March 1999 (Volume 40, Number 2) History of Medicine and Concepts of Health

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It was not until the exemplary social reform of the 19th century and the introduction of modern health insurance schemes that people started to consider health as some kind of basic right which could be ensured by insurance and doctors, rather than by individual responsibility. The recent explosion of health system costs in countries like Germany has given rise to an unprecedented situation whereby the limited capacities of insurance systems and state organizations are becoming more and more evident. Health economists are now questioning the feasibility of optimal medical treatment for everybody. One consequence of this situation is that people are being forced to recall the old virtue of individual responsibility for one's own physical and mental well-being. This article examines the nature of health from a historical point of view. The point is made that health is not the same thing as a life free from complaints, although this erroneous belief is wide-spread today. Galen himself identified a neutral physical state between health and illness (neutralitas), that could be observed in many people who could not be described as being either healthy or ill. It is necessary to accept this state as part of the natural fate of humankind and to understand that individual responsibility and the demands on society and insurance companies for well-being or absolute freedom from ailments are not one and the same thing.

Key words: education, medical; health care costs; health education; history of medicine; medical education; modern medicine; health insurance; social responsibility

What is health? An answer to this question has been all but easy from the very beginning. As early as around 300 BC, the Greek philosopher and physician Herophilus defined the significance of health as follows: "Without health, wisdom cannot become evident, art cannot find expression, strength cannot fight, wealth becomes meaningless, and intelligence has no consequences" (1). For Arthur Schnitzler, Austrian doctor and playwright – to quote a witness of our century – health was, together with life and love, one of absolute goods of the human existence (2). Indeed, our quality of life, the type of "self-realization" which the modern man dreams of, is inevitably determined by health. Optimism, pessimism, hope, and despair are closely related to it.

Definition of the World Health Organization

The definition of health offered by the World Health Organization (WHO) is extremely positive. The health is described as a state of complete physical and social well-being, and individual good health is declared to be one of the basic laws of human existence (3). It is clear that this extremely optimistic, broad, and certainly human interpretation provokes contradiction. For, if this definition were to be applied, only a minority of Europeans – an alarmingly tiny part of the world population – would be considered to be in good health. In the Third World, nearly no one would comply with this postulate. On the other hand, it is undeniable that social conditions and changes – not only in the western industrial societies – have a certain weight on our physical and psychical balance (the so-called plagues of civilization are only a special variation of this phenomenon!). However, considering the rapid growth of the world population and increasing economic problems in the western world, the dictum of the WHO appears to be an illusion – and therefore worthless. In addition, it reflects the erroneous belief held by many citizens in the West that there are only two physical states which can apply to the human condition, health and disease, and nothing else.

Changing Definition of Health during the Nineteenth Century

The history of medicine serves to remind us that health is far from being a static (or even normal) state, and that human existence cannot be summed up as being either health or illness. History shows that human existence cannot be defined by tables and machines only, and that measured values cannot always be used to decide whether a person is healthy or ill.

It is regrettable to see such a polarization already laid down in the European social legislation, as, for example, was put into practice by Bismarck in the German Empire at the end of the 19th century (4). Although this polarization entered the labor and insurance laws of many European countries over the years, it had no historical roots in the occidental tradition (5). Indeed, the fathers of the 1883 German

Health Insurance Law model for many other countries unfortunately had a very artificial or even arbitrary view of health. The fact that it was unanimously and uncritically adopted by nearly all physicians can only be explained by scientific positivistic enthusiasm of the nineteenth century! (6). The popularization of this black-and-white thinking was due to the fact that people associated disease with inability to work. Until recently, legislators, insurance companies, and physicians felt unable to offer an alternative to this duality: healthy or ill, able to work or not able to work. The concept of "health" degenerated into a bureaucratic and juridical notion that, from the nineteenth century onwards, drew its legitimization from the prognosis made by the physician (with all the related therapeutic and legally binding consequences).

Neither Healthy nor III: the "In-Between" State

Neither the definition of the WHO nor the Bismarck's concept of health are convincing, for every individual continuously alternates by nature between good and, at least subjectively felt, ill health. This steady, although constantly changing state, comprising headaches, menstruation troubles, insomnia, or certain stress situations, is not vet deemed to be of nosological value, but is simply one of the natural experiences man has to go through during life. "To live with fever, sharp pains, toothaches, and ailments of the eves", as Michelangelo put it (7), was a part of the everyday life over the centuries. These states were even more frequent than the "silence of the organs" (8). misinterpreted by many as health. "Silence of the organs" does not at all mean that a person is not ill (consider neurosis, psychosis or the early stages of infections, for example). Only the increasing use of analgesics and circulation-stimulating drugs, together with the fitness ideal propagated by the mass media, managed to conceal the basically banal fact that health can never be static. In other words health is never absolute, never perfect. Therefore, health in the European history until the nineteenth century represented a steady state that, being subject to many influences and continuous fluctuations, was difficult to define (5). Accordingly, Alcmaeon of Croton characterized it as early as 500 BC as the harmonious cooperation of all parts of the body. He compared Sonoma, viewed as the combined interplay of all forces (dynameis), with monarchia, predominance of only one force with nosological value (9,10). As the knowledge of human anatomy was rudimentary in those days, the equilibrium of the organism was proclaimed to be ideal health. Many variations of his theory persisted in Europe for many centuries, influencing great doctors and philosophers from Hippocrates and Galen up to our own days (5).

Elusive Nature of Health

We have reached a point at which it seems desirable to remember the tradition of the organic equilibrium. We have forgotten, that health does not constitute only a scientific-positivistic, but also a "psychological-moral" fact – as the German philosopher Hans Georg Gadamer tells (11) – with strong subjective traits. In contrast to disease, health is rather "discreet". Despite the wide range of normative values that modern medicine has at its disposal, at the end of the day, there are no means of measuring health. Health is based, in the opinion of Gadamer, "on an inner appropriateness", a state attained by an individual who lives at peace with himself or in inner harmony, as Alcmaeon said. This kind of health is not immediately obvious but it manifests itself rather indirectly in the behavior of a person, in his character, in his visions, and, last but not least, in his fitness as well as in his physical strength. Health produces a "discreet" overall feeling of well-being that makes an individual active, open-minded, and better able to cope with stress.

Historical Concepts of Health

Health is something that each individual possesses to a greater or lesser degree and this is what makes it extremely difficult to measure. The sphere of happiness, comparable to weightlessness, defies in its subjective character any comparison. Whereas a physician can give advice and relate his own experiences, he can never predict the subjective sensations during or after recovery. It is understandable that man has been striving for thousands of years to attain this state of health, and if possible, to maintain it. There is no doubt that in the periods before the conquest of the medical world and its faculties by natural sciences (we cannot be grateful enough today for this radical development), dietetics, i.e., the efforts of people to maintain their equilibrium or health was part of a general ars vivendi in Europe, having almost the status of an art. More precisely, from antiquity until the eighteenth century, the preservation of health was founded on the respect for the so-called six res non naturales qualities not automatically granted or guaranteed by nature (12,13). By the six res non naturales, Europeans understood traditionally for centuries the need for clean air, temperance in eating and drinking, rhythmical change of waking and sleeping, rest and movement, correction of the humors, regulated sexual life and control of the passions (affectus). Health was always closely connected with nature, its architect. That is why the physician saw himself as minister naturae servant of nature. This interdependence was also contained in the stoic maxim secundum naturam vivere - living in harmony with nature (14). To live in accordance with the rhythms of nature was

thereby a way of assuring the inner balance, apatheia (as the ancient stoic philosophers called it) in the true sense of the word (being "free of sufferings"). Whereas contra naturam vivere - living in discordance with nature engendered disharmony of the body, or more explicitly, disturbance of the health promoting steady state that man risks loosing if he strays from the golden middle way (12,13). Whereas insurance advertisements, as well as the promises of western social systems insinuate more than ever that health can only be controlled from outside by physicians and by insurance policies, it comes as little surprise that some philosophers regarded health as the proof of a well-regulated life, idealizing it, and raising it to the level of a virtue. In the classic period of German literature, Hufeland and Carus, both famous medical doctors, and Goethe, their famous patient, subscribed to this view (15,16). Hufeland described health as the most substantial element of this ideal state called dietetics, which is comparable with a work of art (17). We have thus to be artists regarding our quality of life. A master of the art of living is a person who is able to accomplish the type of equilibrium proposed by Alcmaeon and supposed to protect the dignity of man. This ability to equilibrate one's life corresponds to what we call the direct responsibility of an individual for his health.

The Europe of Today

What our western society and, above all, the society of Western Europe must learn is that between the silence of the organs and real illness there is a wide intermediate stage that includes all sorts of pains and ailments. Human life is by definition conceived in a way that excludes an unchanging steady state: good days will always alternate with bad ones. Moreover, we should be able to identify real diseases as well as serious dangers and risks. This could be the kind of responsibility we should get accustomed to. In this context, the prophylaxis will gain in importance. Finally, people in Western Europe have to accept the fact that they can no longer hold the state responsible for their own happiness and health. In simple words, public administration cannot care about everybody's happiness. Health has also to do with a personal decision. The responsibility for these values will weigh on the shoulders of every individual, who could employ the traditional art of self-observation as a means of gaining new sovereignty over health, replacing the modern fear of falling ill. Positive Aspects of Illness – A Forgotten Experience

The extreme consequence of the lost ability to make difference between real illness and all-day troubles and pains could result in what people, just for the same reason, would call an absurdity: impoverishment of the human mind by permanent health and spiritual enrichment by disease. This assertion, which plays a very important role in the history of culture, is one that a practitioner and most patients would refute. However, it might be a source of consolation in desperate situations that are so often characterized by helplessness. Correspondingly, Pascal stated that illness enables the individual to get to the bottom of what life really means - death and, above all, God (18). Petrarch made a similar comment in the fourteenth century (19). These attitudes were identical with the Christian ideal of the vanitas, which periodically influenced the European history of mind from the Fathers of the Church up to the period of Baroc literature. For the German romantic poet Novalis, disease was a "period a person should benefit from to refine his art of living as well as his mind" (20). Numerous contemporary writers and artists shared this view (18). Thomas Mann considered disease and artistic work to be closely connected (18), and the Norwegian painter Edvard Munch compared a life without sufferings "with a rudderless boat" (18). According to Kierkegaard, mental anguish is the actual motivation of a poet "whose lips are formed in a way that despite of giving sighs and cries these latter appear to be good music" (14,18). Writing proved to be the therapy for Graham Green. So he asks, not without logic: "How those who do not write, compose or paint, manage to flee the melancholy and panic that inherent to human nature?" (18).

Prospects The history of medicine teaches us that permanent well-being is not realistic in everyday life. On the contrary, the experience of suffering may enrich man's existence. We have to recognize the old truth that everyday pains and aches are not illnesses but simply a part of the human life. There is no need to see the doctor for every complaint, and society does not have to finance the treatment of every ailment. This realization, together with the understanding that each individual is primarily responsible for his own state of health, could substantially reduce public expenditure on health. At the same time, the re-discovery of individual responsibility would help undo the damage to human dignity caused by a well-meaning comprehensive insurance system. It is not a question of refusing help and insurance to those who are ill or in real need. On the contrary, rationalization carried out according to the model offered by thousands of years of European history of civilization and dietetics would liberate the

necessary financial resources to provide optimal care for those who are really in need. This ideal can never become the reality as long as we continue to treat such ailments as obesity, smokers' cough, headache, and sleep disorders with medication instead of changes in lifestyle. What is required is a combination of individual responsibility and solidarity, as a means of helping many people who, as a result of the immense costs of high-tech medicine, are in danger of losing access to optimal medical care.

References

1 Staden H. von: Herophilus – the art of medicine in early Alexandria. Cambridge: Cambridge University Press; 1989.

2 Schnitzler A. Ohne Maske – Aphorismen und Notate. Frankfurt/M: Fischer Verlag; 1967. 3 Uexküll T von, Wesiack W. Theorie der Humanmedizin. München-Wien-Baltimore: Urban & Schwarzenberg; 1991.

4 Sigerist HE. On the sociology of medicine. New York: MD Publishers; 1960.

5 Schipperges H. Homo patiens – zur Geschichte des kranken Menschen. München: Piper; 1985. 6 Schipperges H. Utopien der Medizin – Geschichte und Kritik der arztlichen Ideologie im 19. Jahrhundert. Salzburg: Otto Müller Verlag; 1968.

7 Michelangelo, Sämtliche Gedichte Italienisch und Deutsch. Ed. Michael Engelhardt. Frankfurt/M/Leipzig: Insel Verlag; 1992.

8 Canguilhem, G. Das Normale und das Pathologische [Translated from French by Noll M and Schubert R]. München: Carl Hanser Verlag; 1974.

9 Kudlien F. Der Beginn des medizinischen Denkens bei den Griechen. Zürich/Stuttgart: Artemis Verlag; 1967.

10 Sigerist HE. A history of medicine. II. Early Greek, Hindu and Persian medicine. Oxford: Oxford University Press; 1961.

11 Gadamer H-G. Über die Verborgenheit der Gesundheit – Aufsätze und Vorträge. Frankfurt/M: Suhrkamp Verlag; 1993.

12 Schipperges H. Heilkunst als Lebenskunde oder die Kunst, vernünftig zu leben – zur Theorie der Lebensordnung und Praxis der Lebensführung. Freudenstadt-Grüntal: VUD Verlag; 1990.

13 Schmitt W. Theorie der Gesundheit und "Regimina Sanitatis" im Mittelalter. Heidelberg: Heidelberg University Publications; 1973.

14 Hager FP. Naturhistorisches Wörterbuch der Philosophie. Part VI. Darmstadt: Wissenschaftliche Buchgesellschaft; 1984.

15 Genschorek W. Carl Gustav Carus – Arzt, Künstler, Naturforscher. Frankfurt: Wötzel Verlag; 1989. 16 Nager F. Der heilkunde Dichter – Goethe und die Medizin. Zürich/München: Artemis Verlag; 1990.

17 Hufeland CW. Makrobiotik oder die Kunst das menschliche Leben zu verlängern. Frankfurt: Insel Verlag; 1984.

18 Sandblohm P. Kreativität und Krankheit – Vom Einfluß körperlichen Leiden auf Literatur, Kunst, und Musik. Berlin/Heidelberg/New York: Springer-Verlag; 1990.

19 Bergdolt, K. Arzt, Krankheit und Therapie bei Petrarca. Die Kritik an Medizin und Naturwissenschaft im Italienischen Frühhumanismus. Weinheim: VCH Verlag; 1992. 20 Novalis: Werke in zwei Bänden. Cologne: Könemann Verlag; 1996.

Received: May 22, 1998 Accepted: November 23, 1998

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