Neurologic diseases in ancient Roman sculpture busts

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Ancient Roman sculpture busts are remarkable for their realistic and relentless portrayals of their subjects. The periods of the Roman Republic and the early Empire before the third century AD were heydays of sculpture that did not hide blemishes or even diseases. Afterwards, the realism of busts was replaced by stylistic features like geometrization and stiffness.¹ The 2 ancient Roman sculpture busts described here are exhibited in the Capitoline Museum in Rome. I point out remarkable features of each bust and discuss possible neurologic diseases underlying these features. This is, of course, speculative because we lack any other supporting information.

The first bust of an unknown man (figure 1) is attributed to 1 of 2 sculptors, both named Zenas. The Greek sculptor Zenas came from the art school of Aphrodisias,² located near the present city Geyre in Turkey. He worked in the first half of the second century AD, and his name is known only from the inscription on the socle of the bust. The bust dates from the time of Hadrian's reign (117 to 138 AD) and is made of so-called Lunense marble (i.e., marble from Carrara, Italy).

The face reveals 2 remarkable features: the deeply lined forehead and a slight ptosis. The edge of the eyelid looms marginally over the pupil. The look of the forehead may be a reaction to the ptosis. The eyelids should be widened by a contraction of the frontalis muscle. The deep lines of forehead skin could be regarded as chronic, and if so, could be caused by a mitochondrial disorder such as Kearns-Sayre syndrome (ophthalmoplegia plus). This would be the case especially if ptosis started before age 20 and was accompanied by neurologic symptoms such as ataxia and spastic, proximal myopathy. Alternatively, an ocular myasthenia is possible. Less likely is progressive supranuclear palsy, described in 1963 by Richardson et al.³ In this instance, the deeply lined forehead would be an important sign, but in addition the eyelids would be retracted (Cowper sign) so that the patient would look astonished or startled.

The second bust (figure 2), from an unknown artist, also originates from the time of the Roman Empire, and is supposed to represent the Greek dramatist Menander (ca. 341–290 BC). Unlike other portrait busts of Menander, which have harmonious facial features, this one has some abnormalities. We know too little about the life or health of Menander to construct a case history.

In this bust, it is striking that the pupils are divergent. The man is either looking straight ahead, in which case a left-sided palsy of oculomotor nerve is shown with additional slight ptosis of the left eyelid, or, less presumably, the man is looking left but his right eye may show an adduction paresis, possibly caused by a right-sided palsy of the oculomotor nerve. Despite the shadows on his face, it seems that the left half of his face has less deep lines than the right half.

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Figure 1 Inventory number Cat.I.27

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This could be a sign of an additional facial palsy, or a normal asymmetry of the face. Oculomotor palsy and contralateral hemiplegia, including facial palsy, stand for a mesencephalic syndrome (Weber syndrome), which is usually caused by ischemic stroke.

Figure 2 Inventory Number MC566

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Each of the 2 Roman busts seems to show neurologic signs. Although purely visual diagnosis without any biographical information is impossible, the 2 ancient Roman busts demonstrate how realistic and lifelike these ancient works are.

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