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Improving the use of historical written sources in paleopathology

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ABSTRACT

The texts written by the people of past societies can provide key information that enhances our understanding of disease in the past. Written sources and art can describe cultural contexts that not only help us interpret lesions in excavated human remains, but also provide evidence for past disease events themselves. However, in recent decades many biohistorical articles have been published that claim to diagnose diseases present in past celebrities or well known individuals, often using less than scholarly methodology. This article aims to help researchers use historical written sources and artwork responsibly, thus improving our understanding of health and disease in the past. It explores a broad range of historical sources, from medical texts and histories to legal documents and tax records, and it highlights how the key to interpreting any past text is to understand who wrote it, when it was written, and why it was written. Case studies of plague epidemics, crucifixion, and the spinal deformity of King Richard III are then used to highlight how we might better integrate archaeological and historical evidence. When done well, integrating evidence from both archaeological and historical sources increases the probability of a complete and well-balanced understanding of disease in past societies.

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1. Introduction

The use of written or pictorial descriptions of life in the past should be a key source of evidence for any archaeological study of populations from historic time periods. Trying to interpret the archaeology of a past society without also consulting their written records not only makes our research unnecessarily challenging, but also increases the likelihood that our interpretation will be incorrect. When paleopathologists try to understand diseases in a past society, any written records are exceedingly important (Metcalfe, 2007; Patterson, 1998). Written evidence can be used to make a diagnosis of disease directly (retrospective diagnosis), or to provide social context to understand archaeological evidence for disease in a range of material such as skeletons, mummies or latrines. In this article we will consider the range of historical texts wherein descriptions of disease may be recorded, and we also explore the strengths and weaknesses of these sources. The aim is to help those publishing in the field of palaeopathology to create a richer, more nuanced, and more robust narrative to support their interpretations of disease in past societies.

2. Ground rules for interpreting disease in historical texts

Our ancestors had many reasons to write. These ranged from a desire to flatter their ruler in order to gain favour, to the need to record purchases and sales and so ensure accurate financial accounting. This spectrum in the function of a historic text means that we need to interpret the words with full knowledge of when they were written, why they were written, and who wrote them. Before we go on to consider the unique nature of some types of texts, it is helpful to think about those key concepts that must be applied to every historic text we might read.

We must make sure that where possible we obtain our evidence from reading the original version of a historical text, not a modern translation, and not relying on the quotes of other secondary sources. The person who made that modern translation may not have particular expertise in health and disease, and so the choice of words to describe diseases may not be as accurate as we would like. In consequence, palaeopathologists may need to work with a medical historian with appropriate linguistic expertise to ensure that all the relevant source texts are consulted and that the choice of words in the original language is appropriately translated and understood. These source texts should where possible be contemporary to the disease event of interest to optimise the likelihood that descriptions of events were accurately made by eyewitnesses. However, there are certain contexts where it is not quite so obvious

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which might be the best text to use to study a disease event. An eyewitness account might only be preserved as a quote or paraphrase in a later source, or that later source might have the advantage of access to several eyewitness accounts that give them a fuller picture of the event. That more helpful later account could even be in a different language. In such circumstances then the expertise of a historian should be able to weigh up the strengths and weaknesses of each available source. Knowledge of older texts from that same society also helps to differentiate original descriptions that were true reflections of witnessed events, from mere copies of older descriptions that were potentially added for literary effect (Mitchell, 2011a).

If we chose to use historical texts for past disease identification, we should be careful about interpreting historical diagnostic labels, which I term the social diagnosis. We cannot be sure that our understanding of a diagnostic term was the same as it was for the person who wrote the text centuries ago (Arrizabalaga, 2002; Cunningham, 2002). Descriptions of symptoms and signs of ancient diseases are easier for modern researchers to interpret than relying on the diagnosis made by a past healer, relative or bystander, when we have no way of checking what the term really meant to the person writing that text (Mitchell, 2011a). When interpreting recorded symptoms and signs of past disease, working with someone qualified in medicine can help optimise the accuracy of our interpretation of those descriptions.

Finally, it is important that we are frank and honest about our level of confidence in interpretations of disease from historical texts (Karenberg and Moog, 2004; Karenberg, 2009; Kean, 2012; Muramoto, 2014). Some texts only mention a few symptoms and signs when describing past disease events, and many identical symptoms and signs may be present in more than one disease. This means we should qualify our diagnostic interpretation with easy to understand terms such as 'possible example of', 'is compatible with', 'a probable example of', or 'very likely to represent' disease *x* or condition *y*. It is also sensible to also state the other conditions that might be compatible with a particular disease description (differential diagnosis) and to consider the reasons why our preferred modern biological diagnosis has been chosen (Table 1).

3. Differences in the available written sources

Historical medical texts may appear to be the logical starting point when we wish to understand disease in past societies. However, past medical texts were not necessarily a summary of medical beliefs of their time, as they are today. When we get to know these texts well, it becomes clear that the elements of who wrote them, when they wrote, and why they wrote are key to our interpretations. Historical medical texts were often written to be presented to someone in a position of power. The hope was that having impressed this person, the medical author might be awarded a lucrative post at court or their careers might be advanced in other ways (McVaugh, 2006, 17). In consequence, the content, topic, or slant of the work may be affected by the nature of the prospective patron. If he were a warlord, then a larger section might be devoted to weapon injuries and venereal disease than if the patron was a religious leader, who might not be impressed by illustrations of ulcerated genitals. If the author were an Italian writing in 1498 for a prospective French patron, it would be unwise for him to refer to the pox as the French disease (Arrizabalaga, 1997), whereas he might well do so for a prospective Italian patron. Furthermore, medical texts were generally written in a format that reflects the medical tradition of the time, often copying earlier medical texts to show the knowledge of that author. This means that a text may include diseases, operations, or other treatments no longer relevant to the time of its writing. We must be acutely aware of the

tradition of medical authorship in a past society if we are to use the information found in their medical texts (Rosa, 2006).

Non-medical texts have an advantage in that they would not generally have been written with the scholarly expectations placed upon medical practitioner authors. They may well have been written with other non-medical expectations of course, in that the authors might have felt obliged to demonstrate scholarly knowledge of literary or historical works relevant to that culture (Partner, 1977; Robinson, 2003). Some non-medical authors may also have been taught the basics of medicine when they were young as part of what was regarded as a well-rounded education for their time. Similarly, medieval clergy often learnt some medicine in order to understand the human body, as they believed the body to have been directly created and designed by God (Cunningham, 1997, 38; Mitchell, 2016). This medical education of non-medical practitioners may potentially reflect the way they wrote. However, in most cases the expectations of how they should write would still be different to those writing a formal medical text. When non-medical authors mentioned a disease in passing, they were less likely to be under any obligation to quote earlier medical authorities to demonstrate their knowledge of medical theory. Authors might write their personal observations of symptoms and signs in a clear and often vivid style. While they may not have known what special places on the body to look for signs, or have been in a position to examine a patient thoroughly, the more obvious affects of disease should still have been apparent. In consequence, there are many descriptions of epidemics and other noteworthy diseases in past non-medical texts.

Histories were attempts at recording a summary of historical events perceived as important by the author. Histories tended to cover a long time span, sometimes centuries before the author was born, ending during the life of the author. These historians generally used older written sources, oral tradition, and perhaps religious beliefs for the earlier sections but then incorporated eyewitness testimony for events during the author's life. Chronicles tended to focus upon a particular event with a defined beginning and end, such as a military expedition or reign of a monarch. They could be contemporary with events or written at a later date, and the author could have been an eyewitness or obtained their information from other eyewitnesses or compiled them from other written sources. Such eye-witness accounts of military expeditions or explorations have good potential to record diseases where they had a significant impact upon daily life, be they diseases indigenous to the location of the expedition, or those spread by the travellers to foreign populations (Mitchell, 2011b).

Epics and tales did not claim to be true and accurate accounts of real events, but were created to be exciting stories retold at social gatherings (Johns-Putra, 2006). They often started off as oral stories, being written down at a later time. In consequence, their date of origin does not necessarily match the date they were written down. However, they tended to portray events in a way that was plausible and believable to those listening. In consequence, when they described diseases, injuries or treatment episodes they often reflected those conditions commonly seen at the time the epic was written. Despite the fact that such epics were not chronicles or histories, they may still give us information regarding the diseases present in the past.

Biographies summarise the notable events associated with famous people (Magoon, 1995; Reynolds, 2001). When they discuss the lives of medical practitioners, philanthropists or rulers, biographies may record diseases. Doctors may have described the disease for the first time in that society or cured people from it, philanthropists may have founded hospitals to treat people with that disease, and rulers or other notables may have died from it. In all these cases the information may be useful in our understanding of disease in the past.

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