

Health Education through the Ages*

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HEALTH education is as old as medicine. Even in primitive societies parents have to tell their children of the dangers of poisonous snakes and inedible plants and of the ways in which disease may be prevented by placating the wrath of gods and demons. But though health education is as old as education itself, it has nevertheless undergone decisive changes. Not only were the forms and ways of health education of former times different from ours in many respects; its very concept was sometimes contrary to ours. To a medieval ascetic like St. Bernard the sight of crippled and sick people evoked the comforting thought that their sufferings would soon end and real life begin.¹ Toward the end of the Middle Ages death and decomposition were represented in pictures and poems as reminders of the vanity of beauty and health.²

It is not possible in a short time to review the entire historical development of modern health education. I shall, therefore, not try to lead you through the ages in an orderly fashion, beginning with prehistoric man and ending with our present meeting at Pittsburgh. Instead I shall group my remarks around two questions: whose was the task to educate, and who was to be educated?

Today, in a democratic country, the aims of health education are democratic too. We try to make everybody health-conscious and to show to everybody how best to preserve his health. This we can do because in our modern society we possess the means through lectures, newspapers, pamphlets, exhibits, moving pictures, and radio to reach even those who have not been trained in biology and who cannot afford the constant attention of the physician.

Now the democratization of health education has been the result of a long and complicated development. In the democratic age of the ancient Greeks we find something similar, though of course on a very limited scale. At least all the people, rich and poor alike, received such advice as the physicians had to give. Among the writings which go under the name of Hippocrates there are several treatises discussing the general causes of health and disease. It is very probable that some of these writings were speeches made by physicians before crowds of people, and one of these books represents the earliest attack against superstitious medicine and the treatment of disease by magicians, sorcerers, and quacks. It deals with epilepsy, which the people called "the sacred disease." It tells the reader, or perhaps the listener, that this is just as natural a disease as all others, curable without magic by purely natural means—provided the cure is begun early.

* Read before the Public Health Education Section of the American Public Health Association at the Sixty-eighth Annual Meeting in Pittsburgh, Pa., October 17, 1939.

But at this time it was already felt that the same kind of medical advice was not valid for everybody. There were people who had to spend their day in work and who, therefore, could observe but relatively few of the hygienic rules laid down by the physician. There were others who could devote their time to following all the minute prescriptions of the Greek physicians. This differentiation we find in Hippocratic authors as well as in Diocles of Carystus, the great physician of the 4th century B.C. It is partly accounted for by the peculiar character of ancient hygiene and medicine. Whereas the prevention of infections plays such an important rôle in modern health education, this point is scarcely recognized by the ancient health educators. Instead, they stress the kind of food to be eaten and to be avoided, the exercise to be taken, and the position to be assumed during sleep. They were chiefly concerned with the correct regimen, and this to a point which must have led to the education of hypochondriacs, people whose days were spent in keeping themselves healthy. It is in continuation of this tendency that in the later days of antiquity we find the Greek physicians in Rome demanding that hygiene should find its place in a liberal education. Comprehensive books on hygiene and medicine were written for the laymen, *i.e.*, the well educated laymen, whereas little was done to educate the mass of the people. This is proved by the fact that most of these writings were composed in Greek, while but few books were written in Latin, the language of the Romans.³

With the coming of the Middle Ages, with the passing of government into the hands of barbaric people, health education gradually ceased to be a matter of primary concern. But it by no means stopped altogether. It found a new, though modest, field of activity at

the courts of kings, at monasteries and cathedral schools. We still possess the dietetic letter of the physician Anthimus to the Frankish king Theuderich and various short hygienic texts were now addressed to real or imaginary princes. Even the famous "Regimen" of the School of Salerno, which in its literary form hails from about 1300 A.D., belongs in this category, as is seen from the beginning of the poem:

The *Salerne Schoole* doth by these lines impart
All health to *Englands King*, and doth aduise
From care his head to keepe, from wrath his
heart,
Drinke not much wine, sup light, and soon
arise,
When meate is gone, long sitting breedeth
smart:
And after-noone still waking keepe your eyes.
When mou'd you find your selfe to *Natures*
Needs,
Forbeare them not, for that much danger
breeds,
Vse three Physicians still; first Doctor *Quiet*.
Next Doctor *Merry-man*, and Doctor *Dyet*.^{3a}

The importance of this type of literature was very great. Apparently written for a king, it acquires authority. Its Latin language destines it first for the physician and other more educated men. But its poetic form, which appeals so strongly to the ear, assured its propagation over great masses of the people and generations of men. For it was translated into vernacular languages and both a German and French version are found among the medical incunabula. The medical incunabula in vernacular languages give us considerable insight into the health education of the later Middle Ages. In Germany alone about 450 items were printed between 1450 and 1500! The bulk of this output was decidedly intended for the average people. It comprised general medical works including pediatrics and advice for pregnancy and childbed, dietetic works on bloodletting, food, beverages, and bathing, often in the primitive form of calendars; tracts on pestilence and syphilis, but also some

popular works on science with reference to medicine and veterinary surgery.⁴ The authors were often physicians and surgeons, and a look at the vernacular literature in France,⁵ England, and Germany during the 16th century shows the same trend toward the spread of medical information among broad masses of the people.

The work of these early health educators struck deep roots in the people of Europe. It is through popularized verses from the "School of Salerno," through the memory of things read by parents and grandparents in calendars, and through a long oral tradition, that many teachings of a past medical system are still alive today. Such survivals show the responsibility that rests upon health education. Once its teachings have met with popular response they are not easily forgotten and may outlast the generation to which they were addressed and sometimes even their validity.

Another focus of medieval health education is to be found in some early medieval monasteries where the monks set a good example for eating and drinking at a time when people were usually given to gross excesses. During the school reform of the Carolingian period it was ordered that medicine should be included among the subjects of the curriculum. This was a faint reminiscence of the rôle of medicine in the liberal education of the Romans and probably did not reach further than a group of clerics and a few laymen. At this early period the most effective educational work of the church was the fight against superstition. At the Council of Tours (813) it was ordered that the priests should tell the faithful that sorcery and amulets did not cure disease.⁶

It is from the early Middle Ages on that the priest assumed his function as health educator equal to if not surpassing the importance of the physician.

This was, of course, not the first time in the history of mankind that the priest took over this rôle. In this connection it may suffice to remember the hygienic significance of many Biblical laws based on the idea of religious cleanliness and going back to the even older religions and customs of Egypt and Babylonia. However this may be, the influence of clerical and religious health education was far-reaching in the Middle Ages and later centuries. Popular preachers like Berthold of Regensburg in the 13th century, as well as Thomas Thatcher in the 17th, gave not only moral instructions to the people but medical advice too. The moral and religious aspect given to health education lasted far into the 19th century and even into our own days. The underlying idea was that "God predestines each human being to a certain span of life. Nothing can extend this span; but sins and follies can shorten it; only through virtue and piety can a man enjoy the full tale of years allotted to him."⁷ Moral sins and medical follies thus went together. Disease was often taken as a direct sign of punishment for sin, and imperial and other edicts tried to restore health by commanding a moral and virtuous life to the people. Particularly in the field of venereal diseases, moral exhortations became the strongest though perhaps not always effective means of health education. It became a practice in the 18th century to take young men to the syphilis wards of hospitals to demonstrate the terrible consequences of immorality.

So far we have considered the physician and priest as health educators. Their efforts were supplemented to a certain degree by governmental authorities—to a certain degree only, because the authorities in early times did not so much act as health educators as health legislators.

Down to the end of the 18th century,

governments did not show any great interest in the health education of the people. This is understandable if we realize that in the absolutist states of the time the people were chiefly an object of administration. If the government was benevolent and enlightened, it would provide good medical schools, regulate medical practice, and it would see to it that laws protected the health of the people. This line of thought is reflected in Johann Peter Franck's *System of Complete Health Police*. The whole field of state medicine and public health is discussed, law after law is proposed to keep the people healthy, meddling with many details of daily life. As the title of the book indicates, it is the idea of health enforcement which occupied Franck, and perhaps it was not by chance that he spent much of his life in the absolutist countries of Italy, Austria, and Russia.

Yet in the same 18th century democratic ideas gave a strong impetus to health education. Enlightenment, the catchword of this century, also included enlightenment in matters of health. The fight against superstition in general was also extended against medical superstitions. The popular calendars were reformed; many popular books and even magazines discussed medical subjects for the more educated public. The middle classes who were largely the carriers of the new philosophy could be counted upon to show interest and understanding for medical advice. But the problem remained of how to reach the poor and uneducated. Tissot, a Swiss physician and one of the main representatives of medical enlightenment, hit upon the following idea: The common people, particularly in rural districts, could not be reached directly, and yet their health above all needed improvement. Why not reach them indirectly through the owners of estates, ministers of the church, surgeons, midwives, and school teachers?

Let these people be instructed in medicine and let them care for the peasants where no physicians were at hand. Tissot embodied this idea in his famous *Advice to the People in General with Their Health*, a popular textbook of medicine which taught the educated how to treat the uneducated. This book met with great success, but it could not solve the problem. If all the people were to be instructed in matters of health, then it was necessary to provide for the elementary education of all. In other words, it was necessary to spread education and to enlist the teacher as a health educator. Suggestions in this direction had been made several times, but nobody approached the task with such enthusiasm as Dr. Bernhard Christoph Faust in his *Catechism of Health*, which was first printed in German in 1794, and even reached this country in an English translation in 1798. The following "observation" may give us an idea of how Faust tried to make his pupils health-conscious:

If a child be present who was ill not long ago, the Master will take the opportunity of asking him the following question:—"You was ill; tell me did you feel yourself so happy, so easy as you do now?" To this a sensible child will answer, or will be taught to answer—"I found myself exceedingly ill, I could neither eat, drink, nor sleep; nothing afforded me pleasure or joy; I was full of anxiety and pains; but now restored to health; thanks be to God, I know it is the greatest good."⁸

If this form was dogmatic and sometimes naïve, most of the instructions given were nevertheless sound even from a modern point of view.⁹

The contribution of the 18th century to the development of health education can hardly be overestimated. For even today the work of health education is greatly one of enlightenment. But to the 19th and 20th centuries fell the task of making health education effective and putting it on a broader basis.

If in earlier times physician, priest, and teacher had acted mainly as individuals, the 19th century now witnessed an organization of forces. Associations, both lay and professional, were formed which made health education their aim. In this connection I should like to mention "The American Physiological Society," founded in Boston in 1837, which was not a scientific organization but a group of laymen interested in the discussion and propagation of hygienic ideas.¹⁰ It did not last long, but its work was continued by other agencies too numerous to mention. Government officials, organized medicine, nurses, public health workers, welfare workers, educators, and many others are now engaged upon a task to which the progress of modern medicine gives definite direction. To discuss details of this recent development before you would be a presumption on my part. Let me therefore stop here and apologize

for this incomplete sketch of the history of health education. All I could attempt was to indicate a few steps in the development of a great democratic idea.

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- 3a. Quoted from Francis R. Packard, *The School of Salernum*, Paul B. Hoeber, 1920, p. 75.
4. Cf. Sudhoff, Karl. *Deutsche medizinische Inkunabeln*, Leipzig, Johann Ambrosius Barth, 1908.
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7. Quoted from Coulton, *loc. cit.*, IV, p. 225.
8. Quoted from Sigerist, Henry E. "Faust in America," *Medical Life*, 41, 1934, p. 202.
9. Cf. Sigerist, *loc. cit.*, p. 203.
10. Cf. Hoff, Hebbel E., and Fulton, John F. "The Centenary of the First American Physiological Society Founded at Boston by William A. Alcott and Sylvester Graham," *Bulletin of the Institute of the History of Medicine*, 5, 1937, pp. 687-722.

. . . Sir Edward Cook once made the assertion: "There is no book so good that it is not made better by an index, and no book so bad that it may not by this adjunct escape the worst condemnation," and he goes on to say: "A friend of Francis Douce, the anti-

quary, had a curse of his own for those who sent out a book without an index where one was obviously wanted; he damned them 'ten miles beyond Hell.' For my part, I think that simple damnation is enough."—A. T. Mathers, *Mental Hygiene*, April, 1940, p. 317.