

## *Introduction*

### **A Problem of Terminology**

#### *Contemporary Terminology*

Asking ordinary people about their views and interpretations – Socrates was already doing it – remains a valuable exercise for the historians of *mentalités* of the twenty-first century. What do contemporary people regard as disabilities?

One answer relates to the permanent and incurable nature of handicaps. According to this view, a handicap is something that a person must bear for a lifetime. This poses a problem. We do not usually refer to a person with incurable cancer as being ‘disabled’. Neither is the term used for chronic illnesses.<sup>1</sup> In medical historical terms, the irreversibility of an affliction is changing rapidly. Cochlear implants have made it such that nearly no one in our Western society is completely deaf. For ancient physicians, incurable afflictions fell completely outside the doctor’s domain. As we shall see, they made exceptions only for mental afflictions.<sup>2</sup>

A second answer refers to employment incapacity or exclusion from social life. This raises problems as well. The integration of people with functional disabilities into the labour market, as well as into broader society, is an important objective in contemporary Western society. In order to achieve this objective, however, we divide these people into categories; even if they have found employment and built a busy social life, we continue to categorise them as ‘different’. In ancient and agrarian

<sup>1</sup> On cancer in antiquity, see Retief and Cilliers (2001) and (2011); Karpozilos and Pavlidis (2004). Ancient doctors did not usually distinguish between malignant and benign tumors, and treated tumors according to the science of bodily humours. See Celsus, *On Medicine* 6.28.2; 7.7.7. For a remarkable case, including the mention of possible amputation due to breast cancer, see Augustine, *City of God* 22.8. Ancient doctors obviously distinguished between chronic and acute diseases. See Stok (1996: 2324).

<sup>2</sup> On ancient medicine and incurability, see von Staden (1990) and van der Eijk (2004). For mental afflictions in this context, see van der Eijk (2013).

societies, as many people as possible were put to work in the production process. Shouldn't we thus be much less inclined to speak of disabilities with regard to such societies?

A third answer (which comes closest to modern sociological and medical definitions) holds that disabilities are often a matter of personal interpretation. Something that is a handicap for one person need not be for another. This answer is essentially a matter of avoiding discriminatory labels, even to the point of changing ordinary language usage into politically correct terminology. For historians, this answer offers both opportunities and challenges. It is important to reconstruct a society's past interpretations (whether discriminatory or not) in order to reveal where these people drew the boundaries between 'ordinary' and 'abnormal', and even between 'normal' and 'abnormal'.

Should science not provide us with more solace in this material than we are offered by popular language usage? We should at least expect physicians, sociologists, lawyers and advocacy groups to provide well-delineated definitions of handicaps. The use of this term is fairly recent, however, with the first reference dating from the seventeenth century in the context of a game of chance. Two objects were set into play. For example, a referee would determine that the worth of a hat was seven pennies less than the worth of a coat. Two players would then place their hands in a cap. An open hand meant that the deal had been accepted, and a closed hand indicated refusal. The first player to withdraw an open hand from the cap would receive the objects, plus the money that had been wagered. If both players revealed an open hand, the referee won the money. The term also appears in the context of horse racing. In order to make races more exciting and balanced, book-makers in the period after the First World War started assigning additional weight to stronger horses or allowing a head start to slower animals.<sup>3</sup>

We shall now consider three definitions from wide-ranging entities.

Online medical dictionaries define the term 'disability' as 'a physical, mental, or emotional condition that interferes with one's normal functioning'.<sup>4</sup>

The definition adopted by the United Nations draws heavily upon the third answer mentioned above, concerning the relativity of the concept of handicap/disability:

The term persons with disabilities is used to apply to all persons with disabilities including those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal

<sup>3</sup> Hubert (2000); Gazzaniga (2004: 642–643).

<sup>4</sup> <http://medical-dictionary.thefreedictionary.com/handicap>.

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and environmental barriers, hinder their full and effective participation in society on an equal basis with others. The drafters of this Convention were clear that disability should be seen as the result of the interaction between a person and his or her environment. Disability is not something that resides in the individual as the result of some impairment. This convention recognizes that disability is an evolving concept and that legislation may adapt to reflect positive changes within society. Disability resides in the Society not in the Person.<sup>5</sup>

Several striking examples are presented for this thesis: a person who can see only with the assistance of lenses or spectacles is handicapped in societies or eras in which such devices are lacking. A child may demonstrate learning disorders due to the inadequacy of the instruction offered or to the limited vision of teachers or parents.

Finally, the Flemish Agency for Disabled Persons (VAPH) also defines 'handicap' as a problem of participation, with reference to the somewhat vague character of the term.<sup>6</sup>

If handicap is indeed an umbrella term (as posited by the World Health Organization), this allows ancient historians to pose challenging questions. For example, Garland refers to figures from the United States indicating that one out of every six people in that country suffers from a handicap – slightly more than the 14 per cent claimed by the World Health Organization for the world population as a whole. This is not necessarily surprising, as nearly all learning disorders and social handicaps – from shyness to hypersensitivity or a broad array of phobias – fit within this definition, at least to some extent. Julius Caesar was ashamed of his premature baldness, and he tried to disguise this deficiency by combing his hair forward and, later, by wearing a crown of laurel. The Roman emperor Hadrian originally allowed his famed philosopher's beard to grow because he wished to cover a birthmark.<sup>7</sup> Clearly, we might label such conditions as disabilities, though Romans would obviously not, given that many of our subtle classifications were simply unknown to them. If we could take a time machine back to the Roman world, however, we would be able to distinguish more handicaps than could be observed in our Western society. Infections, unhealed fractures and diseases that were difficult or impossible

<sup>5</sup> [www.un.org/esa/socdev/enable/faqs.htm](http://www.un.org/esa/socdev/enable/faqs.htm). According to the World Health Organization, not being able to participate in society or labour is what typically causes a disability. Also, the WHO strongly point to the culturally determined character of the term. See [www.who.int/nmh/a5817/en](http://www.who.int/nmh/a5817/en) and World Health Organization (2011).

<sup>6</sup> [www.vaph.be/vlafo/view/nl/20887-Wie+kan+een+beroep+doen+op+het+VAPH.html](http://www.vaph.be/vlafo/view/nl/20887-Wie+kan+een+beroep+doen+op+het+VAPH.html).

<sup>7</sup> Suetonius, *Caesar* 45; SHA, *Hadrian* 26.1.

to cure would have left a large number of people to lead what we would consider a deficient existence.<sup>8</sup> Measuring ourselves by ancient standards, therefore, we would have fewer disabilities, while the ancient world would have many more, if measured according to modern views.<sup>9</sup>

Anyone adopting such definitions as that of the World Health Organization for purposes of historical study, however, would face a serious methodological problem. Homosexuals in Victorian England, black people in the South of the United States in the nineteenth and twentieth centuries, Jews under the Nazi regime and lesbian women in ancient Greece and Rome – all of these groups fit perfectly within the framework of contrasts and exclusion. Within their respective societies, these groups were certainly confronted with serious impairments. Nevertheless, who would expect to find homosexuals, people of colour, Jews or lesbians in a study of disabilities in the past?<sup>10</sup> Anthropologists note that, in certain cultures, twins were regarded as a bad omen, and therefore eliminated. In such contexts, should being a twin be regarded as a handicap?<sup>11</sup> Although this interpretation could be used to write an interesting history of exclusion and discrimination, it does not provide a foundation for a history of disabilities. On the other hand, does this imply that it is simply impossible to write a history of handicaps, given that the concept is so subjectively coloured and subject to change?

For the purposes of this book, I delineate the subject to some extent by adopting a practical approach that nevertheless provides the best approximation of general notions concerning handicaps. This implies a classification into the following categories:

1. Physical handicaps/mobility handicaps
2. Sensory handicaps (visual, auditory)
3. Speech disorders
4. Learning disorders or intellectual handicaps
5. Mental disorders
6. Multiple impairments (often a combination of the above-mentioned categories)

<sup>8</sup> The Old Testament contains striking examples of the crippling effects of broken bones. See Deut. 33.11: 'Crush the loins of those who rise against him and of his foes, so that they rise no more!' and 2 Sam. 3.29: 'May the House of Joab never be free of men . . . whose strength is in the distaff' (*New Jerusalem Bible*).

<sup>9</sup> Laes (2008b: 89–90); Garland (2010: 6–7).

<sup>10</sup> Boehringer (2004) has studied 'lesbian' women from antiquity within the framework of ancient views on monsters.

<sup>11</sup> Harris (1994: 5 n. 35) offers anthropological parallels for the elimination and exclusion of twins. For the Roman context, see also Seneca the Elder, *Controversiae* 9.3, and Pliny the Elder, *Natural History* 7.47 (on the name Vopiscus). See also Witt (2011) on twins as 'disability' in antiquity.

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Comparative anthropological and ethnological studies adopt more or less similar frameworks.<sup>12</sup> The fact that this categorisation does not correspond completely to the intellectual frameworks of the periods under study need not pose an insurmountable obstacle. The history of sexuality in ancient times has been a domain of intensive study, even though neither the Greeks nor the Romans had any terms for sexuality.<sup>13</sup>

Moreover, the medical websites and reports of the World Health Organization alert users to outdated, discriminatory or offensive word usage. For this reason, there is more than a negligible risk that the reader will cast this volume aside. According to some, it would be better to avoid such terms as ‘deaf-mute’, ‘blind’ or even ‘disability/handicap’, instead replacing them with such descriptions as ‘deaf’, ‘visually impaired’ and ‘functionally impaired’. On this point, it could be argued that such words are simply unavoidable in historical studies, as they have been in use for centuries (although this does not imply that we must adopt such words as ‘backwards’, ‘imbecile’ or ‘idiot’ – which were originally psychiatric terms that later came into common usage). Based on his own research and years of experience in the field of special education, the Flemish historian Ben Wuyts chooses to use such terms as ‘handicap’ or ‘handicapped’ (translated from the Dutch): ‘these designations deserve preference over any fashionable language or extreme linguistic purism. They are accurate, respectful designations in proper general Dutch, and they refer to a vision of offering opportunities to people with a disability.’<sup>14</sup>

In anglophone circles, historians have opted to distinguish between ‘disability’ and ‘impairment’. This distinction reconciles interpretations concerning the environmentally specific factors of a limitation with approaches of a more biological/anatomical nature. The term ‘disability’ refers to the socially determined character of an affliction, while ‘impairment’ refers to biological/physical similarities across time and cultures. In other words, people who cannot see are to be found in every culture.

<sup>12</sup> Neubert and Cloerkes (1994) distinguish physical disabilities, sensory disabilities, defects of the genitalia, intellectual disabilities and mental disabilities.

<sup>13</sup> As such, this book approaches disability as a segmentary field that is meant to produce knowledge on social groups which tend to be ‘marginalised’, rather than as a new Dis/ability History with the potential to fundamentally change our general approach to history. See Nolte, Frohne, Halle and Kerth (2017) for a very rich volume on (medieval) disabilities, that for its methodological approach is indispensable for ancient historians too. Also Kuuliala, Mustakallio and Krötzel (2015) offer an excellent terminological discussion on words and concepts of infirmity in antiquity and the Middle Ages.

<sup>14</sup> [www.dewerkerbank.be/Projecten/Empower/Personenmeteenhandicap/tabid/156/Default.aspx](http://www.dewerkerbank.be/Projecten/Empower/Personenmeteenhandicap/tabid/156/Default.aspx) (translation from the Dutch).

Blindness is thus an impairment that these people share with each other. Nevertheless, the question of whether blindness is also a disability very much depends upon the cultures and the societies in which they live.<sup>15</sup>

### *Ancient Terminology*

Any search for Greek or Latin terms coming anywhere close to the modern concept of disability would be in vain. In the case of the latter term, the focus lies on the body's physical and cognitive limitations which make it unable or unfit for work. In a 'healthy' modern state, such a condition is considered as undesirable. On the contrary, pre-modern concepts focus on bodies being marked or blighted by physical or mental deviance.<sup>16</sup> Ancient historians must therefore resort to vague terms in the semantic fields of 'weak', 'helpless', 'deformed/defective', 'sick' or 'unhealthy'. Although dozens of these terms are available, the search also yields entire series of passages that are of little use for this study. Moreover, ancient authors say almost nothing about the congenital character of the defect; we can never know whether the handicap being described was congenital or caused by other circumstances.

The classical languages obviously do contain words referring to visual impairments, deafness, speech problems, mental disorders and mobility problems. In many cases, there are more than one might initially expect.<sup>17</sup> Terms referring to mental defects are notoriously extensive and ambiguous.<sup>18</sup> More than ten words or descriptions existed to denote both deaf-muteness and speech defects. An initial thorough search for terminology for visual impairment yielded about 150 Greek and Latin terms. This offers unexpected opportunities for ancient historians. In the past decade, the possibilities of database research have increased enormously. We now have access to powerful research tools, including the Library of Latin Texts (LLT), the *Thesaurus Linguae Graecae* (TLG), the *Acta Sanctorum* (ASS), the *Bibliotheca Teubneriana Latina* (BTL), *Patrologia Latina*

<sup>15</sup> The distinction between disability and impairment is now firmly rooted in the history of disabilities. It is made consistent by Neubert and Cloerkes (1994) in their anthropological study. For the Middle Ages, this distinction provides the unifying theme for the work of Metzler (2006), (2013) and (2016). Rose (2003) also uses it in her study of ancient Greece. However, others have pointed to the fact that impairment too is not a purely medical, unchanging and ahistorical 'fact'. See Hughes and Paterson (1997) and Metzler (2017).

<sup>16</sup> Richardson (2012: 5–6) for the same issues regarding the Arabic term *'āha*.

<sup>17</sup> A convenient list appears in Garland (2010: 183–185).

<sup>18</sup> The ancient lexicographer Pollux offers a long list: *Onomasticon* 120–122. On problems of terminology, see Wells (1964: 129) and below p.46, 66–72.

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(PL) and *Patrologia Graeca* (PG) for literary sources; the *Clauss-Slaby Epigraphik-Datenbank* (EDD) for epigraphy, the *Duke Databank of Documentary Papyri* (DDBDP) and many others. The list is not even exhaustive. For research on sociocultural history, searchable databases have been truly revolutionary. Whereas, in the past, months of reading would be required in order to stumble upon a significant passage, a properly targeted query can now return the necessary material at the press of a key. It nevertheless remains a diligent chore that requires a thorough knowledge of the source languages. At least now, however, ancient historians are able to start working on unsuspected new texts, while for decades science has largely focused on passages that have withstood the sifting of the major manuals and encyclopaedias of the nineteenth century.<sup>19</sup>

*Ancient Definitions Nonetheless? Monsters and Teratology*

In a few rare and specific cases, ancient authors appear to have gone in search of definitions for what we would consider handicaps. They did this in connection with teratology or monsterology, and usually in situations in which establishing a difference would have had a direct impact on day-to-day decisions: the legal context.<sup>20</sup>

The latest volume of the *Digest* offers a definition of the concept *ostentum* (monster/beast) according to the interpretations of the jurist Ulpian. The context in which we should place the commentary by Ulpian is not entirely clear:

Labeo defines *ostentum* as follows: everything that is born or rendered counter-natural. There are thus two types of *ostenta*. One refers to everything that is born counter-natural (e.g. a being with three hands, three feet or some other counter-natural body part). The other type of *ostentum* is what the Greeks referred to as *phantasmata* (apparitions): things that appear to be marvellous. (*Digest* 50.16.38; Ulpian)

Although this definition is not exceptionally clear, it does at least imply that someone could become a ‘monster’. Another passage from Ulpian clearly shows why lawyers were interested in such definitions. According to the *ius trium liberorum*, a result of the Augustan laws *lex Iulia* and *lex*

<sup>19</sup> See the website of Meulenijzer (2012) for the extensive series of terms relating to visual impairments. Laes (2011g) calls for bringing together an exhaustive body of all passages for the file on deaf-muteness. See also Harper (2011: 18–19) on the new opportunities offered by digital sources (in this case, for studies of slavery in late antiquity).

<sup>20</sup> Gourevitch (1998); Allély (2004b: 90–95); Laes (2008b: 89–91).

*Poppaea* (from 18 and 9 BC, respectively), Roman fathers and mothers of three children received special privileges. But when was a child regarded as having truly been born?

One might ask: if a woman gives birth to a monstrous, deformed or weak child (*portentosum vel monstrosum vel debilem*), or a baby with an unusual appearance or cry, should the delivery be of any advantage to her? The best opinion is that such deliveries should also be advantageous to the parents. They cannot be blamed, as they have done what they were supposed to do. The mother should also not be blamed because the delivery proceeded badly. (*Digest* 50.16.135; Ulpian)

Once again, there is no clear definition concerning exactly what an abnormal birth was. What was to be said of birthmarks, polydactyly or hermaphroditism? In the text cited above, a ‘monster’ appears to be a baby that in no way resembles its parents (or even a person), being more reminiscent of an animal (is the unusual cry the sound of an animal?).<sup>21</sup> What is actually at play here is the philosophical paradox that can be explained with the case of grains of sand or hairs. Although no one would deny the existence of a beach or a beard, how many grains of sand or hairs are needed in order to speak of a beach or a beard, respectively? For Ulpianus, ‘monsters’ existed, although it was not easy to provide any precise definition of the concept. Everyone intuitively thought that a child with eleven fingers was less ‘unusual’ than was a seriously deformed baby. In Ulpian’s view, an exact definition was not particularly important. The birth continued to count as such, and the parents could take it into account for the *ius trium liberorum*. This was not the case according to the jurist Paulus, however, who wished to make an exception only for children with polydactyly.<sup>22</sup>

On 17 November 530, however, the Roman emperor Justinian issued a decree establishing the inheritance rights of a newborn child whose father had died without including the child in his will. In typical Roman casuistry, one might wonder what would happen if such a child had been born but died soon thereafter. Would the father’s original will still be invalidated? Justinian decreed that this would indeed be the case, ‘under the condition that the child was born alive without being a monster or a beast’

<sup>21</sup> Chappuis Sandoz (2008: 22) refers to parallels with Aristotle, *On the Generation of Animals* 4.3.767a35; 769b10 (monsters do not resemble their parents); 4.3.769b8–10 (they look more like animals than human beings).

<sup>22</sup> Paulus, *Sententiae* 4.9.3. See also *Digest* 1.5.14 (Paulus).



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(*ad nullum declinans monstrum vel prodigium*).<sup>23</sup> Once again, one could imagine endless discussions.

As we shall see, ancient physicians, philosophers and Church Fathers also had a special interest in the phenomenon of monsters or beasts. For other domains as well, ancient peoples made a ‘practical’ distinction. In the world of the myths, satyrs, werewolves, witches and bogeymen were ‘special monsters’, as they most closely resembled human beings.<sup>24</sup> In an exceptional passage, the historian Diodorus Siculus possibly provides a distinction between a disease (*pathos/nosos*) that could be treated and a monster or marvellous apparition (*teras*). At any rate, the author does note that hermaphroditism is a medical affliction, arguing that nature would not tolerate a truly bisexual form of existence.<sup>25</sup>

Nevertheless, such thinkers did not come very far beyond definitions concerning the counter-natural – a notoriously difficult concept. Their interest is related to the ‘wonders of nature’ and the unlimited possibilities with which Mother Nature (or God) surprises us. It was thus not related to the daily lives of their disabled fellow humans. A practical definition of health, which serves as a criterion for ‘normal functioning’ within society, can be found in the writings of the physician Galen: ‘A state in which we have no pain and are not impeded in the activities of our lives, we refer to as health ... Unimpaired functioning is the best definition of health.’<sup>26</sup>

In another context, ancient authors were indeed concerned with a possible distinction: the sale of slaves and the possibility of annulment if defects became known. Gellius, who writes from an interest in the exact meanings of words and literary passages, notes that two concepts are at play: *morbus* (disease) and *vitium* (error, defect). *Morbus* refers to a counter-natural state that rendered the body of a slave less useful for work. A disease can affect a part of the body (as with blindness or gout) or the entire body (as with fever). Anyone suffering from a disease (*morbosus*) should also be regarded as suffering from a defect (*vitiosus*). The converse does not necessarily hold: stutterers and horses that bit (!) were regarded as suffering from disturbing defects, but not as sick. Casuistry emerges in this case as well. A master unknowingly purchases a eunuch. Could he have the purchase annulled because his slave is a *morbosus*? Yes, because infertile sows must also be returned to the seller. And sterile female slaves?

<sup>23</sup> *Codex of Justinian* 6.29.3.      <sup>24</sup> Cherubini (2012).

<sup>25</sup> Diodorus Siculus, *Library* 32.12.1 and 10–12. See Graumann (2013: 190) on this passage.

<sup>26</sup> Galen, *De sanitate tuenda* 1.5 (6.25–30 Kühn).

According to the lawyer Trebatius, the sale could not be cancelled if they were infertile by nature, although it could be cancelled if a disease had rendered them incapable of bearing children. Other writers disagreed with Trebatius, regarding every infertile slave as sick. Near-sighted people are also addressed. Some lawyers regarded this as a disease (resulting in the annulment of the sale), while others did not. A similar discussion concerned slaves who were missing teeth. With a certain element of agreement, Gellius reports the definition provided by the lawyer Masurius Sabinus: ‘a deaf-mute or people with defective or injured limbs that render them less suitable for work should be regarded as “sick”. One who is near-sighted by nature, however, is just as healthy as one who walks somewhat more slowly than the average person.’ Other definitions that treat a *morbus* as being of a temporary nature (with a *vitium* being persistent) receive no support in Gellius’ view, however, as they would imply that blindness or the sterility of the eunuch would not constitute diseases, thus eliminating the possibility that the sale could be annulled.<sup>27</sup>

*Retrospective Diagnoses for Bones, Art and Texts: Solution or Problem?*

Instead of proceeding from ancient words, categories or intellectual frameworks, it is also possible to start with the achievements of our current medical field. The physician’s lens can be used to search for afflictions as they are to be found in ancient texts, artefacts or other material remains. This type of retrospective diagnosis is certainly popular. Many retired physicians have become involved in scavenger hunts for afflictions in the past. The first image of Down’s syndrome on a medieval canvas? Traces of rheumatism in pre-modern paintings? Michelangelo and Spinoza as autistic individuals? People are eager to consume articles and books written in this vein. With regard to the Roman world, emperors have proven particularly attractive. Caligula’s concentration disorders and behavioural problems as a result of epileptic seizures during his childhood. The stutterer Claudius, who suffered from the rare Little’s Disease. The line in Hadrian’s earlobe that indicates a heart defect. ‘Next emperor, please!’ is the provocative title of a scholarly article criticising such diagnoses.<sup>28</sup>

<sup>27</sup> Gellius 4.2. There is extensive literature on the distinction between *vitium* and *morbus*, particularly in the works of the Roman jurists. See Lanza (2004); Elia (2007); Cocatre-Zilgien (2008); Gourevitch (2013a). Cf. below p. 52, 126 and 171.

<sup>28</sup> On Caligula: Suetonius, *Caligula* 50, and Benediktson (1991–1992). Cf. pp. 50–55. On Claudius and Little’s Disease, see Gourevitch (1998: 468–470) and Garland (2010: 40–42). Cf. pp. 153–157. Hadrian’s earlobe: Oppen (2008: 57–59). Karenberg and Moog (2004) for a