ABSTRACT: Ludwig Edelstein (1902-1965) used the Hippocratic corpus as a foundation to explain that it is important to situate the average ancient medical practitioner in his social context—a craftsperson in a competitive environment who had to persuade and win the confidence of clients who might be socially superior. This paper aims to clarify potential revisions to Edelstein’s interpretation of social perceptions of doctors in antiquity. The robustness of Edelstein’s 1931 doctoral thesis, *Peri aeron und die Sammlung der hippokratischen Schriften*, will be assessed through a comprehensive literature review of major scholarship on ancient physicians’ social status in the last 83 years (1931-2014). This comparison of multidisciplinary perspectives by authors of various backgrounds and research methodologies suggests that Edelstein’s thesis has so far stood the test of time. Therefore, the work of later authors largely confirms Edelstein’s observations, adding some minor nuances to the literature. (University of Ottawa) by

KEYWORDS: Ancient history; Historiography; Greek world; Roman world; social class; social desirability; physicians

Introduction

A number of reasons may account for why the medical profession is accorded a tremendous amount of honour in contemporary culture. Firstly, medical school admissions committees seek out highly motivated individuals with impressive backgrounds in both academic and extracurricular achievements (e.g. community service, leadership, athletics, etc.). Upon admission, medical students undergo a rigorous curriculum, which is accredited by external evaluators. Medical students also must pass qualifying examinations to become licensed. “The idea of making the practice of medicine dependent on a license, a certificate issued by a competent body testifying that the bearer has undergone a training considered adequate, is an idea that originated in the Middle Ages.”\(^1\) After many years of schooling and experience as a practitioner, doctors garner respect as they care for people’s health. This may result in stressful situations and personal sacrifices due to high patient volumes, rapid life and death clinical decisions, and tiring schedules that may include nights, weekends, and holiday shifts. Through professional regulatory authorities and continuing medical education requirements, physicians are nevertheless expected to maintain the best interest of their patients along with professional competence, patient confidentiality, appropriate relationships, and public trust. Expectations from the public

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as well as professional requirements have contributed to the high esteem towards those in the medical profession.

It is tempting to imagine the status of the medical profession as a gradual continuous ascent from its ancient roots to modern times. However, status tends to be a quality conferred upon by external forces and hence, this attribute is constantly in flux and coloured by the sociocultural context of the times. Medicine is no different. There are examples of historical developments that have also diminished medicine’s status. For example, the emergence of HIV/AIDS as a new untreatable pandemic disease shook the medical community and caused many to lose faith in modern medicine’s abilities. In addition, the arrival of the Internet has given people access to numerous resources with health information and thus the ability to question a physician’s authority. Furthermore, patient advocacy groups have given patients an active voice that creates a negotiated power balance in the physician-patient relationship. It is important to keep these considerations in mind along with the understanding that status is a fluid quality that waxes and wanes depending on extrinsic factors. In the sociocultural context of antiquity, the physician may have occupied a low status niche due to lack of key elements of the profession such as requirements of formal training, licensure, and enforceable professional conduct mandates; these requirements currently earn physicians a high rank in society.

Ludwig Edelstein’s Life and Academic Work as Historian of Medicine

Ludwig Edelstein, born in 1902, came from a wealthy Jewish family in Berlin. In terms of formal education, he studied classics under Werner Jaeger (1888-1961), and philosophy and sociology under Eduard Spranger (1882-1963) at the University of Berlin. Edelstein’s Ph.D. was in Greek, Latin, and philosophy from the University of Heidelberg. In Heidelberg, his intellectual circle included Marianne Weber (1870-1954), a sociologist and widow of Max Weber (1864-1920); Erich Frank (1883-1949), a philosopher; Heinrich Zimmer (1890-1943), an indologist; and Emma J. Levy (1904-1958), a fellow doctoral candidate in classics and archaeology who eventually became Edelstein’s wife. Edelstein had a remarkable academic career that took him to several institutions. He began at the University of Berlin as appointed assistant at the Institute of History of Medicine (1930) and lecturer in the history of the exact sciences in

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2 Gary Ferngren, introduction to Introduction to Asclepius: collection and interpretation of the testimonies, by Emma J. Edelstein and Ludwig Edelstein (Baltimore: Johns Hopkins Press, 1998), xiii.
3 Ibid.
4 Ibid.
5 Ibid.
classical antiquity (1932).\textsuperscript{6} The rise of Hitler and the Nazis compelled him to take up an offer by Henry Sigerist (1891-1957) to join faculty at the Institute of History of Medicine at John Hopkins University at Baltimore, Maryland in 1934.\textsuperscript{7} In Baltimore, Edelstein became acquainted with many more scholars including prominent historians, Owsei Temkin (1902-2002) and Arthur O. Lovejoy (1873-1962).\textsuperscript{8} By 1947, Edelstein left John Hopkins in favour of a post in the Classics Department at the University of Washington. He felt this assignment was appropriate since he had always identified himself as a philologist and philosopher.\textsuperscript{9} His stay in Seattle was short, however, because even before his first year was completed, he accepted a position at Berkeley as professor of Greek.\textsuperscript{10} Edelstein left Berkeley due to a controversy over loyalty oaths that seemed reminiscent of the Nazification of German universities.\textsuperscript{11} He decided to return to John Hopkins in 1951 where he became the first chair of Humanistic Studies.\textsuperscript{12} In 1960, he accepted a position at Rockefeller University and he held both positions concurrently until his passing in 1965.\textsuperscript{13}

The 1931 publication of Edelstein’s German revised and extended doctoral thesis, \textit{Peri aeron und die Sammlung der hippokratischen Schriften},\textsuperscript{14} courted much controversy from his colleagues in classics and philosophy, because it rejected the popular image of the Hippocratic physician as a thoughtful scientist and replaced it with a less flattering image: Edelstein’s physician was not a scientist who applied rigorous science in forming theories of disease, but instead was considered an itinerant craftsman who trained by apprenticeship and used prognosis to enhance his reputation and attract clients. In addition, Edelstein argued that the lack of professional credentials restricted the average physician from ascending much beyond the low status of a craftsman. Running contrary to the common habit of romanticizing the achievements of the Ancient Greeks, Edelstein arrived at this thesis by emphasizing the particular context of time and intellectual \textit{milieu} that informed the medical practice of the Hippocratic physician. Younger colleagues like Temkin found him provocative, while older colleagues found him inflammatory. In a memorial piece, Fridolf Kudlien (1928-2008) praises Edelstein as

\begin{quote}
a man with an acute sense of the historical and sociological implications of his subject, a man who appeared unimpaired by the common tendency to elevate the ancient Greeks into some sort of
\end{quote}

\textsuperscript{6} Ibid.
\textsuperscript{7} Ibid.
\textsuperscript{8} Ibid., xiv.
\textsuperscript{9} Ibid.
\textsuperscript{10} Ibid.
\textsuperscript{11} Ibid.
\textsuperscript{12} Ibid.
\textsuperscript{13} Ibid.
\textsuperscript{14} This work uses later English translations in Ancient Medicine, ed. Owsei Temkin and Clarice Lilian Temkin (Baltimore: John Hopkins Press, 1967), 65-85, 87-110.
heroes and to trace what was to be ‘timeless’ in their mental achievements.\textsuperscript{15}

Kudlien attests Edelstein sought a reassessment of the facts in light of historical settings. Kudlien speaks highly of Edelstein’s keen sense of sociology, which may have explained Sigerist’s interest in him,\textsuperscript{16} seeing as how Sigerist was a major authority on social medicine. Kudlien suggests that Edelstein’s background in humanities oriented him toward making conclusions about the social side of medical practice, because in the interpretation of ancient sources, he did not primarily concern himself with strictly medical matters.\textsuperscript{17} Kudlien implies that the situation may have been different if Edelstein had approached these ancient texts with different formal training.

\textbf{The Doctoral Thesis of Ludwig Edelstein}

In Edelstein’s thesis, his first layer of argumentation focuses on how the constantly varying work setting of the Hippocratic physician was comparable to that of a craftsman. The ‘office’ could exist in various settings. A physician could have worked as a local doctor for a certain town or as an itinerant, wandering from place to place for work. If he was localized to a particular town, the workplace was either the patient’s home or a shop that could be occupied by a different physician on a different day. This practice variation did not allow the establishment of a stable medical practice establishment. Edelstein specifies that for the craftsman-physician, the shop was not a hospital or office consultation room.\textsuperscript{18}

Edelstein next explains that the liberty to take up your own enterprise without needing to pass any tests or acquire certification by any authority made the physician of antiquity socially equivalent to that of an entrepreneur (a segment of society that was low on the ancient social strata), rendering medicine as a business rather than as a profession.\textsuperscript{19} In other words, training centres may have existed but there was no mandatory requirement to attend them and it is uncertain whether these training centres resembled contemporary notions of medical schools in terms of curricular content. Nevertheless, there is no record of official degrees being conferred. Edelstein qualified his arguments about the status of the physician as pertaining mainly to the \textit{average} physician: a famous physician would have maintained a higher social position.

\textsuperscript{16} Ibid., 175.
\textsuperscript{17} Ibid., 177.
\textsuperscript{19} Ibid.
However, a famous physician would have been just as vulnerable to suffer a diminishing social status due to external factors.\textsuperscript{20}

Since simply asserting oneself as a physician was no guarantee to the patient of proper training or trustworthiness, the patient had to take a calculated risk and perform a critical evaluation of the physician’s abilities. Edelstein contends that this in turn led to a fierce competitive culture of shameless self-promotion on the part of physicians, which deleteriously restricted the esteem people could ascribe to the medical field.\textsuperscript{21} Therefore, it was of central importance to the physician to make good impressions and develop a solid reputation in order to save time marketing himself.\textsuperscript{22}

According to Edelstein, one of the most common and effective mechanisms to overcome rivals was to use \textit{prognosis}.\textsuperscript{23} Prognostication in the ancient medical sense meant arbitrarily taking into account some of the patient’s health information such as age and sex, interpreting it in light of a particular philosophical framework and generating a prediction of the patient’s future clinical outcome as well as an understanding of a patient’s prior medical history that has progressed to the current condition.\textsuperscript{24} Contrastingly, prognostication in the contemporary medical sense meant predicting disease outcome using specific findings in a patient’s medical history, physical examination, and lab investigations (e.g. biopsy, imaging results, and other tests). The knowledge of a patient’s medical history without having to obtain collateral information inspired trust toward the physician. Once the patient’s trust had been won over by deducing the patient’s past and present condition, the prognosis could take on two formats. Sometimes the doctor would forecast a fatal outcome that would release the doctor from any liability going forward. In other instances, patients were given reassuring treatments and a forecast for a successful outcome, which would further increase the patient’s confidence in the physician.\textsuperscript{25} Edelstein reached this understanding of prognosis after detailed interpretation of the Hippocratic writings mainly such as \textit{Prognostikon} and \textit{Prorrhetikon II}. Prognosis was not uniformly accepted by all practitioners and hence, it became necessary for the physician to adopt a particular doctrine of humankind and disease as one’s unique “weapon in the struggle for public recognition” in the competitive climate of antiquity.\textsuperscript{26}

Keeping the marketing potential of prognoses in mind and with an eye to the Hippocratic writings, Edelstein advocated that many passages, especially from the surgical Hippocratic works, support the notion that medicine was treated as a business more than as a profession. These

\begin{itemize}
\item \textsuperscript{20} Ibid., 87 n. 2.
\item \textsuperscript{21} Ibid., 87.
\item \textsuperscript{22} Ibid., 88.
\item \textsuperscript{24} Ibid., 75.
\item \textsuperscript{25} Ibid., 69-70.
\item \textsuperscript{26} Ibid., 77.
\end{itemize}
passages, although primarily oriented toward practice, offer considerable insight into the social context of ancient medical practice. Much ‘practical’ advice is actually directed at showmanship skills and not necessarily best practices for optimal patient outcomes. Interestingly, Edelstein observed that a Hippocratic work called On the Physician rejected the idea of performing procedures just to please and make good impressions—“senseless ostentation, not becoming to the true physician.”

For Edelstein, this proscription reinforced his belief that attracting patients with flashy medical methods may have been a widespread practice for the craftsman-physician.

Based on these statements, Edelstein concluded that the Hippocratic physician of antiquity considered business success as the primary objective instead of the patients' best interest. Therefore, his position in society was lowly since he worked as a self-employed craftsman eager to render services for a payment.

Review of Literature

Temkin (1953)

Owsei Temkin (1902-2002) was a close colleague and contemporary of Edelstein (1902-1965). Temkin was a medical historian who also held an M.D. medical degree. In 1953, he used literary sources to support his debate about attributing Greek medicine as a science or a craft. Temkin’s interpretation of the historical record reinforced Edelstein’s notion that claimed medicine was a craft; this assumption likely remained unchanged throughout antiquity. However, Temkin elaborated on the physician-craftsman construct; he divided the social status of clinical medical practitioners into two subtypes: the leech and the physician.

Temkin derives these subtypes from Aristotle’s Politics and Plato’s Laws. Temkin inferred that the major difference between the two types of medical practitioners was educational background. The leech trained through observation and apprenticeship similar to “learning by rote.” Because of this manner of training, the leech would treat his patients mainly based on experience without collecting a thorough history and without offering patients a medical rationale. Whereas the freeborn practitioner would have trained by studying the course of diseases based on a theory of nature and therefore would treat his patients by carefully

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27 Edelstein, Hippocratic Physician, 96.
28 Owsei Temkin, “Greek medicine as science and craft,” Isis 44, no. 3 (1953), 213-225.
29 Ibid., 215.
32 Temkin, 215.
investigating the patient and proceeding with ‘specific’ treatment. Temkin emphasized that distinctions could be made based on the use of science for the physician and craft for the leech. Temkin embraced Edelstein’s thesis of Hippocratic physician as craftsman to reunify his two subcategories together. The leech, who was limited to treating only the familiar, may have become a physician by expanding his scope of practice merely by drawing on the words of philosophers and impressing patients. It is likely that the competitive character of Greek medicine combined with considerable social ambition compelled the leech to subscribe to a particular sect of medicine, which would provide him all the necessary philosophical theory and persuasive oratorical tools needed to fashion impressive prognoses. Therefore, Temkin arrived at the conclusion that Greek medicine practiced as a craft remained unchanged throughout antiquity, but the Hippocratic physician had the potential for some slight upward social mobility by joining a sect and gaining a philosophical theoretical foundation for persuasive oratory.

**Cohn-Haft (1956)**

Louis Cohn-Haft (1919-2011), an ancient historian, in 1956 cited and agreed with Edelstein and Temkin, but expanded the discussion on professional recognition and socioeconomic status of Ancient Greek public physicians mainly using Plato, the Hippocratic Corpus, and some inscriptions and papyri. With regard to professional recognition, he explained that discerning between professional medical practitioners was a challenge for the ancients because there were no legal safeguards in place to determine who was fit for practice. However, there may have been social circumstances in the ancient world that hindered the standardization of medical licensing. Firstly, a prospective patient could determine the competence of a physician by learning the name of the master who trained him. Secondly, geopolitical arrangement of the ancient Greek world as a collection of independent city-states would have made the task of instituting universally accepted medical certification extremely difficult. Furthermore, the Hippocratic Oath theoretically could have provided evidence of training, but because it was not enforced by ancient authority, it played an insignificant role in professional recognition. As reinforced by Cohn-Hafts, medical practitioners relied more on reputation of where they trained and less on the evidence of their practice.

33 Ibid., 224.
34 Ibid., 225.
36 Ibid., 18.
37 Ibid.
38 Ibid.
With regard to the socioeconomic status, doctors may have been regarded differently and more honourably than the standard craftsman may. For one, whereas the other crafts tended to deal with inanimate materials, the physician-craftsman had to deal with human life itself.\(^{39}\) Secondly, Cohn-Haft gently asserts, “the physician was not classed with other craftsmen, and we do hear of many doctors [e.g. Nichomachus, Democedes of Croton, and Eryximachus] who belonged to the highest intellectual and social circles and were held in great esteem.”\(^{40}\) In the absence of statistics on ancient annual incomes, Cohn-Haft uses two indirect measures of physician wealth. For one, it did not seem that physicians were above seeking payment for services rendered.\(^{41}\) It is tempting to generalize that medicine was a lucrative profession because of evidence celebrating wealthy physicians and their benefactions, but caution is warranted for it is not clear whether wealth in those cases came from their practice of medicine or inherited family resources.\(^{42}\) Secondly, there is no evidence of physicians described as being poor or living in uncomfortable circumstances.\(^{43}\) Cohn-Haft concludes that in terms of financial success, ancient Greek medicine was a desirable career. Thus, the general impression from Cohn-Haft runs close to Edelstein.

**Amundsen (1977)**

Darrel W. Amundsen (1969-2003) was a classicist by training with extensive writings on medicine and medical ethics in the ancient and medieval eras. His exploration of ancient popular culture sources such as folktales, joke books, and romantic novels suggests that doctors were viewed in both awe and agitation.\(^{44}\) Instances where physicians were highly regarded include substituting soporific drugs in place of poisonous ones to prevent suicide of the innocent,\(^{45}\) averting murder plots,\(^{46}\) reanimating the comatose person,\(^{47}\) and diagnosing lovesickness.\(^{48}\) However, with respect to vicious slander, doctors due to their privileged relationship with a vulnerable segment of society, their potential to bring about death, and inability to objectively demonstrate professional competence made them easy targets of sensationalistic speculation in the

\(^{39}\) Ibid., 19.  
\(^{40}\) Ibid.  
\(^{41}\) Ibid., 20.  
\(^{42}\) Ibid., 20-1.  
\(^{43}\) Ibid., 21.  
\(^{45}\) Xenophon of Ephesus, *Ephesian Tale*, 3-5ff, quoted in Amundsen, 644-5.  
\(^{46}\) Apuleius, *The Golden Ass*, 10.11, quoted in Amundsen, 645.  
\(^{47}\) Apollonius, *Prince of Tyre*, 25ff, quoted in Amundsen, 649.  
public consciousness, as evidenced by these ancient works.\textsuperscript{49} Instances where physicians were seen with contempt include exploiting patients’ wills,\textsuperscript{50} poisoning patients intentionally,\textsuperscript{51} stealing from patients,\textsuperscript{52} seducing and bedding patients,\textsuperscript{53} earning profit off patients’ deaths,\textsuperscript{54} and caring for patients negligently or incompetently.\textsuperscript{55}

At this point in his analysis, Amundsen’s views start to dovetail with Edelstein. Amundsen asserts that, in an ancient world in which professional medical licensure did not exist, reputation was the only credential that the ancient physician could offer and upholding a positive reputation was essential for commercial success. Although this view is quite similar to Edelstein’s, Edelstein is not directly cited for this statement; however, there is evidence that suggests Amundsen was familiar with Edelstein’s doctoral thesis, because Edelstein does appear in a later footnote.\textsuperscript{56} No reference is made to Temkin or Cohn-Haft. One line of evidence that Amundsen uses for the importance of physician reputation is the literature on the importance of physician health, especially physical appearance, to facilitate patients’ trust in one’s abilities as a healer as evidenced by Hippocrates,\textsuperscript{57} Cicero,\textsuperscript{58} Babrius,\textsuperscript{59} and Avianus.\textsuperscript{60} Next Amundsen suggests that the quest to attain the greatest reputation became such a prevalent nuisance to the public that a whole literature emerged around denouncing physicians for being too ostentatious about their services as evidenced by Aesop,\textsuperscript{61} Plutarch,\textsuperscript{62} and Dio Chrysostom.\textsuperscript{63} These points regarding lack of official credentials and reputation are highly in agreement with Edelstein. Therefore, Amundsen arrives at a similar understanding regarding the social image of the ancient physician even though he approached this conclusion from a wider

\textsuperscript{49} Amundsen, 642.
\textsuperscript{50} Pliny the Elder, Natural History, 29.8.20; Publilius Syrus, Sententiae, 373; Hierocles and Philagrius, Facetiae, 139; quoted in Amundsen, 644.
\textsuperscript{51} Apuleius, The Golden Ass, 10.23, quoted in Amundsen, 644.
\textsuperscript{53} Pliny the Elder, Natural History, 29.8.20f; Martial, Epigrams, 11: 71, 74; Hierocles and Philagrius, Facetiae, 260; quoted in Amundsen, 646.
\textsuperscript{54} Greek Anthology, 125, quoted in Amundsen, 646.
\textsuperscript{55} Dio Chrysostom, Discourses, 32.19; Seneca, On Mercy, 1.24.1; Hedylus, Greek Anthology, 123; Lucilius, Greek Anthology, 257; Callieter, Greek Anthology, 118, 120, 122; Nicarchus, Greek Anthology, 112, 113, Ausonius, Epigrams, 4: 80, 81; Lucian, Greek Anthology, 401; Palladas, Greek Anthology, 280. Martial, Epigrams, 1.30, 7.74; Aesop, Fables, 169; Phaedrus, Fables, 1.14; Hierocles and Philagrius, Facetiae, 177; quoted in Amundsen, 646-8.
\textsuperscript{56} Amundsen, 652 n. 79.
\textsuperscript{57} Hippocrates, The Physician, 1, quoted in Amundsen, 648.
\textsuperscript{58} Cicero, Epistulae ad familiares, 4.5.5, quoted in Amundsen, 648.
\textsuperscript{59} Babrius, Fables, 120, quoted in Amundsen, 648.
\textsuperscript{60} Avianus, Fables, 6, quoted in Amundsen, 648.
\textsuperscript{62} Plutarch, Moralia, 71 A, quoted in Amundsen, 648.
\textsuperscript{63} Dio Chrysostom, Discourses, 33.6f, quoted in Amundsen, 648.
appreciation of medically hostile literature of broad chronology and genres whereas Edelstein understood from the perspective of Hippocratic prognosis. Amundsen’s work lends considerably credibility to Edelstein’s thesis.


Vivian Nutton has a background in classics focusing on the history of ancient medicine. He has commented considerably on the social profile of ancient physicians in a number of works. In a 1985 work, he accepts Edelstein’s work along with Temkin, Cohn-Haft, and Amundsen; however, compared to previous authors, Nutton employs an even broader chronology in his exploration, particularly into Roman times. Nutton, using the “plurality of the non-medical evidence drawn from inscriptions, art, philosophy, theology and other literature,” 64 investigates two major issues: (1) the social context behind those called doctors in antiquity (iatroi in Greek and medici in Latin) and (2) the negative societal attitudes toward them, which put limits on their social status.

With respect to the first point, Nutton argues that in antiquity to become a doctor, all that was generally needed was self-proclamation or acceptance by laypeople. Nutton identifies three reasons may explain why it was so easy to self-proclaim oneself as a doctor: (1) medical discussion was not limited to a peculiar group in society, (2) medical theories (of the humours and, later atoms) were easy to comprehend, and (3) there was no special brand of medical vocabulary. 65 Surprisingly, even judicial authorities in ancient case law accepted and provided legislated tax breaks to whoever self-proclaimed themselves as doctors. 66

As for acceptance by laypeople, their definition of doctor was simply someone who provided medical services for a fee. 67 Nutton connects medicine’s association with monetary gain to that of a craftsman whose “social status was not of the highest, except in the rarest of circumstances.” 68 Cicero and Aristotle both mentioned that medicine for monetary gain was worthy of a tradesman and not a gentleman. 69 Galen tried to downplay the role of money in medicine by declaring his financial independence from medicine—thanks to his enormous inherited wealth. 70 In the Digest, which is a massive compilation of Roman law, Ulpian writes that anyone can be considered a doctor who pledges to treat one part of

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65 Ibid., 30-1.
66 Oxyrhynchus, 40, quoted in Nutton, Murders, 30.
67 Nutton, Murders, 27.
68 Ibid., 28.
69 Cicero, De Officiis, 1.72; Aristotle, Nicomachean Ethics, 1.13.7; quoted in Nutton, Murders, 28.
70 Galen, XIV.660K.; X.561 K, quoted in Nutton, Murders, 28.
the body or only one ailment without relying on religious techniques like incantations and exorcisms.\textsuperscript{71} Doctors recognizing doctors did not happen until 368 CE under Emperor Valentinian with the establishment of the Roman College of physicians in the selection and approbation of public doctors, but even then, this college did not set licensing standards for practice and had no oversight over physicians’ activities.\textsuperscript{72} According to Nutton, the only point in which the concept of doctors significantly differed between laymen and other doctors was that the laymen placed much more value in rhetoric as a measure of competence.\textsuperscript{73} Cleary, Edelstein and Nutton both see eye to eye on the reliance of rhetoric as one of the hallmark tools of the ancient medical trade. In this sense, Nutton and Edelstein’s views align with the physician being a craftsman who charged a fee for medical services and promoted himself using rhetoric.

With respect to Nutton’s second point regarding negative societal views toward physicians, even though the physician could theoretically earn a substantial fortune from the practice of medicine, there were limits on how high up the physician could ascend the social pyramid, especially in Roman society, due to two major cultural biases. The Romans had a narrow view of who was a true blue blood. The Romans respected individuals who inherited landed wealth from a long line of agrarian ancestors and could afford to indulge in leisurely activities (i.e. 	extit{otium}). Seneca believed that any dealings with medicine were disgraceful, even if it only involved supervising another person’s exercise rehabilitation.\textsuperscript{74} Cicero offered “subtly and damningly qualified” praise in that medicine was a nobler art only when considered against other lines of work like tax-collectors, small traders, carpenters, cooks, and dancers; medicine was definitely not on par with oratory, politics, and large-scale farming—this was meant for ordinary people.\textsuperscript{75} If Cicero and Seneca, who are admired for their open-minded thinking, held such low views of physicians, it is unlikely that others in antiquity thought any better. As such, Dio Cassius scathingly commented how the situation in the Roman Empire had arrived at a dire point when in 219 CE Gellius Maximus, the son of an imperial court physician, could vie for control of the Empire.\textsuperscript{76} Cato the Elder was certain that the self-help brand of medical knowledge from the Roman head of household (\textit{pater familias}) was superior to any Greek invention. Pliny the Elder followed Cato’s lead and together they leveled the fiercest attack on medicine’s credibility.\textsuperscript{77} However, Nutton considers this prejudiced rhetoric from the upper classes—represented by individuals such as Dio Cassius, Cato, and Pliny—as nothing more than playing on

\textsuperscript{71} 	extit{Digest}, 50.13.3.
\textsuperscript{72} Ibid., 26-7.
\textsuperscript{73} Ibid., 35-6.
\textsuperscript{75} Cicero, \textit{De Officiis}, 1.150-1, quoted in Nutton, \textit{Murders}, 39.
\textsuperscript{76} Dio Cassius, \textit{Roman History}, 80.7.1 quoted in Nutton, \textit{Murders}, 40.
\textsuperscript{77} Pliny the Elder, \textit{Natural History}, 29.7.14, quoted in Nutton, \textit{Murders}, 42.
stereotypical themes of moral decay and anti-Greek sentiments.\textsuperscript{78} Thus, these are the typical views that restricted the prestige of the medical profession by the Roman elite.

In 1992, Nutton conducts a broad survey of the social history of Greco-Roman medicine from the early Homeric period to the end of the Roman Empire, comprehensively accounting for some heterogeneity in medical practitioners throughout antiquity; it is a welcomed variation on Edelstein’s theme of the average medical practitioner as a craftsperson.

For the early period of Homeric Greece, accounts from the \textit{Iliad} and \textit{Odyssey} suggest that no one specialized purely as a physician, because the primary duty during the Trojan War was military.\textsuperscript{79} Nutton qualifies that a few men may have had an enhanced reputation for healing skills (e.g. Podalirius, Machaon, Patroclus, and Achilles), which may have made them sought after by wealthy hosts from afar, albeit treated similarly as a travelling bard.\textsuperscript{80} Therefore for this period, Nutton concludes that physicians were “high-grade craftsmen, but craftsmen none the less.”\textsuperscript{81}

Before the late fifth century BCE, in the isolated countryside, there may have always been a traditional self-help form of medicine as suggested by some passages in the Hippocratic Corpus directed at the layman.\textsuperscript{82} Nutton also says there is also a certain degree of evidence to suggest the existence of medical clans, families that kept medical knowledge within bloodlines and enjoyed community recognition as the local medicine men; much discussion about medical clans revolves around the Asclepiadae from Cos, which practiced a renowned religious brand of medicine.\textsuperscript{83} Regarding the issue of a medical school in Cos, Nutton concedes that Cos was well-known for its doctors and Hippocrates provided teaching for a fee, but the doctors of Cos were apparently all natives or long-term residents, perhaps taught by family members or the occasional visiting traveller.\textsuperscript{84} For Nutton, this is different from the traditional idea of a permanent teaching institution for the training of doctors.\textsuperscript{85} He castigates 19th century scholars for reconstructing misleading images of ancient medical schools akin to the modern sense, without setting it in the proper context of time and place:

Evidence for medical schools at this period depends entirely upon late reconstructions and on a touching belief in the validity of ‘school traditions’, for there is, as yet, no evidence, literary, epigraphic or archaeological, for the existence of places or buildings

\textsuperscript{78} Nutton, \textit{Murders}, 44.
\textsuperscript{80} Ibid.
\textsuperscript{81} Ibid.
\textsuperscript{82} Ibid., 17.
\textsuperscript{83} Ibid.
\textsuperscript{84} Ibid., 24.
\textsuperscript{85} Ibid.
where medical instruction was carried on, or for students flocking to particular areas to be taught by distinguished masters of medicine.\textsuperscript{86}

Keeping in mind major Greek expansions during the eighth century BCE Archaic Period, itinerant doctors appointed to serve as civic and public physicians become more commonplace in this mobile society than medical family clans, as such as Democedes of Croton.\textsuperscript{87}

By the high fifth century BCE in Golden Age of Classical Periclean Athens, Nutton suggests that there may have been remote possibility that civic doctors provided free treatment to citizens or to the poor citizens alone.\textsuperscript{88} Nutton cites a passage from Plato's \textit{Gorgias} that reveals that public doctors tended to be selected more often on rhetorical ability than technical skill.\textsuperscript{89} According to Nutton, the substrate of fifth century medical rhetoric was derived from a century before from the philosophical frameworks generated by debates of the sixth century Pre-Socratic philosophers (e.g. Heraclitus, Empedocles, Anaxagoras, and Democritus).\textsuperscript{90} Nutton embraces Edelstein's thesis that prognosis was meant for propaganda either to proclaim a physician's excellence or to save face in the case of failure and poor outcomes.\textsuperscript{91} The extreme social competition between doctors was the central characteristic of the Hippocratic physician, as suggested by a book in the Hippocratic Corpus, \textit{Precepts} 3-13, which is replete of practical solutions on how to make best impressions in a variety of social situations for the purposes of professional success.\textsuperscript{92}

With death of Alexander the Great and rise of the Hellenistic kingdoms, citizenry bodies no longer appointed civic doctors but council members comprised of members from the upper echelons of society.\textsuperscript{93} Efforts now were directed by physicians to please these high-ranking officials like benevolent Hellenistic monarchs. This slightly new system of patronage was a mutually beneficial arrangement. Hellenistic kings increased the grandiosity of their royal court because court doctors were considered status symbols.\textsuperscript{94} In turn, strong royal support in large urban centers in the Hellenistic east enabled doctors to pursue a more rigorous study of medicine, especially anatomy.\textsuperscript{95} The two most famous Alexandrian anatomists were Herophilus and Erasistratus. Instead of employing philosophy, attaching oneself to a specific sect, school-doctrine,
or cultural centre was now the key to impressing people.\textsuperscript{96} However, like in the Pre-Classical period with misleading images of physician training in medical schools, in the Hellenistic era, Nutton argues that the Museum in Alexandria was not a medical teaching institution but more of an intellectual club.\textsuperscript{97} However, Nutton does concede to the high likelihood that the Museum still attracted ambitious medical students. The famous library of Alexandria is believed to have also fostered an atmosphere of intellectual activity but not to the point of teaching medical students.\textsuperscript{98}

In early Roman times, very little Latin literature is available and as a result, much discussion regarding medical practitioners is skewed toward the views of Cato and Pliny the Elder.\textsuperscript{99} Together, they portrayed the early Roman medical tradition to be of a domestic, practical variety; it was very antagonistic of medical practices outside this paradigm, especially Hellenic ones.\textsuperscript{100} Nutton thinks these conceptions are plausible for the geographical area of Latium and Rome of the third century BCE, because large village communities with specialized occupations were few and health on an isolated farmland would likely rely on self-help medicine.\textsuperscript{101} Nutton describes the tendency for some historians to link the very first importation of Greek medicine in 219 BCE with the arrival of the civic physician, Archagathus who was a Laconian surgeon invited to Rome with special privileges (i.e. citizenship and a fully subsidized public operating theater at a main crossroads) by the senate.\textsuperscript{102} Nutton, however, believes this reflects more of a culminating point, because there is considerable evidence of earlier Hellenization especially from the Greeks in southern Italy and Sicily, \textit{Magna Grecia}.\textsuperscript{103} Nutton also qualifies that not all Greek medical practitioners came to Rome of their own accord, because some were slaves or prisoners of war from Roman imperialism in the eastern Mediterranean; they were treated as foreigners without Roman citizenship, which entailed socioeconomic-political limitations in Roman society.

Under the Roman Empire, Julius Caesar and Augustus conferred Roman citizenship to foreign doctors working in Rome. However, in Rome, citizenship was the norm. From inscriptions, Nutton ascertains a picture of relatively low status of doctors in the western half of the Roman Empire: 80% of doctors lacked full citizen rights in the first century CE, 50% in the second, and 25% in the third when citizenship was extended to everyone in the Roman Empire with the Edict of Caracalla.\textsuperscript{104} The disproportion of physicians in favour of working in the east is no surprise to Nutton as the East offered better political prospects and patient

\begin{flushleft}
\textsuperscript{96} Ibid., 28-9.  \\
\textsuperscript{97} Ibid., 31.  \\
\textsuperscript{98} Ibid.  \\
\textsuperscript{99} Ibid., 36.  \\
\textsuperscript{100} Ibid.  \\
\textsuperscript{101} Ibid., 37.  \\
\textsuperscript{102} Ibid., 35.  \\
\textsuperscript{103} Ibid., 37.  \\
\textsuperscript{104} Ibid., 39.
\end{flushleft}
populations in large urban areas (e.g. Galen of Pergamum, Soranus of Ephesus).\textsuperscript{105} Although no doctor ascends to the Senate of Rome, a few imperial doctors gained great prominence and became appointed as provincial governors.\textsuperscript{106} Their high status may have raised the status of medical practitioners overall; however, Nutton remarks that these high-ranking court doctors had a habit of distancing themselves from their more average counterparts (e.g. Galen passed harsh judgements on his humbler colleagues).\textsuperscript{107} Nutton acknowledges that his epigraphical sources may be biased in portraying prosperity in the Eastern provinces under the high-water mark of Antonine rule.\textsuperscript{108}

Later in Imperial Rome, Nutton notes that the Roman innovation of the hospital did alter social circumstances for the physician, because before, patients were treated haphazardly at any convenient location for a brief amount of time such as one night in an Aselebian incubation room, a short stay at the physician’s home, or simply at the patient’s own home. Now the development of the hospital, albeit restricted to slaves and soldiers, created a special space for doctors to receive the sick and supervise patients to a closer extent. Therefore, Nutton’s work contributes much to Edelstein’s work in that Nutton reached similar themes about the social nature of ancient medical practice using a broader range of ancient sources from a vast chronology.

**Horstmanshoff (1990)**

Hermann Frederik Johan Horstmanshoff, a professor of classical philology and ancient history, cites and accepts the arguments of Edelstein, Temkin, Cohn-Haft, and Pleket (a 1983 German work closely related to a 1995 English publication, which will be discussed next): “The physicians of antiquity were primarily craftsmen. If they sought to appear as ‘men of learning,’ then it was rather as philosophers or rhetors [using prognosis] than as naturalists or field biologists.”\textsuperscript{109} Through a forceful historiographical analysis of the Hippocratic tradition, Horstmanshoff contributes new insight into how the popular image of the Hippocratic physician as scientist came about. The traditional image of the ancient Hippocratic physician consists of a doctor who carefully conducts empirical studies, emphasizes the patient rather than disease, stresses observation rather than theory, and makes prognoses.\textsuperscript{110} Horstmanshoff determined that the prevailing image of Hippocrates as the founder of

\textsuperscript{105} Ibid., 42.
\textsuperscript{106} Ibid., 41.
\textsuperscript{107} Ibid., 47-8.
\textsuperscript{108} Ibid., 43.
\textsuperscript{110} Ibid., 183.
scientific medicine was produced through a series of anachronisms made by various medical writers throughout the ages.\textsuperscript{111} He argues that they made the egregious error of retrospectively projecting their own ideals back onto the Hippocratic corpus and it was not until after Emile Littré (1801-1881)—when the Hippocratic Corpus was no longer the daily guide to clinical practice\textsuperscript{112}—that Hippocrates be understood in his own ancient context.

In Littré’s time during the early to mid-19\textsuperscript{th} century, medicine was still wrought complications (e.g. post-operative infections) and Littré returned to Hippocrates for answers. Littré, “steeped in Enlightenment thinking,”\textsuperscript{113} published a French translation of the Hippocratic corpus, which arbitrarily labelled certain writings as “authentic” only if it matched with the image of physician-scientist; everything else was rejected as being “not genuine”.\textsuperscript{114} Similarly, Galen sought support in the corpus and distorted it to conform to his own scholarly ideals. Galen had his heart set on portraying the Hippocratic Corpus as a subset of rhetoric, rather than an empirical science, because during Galen’s time in second century CE, medicine enjoyed much more prestige as a philosophical art than a technical craft involving manual labour, which resulted in the use of passages opposite to Littré.\textsuperscript{115} Galen exercised a great deal of influence simply by the sheer volume of his prolific writings.\textsuperscript{116} Galen’s well-received writings decisively installed Hippocrates as the glorious “Father of Medicine”.\textsuperscript{117} Going further back in time to when the Hippocratic tradition began, Horstmannhoff reveals that Littré, in his attempt of hone in the “true” fifth and fourth century BCE Hippocrates, inadvertently reconstructed late third century BCE Alexandrian empiricist viewpoints of Hippocrates. The empiricist of school of medicine, which compiled the Corpus Hippocratum from available sources in Alexandria, attributed great importance to works of Hippocrates that promoted observation and drawing conclusions from raw experiences, not theoretical speculation.\textsuperscript{118} In conclusion, Horstmannhoff provides further evidence for Edelstein’s craftsman thesis by exposing how the idealized depiction of Hippocrates as the first scientific doctor is more precisely the product of the Age of Enlightenment and Alexandrian empiricism.

\begin{itemize}
\item[\textsuperscript{111}] Ibid., 183-4.
\item[\textsuperscript{112}] Ibid., 183.
\item[\textsuperscript{113}] Ibid., 186.
\item[\textsuperscript{114}] Ibid., 183.
\item[\textsuperscript{115}] Ibid., 185.
\item[\textsuperscript{116}] Ibid., 184.
\item[\textsuperscript{117}] Ibid., 185.
\item[\textsuperscript{118}] Ibid.
\end{itemize}
Henri Willy Pleket is another classicist who has published on ancient social and economic history. He approaches the issue of social status by examining the status of public physicians throughout antiquity but mainly focusing on evidence from Hellenistic and Roman times. He does not directly cite Edelstein and heavily relies on Nutton as a supporting reference. Pleket argues that public physicians certainly received some gratitude from clients for their services but were far-removed from sociopolitical prominence in their communities, because they, like their non-public physician counterparts, were still craftsmen.\[^{119}\]

According to Pleket, the social status of physicians slightly varied depending on community of practice. Firstly, he immediately dismisses any societal prominence for wandering doctors, because “they were not part of the local social system and at best may have enjoyed some temporary esteem, dependent on their success.”\[^{120}\] The rural village doctors of Egypt and Asia Minor had a somewhat better social circumstance. Pleket says that doctors in these settings may have received private honoraria, farmland, and reasonable esteem from the village, but it is not likely they were part of the social elite and might possibly have attained middle-class at best.\[^{121}\] Pleket believes that the status of urban public physicians (\textit{iatros dêmosiôi}) did not really advance much further beyond that of Homeric physicians, the \textit{demiergos}, who enjoyed mid-level social standing.\[^{122}\] He contends that it is unlikely that a public physician who was of high social standing would be described as an employee on a salary.\[^{123}\] In addition, a public physician in 300 BCE at Cyrene was considered of similar standing to that of a public trainer and this comparison to trainers reduces the likelihood that public physicians were high-ranking in society. However, post-300 BCE, during Hellenistic times, Pleket is ready to accept that:

not more than perhaps 5% of those urban physicians belonged to the real elite, whereas the others are comparable to the rank and file of \textit{eisphora}-payers: decent citizens but nevertheless (upper-) middle-class, living on the fringe of ‘the territory’ of the real elite.\[^{124}\]

The social situation of urban public physicians in Greek cities of the Roman Empire changed again. Pleket suggests that about 60% of urban \textit{archiatría} (successors of the Hellenistic \textit{iatroí dêmosiôi}) were not of the

\[^{120}\] Ibid., 28.
\[^{121}\] Ibid., 28-9.
\[^{122}\] Ibid., 29
\[^{123}\] Ibid.
\[^{124}\] Ibid., 31.
elite class, because no records reveal that they held any offices (political, religious, or otherwise) representative of the urban ruling class. In conclusion, Pleket posits that the majority of all physicians, whether rural or urban, private or public, never exceeded the social rank of upper-middle class craftsman, which is in agreement with Edelstein.

Chang (2008)

Hui-Hua Chang is an Associate Professor of History from Elon University, North Carolina. She performed a close examination of societal elements, which were likely influential in affecting the lives and careers of physicians in the Classical era. Although she cites and agrees with Edelstein, Temkin, Cohn-Haft, Amundsen, Horstmanshoff, and Pleket, she stresses the importance of her evidence provided by sources from the Classical era such as Hippocrates, Herodotus, Demostenes, Xenophon, Aristophanes, and Euripides.

Chang forwards three major conclusions. Firstly, Chang maintains that physicians of Classical Greece were low status craftsman—ambivalent attitudes at best. However, there were changes in the sociopolitical climate of the late fifth century BCE that provided some doctors promising opportunities for upward social mobility. According to Chang, the old aristocracy would have considerably declined, because of many deaths that took place during the tumultuous times of the fifth and fourth century BCE (e.g. Peloponnesian War, war with Macedonia, Plague of Athens). This chaos and loss of human life opened up the upper echelons for a nouveau riche to rise through the ranks by way of commerce, marketing, and profit making.

Secondly, in addition to wealth accumulation, Chang contends that physicians could improve their social status if they dressed their medical theories with the same characteristics of rhetorical discourse, because this intellectual culture of rational thinking and logical argumentation was highly regarded by the elites in the Classical era. The natural philosophy of the Pre-Socratic philosophers and the philosophy of the Sophists were quite in vogue during Classical times. This line of logic follows from Chang’s premise that the upper classes were characterized, not by manual labour, but by a life of academic pursuits to acquire specialized knowledge for learning’s sake.

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126 Ibid., 226.
127 Ibid., 227.
128 Ibid., 220.
129 Ibid., 229-30.
130 Ibid.
Lastly, Chang postulates that physicians further endeared themselves closer to the nobility by way of prescribing therapies directed at maintaining a certain lifestyle and diet for optimal health, because the wealthy elite were only patient population who had the leisure to carry out these time-consuming regimens.\textsuperscript{131} Chang presents the life and times of Eryximachus as a highly representative case example of all her arguments, because he was a physician who adopted rational medical theories and attached himself to the great intellectual Sophists, which made gained him acceptance into the circle of the elite. Thus, Chang provides corroborating evidence for Edelstein’s thesis in describing how doctors engaged in commercial activity using rhetoric and won the confidence of their socially superior clients by prescribing specific therapies, which were only palatable to the elite lifestyle.

**Nicholson & Selden (2009)**

The most recent piece of major scholarship regarding the social status of ancient physicians appeared in a 2009 neurosurgical journal as a collaborative effort between a classicist, Nigel Nicholson, and pediatric neurosurgeon with a Ph.D. in English, Nathan R. Selden. Although Nicolson and Selden do not cite Edelstein’s doctoral thesis, they are familiar with a later work by Edelstein on Asclepius.\textsuperscript{132} Moreover, they essentially agree with Edelstein indirectly through other later authors, Nutton and Chang. However, this duo arrive their conclusions through an analysis of Pindar’s poetry and other contemporary and near-contemporary classical sources. Their analysis revolves around “the primacy of the moral framework surrounding different types of exchange in late archaic society...as a key factor influencing the perception of physicians, poets, and other professionals.”\textsuperscript{133} They propose that Pindar’s poetry may be the first time a doctor is illustrated to have more appreciation for gold than a patient’s health: “Medicine, while with incisions he set others right. But even wisdom is bound by profit. Gold shown in hands, a lordly fee, turned that man too.”\textsuperscript{134} For Nicholson and Selden, Pindar’s emphasis on the exchange of gold provides considerable social commentary, because taking a fee for a commodity service was highly indicative of a craftsman in the eyes of the aristocracy.\textsuperscript{135} As explained by Nicholson and Selden, gift exchange was the more respectable form of exchange, which characterized the aristocratic social order, and as a result, any living, which had an orientation toward

\textsuperscript{131} Ibid., 237.
\textsuperscript{133} Ibid., 179.
\textsuperscript{135} Nicholson and Selden, 185.
commodity exchanges and not gifts, was degrading. Physicians who operated outside the institutions of gift exchanges were also “outside the moral values of the aristocratic community and challenged the social order.”\(^{136}\) This explanation is corroborates Cohn-Haft and Pleket in which craft (or *techne*) implied commodity exchange of discrete products and services. Although generally perceived as lowly craftsmen, Nicholson and Selden agree with Pleket and Nutton in that there were attempts by some doctors to represent themselves more favourably to the elites such as the doctor who commissioned the Kouros of Sombrotidas, an extravagant funeral marker, to flaunt his final resting place in keeping with aristocratic traditions.\(^{137}\) Therefore, this final piece of literature review matches up with Edelstein’s thesis too.

**Conclusion**

This thorough review of literature since Edelstein demonstrates that later authors on the subject of the social status of ancient medical practitioners have largely agreed with Edelstein. Some approached similar conclusions using different sources whereas others nuanced and further built upon Edelstein’s ideas.

Temkin, using written sources, expanded Edelstein’s thesis by further subdividing professional medical practitioners into two subclasses. Cohn-Haft, from his study of Ancient Greek public physicians using both literary and material sources, provided additional supporting insights into professional recognition and socioeconomic status. Amundsen through his study of popular culture texts in antiquity found ambivalent attitudes toward physicians. Nutton essentially verified Edelstein’s thesis using a broad range of sources including literary and epigraphical evidence from a vast chronology all the way into the Roman period. Horstmanshoff supported Edelstein’s thesis by shattering the popular image of Hippocrates as a scientist. Pleket by examining the social status of public physicians especially in Hellenistic and Roman times found that physicians did receive some gratitude for their work, but were still considered craftsmen nonetheless. Chang closely looked at societal elements of the late fifth and fourth centuries BCE and explained how shifts in the sociopolitical climate, engaging philosophical rhetoric, and prescribing dietetic therapies would elevate the status of doctors. Lastly, Nicholson and Selden, deducing from Pindar’s poetry and other contemporaneous literary and material sources, emphasized that collecting fees for commodity exchange by physicians invited considerable contempt and scorn from aristocracy, because it was outside the cultural norms of the nobility where gift-giving was more customary.

\(^{136}\) Ibid., 181.

\(^{137}\) Ibid., 183.
Aside from these minor developments, which have only provided further supporting evidence, it is remarkable how one man's work has demonstrated such durability. Therefore, despite initial upsets, Edelstein's interpretation of the ancient Hippocratic physician as craftsman has become well received and it is likely to remain watertight considering how it has withstood 80 years of scholarly scrutiny from authors of various backgrounds and research methodologies. As it stands, the humble image of ancient physician as craftsman will continue to dominate medical debates on status.