

Zeitschrift: Gesnerus : Swiss Journal of the history of medicine and sciences
Herausgeber: Swiss Society of the History of Medicine and Sciences
Band: 49 (1992)
Heft: 3-4

Artikel: Did the Hippocratic physician treat hopeless cases?
Autor: Pioreschi, Plinio
DOI: <https://doi.org/10.5169/seals-521427>

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Did the Hippocratic physician treat hopeless cases?

by Plinio Prioreschi

SUMMARY

The question of whether the Hippocratic physician treated hopeless cases is discussed, and the pertinent passages of the Corpus Hippocraticum dealing with the matter are reviewed. Only one passage (Diseases I, IV) unequivocally advocates treatment when the disease is fatal; all the others, in which hopeless cases are considered, indicate that the physician should not treat or should not treat if possible. The author underlines that, in ancient medicine, the non-treatment of hopeless cases was common and refers to pertinent passages in the Sushruta Samhita, the Caraka Samhita, and the Smith Papyrus. The conclusion is that the Hippocratic physician did not treat hopeless cases, and that such an approach was not only consonant with the paradigms of ancient medicine but of contemporary medicine as well. The contemporary attitude toward the treatment of hopeless cases and the concept of “supportive treatment” and “palliative therapy” is discussed.

Whether the Hippocratic physician treated hopeless cases is a *vexata quaestio* that finds supporters on both sides of the issue^{1,2,3}. The differences of opinion are due to the seemingly contradictory statements on this point found in the Hippocratic Corpus. Such statements can be divided into three categories: I) In favor of withholding treatment in hopeless cases; II) Against withholding treatment in hopeless cases; III) Concerning hopeless cases in which treatment is withheld because it would be harmful.

I. In favor of withholding treatment:

On the Art (III):

“First I will define what I conceive medicine to be. In general terms, it is to do away with the suffering of the sick, to lessen the violence of their disease, and to refuse to treat those who are overmastered by their diseases, realizing that in such cases medicine is powerless⁴.”

On the Art (VIII):

“Some too there are who blame medicine because of those who refuse to undertake desperate cases, and say that while physicians undertake cases that would cure themselves, they do not touch those where great help is necessary. [...] For a man to demand from an art a power over what does not belong to the art, or from nature a power over what does not belong to nature, his ignorance is more allied to madness than to lack of knowledge [...] Now those who blame physicians who do not undertake desperate cases, urge them to take in hand unsuitable patients just as much as suitable ones. When they urge this, while they are admired by physicians in name, they are a laughing-stock of really scientific physicians⁵.”

On Women's Diseases I (LXXI):

“If possible one must not treat such cases [molar pregnancies]; if treatment is given, one must warn [of the possible outcome]. First a general fumigation will be prescribed, then [...] [suggested treatment follows]⁶.”

II. Against withholding treatment:

Diseases I (VI):

“It is correct [...] to treat the diseases that can be treated, recognize the ones that cannot be, know why they cannot be, and, in this case, strive to ameliorate the patients' condition as much as their disease allows⁷.”

On Women's Diseases II (CX):

“At this point convulsions supervene [...] and in this way the woman succumbs to the violence of the disease. It is necessary to announce the prognosis at the beginning of the red flux and to prescribe the regimen [...] [a detailed regimen follows]. If the woman survives the red flux, having lost much blood, she will be pale [...] ⁸.”

Internal affections (XI):

“Another consumption [the second one]: this one arises as the result of exertion. [...] You must treat with the same things that you gave to the preceding patient. This disease continues in most patients up to three years, but still they die; for it is severe⁹.”

III. Hopeless cases in which treatment is withheld because it would be harmful:

On Joints (LVIII):

“Why, forsooth, trouble one's mind further about cases which have become incurable? This is far from the right attitude. The investigation of these matters too belongs to the same science; it is impossible to separate them from one another. In curable cases we must

contrive ways to prevent their becoming incurable, studying the best means for hindering their advance to incurability; while one must study incurable cases as to avoid doing harm by useless efforts¹⁰.”

Aphorisms (VI, xxxviii):

“It is better to give no treatment in cases of hidden cancer; treatment causes speedy death, but to omit treatment is to prolong life¹¹.”

On Joints (LXIII):

“In cases where the leg-bones are dislocated and, making a wound, project right through at the ankle-joint, whether it be toward the inner our outer side, do not reduce such a lesion; but let any practitioner who chooses do so. For you may be certain that where there is permanent reduction the patient will die, and life in such cases lasts only a few days. [...] Treat with pitch cerate and a few compresses steeped in wine. [...] Other suitable applications are leaves of beet or colt’s foot. [...] Anoint the wound itself with warm cerate, and, if it is winter, apply an upper moist dressing of crude wool, sprinkling it with warm wine. [...] Finally, one should bear clearly in mind that the patient will necessarily be deformed and lame; for the foot is drawn up, and the projection of the dislocated bones is obvious. [...] those thus treated are saved; but if the joint is reduced and keeps its place, they die¹².”

On Joints (LXIV):

“The same remarks apply to cases where the bones of the forearm make a wound and stick out at the wrist, whether on the inner or outer side of the hand¹³.”

On Joints (LXV):

“In the cases where a bone of the leg makes a wound at the knee and projects either to the outer or inner side, death is more imminent, if one reduces the dislocation, than in the other cases, though it is imminent in them too. If you treat it without reduction, this method, and this only, gives hope of recovery¹⁴.”

On Joints (LXVI):

“The same remarks apply to the bones forming the elbow-joints. [...] they all bring a fatal issue if reduced; but if not reduced, there is hope of recovery, though those who survive are certain to be maimed¹⁵.”

On Fractures (XXXV):

“Cases where the bone of the thigh or upper arm protrudes rarely recover. [...] Cases where reduction has not been made or even attempted are no less likely to recover. [...] There may be survival even in cases where reduction is made, but it is rare indeed. [...] If you have to attempt reduction [...] (XXXVI): After reduction one should give a mild dose of hellebore on the first day. [...] In cases where the bones are not reduced, a [...] purgation should be made and so with the management of the wounds and the regimen. [...] One should

especially avoid such cases if one has a respectable excuse, for the favorable chances are few, and the risks many. Besides, if a man does not reduce the fracture, he will be thought unskillful, while if he does reduce it he will bring the patient nearer to death than to recovery¹⁶.”

The first two quotations of the first category (statements in favor of withholding treatment) are quite straightforward and clearly indicate that hopeless cases should not be treated. The third passage suggests that molar pregnancies should not be treated except in certain unspecified circumstances and only after warning of the likely outcome. The author mentions a few lines earlier that the disease is not always mortal because sometimes

“if the vaginal flux becomes moderate, the woman survives.”

In the second category (statements against withholding treatment), the text of *Diseases I*, VI is quite clear and practically all translators agree on this point^{17,18}. The quote from *On Women's Diseases II* suggests treatment. “Red flux”, however, although often a mortal disease, is considered by the author not to be invariably so. The passage from *Internal Affections* again suggests treatment, but the author indicates just before and after the quoted text that the three consumptions under discussion, although very severe, are not invariably mortal¹⁹.

The third category consists mostly of cases of bone injury, in which the treatment (reduction) is withheld not because the disease is fatal but because the treatment itself may cause or accelerate death. The withholding of treatment in the cases of this category, however, concerns only the main injuries (compound fractures or dislocations) whereas the accompanying lesions are treated. For example, the wound of the soft parts with the dislocated bones that “project right through at the ankle joint” (*On Joints LXIII*) is treated, and other passages (*On Joints LXIV*; *On Joints LXV*; *On Fractures XXXV*) indicate or imply treatment of the soft parts. The main injury, however, is better left untreated. Of particular interest is the conclusion of the passage from *On Fractures XXXVI*:

“One should especially avoid such cases if one has a respectable excuse.”

Discussion

It would appear that the pertinent passages of the *Corpus* support the point of view that, in general, the Hippocratic physician did not treat hopeless

cases. Only one passage (*Diseases I*, VI) seems unequivocally to advocate treatment when the disease is fatal (as we have seen, the quotations from *On Women's Diseases I* and *II* deal with grave, but not always mortal, diseases). Aside from the cases in which therapy is withheld because it is considered deleterious, in all passages where the treatment of hopeless cases is discussed the authors advise either not to treat or not to treat if possible. It is not clear to what kind of pressure in favor of treatment the authors are referring when they advise to avoid it "if possible" or "if one has a respectable excuse", but it is evident that it is not of a medical nature. Possibly, they refer to social pressure (from the family, because of the prominent position of the patient, because the physician may be considered unskillful²⁰, etc.).

By not treating hopeless cases, the Hippocratic physician was in harmony with other medical paradigms of his time. In ancient medicine, in fact, the concept that hopeless cases should not be treated was common. In Hindu medicine the principle is clearly stated in the *Sushruta Samhita*²¹, and the *Caraka Samhita* explains why:

"[...] the physician who undertakes to treat incurable diseases will invariably suffer loss of income, tarnish his learning and fame, and earn for himself disrepute and unpopularity to boot²²."

The Egyptian physician, when he considered a condition mortal, would declare that it was "an ailment not to be treated²³." The Hippocratic physician was no exception, although in the *Corpus Hippocraticum* we do not find the reasons as clearly stated as in the *Caraka Samhita*.

It may be difficult for some to think the Hippocratic physicians, our direct professional ancestors, could advocate the withholding of treatment from incurable patients, a position that, at first sight, is repugnant to us. For this reason, it has been underlined that the text of *On the Art*, where the most explicit passages (III and VIII) against treatment of hopeless cases are found, was probably written not by a physician but by a sophist and therefore that it is of less importance²⁴; it has been stated that "such an attitude becomes immediately intelligible if the physician presupposes that the patient, if not treated by him, will go to the temple²⁵"; it has even been suggested that, even if others accepted such a principle, Hippocrates himself did not²⁶.

Far from being repugnant, however, the ancient physicians' withholding of treatment in hopeless cases should be considered rational and compassionate. This, in fact, is also routine practice in contemporary medicine.

First of all, we must clearly distinguish between “treatment” and “supportive treatment”. By “treatment”, in a medical context, we usually mean the use of procedures or the administration of remedies designed to favorably influence the course of a disease; by “supportive treatment”, on the other hand, we mean the application of medical knowledge to benefit the patient by relieving his suffering and/or by prolonging his life with the treatment of complications (“palliative therapy”). Supportive treatment, therefore, is not intended to influence the general course of the main disease.

Given these definitions, it is evident that nowadays, as in Antiquity, we do not treat terminal or hopeless cases when the chances of influencing the main disease are nil and when treatment would shorten the life of the patient (as was the case in Antiquity for the compound fractures and dislocations listed in Category III above). For example, we would not administer vigorous anticancer therapy to a cachectic patient with terminal metastatic carcinoma because the treatment would not influence the course of the disease, would cause unnecessary suffering, and would shorten his life. For this reason, we would limit ourselves to supportive treatment, that is, we would make the patient as comfortable as possible and treat, with palliative therapy, complications that would increase his suffering. If such a patient were to develop an intestinal obstruction, for example, a colostomy would be performed, not to influence the carcinoma but to spare the patient the suffering of bowel obstruction. Similarly, in a terminal case, we might irradiate a neoplastic mass exerting pressure on an organ and causing suffering, with the purpose not of influencing the general course of the disease but of relieving the symptoms.

It is evident that, by definition, to treat a disease that is untreatable, that is, whose course cannot be favorably influenced by medical treatment, is ethically, medically, and logically unjustifiable. Ancient physicians, without good analgesics and with limited surgical capabilities, had little to offer in terms of supportive treatment; therefore, by withholding all therapy from hopeless cases, they were simply using good judgement and compassion because they were sparing the patient additional unnecessary suffering. The treatment of the wounds of the soft parts that accompany compound bone injuries is, in effect, supportive treatment limited to such lesions. The passage from *Diseases I* (VI) seems to suggest supportive treatment in general (“[...] strive to ameliorate the patients’ condition as much as their disease allows”) and, in so doing, is the *rara avis* of the Hippocratic Corpus.

We must conclude therefore that Hippocratic physicians usually did not

treat hopeless cases. This is shown by the evidence found in the Hippocratic Corpus, by the fact that it was a commonly accepted principle in ancient medicine, and, finally, by the fact that it is compassionate, logical, and sound medical practice.

All this does not mean that such considerations as disrepute and loss of income, mentioned in the *Caraka Samhita*, did not influence the Hippocratic physician as well. In fact, preoccupation about disrepute is perhaps suggested by the Hippocratic physician's concern about warning relatives and friends (although not the patient²⁷) of the probable fatal outcome when he treated critical diseases (e.g., molar pregnancy and "red flux", as in *On Women's Diseases I* and *II* quoted above). One of the functions of such a warning could have been to avoid loss of reputation (and therefore of income) on the part of the physician in the likely event of therapy failure. Such less noble aspects of the human condition are not unusual co-determinants of man's behavior.

The author expresses gratitude to Dr. Ernst J. Brehm for his help and suggestions. The passages from Littré were translated by P. Prioreschi.

Notes

- 1 Heinrich Von Staden, "Incurability and Hopelessness: The *Hippocratic Corpus*", in *La maladie et les maladies dans la collection hippocratique*, Actes du VI^e Colloque International Hippocratique, edited by Paul Potter et al., Québec, Les Éditions du Sphinx, 1990, pp. 75–112.
- 2 Gheorghe Bratescu, «Éléments archaïques dans la médecine hippocratique», in *La Collection hippocratique et son rôle dans l'histoire de la médecine*, Colloque de Strasbourg organisé par le Centre de Recherches sur la Grèce Antique, Leiden, E. J. Brill, 1975, pp. 41–49.
- 3 Renate Wittern, «Die Unterlassung ärztlicher Hilfeleistung in der griechischen Medizin der klassischen Zeit», *Münch. med. Wschr* CXXI, 731–734, 1979.
- 4 Translation by W. H. S. Jones.
- 5 Translation by W. H. S. Jones.
- 6 Littré VIII, p. 151.
- 7 Littré VI, pp. 151, 153.
- 8 Littré VIII, pp. 237, 239.
- 9 Translation by Paul Potter.
- 10 Translation by E. T. Withington.
- 11 Translation by W. H. S. Jones.
- 12 Translation by E. T. Withington.
- 13 Translation by E. T. Withington.
- 14 Translation by E. T. Withington.
- 15 Translation by E. T. Withington.
- 16 Translation by E. T. Withington.
- 17 See: Renate Wittern, «Die Unterlassung ärztlicher Hilfeleistung in der griechischen Medizin der klassischen Zeit», *Münch. med. Wschr.*, CXXI, 731–734, 1979; Heinrich Von Staden, "Incurability and Hopelessness: The *Hippocratic Corpus*", in *La maladie et les maladies dans la collection hippocratique*, Actes du VI^e Colloque International Hippocratique, edited by Paul Potter et al., Québec, Les Éditions du Sphinx, 1990, pp. 75–112.
- 18 Potter's translation (*Diseases I*, 6, The Loeb Classical Library, Cambridge, Massachusetts, Harvard University Press, 1988, p. 113) differs from the others on this point: "... to treat the diseases that can be treated, but to recognize the ones that cannot be, and to know why they cannot be; by treating patients with the former, to give them the benefit of treatment as far as it is possible". In a personal communication, however, Dr. Potter agrees that the "toiauta" ("such") of *kai therapeuonta tous ta toiauta echontas* (literally: "and treat those having such [diseases]"), which he translated as "former", should be translated as "latter". He therefore agrees with the other translators.
- 19 *Internal Affections*, X and XII. It is not clear, however, whether this refers to all three consumptions or only to the first and the third; in the latter case, the passage would advocate treatment even if the disease is always fatal.
- 20 See *On Fractures*, XXXVI, quoted above.
- 21 *An English Translation of The Sushruta Samhita*, by Kaviraj Kunjalal Bhishagratna, Varansasi, India, 3 vols, 1963, I, p. 28.
- 22 *The Caraka Samhita*, translated by the Shree Gulabkunverba Ayurvedic Society, Jamnagar, India, 6 vols, 1949, II, p. 153.

- 23 See, for example, case XXXI of the Smith Papyrus: *Edwin Smith Surgical Papyrus in Facsimile and Hieroglyphic Transliteration with Translation and Commentary*, edited by James Henry Breasted, Chicago, The University of Chicago Oriental Institute Publications, 2 vols, 1930, I, pp. 323–332.
- 24 Renate Wittern, «Die Unterlassung ärztlicher Hilfeleistung in der griechischen Medizin der klassischen Zeit», *Münch. med. Wschr.* CXXI, 731–734, 1979.
- 25 Ludwig Edelstein, «Greek Medicine in its Relation to Religion and Magic», *Bull. Inst. Hist. Med.* V, 201–246, 1937.
- 26 Huldrych M. Koelbing, *Arzt und Patient in der antiken Welt*, Zürich, Artemis Verlag, 1977, pp. 99–100.
- 27 As stated in *On Decorum* XVI: “[...] revealing nothing of the patient’s future or present condition. For many patients through this cause have taken a turn for the worse, I mean by the declaration [...] of what is present, or by the forecast of what is to come”. Translation by W. H. S. Jones.

Zusammenfassung

Behandelte der Hippokratische Arzt hoffnungslose Fälle?

Der Autor überprüft die Stellen aus dem *Corpus Hippocraticum*, die sich mit dieser umstrittenen Frage befassen. Ein einziges Mal (in *Krankheiten I*, 6) wird unzweideutig die Behandlung einer tödlichen Krankheit empfohlen; alle anderen Texte, die sich mit hoffnungslosen Fällen befassen, halten fest, dass der Arzt diese nicht zu behandeln habe oder dass er doch die Behandlung wenn immer möglich unterlassen solle.

Dies war die vorherrschende Haltung in der Medizin des Altertums überhaupt, was mit Zitaten aus ägyptischen und indischen Quellen belegt wird. Der Autor kommt zum Schluss, dass der Hippokratische Arzt hoffnungslose Fälle *nicht* behandelte, was im Grunde auch unserer Praxis entspricht, sich bei unheilbaren Leiden auf «supportive» und palliative Therapie zu beschränken.

Résumé

Le médecin hippocratique traitait-il les cas désespérés?

Tous les passages de la *Collection Hippocratique* qui parlent d'affection incurables, à une seule exception (*Maladies I*, 6), préconisent que le médecin ne les traite pas ou, du moins, qu'il s'abstienne de les traiter si cela lui est possible. Cette attitude se retrouve dans toute la médecine de l'Antiquité, aussi en Egypte et chez le Hindous. L'auteur conclut que le médecin hippocratique ne traitait pas les cas désespérés – attitude raisonnable et humaine, qui d'ailleurs est conforme au principe actuel de se limiter, en face d'un mal incurable, à un traitement «supportif» et palliatif.

Professor Plinio Prioreschi, MD
Creighton University, School of Medicine,
Dept. of Pharmacology, Division of History of Medicine
California at 24th Street
Omaha, Nebraska 68178, USA