Patients and Healers IN THE High Roman Empire

IDO ISRAELOWICH

PATIENTS AND HEALERS IN THE HIGH ROMAN EMPIRE

This page intentionally left blank

Patients and Healers in the High Roman Empire

Ido Israelowich

Johns Hopkins University Press *Baltimore*

Printed in the United States of America on acid-free paper
9 8 7 6 5 4 3 2 1

Johns Hopkins University Press
2715 North Charles Street
Baltimore, Maryland 21218-4363
www.press.jhu.edu

Library of Congress Cataloging-in-Publication Data

Israelowich, Ido, 1972– , author.
Patients and healers in the High Roman Empire / Ido Israelowich.
p. ; cm.
Includes bibliographical references and index.
ISBN 978-1-4214-1628-1 (hardcover : alk. paper) — ISBN 1-4214-1628-x (hardcover : alk. paper) — ISBN 978-1-4214-1629-8 (electronic) — ISBN 1-4214-1629-8 (electronic)
I. Title.
[DNLM: 1. Delivery of Health Care—history—Roman World. 2. Health Knowledge, Attitudes, Practice—Roman World. 3. Health Manpower—history—Roman World. 4. History, Ancient—Roman World. 5. Religion and Medicine—Roman World. WZ 51]
R138
610.938—dc23 2014024709

A catalog record for this book is available from the British Library.

Special discounts are available for bulk purchases of this book. For more information, please contact Special Sales at 410-516-6936 or specialsales@press.jhu.edu.

Johns Hopkins University Press uses environmentally friendly book materials, including recycled text paper that is composed of at least 30 percent post-consumer waste, whenever possible.

In memory of my father, Victor Israelowich (1948–2012)

This page intentionally left blank

CONTENTS

ACKNOWLEDGMENTS

In the course of writing this book I have benefited from the kindness and generosity of institutions and individuals. I was fortunate enough to have been awarded a Yad Hanadiv Fellowship during the years 2008–10. During this time the Departments of History and Classics at Tel Aviv University offered me a home and teaching opportunities. It was during this period that some of the main themes presented here were formulated and tested. Later I had the good fortune to become a permanent member of the Classics Department in Tel Aviv, where colleagues and students provided a stimulating and pleasant working environment. In 2013 I was elected as a Senior Common Room Member by Wadham College, where I previously was a graduate student. I am grateful to the Warden and Fellows of Wadham for their kind support throughout my periods in Oxford. The staff members at Tel Aviv University library and in the Sackler and Bodleian Libraries in Oxford have been ever helpful and kind. I am grateful to them all.

Various people assisted me in the process of writing this book by reading sections of the manuscript and discussing some of the key questions topics. I am particularly grateful to Professor Alan Bowman, Dr. Rebecca Flemming, Professor Benjamin Isaac, Professor Irad Malkin, Professor Robert Parker, Professor Jonathan Price, and Professor Philip van der Eijk. A special thanks is due to Professor Benjamin Isaac for his long-standing assistance and encouragement. I am particularly grateful to Professor Manfred Horstmanshoff, who read the entire manuscript and discussed it with me on more than one occasion. I would also like to thank my two research assistants, Anna Charny and Naama Cohen, and the staff at Johns Hopkins University Press. Of course, I alone am responsible for the contents of this book, but it would have been less coherent and more prone to inaccuracies if it were not for this kind assistance.

Finally, I wish to thank my friends and family, especially Talia.

This page intentionally left blank

PATIENTS AND HEALERS IN THE HIGH ROMAN EMPIRE

This page intentionally left blank

Introduction

Two features of medicine under the High Roman Empire—and, indeed, during classical antiquity more generally—are widely known. First, the practice of medicine was not licensed by the state, and second, physicians were but one group of health care providers among many, including root cutters, gymnastic trainers, dream interpreters, pharmacologists, and priests, to name the most common. This study examines how professional authority was constructed, distinguishes between the categories of health care provider, and explores the interrelations among practitioners of the various professional groups. However, unlike many existing interpretations, this book considers the perspectives of both health care providers and the patients who consumed their services. Because health care involves an interaction between two parties who often have altogether different expectations from their encounters, approaching the subject from both sides of the patient/healer divide is necessary.

Accordingly, the source material considered in this study is extensive and diverse, ranging from the writings of physicians, historians, and poets to testimonies of the sick themselves and various official publications of the Roman state. None of these sources is without faults. The extensive corpus of Galen's work, for example, holds an abundance of information concerning every aspect of Galen's life, philosophy, and career. It reveals many details concerning Galen's training and education, his social standing, his relationships with his colleagues and patients, and even his advice to prospective patients. However, Galen's life and career were hardly representative of an average physician during the High Roman Empire. Likewise, when looking into the testimonies of the sick, which are available mainly through their votive offerings to their healers—whether human or divine—many questions arise: Were the testimonies edited? How trustworthy is their content? What was their impact upon those who saw them? The works of contemporary

historians are also limited in scope, at least to the social historian. No historian during the first three centuries CE composed a social history, and authors who wrote in different genres, such as Lucian, Apuleius, and Aelius Aristides, were not writing on medical issues per se. Official documents (e.g., imperial decrees, edicts, and pieces of legislation) do form an excellent corpus of evidence for the social historian. The imperial government habitually addressed the medical profession in its legislation. It sanctioned midwives for certain legal procedures, and it associated physicians with other professional groups, such as grammarians and sophists, on the one hand, and stone cutters and other artisans, on the other hand. However, the Roman legislator was often silent concerning the reasons that led to each act of legislation, and laws were being continuously published; therefore, the historian must infer the exact circumstances that required a legislative act at a certain point in time. In addition to different genres and authors, the relevant evidence is also complex in terms of form and the interpretation each source requires. Some of these methodological difficulties are common to all aspects of ancient history; others are unique to social history. Inscriptions are seldom preserved intact. Papyri come predominantly from one region in the Roman world. Written works that have survived usually pose textual difficulties. Material evidence requires contextualization in terms of location and prospective viewers. All of these issues are discussed in this study.

What have these various pieces of evidence imparted to us about medicine in Ancient Rome? Medicine as a profession, which was founded upon a specialized educational training and offered a service in return for payment, is unrecorded in Roman history prior to the second half of the third century BCE, when, along with other representatives of Greek culture, Greek physicians arrived in the city of Rome to practice their trade.[1] According to Pliny, the first time a Greek doctor established a practice in Rome he was endowed with Roman citizenship and a surgery at the crossway of Acilius, which was bought for his own use with public money.[2] However, evidence of further institutional intervention in the practice of medicine does not exist until the decline of the Roman Republic and the foundation of the Principate. Greek physicians continued to appear in Rome, particularly during the last Republican century, when members of the Roman elite proved to be keen consumers of their services, but they did so either as slaves or as private individuals who pursued personal gain, with the institutions of the Republic indifferent to their presence. No decrees banned or encouraged their settlement in Rome, no discussion is recorded in the senate about the social and cultural implications of the emergence of this new form of health care, and no piece of legislation concerning this

new vocation was offered for approval. However, the decline of the Roman Republic marked a turning point in the attitude of its institutions. Julius Caesar, Augustus, and later emperors encouraged physicians to migrate to Rome by promising Roman citizenship and immunity from taxes. Later, the Roman government extended this endowment of privileges to physicians who dwelt in all the cities under its rule. These developments within the medical profession thus laid the foundations for medical care during the High Empire.

The institutional perspective alone does not reveal a complete picture of health care during the High Roman Empire. For this book to be a true history of health care, rather than a study of the legal status of doctors under Roman jurisdiction, patients' perspectives must also be taken into consideration. Although a history of health care from an institutional point of view relies on decrees, legislation, and the works of historians, which make general statements, the history of health care from the patients' point of view relies on subjective sources. Furthermore, setting aside Aelius Aristides' *Sacred Tales,* no testimony survives of a patient relating his or her experiences in narrative form. In fact, most of the existing corpora of evidence consist of inscriptions and ex-votos dedications, which the sick devoted to their healers. Such inscriptions reveal the healers' identity, credentials, and skills and occasionally include therapeutic measures but are frustratingly limited as to patients' reasons for approaching a particular health care provider.

Nonetheless, these records of patients' experiences do provide insight into the fashion by which therapeutic authority was presented and understood—what Roy Porter has described as "medical history from below."[3] Moreover, by comparing the testimonies of patients with other sources such as the works of physicians as well as with pieces of legislation, it becomes possible to study the pattern of the dissemination of knowledge and authority in health care. The absence of any form of a licensing system and the transactional nature of the health care process meant that therapeutic authority (e.g., in the form of titles) did not automatically equate to power. The sick were given little institutional assistance in discerning the most suitable form of health care. Having first chosen a particular type of provider, such as a doctor, a gymnastic trainer, or root cutter, a patient next had to select one practitioner from the many available. In this respect, the medical market place acted like any other market. It facilitated "market" transactions and provided guarantees of quality.[4] It was a place in which businesses sold their goods, services, and labor in exchange for money. By reviewing the acts and deliberations of the patients within this market and by asking how they understood medical authority and what guided their choices when seeking cure, the patient as actor emerges.

The measures patients took to fight illness, such as bloodletting, surgery, and various purification rites, might seem extreme to a modern reader. However, extremity is both contextually and culturally determined. This cultural context becomes available through an analysis of the "inner structure" of health care systems, using notions and methodology borrowed from the field of anthropology.[5] Arthur Kleinman defined a health care system as a concept—a conceptual model held by the researcher—rather than as an entity. Scholars, he noted, build this model by learning how the actors in a particular social setting think about health care: by tracing their beliefs about their sickness, the measures they took to tackle it, and their expectations and evaluations of the various types of treatment available to them.[6] In this way, health care systems comply with Clifford Geertz's definition of a cultural system—they are both maps "for" and "of" a special area of human behavior.[7] As Kleinman noted: "In the same sense in which we speak of religion or language or kinship as cultural systems, we can view medicine as a cultural system, a system of symbolic meanings anchored in particular arrangements of social institutions and patterns of interpersonal interactions."[8] The health care system integrates the health-related components of a society, including patterns of beliefs about the causes of illness; norms governing choice and evaluation of treatment; and social status, roles, power relationships, interaction settings, and institutions.[9] Because both patients and healers are part of this system, neither group can be seen in isolation from the other nor understood outside of this contextual framework. In other words, the perspective of society at large is pertinent for a study of the perspective of each individual, and the social and cultural constructions that form the health care system must be the point of origin for analysis of the experience of an individual, whether patient, healer, or legislator. Thus, Kleinman's notion of the health care system underpins this analysis of health care during the High Roman Empire.

The book will also employ the theoretical concepts of the "explanatory model" and the "semantic network" made popular by medical anthropologists. Illness and disease can themselves be viewed as explanatory models of sickness.[10] In addition, the pioneering work of the American philosopher and sociologist of science Thomas Kuhn has stressed the inherent role played by metaphysics in any kind of scientific research.[11] Kuhn argued that no phenomenon is explicable without the existence of theory and methodology.[12] He used the notion of "paradigms" to describe the conceptual schemes in which any scientific pursuit such as medicine takes place. By shifting his focus from the individual scientist to the community in which the scientist operates, Kuhn was also able to demonstrate just how effectively these par-

adigms manage scientific enterprise; they provide the model from which practice can emerge. Kuhn's work proves beneficial when considering how the various actors in the Roman health care system thought of health care. The use of dreams in therapeutic practice is a good case in point. The interpretation of dreams was widely practiced both in temple medicine and by physicians. Explanations of dreams and the applicability of their content in medical practice, which can be found in medical treatises from the Hippocratics onward, relied on hermetic theories and on the belief in harmony between the micro- and macrocosm.[13] The practice in the temples of Asclepius and other deities suggests that certain dreams were thought to be god-sent, bringing cures from the deity to his supplicants. However, the experiences of patients, which will be discussed further in this book, indicate that the explanations provided by priests and the ones offered by doctors were not contradictory. The patient experience reveals that dream interpretation was being used simultaneously by different groups of health care providers.

The classicist Tamsyn Barton looks into the formation of learning and the acquisition of professional standing in the fields of astrology, medicine, and physiognomics, revealing how apprenticeship and the reliance on personal ties between master and pupil inform "knowledge" in these disciplines.[14] Those sharing a paradigm also shared methods and scientific practice, enabling the continuation of a given scientific tradition.[15] This social mechanism of regulating scientific activity means that science is interwoven within a discourse of power. Barton argued that what becomes defined as "knowledge" is a result of "power," and, in turn, those who are seen as possessors of "knowledge" may participate in power. Considering how society regulates every scientific activity by assigning each of these activities to its appropriate paradigm (medicine, pharmacology, the interpretation of dreams, etc.) reveals how each society developed agreed criteria to distinguish proper praxis in each of these fields from heresies. In the case of ancient medicine, the explanatory model can help to explain etiology, time and mode of symptoms, pathophysiology, course and cause of sickness, and treatment. The semantic network of illness, then, is "a configuration of concepts, symbols and experiences, firmly embedded in culture, the meaning of which becomes clear in interaction."[16]

The history of medicine in classical antiquity is a vast subject, covering social, constitutional, religious, and scientific aspects. This book does not aim to address them all but rather to identify whether a shared belief system underpinned the various instances in which health care was sought and administered during the High Empire. It considers the character of professional authority; the manner by which the sick came to terms with this authority; and the mechanisms that

drove individuals to seek medical aid in particular places, such as temples, bathhouses, and cities. Such a study should yield a better understanding of common perceptions of illness and the modus operandi of the social institutions that dealt with ill health at this time.

An equally important aim of this book is to undertake an analysis of the range of healing activities offered during the High Empire—from drugs and surgery to psychotherapy, supportive care, and healing rituals—and how they were regarded. Modern readers of Celsus's *De Medicina,* particularly the sections depicting surgical procedures (e.g., eye surgery, amputations, and the extraction of missiles during battle), might ask what could induce a patient to undergo such dangerous procedures, likely performed by a person lacking any sort of official credentials. Such concerns were not restricted to modern readers: Cato famously cautioned his son against physicians, reminding him that they alone were legally permitted to kill.[17] The unflattering epithet "the executioner," which was given to Archagatus, Rome's first physician, is reported by Pliny to have been attached to all doctors.[18] Nevertheless, evidence shows that surgical procedures were common; during the High Roman Empire, the imperial medical corps numbered between six hundred and eight hundred physicians in active service.[19] Roman law acknowledged the legitimacy of a child who was born by caesarean section, indicating the feasibility of the operation, and even expected midwives (whose practice, much like that of physicians, was not licensed) to be able to perform it.[20] The case histories of Galen likewise indicate that surgery was widely practiced. Archaeology provides material evidence in the form of elaborate surgical tools from all over the Roman world.[21] Throughout this study, then, particular attention is paid to the nature of therapeutic measures undertaken, how their usefulness was explained by health care providers, and what type of explanation a patient was likely to expect for their use. The management of therapeutic outcomes—including cure, treatment failure, recurrence, chronic illness, impairment, and even death—is also scrutinized.

The history of medicine during the High Empire (and, indeed, this is true for other periods and places) contains a dialectical tension between private and personal experiences of sickness and the socially organized responses to disease available in the Roman health care system. For example, although the experiences Aristides recorded in his *Sacred Tales* are private and very much his own, they do reflect general patterns and existing power structures by depicting figures of authority in the field of health care and by marking these figures as carriers of "knowledge." The means of addressing the tension between "private" and "public" in this study is to focus on the approach of the various actors within the Roman health care sys-

A set of surgical instruments has been found in the Great Baths of the civil Roman town Colonia Ulpia Traiana (close to Vetera castra). Photo by Axel Thünker DGPh; courtesy LVR—LandesMuseum Bonn.

tem toward its authoritative figures; the nature of their authority; the means of disseminating medical information, techniques, and practices; and the characteristics of the interaction between patient and healer. To begin, the first two chapters of the book focus on the identification of medical authority during the High Roman Empire, from both an institutional and the patients' point of view. Chapter 1 charts the establishment of medicine as a profession in Rome and then details how it functioned during the High Empire. Chapter 2 then considers patients' understandings of medical authority, with particular reference to the relationship between temple and scientific medicine.

Next, attention turns to the patient/healer relationship in the various arenas in which health-related activities were undertaken. Focusing on a number of case studies—the home and reproduction, the army, and medical tourism—the book examines the nature of medicine during the period between the middle Republic and the third century CE by reviewing the ontology of health care at this time. The scope of this book prohibits the consideration of every aspect of health care in the High Empire, but these case studies have been selected in order to allow an examination of a broad spectrum of health-related experiences, practitioners, and settings while offering an in-depth and focused analysis.

The first of these case studies, chapter 3, looks at the health-related activities that took place in the *domus,* with particular attention to the various procedures

surrounding childbirth. It examines: (1) the level of medical intervention in the process of childbirth; (2) the influence of related discourses, such as popular morality and law, in shaping the form of medical intervention during childbirth; and (3) the wider effects this intervention had on the medical education of the household members at large. The habit of homebirth and the assistance provided by household members was likely to result in a certain level of anatomical knowledge, although the educative role of homebirth must have been somewhat tempered by the demands of popular morality, which discouraged male presence in the actual room where birth took place. Chapter 3 also considers whether any causal relationship existed between the tendency to have a professional midwife or a doctor present at birth and the subsequent inclination of household members to identify individuals associated with these professions as authorities in offering health care more generally. Furthermore, practical aspects of procreation, such as the legitimacy of heirs and the right of succession, often required the presence of a professional authority during childbirth whose testimony would later be admissible in court. The right granted by Roman law to the man under whose *potestas* the child would be reared to decide whether he would raise the newborn often necessitated a medical report on the infant to be made. These and other issues were contributing factors in shaping the roles of the various participants in the process of childbirth. Their significance, however, was felt beyond the province of childbirth and extended into the wider provision of health care, both within the *domus* and outside. Such themes form the central focus of the chapter.

Chapter 4 considers health care in the Roman army during the High Empire, specifically, how the establishment of a professional army with a permanent medical corps encouraged the spread, codification, and evolution of Greek medicine within the Roman world. The decline of the Roman Republic and the foundation of the Principate marked a turning point in the attitude of the Roman legislator toward health care and its practitioners. The imperial government abandoned the laissez-faire approach that characterized the Republican era and issued a series of laws marking Greek medicine as the preferred method of health care and physicians as its recognized practitioners. A key reason for this shift in policy was the establishment of a large professional army, which required a permanent medical corps. Having discussed the implications of the imperial system of provincial administration on its health care system in chapter 1, chapter 4 focuses on the medical corps itself, the circumstances under which it was formed, and the profound effect it had on the Roman health care system as a whole. An imperial army numbering an estimated three hundred thousand soldiers in active duty required a med-

ical corps of six hundred to eight hundred physicians, who were either recruited as such or trained during their military service.[22] However, the dynamics between doctor and patient in the army were different than in society at large. In civil society, authority lay within the hands of the health care provider, but the power to recognize this authority was left to the patients. In contrast, army doctors were sanctioned by the Roman authorities to offer medical aid within their units, thus significantly diminishing the power of the patient. In addition, the spread of the imperial army throughout large parts of the Roman world, its function as an army of occupation, and its role in executing Roman policy in the provinces placed the army in contact with local populations on a regular basis.[23]

Chapter 5, the last of the case studies, discusses medical tourism. It addresses the appeal of certain places to the sick, the consequences of this kind of tourism on the spread of ideas, and on the role it had in shaping the Roman health care system. In it we learn who undertook this travel and why they thought they would find cures in particular places (and, related to this, how the fame of these places as health care centers spread). This case study aims to emphasize the fact that throughout the Roman world there was one health care system and that it was made out of a network of places and individuals, performing as a unified entity rather than a collection of local ones.[24] A study of the motives that drove the sick to take to the road sheds further light on the notions of health, illness, and medical care that they held. Chapter 5 focuses on three types of *loci:* temples, baths and spas, and cities. These three categories enable a comparison of the different forces active in the field of health care: religious, traditional, and scholastic. Although the geographical setting of these different places might have been identical, their appeal was not. For example, the Pergamene Asclepieion was both a temple and a bath and was also located within a city, but each of these aspects held different attractions for the sick, which may or may not have overlapped. The pull of the city of Pergamum was in harboring a large number of highly reputable physicians who were active both within and outside the temple. The baths at the Asclepieion offered various forms of hydrotherapy, as was common in many Asclepieia. And, of course, the temple itself promised cure by the god. Examining whence the appeal of these *loci* arose and the reasons given by the sick themselves for their journeys shows whether a pilgrimage to a temple, a journey to a spa, or a visit to a famous physician were mutually exclusive and how they were interrelated.

Through analysis of these case studies, the book considers *all* actors involved in health care, including patients and doctors, priests and worshippers, midwives and parturients, legislators and citizens, rulers and subjects. It sheds new light on

prevailing beliefs about sickness in the High Roman Empire, the measures undertaken to tackle it, and expectations and evaluations of the various types of treatment available. Furthermore, it also aims to demonstrate that, rather than a dichotomy existing between temple and scientific medicine, which has been commonly assumed in scholarship on this subject, those seeking health care during the High Roman Empire did not have to choose between mutually exclusive competing disciplines. Instead, the different forms of health care not only coexisted but also shared a common language.

The Identity of Physicians during the High Roman Empire

Physicians had a central place in the so-called medical market place of the High Roman Empire. Initially a Greek form of health care, physicians were already present in the Roman world by the second half of the third century BCE, their popularity growing quickly thereafter. The Greek professional physician in Rome metamorphosed from novelty to commonplace within less than three centuries, and the integration of Greek medicine into the Latin-speaking world is one of the decisive phases in the history of medicine.[1] The Roman world incorporated Greek medicine, alongside its forms of explanation and linguistic expression. Roman authors often used Greek medical vocabulary in their Latin works by transliterating, translating to an existing Latin equivalent, or merely creating Latin words that kept their original Greek meanings.[2] Prior to the introduction of the Greek vocabulary, no discourse existed that exclusively served the field of medicine. This adoption of Greek medical language therefore enabled the establishment of a professional discipline. Philologists have demonstrated that it was common to use medical terms of Greek origin in third-century BCE Rome.[3] Celsus's work *On Medicine* demonstrates just how familiar the Roman world was with Greek medicine and its professional language by the first century CE.[4] Roman society and the Roman state gradually adopted the Greek and Hellenistic social, cultural, and economic institutions that regulated the activity of physicians. In addition, some of the primary means of arranging the provision of medicine within the Roman world—such as the public physician, or *archiatros*—continued to maintain their Greek names, mainly, but not exclusively, in the Greek East.

The influence of Greek culture was equally visible in the practice of health care. Encounters between physicians and their prospective clients continued to occur in public places, like baths and religious healing centers, as was the habit in the Greek cities and the Hellenistic monarchies. City officials enticed physicians to