King, Helen. "Introduction." *Hippocrates Now: The 'Father of Medicine' in the Internet Age*. London: Bloomsbury Academic, 2020. 1–16. *Bloomsbury Collections*. Web. 26 Apr. 2023. <<http://dx.doi.org/10.5040/9781350005921.0006>>.

Downloaded from Bloomsbury Collections, www.bloomsburycollections.com, 26 April 2023, 14:57 UTC.

Copyright © Helen King 2020. Released under a CC BY-NC-ND licence (<https://creativecommons.org/licenses/by-nc-nd/3.0/>). You may share this work for non-commercial purposes only, provided you give attribution to the copyright holder and the publisher, and provide a link to the Creative Commons licence.

Introduction

‘Too bad Hippocrates didn’t have Twitter 2,400 years ago, because he’s a pretty quotable guy.’¹ This is how a 2017 article from the Australian Fitness Network by a sports nutrition specialist, aimed at those working in the fitness industry, summarizes the current value of Hippocrates to the modern world, before exploring various things he is supposed to have said; these include ‘Let food be your medicine,’ ‘Walking is the best medicine’ and ‘The natural healing force within each of us is the greatest force in getting well.’ While he is by no means the only figure from the ancient world for whom there are lists of ‘quotes’ online,² whose ‘words’ are tweeted daily, who features as a common topic for secondary school projects, and for whom programmes, institutes, prizes, products and an online medical news service – the *Hippocratic Post* – are currently named, I believe that Hippocrates offers a particularly striking example of how the classical world is received outside the academy today.³

Hippocrates’ role in medicine remains exceptional; as Julius Rocca noted, ‘Few, if any other professional bodies today either lay claim to an abiding relationship to a figure from classical antiquity or attempt to make use of one.’⁴ In the comparable case of Socrates, for whom there already exists a full study of his reception,⁵ his name tends to feature in connection with various educational initiatives, such as the Aspen Institute’s Socrates Program, ‘a forum for emerging leaders (approximately ages 28–45) from various professions to convene and explore contemporary issues through expert-moderated dialogue’. The bilingual Socrates Academy in Matthews, North Carolina uses the Socratic method to teach the three Rs.⁶ Socrates is known today for a method of ‘moderated dialogue’ as well as for his challenge to state religion, whereas the name of Hippocrates often carries a far more practical, material dimension: an electric juicer, a ‘miraculous’ face cream, a soup and a highly-controversial residential raw-food

diet programme currently claim his authority, and what are assumed to be ‘his’ views feature extensively in support of both orthodox and alternative medicine.⁷ In this book I shall mostly be using the term ‘alternative’, although I accept Robert Jütte’s point on German uses, namely that alternative ‘gives the twin mistaken impressions that there is a real alternative and that patients or clients really have a choice’; Jütte preferred ‘nonconventional’.⁸ As James Whorton has charted for the United States (and to a lesser extent for Britain), in the mid-1990s ‘alternative’ medicine became ‘complementary’ (suggesting its use alongside orthodox medicine) and then moved towards ‘integrative’ as a range of methods were employed together.⁹ The warmth of that word ‘integrative’ is unusual in the history of the relationship between medical approaches because ‘alternatives’ tend to oscillate between trying to graft themselves on to the Hippocratic family tree and wanting to annihilate the established system. At a 1911 party in honour of Andrew Taylor Still, the founder of osteopathy, the toast included: ‘The name that shall be blazoned out of the Skies of Science will not be Hippocrates, the Father of Medicine, but Andrew Taylor Still, the Father of the Healing Art.’¹⁰

Putting the Hippocratic *Oath* up in one’s consulting room remains a way ‘to let your patients know your role as a healer’, in the words of the Christian Medical & Dental Associations, who sell a silver-framed version with the title ‘A pledge to my patients’.¹¹ Pleas for other professions to construct an oath for themselves are widespread on social media. On the other side of the doctor–patient relationship, a site to which I shall return in Chapter 4 links to the *Oath* and exhorts readers to ‘Download a copy prior to your next doctor or dental appointment and conduct a performance evaluation!’¹² Above all, however, Hippocrates’ name still means compassion: ‘The man who mends women: the wrath of Hippocrates’ is a 2015 documentary film directed by Thierry Michel, and tells the story of Denis Mukwege and his work helping women who survived rape carried out during the violence in the Congo.¹³

Receiving Hippocrates

When I taught at the University of Reading, we offered a third-year classical reception course called ‘Uses and Abuses of Antiquity’. It raised the question of where, if anywhere, we should draw the line between a valid ‘use’ and an invalid

‘abuse’. Was the use of the Roman fasces, symbol of the power of life and death over citizens, on the Lincoln Memorial a ‘use’, and the presence of precisely the same symbol on door handles in a Vegas shopping mall a ‘misuse’? What gives us the right to judge? More recently, teaching at Gustavus Adolphus College in Minnesota, I discussed the use of Classics as part of a course on ‘Masculinities’. Should the references to the Caesars in a 1944 advertisement for Cannon bath towels and the parallels drawn there between American soldiers in Europe and the Roman army count as use, or abuse?¹⁴ Classical reception looks at the ways in which successive ages have reinterpreted the ancient world across different media, introducing new meanings; it proposes that the meaning of a classical text always includes the response of the reader and, in the words of Charles Martindale, the ‘text becomes not a fixed but a moving target, and so more difficult to hit’.¹⁵

But are there any limits on this movement? As a scholar of reception, I know that the professional and the lay reader of a text will read for different purposes and have different insights.¹⁶ Yet, in responding to current receptions of Hippocrates, I also share the unease of Elizabeth Craik in her recent survey of the Hippocratic Corpus: ‘Statements prefaced by “Hippocrates said . . .” or “Hippocrates knew . . .”, all too common in general writing about early medicine, are fundamentally misplaced.’¹⁷ In 2002, David Cantor noted that ‘Until recently, most accounts of the Hippocratic tradition tended not to explain variety, but to consider whether or not the various visions and uses of Hippocrates captured something of the original figure or his insights.’ The task was understood as being ‘to identify the “true” Hippocrates and then to assess the authenticity of subsequent depictions of him and his medicine.’¹⁸ What was missing, Cantor went on to argue, was any attempt to explore just why Hippocrates was shown in a particular way, at a particular time or by a particular group of people: the reception dimension. He noted the use of Hippocrates in late-1990s computer games, in which Hippocrates could be a character using medicine for world domination, or the name for a starship or an ambulance.¹⁹ Since 2002, references to Hippocrates have continued to expand; social media and news stories have introduced him to new audiences, and in this book I shall be exploring how this happens. Many people today are not responding directly to actual treatises from the Hippocratic Corpus, but actively constructing their own Hippocrates from selected ‘quotes’. This is a highly creative form of reception; it may owe nothing

at all to what is in the Corpus, and in this it differs from the imaginative creations of biographies of Hippocrates which already existed from soon after his death.²⁰

In many ways, 'Hippocrates now' is reminiscent of fan fiction, in which fans of a book, film or TV series write new stories using the existing characters. Yet even this is not an entirely free process: as one writer of such fiction, StillWaters1, comments, 'I write fan fiction because I love the challenge of immersing myself in established characters and worlds, and taking them to new places *while remaining true to their voices and actions* . . . my goal is to sit back, get out of the way, and let the characters speak through my hands. I hope I do them credit [my italics].'²¹

The work of StillWaters1 includes a 2010 story called 'A Hippocratic Proof'.²² In this, the original ship's doctor on the *Enterprise*, 'Bones' McCoy, is disturbed by evidence that Starfleet failed to act on evidence that a member of a survey team who rejected vaccination against pneumococcal meningitis had travelled on to another planet. He states, 'I will prevent disease wherever I can, for prevention is preferable to cure' and refers to his 'oath'; 'sometimes you wonder if you've ever been able to uphold it at all'. Mr Spock, as a Vulcan, does not understand that this comes from a modern version of the Hippocratic *Oath*, but Captain Kirk correctly identifies it as 'Not the ancient Greek version, but a more modern one adapted in the twentieth century.' Mr Spock then asks the computer to locate this version, correlates the clauses in it with McCoy's actions as recorded in the ship's log, and thus proves to McCoy that he is indeed remaining loyal to the *Oath*.²³ The story is consistent not only with the ways in which the characters speak but also with their personalities.

While fan fiction can be judged by other fans in terms of how far a writer has succeeded in 'remaining true to [the] voices and actions' of the fictional characters, this is more difficult for Hippocrates. My intention in this book is to explore further the 'visions and uses' to which Cantor referred, not across the entire history of Western medicine, but today: hence, *Hippocrates Now*. When Cantor recently revisited modern receptions of Hippocrates, he concluded that, other than in debates on ethics, he is 'no longer the point of reference in medical debates and training that he was in previous centuries'.²⁴ From my work on current receptions, I disagree. Hippocrates is still very much a point of reference in all sorts of medical debates, both within and beyond the mainstream. While my focus is on how he is used in medicine of all kinds, I

shall also examine some of the current areas of popular culture from which people learn about Hippocrates.

Stories matter. A reviewer of a nineteenth-century work on Hippocrates noted that ‘The severity of historical investigation, affords some degree of mortification to the lovers of agreeable anecdotes.’²⁵ In this book, I hope I shall not be unduly severe in discussing some of the stories about Hippocrates which currently circulate, because I believe that the ways in which they are told are themselves of historical interest. In his chapter for Cantor’s 2002 essay collection, John Harley Warner noted ‘the constitutive role that historical storytelling has played in medical culture’, with retelling the story of medicine itself as ‘a central ritual of professional culture.’²⁶ While there has always been an industry in telling stories about Hippocrates, I will investigate the extent to which the versions of Hippocrates that now surround us are specific to our age and its concerns. How do they help us to understand the uses of knowledge, specifically the uses of ancient Greek medicine, in the twenty-first century?

I am largely restricting my discussion to the English-speaking world, although there are also traditions of using Hippocrates as ancestor by alternative medicine groups in many parts of mainland Europe.²⁷ For each of these alternatives, just as for Western biomedicine with Hippocrates, the history was to a large extent ‘the history of its founder’, as Clemens von Bönninghausen put it in 1834.²⁸ However, alternative or non-conventional medical systems also included, and continue to include, Hippocrates in their histories. The German physician and historian Ernst-Günther Schink – the Waffen-SS’s nutritional expert – was a co-author of a book on the medical value of fasting, tracing the practice, via Hildegard of Bingen, back to Hippocrates.²⁹ Hildegard, presented as an authentically German practitioner, still has her own internet life on the site ‘Healthy Hildegard’, crediting her with the ‘origins of holistic health’ and paying tribute to how ‘a purpose-driven life can begin at 40’.³⁰ According to Oliver Mücke and Jutta Hübner, around 3 per cent of all those living in Germany use the ‘poorly defined overpriced preparations’ of ‘Hildegard Medicine’, and ‘Healthy Hildegard’ also promotes the idea that Hildegard’s remedies too can be traced back to Hippocrates.³¹

Nor is this just about alternative medicine: history remains important even today within Western biomedicine, whether that means creating a genealogy of continuity of practice, or evoking moral absolutes as suggested by the

Hippocratic *Oath*, to which I shall return in Chapter 4. John Harley Warner argues that, until the last third of the nineteenth century, history rather than science was the true source of orthodox physicians' authority; the power of 'two millennia of enduring tradition' summoned by the name of Hippocrates provided them with a lineage, which in turn gave them legitimacy over the various 'irregular' practitioners.³² In this historical rewriting, Hippocrates was 'highly malleable'. Some praised him unconditionally, and others criticized him for ignorance – for example, in confusing veins and arteries – or for holding 'absurd' views, but such criticisms could be qualified on the grounds that things were different in Greece in Hippocrates' time and that perhaps a more interventionist medicine has become necessary 'now'.³³

There also remains a thriving market for books about Hippocrates by and for orthodox medical practitioners; in the title of a 2011 collection of essays, *Hippocrates is Not Dead*.³⁴ He lives in Classics too: while I was completing this book, *The Cambridge Companion to Hippocrates* was published, aimed at providing 'the uninitiated reader with a first overview'. In the Introduction, the editor Peter Pormann began, 'Hippocrates remains a figure shrouded in mystery. We have next to no indubitable facts about his life' yet at the same time 'Hippocrates remains a hot topic of debate'.³⁵ The 1946 book *Hippocratic Wisdom*, by the biometeorologist and former professor of pathology at the University of Illinois, William Petersen, includes

Why bother with Hippocrates when there is so much to learn in modern texts? Because today, as never before, knowledge of the historical continuity of the tradition that combines theory and practice is indispensable. The student obtaining knowledge and skill only at the top levels of the modern medical skyscraper should know something of the foundation structures and the service plants in the basement and sub-basement if he is to be something more than a technician.³⁶

Petersen was drawn to Hippocrates because of passages suggesting the influence of the seasons and of weather, which resonated with his own views. *Hippocrates is Not Dead* focused on the *Oath*, taking a Roman Catholic perspective which 'explains the Hippocratic vision of medicine and its relevance to our times'.³⁷ The contributor John Brehany addressed his 2007 Catholic Medical Association audience as follows: 'I don't want to make the Hippocratic Oath and Tradition sound like a defensive strategy. I think they

are better described as a positive and guiding resource for you in your career as physicians.³⁸

There are also recent books naming or alluding to Hippocrates which offer a more challenging call to action. For example, Michael Taylor's 2013 *Hippocrates Cried* focused on what he saw as the biggest problems in current US psychiatric medicine:

Without thought, labels are applied and drugs with significant side effects but with only modest efficiency are prescribed. Various brands of psychotherapy are offered with little consideration of what actually helps and which patients are best suited to a particular brand. This is twenty-first century U.S. psychiatry. As a field we have in my view ignored the oath to first, do no harm.³⁹

In a 2018 book entitled *Doing Harm*, Maya Dusenbery demonstrated how women are systematically left out of health care because of sex or gender bias, meaning that their symptoms are not taken as seriously as they should be.⁴⁰ The title is clearly a reference to that much-shared 'Hippocrates quote,' 'First do no harm,' to which I shall return in Chapter 5, and an article mentioning Dusenbery's work opened with 'Hippocrates would be turning over in his grave. A man who admonished caregivers to do no harm, and to use food as our medicine as well to exercise regularly, has to be rather displeased with modern medicine.'⁴¹ These claims about food and exercise will be discussed in Chapters 5 and 6.

Looking like Hippocrates

In addition to the uses of Hippocrates within mainstream and other medical systems today, there is also a much more personal connection which many who call on his name appear to feel. This connection is fed by the images of him which we see now, many of which go back to earlier generations' attempts to imagine him. Portraits and busts of Hippocrates, like framed copies of the *Oath*, are still considered appropriate ornaments for a doctor's office or consulting room. Susan Lederer has traced this trend in the construction of a medical space to the nineteenth century and cites the physician D.W. Cathell who recommended using such images as a reminder of the genealogy of medicine to which one belonged.⁴²

But what should Hippocrates look like? Writing in the *British Medical Journal* in 1997, John Fabre commented that ‘Many have seen a presumed likeness of “the father of medicine” – a sharp eyed, balding Greek in a toga, often under a tree.’⁴³ This is a reference to the very old plane tree on Cos, under which Hippocrates was supposed to have taught, and which has often been a place of pilgrimage for doctors, with seeds, leaves or branches being taken home as souvenirs; medical institutions have even cloned ‘Hippocratic’ plane trees, with one at the National Library of Medicine in Bethesda and another at the College of Physicians in Philadelphia.⁴⁴ Leaves from a tree at Glasgow University, grown from seeds of the one on Cos, were used by the artist Christine Borland for her 1999 works ‘Spirit Collection: Hippocrates’; she was interested in the role of the family in passing on medical conditions.⁴⁵ More mundane is a gavel of wood made ‘from the plane tree of Hippocrates’ currently at the University Medical Center at Duke University.⁴⁶

The tree also features in one of the four postage stamps chosen by J.V. Pai-Dhungat to illustrate a 2015 article. One of the others used a second-century CE tombstone of a physician called Jason examining a child,⁴⁷ while the other two were variations on the most famous image of all: a stone bust of Hippocrates, based on one from the Roman world, seen in the background of Rubens’ portrait of his friend the doctor Ludovicus Nonnius (1553–1645) and dated to around 1627.⁴⁸ This image has an interesting history, which I have discussed in more detail elsewhere; it was used on the certificates issued to those men successfully completing his course in midwifery by William Smellie in the 1750s, an unusual move when midwifery is one of the few medical specialisms for which Hippocrates is not known.⁴⁹ Gerard Van der Gucht (1695 or 1696–1776) made an engraving based on one by Rubens in 1638, which was then used as the frontispiece to Francis Clifton’s *Hippocrates upon Airs, Water and Situation; upon Epidemical Diseases; and upon Prognostics, in Acute Cases especially* (1734), a book owned by Smellie and in which he may have first seen this representation (Figure 1).⁵⁰

In this image, Hippocrates has a receding hairline and is bearded; his forehead is lined, suggesting both thought and concern for his patient. Many current comments on his appearance reproduce images of this bust and base their written descriptions on it; for example, ‘Hippocrates embodied the perfect doctor: kind, wise, old, knowledgeable, with a long beard and profound

Fig. 1 Engraving: portrait of Hippocrates from Francis Clifton, *Hippocrates upon Airs, Water and Situation; upon Epidemical Diseases; and upon Prognostics, in Acute Cases especially* (London: J. Watts, 1734), frontispiece. Wellcome Collection. CC BY.

wrinkles around perceptive eyes. At least that is what we'd like to think.⁵¹ While scholars have noted from at least the end of the nineteenth century that the representations of Hippocrates 'are all without authority',⁵² this does not stop people viewing them as potentially, or actually, realistic.⁵³

The Rubens Hippocrates was not, however, the only option available to those who wanted to know what the great man looked like. Other images available to writers in the eighteenth century showed him with a full head of hair, as in Linden's *Magni Hippocratis Coi opera omnia* of 1665, where he is shown writing; a herb and some surgical instruments complete the picture (Figure 2).⁵⁴

This claimed to be a 'genuine' representation, based on an old coin from Constantinople, although of course that made it no more genuine than any other; nothing survives from Hippocrates' own time.⁵⁵ The iconography of

Fig. 2 Portrait of Hippocrates from Johannes Antonides van der Linden, *Magni Hippocratis Coi opera omnia* (Lugduni Batavorum [Leiden]: Gaasbeeck, 1665), frontispiece. Wellcome Collection. CC BY.

Hippocrates interacts with the texts in the ‘Hippocratic Corpus’; one of these, *On the Physician*, describes how a doctor should look healthy, and an image that probably originated in the late third century BCE represented him to match this text, as ‘a well-fed, confident, partly bald elderly man.’⁵⁶ In Benjamin Rush’s 1806 lecture ‘On the opinions and modes of practice of Hippocrates,’ he was envisaged as ‘Mild in his appearance, and dignified in his deportment, with gray hairs loosely flowing over his shoulders.’⁵⁷

The balding Hippocrates, however, remains the dominant image, even today. Some images still identified as ‘Hippocrates’ show him with very little hair at all.⁵⁸ In *Assassin’s Creed: Odyssey*, released in summer 2018, the character Alexios even makes a joke about how Hippocrates doesn’t like anyone to

mention his lack of hair.⁵⁹ The idea that he was bald goes back to the biographies that circulated in the ancient world, one of which claims that this is why he was shown with his cloak pulled over his head, as in this image from Daniel Le Clerc's 1699 *The History of Physick* (Figure 3), but there were other explanations given; for example, that his head was weak, a claim based on another early biography which stated that he had a rather small body and a weak head, possibly derived from Aristotle's comment that Hippocrates did not owe his title 'the great' to his physical size.⁶⁰ Other explanations for the head-covering were: because he had been initiated into the Mysteries at Eleusis; because the head is the seat of the soul; or simply that pulling it over his head meant 'that it might not hinder him in his business.'⁶¹ Le Clerc's Hippocrates is leaner and more hungry than the 'well-fed, confident, partly bald elderly man' with whom we are familiar today.

Fig. 3 Daniel Le Clerc, *The History of Physick, or, an account of the rise and progress of the art* (London: D Brown et al., 1699). Wellcome Collection. CC BY.

Hairs of Hippocrates

Exploring current variations on the historical baldness theme provides a good introduction to how we construct Hippocrates now. He must – of course! – have known how to look after himself, simply because he was the Father of Medicine: ‘He did live a healthy life to about (estimated to be around 115 years of age) and was considered one of the greatest physicians of his time.’⁶² The baldness has historically been one of the unusual situations in which the normal ‘Hippocrates was right’ trope does not apply; the other is, of course, his death. On the answers.com site, a suggested answer to the question ‘What was Hippocrates [sic] cause of death?’ is ‘He died of natural causes he tried to cure himself but the medicine he took just was not strong enough so he passed away.’⁶³ With baldness, the message may be that Hippocrates could cure it, so we should look to Hippocrates, but instead it is more commonly that, despite the ‘fact’ that even Hippocrates couldn’t find a cure for it, there may be one now; the story usually leads up to a claim for the efficacy of a new treatment being advertised or to a news report of such a treatment.

The Linden image with a full head of hair is used on a Belgian site promoting hair loss prevention, ‘a battle as old as history itself’: here, Hippocrates is a hero of hair loss, who came up with his own formula to prevent it and who was the first to observe that eunuchs did not suffer from it.⁶⁴ On the Wikipedia English-language Hippocrates page – something to which I shall return throughout this book, and particularly in Chapter 3, because it remains the main source for other online and print stories – a claim was added on 1 October 2011 by user ‘Doctor ash karen’ that ‘The most severe form of hair loss and baldness is called the Hippocratic form.’ The source given was a dead web link, to ‘The dilemma of balding solve [sic] by father of medicine Hippocrates. Healthy Hair Highlights News. 15 August 2011’.⁶⁵ While this may count as advertising, something forbidden on Wikipedia, it was not identified as such; instead, user ‘WANAX’ simply moved it within the article to what he or she thought was ‘a more fitting place’.⁶⁶ The original link was reported as dead in April 2012,⁶⁷ but it is reasonable to suppose that it originally went to a variant on the very common online story to the effect that ‘Hippocrates had a personal interest in finding a cure for baldness as he suffered from hair loss. He developed a number of different treatments including a mixture of horseradish, cumin,

pigeon droppings, and nettles to the scalp. This and other treatments failed to work and he lost the rest of his hair.⁶⁸

This is from 'Alopecia World'; in other sites, both in the 'weird and wacky facts' genre and in advertising for private medicine, he 'was plagued by' or 'personally grappled with' male pattern baldness.⁶⁹ It is interesting that the 'Alopecia World' version does not have Hippocrates 'solve' balding; on the contrary, his self-treatment makes it worse. Elsewhere, 'He prescribed himself and fellow chrome domes a topical concoction of opium, horseradish, pigeon droppings, beetroot and spices. It didn't stop anyone's hairline from receding.'⁷⁰ A similar story is that the 'potion' 'Containing beetroot, horseradish, pigeon droppings, spices and opium ... was an abject failure.'⁷¹ The pigeon droppings aspect remains most striking to modern readers, but in the ancient world these were known as a form of animal excrement with no bad smell.⁷²

In Chapter 4 I shall focus on how Hippocrates plays out in news stories today. The story of his baldness is regularly retold to preface any apparent breakthrough in treating male pattern baldness, and in contrast to these modern developments the ancient remedy may be presented not only as ineffective, but as positively harmful. For example, a 2005 discussion on a hair loss forum repeated an article from *The Independent* to the effect that his 'concoction proved disastrous. Hippocrates became ever balder, so much so that, even now, extreme cases of hair loss are referred to as "Hippocratic baldness"'.⁷³ In 2007, *The Times* described Hippocrates' remedy as 'a blend of pigeon droppings, cumin, horseradish and beet-root'; an earlier story on the same topic in the same newspaper – 'Then and now: Baldness' – instead had Hippocrates 'slapping on a mixture of opium, horseradish, pigeon droppings and beetroot. It didn't work. He got so sparse that hairlessness became called "Hippocratic baldness"'.⁷⁴ In addition to showing how dependent on each other these stories are, this also demonstrates the variation in the ingredients named; opium often replaces cumin. Sometimes some perfumes are added to the mix; for example, in some versions he uses 'an ointment of opium and essence of roses. His hair failed to grow back. He then tried a formulation of acacia oil and wine. Again, no luck', a version which featured in a 1982 medical book as 'opium with the essence of lilies or roses, mixed with wine and olive oil'.⁷⁵

Perhaps unexpectedly, this remedy does indeed originate from the Hippocratic Corpus. Historically, the use of irritant substances – usually

combined with something to make the whole thing smell more appealing – has been standard for hair regrowth remedies across the ages, whether for men or for women.⁷⁶ But this particular remedy has nothing to do with male pattern baldness, let alone with Hippocrates himself, and it does not include opium. It comes from the gynaecological treatise, *Diseases of Women* (2.189), where it sits between recipes for face packs and freckle removal. Laurence Totelin translates this recipe for hair loss in women as ‘If she loses hair, apply as a cataplasm: cumin or excrement of pigeons, or crushed radish, or <rub?> with crushed onion, or beet, or nettle.’⁷⁷

Writing this book

I regard this book not only as a study of the contemporary Hippocrates, but also as a case study in how classical studies plays out in news media, social media and the internet more broadly. Because of users’ personal engagement with Hippocrates and because of the invocation of his name to support claims made for modern methods of healing and promoting wellbeing, it is an extreme example, but no less valuable for that.

The way we do history has changed completely in the last decade or so. When writing my earlier books, I spent many days travelling to many libraries, but for this my main resource has been the internet, supplemented by the Wellcome Collection in London. Even where I am citing books, for those published before 1923 I have more likely than not read them in full-text online, for example through my access to the superb library of The Open Library but also through open-access projects such as the Internet Archive.⁷⁸ For what is not available online, I have expanded my personal collection of books by purchasing second-hand copies sourced online: often cheaper than the fare to a library holding a copy. I have used a range of search engines, joined social media platforms, blogged, commented on other blogs and become a Wikipedia editor. For the last five years or so, I have also had a range of Google alerts giving me weekly summaries of where key terms like ‘Hippocrates’ have featured. For any scholar today, social media provide wonderful opportunities not only to keep up with what is happening in the field but also to interact with other academics. I have gained enormously from the community of scholars of

medieval medicine on MEDMED-L, founded in 2008 and moderated by its founder, Monica Green. At points when I have been stuck on a particularly annoying question – such as whether a quote widely attributed to Sir William Osler is authentic – Twitter rapidly connected me with the best possible library and, in this instance, with its supportive librarian, Mary Hague-Yearl.

There are many hazards to this sort of approach. Not everyone who knows about a topic is on social media. The quantity of what is digitized does not yet even match what is not, and I shall discuss this further later in this book when looking at specific examples. Web searches are, of course, fallible. One of the reasons why errors about ancient and medieval medicine persist in work written by those in the field of medicine is that they rely on searching for key words in PubMed and Medline, which do not include work from history journals, and therefore miss the most recent research.⁷⁹ My earlier experiences of using databases like Early English Books Online (EEBO) or Eighteenth Century Collections Online (ECCO) taught me the hazards of spelling, which the feature of ‘fuzzy search’ cannot resolve; in some earlier research, I realized that searching for the character ‘Phaethousa’ was never going to work when she was called ‘Phetula’ by some seventeenth-century writers, while others told her story but completely omitted her name!⁸⁰ Searching for sources for this book, it was clear that looking for the complete phrase ‘First do no harm’ would not only miss those who simply quote ‘Do no harm’ but would also pass over those who reverse the image, as in the title *Doing Harm*, used for a 2014 thriller by Kelly Parsons set in a hospital⁸¹ and also for a 2018 book by Maya Dusenbery exposing sex and gender bias in modern biomedicine today which I have already mentioned.⁸² Google Books has rightly been compared to reading tea-leaves, not just because of its missing pages but because claims that it can be used to track the changing popularity of key terms or the emergence of words and phrases simply do not understand the nature of its materials.⁸³ Many of my references are to websites, and by the time you read this book some will have died; I apologise now for this, and searching for keywords will often bring you to a site’s new location online.

Bearing in mind my subject, it is worth clarifying here that I am not medically-trained, although I worked for nearly a decade as a visiting professor at what was then the Peninsula Medical School in Truro, where I taught a special subject group on the history of dissection. I am, however, as we all are,

a patient. As such, I have benefitted from half a dozen or so surgical procedures, some of them major. I have also used a range of alternative medicines, including homeopathy and osteopathy. The polite way of putting this would be to say that my approach to medicine is 'eclectic', but I have no particular axe to grind.

In the rest of this book, I want to begin by looking at what we know about Hippocrates, before addressing what we used to think we knew. After establishing the current status of Hippocrates in the study of ancient medicine, I will look at the other places where we meet him today. This will include a detailed study of a particular story which was spread by Wikipedia – the main authority for anyone wanting to learn the basics about him – as well as news stories which illustrate how we veer from regarding him as the Father of Medicine who was by definition 'right', to using him to set up a gulf between the weird ancient and the entirely sensible and properly understood modern. I shall then focus on the short quotes which are the main means of spreading his alleged message today, before looking at the broader picture, through the current focus on him as holistic. The reception of Hippocrates today goes beyond what Cantor called 'playful flexibility' or Michel de Certeau called 'the reader's impertinence', and into matters of life and death.⁸⁴ All of these are 'Hippocrates Now'.