THE HEALING CLASSICS
MEDICAL HUMANITIES AND THE GRAECO-ROMAN TRADITION

Hybrid Conference, 7-8 September 2022

Speakers and Abstracts

Speakers

1. Ellen Adams (KCL)
2. Jane Bellemore (University of Newcastle, NSW)
3. Chiara Blanco (Edinburgh)
4. John Boulton (University of Sydney/Newcastle, NSW)
5. Susan Deacy (Roehampton)
6. Loren Demol (Macquarie University)
7. Edith Hall (Durham)
8. Brian Hurwitz (KCL)
9. Daniel King (Exeter)
10. Vasiliki Kondylaki (Lausanne)
11. Christian Laes (Manchester)
12. Mary Margaret McCabe (KCL)
13. Peter Meineck (NYU)
14. Michiel Meeusen
15. Kassandra Miller (Colby College)
16. Nephele Papakonstantinou (Julius-Maximilians-Universität Würzburg)
17. Georgia Petridou (Liverpool)
18. Saloni de Souza (UCL)
19. Chiara Thumiger (Cluster of Excellence Roots, Kiel)
20. Colin Webster (UC Davis)

Abstracts

1. Ellen Adams, *Blindness: classical antiquity and modernity*

Modern medical studies refer to Greco-Roman writers surprisingly often. Their voices and authority can serve to illustrate continuity of the human condition, or, conversely, to demonstrate the remarkable strides in scientific progress made over the millennia. I have previously considered how medics and activists have engaged with ancient writers on deafness, and will here turn to sight and blindness. While modern understandings of sight differ greatly from Greco-Roman beliefs, ancient thinkers are still referenced in scientific studies (e.g., Cattaneo and Vecchi, 2011, *Blind Vision: The Neuroscience of Visual Impairment*). There is also a long tradition of a blind man with cane in philosophy, which rarely considers the perspectives of those with lived experience of this condition. This paper explores how, as a consequence of advances in disability rights, scholars in medicine and the Humanities have shifted from a dependency on ancient voices towards listening to blind people themselves. The ancient world has much to contribute towards sensory and disability studies, partly because of this long legacy, but also because these cultures offer a strikingly rich and varied framework for shaping this discussion.

2. **Chiara Blanco, *Disease, Community and Communication from Antiquity to Today***

How was disease communicated in antiquity?
Is the study of maladies in the classical past helpful to our current experience of disease?

By giving examples ranging from antiquity to the present day, in this paper we discuss how bodily and mental disease may lead to both fracture and reconciliation between the individual and the community, thus navigating issues of isolation and (in)communicability connected with the experience of disease. Our discussion will follow and be based on the results of the public event *Disease, Community and Communication from Antiquity to Today*, a one-day public conference which will take place online on the19th of June 2021. The event will involve staff and students from the field of Classics and Medical Humanities based both in the UK and in the US, as well as the general public.
By discussing how disease can break social relationships and at the same time offer new forms of communication and empathy both in antiquity and modern times, our paper suggests alternative ways of reconstructing a community through (and despite of) disease. We begin from an analysis of stigma and communication in Sophocles' *Philoctetes* and then proceed to discuss how the same issues are problematised in modern times, and how the study of ancient texts can help our critical approach towards Medical Humanities, which in turn can enrich the methodological approach of scholars in the field of Classics. By comparing different methodological and theoretical approaches, this paper aims to widen and diversify research methods regarding the study of the body, the senses, medicine, and community in the disciplines of Classics and Medical Humanities.

3. **John Boulton, John Ward, Jane Bellemore, Elizabeth Thompson, Tamarin Norwood, Dignitas infanti mortuo*: the legacy of baby loss in the Graeco-Roman Tradition***

Parents expect every baby to live, and that the risk of death from illness will be prevented by medical intervention. Now post-industrial Western society has neither sacred nor secular ritual to provide the channel for dignity and solemnity in grief. We propose that this absence explains the raw expression of grief on contemporary children's graves that use euphemisms such as "born sleeping" or "taken by angels". In contrast in the pre-Christian Republic and early Principate, Roman parents had to bear the anxiety of the constant risk of fatal illness amongst their children, and those who were able memorialized their child's death through marble busts and waxen death masks (*cerae vultus*). These stated the child's exact duration of life, and may be understood as childhood analogues of *imagines maiorum.* Later in the Christian era families gave the child's date of death on headstones, with epitaphs that celebrated the child becoming a member of Christ's family whose spirit waits for the glorious day when she will rejoin her family in the new world of the Risen Christ. This memorialisation now touches our hearts through its expression of parental grief, and provides us with a connection across the millennia through our common humanity.
In this paper we contrast the emotional benefit to parents of the dignity from public expressions of grief over the death of the infant, and the formalisation of sympathy through public memorialisation, with the contemporary attitude that thinly veils social criticism of the public expression of parental grief through advice for counseling as if it were a necessary step for closure.

4. **Susan Deacy, *'Sounds like being autistic': how the 'classical tradition', especially myths of Hercules, resonates with autism***

This paper will look - though an autism lens - at a key commitment of 'Healing Classics' as set out in the Call For Papers, namely with 'the continuing creativity and vitality inherent in the classical tradition'. The focus will be around how - and why - classical myth can 'speak' to an autistic 'world' while helping autistic people make sense of the other, 'non-autistic' or 'neurotypical' world: the 'world' metaphor for being autistic or otherwise will be discussed during the paper. The paper, grounded in a social rather than medical model of disability, will not be concerned with any possibility of 'healing' via classics but with how classical themes can resonate with distinctive autistic ways of being and experience. The key classical theme for exploration will be myths of Hercules which - as I shall set out by discussing a set of activities I have designed for autistic children - have potential to resonate with autistic experiences including around causality, social interaction and processing and communicating emotions.

5. **Loren Demol, *Patient Care and 'Human Qualities' in Ancient Graeco-Roman Healing***

Recent scholarship in the field of ancient Graeco-Roman medicine (e.g., Porter 2016) questions whether physicians genuinely cared for their patients' health or if physicians merely viewed patients as cases in need of a cure. Since discomfort, pain and stress can arise from illnesses and injuries—and because of pharmacological treatments and surgical interventions—the extent of care given to patients by professionals and the reduction of physical or emotional medical trauma are key concerns in both ancient and modern contexts.
Using case studies of acute and chronic diseases, this paper discusses aspects of medical encounters and patient care in Graeco-Roman methods that we may read as positive, beneficial, useful, thoughtful, compassionate or kind from a twenty-first century perspective. In line with the medical humanities theme, I also consider diverse actions within medicine outside of typical pharmacy and surgery, such as exterior and environmental accommodations or conditions which show consideration of the patient's ongoing healing and comfort.
In conclusion, I reflect on the relevancy of data from medical texts to current discussions and research about conditions for healing. For example, recent studies (Huisman et al. 2012; MacAllister et al. 2016) demonstrate the potential for the modern hospital space to promote innate patient healing and improve wellbeing via aspects of the physical environment (e.g., lighting, noise, views, visitors and privacy). I also comment on understandings of disease and its causation in antiquity and how contextual medical theory may complicate our search for 'human qualities' in Graeco-Roman medicine leading to misrepresentation of ancient interventions.

6. **Edith Hall, *Sorrow but Survival: The Therapeutic Moral Example of the Chorus of Aeschylus'* Agamemnon**

Aeschylus' tragedy *Agamemnon* was first performed in 458 BCE, to an audience of Athenians who had undergone, over the last six decades, the deposition of a despotic tyranny, a democratic revolution, tragic losses incurred during overseas warfare and two invasions by the Persian imperial militia, the sacking of their city, and a murderous civil war. The

community voice of the chorus of *Agamemnon*, elderly but politically engaged citizens of Argos, explores dark emotions in poetry never equalled for emotional force and psychological depth in all ancient drama. In particular, it explores the trauma of a community living in fear of a cruel and tyrannical regime which they struggle to resist, the need for secrecy about expression of true opinion, and the brutalising effect of mass bereavement.
This paper analyses the extensive vocabulary and imagery they deploy to express their psychic state, which is dominated by the emotions of anxiety and terror. Three times they even express a death wish, as if they were somehow taking over from the central actors the role of communicating a central tragic subjectivity.
Their community has recently suffered immense war fatalities, and they imagine the younger Argives being slaughtered in 'countless clashes that exhaust the limbs, their knee pressed down into the dust, and the spear-shaft shattered as battle commences'. We are told that 'unbearable grief universally dominates the homes of everyone who set out from Greece… Everyone knows whom they sent out, but instead of men urns and ashes return to the homes of each one….bringing bitter tears—easily stowed urns crammed with ash instead of men.
They oscillate between attempts to comfort themselves with a traditional religious belief in a providential theodicy, supervised by Zeus, which will ultimately see wrongdoers punished, and a despairing awareness that terrible crimes are being routinely committed within the royal family without any apparent reprisals whatsoever.
They attempt to relieve themselves of psychological pain by recalling trauma, especially by reviving memories of unexpiated crimes in the community, such as the sacrifice of Iphigenia—'Anguish from remembered pain drips over the heart in sleep'. They speak of insomnia and terrible dreams. All their senses are used in the evocation of emotional pain—the bitter taste in their mouths, the screams that echo in their memories, the foul smells in their nostrils, the sharpness of goads, the terrifying visions.
Yet, despite their misery, there is some sense of resistance and hope to be found in the great choral odes of this drama, which could be used therapeutically to help traumatised individuals explore their pain while committing to survival. These bereaved, oppressed old men speak frequently of their hopes that all the suffering will lead to a resolution and happier days for everyone. They know that a simple lifestyle as an anonymous free citizen is far more likely to bring true personal happiness than the luxurious decadence of their rulers' palace. They, unlike their rulers, have retained sufficient humanity to feel tender empathy for the victimised captive Cassandra. Even in old age, they to try to resist the military might of their new overlord, Aegisthus, and refuse to grovel to him as he demands. They survive, with their dignity and principles intact, to wait out the dark times and imagine a better future.

7. Brian Hurwitz, *Modelling Graeco-Roman Trickery as Medical Treatment*

Hippocratic scholars have located medical deceit in the interplay of 'power, dependence and assistance' in doctor-patient relations of the ancient world (Nutton 2004). Such power encompasses the propensity of the human body to generate symptoms that mislead patients as well as the inattentive iatros; it views deceit as a justifiable action that underpins withholding grave prognoses on the grounds of benefit to patients; and it underscores the projection of deceit on practitioners from different medical traditions, whose claims and techne are branded as 'embellished' forms of 'cunning' and 'trickery', designed to impress patients (Jouanna 2012). Helen King holds 'the true iatros [... to be] above such flashy vulgarity' (King 2000). How then should we interpret the dramatic manoeuvre recommended in *Epidemics* VI 5.7 for the treatment of earache, which closes with a small scale pyrotechnic flourish? Acknowledged by its author as the enactment of a pretence, some scholars count the

procedure an ostentatious exception to Hippocratic commitments to rational treatments, which intervene in physical disturbances of bodily processes, to correct them. Viewed as a procedure predicated on 'the deceived subjectivity of the patient' (Thumiger 2016), this formulation aligns with contemporary framings of placebo treatments, as carefully fashioned 'lies that heal' (Moore 2009). Though it heals by a non physiological means, I explicate a thoroughly Hippocratic rationale for *Epidemics* VI 5.7, as a sham therapy grounded in Hippocratic physiology and anatomy.

8. **Daniel King,** ***Reading the Ill Body: Diagnosis as an explanatory process in Imperial medicine and culture***

Over the last two decades, Sociology of Diagnosis has expanded considerably, and has transformed diagnosis into a field of study in its own right (eg. Brown 1995; Jutel 2011).[1] One contribution of this recent work has been to emphasise that diagnosis is not an objective, scientific form of recognition which communicates medical 'truths', but a socially-constructed form of explanation and illness management. This paper will draw heavily on some of the conclusions and methodologies of this sub-discipline to examine the practice of diagnosis in the Roman world. We will begin with key examples of case-histories, including examples of the diagnosis of mental and physical ailments, drawn from the work of Imperial doctors (especially Galen and Rufus of Ephesus). We will then compare some of these accounts with examples of diagnosis drawn from other literary or cultural contexts across the Imperial period. In the first instance, we will examine how representations of diagnostic practice correspond to, apply, or repudiate doctors explicit diagnostic theories or theories about different illnesses. Secondly, by examining these various materials through the lens of Sociology of Diagnosis we hope to be able to investigate the social and cultural role of diagnosis and medicine.

9. **Vasiliki Kondylaki,** ***Achilles' ἄχος in the* Iliad*: Homer as a grief therapist?***

If the name of Achilles refers to the ἄχος aroused in his people (λαός), it should not be forgotten that it also refers to the constant pain attributed to the protagonist of the *Iliad* from the beginning of the epic. Indeed, the Homeric narrator uses the word ἄχος to describe the emotion experienced by Achilles when Agamemnon declares that he will take his prize (1. 188). The same applies to another crucial moment in the narrative, when Antilochus announces to Achilles the death of Patroclus (18. 22).
Taking as a starting point these Iliadic scenes, the objective of this presentation is to highlight the connotations of Achilles' ἄχος, the poetic devices by which this emotion determines his use of speeches, and the resulting effects at a performative level. This will lead us to explore, subsequently, the contemporary effects of reading these scenes during the grieving process. We will try to evaluate how this method could deepen our understanding of the grief experience in the context of modern medical practice. More concretely, emphasis will be laid on the insights that the representation of Thetis as a listener-recipient of Achilles' lament in the *Iliad* could enhance the study of the doctor-patient relationship in the practice of narrative medicine. Ultimately, if Achilles' ἄχος is comparable to a disease that needs to be treated, is it legitimate to resort to the Iliadic diction to find the cure?

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[1] Brown, P. 'Naming and Framing: The Social Construction of Diagnosis and Illness,' *Journal of Health and Social Behavior*, 31.1 (1995): 34–52. Jutel, A. *Putting a Name to it. Diagnosis in Contemporary Society* (Baltimore: JHU Press; 2011).

10. Christian Laes, *Insomnia in Antiquity*

This paper will look at the topic of sleeplessness in both Greek and Roman culture. After an exploration of material conditions that could cause insomnia in the ancient world, I will proceed with a detailed discussion of case studies, followed by literary and philosophical topoi regarding the subject. The view of ancient medical doctors will also be taken into account. In a comparative approach, evidence from other parts and periods of the ancient world will be dealt with too – not the least the Christian evidence with the possibility of continuity or change.

11. **Mary Margaret McCabe, *Health's Trousers***

Contemporary accounts of health are often made in terms of the absence of disease: the concept of health, in this account, is secondary to the concept of disease. This allows the concept of health to appear somehow neutral, simply the absence of the evil that is disease, rather than having positive and accountable value in itself. (To put the point differently in terms of J.L.Austin's classic, and now outmoded, expression: in the definition of health and disease, 'disease' wears the trousers.) This, in turn, renders the concepts of health and disease highly medicalised. In antiquity – at least in the philosophers of the classical period – this account is reversed, so that the dominant idea is health, not disease. How might things change in our conceptual and evaluative scheme if 'health' wears the trousers? And if our concepts change, how does our approach to the world and the institutions we inhabit change with them? I shall explore two different questions. The first is how some ancient accounts of health contextualise health within a community or group (in Plato's *Republic*, for example, or in Aristotle's *Nicomachean Ethics* or *Politics*, especially within their accounts of friendship). In our own terms, this will shift some of the ways in which we think about disease and disability, as well as how health inequality is to be understood. The second is about how these ancient texts figure health as well-being, so across a broad spectrum of value and as a property of a life. If thus the conception of health does not prioritise the medical or the psychiatric over, for example, the cultural or the educational or the artistic or however else we might think of a life well lived, and if a life is understood not merely in terms of its length but also of its richness, then public responsibility turns on the question of full lives not medical events. To think about community value in terms of lives is, I shall argue, transformative.

12. **Peter Meineck, *(Re) Performing Trauma – A Field Report***

In this paper, I will describe my work with Aquila Theatre with American combat veterans that uses ancient Greek performance texts to foster dialogue between veterans and the public and create supportive and active theatrical communities. These programs have been ongoing since 2008 and have developed in a number of directions over the past few years. What is the correlation between the experiences of modern combat veterans and the references to ancient trauma found in these texts? How far can programming like this be said to be therapeutic, taking into consideration that the programs under discussion here are not therapy based? What have been some of the problems encountered along the way and how has the program content been adapted to meet certain challenges? What is the future direction and application

for these kinds of approaches and their value in the community, and what do they offer to the fields of health humanities and the study of the ancient Greek and Roman worlds?

13. Michiel Meeusen, *An Anatomy of Medical Deceit: Galen on Catching Malingerers*

In its dealing with patients who simulate illness and pain and how to find them out, the Galenic *How to Detect Malingerers* raises seminal questions about what it means to be positively and legitimately 'ill' in Graeco-Roman society and beyond. The present contribution offers a 'charitable' reading of the peculiar patient cases presented in this work by interpreting them in light of contemporary social, cultural and medical norms. Specific attention goes to what psychological, cognitive, and affective factors delimit patients' claims towards pain and illness as construed primarily from a professional perspective. The contribution's aim is to problematise this Galenic perspective and to adduce a more patient-oriented approach, in an attempt to break away from the doctor's 'medical gaze', while also deconstructing the certainties expressed by the ancient diagnosticians themselves, where Galen's self-aggrandising successes serve as a most welcome vantage point indeed.

14. Kassandra Miller, *Who Has Time to Exercise? Health, Leisure, and Identity in Galen's* On Hygiene

Leisure time is an important, and often scarce, resource for people seeking to improve or maintain their health. Galen is one of the few ancient Greek authors to directly address the problems that a lack of leisure can create for patients, and he even devotes a section of his dietetic work *On Hygiene* to this specific subject. The proposed paper will examine this section, first considering the social and psychological factors that, in Galen's view, most often led patients to feel temporally constrained; and then examining how Galen recommends physicians to think about and treat such patients.

In *On Hygiene,* Galen distinguishes between two general types of patients short on free time. One type is the enslaved person, whose temporal constraints are imposed externally, by a slaveowner. The second type is the busy politician or social butterfly, whose lack of leisure is, according to Galen, imposed by internal forces, such as one's driving ambition or love of pleasure. Galen makes this latter group the target of his scorn, suggesting that such patients should be ashamed of their misplaced priorities. Toward the former group, in contrast, Galen exhibits some understanding, and recommends that physicians accept and work within such patients' time constraints.

Ultimately, this paper will consider what *On Hygiene* can teach us, as modern readers and medical humanists, about the significance of free time for maintaining healthy minds and bodies.

Using *On Hygiene* as a jumping-off point, it will raise important questions for modern-day healthcare providers about the internal and external pressures that constrain patients' (and physicians') time; how these time constraints relate to social factors like one's profession, socioeconomic status, race, age, or ability; and the ways in which individuals are often judged for the amount of time they commit to health and wellness activities.

15. Nephele Papakonstantinou, *Embodied emotions and the self in Roman Rhetorical Education under the High Empire*

This paper explores an important but overlooked issue: the construction of illness narratives, found in imperial forensic declamations (*controversiae*) dealing with insanity (*dementia*). It does so from the perspective of embodied semantics. These school exercises — the mainstay of Roman rhetorical education from before Cicero to the very end of the Empire — rely on medical vocabulary to convey educated understandings or wider cultural perceptions of mental illness. Looking at issues related to the teaching of medicine in the schools of rhetoric during the 1st and 2nd centuries CE, this paper discusses the way in which the notion of mental illness was understood and negotiated in order to promote specific conceptions of private and public health. It is argued that Roman rhetorical education accounted for transformation of the abstract thinking self through specific embodied emotions with a view to produce healthy identities. We propose to highlight the therapeutic function of this formative process in relation to the idea that the *controversiae* engaged the pupil in mental simulation of illness narratives, bringing him to (re)experience things so as to encourage particular ways of thinking about mental illness. The questions that arise are therefore the following: how did the Romans construct a healthy sense of self through pedagogical practice? What was the deeper meaning of health or disease in the context of forensic narratives? What does this formative process tell us about the anxieties of the socio-political elite of the first two centuries of the Roman Empire regarding the management of private and public health?

16. **Georgia Petridou, Apollo's Arrow*, Aelius Aristides, and the Antonine Plague***

The paper offers a comparative analysis between Nicholas Christakis' engagement with the Iliadic *loimos* in his critically acclaimed *Apollo's Arrow: The Profound and Enduring Impact of Coronavirus on the Way We Live* (Hachette, 2020) and Aelius Aristides' close engagement with epidemics in the Classical tradition in his narration of his first-hand experience of the Antonine plague (*Or.*48.38-45 and 51.9). Christakis claims that it is comfort and the 'wisdom of the past' that we gain from this sort of exercise, but can the same be said about Aristides?

17. **Saloni de Souza, *When the Age is in, So is the Wit: Old Age in Health and Social Care***

In this paper, I argue that critical reflection on what Plato says about old age helps us to recognise and reflect on an important question for health and social care - and one that is particularly urgent in the context of increases in life-expectancy and an ageing population: what, if any, unique benefits to patient and client wellbeing are gained from greater inclusion of older professionals in health and social care?

I begin by showing that Plato points to an epistemic tension concerning knowledge in the context of old age. There seems to be good reason for maintaining that older adults have a kind of knowledge that is unavailable to younger people. Consequently, there may be some roles that older adults are uniquely qualified for in health and social care. Yet, as Plato points out, identifying the cause of this knowledge is difficult because longevity does not seem sufficient; a talented, hardworking young person might be more knowledgable than a less gifted or inefficient older person. Furthermore, we might think that we "slow down" intellectually with old age, so that longevity is not a significant facilitator of epistemic advancement.

I argue that Plato suggests that a distinction between knowledge and wisdom can resolve this tension. A young person might exceed an older person in knowledge. However,

psychological changes that come only with old age can yield wisdom that is beyond her. I end by arguing that although Plato suggests that this wisdom is very restricted in scope, we ought to widen it. In doing so, we see that there are numerous important roles in health and social care, fulfilment of which benefit patient and client wellbeing, but which only older professionals can play.

18. Chiara Thumiger, 'Cura eum possideat'. ***Disease as animal, disease as plant***

Nothing like the way experienced disease is conceptualised, communicated, and imagined speaks of a human/'humanistic' dimension of medicine in the sense of personal, individualised, cultural, psychological, experiential as opposed to theoretical, abstract, quantitative. As subjective experiences are most often expressed, to oneself as much as to others, narratively and trough language I would like to explore in this paper the opposition between two particular sets of metaphors: the disease as wild beast, and the disease as plant. Both are present in the medical cultures and in the imagination about illness and care in antiquity and in its reception, but the second affords a much richer, deeper, and owned expression of the experiences of illness and therapy, of bodily change and long-lasting conditions, of survival and death. I will look at these two sets of metaphors and their tradition in the light of the singular allegory of *Cura*, 'care' but also 'worry', 'Sorge' as demiurgic personality responsible for the creation of *homo* (Hyginus, 220), and offer some comments on its significance in current discussions in the medical humanities.

19. **Jane Bellemore, John Ward, John Boulton,** ***Corellius's choice: autonomy, ethics, and dying with dignity***

Pliny the Younger's friend, Corellius Rufus, decided to end his life at the age of 76 years because of relentless pain in his feet. We know this because Pliny wrote to their mutual friend Caletrius Tiro to express his grief (*Ep*. 1.12), writing that such a death was most lamentable because it seems neither by nature or providence *("quae non ex natura nec fatalis videtur"*). He writes about his friend's fortitude in the face of suffering, but how this overcame his will to live. His suicide continues a long tradition of especially older people ending their lives when they considered that the alternative would be intolerable, dishonorable or a burden. For two millennia monotheistic religions have decreed that all human life is sacred and that we no longer have the right to the autonomy experienced by Corellius. Another argument is that with good palliative care Corellius would have been pain-free and continued to live a full life. The emergence of legislation to enable assisted dying in many jurisdictions in the Anglosphere, typically in the face of entrenched opposition from conservative religious denominations, reflects a groundswell of opinion amongst those who seek to regain their autonomy in order to have the option of a dignified death at the time of their choosing. For example, over 80% of older people in NSW support the legislation for assisted dying, but the churches have imposed their minority view. Our presentation reviews attitudes in Rome regarding voluntary suicide and assisted dying and contrasts them with arguments for and against modern legislative changes.

20. **Colin Webster,** ***On Living Longer and Dying More: Empirical and Imperial Epistemologies in Antiquity and the Present***

Over the last year, the currents of American wellness culture were drowned under the tides of a global pandemic. Yet we still stand mere moments away from another wave of personalized medicine. Wearables and targeted genetic treatments will shortly arrive bundled together in new devices, ready for release to the healthcare market. This amplification of individuated treatments promising longer lives and optimized health will rise at the same time as global health disparities become ever more clear and harder to ignore. These two trends, longer lives and higher mortality rates, may seem to sit uncomfortably together, but they have been close companions before. In the Roman Imperial period, bathing culture and personalized medicine flourished alongside mass death events and global plagues. This paper explores the famous blind spots of Galen's medicine—which had little to say about the most significant health crisis of its time—and sets them alongside our current healthcare incongruities. It explores the ethics and epistemologies of "trickle down longevity" in both Roman and American contexts and the imperial logics resting behind this approach to healthcare.