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*Two Hippocratic Treatises, On Sight and On Anatomy. Edited and Translated with Introduction and Commentary by Elizabeth M. Craik*

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Two distinct parts make up this volume: the critical editions (with translation, introduction, and commentary) by Elizabeth M. Craik, now a member of the Northern Centre for the History of Medicine in Newcastle, of two medical treatises conveyed as parts of the Hippocratic Corpus, but neither written by Hippocrates himself. Since *On Anatomy*, a very short fragment, has already been published by Craik in *Classical Quarterly* [1998],<sup>1</sup> I will pay more attention to the first treaty, *On Sight*. Proving to be abrupt and sometimes obscure, this treatise actually needed to be reconsidered and revised critically.

The text of *On Sight*, as the preserved manuscripts show, is very corrupt: Sichel thought it impossible ‘*de reconstituer un texte irréprochable*’; Joly shared the same idea about ‘*son caractère parfois sommaire et son état de mutilation*’. The main contribution of this volume does not lie in its reconsideration of the manuscript tradition<sup>2</sup> but in its more in-depth examination of the text as seen within the historical development of medicine. The retrieval of the original text is attempted by resorting to parallel passages in other Hippocratic treatises or in Galen or Celsus—a quite ‘hazardous enterprise’ [6] because of the uncertainty of the exact position of this text in that scientific tradition, as Craik acknowledges. However, it may also

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<sup>1</sup> In an appendix on p. 169, Craik takes account of M.-P. Dumenil’s edition of *On Anatomy* [1998], which appeared in the Collection Budé soon after her article in *Classical Quarterly*.

<sup>2</sup> Craik confirms that the only testimony is Marc. gr. 269 [M], while its apographs are unfortunately worthy only for the history, not the constitution, of the text. The *variae lectiones* from Paris. gr. 2142 [H], Paris. gr. 2140 [I] and Vat. gr. 277 [R] are quoted in the apparatus on a regular basis.

prove a potentially fruitful one, if sustained—and this is the case—through sound judgment regarding language and style. Craik, in fact, states that most of these matches with parallel passages are the result of the ‘long currency and inherent conservatism of the physiological theories and surgical procedures concerned’ [21].

A brief remark about the reception of this text is in order. Since Sichel, commentators were used to saying that there was no allusion to this treatise in any later medical writing. Craik [7] recalls the Galenic gloss ἄτρακτον and Erotian’s gloss φολίδα, which are relevant to different passages of *On Sight*; but she fails to note Galen’s *Commentary on Epidemics 2*, which is transmitted in Arabic. Here, in the course of discussing physiognomy, Galen names his teacher (and Hippocratic interpreter) Pelops, along with Numesianus: they cited *On Sight* as asserting that blue eyes denote a warm complexion of organism.<sup>3</sup> Even though this detail is not in our Hippocrates’ text, Galen’s context guarantees that *On Sight* was included in the Corpus in the second century at least, and that it was read in a much less disfigured state.

The very content of the treatise is questionable: the ὄφις of the title is a word with many meanings, ranging from ‘eye’ to ‘sight’ and the editor points out that both abstract and concrete senses are here involved. Foesusius, one of the first editors, wondered whether *On Sight* should be counted among surgical or therapeutic tracts. Actually, we cannot be certain about even that, as we are not sure that sight was the exclusive content. For instance, chapter 3 contains information and instructions about the cauterization of the back, giving a hint of the fragmentary nature of these pages, which appear to be no more than a sliver of some wider text about procedures—most likely with a mainly surgical concern—on how to regain health. This somehow justifies the joint publication of both *On Sight* and *On Anatomy*, because the latter too ‘may be an abridgement of a fuller and more flowery account’ [120], although they are probably of different origin.

The often peremptory and authoritative language, the primitive paratactic syntax, the rough structure with juxtaposed clauses and

<sup>3</sup> Cf. Smith 1979, 152–153. The reference to Galen’s *Commentary on Epidemics 2* did not escape Anastassiou-Irmer 1997, 458–459 (among ‘nicht identifizierte Testimonien’). About blue eyes, see also Galen’s *Commentary on Epidemics 3* [3.72: cf. Wenkebach 1936, 152].

elliptical expressions reveal that *On Sight* had to be a plain manual of practical medicine, a sort of teaching tool for apprentice surgeons who had to know how to trephine the skull or how to scrape the eyelid. According to Craik's suggestive idea, *On Sight* contains a set of notes supplementary to demonstrations of surgical treatments. The author's concern for prognosis is much stronger than his interest in diagnosis. Because of his familiarity with the practices of surgery, we can suppose that he had some knowledge of human anatomy and pathology, but there is no doubt that he did not know the inside structure of the eye. (He seems to share the common idea that a flux of noxious moisture coming down from the head is the cause of eye disorders, even though he apparently<sup>4</sup> distinguishes between a superficial upper flux from the area above the skull and a deep lower flux from the brain [10].) The most striking peculiarity noted by Craik about language of *On Sight* is, however, the lack of technical terminology: indeed, very ordinary words are used to describe pathological phenomena, such as διαφθείρεσθαι (to be destroyed) [*On Sight* 1.1] to designate the loss of sight.

This is also the main reason why we cannot indisputably identify the nature of the diseases described in this work. Retrospective diagnosis is always a very hard and sometimes precarious exercise, as every reader of Hippocratic treatises knows; and thus it is the subject on which there is most disagreement. One should also remember that in a corrupt text every evaluation of the language can only be provisional. An example is found in chapter 2, where Joly read τὸ ὄμμα and translated '*quant à la vue elle-même, la pupille étant saine, chez les individus jeunes . . . vous ne l'améliorerez par aucun moyen.*' Sichel interpreted it in a similar fashion ('*quant à la vision des yeux*') and, while admitting that '*ce chapitre encore est très obscur,*' conjectured '*une amblyopie amaurotique*'. On the contrary, τὸ ὄμμα (the eye) is not ὄψις (sight), and giving it the meaning of a semantic rarity (according to Sichel, this would be the only case in the Corpus where ὄμμα means 'vision') does not aid the reader. Craik's suggestion is persuasive: she emends ὄμμα to λήμια (the mistake, a *lectio facillior*, is understandable on a paleographical basis as well) and thus interprets the whole chapter as referring to 'sores in the eye', a characteristic symptom of conjunctivitis or blepharitis. Therefore, the action

<sup>4</sup> This supposition rests on a conjectural text, *On Sight* 3.3.

of scraping and cauterizing the eyelid becomes perfectly conceivable as a therapeutic method. Through this amendment it is possible to recognize a probable echo of *On Sight* in Celsus, *De med.* 7.7.3.

Unfortunately, not every problem obtains a definite solution. In the first chapter, for instance, the anonymous author of *On Sight* talks about a disease in which sight is suddenly damaged, the eyes ‘become spontaneously lapis-like’, and no treatment is successful. Sichel thought of a glaucoma; Ermerins guessed it might be cataract, although showing particular symptoms, while Craik remarks that neither is usually characterized by such a sudden onset and the greenish reflex in glaucoma is noticeable only at an early stage of its development. Therefore, defining the disease is quite difficult and it may be incorrect on a methodological basis to propose a precise diagnosis.

Chapter 4—a rather interesting one—describes procedures in scraping and cauterizing the eyelid in case of trachoma, according to Sichel and others: but Craik notes [76] that in the second part the author prescribes the cutting into the forehead *after* the healing of the wound of the lids, when one would suppose that the process of recovery had already started: this seems odd, to say the least. It is difficult to say whether this sort of *hysteron-proteron* occurs because the text is corrupt (a misplacement or an intrusion is presumed by Craik) or as a consequence of its abridged form, which prevents us from understanding the rational grounds of procedures described.

As the text does not allow for a full understanding, it would be risky to change any reading if one can make no sense of it. Craik’s edition reasonably tends to be sometimes more conservative than is Joly’s. Furthermore, not only details are liable to misinterpretation, but also the whole outline of the work and thus its origin can give way to misunderstanding. Sichel stressed the similarities between *On Sight* and other texts of the Hippocratic Corpus, such as *Affections* and *Sores*, recalling that the author of *Affections* assured his audience that he would in future write about ocular diseases [*Aff.* 5]. Ermerins and Joly thought of a Cnidian origin and the traditional opinion of a Cnidian preference for cauterizing strengthened this view. However, the very existence of a doctrinal distinction between the fifth/fourth century Cnidian and Coan medical schools has been questioned<sup>5</sup> and

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<sup>5</sup> Already before Joly’s edition [1978]: cf. Smith 1973; Lonie 1978; Di Benedetto 1986.

a more complex idea of the circulation of medical knowledge has prevailed: ‘a free exchange of ideas and techniques between the medical centres’ [Langholf 1990, 5]. It is within this interpretation of the mutual interconnections among the treatises of the Hippocratic Corpus that Craik tries to define the nature of this work. According to her, cauterization is nothing more than a widespread practice and is consequently not distinctive. Similarities in language with *Places in Man, Glands, Fractures, Articulations* [see Craik 2005] suggest that its author may have come from Italy or Sicily (Alcmaion of Croton was known to have dissected the eye). Nonetheless, Craik is more inclined to suppose North-African origins, mainly because of the peculiar interest in trachoma, a bacterial—not viral, as stated by Craik [77]—disease which is known, through evidence of existing papyri [cf. Margame 1994, 3; Luiselli 2004, 52–54] to have much affected Egypt.

We must admit that the foundation for such a hypothesis is not thoroughly compelling, and it cannot be otherwise: still what is really convincing is Craik’s choice to consider the problem of the origins of *On Sight* within the context of the problems relating to ‘intertextuality’ in the Hippocratic Corpus. This issue has been recently addressed by Craik in a paper published in *Mnemosyne* [2006] where she borrows an expression from textual criticism and talks about a ‘horizontal tradition’ to describe the ancient practice of collecting, copying, and adapting medical material of different kinds, such as ‘aphoristic rules for reaching the correct conclusion in the interpretation of key signs and symptoms’. Actually, although *On Sight* cannot be considered as a collection of aphorisms, its structure reveals an analogous pedagogical function to train physicians. We might not be able to say whether this occurred in Egypt or in Greece or wherever, but definitely this work held a wealth of knowledge which could easily be transmitted and adapted for different contexts.

I will conclude by listing the content of the chapters of *On Sight*, according to Craik’s interpretation:

1. a. Lapis-like eye: maybe a glaucoma at an early stage
  - b. Sea-like eye: cataract
  - c. Intermediate kind of eye: cataract or intraocular inflammation
2. Sores
3. Cauterization of the vessels

4. Procedures to scrape and cauterize the eyelid, as a consequence of trachoma
5. *Pterygion* or any kind of palpebro-conjunctival cysts or lesions
6. Preparation of the salve for irritation of the eyelid (blepharitis)
7. Night blindness
8. Trepanation of the skull as a treatment for deteriorating eyesight
9. Seasonal ophthalmia or hay fever

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