HEALTH IN ANTIQUITY

Edited by
Helen King

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IN MEMORY OF DOMINIC MONTSERRAT,
SCHOLAR AND FRIEND

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ABBREVIATIONS

Abst.	Porphyry, *On Abstinence*
Alex.	Plutarch, *Life of Alexander*
Amm. Marc.	Ammianus Marcellinus
Anth. Pal.	*Palatine Anthology*
Apoll.	Apollodoros
Aq.	Frontinus, *De aquaeductis urbis Romae* (*The Aqueducts of Rome*)
Ath.	Athenaios
Att.	Cicero, *Letters to Atticus*
Aug.	Suetonius, *Life of Augustus*
Bibl.	*Bibliotheca*
CMG	Corpus Medicorum Graecorum
Conf.	Augustine, *Confessions*
De Off.	Cicero, *De Officiis* (*On Duties*)
Div. Iul.	Suetonius, *Life of Caesar*
DK	H. Diels and W. Krantz (1967) *Die Fragmente der Vorsokratiker*, Zurich
DL	Diogenes Laertius
DS	Diodorus Siculus
DW	*Diseases of Women*
Ep.	*Epistles*
GA	Aristotle, *De generatione animalium* (*On the Generation of Animals*)
Geog.	Strabo, *Geography*
HA	Aristotle, *Historia animalium* (*On the History of Animals*)
Hdt.	Herodotos, *The Histories*
IG	*Inscriptiones Graecae* (1873–)
Il.	Homer, *Iliad*
Isthm.	Pindar, *Isthmian Odes*

K	C.G. Kühn (1821–33), *Claudii Galeni opera omnia*, 20 vols, Leipzig
KA	R. Kassel and C. Austin (eds) (1989) *Poetae Comici Graeci*, Berlin and New York: de Gruyter, vol. 7
L	E. Littré (1839–61), *Oeuvres complètes d'Hippocrate*, 10 vols, Paris
Lyc.	Plutarch, *Life of Lycurgus*
Mor.	Plutarch, *Moralia*
NH	Pliny, *Natural History*
Od.	Homer, *Odyssey*
PA	Aristotle, *De partibus animalium* (*On the Parts of Animals*)
Paus.	Pausanias
Per.	Plutarch, *Life of Pericles*
PG	J.-P. Migne (1857–) *Patrologiae cursus completes. Series graeca. Patrologiae Graecae*
Pind.	Pindar
Plut.	Plutarch
PMG	D.L. Page (ed.) (1962) *Poetae Melici Graecae*, Oxford: Clarendon Press
PNI	psychoneuroimmunology
Pol.	Aristotle, *Politics*
ppm	parts per million
Pyth.	*Pythian Odes*
RA	Dionysius of Halicarnassus, *Roman Antiquities*
Rep.	*Republic*
RIBA	Royal Institute of British Architects
RR	Varro, *Res rusticae*
SEG	*Supplementum Epigraphicum Graecum*
Silv.	Statius, *Silvae*
Soph.	Sophocles
Suet.	Suetonius
VA	Philostratus, *Vita Apollonii* (*Life of Apollonius*)
WD	Hesiod, *Works and Days*
WHO	World Health Organisation

INTRODUCTION

What is health?

Helen King

In Plato's *Gorgias*, Socrates refers to a traditional *skolion*, or drinking-song, in which health is described as the greatest blessing for humankind (451e). This much-quoted song, attributed to Simonides or Epicharmos and thus going back to the fifth or even sixth century BC, says:

> To be healthy is best for mortal man,
> second is to be of beautiful appearance,
> third is to be wealthy without trickery,
> and fourth to be young with one's friends.
> (Simonides fr. 651 PMG)

Hygieia, the female personification of Good Health, was often shown standing beside her seated father, the healing god Asklepios. In the well-known hymn to Hygieia – from which the title of Emma Stafford's chapter (Ch. 6) for this volume is taken, and which is also discussed by John Wilkins (in Ch. 7) – the fourth-century BC poet Ariphron claims that without health 'no one is happy' (Athenaios 15.701f–702b) or, in a different translation, 'no one prospers'. Michael Compton (2002: 324–6) has argued that, in the cult of Asklepios, Hygieia provided a focus for healthy worshippers; in the words of the Orphic hymn to her, the goddess is 'sole mistress and queen of all' who is called upon to 'keep away the accursed distress of harsh disease' (Athanassakis 1977: 90; Compton 2002: 319). Stafford's chapter here explores the changing position of Hygieia in ancient Greek cult, and argues that her worship tells us much about attitudes to health in Greece and also in Rome.

Another fragment of Simonides also suggests that health should be placed before other blessings: 'there is no pleasure in beautiful wisdom if a man does not have holy health' (fr. 604 PMG).[1] The relative importance of the 'good things' was something that was discussed in antiquity; in *Against the Ethicists*, 48–66, the second-century AD writer Sextus Empiricus

summarised the different viewpoints taken. For philosophers of the Academic or Peripatetic persuasion, health did not hold the top position (*Against the Ethicists*, 59); he cited the Academic Krantor, a philosopher of around 300 BC, for whom it was beaten into second place by virtue or courage (*andreia*). But for Ariphron, Likymnios and Simonides, as well as for 'ordinary folk', health was seen as the prime good. Also writing in the second century AD, Lucian described how he accidentally wished his patron 'Health to you', when correct protocol for the morning salutation required 'Joy to you' (*De lapsu* 1). In the course of a discussion of the different greetings possible, he gives what he claims are historical examples of each. Thus, for example, the Pythagoreans preferred 'Health to you' (*De lapsu* 5), and it was with this greeting that Epicurus often began letters to his dearest friends; it is also very common in tragedy and Old Comedy (*De lapsu* 5–6). Lucian cites the *skolion* and also the Ariphron hymn, the latter being described as 'that most familiar piece of all which everybody quotes' (*De lapsu* 6); all the blessings of the world are worth nothing without health (*De lapsu* 11).

So what is health? For the social sciences, it has been argued that the rise of health to the top of the research agenda is a direct result of its increased importance as a value for us (Pierret 1993) and that this in turn only became possible because of improvements in medical knowledge from the 1940s onwards (Breslow 2000: 40). Within Classics, medicine in the ancient world is now an established field of study; however, the essays in this volume, many based on papers given at a conference organised by Karen Stears at the University of Exeter in September 1994, try to shift the focus of study on to health, looking not only at ancient beliefs about health but also at the health status of the peoples of Graeco-Roman antiquity. The project combines archaeological studies of material remains with work based on literary evidence and includes two very individual accounts of the impact of the ancient world on the health of people today through hospital architecture and through drama therapy.

Our society operates with two competing definitions of health. According to the biomedical definition, health is the absence of disease. This idea of a simple polarity between *hygieia* (health) and *nosos* (disease) was one familiar in the early Roman Empire. Plutarch wrote one of several works on good health surviving from the ancient world (*Advice on Keeping Well*; cf. Corvisier 2001), a treatise in which he argues for moderation in regimen, and particularly in diet, in order to preserve health, and suggests that knowledge of one's healthy self is essential so that the warning signs of imminent disease can be recognised (*Mor.* 127d, 129a, 136e–f). Elsewhere, when explaining the nature of *boulimos* (ox-hunger), Plutarch notes that

> Since any kind of starvation, and particularly *boulimos*, resembles a disease, inasmuch as it occurs when the body has been affected

> unnaturally, people quite reasonably contrast it (with the normal state), as they do want with wealth, and disease with health.
>
> (*Table Talk* 6.8, *Mor*. 694b)

The construction of disease/health as an opposition akin to want/wealth is, however, not entirely straightforward. It is much easier to talk about disease than health; readers of this volume may at times feel that they are learning more about 'disease in antiquity' than about 'health in antiquity'. Disease comes in many forms, which can be classified: one part of medicine is to create this classification. Disease is an addition; it is something one 'has'. In this sense, it is more like wealth than want; it is possession rather than lack. To bring in yet another opposition, male/female is often presented as possession (of the phallus) against absence. 'Female' then becomes the unmarked term, which lives in the shadow of the marked term. In many ways, health lives in the shadow of disease, something that many of us have experienced; it is sometimes only when you are ill that you realise what 'feeling well' was like. It is relevant here that, when the sociologist Janine Pierret conducted interviews in France and asked people to tell her what health meant to them, 'it induced talk about illness' (Pierret 1993: 14).

The other understanding of health is a social one (Ruzek *et al*. 1997: 4), seeing it as positive, rather than negative, and is based on the World Health Organisation definition offered in 1946: 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (cited Gordon 1976: 42; Polunin 1977: 87–8).[2] This has been widely discussed, and is mentioned by several of the contributors to this book; Roberts *et al*. cite a variation on it which asserts that health is 'more than mere survival – it is living usefully despite the various diseases and stresses which challenge all of us'. Praised for its attempt 'to place health in the broadest human context' (Callahan 1982: 83), the WHO definition has also been rejected as 'so comprehensive that it equates health with happiness and thus spoils its good intents' (Nordenfelt 1993: 282); although, of course, the equation of health and happiness would not have been seen as a problem by Ariphron. When discussing Krantor's views, Sextus Empiricus suggests that most Greeks think 'It is not possible for happiness to exist when bedridden and sick' (*Against the Ethicists*, 57, trans. Bett 1997: 12), although Plutarch considered that it was perfectly possible to be a philosopher, general or king while being weak or sickly (*Mor*. 126c). Unease has been expressed by modern commentators at the inclusion of 'well-being' in the WHO definition, as this is seen as something going beyond the state of the body, and into areas over which doctors have no control. The inclusion of social factors underlined that 'health' was being extended beyond the domain of medicine and into politics (Callahan 1982: 81), with the roles of housing,

education and environment being recognised. Those resisting this move protested that 'Medicine can save some lives; it cannot save the life of society' (Callahan 1982: 84). The recent move from health to 'wellness', championed by institutions such as the California Wellness Foundation (Jamner and Stokols 2000), has led to the much-derided WHO definition coming back to prominence (Breslow 2000: 39). In some circles, health has been redefined according to the number of ADLs – activities of daily living, such as the ability to eat, or to go to the toilet unaided – which an individual can manage. In traditional societies, however, well-being has been defined not in terms of the individual but rather according to the relationships which that individual maintains with other people, deities or spirits; as Dominic Montserrat puts it in Chapter 14 on the healing cult of SS Cyrus and John in late antiquity, health is an issue 'of religious, cultural and political significance, going far beyond the concerns of the individual afflicted body'. This does not seem very distant from the WHO definition; nor does John Wilkins's point that the goddess Hygieia 'is associated with wealth, children and power' (p. 138, this volume). Indeed, women's health care activists today also stress that health is 'embedded in communities, not just in women's individual bodies' (Ruzek *et al*. 1997: 13).

While not going as far as ADLs, Galen comments on the use of 'health' in his own day:

> I see all men using the nouns *hygieia* and *nosos* thus . . . For they consider the person in whom no activity of any part is impaired 'to be healthy', but someone in whom one of them is impaired 'to be sick'.
>
> (*On the Therapeutic Method* 1.5.4; trans. Hankinson 1991: 22)

How far is this true? Are there specific activities which one needs to be able to perform in order to consider oneself 'healthy'? Sight is an obvious case in point. In Greek myth, blindness is associated with poetry and the gift of prophecy, but may also be seen as the result of transgression; for example, seeing a goddess bathing. It could be taken to physicians, or treated with amulets (Libanius, *Oration* 1), but it is also the most common condition at the temple of Asklepios at Epidauros.[3] At another temple of Asklepios, Phalysios of Naupaktos presented 2000 gold staters after his sight was restored (Pausanias 10.38), and in Aristophanes (*Ploutos* 634ff.) both the god Ploutos and a blind thief seek the help of Asklepios. In Chapter 10, Nick Vlahogiannis raises the issue of the visibility of health on the body; if disability is 'neither an illness nor a disease', then is a disabled person 'healthy'? What happens when a person is cured of a long-standing disability? King (2001b) examined the blindness visited upon Epizelos at the battle of

Marathon (Herodotos, *Histories* 6.117) and argued that his recovery was not possible, because of the status he received by having been blinded in a great victory by a divine event; precisely because the story Epizelos told was one which made him a hero, his illness narrative could never end in cure. But could he nevertheless be seen as 'healthy'? Where some disability is a public statement written on the body, other forms can be internal, private and personal; King's chapter (Ch. 8) in this volume examines Hippocratic gynaecology, and asks whether, for a woman living within the constraints of these heavily pro-natalist texts, it was possible to be 'healthy' if the reproductive function was impaired.

A further question concerns the power relationships of health: who defines it? In medical sociology and anthropology, the standard use of the terms 'disease' and 'illness' suggests the possibility of a mismatch between patients' sensations of health or its absence, and the medical categories applied by the doctor. As Eisenberg's now-classic definition put it, 'To state it flatly, patients suffer "illnesses"; physicians diagnose and treat "diseases"' (1977: 11). Health can be the absence of disease, or a greater sense of wellness; in the latter case, it becomes the absence of 'illness' rather than of 'disease'. 'Disease', then, tends to be used for the (natural/Western biomedical) doctor's definition, based on structural or functional abnormalities, while 'illness' is the (cultural/traditional, third-world) patient's experience. Although the opposition is used most frequently for anthropological encounters between different medical systems, it is also applicable within any single medical system. Within Western biomedicine, for example, 'disease' conventionally refers to symptoms that can be objectively measured or seen, while 'illness' represents the patient's feelings about the significance of the symptoms extending to their moral and social implications (Helman 1985: 293). Moving on to medical systems in general, we could say that the 'disease' label applied to a patient by a doctor grows out of the system within which he or she is trained and the culture within which the medical encounter takes place whereas the experience of 'illness' is equally culturally specific.

A similar division could be applied to health. Health can be used as the opposite of 'disease', and seen from the doctor's point of view, as something which can be judged by particular signs taught to doctors; in our own culture, it is increasingly seen as something that can be effectively measured by medical technology – x-rays, ultrasound scans and microscopic analysis – with the results being expressed in an apparently neutral, numeric form, in body temperature, white cell count, blood pressure and so on. But the self-proclaimed objectivity of measurement in Western biomedicine has been challenged by work such as that of Annemarie Mol and Marc Berg (1994) on anaemia, which has shown that the symptoms listed as indicating this

diagnosis vary considerably between textbooks. The haemoglobin levels, relied upon to diagnose the disease, may in practice vary according to patient's posture, the site from which blood is taken, the time of day, the weather, the amount of fluid drunk by the patient and the method of measurement used.

Health can, however, be seen from the patient's point of view not as the opposite of 'disease' but as opposed to the experience of 'illness'. Some modern works use a model of Asklepios as medical intervention in illness versus Hygieia as the self in search of ways to remain in harmony with nature (Compton 2002: 329; Sassatelli 2003: 82). Being a body, living a body, is a process of interpretation in which we are all engaged. Deciding whether one is 'healthy' or 'ill' can be seen as a social and personal act. My decision to regard myself as 'ill' can depend on a wide range of factors: whether I am able to do all that I have to, or want to do; my knowledge of the severity of my symptoms; and whether the monetary and social costs of taking action outweigh any discomfort I may feel. As Nick Vlahogiannis (Ch. 10, this volume) points out, disease and illness can go with a devaluation of the self; health concerns inclusion, illness exclusion, from parts of social life. In western industrialised society, the decision to be 'ill' relates to the role of worker (Pierret 1993: 17); in order to receive money in lieu of wages, it is necessary to convert illness into a recognised category of disease. John Murray's study of late-nineteenth and early-twentieth century evidence on sick funds usefully summarises 'the cultural inflation of morbidity'; the idea of variation in the 'cultural standards of what constituted sufficient sickness to absent oneself from work' (2003: 237–41). Most scholars believe that the availability of funds to support sick workers led to a fall in the level of illness needed to be defined as 'sick'; however, Murray argued that social, as well as economic, factors affected such self-definition. James Riley's work (1997) suggests that workers did not take time off more frequently, but remained off work for longer at each sickness incident.

Deciding that I am 'ill' may not involve consulting another person, whether family member, friend or health care professional; in the 1970s, it was estimated that 75 per cent of symptoms were treated by the patient only (Levitt 1976). The social valuation of different diseases will affect the patient's response. For example, do those who think they may have AIDS seek help, or do they avoid seeking help because they are afraid of stigma? If the rate of venereal disease is found to be very high in a particular geographic area, does this mean simply that such disease is particularly common there, or is the figure due to less stigma in reporting the symptoms?

So patients may decide they are 'ill', and seek treatment, for a variety of reasons. However, because the medical encounter is about power, the patient's sensation of having crossed from health to illness may not coincide

with the doctor's definition of the point at which health becomes disease. Philip Moore's work, *The Hope of Health*, published in 1565, hints at the possibility of a mismatch between doctors' and patients' definitions of health in the sixteenth century: 'it be needful to declare, what health is, and wherein it consisteth, that thereby the ignorant may learn to know when they are in perfect health, and when they be inclined to sickness' (1565: 45). Here, for patient, we read 'the ignorant'. Patients fail to realise when they are sick – they waste the doctor's time by turning up when healthy or staying away when sick and then only presenting when it is too late. This is a theme in Hippocratic medicine too, for a very good reason; blaming the patient for delay in seeking help is a highly convenient way of explaining why the patient died despite having been treated by the doctor. It was not the treatment that killed the patient: no, it was just left too late (e.g. *Prognostics* 1).

It is clear that discrepancy between medical definitions of health and our experiences of it as patients persists in our own culture. Stephen Kellert cites a number of studies of both mental and physical illness that suggest the possible scale of such discrepancies (1976: 224–5). For example, in the 1960s a study of over 10,000 apparently healthy people concluded that a staggering 92 per cent of them had 'some disease or clinical disorder'. A study in 1934 of 1,000 children found 611 had already had their tonsils removed. The remaining 389 were then medically examined, and 174 were considered to need tonsillectomy. This left 215, who were sent to another group of doctors; 99 of them were found to need a tonsillectomy, leaving 116. They were sent to yet more doctors, who recommended tonsillectomy for nearly half of these. Private medical screening feeds on the fear that you can feel absolutely healthy, but in reality you are very sick indeed. In Western biomedicine, although there may be a 'textbook picture' of disease, it is nevertheless accepted that different patients with the same diagnosis will have different symptoms (Helman 1985: 314); it is also possible to have either disease-without-illness, where the patient feels well but laboratory tests show evidence of a disease (Mol and Berg 1994: 256), or illness-without-disease, where the patient feels unwell but laboratory tests show no clinical abnormality. It is even possible for illness to mimic disease, as in Cecil Helman's classic 1985 study of pseudo-angina, in which a patient learns the symptoms of angina by being on the relevant hospital ward.

In ancient Greece, two opposed views of health and disease coexisted. On the one hand, it was believed that the original state of humanity was health; myth described how diseases were released from Pandora's jar along with hunger and hard work (Hesiod, *WD* 102–4), while some medical writers, such as Dicaearchus, believed that the original diet of human beings was free from any of the harmful residues which they thought caused ill health

(fr. 49 Wehrli). On the other hand, the writer of the Hippocratic text *On Ancient Medicine* argued that the original state was disease, seen as the result of eating raw and uncooked foods like those consumed by wild beasts; this was gradually overcome by doctors working to create a diet appropriate for people (see further Wilkins, Ch. 7, this volume). In both cases, health is only a pawn in a bigger game, whether that game is myth explaining how all the perceived evils of the world derive from the same point, or medicine claiming the credit for all that is good (King 1999).

The chapters in this collection warn us against making broad generalisations about 'health in antiquity'. Such generalisations often rely on our attempts to construct ourselves in opposition to the past; for example, to romanticise the ancient diet as good and simple and healthy, because we live with preservatives and pollution, a position which is just as insecure as an earlier generation's assumptions that the health of people in antiquity must have been inferior to our own because we are a model of progress. Similarly, Neville Morley (Ch. 11) points out that the literature on the Roman city represents it either as a paragon of health, or as a place of darkness and disease; these two extremes depend in turn on whether architecture or literary evidence is privileged.

Reality, so far as we are able to judge it, was far more complicated. Bob Arnott's chapter (Ch. 1) describes how increased food production could – paradoxically – have led to a poorer diet, as the foods produced were those that could be most easily preserved, which tend to be foods with a high carbohydrate content, low in iron, vitamin C and calcium; it is even possible that increased food production led to sub-clinical malnutrition. Domestication of animals, which we may regard as further progress for human health, may instead have led to a rise in disease, if we take account of the zoonoses, those diseases which can spread to humans from animals; these include tuberculosis, discussed by Charlotte Roberts and her fellow contributors (in Ch. 2). Sherry C. Fox (in Ch. 3) cites evidence that animals lived within the domestic space of the home as early as the mid-fourth century AD: Neville Morley (in Ch. 11) notes that this also increases the incidence of malaria. The move to settled communities meant a greater risk of those diseases spread by proximity, such as respiratory infections (Roberts *et al*. in Ch. 2), while irrigation created an environment in which parasites thrive. The baths associated with the Romans appear 'healthy' but, as Sherry C. Fox reminds us, their practice of sharing toilet sponges would have spread disease.

There is thus no linear progress in human health. While the palaeopathology of the ancient world can tell us what was in fact eaten, John Wilkins looks at dietary theory in the Greek and Roman worlds, raising the issue of when careful control of diet shades into medical use of plants as drugs. He notes the resistance of many ancient writers in the dietetic

tradition to the fruit and vegetables which we now consider essential to health; however, dietary advice does seem to have incorporated foods which were available to the poor, rather than claiming that good health could only be achieved with an expensive diet. Here we are reminded of Plutarch's claim that the least expensive foods are the best for health (*Mor.* 123d). Although Sherry C. Fox charts dental caries in the populations of Hellenistic and Roman Paphos and Corinth, Ray Laurence's chapter (Ch. 4) reminds us that the teeth of the Romans could be better than our own, while their height was not as far short of ours as we may expect.

The work collected here also draws attention to the variation that existed between cities of a similar nature and of a similar size. Sherry C. Fox's study of Paphos and Corinth finds a broadly comparable picture, but with some differences. Neville Morley paints a picture of Rome as dominated by hyperendemic malaria, with periodic epidemics of other diseases whereas Alexandria was plagued with leprosy. What of the city and the countryside? Rural men and women were taller than their urban counterparts in Rome, and Morley points out that 'we cannot assume that, because most Roman cities were significantly healthier places to live than the capital, they were necessarily as healthy as the countryside' (p. 197, this volume). Yet the water supply was better in Rome than outside it, and most ancient cities other than Rome itself were healthier than the medieval, early-modern or contemporary Third World city.

The contributors to this volume also address the effects of a constant level of low health, or sudden outbreaks of acute disease, on society. Fox notes those conditions that would have prevented people from reproducing, or even from surviving to the age at which they would be able to reproduce. Vlahogiannis observes the many situations that could lead to disability in the ancient world, including congenital conditions, accidents, occupational injury and battle wounds. Laurence, however, points out the dangers of drawing conclusions from the evidence of bones; for example, palaeopathological evidence of strained joints could be due to hard work, but it could be the result of deliberate body-building. More broadly, Roberts *et al*. note the limits of palaeopathology. What it can tell us depends on the bones which survive, and our samples can be biased in a number of ways; the skeletal remains from the Vesuvian sites studied by Laurence are unusual in that, unlike a sample from a cemetery, 'they represent a living population' (p. 83, this volume). It is also possible that the virulence of disease organisms has changed, while many diseases leave similar 'marks' on the skeleton, and some – such as viruses, as Fox reminds us – no trace at all. Ralph Jackson's chapter (Ch. 5) examines bones from a different perspective, that of bone surgery in the Roman Empire, and concludes that the tools used were 'finely-designed and exquisitely-crafted', and the techniques used 'generally excellent' (p. 118, this volume).