

The Rhetoric of Medicine: Lessons of Professionalism from Ancient Greece by
Nigel Nicholson and Nathan R. Selden

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Reviewed by

Todd A. Curtis*

University of Texas at Austin

todd.curtis@utexas.edu

This is not a book about formal or classical rhetoric in medical writing. The authors' approach to "rhetoric" has more to do with examining the ethical elements found in the socio-cultural conceptualizations and self-presentations of physicians, particularly in respect to ancient Greek physicians of the sixth and fifth centuries BC and modern physicians. With this definition of rhetoric in mind, the authors' goal in *The Rhetoric of Medicine* is "to convince readers, and especially medical practitioners, of the importance, and indeed urgency, of attending to the rhetoric of medicine" [9]. This ethical endeavor is best located in William Osler's *desiderata* for a humanistic program in the education of physicians. In many respects, the authors have provided a commendable example of how to make use of the history of ancient Greek medicine as "a kindly, useful mentor" to help navigate the ethical dilemmas in modern American medicine and, therefore, this work is best located within programs teaching medical humanities.

The structure of each chapter effectively brings together the unique expertise of each author. Nigel Nicholson, a respected classical scholar who has written extensively on ancient Greek athletics and epinician poetry, begins each chapter with a thematic analysis of non-medical and medical textual sources, as well as of material culture, from the archaic and classical periods. Nicholson's analyses are directed towards illustrating specific ethical dilemmas and challenges that ancient physicians faced due to the socio-cultural conceptualizations of the practice of medicine that can be found in the presentations of physicians. The problems that Nicholson's analysis

* TODD A. CURTIS is a senior lecturer in classics at the University of Texas in Austin and a practicing physical therapist. His research interests broadly lie in the history of ancient Greek medicine and its reception. His particular expertise pertains to the interrelationship between scientific knowledge, genre, and rhetoric in the Galenic corpus.

puts forward at the beginning of each chapter are then addressed by Nathan Selden, who is a neurosurgeon and the chair of the Department of Neurological Surgery at Oregon Health and Science University in Portland, OR. Using his insight as a medical practitioner and educator, Selden provides a wealth of information as to why the questions that were raised by Nicholson are relevant to the practice of modern medicine. Each chapter ends in a conclusion that reiterates the issues raised and suggests ways in which to navigate the problems of self-presentation that modern physicians face. In this way, each chapter creates a purposeful forum of discussion between a classical historian and a physician.

The chapters in *The Rhetoric of Medicine* are ordered according to seven topics:

- Body,
- Money,
- Competition,
- Restriction,
- Autonomy,
- Mentoring, and
- Self.

In chapter 1, “Body”, Nicholson uses Greek literature and art to show how ancient depictions of the athletic body’s being immune to injury had “serious ramifications for healthcare and quality of life of individuals” [16] because it ran in competition with the medical portrayals of the human body’s constant susceptibility to disease. Selden dovetails this theme of competing narratives by discussing modern medicine’s commitment to bringing attention to the susceptibility of athletes to concussions and traumatic brain injuries, which requires coming to terms with modern society’s conceptualization of athletes as being impervious to injury or as unique in their ability to overcome injury.

In chapter 2, “Money”, Nicholson contrasts the differences in gift exchange and commodity exchange. He uses Pindar’s description of Asclepius’ death [*Pythian* 3.47–60] and Herodotus’ account of the traitorous Democedes as examples of negative presentations of physicians because they both used their medical abilities to acquire portable wealth (i.e., a commodity). He contrasts this with examples of positive representations of physicians who, through their practice contextualized as an exchange of gifts between members of a society, were viewed as being embedded in their communities. Selden observes that this rhetoric of remuneration may be recognized as

having an effect on the modern physician-patient relationship, and he goes on to suggest that the physician's self-presentation of his or her commitment to the community and the interests of the patient would go a long way in avoiding barriers to healing.

In chapter 3, "Competition", Nicholson argues that ancient Greek physicians viewed athletic trainers as competitors in the medical market place of the fifth century BC. Based on Hippocrates' *Regimen* 1.24, he argues that Hippocratic physicians had a polemical relationship with a class of athletic trainers called *gymnastes*. However, he suggests that in archaic Croton there was a cooperative relationship between physicians and trainers, which accounts for why the Crotoniate physician, Democedes, was allowed to cure the dislocated ankle of the Persian King Darius. This theme of benefits of cooperation in the medical market place is taken up by Selden in his discussion of allopathic *versus* alternative medicine, where he provides a detailed history of the competition and cooperation between allopathic medical doctors and doctors of osteopathy.

The topic of restriction is addressed in chapter 4, where Nicholson argues that certain individuals would avoid being called an *iatros* (doctor/healer) because this term denoted a well-recognized profession that did not engage in philosophical speculation, which was viewed as incompatible with being a doctor, and because an *iatros* was understood as being different from other "healthcare workers such as rootcutters, pharmacists, midwives, and athletic trainers" [120]. This restrictive image of the physician is contrasted with Nicholson's belief that the *iatromantis* (doctor-seer), Empedocles, was fighting for a broader definition of the *iatros*, one that incorporated patient care with philosophical and political discourse. Selden sees the modern physician facing a similar difficulty when he or she moves into political and non-medical realms due to society's perception that a physician's ability and knowledge are limited to the treatment of patients.

Chapter 5 addresses the physician's autonomy. Nicholson again turns to the figure of Democedes in Herodotus' *Histories*. He argues that Democedes' medical ability and his pursuit of money ultimately led to his loss of autonomy as exemplified by his forced service to the Greek tyrant, Polycrates, and later to the Persian King Darius. Selden likens Democedes' loss of autonomy to the tyranny of the urgent that subjugates the modern American physician to a frantic pace due to false expectations and the desire for remunerations for medical services. He concludes that both of these factors have led to a loss of autonomy, burnout, and poor patient-physician interactions.

In chapter 6, Nicholson addresses the topic of mentoring by using Pindar's portrayals of Chiron's education of Asclepius, Jason, and Achilles, as well as the athletic trainer-trainee relationship, as evidence for the ideal elements, potential problems, and complex nature of mentorship in antiquity. In his discussion of modern medicine, Selden picks up on Nicholson's discussion of the importance of agency in the mentor-mentee relationship, as well as his notion that mentorship can be used as a mechanism for exclusion. He argues that modern medicine must be aware of these issues as it moves more toward a mentorship model in medical education.

Chapter 7, "Self", takes up the physician's relationship to his own body. Nicholson compares how the description of disease in Thucydides' account of the plague of Athens resembles the case studies in the Hippocratic *Epidemics*. Following Brooke Holmes' notion that the dispassionate third-person narratives of the medical authors of the Hippocratic corpus represent a rhetoric of disembodiment that was used to establish credibility, Nicholson suggests that the physician's self-presentation as an expert without a body was not natural and led to physicians not recognizing their own vulnerabilities to the very diseases that they were treating [221]. Selden likewise argues that the idea of the disembodied physician has had deleterious effects on the modern physician's health, and he suggests that the way forward is for physicians, patients, and policymakers to be mindful of the problematic nature of this rhetoric of disembodiment and to encourage realistic expectations of the "human physicality of physicians" [231].

As to the appropriateness of the evidence used in each chapter, both authors utilize their expertise effectively for their target audience. Selden shows a good understanding of the historical developments in the history of modern American medicine, and he supports his argument with a wealth of medical journals and books. Nicholson's use of traditional classical authors such as Pindar, Bacchylides, Thucydides, and Herodotus, as well as his scholarly approach to the history of ancient Greek athletics, provides some interesting sources for his contextualization of ancient Greek medicine. That said, a historian of ancient Greek medicine will take issue with Nicholson over his reliance on these non-medical sources. For example, he claims that "there is little about mentoring in the Hippocratic texts from the classical period" [178], which seems to be his justification for why he uses Pindar's depiction of Chiron's education of Greek heroes to speak to mentorship in ancient medicine. In so doing, he disregards relevant evidence available in Hippocratic works, such as the father-son/mentor-mentee relationship that is part of the *Oath*. When interpreting the actions and abilities of ancient physicians, he

also has a tendency to rely on speculation rather than ancient medical texts to support his argument. For example, Hippocratic works such as *On Joints* and *On Fractures* would reveal that one should not assume that ancient Greek physicians, such as Democedes, derived their expertise in relocating joints from their cooperative interactions with athletic trainers [98]. While this detracts from the specificity of his account of ancient Greek medicine, it does not destroy the historical foundations that Nicholson has established *via* his scholarly assessment of classical literature and the evidence found in material culture.

The arrangement of this book, the level of evidence, and the writing styles of the authors make it both interesting and accessible to its target audiences of medical students and practitioners. Such a reader will also appreciate this book's numerous black-and-white images and its critical apparatus of scholarly footnotes, a bibliography replete with classical and medical scholarship [237–250], and an index locorum [251–259]. Although *The Rhetoric of Medicine* does not break new ground in respect to academic research in the history of medicine, it is an exemplar of how historians and physicians can address realistic problems facing modern medicine through a collaborative approach that is grounded in an appreciation for the lessons to be learned from the history of medicine.