱ γλῶσσαι ὑποτρηχεῖς, καὶ ὅσαι τραχύτητες ὑπὸ νούσων ὠσαύτως· αἱ οὖν ἐοῦσαι σκληραὶ τῇ φύσει καὶ ἄνοσοι τοῦτ' ἔχουσιν· αἱ<sup>1</sup> δὲ μαλακαὶ καὶ βραδύτεροι ἐς ἀμαρτωλίην· ἢ<sup>2</sup> χρηστὸν ἀρχαίη φύσις. σκεπτέον καὶ τὰ ἀπὸ τῶν διαιτέων τὰ μακροκέφαλα καὶ μακραύχενα ἀπὸ τῶν ἐπικυψίων· καὶ τῶν φλεβῶν ἢ εὐρύτης καὶ παχύτης ἀπὸ τοῦ αὐτοῦ, καὶ στενότητες<sup>3</sup> καὶ βραχύτητες καὶ λεπτότητες ἀπὸ τῶν ἐναντίων· ὧν αἱ φλέβες εὐρέαι, καὶ αἱ κοιλίαι, καὶ τὰ ὀστέα εὐρέα· εἰσὶ δὲ οὔτοι λεπτοί,<sup>4</sup> οἱ δὲ πίονες τὰναντία τούτων· καὶ ἐν τοῖσι λιμαγχικοῖσιν αἱ μετριότητες ἀπὸ τούτων σκεπτέαι. αἱ<sup>5</sup> προαυξήσιες ἐκάστω ἃ μειοῦσι, καὶ αἱ μειώσεις ἃ προαυξοῦσι, καὶ τῆσι προαυξήσεσιν<sup>6</sup> ὅποια ξυμπροαύξεται καὶ ὅποια συγκρατύνεται, καὶ διασφύξιες<sup>7</sup> ποῖαι κοινὰ τῶν φλεβῶν.

<sup>1</sup> Gal.: οἷσι mss.

<sup>2</sup> Smith from Gal.: εἰ (v.l.) Gal.: ἢ mss.

<sup>3</sup> add. καὶ πλατύτητες HIR

<sup>4</sup> οἱ λεπτοί HIR

<sup>5</sup> αἱ V

<sup>6</sup> προαύξεσιν mss.: corr. Corn.

<sup>7</sup> Smith from Gal.: -σφαξ- mss.: σφιγξ- (v.l.) Gal.

## EPIDEMICS 2.1

next day, as it were to the loins or the thigh. Also to the testicles sometimes from coughs. And the testicle itself from itself. Apostases from coughs, when they are above the intestines, do not cure completely in the same way. Violent nosebleeds cure many ills, as in the case of Heragoras. The physicians were unaware of it.

8. There are people who by nature have rough voices, and whose tongues are somewhat rough, and there is roughness from disease just so. Voices rough by nature are so inclined even without disease. Those with soft voices are slower to show problems; the original nature is the effective thing. One must consider also what comes from way of life, e.g., the long heads and the long necks from bending. The breadth of the blood vessels and their thickness come from the same causes, and their narrowness, shortness, thinness from the opposite ones. People whose vessels and intestines are wide also have broad bones. These people are thin, and fat ones have opposite characteristics. In those who are wasted with hunger, normalcy must be thought about on the basis of this. For each thing consider what its growth reduces and what its reduction increases; and for the increases what kinds of things are increased with them and what kinds are suppressed.<sup>a</sup> And throbbing, what kind is common for the blood vessels.

<sup>a</sup> Galen suggests that this refers to castration: if the testicles flourish, other things are suppressed, and vice versa. But perhaps it refers only to the bones and vessels mentioned just above.

9. Αἱ τῶν ἡτρων ῥήξεις αἱ μὲν περὶ ἥβην τὰ πλείστα ἀσυνεῖς τὸ<sup>1</sup> παραυτικά, αἱ δὲ σμικρὸν ἀνωθεν τοῦ ὀμφαλοῦ ἐν δεξιᾷ αὐται ὀδυνώδεις<sup>2</sup> καὶ ἀσώδεις καὶ κοπρήμετοι, οἷον καὶ τὸ Πιττακοῦ· | γίνονται δὲ 82 αὐται ἢ ἀπὸ πληγῆς ἢ σπάσιος ἢ ἐμπηδήσιος ἑτέρου,<sup>3</sup> οἷσι τὸ μεταξὺ τοῦ ἡτρου καὶ τοῦ δέρματος ἐμφυσᾶται καὶ οὐ καθίσταται.

10. Τὸ τῶν χροιάων οἷον τὸ Πολυχάρου,<sup>4</sup> < . . > τό τε ἐκ λευκοχρόου ὅτι ἀπὸ τοῦ ἥπατος πᾶν τὸ τοιοῦτον, καὶ ἀπὸ τούτου ἥπατικά νοσήματα, ἐν τούτοισι καὶ ἴκτεροι οἱ ἀπὸ ἥπατος ἐς τὸ ὑπόλευκον, καὶ οἱ ὑδαταινόμοιοι καὶ οἱ λευκοφλέγματοι· οἱ δὲ ἀπὸ σπληνὸς μελάντεροι. καὶ ὕδρωπες καὶ οἱ ἴκτεροι καὶ αἱ δυσελκία τῶν ἐκλεύκων τῶν ὑποφακωδέων, καὶ τὸ δέρμα καταρρήγνυται καὶ τὰ χεῖλα, οἷος Ἀντίλοχος καὶ Ἀλέυας· τὸ ἀπὸ τῶν χυμῶν τῶν ἐκ τοῦ σώματος τοῦ ἀλμώδους· ὅτι ὑπὸ τὸ δέρμα μάλιστα καὶ ἀπὸ τῆς<sup>5</sup> κεφαλῆς ὅταν ἀπὸ τοῦ πλεύμονος διαθερμαίνηται.

11. Τὰς ἀφορμὰς ὀπόθεν ἤρξατο κάμνειν σκεπτέον, εἴτε κεφαλῆς ὀδύνη εἴτε ὠτὸς εἴτε πλευροῦ. σημεῖον δὲ ἐφ' οἷσιν ὀδόντες καὶ ἐφ' οἷσι βουβῶνες. τὰ γενόμενα

<sup>1</sup> τὰ V

<sup>2</sup> ὀδυν. αὐται HIR

<sup>3</sup> ἐντέρου (v.l.) Gal.

<sup>4</sup> πουλοχάριον mss.: I correct this on the basis of Galen's commentary, and indicate a hiatus for his "weisse, grüne und gelbe," i.e., something like ὑπόχλωρον, ὑπόξανθον

<sup>5</sup> om. HIR

## EPIDEMICS 2.1

9. Breaks in the peritoneum: around the genitals, they are mostly harmless for the time being; slightly above the navel to the right they are painful and produce nausea and vomiting of feces, as in the case of Pittacus. They come from blows, stretching, or someone jumping on the patient. Those cases have swelling between peritoneum and skin which is not stable.

10. Colors, like those of Polychares: <yellowish, greenish,> dead white are to be observed, since everything of this kind comes from the liver. Thence come hepatic diseases and among them are the jaundices from the liver that tend to whiteness, and dropsical diseases and leucophlegmatic ones. Jaundices from the spleen are darker. Dropsy, jaundice, and a tendency toward sores appear in those of a whitish lentil color: the skin cracks, and the lips, as in Antilochus and Aleuas. What comes from the humors of the body that is salty is to be observed: this mostly comes under the skin and down from the head when it is heated from the lung.

11. The point of departure should be studied whence the patient began to be ill, whether pain is of head or ear or side. It is a sign in those who have tooth problems and those who have swellings in the groin. Developing sores

## ΕΠΙΔΗΜΙΑΙ

ἔλκεα καὶ κρίνοντα πυρετούς, καὶ φύματα· οἷσι ταῦτα μὴ παραγίνεται ἀκρισίη· οἷσιν ἐγκαταλείπεται βεβαιόταται ὑποστροφὰ καὶ τάχιστα.

12. Τὰ ὤμᾳ διαχωρήματα καὶ ὑγρὰ κέγχρος στερεὸς ἐν ἐλαίῳ ἐφθὸς ἴστησιν, οἶον τὸ ναυτοπαίδιον καὶ ἡ μυριοχαΐνη. |

## ΤΜΗΜΑ ΔΕΥΤΕΡΟΝ

84 1. Γυνὴ ἐκαρδιάλγει καὶ οὐδὲν καθίστατο πλὴν<sup>1</sup> ἐς ροιῆς χυλὸν ἄλφιτον ἐπιπάσσουσα. καὶ μονοσιτή ἤρκεσε, καὶ οὐκ ἀνήμει οἶα τὰ<sup>2</sup> Χαρίωνος.

2. Αἱ μεταβολαὶ ὠφελέουσιν ἤν μὴ ἐς πονηρὰ μεταβάλλη, οἶον ἀπὸ φαρμάκων ἐμέουσι πυρετῶν ἔνεκα· αἱ ἐς ἀκρητέστερα τελευτῆν<sup>3</sup> σῆψιν σημαίνουσιν, οἶον Δεξίππῳ.

3. Ἡ Σεράπις<sup>4</sup> ἐξ ὑγρῆς κοιλίης ὤδησεν· κνησμοὶ<sup>5</sup> δ' οὐκ οἶδα ποσταίη· οὐ πρόσω· ἔσχε δ' ἔτι<sup>6</sup> καὶ ἀπόστημα ἐν κενεῶνι, ὅπερ μελανθὲν ἀπέκτεινεν.

86 4. Καὶ ἡ Στυμάργεω ἐκ ταραχῆς ὀλιγημέρου πολλὰ στήσασα | καὶ παιδίου μετὰ στάσιν θήλεος ἀποφθορῆς, τετράμηνον ὑγιήσασα ὤδησεν.

<sup>1</sup> Gal. comm. Gal. Al. Fac.: πάλαιον V: πάλην HIR

<sup>2</sup> οἶον τὰ V

<sup>3</sup> Gal.: τελευταὶ mss.

<sup>4</sup> VR Gal.: -εῖς HI: Σεράπους Gal. Gloss.

<sup>5</sup> σκνησμοὶ V

<sup>6</sup> Langholf: δέ τι mss.



## EPIDEMICS 2.2

and swellings bring crises to fevers; those in which they do not occur are without crisis, those in which they persist have the surest and quickest relapses.<sup>a</sup>

12. Raw and liquid feces are fixed by hard millet boiled in olive oil, as in the case of the sailor boy and the silly woman.<sup>b</sup>

### SECTION 2

1. A woman had heartburn. Nothing relieved it except sprinkling barley meal in pomegranate broth. She survived on one meal daily. Her vomitus was unlike that of Charion.

2. Changes help unless there is a change toward something bad. As in those who vomit from drugs in fever: if the alteration at the end tends towards undigested matter it indicates sepsis, as with Dexippus.

3. Serapis swelled up from a moist intestine. Itching after I don't know how many days; no further development. She also had an abscess in the flank which became black, and she died.

4. The wife of Stymarges was constipated after an upset of a few days' duration. Having, after the constipation, aborted a girl child, she was well for four months, then suffered from swelling.

<sup>a</sup> Cf. *Epid.* 6.3.21.

<sup>b</sup> Possibly a proper name, Myriochaune.

5. Μόσχῳ λιθιῶντι ἰσχυρῶς ἐπὶ τῷ βλεφάρῳ τῷ ἄνω κριθῆ ἐγένετο πρὸς τοῦ ὠτὸς μᾶλλον, ἔπειτα ἐξηλεκώθη ἔσω· πέμπτη καὶ ἕκτη ἔσθθεν πύον ἐρράγη, τὰ κάτωθεν ἔλυσεν βουβῶν παρ' οὓς ἦν καὶ κάτω ἐπὶ τῷ τραχήλῳ κατ' ἕξιν τοῦ ἄνω βουβῶνος.

6. Ὁ τῆς Ἀρισταίου γυναικὸς ἀδελφὸς χλαινώμενος ἐταλαιπώρει ὀδῶ, κᾶπειτα ἐν κνήμη τέρμινθοι ἐγένοντο· ἔπειτα ξυνεχῆς πυρετὸς ἐγένετο, καὶ τῇ ὑστεραίῃ ἰδρῶς ἐγένετο, καὶ τὰς ἄλλας τὰς ἀρτίους ἐγένετο αἰεὶ. ἔτι δὲ ὁ πυρετὸς εἶχεν· ἦν δὲ ὑπόσπληνος, ἡμορράγει ἐξ ἀριστεροῦ πυκνὰ κατ' ὀλίγον· ἐκρίθη. τῇ ὑστεραίῃ ἀριστερὸν παρ' <sup>1</sup> οὓς οἶδημα· τῇ δὲ ὑστεραίῃ καὶ παρὰ δεξιόν, ἦσσαν δὲ τοῦτο· καὶ ἐπεχλαιαίνετο· ταῦτα κατεμωλύθη καὶ οὐκ ἀπεπύησεν.

7. Ὁ παρ' Ἀλκιβιάδew ἐλθὼν ἐκ <sup>2</sup> πυρετῶν ὀλίγον <sup>3</sup> πρὸ κρίσιος ὄρχις ἀριστερὸς ᾤδησεν· ἦν δὲ σπλήνα μέγαν ἔχων καὶ αἰεὶ ἔχων. καὶ δὴ τότε ἐκρίθη | 88 ὁ πυρετὸς εἰκοσταῖος· κᾶπειτα ὑπεχλαιαίνετο ἄλλοτε καὶ ἄλλοτε καὶ ἔπτυνεν ὑπάνθηρον.

8. Ἦι ἡ χεὶρ ἡ δεξιὴ σκέλος δὲ ἀριστερὸν ἐκ τῶν βηχωδέων, βραχὺ οὐκ ἄξιον λόγου βηξάσῃ, παρελύθη παραπληγικῶς, ἄλλο δὲ οὐδὲν ἠλλοιώθη οὔτε πρόσωπον οὔτε γνώμην, οὐ μὴν ἰσχυρῶς· ταύτῃ ἐπὶ τὸ βέλτιον ἤρξατο χωρεῖν περὶ εἰκοστὴν ἡμέρην· σχεδὸν ἐγένετό οἱ περὶ γυναικείων κατάρρηξιν, καὶ ἴσως τότε πρῶτα γινόμενα, παρθένος γὰρ ἦν.

<sup>1</sup> ἀριστερὸν παρ' om. V

<sup>2</sup> ὁ ἐκ V

<sup>3</sup> Smith from Gal. ("kurz"): ὀλίγων mss.

## EPIDEMICS 2.2

5. Moschus, who was severely ill with stone, got a sty on the upper eyelid towards the ear. Then it ulcerated inside. In the fifth and sixth days pus broke forth inside. The matter beneath was relieved by a swollen gland near the ear, and there was one on the neck in line with the swollen gland above.

6. The brother of Aristaeus' wife, who had a mild fever, grew fatigued on a journey. He developed pustules called terebinths on his calf. Then there was a continuous fever and sweating on the next day, and it returned on all subsequent even days. The fever continued. His spleen swelled. There was hemorrhage from the left nostril, frequent but not of great quantity. Then a crisis. On the following day swelling by the left ear. On the following by the right also, but smaller. The fever increased. The swellings withered away, and did not suppurate.

7. The man who came from Alcibiades, after fever, swelled in the left testicle shortly before the crisis. He had an enlarged spleen which he had had always, and which was then troublesome. The fever reached a crisis on the twentieth day. Afterwards there was low fever from time to time and slightly colored expectoration.

8. The girl whose right arm and left leg were paralyzed after a cough (the cough was brief and insignificant) had no other change in aspect or intelligence, at any rate nothing extreme. She began to change for the better around the twentieth day. It occurred about the time her menses broke forth, which perhaps occurred then for the first time, since she was a maiden.

9. Ἀπήμαντος καὶ ὁ τοῦ τέκτονος πατήρ τοῦ τὴν κεφαλὴν κατεαγέντος καὶ Νικόστρατος οὐκ ἐξέβησον· ἦν δ' ἑτέρωθι κατὰ νεφρούς ἀλγήματα. 9b. Ἐρωτήματα· εἰ ῥήιον<sup>1</sup> αἰεὶ πληροῦσθαι ποτοῦ ἢ σίτου.

10. Ὀδύνας τὰς ἰσχυροτάτας ὄτω τρόπῳ γνοίη<sup>2</sup> ἂν τις· ἴδιος<sup>3</sup> φόβος, αἰ εὐπορίαί, <sup>4</sup> αἰ ἐμπειρίαί, καὶ αἰ δειλίαί.<sup>5</sup>

11. Ὑδωρ τὸ ταχέως θερμαινόμενον καὶ ταχέως ψυχόμενον αἰεὶ κουφότερον. τὰ βρώματα καὶ τὰ πόματα πείρης δεῖ εἰ ἐπὶ τὸ ἴσον μένει.

12. Ῥητέον ὅτι αἵματος ῥυέντος ἐκχλοιοῦνται καὶ ὅσα ἄλλα τοιαῦτα, ὅτι πρὸς τὸ ὑγραίνειν καὶ ξηραίνειν καὶ θερμαίνειν καὶ ψύχειν πολλὰ ἂν τις τοιαῦτα<sup>6</sup> εἴποι. |

90 13. Τὸ ἐξηκουθήμερον ἀπόφθαρμα ἄρσεν, τόκων μετ' ἐπίσχεσιν,<sup>7</sup> ὑγιηρόν.

14–15. Ἡράκλεια<sup>8</sup> ὦδε τοῦ κακοῦ ὀγδοαίω, δυσεντεριώδης. ἄρ' ὅτι ἦν καὶ τεινεσμώδης;<sup>9</sup>

16. Θηλάζουσα εἶτα ἐκθύματα ἀνὰ τὸ σῶμα πάντῃ εἶχειν, ἐπεὶ ἐπαύσατο θηλάζουσα κατέστη, θέρεος.

<sup>1</sup> εἰ ῥήιον Gal: εἴρεον αἰεὶ V: ἦρεον γὰρ αὐτοὺς αἰεὶ HIR: ῥᾶον Arh.

<sup>2</sup> διαγνοίη HIR <sup>3</sup> Gal.: ἴδων mss.

<sup>4</sup> Gal. Heraclides (Gal.): εὐφορίαί mss. Capito (Gal.)

<sup>5</sup> after δειλίαί Gal. repeats “ἐρωτήματα . . . σίτου” (= 9b)

<sup>6</sup> HIR omit ὅτι . . . τοιαῦτα, which V and Galen have.

<sup>7</sup> μετ' ἐπίσχεσιν Smith: “nach Verhinderung” Gal.: ἐπίσχεσις Heraclides (Gal.): ἐν ἐπισχέσεσιν mss.

<sup>8</sup> Ἡρακλειδης (v.l.) Gal.: Ἡρακλειδες V: Ἡρακλεῖ HIR

<sup>9</sup> ὅστις ἄρα καὶ τεινεσ. HIR

## EPIDEMICS 2.2

9. Neither the father of Apamas (the carpenter whose head was cracked) nor Nicostratus came down with coughing; but they had pains by the kidneys on both sides. 9b. Question: is it easier always to satiate with food or with drink?

10. How can one recognize very serious pains? Peculiar fear, simple treatments, experiences, cowardice.<sup>a</sup>

11. Water: the quickest to heat and cool is always lighter.<sup>b</sup> We need experience as to whether food and drink have equal staying power.

12. One must say that in hemorrhage patients develop a greenish color, and one can find many other such things related to wetness and dryness, to hotness and cold.

13. The sixty-day-old male fetus, aborted after the delay of childbirth, was healthy.

14–15. Heracleia: in the eighth month (her abortion occurred) with an evil odor; mostly she was dysenteric—because there was tenesmus too?<sup>c</sup>

16. The nursing woman got swellings all over the body. When she stopped nursing they disappeared, in summer.

<sup>a</sup> The meaning here is not clear. The two parts of ch. 10 may not be related.

<sup>b</sup> *Aph.* 5.26 virtually repeats this.

<sup>c</sup> This passage was quite obscure and corrupt before Galen's time. I offer his interpretation except at the end, where, instead of the question, he says she did not have hemorrhaging.

17. Τῇ τοῦ σκυτέως ὅς τὰ σκύτινα ἐποίησε τεκούση, καὶ ἀπολυθείση τελέως ἐδόκει, τοῦ μὲν χορίου τι<sup>1</sup> τὸ ὑμενοειδὲς ἄπεσθεν·<sup>2</sup> ἀπῆλθε τεταρταίη κακῶς·<sup>3</sup> στραγγουριώδης ἐγένετο<sup>4</sup> αὐτίκα συλλαμβάνουσα. ἔτεκεν ἄρσεν·<sup>5</sup> πολλὰ δὲ ἔτεα ἤδη εἶχε· τὰ ὕστατα οὐδὲ<sup>6</sup> ἐπιμήνια ἦει· ὅτε δὲ τέκοι διέλιπεν ἐπ' ὀλίγον<sup>7</sup> ἢ στραγγουρίη.

18. Ἰσχίον δέ τις ἤλγει πρὶν ἴσχειν· ἐπεὶ δὲ ἔσχειν οὐκ ἔτι ἤλγει. ἐπεὶ δὲ ἔτεκεν, εἰκοσταίη ἐοῦσα, αὖθις ἤλγησεν· ἔτεκεν μέντοι<sup>8</sup> ἄρσεν. 18b. Ἐν γαστρὶ ἐχούση ἐν κνήμῃ κάτω δεξιῇ ἢ τρίτῳ ἢ τετάρτῳ μηνὶ ἐξανθήματα πρὸς ἅ τῇ μάννῃ χρώμεθα, καὶ ἐν χειρὶ  
92 δεξιῇ παρὰ μέγαν | δάκτυλον· οὐκ οἶδ' ὅτι ἔτεκε, κατέλιπον γὰρ ἐξάμηνον· ὤκει, ὡς<sup>9</sup> ἐγῶμαι, ὡς τὰ Ἄρχελάου<sup>10</sup> πρὸς τῷ κρημνῷ.

19. Ἡ Ἀντιγένεος ἢ τῶν περὶ Νικόμαχον ἔτεκε παιδίον, σαρκῶδες μὲν, ἔχον δὲ τὰ μέγιστα διακεκριμένα, μέγεθος δὲ ὡς τετραδάκτυλον, ἀνόστεον, ὕστερον δὲ παχὺ στοργγύλον· αὕτη δὲ ἀσθματώδης ἐγένετο πρὸ τοῦ τόκου· ἔπειτα ἅμα τῷ τόκῳ πύον ἀνήμεσεν ὀλίγον, οἶον ἐκ δοθιῆνος.

<sup>1</sup> om. V      <sup>2</sup> ἔπεσθεν V

<sup>3</sup> "so wie es sein soll" (καλῶς?) Gal.

<sup>4</sup> γὰρ ἐγένετο HIR      <sup>5</sup> δ' ἄρσεν V

<sup>6</sup> καὶ οὐδ' HIR

<sup>7</sup> ὀλίγον χρόνον V

<sup>8</sup> οὖν HIR

<sup>9</sup> δὲ HIR

<sup>10</sup> Ἀχελώου V

17. The wife of the leatherworker who made my shoes, having given birth, thought she had been completely delivered. She retained some tissues of the afterbirth; they came out on the fourth day with difficulty. As soon as she conceived she developed strangury. She delivered a male child. She was of rather advanced age; she had not even menstruated in the most recent period. But when she gave birth, the strangury was relieved for a time.

18. A woman was pained in the hips before she conceived. When she conceived the pain disappeared. But when she gave birth (at age 20) it again commenced. The baby was a boy. 18b. A woman carrying in the third or fourth month had eruptions on the lower left leg and on the right hand next to the thumb, eruptions of the sort for which we give frankincense. I do not know what her baby was. I left her six months pregnant. She lived, I believe, in Archelaus' property near the cliff.

19. The wife of Antigenes, of Nicomachus' house, produced a child that was flesh with the largest limbs distinguished, about eight centimeters in breadth, boneless, a thick globular exterior. She became asthmatic before the birth. At the time of the birth she brought up a small quantity of pus, as though from a small abscess.

20. Θυγατέρας τεκούσης διδύμους, καὶ δυστοκησάσης καὶ οὐ πάνυ<sup>1</sup> καθαρθείσης, ἐξώδησεν ὅλη· ἔπειτα ἡ γαστήρ μεγάλη ἐγένετο, τὰ δ' ἄλλα ἐταπεινώθη· καὶ ἐρυθρὰ ἦει μέχρι τοῦ ἔκτου μηνός, ἔπειτα λευκὰ<sup>2</sup> κάρτα πάντα ἤδη τὸν χρόνον· πρὸς δὲ τὰφροδίσια οἱ ῥοοὶ ἐβλαπτον,<sup>3</sup> καὶ οἱ ἄκρητα ἐρυθρὰ ἰκνευμένως ἦει.<sup>4</sup>

21. Τῆσι χρονίησι λειεντερίησιν ὄξυρεγμῆ γενομένη, πρόσθεν μὴ<sup>5</sup> γενομένη, σημεῖον χρηστόν, οἷον Δημαινέτη ἐγένετο· ἴσως δ' ἐστὶ καὶ τεχνήσασθαι· καὶ γὰρ αἰ ταραχαὶ αἰ τοιαῦται ἀλλοιοῦσιν·<sup>6</sup> ἴσως δὲ καὶ ὄξυρεγμῆαι λειεντερίην λύουσιν. |

94 22. Ἰήθη ἐλλεβόρου πόσει Λυκίη· τὰ ὕστατα σπλὴν μέγας καὶ ὀδύναι καὶ πυρετὸς καὶ ἐς ὤμον ὀδύναι· καὶ ἡ φλέψι ἡ κατὰ σπλῆνα ἐπ' ἀγκῶνι ἐτέτατο· καὶ ἔσφυζε μὲν πολλάκις, ἐστὶ δ' ὅτε καὶ οὐ·<sup>7</sup> οὐκ ἐτμήθη, ἀλλ' ἅμα ἰδρῶτι διήλθεν ἡ<sup>8</sup> αὐτόματον, ἔξω<sup>9</sup> διόν-

<sup>1</sup> πάντη HIR

<sup>2</sup> λεπτὰ Gal.

<sup>3</sup> πρὸς δὲ τὰφροδίσιον αἰ οὐραὶ ἐβλεπον Gal.

<sup>4</sup> καὶ . . . ἦει om. Gal.: ἰκνεύμενα HIR: ἰκνευμένως I (above the line), V

<sup>5</sup> μηδέποτε HIR

<sup>6</sup> ἀλύουσιν V

<sup>7</sup> Gal.: om. mss.

<sup>8</sup> om. Gal.

<sup>9</sup> Diller from Gal.: ἐς οὐ mss.



20. A woman gave birth to twin daughters. She had trouble at the birth, the purgation was incomplete. She swelled up all over. Then her belly became large and the rest of her went down. The discharge came out red up to the sixth month, then very white continuously from then on. The flows were harmful to sexual relations.<sup>a</sup> Pure red flows of the proper sort did come.

21. When women who are chronically ill with lientery develop acid belching which was not present before, it is a very favorable sign, as it was for Demaenete. It might be possible to induce it. Such upsets produce change. It may be that acid belching gets rid of lientery.<sup>b</sup>

22. Lycie was treated with a potion of hellebore. Towards the end she had an enlarged spleen, pains, fever, pains towards the shoulder. The blood vessel from the spleen was tense at her elbow. It throbbed frequently, but sometimes did not. No phlebotomy, but it passed with the sweat or spontaneously, the matter passing to the outside.

<sup>a</sup> Galen says in his commentary (how he claims to know this is unclear, but perhaps through Heraclides) that he is reproducing the original old reading of the manuscripts: *πρὸς δὲ τὰφροδίσιον αἱ οὐραὶ ἔβλεπον* ("The woman's tail pointed toward the Temple of Aphrodite"), but that commentators changed it to read *πρὸς δὲ τὰφροδίσια αἱ οὐραὶ ἔβλεπον* ("Her tail inclined toward sexual intercourse"), and Artemidorus Capito altered the text to *πρὸς δὲ τὰφροδίσια οἱ ῥοοὶ ἔβλαπτον* ("The flows were harmful to sexual relations"), which is the reading of all the medieval manuscripts. Galen praises the conjecture offered by Heraclides, *πρὸς δὲ τὰφροδίσιον αἱ θύραι ἔβλεπον* ("The door of her house opened in the direction of the Temple of Aphrodite").

<sup>b</sup> *Αρῆ.* 6.1 seems to have been drawn from this passage.

των·<sup>1</sup> ὁ σπλὴν τὰ δεξιὰ ἐνετείνετο, πνεῦμα ἐνεδιπλασιάζετο, οὐ μὴν μέγα· παρεφέρετο, περιεστέλλετο· φῦσα ἐνεοῦσα οὐ διήει. κάτω οὐδέν, οὐδὲ οὔρει· ἀπέθανε.

23. Πρὸ τοῦ τόκου τὰ ἀμφὶ φάρυγγα ἑτερόρροπα δρμήσαντα οὐκ ἐφηλκώθη. ἐπὶ τὰ ἀριστερὰ μετῆλθεν, ἐς σπλῆνα ὀδύνη ἦλθεν ἀκρίτως. 23b. Ἰέρωνι ἐκρίθη πεντεκαϊδεκαταίῳ. 23c. Τῇ Κῶου ἀδελφεῇ ἦπαρ ἐπήρθη σπληνικὸν τρόπον· ἀπέθανε.<sup>2</sup> 23d. Βίων ἅμα οὔρει τε ὑπέρπολυ ἀνυπόστατον καὶ αἷμα ἐξ ἀριστεροῦ· ἦν γὰρ καὶ ὁ<sup>3</sup> σπλῆν κυρτὸς καὶ σκληρὸς κατ'<sup>4</sup> ἄνω· περιεγένετο· ὑποστροφῇ.

96 24. Ἦν δὲ τῶν κυναγχικῶν τὰ παθήματα τάδε·<sup>5</sup> τοῦ τραχήλου οἱ σπόνδυλοι ἔσω ἔρρεπον τοῖσι μὲν ἐπὶ πλέον τοῖσι δ' ἐπ' | ἔλασσον· καὶ ἔξωθεν<sup>6</sup> ἔνδηλος ἔγκοιλον<sup>7</sup> ἔχων ὁ τράχηλος· καὶ ἦλγει ταύτη ψαυόμενος· ἦν δὲ καὶ κατωτέρω τινὶ τοῦ ὀδόντος καλεομένου,<sup>8</sup> ὃ οὐχ ὁμοίως ὀξύ ἐστιν· ἐστι δ' οἷσι καὶ πάνυ περιφερὲς μέζαι περιφερείῃ ἢ<sup>9</sup> εἰ μὴ ξὺν τῷ ὀδόντι καλεομένῳ. φάρυγξ οὐ φλεγμαίνουσα, κειμένη δέ. τὰ

<sup>1</sup> δὲ ἰόντων HIR

<sup>2</sup> ἀπέθανε δευτεραίῃ HIR

<sup>3</sup> om. V      <sup>4</sup> Smith: καὶ mss.

<sup>5</sup> τοιάδε Gal. comm. Prog.

<sup>6</sup> ἔσωθεν HIR

<sup>7</sup> ἦν δηλὸς ἐγκοίλως Gal. comm. Prorrh.

<sup>8</sup> καλεομένου ὀστοῦ HIR

<sup>9</sup> Gal.: om. mss.

## EPIDEMICS 2.2

The spleen on its right was stretched tight; breathing doubled in frequency, but without great depth. She became delirious. She was wrapped up.<sup>a</sup> She was full of wind which did not pass. No feces and no urine. She died.

23. Prior to giving birth, affections in the area of the pharynx, inclining to one side or the other, were not ulcerous when they commenced. They moved to the left side. Pain came on the spleen, without crisis. 23b. Hieron's disease reached climax on the fifteenth day. 23c. The sister of the man from Cos had her liver elevated in a splenic manner. She died. 23d. Bion urinated excessively without sediment, and bled from the left nostril. And indeed his spleen was swollen and hard on the top. He survived. There was a relapse.

24. People with cynancus<sup>b</sup> had the following affections: neck vertebrae inclined inward, some severely, some less so; on the outside the neck had a conspicuous hollow which was painful to the touch. Sometimes it was lower than the so-called odontoid process (second vertebra), and was less acute, but in some cases very rounded, with a greater circumference than if it was not at the odontoid process. The pharynx was not inflamed, but quiet.

<sup>a</sup> ●r "she suffered general contraction."

<sup>b</sup> The term refers to a severe sore throat that feels like a dog's choke collar.

ὑπὸ γνάθους ὀγκηρά, οὐ φλεγμαίνουσιν εἴκελα· οὐδὲ  
 βουβῶνες<sup>1</sup> οὐδενὶ ἀλλὰ φύσει ἔμενον·<sup>2</sup> καὶ γλῶσσαν οὐ  
 ῥηϊδίως στρέφοντες, ᾤδησαν ἀλλὰ μέζων τε αὐτοῖσιν  
 ἐδόκει εἶναι καὶ προπετεστέρη· καὶ ὑπὸ γλῶσση  
 φλέβες ἐκφανεῖς. καταπίνειν οὐκ ἐδύναντο, ἢ πάνυ  
 χαλεπῶς, ἀλλ' ἐς τὰς ῥίνας ἔφευγεν εἰ πάνυ  
 ἐβιῶντο·<sup>3</sup> καὶ διὰ τῶν ῥινῶν διελέγοντο. πνεῦμα δὲ  
 τούτοισιν οὐ πάνυ μετέωρον. ἔστι δ' οἷσι φλέβες αἱ ἐν  
 κροτάφοισι καὶ ἐν κεφαλῇσι καὶ ἐπ' αὐχένι ἐπηρμέναι.  
 βραχὺ δὲ τούτων τοῖσι παλιγκοτωτάτοις<sup>4</sup> κρόταφοι  
 θερμοί, εἰ<sup>5</sup> καὶ τᾶλλα μὴ πυρεταίνουεν. οὐ πνιγόμενοι  
 οἱ πλείστοι εἰ μὴ καταπίνειν προθυμέουτο ἢ σίαλον<sup>6</sup> ἢ  
 ἄλλο τι· οὐδ' οἱ ὀφθαλμοὶ ἐγκαθήμενοι. οἷσι μὲν οὖν ἦν  
 ἐς ὀρθὸν ἐξόγκωμα μήτε ἑτερόροπον οὔτοι οὔτε παρα-  
 πληκτικοὶ ἐγένοντο· ἀπολόμενον<sup>7</sup> δὲ<sup>8</sup> εἴ τινα | εἶδον  
 98 ἀναμνήσομαι· οὓς δὲ οἶδα νῦν περιεγένοντο. ἦν δὲ τὰ  
 μὲν τάχιστα ῥηϊζόντα, τὰ δὲ πλείστα καὶ ἐς τεσσαρά-  
 κοντα ἡμέρας περιήει· τοῦτο δὲ οἱ πλείστοι καὶ  
 ἄπυροι· πολλοὶ δὲ καὶ πάνυ ἐπὶ πολὺν χρόνον εἶχον<sup>9</sup>  
 ἔχοντές τι μέρος τοῦ ἐξογκώματος· καὶ κατάποσις καὶ  
 φωνὴ ἐνσημαίνουσα· κίονές τε τηκόμενοι μινύθησιν<sup>10</sup>  
 τινα παρέιχον, πονηρὸν οὐδὲν δοκέοντες κακὸν ἔχειν. οἱ  
 δὲ ἑτερόροπα ἔχοντες, οὔτοι ὀκόθεν ἂν<sup>11</sup> ἐγκλιθεῖσαν  
 οἱ σπόνδυλοι αὐτῇ<sup>12</sup> παρελύοντο, τὰ δ' ἐπὶ θάτερα εἶλ-  
 κετο.<sup>13</sup> ἦν δὲ ταῦτα ἐν προσώπῳ καταφανέα μάλιστα

<sup>1</sup> βουβῶνας HIR                      <sup>2</sup> Gal.: μὲν mss.

<sup>3</sup> ἐβίαζον HIR: "würgten" Gal.

<sup>4</sup> παλιγκοτάτοις mss.: corr. Li.

The area under the jaw was swollen, but without similar inflammation. The glands were not swollen, but normal. Sufferers could not easily move their tongues, which felt larger and somewhat protruding. And blood vessels under their tongues were very obvious. They could not drink, or only with difficulty. Drink passed into the nostrils if they forced it. And they talked through the nose. But breathing was not excessively shallow. Some had elevated blood vessels in their temples and in the head and neck. To an extent, in those with exceptional malignancy, their temples were hot, though they were not otherwise feverish. Most did not choke, save when they too eagerly swallowed down their saliva or something else. Their eyes were not fixed. People whose swelling was straight on, not on one side, did not develop paralysis, and as for dying, if I saw anyone I will recall it. All I can think of now survived. Some cases were quickly eased, but most extended to forty days. Many had it for a long time, retaining part of the swelling; and there were drinking symptoms and the symptomatic voice, and the uvula shriveled and showed withering, though it appeared to have no ill effects. Those whose swellings were on one side were paralyzed on whichever side the vertebrae inclined to, and were drawn up on the other. This was evident in the face especially,

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<sup>5</sup> εἰ Gal.: om. mss.                      <sup>6</sup> πτύελον HIR  
<sup>7</sup> Gal.: ἀπολλόμενον mss.              <sup>8</sup> τε V  
<sup>9</sup> om. HIR                                      <sup>10</sup> μινυθεῖσι V  
<sup>11</sup> ἄλλη V                                      <sup>12</sup> HI: αὐτοῖ R: αὐτη V  
<sup>13</sup> εἴλκοντο HIR

## ΕΠΙΔΗΜΙΑΙ

καὶ τῷ στόματι καὶ τῷ κατὰ γαργαρεῶνα δια-  
φράγματι· ἀτὰρ καὶ γνάθοι αἱ κάτω παρήλλασον  
κατὰ λόγον. αἱ δὲ παραπληγία<sup>1</sup> οὐ διὰ παντὸς τοῦ  
σώματος ἐγίνοντο οἷον ἐξ ἄλλων, ἀλλὰ μέχρι χειρός.  
τὰ ὑπὸ τοῦ κυναγχικοῦ οὔτοι καὶ πέπονα ἀναπτύοντες  
καὶ βραχυμογεῖς ἦσαν· οἷσι δ' ἐς ὀρθὸν καὶ ἀπέπτυνον·  
οἷσι δὲ καὶ ξὺν πυρετῷ οὔτοι πολλῷ μᾶλλον καὶ  
δύσπνοοι καὶ διαλεγόμενοι σιαλοχόοι<sup>2</sup> καὶ φλέβες τού-  
τοισι μᾶλλον ἐπηρμέναι· καὶ πόδες πάντων μὲν  
ψυχρότατοι τούτων δὲ μάλιστα· καὶ ὀρθοστατεῖν οὔτοι  
ἀδυνατώτεροι καὶ οἴτινες<sup>3</sup> μὴ αὐτίκα ἔθνησκον· οὓς δὲ  
ἐγὼ οἶδα πάντες ἔθνησκον. |

## ΤΜΗΜΑ ΤΡΙΤΟΝ

- 100 1. Ἐς Πέρινθον περὶ ἡλίου τροπὰς ὀλίγον τὰς θερι-  
νὰς ἤλθομεν. ἐγεγόνει δὲ ὁ χειμῶν εὐδῖος νότιος· τὸ δὲ  
ἔαρ καὶ τὸ θέρος πᾶν ἄνδρον μέχρι Πληιάδων δύσιος·  
εἰ γάρ τι καὶ ἐγένετο, ὅσον<sup>4</sup> ψεκᾶς· καὶ ἐτησία οὐ  
κάρτα ἔπνευσαν, καὶ οἱ πνεύσαντες διεσπασμένως. τοῦ  
θέρεος καῦσοι ἐπεδήμησαν πολλοί· ἦσαν δὲ ἀνήμετοι·  
κοιλία<sup>5</sup> παραχῶδεις λεπτοῖσιν, ὕδατώδεις, ἀχόλοισιν  
ἐπάφροισι πολλοῖσιν, ἴσχοντα<sup>6</sup> ἔστιν ὅτε καὶ ὑπόστα-

<sup>1</sup> παράπληγαι mss.: corr. Li.

<sup>2</sup> Gal. cit. in *Loc. Aff.*: διαλεγόμενοισιν ἀλλοχόοι mss.: “war bitter” (v.l.) Gal. comm. (= σίαλα ἄξεα?)

<sup>3</sup> εἴ τινες HR

<sup>4</sup> ἦν ὅσον HIR

<sup>5</sup> καὶ κοιλία HIR

<sup>6</sup> ἴσχον τάδ' V

## EPIDEMICS 2.3

and in the mouth, and the division below the uvula. The lower jaw was deviant proportionately. The paralysis did not occur over the whole body, as in other diseases, but only as far as the hand. When expectorating even ripened material from the cynancus these produced little with difficulty, while those with the affection in the center spat it right out. Those with fever had much more difficulty with breathing and drooled when they talked, and their blood vessels were more elevated. All had very cold feet, but these last especially. They had more difficulty standing erect, even when they did not die immediately. All I am aware of did die.

## SECTION 3

1. We arrived in Perinthus in summer, near the solstice. The winter had been mild, southerly. Spring and summer were quite dry until the setting of the Pleiades. If there was rain it was showers. The Etesian winds hardly blew. The winds that did were intermittent. Causus (burning fever) was epidemic in the summer. Patients were without vomiting, intestines were upset, with light, watery, unbilious, frothy stools frequently; when left to

*Other writers concerned with medicine  
in the Loeb Library*

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GALEN  
CELSUS  
PLINY  
(Natural History)



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Used, Good