



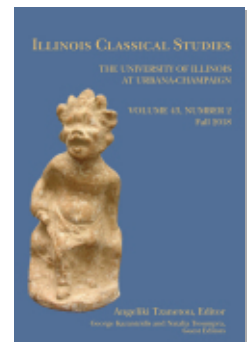
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Morbid Laughter: Exploring the Comic Dimensions of Disease in Classical Antiquity

GEORGE KAZANTZIDIS AND NATALIA TSOUMPRA

Morbid Laughter: Ancient and Modern Approaches

Disease in the Graeco-Roman world has attracted considerable attention among classical scholars in recent years. A number of important studies have helped to broaden our understanding of sickness and suffering as means by which subjective experience is construed and the self is negotiated;¹ no less importantly, the increasing literature on mental illness in ancient medical and philosophical texts² has led to new modes of viewing disease as a pathological occurrence which can compromise the integrity not only of the body but of the mind and soul as well. More recently, the growing interest in the notion of disability in classical literature³ has called attention to the barriers posed by infirmity in a person's life and to their disruptive effects on the relationship between the affected individual and the rest of the community. This novel perspective and the attendant shift of focus from the practitioner's to the patient's point of view,⁴ has opened a window to the lived experiences of the disabled and the diseased, providing us access to how they perceived themselves as being different and, more crucially, as being set apart from others. We now know more about the reasons why impairment in antiquity, broadly understood as any condition which entailed a deviation from a desired state of health, was both a self-alienating but also a socially isolating experience.⁵

The present volume makes a contribution to the burgeoning field of the history of disease in classical antiquity by focusing on a specific, yet all but paradoxical

1. See, especially, Holmes (2010).

2. Important collections of essays on mental illness include Bosman (2009); Harris (2013); Thumiger and Singer (2018). See also van der Eijk (2005) and Thumiger (2017).

3. See, especially, Laes, Goodey, and Rose (2013); Laes (2016) and (2018). A number of recent studies on the archaeological record deal with visual humor and the comic potential of physical deformity: Walsh (2009); Mitchell (2009) and (2016).

4. See Petridou and Thumiger (2015).

5. The *pharmakos* ("scapegoat") in antiquity was often an ugly and deformed individual; see Ogden (1997) 16. On the marginality of scapegoats, see Bremmer (1983) 303–5.

response to physical and mental illness: laughter.⁶ While the “tragic” associations of disease have been already well explored in the secondary literature, its comic potential, that is, the ways in which disease or the diseased may have evoked laughter remains relatively understudied. Stephen Halliwell (2008), in his seminal book on Greek laughter, acknowledges its “capacity to transmute what ordinarily counts as horrific . . . into an occasion for somebody’s unabashed mirth.” Halliwell, however, discusses this aspect of the comic with reference to the “Lucianic collapse of the potentially ghastly into the obtrusively ludicrous”⁷ and does not explore in detail instances of disease.⁸ As he notes, Lucian’s trademark tendency contradicts Aristotle’s principle according to which the object of laughter should by no means involve “pain or destruction”⁹—this is the stuff of tragedy (1452b11–12). As we read in *Poet.* 1449a34–37: “The laughable comprises any fault or mark of shame which involves no pain or destruction: most obviously, the laughable mask is something ugly and twisted, but not painfully”¹⁰ (τὸ γὰρ γελοῖον ἐστὶν ἀμάρτημά τι καὶ αἰσχρὸν ἀνώδυνον καὶ οὐ φθαρτικόν, οἷον εὐθὺς τὸ γελοῖον πρόσωπον αἰσχρὸν τι καὶ διεστραμμένον ἄνευ ὀδύνης). The present volume proposes to show that disease emerges in various contexts in antiquity as laughable material in direct violation of this principle.¹¹

Cicero’s remarks about the nature of *ridiculum* in the second book of *De oratore* betray the influence of Aristotle, especially with regard to the premise that laughter is principally meant to discredit things or persons which are perceived as shameful: “the field or province, so to speak, of the laughable,” Cicero states, “is restricted to that which may be described as unseemly or deformed (*locus autem*

6. To laugh at/with someone’s illness is identified in Hippoc. *Ep.* 17.4 (9.358 L.) as a sign of madness (Hippocrates addressing Democritus, the “laughing” philosopher who is believed to have gone insane): ἢ οὐκ οἶη ἄτοπος γε εἶναι γελῶν ἀνθρώπου θάνατον ἢ νοῦσον ἢ παρακοπήν ἢ μανίην ἢ μελαγχολίην ἢ σφαγὴν ἢ ἄλλο τι χεῖρον; [. . .] καὶ γὰρ ἂ δέον οἰκτεῖρειν γελᾶς, “don’t you think that it is absurd to laugh with someone’s death or disease or insanity or madness or melancholy or slaughter or something that is even worse? . . . But you laugh with things which should make you feel pity.” For Democritus’s insanity in the ps.-Hippocratic *Epistles* and its connection to the philosopher’s “absurd” laughter, see Kazantzidis (2018); cf. Halliwell (2008) 343–71. In a totally different context Epicurus advised that the wise man should laugh at *his own* excruciating pain, even when it is caused by a serious, life-threatening disease (fr. 600 Usener; cf. Plut. *Mor.* 1088b-c: Ἐπίκουρος δὲ καὶ γελᾶν φησι ταῖς ὑπερβολαῖς τοῦ περὶ τὸ σῶμα νοσήματος πολλάκις κάμνοντα τὸν σοφόν); laughter emerges in this instance as a medicament applied to fear of death; see Shearin (2012) 41–42.

7. Halliwell (2008) 442.

8. Lucian is represented by two chapters in this volume; see Martin and Petridou.

9. Halliwell (2008) 443.

10. Translation in Halliwell (1995) 45.

11. For the centrality of pain in ancient medical accounts of disease, see, e.g., Horden (1999) and King (2017).

et regio quasi ridiculi . . . turpitudine et deformitate quadam continetur); for the things that mainly, and even solely, provoke laughter are the kinds of remarks which note and single out something unseemly in no unseemly manner” (*De or.* 2.236;¹² cf. Arist. *Poet.* 1449a33–4: ἀλλὰ τοῦ αἰσχροῦ ἐστὶ τὸ γελοῖον μόριον).¹³ So much for the agreement between the two; for, unlike what one would have expected from Aristotle, *deformitas* in Cicero – which, at first glance, seems to carry with it a predominantly ethical meaning—is subsequently revealed in the text to include also physically “painful” situations.¹⁴ As we read in *De or.* 2.239: “in deformity and weaknesses of the body there is good enough matter for jesting”¹⁵ (*est etiam deformitatis et corporis vitiorum satis bella materies ad iocandum*). It is with reference to Cicero’s striking statement that Robert Garland (1995) examines occasions in which the disfigured and deformed body in antiquity could cause derision¹⁶ (it is not always clear whether such derision targeted disfigurement as such or what it revealed about the character of the individual that was being derided; sometimes both issues are at play and it is difficult to distinguish between the two);¹⁷ for all its merits and thorough analysis of the relevant material, Garland’s discussion falls short of exploring the phenomenon of disease and of mental disease, in particular.

In her study on Roman laughter, Mary Beard (2014) touches upon the presence of “designated ‘laughter makers’ in the imperial palace and other elite contexts,”¹⁸ but she is not interested in pursuing further the mechanisms and cultural psychology through which deformed and impaired bodies were supposed to produce mirth; nor does she expand on the implications of the presence of such jesters, and their bawdy songs and jokes about the deceased in elite Roman funerals.¹⁹ Beard briefly discusses Seneca’s (*Ep.* 50) mention of the presence of a female clown (*fatua*) in his household. The comic potential of Harpaste

12. See also Quint. *Inst.* 6.3.8.

13. Translation in Sutton and Rackham (1942) 373 (modified). For Aristotle’s influence on Cicero on this issue, see Watson (2012) 219 and Beard (2014) 110.

14. See Corbeill (1996) 26; cf. Skinner (2018) 169.

15. Translation in Sutton and Rackham (1942) 375 (modified).

16. Garland (1995) 73–86.

17. See Corbeill (1996) 38.

18. Beard (2014) 142. The jesters relied to a great extent on their own deformities for the purpose of arousing laughter, but they also exploited those of others. On Seneca’s ridicule of Claudius’s mental and physical infirmities, see A. Michalopoulos’s chapter in this volume.

19. Suet. *Vesp.* 19.2, *Iul.* 51. Beard is sceptical about the apotropaic function of laughter in these cases and believes that the presence of jesters in ceremonial occasions such as funerals is unsurprising due to their domestic role. However, the imitations of the actions of the deceased by the jesters during the funeral procession are particularly striking and cannot be explained away by the central role the jesters occupied in the household.

arises partly from her freakish appearance (*prodigium*) and partly from the fact that she has recently gone blind, without being aware of her condition; she thus keeps complaining that her room is too dark, much to the amusement of the household (*haec fatua subito desiit uidere . . . nescit esse se caecam; subinde paedagogum suum rogat ut migret, ait domum tenebricosam esse. hoc . . . in illa ridemus*). This is black humor at its most extreme.²⁰ Rather than inquiring into what it means that an esteemed philosopher like Seneca should make fun of Harpaste's miserable state—expecting in all likelihood that his readers, just as the household, will find the narrative amusing—Beard observes that the anecdote typifies the Roman elite's self-fashioning as “a process carried out in the face of, or against, the ribald, deformed” and “joking image of the clown.”²¹

Stephen Kidd (2014), in his book on nonsense in ancient Greek comedy, remarks that “laughing at the mentally ill was something of an institution in much of the ancient world” and “a Greek pastime,”²² and provides evidence from a number of sources such as Euripides, Plato, Plutarch, and Seneca. Kidd is especially interested in the way in which nonsensical behavior, displayed through acts and words that are void of meaning, excites laughter; even when nonsense is a symptom of mental abnormality, it is still considered to be funny by virtue of the fact that it remains “highly discrepant from the actual environment,”²³ further to this point, what is ridiculed in the case of mental illness is not only nonsense as an isolated symptom but also, by implication, the illness itself since, as Kidd aptly notes, “sympathy's ambit was more limited in the ancient world.”²⁴ As we shall see, however, laughter in the face of physical and mental illness was not always meant to be aggressive; on the contrary, it was often designed to help the patient (and those laughing at/with him) cope with the painful reality of disease.²⁵ In this respect, it is worth noting that the affected individual in ancient sources is not only presented as the object of laughter; laughter is often turned against those who make fun of him—in other words, it can be reciprocated and, effectively, reversed.²⁶ While laughter has a strong potential for exclusion, it can also serve as a means to integrate and include. Though acting as the butt of mocking laughter, a patient could still be

20. See Kidd (2014) 42–43: “Clearly, this anecdote—which might strike modern readers as somewhat offensive—is meant to entertain and raise a laugh. Harpaste's nonsense-language (i.e., language reflecting a non-existent reality) is indicative of her mental deficiency, and her mental deficiency to a typical Roman was inherently funny.”

21. Beard (2014) 145.

22. See Kidd (2014) 42–43.

23. Kidd (2014) 40.

24. Kidd (2014) 42.

25. See, especially, Hall, Petridou, and Potamiti in this volume.

26. See Singer and Ruffell in this volume.

part of a cohesive group, with his own (sometimes equal) share in the liberating effects of mirth.²⁷

The present volume discusses instances of morbid laughter in antiquity by exploring the comic dimensions of disease in a variety of contexts and under different perspectives. One important question that we wish to pose concerns the types of illness and impairment which present themselves, most frequently, as laughable material and whether there is a difference between physical and mental infirmities in this respect. Mikhail Bakhtin's observations about the material body's "lower stratum" and the ways in which it evokes laughter by producing grotesque imagery that is often linked to pathological conditions (swellings in the groins, diarrhea, stomach pains, intestinal infections etc.),²⁸ find ample confirmation in ancient sources: hernia jokes are predominantly concerned with how the condition attracts attention to the genital area, enshrouding the patient in feelings of shame as well as intense pain;²⁹ likewise, what makes Priapus a laughing stock is his over-sized, deformed penis—an indication of sexual stamina but also of a bodily malfunction which often approximates a state of disease, either figuratively or literally;³⁰ *podagra* is a condition which engulfs the body from its "lowest" part and creeps its way up to the patient's knees, thighs and fingers;³¹ vomiting, not a disease per se but, surely, a standard symptom of physical (and moral) illness, can also be funny—partly because of the things that burst out of the stomach suddenly and involuntarily.³² Though in themselves non-lethal, most of the conditions mentioned above can bear sinister connotations: groin hernia can only be removed through surgery³³ (often including, in male patients, testicle amputation) and it is therefore no trifling matter; *podagra* inflicts excruciating pains and remains incurable—only mitigating medicaments can be applied;³⁴ vomiting often accompanies instances of death

27. For the fine balance between exclusiveness and inclusiveness in ancient laughter, see Robson (2006) 86. Cf. Martineau (1967), (1972).

28. See Bakhtin (1984), especially chapters 5 ("The Grotesque Image of the Body and its Sources") and 6 ("Images of the Material Bodily Lower Stratum").

29. See Potamiti in this volume. The fact that some patients consider their condition "shameful" and denigrating explains why they may feel vulnerable to becoming a laughing stock; see, e.g., Aretaeus, *De causis et signis acutorum morborum* 2.12 (on *satyriasis* and shame), with Gourevitch (1997) 157 and Thumiger (2018). On the intricate connection between shame(lessness) and laughter in antiquity, see Halliwell (2008) 215–42.

30. See C. Michalopoulos in this volume.

31. See Petridou in this volume.

32. Vomiting is discussed in this volume by Goh and Martin. For jokes on vomiting see Corbeill (1996) 178.

33. See Celsus, *Med.* 7.19.

34. On the incurability of gout, see Aretaeus, *De causis et signis diuturnorum morborum* 2.12.6.

through accidental drowning and can be a sign of a serious affection. Laughter in these cases is indeed morbid, in the sense that it is directed at bodily disruptions that can potentially put a person's life at risk.

Equally important, however, is mental illness as a source of laughter.³⁵ For all the suffering it causes to the individual,³⁶ insanity is very often implicated in comic scripts (we should, for one, note that, of all types of patients, insane people are described as the only ones who “laugh”—yet another symptom of their mental derangement³⁷). One of the most important passages in the surviving literature, which brings out the thin line between sympathy and laughter when one is confronted with someone else's pain, revolves around an instance of madness. In Euripides's *Heracles* the Messenger reports the reaction of the servants to their master's incipient madness: “Is our master playing with us, or is he mad?” (παίξει πρὸς ἡμᾶς δεσπότης ἢ μαίνεται; 952).³⁸ One thing that can be extracted from this unsettling line is that mad people act and look “funny,” so much so that they can puzzle those watching them and leave them in a state of doubt as to whether they are really suffering or they are just having a laugh.³⁹ The fact that Heracles himself is laughing (γέλωτι παραπεπληγμένῳ, 935) only adds to the confusion and invites the possibility of a reciprocal (and contagious) laughter on the part of those who witness his odd behavior. At this point, we should ask of course whether even in instances of insanity the body still retains a central role in causing laughter. It is worth noting that Heracles's potentially comic behavior—at least the way in which it is perceived by the servants—is related both to the cognitive errors he is committing but is also intensely focused on the physical symptoms⁴⁰ that the patient is exhibiting: rolling eyes, shaking head, uneven breathing, froth in the mouth and erratic movement through space (see, especially, 867–71; 931–34; 953) shift the emphasis on the suffering body as laughing material. Heracles's loss of consciousness is total and, with Lyssa pulling the strings and manipulating each and every one of his movements, his body has been reduced to an *automaton*.⁴¹ We may be reminded at this point of Henri Bergson's thesis that laughter is often

35. Discussed in this volume by Hobe, Ruffell, and Singer.

36. For madness as the (tragic) *pathos* par excellence, see Most (2013).

37. See Halliwell (2008) 17–18.

38. The servants are afraid, but they also laugh with what they see; διπλοῦς δ' ὀπαδοῖς ἦν γέλως φόβος θ' ὁμοῦ (950). It is worth stressing that laughter is mentioned first.

39. The servants are actually confused as to whether what they are watching is a comedy or a tragedy; on the homologous relationship between madness and theatrical performance, see Bassi (1998) 12–31, 192–244; see Kraus (1998) 151–56 on Heracles's madness in Euripides.

40. See Holmes (2010) 242–46.

41. We owe this observation to Dr. Maria Gerolemou who notes that the binding of Heracles's body to the pillar (1010–13), once his madness has subsided, reminds us of divinely inspired, animated

caused by the uncomfortable confluence between the animate and the inanimate, that which has and that which lacks volition: “The attitudes, gestures and movements of the human body are laughable in exact proportion as that body reminds us of a mere machine” or “a jointed puppet.”⁴²

Our volume also aims to ask what the implications of laughing with/at disease are for both the instigator and the recipient/target of the joke as well as for the wider community they inhabit. Does laughing in the face of disease necessarily indicate a suspension of sympathy and compassion? In John Morreall’s words, a “way the disengagement in humor can cause harm is by blocking compassion for those who need help. In such cases, humor can harm in two ways—by displacing action, and by insulting those who are suffering, thus increasing their suffering.”⁴³ While it is true that morbid laughter often assumes an aggressive tone, it is crucial to bear in mind that this is not always the case. For instance, as Peter Singer observes in his contribution to this volume, while in tragedy we see characters laughing *at* madness (Athena laughs at the expense of Ajax’s suffering in Sophocles just as Dionysus in Euripides mocks the deranged Pentheus), in comedy the audience is invited to laugh *with* it. Comic madness is embraced as “a form of transgressive and subversive behaviour with potentially positive results”;⁴⁴ unlike its tragic counterpart which unflinchingly leads to someone’s demise, it has a constructive function in the sense that it interrogates established ideological norms and—being a symptom of an “insanely” utopian vision of the world—rectifies as it pleases:⁴⁵ to laugh *with* it means that one should first *identify* with the “madman’s” perspective. On closer inspection, rather than being made fun of, the madman in this case pokes fun at others, most often at society’s ills; this subtle inversion essentially means that the person who serves as the butt of laughter can also become the one who directs it.⁴⁶ As Beard reminds us, “laughter was always in danger of rebounding”; *ridiculus* in Latin can mean both the one “who is capable of arousing laughter” at the expense of others, but also the “one we laugh at.”⁴⁷ These two meanings can be seen to

statues which were similarly bound in order that they might not run away (private correspondence); see Morgan (1995) 142–43 and Steiner (2001) 160–68. On madness and “automatic patterns” of behavior, see Thiher (1999) 266.

42. Bergson (1911) 29, 30.

43. Morreall (2009) 103.

44. Citation is from Singer. See also Ruffell in this volume.

45. For a reading of Trygaeus’s insanity in Aristophanes’s *Peace* along these lines, see Dobrov (2001) 89–104.

46. As Critchley (2002) 14 notes, true humor “always contains self-mockery. The object of laughter is the subject who laughs.”

47. Beard (2014) 107–8.

merge in the case of disease and physical disability. According to Edith Hall, Hephaestus, the only impaired god of the Greek pantheon, is represented both as “the butt of laughter as a lame and banausic god (*kōmōidoumenos*)” and “as god of technological prowess, authoring and stage managing his own comic spectacles (*kōmōidopoios* or *kōmōidos*).”⁴⁸ Essentially, Hephaestus’s example confirms that the affected individual in antiquity was not only the passive object of laughter but could also reproduce it (this also applies to instances of comic madmen, as we have seen above); therefore, what in many sources appears as aggressive, one-directional morbid laughter could transpire to have been an inclusive, reciprocal and, in effect, therapeutic process for both parts.⁴⁹

Finally, reference should be made to the fact that disease can make its appearance in comic contexts without being necessarily a direct source of laughter—but this by no means downgrades its comic potential. It is often the case that disease imagery slips to the background, providing conceptual metaphors—and realities—upon which a variety of discursive scripts are being enacted: social and political critique in ancient comedy, moralizing in Roman satire, literary critique and theory in Lucian,⁵⁰ they all make use of disease language so as to serve their objectives.⁵¹ These instances can still be taken to illustrate how disease in antiquity is a flexible concept; rather than avoid it as a “serious” subject that is exclusively identified with pain and suffering, ancient authors mix it with themes explored in a light-hearted and funny way that is meant to provoke reflection as well as laughter. In essence, what we witness behind this tendency might have been a consistent attempt to familiarize the audience with—and thus to release it from its fear for—the painful reality of illness.

Morbid Laughter between Ridicule and Empathy

As we have noted above, morbid laughter in antiquity remains relatively understudied, even though the material in ancient literary and material sources abounds. In part, this is owing to the fact that scholarship deliberately ignored

48. See Hall’s contribution to this volume.

49. There is a difference between laughing with/at disease and laughing with/at the diseased. Disease can affect everyone; laughing at/with someone else’s disease always involves the uncomfortable thought that the one making the joke can also be affected by it at some point. On hernia jokes as a pressure point of such collective anxiety over the condition, see Potamiti in this volume. Cf. Garland (1995) 75: “Odious and despicable though the derision of the disabled may be, it is fundamental to the comic impulse . . . We laugh . . . out of a kind of pretence and in order to demonstrate our mastery over the strong emotions aroused by human oddity and incapacitation . . . therefore, the derision of the disabled in antiquity represents a species of humor that was self-directed.”

50. See Hobe, Goh, and Martin, respectively, in this volume.

51. For the dominant role of disease especially in Roman satire, see Barchiesi and Cuchiarelli (2005); Kivistö (2009); Bartsch (2015) 64–73.

what was unmistakably present; morbid laughter is unsettling and consists in a breach of decorum that makes us feel uncomfortable when it comes to ancient aesthetics. So, for instance, in discussing the images of deformed dancers in ancient vases, Isolde Stark describes them as merely “pretending to be deformed” for comic effect: “it is possible that they twist their feet on purpose to imitate a limp, assuming they are not actually physically disabled.”⁵² But what if they actually *were* disabled?⁵³ More recently, in his book on the origins of visual humor in Greek vase-painting, Alexandre Mitchell has explored the presence of dwarfs in ancient iconography,⁵⁴ submitting that disability and disease (dwarfism could fall in both categories; it could be accompanied by both physical and mental infirmity; Arist. *Div. Somn.* 467a; *Part. an.* 4.10.686a–b⁵⁵) were unambiguously caricatured and aroused laughter: “anything contrary to the norm was ridiculed.”⁵⁶

Morbid laughter can be found in the least expected of contexts, as, for instance, in medical texts where one should normally anticipate only a detached and clinical tone on the physician’s part. In his inquiry into the history of the grotesque body, Bakhtin pays considerable attention to the Hippocratic Corpus:⁵⁷

Of all the ancient writers, Hippocrates . . . exercised the greatest influence on Rabelais . . . all the works in the [Hippocratic] anthology present a grotesque image of the body; the confines dividing it from the world are obscured, and it is most frequently shown open and its interior exposed. Its exterior aspect is not distinct from the inside, and the exchange between the body and the world is constantly emphasized. (Bakhtin [1984] 357)

By virtue of the fact that the Hippocratic body remains predominantly ‘humoral’—rather than being conceived as a unified whole made up of interdependent solid organs, it consists of fluids interacting with each other⁵⁸—secretion of oozing substances, such as vomit, urine and excrement, is of prime importance in early medicine’s diagnostic spectrum. In theory, this provides the body with a comic potential which, however, is never explicitly acknowledged by the Hippocratic physician; his attitude is one of pity and empathy,⁵⁹ and this seems to exclude laughter from the picture. By contrast, in later medical sources disease

52. Stark (1995) 104.

53. See Kidd (2014) 43.

54. Mitchell (2009) 235–79.

55. See Dasen (1993).

56. Mitchell (2009) 235. See also Clarke (2007) 87–108.

57. Bakhtin (1984) 355–61.

58. See King (2013).

59. See Kosak (2005) and Kazantzidis (2017).

becomes unambiguously funny⁶⁰—and this may relate to shifting paradigms both with regard to the essence of the comic and to the nature of medical discourse more generally. For reasons of space, we will limit ourselves here to a few passages from Galen.

In *De usu partium* 6.20 (3.506–7 K.) Galen refers to the story about:

the man who, counting his donkeys, forgot the one he was sitting on and accused his neighbors of having stolen it, or the other man who demanded back something that he was holding in his hand. I was present one day at such a scene, and I laughed heartily (τοῦτο μὲν γε κἀγὼ ποτε θεασάμενος ἐγέλασα) at a man who was very upset and was turning his house upside down looking for some gold coins that he was actually carrying in his hand, wrapped in a piece of papyrus. Faced with these exaggerated shouts, a calm man, speaking little, I think, would show the first the donkey which he was sitting on, and for the other he would make him touch his left hand with his right. I will act the same, I believe, regarding my adversaries. If they have eyes, I will show them the branch of the large artery (= the aorta) . . . if they are blind, I will take their hands and make them touch the vessels.⁶¹

The aim of this story is not to stress Galen's lack of empathy towards the patients he meets in everyday practice; essentially, it is about the foolishness of his medical opponents whose ignorance on basic matters of human anatomy resembles the blindness of the mentally insane. Be that as it may, the case remains that Galen does not refrain from explicitly describing himself as laughing with one such patient. The man who becomes upset and turns his house upside down looking for an object he is already holding seems to be suffering from *phrenitis*, an acute mental illness arising from the brain, often with a lethal outcome.⁶² As Galen observes in *De locis affectis* 4.2 (8.225 K.): “Some people with *phrenitis* make no mistake at all in the distinction of visual impressions but base their judgment on an abnormal thought process. Others on the contrary, do not commit any error of judgment but have a distorted sense perception. Still others happen to be affected in both ways.”⁶³ To exemplify this claim, Galen reports the following story which, once again, involves laughter as one of its central elements:

A man who was abandoned to his house in Rome in the company of a young wool-worker rose up from his bed and went to the window, where he could be seen and also could watch the people passing by. He then showed to each

60. See Thumiger's discussion of Aretaeus in this volume.

61. Translation in Gourevitch (2016) 252.

62. For *phrenitis* in Galen, see Clark and Lynn Rose (2013) 57–59.

63. Translation in Clark and Lynn Rose (2013) 59.

of them his glass vessels and demanded that they should ask him to throw them down. The people laughed, clapped their hands and demanded him to do so (τῶν δὲ μετὰ γέλωτος ἀξιούντων τε βαλεῖν καὶ κροτούντων ταῖς χερσίν). Then the man grasped one vessel after another and threw it down. The people laughed and screamed (οἱ δὲ γελῶντες ἐκεκράγεισαν). Later he also asked whether they wanted him to throw down the wool-worker. And when they told him to do so, he complied. When the people saw the man fall from high up, they stopped laughing (γελῶντες μὲν ἐπαύσαντο), ran to the fallen man, who was crushed, and lifted him up.⁶⁴ (Gal. *De loc. aff.* 4.2)

In this brief account, comedy turns suddenly into tragedy. As the details of the story unfold, it becomes increasingly evident that there is a thin line between “acceptable” and “misplaced” laughter in the case of disease. We may, of course, assume that what makes people laugh (both the lay audience but also Galen himself) has something to do with the fact that disease in the instances above presents itself as a *mental* condition: to the extent that the affected individual has no sense of himself—one may even argue that he is enjoying a blissful kind of insanity—we feel that laughter becomes a harmless matter; that it ceases to be insulting, because it cannot be perceived as such by its object, and that it has effectively no compromising effect on our empathy towards the pain of others. Even more so: by indulging the madman’s whims, the people temporarily participate in his warped sense of reality. This indulgence creates a sense of mutual satisfaction: both the madman and his audience become spectacles of each other and derive pleasure from what they see and do (as noted above, the butt of mocking laughter can also be the one who directs it). For as long as the madman’s actions are harmless (that is, as long as it is only inanimate objects that pay the price of his insanity), the impression conveyed is almost that of a “street performer” who is applauded by the people and he is being asked to do more “tricks.” While insanity subjects the affected individual to comic exploitation (the sane audience laughs with what they witness because they perceive themselves as mentally superior or they may simply enjoy the breach of normal behavior), at the same time it allows the patient to move beyond his incapacitating condition and indulge himself in a state of reciprocal amusement. Although Galen does not state it as a fact, there is nothing in the narrative to exclude the hypothesis that the madman could also be laughing with the sane people’s reactions.

However, pain always lurks in the background and provides the dominant script upon which disease is enacted. In the story above, people in the street

64. Translation in Siegel (1976).

deceive themselves into believing that insanity can in fact be a “laughing” matter, but the final twist proves them horribly wrong. What is particularly unsettling is the implication that Galen could have been part of this laughing audience (cf. τοῦτο μὲν γε κἀγὼ ποτε θεασάμενος ἐγέλασα, *De usu partium* 6.20). And yet, early medical texts stress time and again that there is nothing in disease to laugh about; on the contrary, a doctor’s everyday experience implicates him in a world full of suffering. As we read in the Hippocratic *De flatibus* 1: “there are some arts which to those that possess them are painful (ἐπίπονοι), but to those that use them are helpful, a common good to laymen, but to those that practice them grievous (λυπηραί). Of such arts there is one which the Greeks call medicine. For the medical man sees terrible sights, touches unpleasant things, and the misfortunes of others bring a harvest of sorrows which are peculiarly his”⁶⁵ (ὁ μὲν γὰρ ἰητρὸς ὀρῆ τε δεινὰ, θιγγάνει τε ἀηδέων, ἐπ’ ἄλλοτρήσι τε συμφορῆσιν ἰδίας καρποῦται λύπας, 6.90 L.). As has been noticed, the passage abounds in tragic allusions: “the doctor is obliged to ‘see terrible sights’ and be exposed, first as audience (through seeing) and then as active participant (through touching), to complicate scripts of suffering and misfortune; what is more, he is expected to move beyond mere inspection and experience the pain of others ‘as if it were his own’ . . . —an observation that has been seen to lie rather close with Aristotle’s view that the audience must sympathize with the terror, pain and suffering of tragic characters, as if they too were experiencing—to some degree at least—what is happening on stage.”⁶⁶ Galen’s laughter is enigmatic and hard to grasp precisely because it introduces a comic element into what is magnificently outlined in the Hippocratic text as a world of tragedy.

Morbid Laughter and Theories of Humor: Superiority, Incongruity and Relief

Ancient and modern discussions of laughter and the ethics of humor are intensely preoccupied with (in)appropriate comic targets and the emotions that arise from or generate amusement. As Halliwell has shown, a major dichotomy emerges from ancient texts between laughter that is “playful” (harmless) and laughter that is “consequential,” in the sense that it can become socially harmful and divisive; the relationship between the two is unstable and the distinction often becomes slippery. According to Halliwell, “the need to know how (to try) to distinguish between insults and jokes, together with an awareness of how easily the latter might slip into or be mistaken for the former was a matter for recurrent unease’

65. Translation in Jones (1923) 227.

66. Kazantzidis (2017) 62. See also Kosak (2005) 262–66.

in Greek culture, which overall displayed an ‘obsessive sensitivity’ to forms of mockery and derision.”⁶⁷

Halliwell’s “consequential laughter” can be associated with the “superiority theory” of humor, expounded for the first time in a systematic form by Thomas Hobbes.⁶⁸ The “superiority theory” proposes, more or less, that we laugh at the moral and physical imperfections of others (Hobbes calls them “infirmities”⁶⁹), to whom we feel superior, with the obvious intention of devaluing them and of reasserting ourselves. Plato presents such a psychological script in his victim theory of comedy: in comic situations, be it in the theatre or in everyday life, laughter is principally aroused towards weak, self-ignorant characters (*Phlb.* 48a–50b), and our pleasure is linked to a feeling of “spitefulness” (*phthonos*) against them.⁷⁰ Most likely in response to Plato, Aristotle insists that something can be laughable only as long as it is free from “pain or destruction,” (ἀνώδυνον καὶ οὐ φθαρτικόν, *Poet.* 1449a34–37);⁷¹ we laugh at the sight of the comic mask (*prosōpon*, 1449a35) because it looks ugly and twisted, but this distortion of facial characteristics should by no means indicate pain;⁷² for pain naturally evokes sympathy and induces feelings of pity rather than amusement. (Aristotle, elsewhere, assumes a slightly different position. As we read at *Eth. Nic.* 1114a 21–29, moral reproach can be attached to physical defects, as long as the person who has them is responsible for them and could have otherwise avoided them;⁷³ it is safe to say that the distance between reproach, ἐπιτιμῶν, and mockery is a short one.)

In the 18th century, Francis Hutcheson voiced his strong disagreement with Hobbes’s superiority theory and its aggressive self-assertiveness by invoking

67. Halliwell (2008) 25.

68. On Hobbes as the strongest defender of the “superiority theory” of humor and laughter, see Morreall (1983) 4–14. Cf. Skinner (2016) 444–47.

69. “Men laugh at the infirmities of others, by comparison of which their own abilities are set off and illustrated”; cited by Skinner (2016) 444.

70. See Halliwell (2008) 300. For discussions of this passage, see Mader (1977); Frede (1997) 285–93; Delcomminette (2006) 44–48.

71. See Halliwell (2008) 326–28.

72. As Halliwell (2008) 327 notes, “The point is reinforced by the contrast with tragedy, where events involving precisely ‘destruction or pain’ are fundamental (Arist. *Poet.* 11.1452b11–12).”

73. “But not only are the vices of the soul voluntary, but those of the body also for some men, whom we accordingly blame; while no one blames those who are ugly by nature, we blame those who are so owing to want of exercise and care. So it is, too, with respect to weakness and infirmity (τοῖς μὲν γὰρ διὰ φύσιν αἰσχροῖς οὐδεὶς ἐπιτιμᾷ, τοῖς δὲ δι’ ἀγυμνασίαν καὶ ἀμέλειαν. ὁμοίως δὲ καὶ περὶ ἀσθένειαν καὶ πῆρωσιν); no one would reproach a man blind from birth or by disease or from a blow, but rather pity him, while everyone would blame a man who was blind from drunkenness or some other form of self-indulgence. Of vices of the body, then, those in our power are blamed, those not in our power are not” (transl. Ross [2009] 47–48). See Laes (2018) 185–86.

precisely the example of disease. As he observes, a feeling of superiority does not suffice by itself to excite laughter; for, “if we observe an object in pain while we are at ease we are in greater danger of weeping than laughing: and yet here is occasion for Hobbes’s sudden joy.”⁷⁴ Likewise, for Bergson the sight of mental and physical suffering precludes laughter. Laughter, ideally, requires the subject’s complete emotional disengagement, what Bergson calls “a momentary anesthesia of the heart”: “neither insanity in general nor fixed delusions in particular can be perceived as comic and provoke laughter; they are diseases, and arouse our pity.”⁷⁵

Questions of social inclusion and exclusion are thus central to discussions of ancient and modern theories of humor and become particularly relevant in cases of morbid laughter. The history of attitudes towards the physically and mentally ill in antiquity has been generally viewed in terms of a binary opposition: the affected individual is either considered a liability—an outcast who is shunned and is expelled from the community—or as a fellow human being deserving of pity and compassion.⁷⁶ Although seemingly antithetical, these two attitudes are by no means mutually exclusive; rather, they often appear to co-exist in ancient sources. Accordingly, while there are definitely cases of aggressive or “consequential” laughter against the physically and mentally ill in antiquity, joking about physical and mental ailments may also have functioned in less harmful ways: it may have served, for instance, as a means of negotiating the terrifying reality of disease for oneself, that is, by projecting one’s fears onto others and, effectively offering a way of coming to terms with one’s own mortality. Indeed, the “incongruity” and “relief” theories of humor can also help us understand the function of laughter in the face of disease. Incongruity⁷⁷ refers to the fact that we laugh at a deviation from a presupposed norm, an absurdity which goes against our mental expectations of what the world should be. “The most familiar kind of joke,” Cicero maintains, “is that in which we are expecting to hear one thing and another is uttered”;⁷⁸ here our own frustrated expectation makes us laugh (*De or.* 2.63).⁷⁹ This statement can be particularly relevant to our reaction to mental illness, especially when we consider the fact that “rambling” and “nonsense”—a total violation of everything to which we are accustomed as

74. Cited from Broadie (1997) 229.

75. Bergson (1911) 91.

76. See Dover (1996). On the subject of pity in the everyday life of 5th and 4th century B.C.E. see Sternberg 2006, whose case studies include homebound patients and sick soldiers.

77. For the “incongruity” theory of humor, see the discussions in Clark (1987) and Martin (1987).

78. Translation in Sutton and Rackham (1942) 389.

79. For this passage, see Morreall (2009) 11.

being the “normal” way of thinking and talking—belong to the most prominent symptoms of insanity.⁸⁰ We laugh at the discrepancy between the reality of the patient and our reality (and vice versa the patient may laugh at *our* incongruous perception of reality). Accordingly, what is potentially scary and threatening is deflected and trivialized. The “relief” theory of humor can also be extremely useful in this context.⁸¹ As Beard summarizes it, “in its simplest, pre-Freudian form, this theory sees laughter as the physical sign of the release of nervous energy or repressed emotion. It is the emotional equivalent of a safety valve. Rather, much like the pressure of steam in a steam engine, pent-up anxiety about death, for example, is “let off” when we laugh at a joke about an undertaker.”⁸² According to this model, every time we laugh at or with sickness, we essentially try to come to terms with our mortality: the patient recedes to the background and provides the foil against which we face our *own* fear of death.

This volume aspires to provide a systematic discussion of these issues in antiquity by focusing on morbid laughter in the face of disease and by inquiring into the ethics of humor upon which such laughter was or could be premised.

Chapter Synopses

The first three chapters focus on madness in Greek drama, both tragedy and comedy. Peter Singer (“The Mockery of Madness: Laughter at and with Insanity in Attic Tragedy and Old Comedy”) argues for a crucial distinction between tragic and comic madness on the grounds that the first type of insanity is usually “laughed at” while its comic counterpart provokes a kind of laughter which the audience shares with the affected individual. By virtue of the fact that tragic madness is conceived as an intensely individual medical affliction which is sent by the gods, it isolates the patient from the rest of the community and elicits mockery and derision. Typically, in Greek tragedy the gods who are responsible for the affliction ridicule the patient by laughing (and by inviting us to laugh) at his condition: laughter in this case is meant to be insulting and constitutes part of the divine punishment; it therefore indicates a crucial loss of empathy, which is in stark contrast to the fear and pity which we are expected to feel at the sight of the suffering individual. Even more disturbingly, the audience too may be laughing at what they witness. The manic patient’s immersion into a world of delusions and mental mistakes (similar to the ones that Galen finds

80. See Kidd (2014) 26–29.

81. For a discussion of this theory in connection to Aristotle’s lost second book of *Poetics* and his theory of comedy, see Watson (2012) 224–34.

82. Beard (2014) 38.

funny) manifests itself visually as a potentially comic behavior—the fact that the Messenger in Euripides’s *Heracles* misinterprets/mistakes the symptoms of his master’s incipient madness for “playful behavior” (951–52) reminds us that, for all the pain it engenders for its bearer, madness often “looks funny” to external observers who fail to grasp its true meaning. By contrast, madness in Greek comedy is presented as a “social ill” that nonetheless carries the potential for transformation and adaptation; what is more, the subversive nature of comic madness is often treated as a “sane”—and perhaps as the only possible—reaction to the problems of a “mad” society. Consequently, comic madness implicates laughter in a fundamentally different way: a mad person in comedy is the cause rather than the object of laughter and we as audience are invited to indulge his mockery of established norms and rules. Ian Ruffell (“Stop Making Sense: The Politics of Aristophanic Madness”) expands on the profoundly subversive nature of comic madness by stressing the fact that insanity in this context is not individualized but is presented as a symptom of a much deeper problem, innate in the city. Ruffell takes as his starting point Philocleon’s madness in Aristophanes’s *Wasps*—a madness that is only notionally cured since it reemerges at the end of the play: Philocleon may have abandoned his addiction with juries but has now lapsed into a state of Bacchic enthusiasm indicated by the final scene’s dancing competition. To solve this “problem” (is Philocleon cured or not?), as Ruffell suggests, we need to ask more broadly what is the meaning of madness in a comic context. Rather than treat it as a straightforwardly negative state, comic madness presents a challenge to established norms, so much so that it is often hard for the audience to understand where madness truly lies. The fact that a comic character’s insanity is often used as a tool of critique or rejection of political, cultural and social norms should alert us into treating it as a potentially reasoned response. Unlike tragic madness, which manifests itself with incontestable symptoms, comic madness is by nature ambivalent: charges of madness in Aristophanic comedy are rarely straightforward, endorsed or borne out by fictional events; in this sense, the former probably says more about the befuddlement of the one making the charge than the one about whom it is made. Even when allegations of madness target an eccentricity that appears entirely insane, they can still call attention to aspects of social, cultural or political disturbance as much as to a disturbed individual. On this reading, while Philocleon displays an obsessive behavior, his son’s attempt to cure his father turns out to be an attempt to exert control over the juror and, what is more, to pervert the course of justice. The audience’s laughter in this case may be directed at insanity as such, but it also targets the failings of the very society which insanity thereby mirrors. Sara Hobe (“Political Nosology in Aristophanes’s *Wasps*”) explores the

medical intertexts that shape Aristophanes's treatment of Philocleon's disease. Building on previous scholarship that had stressed the play's nuanced allusions to medical treatments of insanity, Hobe focuses on two important themes in the comedy: first, the concept of a natural bodily constitution (*phusis*) which pre-determines the nature of the disease and, second, the understanding of disease as a sequence of events, traceable potentially to multiple causes. Aristophanes's sustained engagement with medical literature indicates that many of the play's scenes would have brought a real illness to the minds of an informed audience; naturally, this poses a further problem, that is, the extent to which Philocleon's illness could or would have been regarded as laughing matter. As Hobe argues, what interests Aristophanes in this case is not so much to medicalize the condition but rather to use clinical imagery as a metaphor for what happens in the city. The attempted diagnosis of Philocleon's disease at the beginning of the play makes use of inferential language which investigates how "constitution" can be linked to the body's predisposition to specific medical conditions: what is at stake here is 'jurymania' as a condition endemic to the city—not the disease from which Philocleon actually suffers— and that the nature/constitution of Athens as well is likely to be liable to this kind of "aberration." More to the point, unlike tragic madness for which a single (divine) agent is usually identified, Philocleon's illness complicates our understanding, being conceived as a chain of events potentially involving multiple factors; this, as Hobe argues, is meant to stress that understanding Cleon as the sole guilt party for the city of Athens is contestable. In conclusion, disease does not constitute an object of laughter as such, but it acts as a catalyst for critiquing and deriding established social and political norms.

The next six chapters shift the focus on instances of disease and infirmity which affect the physical body. Edith Hall ("Hephaestus the Hobbling Humorist: The Club-Footed God in the History of Early Greek Comedy") examines the liminal space occupied by Hephaestus in Greek thought as both a *kōmōidoumenos* and a *kōmōidopoios/kōmōidos*. Thus, while in *Iliad* 1.597–60 Hephaestus appears to be the object of ridicule (the way he walks raises the gods' "inextinguishable" laughter), in *Od.* 8.306–12 he turns into a mastermind of comic spectacle: by making a trap of bonds to bind Aphrodite and Ares, he exposes others to mocking laughter. "Hephaestus," as Hall observes, "is doing exactly what early comedy seems to have been invented to do: provide a vehicle for humorous invective against individuals whose behavior was open to criticism as harming other individuals in the community and thus the common interest." The disabled god thus uses laughter to serve justice but also to assert his own status and rights. Similarly, in vase paintings depicting Hephaestus's

return to Olympus—alongside Dionysus—visual humor is present and it is partly associated with the god’s malformed hips and feet pointing in different directions. Again, however, Hephaestus is the one who gets the last laugh as well as triumphant recognition since what lies behind this scene is his reintegration, by means of komastic revelry, into the Greek pantheon. Hephaestus’s common appearance as a laughter-inducing character in several comic dramas bears additional testimony to the fact that, rather than being incapacitating, his disability helped to make him popular especially in cultural artifacts; according to Hall’s interpretation, “neither his banausic profession nor his deformity would have disqualified him from wielding sovereign power in democratic Athens.” Anna Potamiti (“Hernia Jokes in Graeco-Roman Antiquity”) deals with Bakhtin’s “lower bodily stratum” and explores the predominance of the sick and grotesque body in popular culture. As she argues, although hernia is described by medical authors as an extremely unpleasant and dangerous condition (many writers insist that it can only be removed through surgery), there is ample evidence to suggest that it was also considered to be funny. The reason for this is that the bulge rather than the patient’s affliction proper attracts attention to the genital area, raising doubts about his sexual potency. In this sense, the jokes about hernia, with their exaggerated emphasis on the size of the groin as transcending its own limits and subsuming the patient’s body, lay bare the bulge that the patients were trying to conceal. Shame is here of crucial importance: unlike other, more “neutral” conditions of the body, hernia affects a sensitive part of the patient’s body, arousing concerns about masculinity of those afflicted by this condition, all the while provoking collective gender anxiety. Patients with hernia who are treated with mockery further invite comparison with visually impaired individuals in antiquity, who are frequently nicknamed “Cyclopes.” As Jane Draycott (“Life as a Cyclops: Mythology and the Mockery of the Visually Impaired”) points out, the epithet is exploited not only for comic effect, but also in order to inspire fear and repulsion. As such, her discussion also connects with a rich tradition of mockery targeting physical disability in ancient Greek and Roman literature and thought. To refer to someone as a “Cyclops” could mean that one was one-eyed, blind in one or both eyes, or simply poor-sighted. What is more, the monstrous characteristics of Polyphemus, the infamous legendary Cyclops, suggest that derision in this case was not exclusively directed at one’s eyes but also to an overall unpleasant physical appearance. Issues of deformity, sexual impotence and impairment caused by disease are further explored in Charilaos Michalopoulos’s chapter (“Disease, Bodily Malfunction and Laughter in the *Corpus Priapeorum*”). As Michalopoulos argues, Priapus is often presented as an object of ridicule because of his

oversized penis, which suggests a pathological condition. Several poems in the collection describe the god's sexual exhaustion (inflicted by groups of lustful women) by using the language of disease: the pathology of deformity thus intertwines with that of a metaphorical illness, creating a comic script which has at its center an endangered sexuality. But Priapus does not only serve as an object of laughter; he also provokes it by making fun of women's physical defects, often in terms which approximate clinical descriptions of illness. According to Michalopoulos, his derision of the physical deformities of others should be read as a projection of his own fears for inadequacy and failure. The fact that Priapus appears also as a healing god in cases of sexual injuries (without a doubt, a parody of prayers and votive tablets dedicated to healing deities) lends further support to the hypothesis that medical imagery is used in the collection as a means of creating comic effect. The language of disease is employed by multiple sides (by mortals when they offend a god or, alternatively, by a god as well when he intends to offend mortals). It thereby constitutes an integral part of Priapic laughter: whether it is taken metaphorically or literally (an oversized penis could be confused with the condition of a patient suffering from hernia), disease becomes a tool for insulting others, their anatomy, bodily functions, and, effectively, their sexuality. Ian Goh ("It All Comes Out: Vomit as a Source of Comedy in Roman Moralizing Texts") examines the ways in which moralizing texts create humor, based on the predicament of the vomiting individual; although vomit does not constitute an illness per se, nor need it be a symptom of illness, Roman satire often sees it as the product of a luxurious lifestyle which is assimilated to a "diseased" state of things. According to Goh, vomit operates within a discourse which seeks to push the boundaries of what is sufficient or acceptable; it serves as an index of excess which manifests itself in the repulsive form of fluids coming out from the body. But vomit, in an invective context, retains also a strong biological meaning. Many of the descriptions targeting vomiting individuals operate on the assumption that what we encounter in the narrative are actually sick persons, in the clinical sense of the term. Juvenal connects vomit to alcohol abuse, while Persius's *Satire* 3 contains a description of vomit which leads to actual death: the fact that this particular character is said to have ignored his doctor's advice indicates that what we have here, in the poet's mind at least, is a medical condition. Roman satire is meant to elicit ridicule and abusive laughter; often its readers find themselves in the uncomfortable situation of laughing with what originally looks like a metaphor but turns out to be in fact a horrible (medical) reality. Andreas Michalopoulos ("Mocking the (Disabled) Dead: Seneca's Claudius in the *Apocolocyntosis*") focuses on disability and the way in which laughter can be provoked by it even

when the affected individual is dead. In particular, the author is concerned with how Claudius's bodily malfunctions and mental infirmities become direct objects of laughter and how the latter is employed to achieve *damnatio memoriae* as well as serve as a means for exacting revenge. Interestingly, Claudius is presented in ancient sources as being both physically (limping gait, stuttering, trembling hand, jerking movements of the head) and mentally impaired (Suet. *Claud.* 2.1). In Seneca's *Apocolocyntosis*, both types of infirmity are ridiculed in, what Michalopoulos identifies as, sometimes a "vulgar," everyday kind of language. By focusing on Cicero's influential definition of laughter as a psychological reaction to "deformity" (*De or.* 2.236), Michalopoulos reminds us that disease, whether manifesting itself in a disabled body or mind, is "funny" in that it deviates from an established norm (of health).

The volume's last section, consisting of three chapters, focuses on ancient medical sources and Lucian. According to Chiara Thumiger ("Aretaeus's 'Stomachic' Patients: Comical Features and Medical Discussion") comedy lies at the background of Aretaeus's description of the "stomachic" patient. As Thumiger points out, food's long-standing presence as a topic in ancient comedy lies at the heart of the association between comic and medical discourse in Aretaeus's description of the patient who suffers from a disease of the stomach. This patient's description itself, as she illustrates, is infused with hyperbole, parodic, and satirical elements, all of which serve to invest the illness as well as the persons who suffer from it, with negative moral overtones. The exceptionality of this portrait, as Thumiger concludes, aligns with a tendency towards incorporating moralistic elements and personal judgements in imperial Graeco-Roman medicine. Georgia Petridou ("Laughing Matters: Chronic Pain and Bodily Fragmentation in Lucian's *Podagra*") discusses illness as a source of laughter in Lucian's *Podagra*, a mock tragedy whose topic is gout. As she argues, this Lucianic tour de force is characteristic of the Second Sophistic's predilection for *adoxia*, mock encomia of trivial topics, among which one even finds baldness. But as Petridou shows, the work also draws on medical discourse (attested in 2nd-century C.E. authors such as Galen and Aretaeus) on the causes and symptoms of gout. By way of exploiting popular perceptions of gout as an incurable disease, which leads to bodily fragmentation and makes the sufferer experience a liminal state between life and death, *Podagra* proposes a special kind of laughter, the "mirthless laugh" or *risus purus* (according to Samuel Beckett's concept), which is adopted as an ideal life-stance and a coping mechanism by the sufferer. Another Lucianic work which draws heavily on medical lore for satirical aims is the dialogue *Lexiphanes*. As Paul Martin argues ("Cleansing the Palate: Vomit and Satire in Lucian's *Lexiphanes*"), the *Lexiphanes*'s distinctive satirical strategy

lies in equating wrong speech with a form of melancholy. In particular, Martin shows how vomiting emerges as an especially potent metaphor within the work, functioning as a symptom of the “disease” of bad speech, but also as a purgative, which helps to relieve the “patient” of undesirable elements in his language. As he underscores, this strategy ultimately “acts as a metaliterary comment on Lucian’s own satirical activities, reflecting Lucian’s own satirical stance toward the linguistic and rhetorical fads of his age.”

“Old” Laughter / “New” Laughter

The question arises whether humor is a culture-specific phenomenon. Does the way we laugh with disease change from one culture to another, and from one time-period to another? Looking into the comic potential of disease in antiquity and the conceptualization of the sick as likely targets of ridicule may shed light on the way we think about this sensitive subject today. In most recent years the discussion of the ethics of humor has become increasingly prominent as a reflection of the tides of political correctness. The question whether humor is a domain where morality has no purchase is constantly debated. Joking about disease is still a cause of unease for us today, at best deemed as controversial, or off-hand and downright offensive. And yet this particular kind of black humor is widespread in pop culture. Two comic series of the popular English comedian Ricky Gervais feature a protagonist who is mentally challenged (*Derek*) and physically handicapped (*Life Is Too Short*), and a great deal of the series’ humor revolves around the premise of disability. Sick humor is prevalent in his *Extras* too. Particularly memorable is the scene with a woman who suffers from cerebral palsy: the protagonist mistakes the symptoms of her disease (uncontrollable spasms and slurred speech) for drunkenness and mocks her openly, thus embarrassing himself in front of her sister. The very popular American show *Big Bang Theory* repeatedly makes fun of the computer-generated voice of the now late Stephen Hawking. *South Park* is particularly notorious for pursuing this line of controversial humor: the episode “Cripple Fight” which features a rather graphic fight between two handicapped kids is a good example. The list could go on.

We would submit that while the aggressive tone, the “superiority” stance, is much more prevalent in jokes about the diseased in antiquity, in today’s Western world this tone has subsided, and morbid laughter mostly serves to familiarize broader audiences with disease, helping in this way to ease discomfort. Seen in this light, it aims at including rather than marginalizing the diseased individual(s) within the wider community. This is, of course, much more evident in cases of self-deprecatory humor where the instigator of the

joke is the diseased individual himself/herself. For instance, two of the three finalists of the 2018 *Britain's Got Talent* competition series were disabled stand-up comedians who made jokes about their disabilities as part of their comic routine and invited the audience to laugh with and at them. The so-called "Lost Voice Guy" suffered from cerebral palsy and introduced himself to the audience as "a struggling comedian who also struggles to stand up." He won the competition by public vote.

Ancient societies were much more desensitized about mental and physical sufferings, and less solicitous, when it came to oppressed groups; this among others played into social perceptions and attitudes toward the comic. By contrast, in societies where steps are taken to raise awareness about physical and mental illness, eliminate the stigma, and offer social support, morbid laughter may have a different function. But it may be that these jokes abet the persecution of marginal groups by reinforcing pejorative stereotypes and by making us indifferent to their circulation, serving in this way as accessories to oppression. These are salient questions to continue exploring even when we know that definitive answers are not readily forthcoming. The individual contributions in this volume show that the intersections between laughter and social norms, values, and habits represent an area of moral problematization for ancients and moderns alike. Engagement with antiquity (or the past) offers novel opportunities for reflecting upon morbidity and the comic, then and now.

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