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Making Time for the Body: Galen on Time Scarcity and Health

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SUMMARY: Today, many patients and health care providers feel they lack sufficient discretionary time to maintain personal health and offer high-quality care. While this problem seems strictly modern, the Roman-era physician Galen of Pergamon also recognized that time scarcity has adverse health effects and proposed strategies to mitigate them. This article critically examines Galen's approach and its relevance today. The study demonstrates that Galen understood time scarcity to affect individuals across divisions of class and civic status and that he believed the time-scarce could, by adopting certain strategies, achieve a kind of good health. Nevertheless, Galen is clear that optimal health demands leisure. Read in the modern day, Galen's arguments highlight how time scarcity can deepen financial and identity-based health inequities while simultaneously transcending typical demographic categories. Though Galen's solutions focus on individual choices, his argument's implications should also encourage modern readers to pursue collective, structural change.

KEYWORDS: scarcity, free time, discretionary time, health, Galen, Rome, doctor, patient

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Time scarcity, or “the feeling of not [having] enough time, particularly free or discretionary time,” is an urgent problem in modern-day Western health care.¹ The negative impact of providers’ time scarcity has been the subject of much recent public and professional attention, even before the COVID-19 pandemic brought these issues to center stage.² Burnout in medical professions has been characterized as an international epidemic and shown to reduce not only the mental and physical well-being of doctors, nurses, and other providers, but also the very quality of their care.³ Likewise, a number of recent publications have explored time scarcity’s role in differential health outcomes for patients—highlighting, in particular, the heightened levels of time scarcity among historically marginalized groups like women, people of color, and the poor.⁴

¹ Lyndall Strazdins et al., “Time Scarcity: Another Health Inequality?,” *Environment and Planning A* 43 (2011): 549. See also John Robinson and Geoffrey Godbey, “Busyness as Usual,” *Soc. Res.* 72 (2005): 407–26; Jennifer Jabs and Carol M. Devine, “Time Scarcity and Food Choices: An Overview,” *Appetite* 47 (2006): 196–204. On the harmful effects of scarcity mindsets in general, see Sendhil Mullainathan and Eldar Shafir, *Scarcity: Why Having Too Little Means So Much* (New York: Times Books, 2013).

² For a review of the existing literature on how the COVID-19 pandemic impacted the preexisting problem of health care provider burnout, see Sulmaz Ghahramani et al., “A Systematic Review and Meta-Analysis of Burnout among Healthcare Workers during COVID-19,” *Frontiers in Psychiatry* 12 (2021): article 758849.

³ See, e.g., Dan Ariely and William Lanier, “Disturbing Trends in Physician Burnout and Satisfaction with Work-Life Balance: Dealing with Malady among the Nation’s Healers,” *Mayo Clin. Proc.* 90, no. 12 (2015): 1593–96; Mandy Oaklander, “Doctors on Life Support,” *Time*, August 27, 2015, <https://time.com/4012840/doctors-on-life-support/>; Colin P. West, Lotte N. Dyrbye, and Tait D. Shanafelt, “Physician Burnout: Contributors, Consequences and Solutions,” *J. Internal Med.* 283, no. 6 (2018): 515–610. Feelings of provider burnout can also be caused or exacerbated by feelings of what has come to be called “moral injury.” On this topic, see Simon G. Talbot and Wendy Dean, “Physicians Aren’t ‘Burning Out.’ They’re Suffering from Moral Injury,” *STAT*, July 26, 2018; Eyal Press, “The Moral Crisis of America’s Doctors,” *New York Times*, June 15, 2023.

⁴ See, e.g., Michael Bittman and Judy Wajcman, “The Rush Hour: The Character of Leisure Time and Gender Equity,” *Soc. Forces* 79, no. 1 (2000): 165–89; Boróka B. Bó and Denys Dukhovnov, “Tell Me Who’s Your Neighbor and I’ll Tell You How Much Time You’ve Got: The Spatiotemporal Consequences of Residential Segregation,” *Popul. Space Place* 28, no. 7 (2022): e2561; Boróka B. Bó,

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Lack of discretionary time—due, for example, to long or unpredictable working hours and commute times, extensive family care responsibilities, etc.—decreases the likelihood that patients will feel able to make and attend health care appointments, adhere to therapeutic regimens, or engage in wellness activities like exercising regularly or preparing healthy meals.⁵

Time scarcity, including its adverse health effects, may strike us as a quintessentially modern problem. After all, we in the United States live in a culture structured around free-market, capitalist principles that urge us to think of time as money, and time taken as money lost. Furthermore, at no other period in history have we been so ubiquitously and constantly accessible to our employers, colleagues, family members, and others who might make demands of our time, nor have we ever been so surrounded by high-precision timekeeping instruments. However, our current moment is not entirely unique. This is not, for instance, the first time that humans have felt themselves to be surrounded by timekeeping technologies that introduce unprecedented levels of temporal precision, regulation, and pressure, nor is it the first time that health care providers have worried about and contended with the negative health consequences of time scarcity. In the late Hellenistic and Roman periods, the concept of subdividing days and nights into numbered hours, which were marked and measured with the aid of sundials and water clocks, began to penetrate and transform the temporal landscapes of everyday life, particularly in

“Time Availability as a Mediator between Socioeconomic Status and Health,” *SSM—Popul. Health* 19, article no. 101238 (2022): 1–9.

⁵ Lyndall Strazdins has been particularly vocal about addressing time scarcity within the domain of Australian health care. See, e.g., Strazdins et al., “Time Scarcity” (n. 1); Danielle Venn and Lyndall Strazdins, “Your Money or Your Time? How Both Types of Scarcity Matter to Physical Activity and Healthy Eating,” *Soc. Sci. Med.* 172 (2017): 98–106.

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urban centers like Rome itself.⁶ Many of our literary sources from this period report that the seeming ubiquity of these tools and the unyielding rigidity of clock time contributed to anxieties about time pressure that are not evidenced in earlier writings.⁷ I submit, then, that the Roman period offers a useful laboratory in which (1) to explore how physicians and patients of another place, time, culture, and economic system navigated the health challenges posed by time scarcity (though this modern term lacks a direct ancient equivalent) and (2) to identify productive resonances and contrasts between these ancient practices and recommendations and our own.

The prolific and polymathic physician Galen of Pergamon (129–ca. 216 CE) stands out among our Roman-era sources both for his nuanced explorations of these challenges and for his interest in proposing practical solutions.⁸ He is also a profoundly influential figure in the history

⁶ On these historical developments, and how the advent of sundials and water clocks affected ancient medical thought and practice more broadly, see Cassandra J. Miller, *Time and Ancient Medicine: How Sundials and Water Clocks Changed Medical Science* (Oxford: Oxford University Press, 2023).

⁷ A particularly vivid example can be found in the *Attic Nights* by the second-century CE author Aulus Gellius, who quotes the following passage from a lost Plautine comedy called *Boeotian Women*: “May the gods damn that man who first figured out / how to tell the hours and first set up a sundial here / to chop up my days into sorry little pieces. / For when I was a boy, my belly was my sundial / by far the best and truest of them all: / whenever it commands, you eat— / except when there’s nothing to be had. / Now, though, even the food that’s there / can’t be eaten unless the sun allows. / These days, the town is so stuffed with sundials / that most people creep along shriveled up with hunger” (ut illum di perdant, primus qui horas repperit, / quique adeo primus statuit hic solarium! / qui mihi conminuit misero articulatum diem. / Nam me puero venter erat solarium / multo omnium istorum optimum et verissimum: / ubi is te monebat, esses, nisi cum nihil erat. / Nunc etiam quod est, non estur, nisi soli libet; / itaque adeo iam oppletum oppidum est solariis, / maior pars populi aridi reptant fame) (Aul. Gell. *NA*. III 3, 4). Unless otherwise stated, translations are the author’s own.

⁸ On short time in Galen’s medical theory and praxis, see Cassandra J. Miller, “From Critical Days to Critical Hours: Galenic Refinements of Hippocratic Models,” *TAPA* 148, no. 1 (2018): 90–111–38; Cassandra J. Miller, “Hourly Timekeeping and the Problem of Irregular Fevers,” in *Down to the Hour: Short Time in the Ancient Mediterranean and Near East*, ed. Cassandra J. Miller and Sarah L. Symons (Leiden: Brill, 2020), 271–92; Miller, *Time and Ancient Medicine* (n. 6). On Galen’s biography, see Véronique Boudon-Millot, *Galien de Pergame: un médecin grec à Rome* (Paris: Les Belles Lettres, 2012); Susan P. Mattern, *The Prince of Medicine: Galen in the Roman Empire* (Oxford: Oxford

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of Western medicine, his writings having formed central pillars not only of Roman but also of Islamic, Medieval, and Renaissance medical thought. This article therefore focuses on Galen as a case study, with particular emphasis on his six-volume treatise *On Health*, composed toward the end of Galen's life, in which the subject of patient and provider time scarcity receives its greatest elaboration.⁹ The present study has two aims. The first is to critically examine the framework that Galen constructs in *On Health* for understanding and responding to these problems and to contextualize it via brief comparison to earlier, Hippocratic approaches to patients' temporal concerns; to elite, Roman-period writings on the subject of leisure and to the approaches of Galen's contemporary rivals, the Methodists. The second aim, pursued primarily in the conclusion, is to suggest ways in which Galen's perspective can help us think about the relationship between health and time scarcity in the modern day.

This article considers Galen's views on patient and provider time scarcity separately in order to highlight the pressures, incentives, and recommendations specific to each group. Uniting these particularities, however, are four general ideological commitments that, together, create

University Press, 2013); Vivian Nutton, *Galen: A Thinking Doctor in Imperial Rome*, Routledge Ancient Biographies (New York: Routledge, 2020).

⁹ The most up-to-date English translation of and commentary on *On Health* is Peter N. Singer, *Galen: Writings on Health* (Cambridge: Cambridge University Press, 2023). See also Ian Johnston, *Galen: Hygiene, Books 1–4*, Loeb Classical Library 535 (Cambridge, Mass.: Harvard University Press, 2018); Ian Johnston, *Galen. Hygiene, Books 5–6. Thrasybulus. On Exercise with a Small Ball*, Loeb Classical Library 536 (Cambridge, Mass.: Harvard University Press, 2018). In Italian, see Sabrina Grimaudo, *Difendere la salute: igiene e disciplina del sogetto nel De sanitate tuenda di Galeno* (Naples: Bibliopolis, 2008); Sabrina Grimaudo, *La salute: De sanitate tuenda, libro I* (Palermo: Duepunti, 2012). In quoting the Greek, I use the following abbreviations: K = Karl G. Kühn, ed., *Claudii Galeni Opera Omnia* (Leipzig: Knobloch, 1821; repr., Hildesheim: Olms, 2001, and Cambridge: Cambridge University Press, 2012), 20 vols.; Ko = Konrad Koch et al., eds., *Galen De sanitate tuenda, De alimentorum facultatibus. De bonis malisque sucis, De victu attenuante. De ptisana*, vol. V, 4, 2, Corpus medicorum Graecorum (Leipzig: Teubner, 1923). In abbreviating the names of Galen's texts, I follow Nutton, *Galen* (n. 8).

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something like a Galenic theory about time scarcity's relationship to health. The first of these commitments is to the proposition that both patients and providers *require* discretionary time to properly care for themselves and others. In fact, Galen asserts that a patient's very best health can be achieved only if both the patient *and* his or her provider(s) have sufficient discretionary time to seize each "opportune moment" (*kairos* in Galen's Greek) for therapeutic intervention and maintain a regular, periodically updated regimen of hygienic activities (e.g., exercise, bathing, healthful eating, etc.). Nevertheless, Galen recognizes—and this is the second proposition to which he is committed—that many patients and virtually all care providers consider their time to be so constrained (today we would say that they feel so "time-scarce") that they cannot easily carve out time for health and wellness activities. While Galen believes that such individuals can never achieve the same level of absolute health as those who are what we might call "time-rich," Galen believes that the time-scarce can still maintain a relative level of good health if they adhere to the principles of "health science" (*hygieinē technē*) while being flexible and creative about how to apply them (qualities which, as we will see, Galen often accuses rivals, like the Methodists, of ignoring to their peril). Galen's third ideological commitment here is to the idea that some forms of time scarcity are structural, and therefore legitimate and worthy of accommodation, while others are the result of personal choice, and therefore illegitimate and worthy of censure. Toward individuals whose constraints are structurally imposed (due, e.g., to their profession or to their civic or socioeconomic status), Galen exhibits understanding and compassion, and he offers practical examples of how providers can honor these constraints by modifying the timing or content of their health and wellness plans. However, toward individuals whose constraints Galen views as voluntary, he exhibits moral

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outrage, shaming and dismissing these providers and (especially) these patients in ways that, today, we might consider counterproductive for improving health outcomes. Fourth, and finally, Galen views time scarcity as a problem that cuts across divisions of class and civic status, with “legitimate” forms of time scarcity affecting the poor, enslaved, and disenfranchised as well as the free, rich, and powerful. I suggest that this idea—and its implication, that large-scale, structural efforts to address time scarcity can act as rising tides to lift all boats—could prove especially potent to patients, providers, and advocates invested in framing and confronting issues of time scarcity in the present day.

We will see that while Galen acknowledges the structural nature of some patient and provider time constraints, the solutions he recommends focus exclusively on the actions of individuals—i.e., changes they can make to their own mindsets and behaviors. However, Galen’s central claims—that, all else being equal, the time-poor will always be less healthy than the time-rich, and that time scarcity is a problem afflicting people across social groups—should provoke in the modern reader questions and ideas about collective action. There is growing recognition in the present-day United States that individual lifestyle choices cannot, by themselves, address the structural aspects of time scarcity among patients and providers, and there is increasing momentum for collective actions like unionizing, mounting legal challenges, and lobbying for change. While the specifics of Galen’s ancient Mediterranean, precapitalist world may be very different from ours, his reminders about the importance of leisure for *everyone’s* health, well-being, and day-to-day performance should inspire us, now, to reimagine and restructure our relationship to time.

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Patient Time Scarcity

More than five hundred years before Galen's time, the Hippocratic author of *The Art* discussed the high demand among patients for rapid cures. To him, this demand reflected patients' moral or constitutional weakness and often resulted in patients' unwillingness to follow therapeutic guidance:

Patients know neither what they are suffering from nor why they are suffering from it. They don't know what to expect next from their present condition nor what tends to happen in cases similar to theirs. They submit to doctors' orders while experiencing pain in the present and fearing for the future. They are both full of disease and empty of foods. Therefore, they prefer to receive pleasant treatments that lead to disease rather than treatments that lead to health. They are not looking to die, but they are unable to patiently endure. When patients are in this condition, is it more likely that they will do what their doctors prescribe, that they will do different things which were not prescribed, or that the doctors in such circumstances are making inappropriate recommendations? Isn't it much likelier that the doctors are making appropriate recommendations, but the patients are often unable to obey them? And that because of their disobedience, these patients meet with deaths—deaths which wrong-headed people blame on the blameless [i.e., the physicians] while absolving those who are actually to blame [i.e., the patients]?¹⁰

This passage may strike readers, at first glance, as rather hard-hearted and overly biased in favor of the physician. It is important to recall, however, that at the time this author was writing, toward the end of the fifth century BCE, the “medical marketplace” looked and functioned in

¹⁰ *Art.* 7.12–25: οἱ δὲ οὔτε ἄ κάμουσιν, οὔτε δι' ἄ κάμουσιν, οὔθ' ὅ τι ἐκ τῶν παρεόντων ἔσται, οὔθ' ὅ τι ἐκ τῶν τουτέοισιν ὁμοίων γίνεται, εἰδότες, ἐπιτάσσονται, ἀλγέοντες μὲν ἐν τῷ παρεόντι, φοβούμενοι δὲ τὸ μέλλον, καὶ πλήρεις μὲν τῆς νοῦσου, κενεοὶ δὲ σιτίων, ἐθέλοντες τὰ πρὸς τὴν νοῦσον ἡδέα μᾶλλον, ἢ τὰ πρὸς τὴν ὑγιεῖν προσδέχεσθαι, οὐκ ἀποθανεῖν ἐρῶντες, ἀλλὰ καρτερεῖν ἀδυνατέοντες. Οὔτω δὲ διακειμένους, πότερον εἰκὸς τούτους τὰ ὑπὸ τῶν ἰητρῶν ἐπιτασσόμενα [μὴ] ποιεῖν, ἢ ἄλλα ποιεῖν, ἃ οὐκ ἐπετάχθησαν, ἢ τοὺς ἰητροὺς τοὺς ἐκείνως διακειμένους, ὡς ὁ πρόσθεν λόγος ἡρμήνευσεν, ἐπιτάσσειν τὰ μὴ δεόντα; ἄρ' οὐ πολὺ μᾶλλον, τοὺς μὲν δεόντως ἐπιτάσσειν, τοὺς δὲ εἰκότως ἀδυνατέειν πείθεσθαι, μὴ πειθομένους δὲ περιπίπτειν τοῖσι θανάτοισιν, ὧν οἱ μὴ ὀρθῶς λογιζόμενοι τὰς αἰτίας τοῖς οὐδὲν αἰτίοις ἀνατιθέασιν, τοὺς αἰτίους ἐλευθεροῦντες.

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ways very different from today's.¹¹ Unlike in the present-day United States, where the majority of health care facilities are run by corporate bodies and/or government agencies, each provider in Greek (and also in Roman) antiquity was responsible for his own practice. Moreover, there were no medical schools or formal systems of accreditation to establish and enforce standards of care or to distinguish qualified from unqualified practitioners. Instead, anyone could, in principle, become healers if they could persuade people to see them as such. They often accomplished this by showing off what they knew, their rhetorical skills, the lineage of their teachers, and, of course, testimonials of their success. They also frequently attacked the beliefs, practices, and reputations of rival healers, of which there were many kinds. Among those competing for patients were not just what we today might consider "biomedical" doctors (in Greek *iatroi*, in Latin *medici*), who attributed health and disease to natural, earthly causes; there were also temple priests, ritualists, amulet makers, astrologers (especially in the Roman period), oracle mongers, and others whose health and disease etiologies relied instead on celestial and/or supernatural forces. Even among the *iatroi* and the *medici*, there were, particularly by the Roman period, many competing methodologies and schools of thought, such as Rationalism, Empiricism, Pneumatism, and Methodism.

Within this diverse and largely unregulated medical marketplace, healers' reputations were the keys to their success. Therefore, we see in our medical sources, from the Hippocratics onward, a concern among doctors to protect themselves against blame for negative outcomes like patient deaths, even if that meant refusing to treat patients whose chances of recovery seemed

¹¹ Elizabeth M. Craik, *The Hippocratic Corpus: Content and Context* (London: Routledge, 2015), 40.

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slim.¹² It is this concern that seems to motivate the Hippocratic author of the passage above: he wants to defend himself against the ill repute he might acquire if patients should die under his care. The author argues, therefore, that patients are largely to blame for their own poor outcomes because of their unwillingness to heed the sage advice of their physicians. Patients, this author asserts, are often intimidated by the time and measures required for proper treatment and opt instead for “pleasant things that lead to disease rather than things that lead to health” because patients are unable “to patiently endure (*karterein*)” their prescribed regimens. Baked into the verb *karterein* is a temporal dimension: one patiently *endures*—or, to adopt other translations offered by the Liddell-Scott-Jones dictionary, “is patient” or “steadfast,” “perseveres” or “waits”—over a span of time, a *duration*. Thus, the Hippocratic author’s use of *karterein* here suggests that he understands the “treatments that lead to disease” to be “pleasant” not only because of their gentleness but also because of their speed. He warns readers that patients who opt for “sweet” (i.e., mild and/or fast-acting) interventions may pay for such cowardice with their lives. In this characterization, the Hippocratic author articulates very good reasons why patients might yearn for rapid cures, but he nevertheless believes that patients should toughen up and be prepared to adjust their own professional, domestic, or other schedules to accommodate their doctors’ directives. In this, he is representative both of the other authors contributing to the Hippocratic Corpus and of the late Classical and early Hellenistic periods more generally: based on our extant sources, in these periods, time scarcity, particularly as a health issue, did not seem to be a topic of discussion, perhaps because clocks and clock time, too, were also rare.

¹² Nutton notes that, “provided that treatment has not been recklessly or poorly carried out, the writers in the [Hippocratic] Corpus agree that the patient’s death is no fault of the doctor” (*Ancient Medicine*, 2nd ed. [New York: Routledge, 2013], 93).

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That landscape changes, however, when we move forward in time to the Roman Imperial period. Then, clocks and clock time proliferated, and authors writing both within and outside of medical frameworks began to reference what we would call “time scarcity,” an idea that they often juxtaposed with the concept of “leisure” (*scholē* in Greek, *otium* in Latin).¹³ The Stoic philosopher Seneca the Younger, for example, makes the case in *On the Brevity of Life* that, given our mortality, time should be considered one of the scarcest, and therefore most valuable, resources we humans possess:

The most precious thing of all gets trifled with; it escapes people’s notice because it is an incorporeal thing, because it does not come beneath our eyes and is therefore valued very cheaply—indeed, as being worth scarcely anything at all. Pensions and distributed goods people esteem most highly, and for these they hire out their own labor or service or industry. Yet no one values time; people use it lavishly as if it were free. But see how these very people, if they are sick and the peril of death has drawn nearer, will clasp the knees of the doctors, and see how ready they are, if they fear capital punishment, to spend all they have in order to live!¹⁴

¹³ The scholarship on *scholē* is rich. More recently, see, e.g., Ernst Sigot, ed., *Otium—Negotium: Beiträge des Interdisziplinären Symposions der Sodalitas zum Thema Zeit, Carnuntum, 28.-30. 8. 1998* (Vienna: Edition Praesens, 2000); Kostas Kalimtzis, *An Inquiry into the Philosophical Concept of Scholē: Leisure as a Political End* (London: Bloomsbury, 2017).

¹⁴ *Sen. Brev.* 8.1–2: “Re omnium pretiosissima luditur; fallit autem illos, quia res incorporalis est, quia sub oculos non venit, ideoque vilissima aestimatur, immo paene nullum eius pretium est. Annua, congiaria homines carissime accipiunt et illis aut laborem aut operam aut diligentiam suam locant. Nemo aestimat tempus; utuntur illo laxius quasi gratuito. At eosdem aegros vide, si mortis periculum propius admotum est, medicorum genua tangentes, si metuunt capitale supplicium, omnia sua, ut vivant, paratos impendere!” On the role of time within Seneca’s writings, see Pierre Grimal, “Place et rôle du temps dans la philosophie de Sénèque,” *Revue des études anciennes* 70 (1968): 92–109; Mireille Armisen-Marchetti, “Sénèque et l’appropriation du temps,” *Latomus* 54, no. 3 (1995): 545–67; Miller, *Time and Ancient Medicine* (n. 6), 100–103.

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Seneca recommends setting aside much of one's precious time for leisure—a leisure that is not idle but contemplative and generative.¹⁵ To those who, in his opinion, squander their time by constantly promising it to others, Seneca has this to say:

Trust me, it takes a man who is great and transcends human errors to permit none of his time to be snatched away. And this man's life was consequently longest since whatever time he had was devoted to himself. None of it lay uncultivated and idle, none was under someone else's control, for this man did not find anything worth taking in exchange for his time, as he was its most frugal guardian. That man, therefore, had sufficient [time]; but those people necessarily have too little [time] from whom the public robbed the majority of their life.¹⁶

It is noteworthy that, here, Seneca makes an argument that is almost medical: he claims that leisure is a key ingredient in lengthening one's life, though whether literally or experientially he does not say. We will see this idea come up again in Galen's writing, where he will argue that the longest and healthiest lives are available only to those with sufficient leisure to care properly for their bodies.

It is also significant that Seneca does not consider forms of time constraint that are involuntary, such as those imposed by servitude to an enslaver, an employer, or a social superior. He assumes an idealized—clearly elite, male—reader with maximal agency over his schedule. This provides an interesting comparison, and contrast, to what we will find in Galen's *On Health*. In Books I–V of *On Health*, Galen lays out a set of ideal health-maintenance schedules

¹⁵ On the distinction between idle and productive leisure, see also V. Max. VIII.8 and Plin. *Ep.* I.9.4–8.

¹⁶ Sen. *Brev.* 7.5: “Magni, mihi crede, et supra humanos errores eminentis viri est nihil ex suo tempore delibari sinere, et ideo eius vita longissima est, quia, quantumcumque patuit, totum ipsi vacavit. Nihil inde incultum otiosumque iacuit, nihil sub alio fuit, neque enim quicquam repperit dignum quod cum tempore suo permutaret custos eius parcissimus. Itaque satis illi fuit; iis vero necesse est defuisse, ex quorum vita multum populus tulit.”

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for an ideal male patient—i.e., one who has a perfect bodily disposition and no constraints on his time.¹⁷ Yet, Galen proceeds to acknowledge that there are “those who are prevented by their personal circumstances from eating, drinking, and taking exercise at the right times,” and in Book VI he lays out principles and paradigms that providers can use to treat such patients.¹⁸

Pliny the Younger, a lawyer writing in the decades after Seneca, reveals in his letters a similar fascination with the relationship between busyness and leisure, but his understanding of that relationship is not so black-and-white as Seneca’s.¹⁹ In his third *Epistle*, Pliny describes with great admiration the daily program of Spurinna, an elderly man who had been a busy and successful politician in his prime but was now enjoying a well-earned, leisurely retirement.²⁰ In his concluding remarks, Pliny states,

This is the life [i.e., Spurinna’s in retirement] that I vow [to lead] and picture for myself in my mind, intending to embark upon it very eagerly as soon as advanced age permits me to sound the retreat. In the meantime, I am ground down by a thousand tasks, amidst which my solace is the example of that very Spurinna. For he also, for as long as it was proper, discharged his official duties, held magistracies, and governed provinces, and he earned this leisure by much toil. Therefore, I am establishing the same course for myself and the same end goal, and now I pledge to you that, if you see me getting carried too far, you may call

¹⁷ Celsus also assumes that a “healthy person” (*sanus homo*) not only feels well but “is his own master and ought not to be constrained by any rules” (*suave spontis est, nullis obligare se legibus debet*) (*Med. I.1.1*).

¹⁸ *San. tu.* VI. 383.6–8 K = 168.29–30 Ko: τοὺς κατὰ περιστάσιν τινα πραγμάτων ἀδυνατοῦντας ἐν τοῖς προσήκουσι καιροῖς ἐσθίειν τε καὶ πίνειν καὶ γυμνάζεσθαι.

¹⁹ On leisure in Pliny’s *Epistles*, see Karen Sara Myers, “*Docta Otia*: Garden Ownership and Configurations of Leisure in Statius and Pliny the Younger,” *Arethusa* 38, no. 1 (2005): 103–29; Judith Hindermann, “At Leisure with Pliny the Younger: Sidonius’ Second Book of the *Epistulae* as a Book of *Otium*,” *J. Late Antiquity* 13, no. 1 (2020): 94–116.

²⁰ On this and other daily regimens used in the Roman period, see James Ker, “Diurnal Selves in Ancient Rome,” in Miller and Symons, *Down to the Hour* (n. 8), 184–213; James Ker, *The Ordered Day: Quotidian Time and Forms of Life in Ancient Rome* (Baltimore: Johns Hopkins University Press, 2023).

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for this letter of mine before a magistrate and order me to take my rest, once I will have escaped the charge of laziness. Farewell.²¹

There are many layers to the picture Pliny paints here. On the one hand, he sees great benefits to leisure, particularly to the kind of leisure spent in intellectual and creative pursuits.²² However, he recognizes that there is a fine line, in public perception, between leisure and idleness, and he is keen to avoid the charge of “laziness” (*inertia*). Hence, he complains rather proudly about his usually hectic schedule, taking the position that busyness is appropriate for those at the peak of their civic, social, and military engagement, while casting leisure as a boon to be enjoyed only on holiday or in retirement. To Pliny, for someone of his own age and life stage, leisure is something to aspire to; busyness characterizes the day-to-day.

We will see similar tensions in Galen’s writing. On the one hand, in *On Health*, Galen makes it clear that, for him, a fundamental prerequisite for achieving best health is “leisure time” (*scholē*), which he understands as discretionary time “free of any imposed activity” and therefore leaving one time “to devote to the body alone.”²³ Yet, on the other hand, Galen also brags about

²¹ Plin. *Ep.* III.1.11–12: “Hanc ego vitam voto et cogitatione praesumo, ingressurus avidissime, ut primum ratio aetatis receptui canere permiserit. Interim mille laboribus conteror, quorum mihi et solacium et exemplum est idem Spurinna; nam ille quoque, quoad honestum fuit, obiit officia, gessit magistratus, provincias rexit, multoque labore hoc otium meruit. Igitur eundem mihi cursum, eundem terminum statuo, idque iam nunc apud te subsigno ut, si me longius evehi videris, in ius voces ad hanc epistulam meam et quiescere iubeas, cum inertiae crimen effugero. Vale.”

²² He exclaims elsewhere, “O upright and pure life! O sweet and honorable leisure, more glorious, I might say, than any business! O sea, o shore, the true and secret house of the Muses, how many discoveries you inspire, how many compositions you dictate!” (O rectam sinceramque vitam! O dulce otium honestumque ac paene omni negotio pulchrius! O mare, o litus, verum secretumque μουσεῖον, quam multa inventitis, quam multa dictatis!) (*Ep.* I.9.6). For Pliny, such leisure is not only pleasant but also generative.

²³ *San. tu.* VI.62.4–6 K = 29.14–15 Ko: χρῆ δ’, οἶμαι, τὸν τοιοῦτον βίον ἀπάσης ἀναγκαίας πράξεως ἀποκεχωρηκέναι, μόνῳ σχολάζοντα τῷ σώματι. This and all following translations of *On Health* come from Singer, *Galen* (n. 9), with the occasional, minor adaptation.

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his own busy schedule, which he fills with the worthy pursuits of treating patients, performing public duties, and assisting friends and family.²⁴ Both authors' writings reflect elements of a larger, contemporary debate among Imperial-period male elites over the relative social cachets of being busy or at leisure. Unlike Pliny, though, Galen does not recommend sequestering leisure to old age and retirement; indeed, because of leisure's role in facilitating health maintenance, he emphasizes that one must carve out time to care for one's body throughout life—or risk never even making it to retirement. For Galen, the key to achieving this is adaptability, on the part of both the patient and the physician.

While the Hippocratic author quoted earlier insisted that patients should always be prepared to adjust their own schedules to accommodate their physician's treatment plans, Galen's approach involves much more give and take. He argues that, while in some cases patients should indeed adjust their schedules to prioritize health care regimens, in other cases *physicians* ought to modify their prescriptions to fit more comfortably within patients' time constraints. Galen asserts that the best providers treat “time-rich” and “time-poor” patients very differently, in each case prescribing different therapies and pursuing different end goals for health.²⁵ In his introduction to *On Health*, Galen frames the issue this way:

Just as it has been shown that there is a very great difference between bodies themselves, there are, in the same way, very many forms of life which we lead. It is not, therefore, possible for the best care of the body to come about in the case of every life that one has to deal with. It is possible to provide that [form of] care which is best for each individual life; but not, in the context of all lives, that

²⁴ See *San. tu.* VI.308.6–309.1 K = 136.15–24 Ko, discussed below.

²⁵ This tailoring is informed by Galen's general commitment to personalized medicine and is reflected in the structure of *On Health*, which addresses “time-rich” and “time-poor” patients in separate books. See Singer, *Galen* (n. 9), 43–44.

which is best in the absolute sense. For many, life is tied up with work obligations. It is unavoidable that these people are harmed by such obligations, and impossible to escape from them. Some find themselves living such lives because of poverty, some because of slavery, which is either imposed upon them from birth, or due to their having been taken prisoner in war, or captured. It is only such cases as these that most people term slavery; but in my view all those who, as a result either of love of esteem or of some sort of desire, have chosen a life involving professional obligations, so that they have minimal leisure to devote to the care of their bodies, are also in slavery—a willing slavery, to bad mistresses. And so it is not possible in their case to prescribe the best care of the body in the absolute sense. But in the case of one who is completely free, both by virtue of fortune and by virtue of his own choice, it is possible to instruct that person how he may enjoy health to the greatest extent, suffer sickness to the least extent, and have the best old age.²⁶

To the characterization of patients' intransigence presented in *The Art*, Galen here adds several layers of nuance. First, whereas the Hippocratic author speaks simply in terms of “health” and “disease,” Galen distinguishes between two different kinds of health: that which is “in the absolute sense” and that which is “best for each individual life.”²⁷ Best health, in an absolute

²⁶ *San. tu.* VI.82.1–83.3 K = 38.9–28 Ko: ὡςπερ αὐτῶν τῶν σωμάτων ἐδείχθη παμπόλλη τις οὕσα διαφορὰ, κατὰ τὸν αὐτὸν τρόπον καὶ τῶν βίων, οὓς βιοῦμεν, εἶδη πάμπολλά ἐστίν. οὐκ οὖν ἐγχεῖται τὴν ἀρίστην τοῦ σώματος ἐπιμέλειαν ἐν ἅπαντι τῷ προχειρισθέντι βίῳ συστήσασθαι ἀλλὰ τὴν μὲν ὡς ἐν ἐκάστῳ βελτίστην οἷόν τε, τὴν δ' ἀπλῶς ἀρίστην οὐκ ἐγχεῖται κατὰ πάντα τοὺς βίους ποιήσασθαι. πολλοῖς γὰρ τῶν ἀνθρώπων μετὰ περιστάσεως πραγμάτων ὁ βίος ἐστί. καὶ βλάπτεσθαι μὲν ἀναγκαῖόν ἐστίν αὐτοῖς ἐξ ὧν πράττουσιν, ἀποστῆναι δ' ἀδύνατον. ἐνιοὶ μὲν γὰρ ὑπὸ πτωχείας εἰς τοὺς τοιοῦτους ἐμπίπτουσι βίους, ἐνιοὶ δ' ὑπὸ δουλείας, ἥτοι πατρόθεν εἰς αὐτοὺς καθηκούσης ἢ αἰχμαλώτοις ληφθεῖσιν ἢ ἀρπαχθεῖσιν, ἄσπερ καὶ μόνας δουλείας ὀνομάζουσιν οἱ πολλοὶ τῶν ἀνθρώπων. ἐμοὶ δὲ δοκοῦσι καὶ ὅσοι διὰ φιλοτιμίαν ἢ δι' ἐπιθυμίαν ἠγντιναοῦν εἴλοντο βίον ἐν περιστάσεσι πραγμάτων, ὡς ὀλίγιστα δύνασθαι σχολάζειν τῇ τοῦ σώματος ἐπιμελείᾳ, καὶ οὗτοι δουλεύειν ἐκόντες οὐκ ἀγαθαῖς δεσποίναις. ὥστε τούτοις μὲν οὐκ ἐγχεῖται γράψαι τὴν ἀπλῶς ἀρίστην ἐπιμέλειαν τοῦ σώματος· ὅστις δὲ ἀκριβῶς ἐλεύθερος ὑπάρχει καὶ τύχη καὶ προαιρέσει, δυνατὸν ὑποθέσθαι τῷδε, ὡς ἂν ὑγιαῖνοι τε μάλιστα καὶ ἥκιστα νοσήσειε καὶ γηράσειεν ἄριστα.

²⁷ Galen is particularly interested here in distinguishing his medical approach to health from the kind often taken by athletic trainers, who encourage clients to pursue an absolute peak of fitness. On this context, see Singer, *Galen* (n. 9), 2–7. Galen, in contrast, like many other physicians of his day, viewed “health” rather as a threshold defined by functionality: as long as one’s body was in a sufficiently good condition to allow daily tasks to be performed effectively, then one could be considered “healthy.”

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sense, is available only to the time-rich; the time-scarce can never hope to attain it—nor, in Galen’s opinion, should providers encourage them to try. Instead, providers should help time-scarce patients to pursue best health in a *relative* sense—that is, the best they can achieve given the constraints on their time and other resources. Galen’s discussion here underscores the roles of time scarcity in propagating health inequities and in reinforcing other social hierarchies, such as those based on socioeconomic or civic status.²⁸ At the same time, Galen does not exclude the time-scarce from the possibility of enjoying good health, even though that health may not be of the same degree as a time-rich person’s.²⁹

In this passage, Galen adds to the Hippocratic author’s characterization an even further distinction, this time between different types of time-scarce patients. One type—exemplified here by persons who are enslaved or poor—experiences time constraints that are externally imposed, seen as socially appropriate (e.g., for a given socioeconomic or civic status), and very difficult if not impossible for the patient to change. Galen describes time-scarce patients of the other type as constraining their own time voluntarily because of their “love of esteem or of some sort of desire.” Interestingly, Galen uses the language of enslavement to describe time-scarce patients of both kinds. In doing so, he participates in a broader trend within Roman-period literature, recently elucidated by T. Geue, in which elites consider brevity and haste to be features of “slave temporality” and apply the language of brevity, haste, and enslavement to themselves metaphorically as “ways of expressing the constraints of [their own relative] political

“Health,” in this view, becomes a range, encompassing all possible conditions above the functionality threshold. Thus, as Galen puts it, Achilles and Thersites can both be considered “healthy,” but the former’s health is greater, or of a higher quality, than the latter’s (*San. tu.* 6.16.15–6.17.5 K = 9.30–5 Ko).

²⁸ Galen is not sensitive, however, to the differential effects of gender on time scarcity.

²⁹ For more on this claim, see *ibid.*, 28.

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subjection” within an imperial hierarchy.³⁰ Galen goes one step further, though, in drawing a moral distinction between those who are enslaved—whether literally or metaphorically—by compulsion or by choice. In his view, to be a “willing slave” to others’ schedules has a resoundingly negative connotation, while the connotation of compulsive “enslavement” is neutral or even positive.

In Book VI, Galen offers a series of case studies that model legitimate, external sources of time-scarcity and how physicians might accommodate them. The following example includes many interesting features, to be treated in turn:

So, then, the first focus of this discussion will be the person with a bodily constitution which is faultless (in terms of that spectrum), but with a life of servitude, involving service to a monarch or person of great power throughout the whole day, but some freedom from this service at either end of it. But here too we must clarify what is meant by “end”: without some appropriate specification the term may lead to misunderstanding on the part of the reader. If I state that someone has the freedom to attend to the care of his body once the sun sets, without adding which day is in question—whether it is near to the summer or winter solstice, or to one of the equinoxes, or at one of the midpoints between these—then it will be impossible to offer the appropriate instructions. In Rome, for example, the longest days and nights are slightly more than fifteen equinoctial hours in length, while the shortest ones are slightly less than nine. . . . Now, when the days are shortest and the nights longest, someone whose duties end at sunset will easily be able to undergo massage and bathing, and to take a balanced amount of sleep; but one who is in the same situation when the [days] are longest will not be able to carry out even one of these activities to the right degree. But I

³⁰ Tom Geue, “Rush Job: Slavery and Brevity in the Early Roman Principate,” *Cambridge Class. J.* 68 (2022): 85–86. Geue’s piece opens with a telling quotation from Plautus’ *Poenulus*: “It’s more apt for free men to head through the city at a leisurely pace; I see it as / a slave’s style to rush and run” (*liberos homines per urbem modico magis par est gradu / ire, servile esse duco festinantem currere*; 522–23). For more on Galen’s own literal and metaphorical uses of “slave” terminology, see Singer, *Galen* (n. 9), 49–50.

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have not yet known one whose personal circumstances were as unfortunate as that.³¹

Here Galen describes the time constraints of a patient who “lives a slave-like life.” The verb *hypēreteō* (“to serve”) is one that Galen uses to represent both actual and metaphorical enslavement. In this latter category, he includes elite members of the imperial court who are at the beck and call of the emperor and—as we will discuss further below—physicians like himself whose schedules must conform to the pressing needs of their patients. Galen’s use of the term here may be intentionally ambiguous, so as to make this example seem applicable to patients from a range of different civic and socioeconomic classes, especially since he claims to have treated patients of all classes, civic statuses, and genders, free of charge. In any case, the patient described here has service responsibilities that last from sunrise to sunset, a window of time that will vary over the course of the year since the amount of absolute daylight is longer in the summer and shorter in the winter. This also means that the patient’s total discretionary time, in the period between sunset and sunrise, will also vary in its absolute length. In the summer, this

³¹ *San. tu.* VI.405.1–406.3 K = 178.10–29 Ko: ὑποκείσθω τοίνυν ἐν τῷ λόγῳ πρῶτος ὁ τὴν κατὰ πλάτος ἄμεμπτον ἔχων κατασκευὴν σώματος, ἐν βίῳ δουλικῷ δι’ ὅλης ἡμέρας ὑπηρετῶν ἤτοι τῶν μέγιστα δυναμένων τισὶν ἢ μονάρχων, χωριζόμενος δὲ περὶ τὰ πέρατα τῆς ἡμέρας. ὀρίσαι δὲ πάλιν ἐπὶ τούτου χρή, τίνα λέγω πέρατα· παρακοὴν γὰρ ὁ λόγος ἐργάσεται τοῖς ἀναλεγομένοις αὐτόν, εἰ μὴ τύχοι διορισμοῦ προσήκοντος. ἐὰν γοῦν εἴπω χωρίζεσθαι τηνικαῦτα πρῶτον εἰς τὴν ἐπιμέλειαν τοῦ σώματος, ἤνικα ὁ ἥλιος δύνῃ, μὴ προσθεῖς, ὁποίας ἡμέρας λέγω, πότερον τῆς περὶ τὰς θερινὰς τροπὰς ἢ χειμερινὰς ἢ κατὰ τίνα τῶν ἰσημερινῶν ἢ χρόνον ἐκάτερον ἐν τῷ μεταξύ τῶν εἰρημένων καιρῶν, ἀδύνατον ἔσται συμφερούσας ποιήσασθαι ὑποθήκας. κατὰ γοῦν τὴν Ῥωμαίων πόλιν αἱ μέγιστα μὲν ἡμέραι καὶ νύκτες βραχὺ μείζους ὥρων ἰσημερινῶν πεντεκαίδεκα γίνονται, καθάπερ γε πάλιν αἱ ἐλάχισται μικρὸν ἀποδέουσι τῶν ἐννέα. . . . ὁ μὲν οὖν ἐν ταῖς σμικροτάταις [μὲν] ἡμέραις [μεγίσταις δὲ νυξίν] ἀφιστάμενος τῆς ὑπηρεσίας ἡλίου δυομένου καὶ τρίμασθαι κατὰ σχολὴν καὶ λούσασθαι δύνανται καὶ κοιμηθῆναι συμμέτρως, ὁ δ’ ἐν ταῖς μεγίσταις οὐδ’ ἐν τούτων οἷός τ’ ἐστὶ πρᾶξιαι μετριῶς· οὐ μὴν οὐδ’ ἔγνω τινὰ τοιαύτη δυστυχία βίου χρησάμενον.

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individual will have so little time between sunset and sunrise that he will not be able to perform all the elements of an ideal health and wellness routine and still get enough hours of sleep. For a patient like this, Galen cautions providers against prescribing a single health care regimen for use in every season and instead advocates for a more flexible tailoring. We see a similar emphasis on flexibility elsewhere in Galen’s treatises where he recommends, for example, prescribing certain exercises with a small ball because “for this exercise the preparation of the implements is readily available even to the most poor . . . and the right time for use waits even for those who are very busy.”³² He also offers alternative diet recommendations for “however many people, whether on account of age or some habit, are not able to exercise before eating.”³³

It is also important to note that, in the passage above, Galen is very hopeful about the health prospects of time-scarce patients. Even this hypothetical person, whose circumstances are so unfortunate that Galen has never actually seen the like, can adhere to the principles of health science with creative modifications. Nor does Galen cast aspersions on the person who, “living the life of a slave,” is unable to fully attend to his bodily needs. A *hyperētēs*—whether he is an actual enslaved person or a free person at the beck and call of others—has little or no control over his own schedule, and the time constraints he might experience are, in Galen’s view, both appropriate and necessary insofar as they reinforce social power structures. Therefore, when engaging with such patients, it is the provider’s responsibility to adjust his usual prescriptions to fit patients’ schedules. This hopeful attitude, along with Galen’s concrete recommendations for

³² *Parv. pil.* V. 901.15–17 K: τούτου δ’ ἡ τῶν ὀργάνων παρασκευὴ καὶ τοῖς πενεστάτοις εὖπορος, ὃ τε καιρὸς τῆς χρήσεως καὶ τοὺς ἰκανῶς ἀσχόλους ἀναμένει.

³³ *Bon. mal. suc.* VI. 763.10–11 K: ὅσοι δ’ ἦτοι διὰ τὴν ἡλικίαν ἢ διὰ τινα συνήθειαν οὐχ οἷοί τε γυμνάζεσθαι πρὸ τῶν σιτίων.

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how to squeeze hygienic practices into a tight or shifting schedule, would probably have appealed to a wide audience, encompassing all those whom Galen gathers under the umbrella of the *hyperētēs*, from the poor and enslaved to free, elite members of the imperial court—perhaps even the emperor himself.³⁴ In a period when, in contrast to the Classical, busyness was both associated with the subaltern classes *and* celebrated to some degree among the elites (in another instantiation of Geue’s “slave temporality”), the doctor who could interface with busy patients without judgment and adapt to their schedules would probably have been very successful, as indeed Galen was.

However, Galen did not greet all busy patients with tolerance and support. He adopts a markedly different tone when dealing with patients whose time-scarcity he considers self-inflicted and therefore illegitimate. Galen condemns certain kinds of people who cannot commit to regular health and wellness regimens: “The reasons that some people do not follow its [i.e., hygienic theory’s] instructions include the sudden giving-in to pleasure (people who are prone to this are referred to as lacking in restraint, or undisciplined) or to love of esteem (which Greeks today call ‘vanity’ [*kenodoxia*]).”³⁵ Galen displays even greater vitriol toward people who have been blessed with excellent natural conditions of the body but squander their good fortune

³⁴ Seneca describes the emperor as someone whose time is entirely occupied by civic responsibilities and who yearns one day for leisure (*Brev.* 4.2–5).

³⁵ *San. tu.* VI. 415.13–15 K = 182.33–36 Ko: ἀπειθοῦσι δ’ ἔνιοι μὲν ὑπὸ τῆς ἐν τῷ παραχρῆμα νικηθέντες ἡδονῆς, οὗς ἀκρατεῖς τε καὶ ἀκολάστους ὀνομάζομεν, ἔνιοι δὲ ὑπὸ φιλοτιμίας, ἣν ὀνομάζουσιν οἱ νῦν Ἑλληνας κενοδοξίαν.

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because, through “either a lack of discipline, or ignorance, or both,” they do not take the time to maintain their good health.³⁶ Galen demands,

Is it not a shameful thing that someone fortunate enough to have had the best natural endowments has to be carried by others because of gout, or is racked with pain because he suffers from the stone, has pain in the intestines, or has an ulceration of the bladder arising from bad fluid? Or that [such a person] should be prevented by an extraordinary illness of the joints from using his own hands, and so need another’s help to put the food into his mouth and to wash his own bottom off after a stool? Anyone who is not completely spineless would prefer to die a thousand deaths than to endure such a life.³⁷

Galen has nothing but scorn for individuals who choose to allocate all their available time to (what he perceives as) their own comforts, indulgences, and ambitions, preserving little to none for the maintenance of their bodies.

So we see that, while Galen exhibits a much greater tolerance for patients’ individual time constraints than did the Hippocratic author of *The Art*, his compassion and willingness to accommodate have their limits. Modern-day physicians and ethicists might note that the tidy “good-bad” distinction Galen makes between types of patient time scarcity masks the close and complex connections between internal and external sources of temporal constraint. While Galen, in distinguishing between compulsory and voluntary time constraint, seems to recognize a distinction between what we might call structural factors and individual agency, he does not

³⁶ *San. tu.* VI. 312. 5 K = 138.2–3 Ko: καίτοι τούτων ἀπάντων ἢ ἀκολασίαν ἢ ἀγνοίαν ἢ ἀμφοτέρας ἀναγκαῖον αἰτιάσασθαι.

³⁷ *San. tu.* VI. 311.9–16 K = 137.26–32 Ko: πῶς οὖν οὐκ αἰσχρόν ἐστιν ἀρίστης φύσεως τυχόντα βαστάζεσθαι μὲν ὑπ’ ἄλλων διὰ ποδάγραν, κατατείνεσθαι δὲ ταῖς ὀδύναις λιθιῶντα καὶ κόλον ἀλγοῦντα καὶ κατὰ κύστιν ἔλκος ἐκ κακοχυμίας ἔχοντα; πῶς δ’ οὐκ αἰσχρόν ἐστι διὰ τὴν θαυμαστὴν ἀρθρῖτιν ἀδυνατοῦντα χρῆσθαι ταῖς ἑαυτοῦ χερσίν ἐτέρου δεῖσθαι τοῦ προσφέροντος τὴν τροφήν τῷ στόματι καὶ τοῦ τὴν ἔδραν ἀπονίζοντος ἐν τῷ ἀποπάτῳ; ἄμεινον γάρ, ὅστις μὴ παντάπασιν εἴη μαλακός, ἐλέσθαι δὴ μυριάκις τεθνάναι, πρὶν τοιοῦτον ὑπομεῖναι βίον.

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acknowledge, as we might today, the extent to which our personal values, preferences, and sense of relevant expectations are influenced by external, structural factors, such as our physical environments and the professional, social, or cultural norms that dictate behavior within them.³⁸ In the United States, for example, many people suffer from overemployment;³⁹ the rise in hybrid and remote work formats has further blurred the line between “work time” and “leisure time”; and the incentive structures of capitalism reward long, even punishing, hours on the job.⁴⁰ Thus, today, even patients who can afford the *financial costs* of elaborate medical interventions or wellness programs often feel that they are unable to afford the *time* these practices require. They may therefore adopt time-saving measures—like skipping doctor’s appointments, eating takeout, or forgoing the gym—that negatively impact their health. While Galen might be inclined to scold and even refuse to treat such individuals, modern-day providers are coming increasingly to appreciate the breadth of ways in which patient time scarcity can manifest, and many are shifting

³⁸ This idea forms the basis, for example, of “structuration theory,” which was first developed by Anthony Giddens (*The Constitution of Society: Outline of the Theory of Structuration* [Cambridge: Polity, 1984]) and has since been adapted and elaborated extensively within the social sciences.

³⁹ Overemployment is the condition of having to work more hours than desired in order to hold a particular position. Julie L. Rose reports the following statistics (drawn from studies found at Daniel S. Hamermesh and Elena Stancanelli, “Long Workweeks and Strange Hours,” *ILR Rev.* 68, no. 5 [2015]: 1009, and Jerry A. Jacobs and Kathleen Gerson, *The Time Divide: Work, Family, and Gender Inequality* [Cambridge, Mass.: Harvard University Press, 2004], 64–67), “According to recent data, almost one-third of employed Americans work more than forty-five hours per week and about one-eighth more than fifty-five hours per week. While some portion of these workers want to work such hours, they are in the minority. Over 80 percent of those working more than fifty hours per week would prefer to work shorter hours” (*Free Time* [Princeton, N.J.: Princeton University Press, 2016], 9).

⁴⁰ See, e.g., Silvia Bellezza, Neeru Paharia, and Anat Keinan, “Conspicuous Consumption of Time: When Busyness and Lack of Leisure Time Become a Status Symbol,” *J. Consumer Res.* 44 (2017): 118–38; Bonnie Lashewicz et al., “You Better Be as Stressed as I Am: Working Men’s Mental Health amidst Workplace Expectations for Busyness,” *Work* 66, no. 3 (2020): 645–56.

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from a model in which patient “non-compliance” is treated with judgment and shame to one in which patients find compassion and tailored support.⁴¹

Provider Time Scarcity

Galen is also keenly aware that in order for patients to achieve and maintain good health, not only is it necessary for *them* to have discretionary time to devote to their bodies, but health care *providers* must also have sufficient time to see and follow up with their patients and to think carefully about how best to meet their needs. In a passage in Book VI, Galen underlines the importance of both patient and provider availability for optimal health care outcomes. The passage appears in a section on the treatment of *dyskrasiai* or imbalances in what we might call patients’ biochemical makeups. Galen, like the Hippocratics before him, assumed that each person was born with his or her own particular *krasis* or cocktail of four humors (phlegm, yellow bile, black bile, and blood). According to this model, some illnesses arise because people’s natural *kraseis* get thrown out of balance, others because people’s *kraseis* predispose them to certain kinds of complaints. Galen strongly recommends that doctors and patients try to alter natural *kraseis* that are particularly out of balance or *dyskratic*, but he cautions that the process of

⁴¹ The terms “compliance” and “non-compliance” have recently been problematized within modern medicine, as they have authoritarian overtones. Alternative language, such as “concordance” and “adherence,” has been recommended. See Rob Horne et al., “Concordance, Adherence and Compliance in Medicine Taking” (National Co-ordinating Centre for NHS Service Delivery and Organisation R&D, 2005); Jeffrey K. Aronson, “Compliance, Concordance, and Adherence,” *Brit. J. Clin. Pharmacol.* 63 (2007): 383–84; Subho Chakrabarti, “What’s in a Name? Compliance, Adherence, and Concordance in Chronic Psychiatric Disorders,” *World J. Psychiatry* 4, no. 2 (2014): 30–36.

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changing someone's fundamental bodily makeup requires significant time commitments on the parts of both patient and physician:

If, on the other hand, one's aim is to modify such persons' mixtures for the better, the type of food must be opposite to the bad-mixture (*dyskrasia*) in question. This may be achieved gradually and without harm, provided that the doctor supervises the process and the person seeking the improvement has sufficient leisure to carry out all instructions at the appropriate time.⁴²

The ultimate point that Galen is trying to make here is, again, that time-scarce patients can pursue only a limited, relative kind of health. For patients who have the time (and, presumably, other resources) to attempt a fundamental humoral change, Galen recommends allopathic treatments that are rigorous and time-consuming. When dealing with time-scarce patients, however, he recommends sticking to remedies that treat “like with like,” which he believed would be gentler and act more swiftly. This is because the humoral qualities of such remedies (i.e., the degrees of their heat, coldness, moisture, and dryness) match, rather than oppose, those of patients' natural *kraseis* and are therefore assimilated to the body more easily.

Such gentle treatment plans, however, will produce only limited results. Patients who could really benefit from more substantial changes to their humoral biochemistry *must* be prepared to devote significant time to the endeavor and—Galen points out here—so too must their care providers. By emphasizing the need for a physician to “supervise” his patients' activities, Galen implies that *physician* time-scarcity, if it produces a lack of availability, can also

⁴² *San. tu.* VI. 393.14–394.6 K = 173.22–27 Ko: τὸ δὲ τῶν τροφῶν εἶδος, εἰ μὲν ὑπαλλάττειν ἐπὶ τὸ βέλτιον ἐθέλοις τὴν κρᾶσιν τῶν οὕτως ἐχόντων, ἐναντίον ἔστω τῇ δυσκρασίᾳ. κατὰ βραχὺ δὲ γίνεται τοῦτο χωρὶς βλάβης ἐπιστατοῦντος μὲν ἰατροῦ, σχολὴν δ' ἄγοντος αὐτῷ τοῦ βοηθουμένου τοσαύτην, ὡς ἅπαντα ποιεῖν ἐν τῷ προσήκοντι καιρῷ. πράττοντι δὲ ἀνθρώπων τὰ πολιτικὰ καὶ πολλὰς ἀσχολίας δουλεύοντι κάλλιον ἔστι μὴδ' ἐπιχειρεῖν ὑπαλλάττειν τὴν κρᾶσιν, ἀλλὰ τὰς οἰκείας αὐτῇ τροφᾶς δοτέον.

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worsen patient outcomes. It is not enough for patients alone to be willing to commit their time, energy, and other resources to a health care program; if providers themselves are unable to find the time to meet with patients, monitor their progress closely, adjust their treatment regimens as needed, and seize the opportune moments for additional interventions, then the patients' efforts may be ineffective.⁴³

Furthermore, Galen recognizes that discretionary time is necessary for providers to maintain their *own* health. Galen criticizes physicians who claim to be authorities on health and wellness while, at the same time, being constantly sick themselves. The problem with these physicians, in Galen's view, is that they do not make proper use of their time:

There are some who write compositions on health, and who also give oral instructions on it without writings, and are unable to keep even themselves free from sickness; then, when they are mocked by certain persons who, among other things, apply to them that verse:

Doctor of others, yet bursting with wounds!

some attribute the cause to their lack of leisure, while others admit that they are sick because of their own lack of discipline. Well, in the latter case, their defense is far worse than the original charge, at least if I am to be the judge of it. Then there are those who attribute the cause to things that befall them in life. In this case, if they suffer an ephemeral fever arising from burning, cooling, fatigue, or other such causes, they should be exonerated of the accusation; if they suffer some other fever, they should not.⁴⁴

⁴³ For an example of how therapeutic regimens ought to be honed gradually over time, see *San. tu.* VI.129.4–11 K = 57.28–58.2 Ko: “How much someone should be massaged cannot be indicated verbally, but the supervisor, being skilled in such things, should use an imprecise estimate on the first day, gradually increasing its precision on the subsequent days, as he begins to gain some experience of the nature of that body” (ὅπόσον δ’ ἐστὶ τὸ πλῆθος τῶν ἀνατρίψεων, οὐχ οἷόν τε λόγῳ δηλῶσαι, ἀλλὰ χρὴ τὸν ἐπιστατοῦντα, τριβῶνα τῶν τοιούτων ὑπάρχοντα, κατὰ μὲν τὴν πρώτην ἡμέραν οὐκ ἀκριβεῖ στοχασμῷ χρῆσασθαι, κατὰ δὲ τὰς ἐξῆς ἐμπειρίαν ἤδη τινὰ τῆς τοῦ σώματος ἐκείνου φύσεως ἔχοντα τὸν στοχασμὸν ἀεὶ καὶ μᾶλλον ἐξακριβοῦν. καὶ μὲν δὴ καὶ κατὰ τὰ γυμνάσια τῆ μὲν πρώτη τῶν ἡμερῶν οὐ δυνατόν ἀκριβῶσαι τὸ μέτρον, ἐν δὲ ταῖς μετὰ τήνδε καὶ πάνυ δυνατόν).

⁴⁴ *San. tu.* VI.307.9–308.6 K = 136.2–14 Ko: ἔνιοι δὲ τῶν ὑγιεινὰ συγγράμματα γραφόντων ἢ καὶ χωρὶς γραμμάτων ὑποθήκας διδόντων οὐδὲ σφᾶς αὐτοὺς ἀνόσους ἠδυνήθησαν φυλάξαι, κάπειθ’ ὅταν ἐπισκώπτονται πρὸς τινῶν ἄλλα τέ τινα λεγόντων πρὸς αὐτοὺς καὶ προφερομένων ἐκεῖνο τὸ ἔπος ἄλλων

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Here Galen describes three different kinds of perennially sick doctors. One category consists of those who, as Galen sees it, have simply been unlucky. These providers have become victims of certain kinds of illness through no fault of their own and ought therefore to be “exonerated” of negative moral judgment. Galen reserves that judgment instead for the kind of doctor who attributes his constant illness to “lack of discipline.” The main charge Galen levels against such physicians is that, by devoting too much time to personal indulgences (e.g., eating, drinking, socializing, having sex), they have failed to prioritize their activities correctly and have squandered time that should properly be earmarked for the care of their own bodies.⁴⁵ Here we see Galen, again, making a distinction between individuals whose misfortunes are imposed upon

ιατρὸς αὐτὸς ἔλκεσι βρῦων, οἱ μὲν εἰς ἀσχολίας δὴ τινὰς ἀναφέρουσι τὴν αἰτίαν, οἱ δὲ καὶ δι’ ἀκολασίαν ὁμολογοῦσι νοσεῖν. ἀλλὰ τούτοις μὲν ἡ ἀπολογία πολλὴ χειρῶν ἐστὶ τῆς κατηγορίας, ἐμοὶ γοῦν κριτῆ. τοῖς δ’ εἰς τὰ κατὰ τὸν βίον ἑαυτοῖς συμπίπτοντα τὴν αἰτίαν ἀναφέρουσιν, εἰ μὲν ἐφήμερόν τινα πυρετὸν πυρέξειαν ἐπ’ ἐγκαύσει καὶ ψύξει καὶ κόπῳ καὶ τισὶν ἑτέροις τοιούτοις αἰτίοις, ἀφίστασθαι χρὴ τῶν ἐγκλημάτων, εἰ δὲ τινὰ τῶν ἄλλων, οὐκ ἀφίστασθαι.

⁴⁵ In *On the Uses of Parts*, Galen also criticizes those who devote too *much* time to the care of their bodies, especially to cosmetics: “I have shown elsewhere and especially in connection with the instruments of nutrition that Nature has made sufficient provision to keep man from being greatly troubled about his body and from being a perpetual slave to its necessary services. For I think it fitting for a wise, civilized animal to have moderate care for his body and not be like the many who, when a friend is in need of someone to come to his aid, say they haven’t the time and run away, and who then in private pluck their hair with plasters of pitch, adorn themselves, and spend their whole lives in unnecessary attention to their bodies, not understanding at all that they have something better than the body” (ἀποδέδεικται δ’ ἐν ἄλλοις τέ τισι κἀν τοῖς τῆς τροφῆς ὄργανοις ἱκανὴν ἢ φύσιν ἔχουσα πρόνοιαν τοῦ μὴ πολλὰ πραγματεύεσθαι τὸν ἄνθρωπον περὶ τὸ σῶμα μηδὲ ταῖς ἀναγκαίαις ὑπηρεσίαις αὐτοῦ δουλεῦν ἀεὶ. σοφῶ γὰρ οἶμαι ζῶν καὶ πολιτικῶ σώματος ἐπιμελεῖσθαι τὰ μέτρια προσῆκεν, οὐχ ὥσπερ νῦν οἱ πολλοὶ φίλου μὲν τινος δεομένου συμπρᾶξαι οἱ, φάντες ἀσχολίαν εἶναι σφίσι, ἀποδιδράσκουσιν, ὑποχωρήσαντες δὲ πιττοῦνται τε καὶ κομμοῦνται καὶ κατατρίβουσι τὸν βίον ὅλον εἰς οὐκ ἀναγκαίαν τοῦ σώματος ὑπηρεσίαν, οὐδ’ εἰ τὴν ἀρχὴν ἔχουσι κρεῖττόν τι τοῦ σώματος ἐπιστάμενοι) (III.902.1–12 K = Georg Helmreich, ed., *Galēnou Peri Chreias* [Leipzig: B. G. Teubner, 1907], II, 155–56, trans. Margaret T. May, ed., *Galen on the Usefulness of the Parts of the Body*, 2 vols. [Ithaca, N.Y.: Cornell University Press, 1968]).

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them and those whose misfortunes he believes to be self-inflicted. Toward the former, Galen exhibits tolerance and even sympathy; to the latter, he offers nothing but vituperation.

Interestingly, Galen offers no moral judgment whatsoever of the third kind of perennially sick doctor: the kind who simply lacks leisure. For Galen, time-scarce providers are morally neutral because *all* providers, by virtue of their profession, are time-scarce. What matters, then, is how a given provider contends with that limitation. Galen goes on to provide an example of a physician who has successfully maintained his best (presumably, relative) health despite frequent periods of time scarcity. That physician is none other than Galen himself:

I myself have not remained entirely free from fever, but have suffered fevers as a result of certain fatigues, while remaining completely free from all other diseases for very many years now—and this despite having suffered injuries to certain parts of the body, of a kind which in other people have led to inflammation in conjunction with swellings of glands, and so to fever, while I have suffered neither the swelling nor the fever. I have achieved this through no other means than the theoretical study of health, and this in spite of not having been blessed with a healthy bodily constitution from the start, as well as not being able to lead a completely free life: I have been both in servitude to the demands of my art and obliged to perform services for friends, family members and fellow-citizens, very often having to remain awake for most of the night, because of either patients or—even more constantly—my pursuit of the fruits of learning.⁴⁶

⁴⁶ *San. tu.* VI.308.6–309.1 K = 136.15–24 Ko: οὐδὲ γὰρ ἡμεῖς τὸ πάμπαν ἀπύρετοι διεμείναμεν, ἀλλὰ διὰ κόπους τινὰς ἐπυρέξαμεν ἀπάντων τῶν ἄλλων νοσημάτων ἀπαθείς διατελοῦντες ἐτῶν ἤδη παμπόλλων, καὶ μέντοι καὶ πληγέντες τινὰ μέρη τοῦ σώματος, ἐφ’ οἷς ἕτεροι φλεγμοναῖς τε ἅμα καὶ βουβῶσιν ἀλόντες ἐπύρεξαν, οὔτε βουβῶνα ἔσχομεν οὔτ’ ἐπυρέξαμεν, οὐκ ἄλλοθὲν ποθεν ἢ ἐκ τῆς ὑγιεινῆς θεωρίας τῶν τηλικούτων ἐπιτυχόντες, καὶ ταῦτα μήτε κατασκευῆς σώματος ὑγιεινῆς εὐτυχήσαντες ἐξ ἀρχῆς μήτε βίον ἀκριβῶς ἐλευθέριον ἔχοντες, ἀλλὰ καὶ ταῖς τῆς τέχνης ὑπηρεσίαις δουλεύοντες καὶ φίλοις καὶ συγγενέσι καὶ πολίταις ὑπηρετοῦντες εἰς πολλὰ καὶ τῶν νυκτῶν τὸ πλεῖστον ἀγρυπνοῦντες, ἐνίοτε μὲν ἀρρώστων ἕνεκα, διαπαντὸς δὲ τῶν ἐν παιδείᾳ καλῶν.

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Galen does not pretend here that doctors are, or could ever be, completely immune to the conditions they treat. Since providers have human bodies, they will necessarily also be patients, and Galen positions the doctor-cum-patient squarely within the category of time-scarce patients dealing with legitimate, externally imposed temporal constraints (notwithstanding any additional, misguided constraints they might bring upon themselves). The medical profession demands that even physicians like Galen—freeborn, male, elite—be prepared to drop everything at a moment’s notice to attend to patients’ needs and to devote long hours to relevant study. We observe that, when Galen adopts the language of slavery here, using words like *hypēresia* and *douleuō* to describe his own commitments to medicine and to his communities, he does so with evident pride, flaunting his consequent time constraints as badges of honor. In doing so, Galen echoes the sentiment we encountered in Pliny’s epistle, that lack of leisure can be laudable if one is engaged in the right occupations and for the right reasons.

Now, it is important to note here that most of the care providers active in the Roman Imperial period would have suffered far more constraints on their time because they, unlike Galen, belonged to nondominant groups. Female healers (midwives, doctors, etc.) would likely have had extensive domestic care responsibilities, as well.⁴⁷ Enslaved healers—probably the majority of healers, in fact—would have had to answer to their enslavers’ demands.⁴⁸ And

⁴⁷ On female physicians in the ancient Greek and Roman worlds, see especially Rebecca Flemming, “Women, Writing and Medicine in the Classical World,” *Class. Quart.* 57, no. 1 (2007): 257–79; Rebecca Flemming, “Gendering Medical Provision in the Cities of the Roman West,” in *Women and the Roman City in the Latin West*, ed. Emily Hemelrijk and Greg Woolf (Leiden: Brill, 2013), 271–93.

⁴⁸ Nutton observes that, in the second century CE (i.e., Galen’s time), over 50 percent of the physicians attested in inscriptions lacked full citizenship rights (“Healers in the Medical Marketplace: Towards a Social History of Graeco-Roman Medicine,” in *Medicine in Society: Historical Essays*, ed. Andrew Wear

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healers who were free but poor would have had their time further constrained by financial pressures. Galen does not directly address the impact of personal identity on provider (or patient) time scarcity but by applying the language of slavery to medical providers of all kinds, Galen simultaneously elides significant differences between free and enslaved providers and introduces sufficient ambiguity to encompass a range of socially subordinate identities.

But to return to the passage above: here, again, Galen is optimistic about time-scarce people's health prospects. Galen suggests that health care providers can successfully work within their professional (and status-based) time constraints to keep themselves generally free from disease. The key, Galen asserts, is for physicians to make two unwavering commitments, both of which are consistent with Galen's belief in personalized medicine. The first is to apply the principles of health science within their own personal lives. This would have involved engaging in regular health and wellness activities like bathing, exercising, and consuming healthful foods and following established rules of thumb about the quantity, quality, and timing of these activities. The second commitment is to flexibility. A physician who attempts to keep a rigid schedule of, say, bathing at the eighth hour of the day and dining at the ninth is destined to have his routine constantly disrupted by patients seeking help or by some other pressing matter. When that happens, rather than forgo care of the body entirely, Galen recommends doing what he himself is wont to do—namely, to adjust his bathing and eating times:

Let me, indeed, venture to state what was my own customary practice on days when I thought it necessary to bathe on the late side either because of examinations of patients or because of some public engagement. Say that the day on which this happens is one of thirteen equinoctial hours, and that one may

[Cambridge: Cambridge University Press, 2010], 39). On the practice among Imperial-period elites of hiring out their slaves as physicians, see also *ibid.*, 40.

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envisage the care of the body beginning at the tenth hour. On this basis, I decided to take some very simple nourishment—just plain bread—at the fourth hour.⁴⁹

In this example, Galen’s professional and civic responsibilities take precedence, but Galen nevertheless remains committed to bathing and eating in accordance with hygienic theory. He expects to be unable to bathe until “around the tenth hour” and so works backward to calculate the most suitable time to eat on the basis of neo-Hippocratic theories about the relative timing of food and exercise. Because Galen is flexible about the timing of his regimen, he is able to maintain it, even when temporal conflicts arise. We might also imagine that Galen had time-scarce providers in mind when making the various recommendations for time-scarce patients that we examined earlier, suggesting, for example, that they perform exercises with the small ball or modify their regimens to respond to the shifting length of daylight over the year.

In his emphases on pragmatism, adaptability, and informed efficiency when crafting therapeutic regimens, Galen likes to contrast himself with rival physicians of his day, whom he accuses of misallocating their professional time. Frequent targets are the Methodists—a very popular and therefore threatening group to Galen—who explained disease as being caused by constriction and/or looseness in the body’s pores, which disrupts the smooth circulation of particles or “atoms.”⁵⁰ Because they dismissed the idea that one needed to know the precise cause of a disease in order to treat it, Galen accused Methodists of rushing through their medical

⁴⁹ *San. tu.* VI.412.2–8 K= 181.16–22 Ko: ὅπερ οὖν εἴωθα ποιεῖν αὐτὸς ἐγὼ καθ’ ἣν ἂν ἡμέραν ὀψιαίτερον ἡγῶμαι λούσασθαι δι’ ἀρρώστων ἐπισκέψεις ἢ τινα πολιτικὴν πράξιν, εἰπεῖν οὐκ ὀκνήσω. ὑποκείσθω γοῦν ἡμέρα, καθ’ ἣν τοῦτο γίνεται, τριῶν καὶ δέκα τῶν ἰσημερινῶν ὥρων, ἐλπίζεσθω δὲ περὶ δεκάτην ὥραν ἢ τοῦ σώματος ἐπιμέλεια γενήσεσθαι. κατὰ ταύτην τὴν ὑπόθεσιν ἔδοξέ μοι περὶ τετάρτην ὥραν προσφέρεσθαι τροφήν ἀπλουστάτην, ἥτις ἐστὶν ἄρτος μόνος.

⁵⁰ On Roman-era Methodism, see Nutton, *Ancient Medicine* (n. 12), 191–206.

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training at such a pace that that they learned, according to Galen, “a kind of dietetic craft in one hour” and the whole of medicine in a mere six months.⁵¹ It is easy to imagine how prospective doctors might actually have found this condensed program attractive, particularly if they were burdened by significant time constraints. Galen warns, however, that such slapdash preparation can lead to reckless and dangerous interventions. He sarcastically recounts, for example, how the teachings of Thessalus, a founding father of Methodism, led a physician to thoroughly botch his treatment of a wounded nerve:

Thessalus, along with his own sophists, seated upon a lofty throne among men who are drivelling sheep, as Cercidas says, will be highly esteemed as he fabricates the argument that the treatment of every fresh wound is the same, taking no indication from the nature of the [body] part. One particular man among those who were carried away by his wisdom discovered a marvelous treatment for wounds in the sinews: immediately and instantaneously, he would cut them all in two without giving any warning to the wounded person.⁵²

Methodists, in Galen’s view, sacrifice their training in the interest of saving time—a creative solution to the problem of provider time scarcity of which Galen does *not* approve. While Galen encourages providers to be flexible in how and when they care for their own bodies, he is firm in his belief that providers’ professional obligations, both to patients and to medical study, must be their top priorities, the fixed points around which the rest of their schedules are shaped.

⁵¹ *Sect.* I.83 K. For more on how Galen critiques Methodists’ and other physicians’ approaches to time, see Miller, *Time and Ancient Medicine* (n. 6), 143–46.

⁵² *MM.* X. 406.1–9 K: Θεσσαλὸς δὲ ἅμα τοῖς ἑαυτοῦ σοφισταῖς ἐφ’ ὑψηλοῦ θρόνου καθήμενος ἐν κριομύξοις ἀνδράσιν, ὡς ὁ Κερκίδας φησὶν, εὐδοκίμησει, κατασκευάζων τῷ λόγῳ παντὸς ἔλκους προσφάτου τὴν αὐτὴν εἶναι θεραπείαν, οὐδεμίαν ἔνδειξιν ἐκ τῆς τοῦ μορίου φύσεως λαμβάνουσαν. εἷς δέ τις τῶν ὑπὸ τῆς σοφίας αὐτοῦ κεκομισμένων θαυμαστὴν ἐξεύρισκε θεραπείαν τῶν νευροτρώτων· αὐτίκα γὰρ ὅλα διέκοπτεν ἐξαίφνης αὐτὰ, μηδὲ προειπὼν τι τῷ τρωθέντι.

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Elsewhere, Galen also argues that the oversimplified and rigid nature of the Methodists' system—especially their *diatritos* or “every third day” regimen—prevents them from responding with agility as patients' needs and schedules evolve.⁵³ In a *diatritos* scheme, physicians check in on patients and adjust their regimens only every forty-eight hours (or third day, counting inclusively), making it more difficult for them to catch and respond swiftly to changes in patients' conditions. A case history from Galen's *On Prognosis for Epigenes*, excerpted below, illustrates this clearly. Here, Annia Faustina dresses down the Methodist physicians who had endeavored to treat Marcus Aurelius's young son Commodus:

Know that this man Galen battles against you Methodists not with words but with deeds. . . . Although our emperor's son [i.e., Commodus] . . . has been powerfully feverish for the last two days . . . [Galen] has not waited to let the eighth hour go by on the third day, as you require, but has already bathed and fed him. And [Commodus's] tutor, Peitholaus, a very exacting man in these matters, whose caution is part of his exactness, has been persuaded by his previous experience of this man's skill to both wash and feed [Commodus] before the suspect hour.⁵⁴

The Methodist physicians described here miss the window for opportune action because they choose to inflexibly apply a single intervention schedule to all of their patients, waiting for forty-eight hours to pass at each interval. Galen effectively accuses these providers of voluntarily constraining the time available to them for diagnostics and therapeutics in a way that reduces the

⁵³ On the Methodist *diatritos*, see especially David Leith, “The Diatritus and Therapy in Graeco-Roman Medicine,” *Class. Quart.* 58, no. 2 (2008): 581–600.

⁵⁴ *Praec.* XIV.663–4K: Γαληνὸν, ἔφη, τοῦτον ἴσθι μὴ λόγους, ἀλλ' ἔργοις ὑμῖν τοῖς μεθοδικοῖς πολεμεῖν . . . βασιλικοῦ παιδὸς ἀποδημοῦντος τοῦ πατρὸς ἐν ταῖς πρώταις δύο πυρέξαντος σφοδρῶς . . . κατὰ τὴν τρίτην ἡμέραν οὐχ ὑπερβάλλειν, ὡς ὑμεῖς ἀξιοῦτε, τὴν ὀγδόην ὥραν ἀναμείνας, ἀλλ' ἤδη λούσας τε καὶ θρέψας· ὃ τε τροφεὺς αὐτῷ Πειθόλαος ἀκριβέστατος ὢν περὶ τὰ τοιαῦτα, ὡς δειλίαν εἶναι τὴν ἀκρίβειαν αὐτοῦ, διὰ τὸ προπειρᾶσθαι τῆς τέχνης τοῦ ἀνδρὸς ἐπέισθη καὶ λούσαι καὶ θρέψαι πρὸ τῆς ὑπόπτου.

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quality of their care. Meanwhile, Galen himself, unhampered by the Methodists' cumbersome framework, is able to respond more quickly and adroitly to the specifics of Commodus's condition and thereby to save the day.

Galen, as we have seen, makes a strong case for the importance of discretionary time for both patient and provider well-being, and for creativity and flexibility in responding to time constraints and other challenges. He is clear, though, that such discretionary time should not be borrowed from one's professional time. Physicians should, first and foremost, be able to take all the time required in order to meet their patients' needs and to stay in command of their medical art. By adopting creative and flexible solutions *elsewhere* in their schedules, providers can hope to maintain their personal health, as well. It is noteworthy that Galen does not offer providers strategies for approaching situations in which they are simply unable to find sufficient time for their professional duties. This neglect is likely the result of Galen's own position in society, as a free, well-resourced, elite male who—unlike enslaved, poor, and/or female providers—enjoyed a relatively large degree of control over his daily schedules.

It is also worth noting that Galen's recommendations, for both providers and patients, focus exclusively on the mindsets and habits of individuals; he is not thinking at the level of populations,⁵⁵ nor does he advocate for any structural—what we today might think of as

⁵⁵ Foucault has argued that the shift in focus within the medical sphere from individual to population-level solutions is entangled with the shift from precapitalist, "sovereign juridical" forms of governance to capitalist forms that mobilize "biopower," that is, "power bent on generating forces, making them grow, and ordering them, rather than one dedicated to impeding them, making them submit, or destroying them" (Michel Foucault, *The Will to Knowledge: The History of Sexuality*, vol. 1, trans. Robert Hurley [London: Penguin, 1976], 136). The interrelated concepts of biopower and biopolitics have received much recent analysis, e.g., in Vernon W. Cisney and Nicole Morar, eds., *Biopower: Foucault and Beyond* (Chicago: University of Chicago Press, 2015).

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“policy”-related—changes that would increase the amount of baseline *scholē* available to people of different demographics. Many modern-day efforts to address patient and/or provider time-scarcity also focus on the individual, as seen, for example, in studies investigating how the negative effects of provider burnout can be mitigated by meditation and mindfulness.⁵⁶ Today, however, many more efforts target structural problems within the health care system and seek, for example, to streamline medical administration, shorten providers’ shift-lengths, or expand telehealth opportunities.⁵⁷ The final section of this study will compare elements of health care and time scarcity in Galen’s world to those in the modern-day United States and suggest how, despite significant differences in context and approach, Galen’s writings on this topic can offer food for thought in our present moment.

Conclusion: Time Scarcity and Health, Then, Now, and Moving Forward

As noted earlier, Galen’s professional and cultural worlds were not our own. He practiced medicine in a time when there were no medical schools or credentialing systems and, consequently, healers of all kinds (Rationalists, Empiricists, Methodists, Pneumatists, eclectic,

⁵⁶ E.g., Ami Kapadia, “Meditation and Mindfulness: A Call to Action in Elevating Primary Care,” *Permanente J.* 22, no. 2 (2018), <https://doi.org/10.7812/TPP/17-17>.

⁵⁷ Examples can be found in Joseph F. Orlando, Matthew Beard, and Saravana Kumar, “Systematic Review of Patient and Caregivers’ Satisfaction with Telehealth Videoconferencing as a Mode of Service Delivery in Managing Patients’ Health,” *PLOS ONE* 14, no. 8 (2019): e0221848; Erik Bodendieck et al., “The Work-Life Balance of General Practitioners as a Predictor of Burnout and Motivation to Stay in the Profession,” *BMC Primary Care* 23 (2022), article 218, <https://doi.org/10.1186/s12875-022-01831-7>; Jennifer Stephens et al., “Implementation of a Virtual Asynchronous Scribe Program to Reduce Physician Burnout,” *J. Healthcare Mgmt.* 67, no. 6 (2022): 425–35; Lotte N. Dyrbye et al., “Relationship between EHR-Based Audit Log Data and Physician Burnout and Clinical Practice Process Measures,” *Mayo Clin. Proc.* 98, no. 3 (2023): 398–409.

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midwives, temple priests, astrologers, amulet makers, herbalists) competed with one another on the basis of reputation, perceived expertise, and perceived rates of success. This competition, however, was not structured according to late capitalist principles. In the Roman period, any wages received were not calculated on the basis of time spent,⁵⁸ and the idea that “time equals money” was not yet in circulation. Nor was there anything remotely equivalent to the corporatization of health care that has occurred over the past fifty years in the United States.⁵⁹ Apart from temple complexes to healing deities like Asclepius/Aesculapius, health care in the Roman world was barely institutionalized—there were no hospitals, no insurance or pharmaceutical companies, no governmental health care plans or policies. For better or worse, Roman-era healers operated largely on their own, answerable, in their professional capacity, only to the demands of their patients, financial needs, and direct superiors (e.g., teachers, enslavers, or patrons).

What, then, can the writings of a Roman-era physician, like Galen, offer us in our present moment? Most broadly, I suggest that they can help us to contextualize current challenges both historically and humanistically. While the twenty-first-century United States is indeed

⁵⁸ Not all doctors were paid for their services. Enslaved doctors, for example, may not have received any recompense, and some elite doctors, like Galen, took pride in offering treatments pro bono. See, e.g., Nutton, *Ancient Medicine* (n. 12), 87, 100, 157, 232. I am aware of only two references to something like hourly wages in Greco-Roman antiquity. One comes from the New Testament (Matt. 20:9), another from a comic play by Eubulus (*Ath. Deip.* 567d).

⁵⁹ Much has been written on this topic, but a seminal example is Howard Waitzkin, *The Second Sickness: Contradictions of Capitalist Health*, rev. ed. (Lanham, Md.: Rowman & Littlefield, 2000). The corporatization of American health care is also seen as a root cause of many other current challenges, such as the rates of missed nursing care (Terry Jones and Eileen Wills, “Systems, Economics, and Neoliberal Politics: Theories to Understand Missed Nursing Care,” *Nursing Health Sci.* 22, no. 3 [2020]: 586–92) and the frequency of moral injury among care providers (Talbot and Dean, “Physicians Aren’t ‘Burning Out’” [n. 3]; Press, “Moral Crisis of America’s Doctors” [n. 3]).

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anomalous in many of its specifics (e.g., its level of technology, degree of time awareness and social acceleration, access to temporal precision and accuracy, commitment to late capitalism, corporatization of health care, etc.),⁶⁰ this examination helps us to appreciate that time scarcity has been a recognized problem in medicine for a long time and many proximate solutions have been proposed. We can find in Galen's writings much that is familiar. For example, his emphasis on individual agency and lifestyle choices presages one of the core ideological components of modern biomedicine.⁶¹ However, Galen brings to this idea some elements that are beneficial for us to consider. Galen is committed to a version of what we would now call "personalized medicine," in which he advocates tailoring therapeutic recommendations to the individual and approaching health care in a holistic rather than a reductively mechanistic way. He emphasizes the entanglement of one's health with a wide variety of factors, including one's age, environment, what we could call "genetic" predisposition, personal habits and preferences, and recognized roles in society. He is not, therefore, inclined to take a one-size-fits-all approach to his patients or to see them, as modern-day corporate balance sheets so often do, as numbers or statistics rather than complex humans. This prompts him to appreciate, and to accommodate his recommendations to suit, individual needs, circumstances, and time constraints.

Galen's focus on solutions at the individual level does indeed overlook the potential of collective action to increase discretionary time for whole groups. Strategies that have been gaining traction in the present day—like unionizing, challenging problematic laws and policies

⁶⁰ On social acceleration as a critical feature for understanding modernity, see Harmut Rosa, *Social Acceleration: A New Theory of Modernity*, trans. Jonathan Trejo-Mathys (New York: Columbia University Press, 2015).

⁶¹ On these core ideological components, see Waitzkin, *Second Sickness* (n. 59), 47–49.

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in court, and lobbying for positive change—were not familiar within his time and cultural context. However, some of the principles on which such collective action builds can already be found in Galen. For instance, he recognizes that inequities in access to discretionary time exacerbate existing class- and identity-based health inequities. He also seems implicitly to acknowledge that some factors affecting patient and provider time scarcity are structural and therefore beyond the ability of any individual to change on their own. For him, these elements include actual slavery; metaphorical slavery, whether to an ideal, like helping patients, or to persons, like family members or social superiors; civic participation, such as, holding a magistracy, participating in government, or, presumably, serving in the military; and the requirements of business or household management. As noted above, Galen tends to separate these structural factors too tidily from those he casts as matters of personal choice. But nevertheless, in drawing this distinction, he encourages his readers to think more closely and critically about the relationship between structural and personal factors in creating time scarcity, and what falls within an individual's versus a collective's power to change.

Most importantly, in my view, Galen reminds us that discretionary time is essential to maintaining *everyone's* health and that, while time scarcity is certainly more pronounced for some demographics than for others, it adversely affects people of all classes, genders, and civic statuses. Thus—and here I go beyond Galen to pursue further implications—the issue of time scarcity has the potential to unite advocates across sectors of society. Such advocates, however, must contend with deeply entrenched commitments to capitalist principles that devalue time not put to the service of production and profit. To begin to chip away at such mental frameworks, some present-day thinkers have begun to propose fundamental shifts in how we, particularly in

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the United States, value and allocate discretionary time. Political philosopher Julie L. Rose, for example, in her monograph *Free Time*, argues that

justice requires that all citizens have a fair share of free time. Citizens have legitimate claims to free time on the basis of the *effective freedoms principle*, a foundational tenet of liberal egalitarian justice, which holds that citizens have legitimate claims to a fair share of the resources that are generally required to exercise their formal liberties and opportunities. In the same way that citizens generally require the resources of income and wealth to exercise their freedoms, so too do they generally require free time. . . . Furthermore, I argue that, in order to ensure that citizens have their fair shares of free time, our theories of justice and public policies must treat time as a distinct object of distributive concern. Contrary to a widely held assumption, the time-money substitutability claim, realizing a just distribution of income and wealth is *not* sufficient to ensure a just distribution of free time. . . . As such, how much free time citizens have must be separately assessed, and a just distribution of free time must be realized through specifically targeted interventions.⁶²

Rose’s theoretical framework and policy recommendations, should they be adopted, could profoundly change the operation of our health care system and the efficacy of care across demographics. Such sweeping structural changes, however, would require us to fundamentally change how we think and talk about equity and about time, replacing reductive adages like “time is money” with more nuanced views that acknowledge the importance of time for pursuing a wide range of human goods—not just money but, among many others, engaged citizenship, high-quality work, close interpersonal connections, and personal health and well-being.

⁶² Rose, *Free Time* (n. 39), 4–5. Rose is not alone in calling for a radical rethinking of how we value and allocate time. See, e.g., Robert E. Goodin et al., *Discretionary Time: A New Measure of Freedom* (Cambridge: Cambridge University Press, 2008); Laura M. Giurge, Ashley V. Whillans, and Colin West, “Why Time Poverty Matters for Individuals, Organisations and Nations,” *Nature Hum. Behav.* 4 (2020): 993–1003.

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